Podiatry Accreditation Committee

Accreditation standards: Entry-level podiatry programs

April 2025

Australian Health Practitioner Regulation Agency
National Boards
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1. Preamble

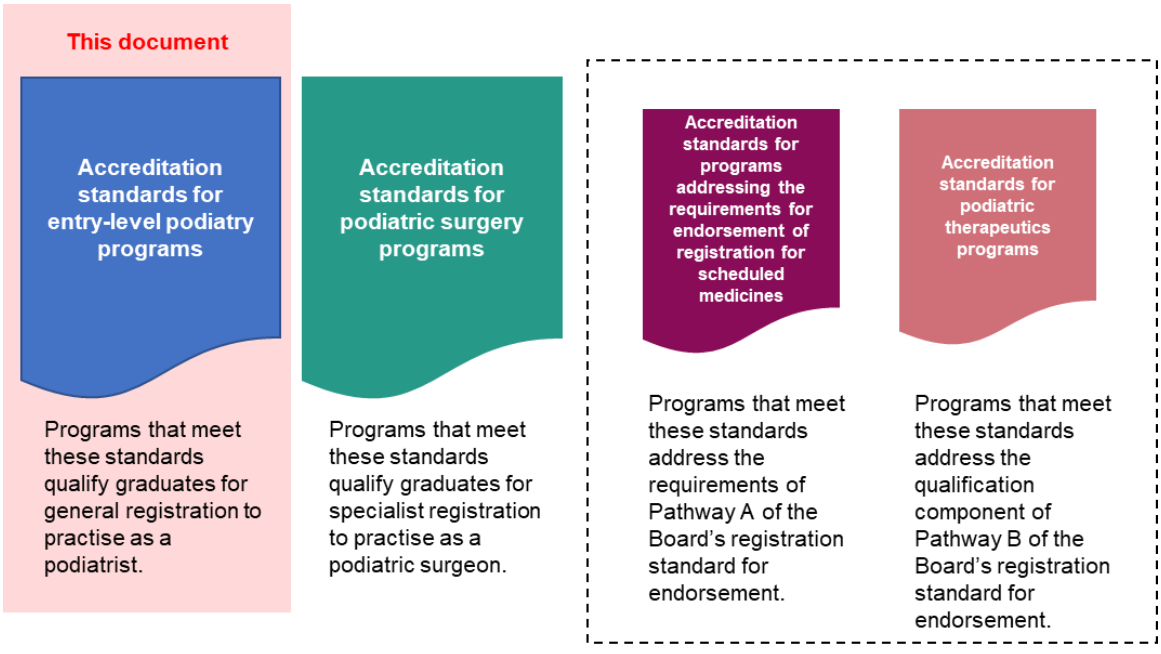
In Australia, the podiatry profession is regulated by the Podiatry Board of Australia (the Board) under the National Registration and Accreditation Scheme (the National Scheme), which came into effect on 1 July 2010. The Podiatry Accreditation Committee is appointed by the Board as the accreditation authority for the podiatry profession under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

The Podiatry Accreditation Committee (the Committee) assesses whether programs of study and education providers are meeting the accreditation standards and decides whether or not to accredit the program. The Committee accredits programs that meet the accreditation standards. It also monitors accredited programs to ensure they continue to meet the accreditation standards. The Board considers the Committee's decisions and decides whether or not to approve accredited programs as providing qualifications for registration. Graduates of an accredited and approved podiatry program are qualified for general registration to practise as a podiatrist in Australia.

Under the National Law, the Committee must regularly review the accreditation standards to ensure they remain contemporary and relevant to podiatry practice and education in Australia. This document is one of four sets of accreditation standards relevant to education programs in podiatry and podiatric surgery.

1. Accreditation standards for entry-level podiatry programs (this document)
2. Accreditation standards for podiatric surgery programs
3. Accreditation standards for programs for registered podiatrists and podiatric surgeons addressing requirements for endorsement of registration in relation to scheduled medicines (ESM programs)
4. Accreditation standards for podiatric therapeutics programs for registered podiatrists and podiatric surgeons.

Figure 1: The four sets of accreditation standards



Overview of the accreditation standards for entry-level podiatry programs

The accreditation standards in this document – the *Accreditation standards for entry-level podiatry programs* – will be used to assess education programs designed to qualify graduates for registration as an entry-level podiatrist. Accreditation of a program gives assurances to the Board and the community that graduating students have the knowledge, skills and professional attributes needed to safely and competently practise as a podiatrist in Australia, including using pharmaceutical products in podiatry practice for holistic person-centred care.

These accreditation standards can also be used by education providers seeking accreditation of programs they want the Board to approve as providing qualifications for registration and for endorsement for scheduled medicines under Pathway A of the Board's *Registration standard for endorsement for scheduled medicines*.[1] Under Pathway A, a podiatrist or podiatric surgeon is qualified for endorsement after completing an approved qualification. The Board may approve a program as providing a qualification suitable for Pathway A if the Committee advises the Board that the curriculum includes education and training in podiatric therapeutics and clinically-supervised practice to ensure that graduates have the professional capabilities required to administer, obtain, possess, prescribe, sell, supply or use Schedule 2, 3, 4 or 8 medicines for the treatment of podiatric conditions, as listed in the *National podiatry scheduled medicines list*.

The accreditation standards focus on outcomes. They recognise contemporary practice in standards development across Australia and internationally, and they accommodate a range of educational models and variations in curriculum design, teaching methods, and assessment approaches. The focus is on showing that student learning outcomes and assessment tasks map to the Professional capabilities for podiatrists.

Structure of the accreditation standards

The accreditation standards are made up of five standards:

1. Assuring safety
2. Academic governance, quality assurance and resourcing of the program
3. Program design
4. Assessment
5. Preparing students for contemporary practice

A standard statement articulates the purpose of each standard. Each standard statement is supported by multiple criteria that set out what is generally needed to meet the standard.

The Committee considers whether the education provider and its program have met each standard. When the Committee determines whether the information presented by an education provider shows that a standard is met, it takes a balanced view of the findings for each criterion in the context of the whole standard and its intent.

The National Scheme's paramount principle of protecting the public and maintaining public confidence in the safety of services provided by health practitioners is specifically reflected in standard one – assuring safety, which comprises safe and culturally safe practice. However, standard one is central to all of the standards and must be embedded throughout programs of study, as shown in Figure 2.

[1] Podiatry Board of Australia, *Registration Standard: Endorsement for Scheduled Medicines*. 2018. Available on the Podiatry Board website, accessed on 26 June 2024.

Figure 2: Standard 1 - Assuring safety is central to all accreditation standards

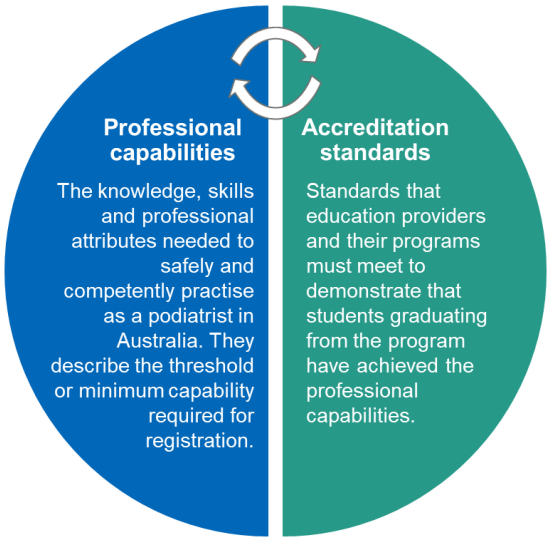
Mapping learning outcomes and assessment tasks to the *Professional capabilities for podiatrists*

The accreditation standards in this document require education providers to design and implement a program where learning outcomes and assessment tasks map to the relevant professional capabilities (Figure 3). Professional capabilities identify the knowledge, skills and professional attributes needed to safely and competently practise as a podiatrist in Australia. They describe the threshold or minimum level of professional capability required for registration as a podiatrist, and they include capabilities required to safely and effectively use medicines to treat podiatric conditions.

For programs intended to qualify graduates for registration as a podiatrist, education providers will be required to design and implement a program where learning outcomes and assessment tasks map to the *Professional capabilities for podiatrists*. If the program is also intended to qualify graduates for endorsement of their registration through Pathway A, education providers will need to demonstrate that learning outcomes and assessment tasks also map to the relevant professional capabilities for endorsement for scheduled medicines as outlined in the National Prescribing Service *Prescribing competencies framework*.[2]

[2] National Prescribing Service *NPS MedicineWise. Prescribing Competencies Framework: embedding quality use of medicines into practice (2nd Edition). Sydney, 2021.* Available from the NPS MedicineWise website, accessed 19 June 2024.

Figure 3: The relationship between accreditation standards and professional capabilities



The relationship between the Accreditation Committee and other regulators

The Committee recognises the role of the Australian Government Department of Education and the Department of Employment and Workplace Relations (DEWR) , the Higher Education Standards Panel, and the Tertiary Education Quality Standards Agency (TEQSA) in the regulation and quality assurance of higher education in Australia. The Committee does not seek to duplicate the role of these bodies and does not assess higher education providers or their programs against the standards from the *Higher Education Standards Framework (Threshold Standards) 2021* (threshold HES).[3] The accreditation standards in this document are limited to aspects of the education provider and program that enable students to obtain the knowledge, skills and professional attributes needed to safely and competently practise as a podiatrist in Australia.

Guidance on the presentation of information for accreditation assessment

The Committee relies on assessment of current documentary information submitted by the education provider during the accreditation process and experiential information obtained by the assessment team. It establishes assessment teams to:

a) evaluate information provided by an education provider about its program against the approved accreditation standards, and
b) work in partnership with Australian Health Practitioner Regulation Agency's (Ahpra's) Program Accreditation Team to give the Committee a report of the assessment team's evaluation findings.

Assessment teams and education providers should also refer to the separate document *Guidelines for accreditation of education and training programs* for information about the accreditation processes and procedures used by the Committee to assess and monitor programs against the accreditation standards.

[3] For information on the Higher Education Standards Framework (Threshold Standards) 2021, see the Australian Government Federal Register of Legislation website, accessed 24 June 2024.

How to present an explanation and information for accreditation assessment

The Committee expects the education provider to:

Education providers are expected to:

- explain how they meet each standard,
- make clear in their explanation, the relevance of including each piece of information
- highlight where the relevant information can be found in the documents i.e. give the page number and paragraph number, and
- reference the criterion (or criteria) to which each piece of expected information relates.

Some documents may be applicable across multiple standards and criteria. For example, unit and/or subject profiles and/or outlines are expected to be provided for Criteria 1.1, 1.6, 1.8, 3.2, 3.3, 3.5, 4.1, 5.2, 5.3 and 5.4 but they serve different purposes for each criterion, therefore the accompanying explanation would be different for each criterion.

Providing a staffing profile

A template for the staffing profile for Criterion 2.8 is available from the Program Accreditation Team (program.accreditation@ahpra.gov.au). Education providers should complete one profile that covers all details identified in the examples of information across the relevant criteria.

Mapping to professional capabilities

The template for mapping professional capabilities to unit/subject learning outcomes and assessment tasks for criteria 3.2 and 4.1 is available for education providers to complete and should map all assessment tasks, all unit/subject learning outcomes and all professional capabilities relevant to this pathway.[4]

Providing examples of assessments

The Committee expects the education provider to give examples of assessments for Criteria 1.1, 1.6 3.8 and 4.1 and 4.2. The examples should include a range of different assessment tools or modalities, including any capstone assessments. For each tool or modality, it is expected that a range of de-identified examples from students across the range of performance will be provided. Where possible this will include an example of a satisfactory or pass, and an example of unsatisfactory or where the benchmark is not yet met.

Implementation of formal mechanisms

The Committee requires education providers to demonstrate the implementation of formal mechanisms such as policies and procedures at the program level (i.e. the outputs and/or outcomes), not just a description of the process, or copies of policy and procedure documents (i.e. not just the inputs).

Monitoring accredited programs

After the Committee accredits a program, it has a legal responsibility under section 50 of the National Law to monitor whether the program continues to meet the accreditation standards.

If the Committee is not reasonably satisfied that the accredited program continues to meet the accreditation standards, it may seek further information through discussions with the education provider and/or through a site visit.

Further information

For further information on this document please contact:

[4] Please contact Ahpra's Program Accreditation Team at program.accreditation@ahpra.gov.au to obtain the most up-to-date version of the mapping template.

Manager, Program Accreditation
Ahpra
Email: program.accreditation@ahpra.gov.au
Website: www.podiatryboard.gov.au/Accreditation

Review of accreditation standards

The accreditation standards will be reviewed as necessary. This will generally occur at least every five years.

Date of effect: 1 January 2026

Navigating this document

Where explanatory notes have been included to provide further information, links have been added to the criteria or examples of information to the relevant explanatory note located towards the end of this document. Links are also included in the explanatory notes to allow you to navigate back to the standards.

2. The accreditation standards, criteria and examples of information for inclusion with an accreditation application

Standard 1: Assuring safety

Standard statement: Assuring safe and ethical practice and culturally safe practice is paramount in program design, implementation and monitoring.

This standard addresses safe and ethical practice, culturally safe practice that is free of racism and the safe care of patients/clients. The focus is on educating students so that they practice safely once registered, assuring students practice safely in work-integrated learning, and assuring the safety of students.

Criteria		Examples of information for inclusion with accreditation application
Safe practice		
1.1	Safe and ethical practice is integrated into the design and implementation of the program and is articulated in the learning outcomes of the program, including any work-integrated learning elements. See explanatory notes: Safe practice and Ethical practice	• Program materials and unit/subject profiles/outlines that show protection of the public and safe and ethical practice, are addressed in the curriculum. • A range of different assessment tools or modalities which show that safe practice is being taught and assessed across the curriculum, including in the clinical setting. For each tool or modality, give a range of de-identified examples of student assessment. Where possible give an example of a satisfactory or pass, and an example of unsatisfactory or where the benchmark is not yet met. • Examples of implementation of formal mechanisms used to identify, report on, monitor and address issues affecting safe practice in program design, implementation and monitoring.
1.2	Formal mechanisms exist and are applied to ensure that students are mentally and physically fit to practise safely at all times.	• Examples of the implementation of formal mechanisms used to monitor whether students are fit to practise safely throughout the program and manage safety issues where they arise. • A range of de-identified examples of the implementation of formal mechanisms used to ensure students are safe to engage in practice before work-integrated learning, such as confidential disclosure of issues by students, vaccinations and completion of police and child and vulnerable person safety screening checks, where mandated.
1.3	Students in the program have access to the education provider's cultural, health and learning support services, to ensure staff and students are physically and psychologically safe, including during work-integrated learning. See explanatory note: Student support services and facilities to meet learning, welfare and cultural needs	• Examples of: – the implementation of formal mechanisms, including feedback processes, used to ensure that staff and students work and learn in an environment that is physically, psychologically and culturally safe, including in face-to-face, work-integrated learning and online environments. – feedback from staff and students about the safety of the environment.

Criteria		Examples of information for inclusion with accreditation application
		– actions taken to resolve any issues that compromised the physical, psychological and/or cultural safety of the environment for students.
1.4	The education provider requires students in the program to comply with the Podiatry Board of Australia's code of conduct and expectations of safe and professional practice.	• Information given to students that refers to the requirement for them to comply with the Board's registration standards and guidelines on ethical and professional conduct.[5] • Mechanisms provided for students to familiarise themselves with any changes to relevant Board guidelines as they arise. • Examples of implementation of formal mechanisms used for mandatory and voluntary notifications about students to Ahpra. • Examples of mechanisms used to monitor compliance with the code of conduct.
1.5	The education provider complies with its obligations under the Health Practitioner Regulation National Law (the National Law) as in force in each state and territory and other laws.	• Examples of implementation of formal mechanisms that show compliance with: – the National Law and other laws. – the requirements for mandatory and voluntary notifications about students to Ahpra.
Culturally safe practice		
1.6	Culturally safe practice that is free of racism and discrimination is integrated into the design and implementation of the program and is articulated in the learning outcomes of the program, including any work-integrated learning elements, with an emphasis on Aboriginal and Torres Strait Islander cultures and cultural safety in the Australian healthcare setting. See explanatory notes: Culturally safe practice for Aboriginal and Torres Strait Islander Peoples, Cultural safety for all communities and Integration of culturally safe practice in the design and implementation of podiatry programs	• Program materials and unit/subject profiles or outlines that show culturally safe practice, is addressed in the curriculum. • A range of different assessment tools or modalities which show that culturally safe practice, is being taught and assessed across the curriculum, including in the clinical setting. For each tool or modality, give a range of de-identified examples of student assessment. Where possible give an example of a satisfactory or pass, and an example of unsatisfactory or where the benchmark is not yet met. • Examples of implementation of formal mechanisms used to identify, report on and address issues affecting culturally safe practice in program design, implementation and monitoring.
1.7	The education provider actively recruits or draws on staff or other individuals with the knowledge, expertise and culturally safe practice to facilitate learning in Aboriginal and Torres Strait Islander health.	Examples of: • any targeted recruitment of Aboriginal and Torres Strait Islander staff. • the implementation of formal mechanisms used to recruit staff, including an equal employment

[5] Podiatry Board of Australia's *Shared Code of Conduct for Health Practitioners* (2022). Available on the Podiatry Board website. Podiatry Board of Australia, *Guidelines: Mandatory notifications about registered health practitioners* (2020) and *Guidelines: Mandatory notifications about registered students* (2020). Other guidelines issued by the Podiatry Board of Australia relevant to safe practice include but may not be limited to: Podiatry Board of Australia (2020) *Guidelines: Registered health practitioners and students in relation to blood-borne viruses* (2020) and *Guidelines: Informing a National Board about where you practise* (2018). The Board's policies, codes and guidelines are available from the Podiatry Board website, accessed 236 June 2024.

Criteria		Examples of information for inclusion with accreditation application
	See explanatory note: Staff with knowledge, expertise and cultural capabilities to facilitate learning in Aboriginal and Torres Strait Islander health	opportunity policy for employment of Aboriginal and Torres Strait Islander Peoples. • the implementation of formal mechanisms used to draw on staff or other individuals with the knowledge, expertise and culturally safe practice to facilitate learning in Aboriginal and Torres Strait Islander health. • Education provider's Indigenous strategy and Reconciliation Action Plan (RAP), where available, including actions taken to comply with the Indigenous strategy and RAP and the outcomes of such actions. See explanatory note: Reconciliation Action Plan
1.8	Unit/subject learning outcomes and assessment in the program specifically reference relevant national safety and quality standards, in relation to culturally safe healthcare that is free of racism and discrimination, particularly for Aboriginal and Torres Strait Islander Peoples.	Program materials, unit/subject profiles and/or outlines and assessment tasks that show where the relevant national safety and quality standards are specifically addressed in the program and where student learning outcomes are assessed against those standards.
1.9	The education provider and program has formal mechanisms in place to ensure staff and students learn and work in an environment that is culturally safe and responsive and is free of racism and discrimination at all times, including during work-integrated learning. See explanatory note: The staff and student work and learning environment	Examples of: • the implementation of formal mechanisms used to monitor and assess that staff and students work and learn in an environment that is culturally safe and free of racism, including in face-to-face, work-integrated learning and online environments. • de-identified feedback from students and staff about the cultural safety of the environment in which they work and learn. • resolving any issues that compromised the cultural safety of the environment for staff and students.
1.10	There are specific strategies to address the recruitment, admission, participation and completion of the program by Aboriginal and Torres Strait Islander Peoples. This includes providing cultural support services.	Examples of the implementation of formal mechanisms for: • the recruitment and admission to the program by Aboriginal and Torres Strait Islander Peoples. • supporting the retention of Aboriginal and Torres Strait Islander Peoples.

Standard 2: Academic governance, quality assurance and resourcing of the program

Standard statement: Academic governance, quality improvement arrangements and resourcing are effective in developing and implementing sustainable, high-quality education at a program level.

This standard addresses the organisation and governance of the podiatry program. The Accreditation Committee acknowledges TEQSA's role in assessing the education provider's governance as part of their registration application. The committee seeks information on how the podiatry program operates within the organisational governance.

The focus of this standard is on the overall context in which the program is implemented, specifically the administrative and academic organisational structure which supports the program. This standard also focuses on identifying the degree of control that the academics who lead and implement the program, the podiatry profession and other external stakeholders have over the relevance and quality of the program, to produce graduates who are safe and competent to practise.

Criteria		**Examples of information for inclusion with accreditation application**
2.1	The program is accredited by the Tertiary Education Quality and Standards Agency (TEQSA) or, for education providers with self-accrediting authority, the program has been approved by the education provider's relevant board or committee responsible for program approval. The program is approved at the Australian Qualifications Framework (AQF) level of bachelor degree (AQF Level 7) or higher.	• If TEQSA has not granted self-accrediting authority: – TEQSA's report on accreditation of the program – disclosure of any issues concerning the program that TEQSA has identified and details of any conditions imposed, and – subsequent dialogue with TEQSA about addressing the conditions. • If TEQSA has granted self-accrediting authority: – copy of the program approval decision made by the education provider's relevant board or committee, such as a record of resolution in meeting minutes – disclosure of any issues concerning the program that the board or committee has identified, and – subsequent dialogue with the board or committee about addressing the issues.
2.2	Program information for prospective students is complete, accurate, clear, accessible and up-to-date. See explanatory note: Program information	• Program information and/or links to website pages provided to prospective students (before enrolment) and enrolled students about the program, including information on recognition of prior learning. • Description of mechanisms by which students can access inherent requirements and reasonable adjustments to allow them to complete their studies. Including the application and monitoring of inherent requirements and opportunities for student appeal. See explanatory note: Inherent requirements • Explanation about when and how prospective and enrolled students are provided with full details about registration

Criteria		Examples of information for inclusion with accreditation application
		requirements, program fees, refunds and any other costs involved in the program.
2.3	The education provider has robust academic governance for the program that includes systematic monitoring, review and improvement, and a committee or group with the responsibility, authority and capacity to design, implement and improve the program to meet the needs of the Board's professional capabilities. See explanatory note: Committees/groups responsible for program design, implementation and quality assurance	• Overview of formal academic governance arrangements for the program, including an organisational chart of governance for the program. • Examples of the implementation of formal mechanisms relating to academic governance for the program. • Explanation of how monitoring and review improves the design, implementation and quality of the program so students meet the professional capabilities. • Schedule for monitoring, review and evaluation of the design, implementation and quality of the program, with examples from the past three years. • Examples of the implementation of formal mechanisms used to monitor and review the design, implementation and quality of the program. • Current list of members of the committees or groups responsible for program design, implementation and quality assurance, including their role titles and the organisation/stakeholder group they are representing. • Record of the most recent internal course review of the program.
2.4	Formal mechanisms are applied to evaluate and improve the design, implementation and quality of the program, including through feedback from students, work-integrated learning supervisors, internal and external academic and professional peer review, and other evaluations.	• Examples of implementation of formal mechanisms to evaluate and improve the design, implementation and quality of the program. • Details of outcomes and actions from internal or external reviews of the program in the past five years. • Summary of actions taken, and changes made to improve the design, implementation and quality of the program in response to student or staff feedback.
2.5	Students, academic staff and work-integrated learning supervisors in the program have opportunities to contribute to program design and quality improvements.	• Details of any student, academic and work-integrated learning supervisor representation in the governance and curriculum management arrangements for the program. • Examples that show how information contributed by students, academics, and work-integrated learning supervisors is considered when decisions about program design, implementation and quality are being made. • Examples that show how feedback from students, academics and work-integrated learning supervisors is used to improve the program.
2.6	There is formalised and regular external stakeholder input to the design, implementation and quality of	• Examples of effective engagement with a diverse range of external stakeholders (including representatives of Aboriginal and

Criteria		Examples of information for inclusion with accreditation application
	the program, including from representatives of the podiatry profession, other health professions, prospective employers, health consumers and graduates of the program. See explanatory note: Effective engagement with external stakeholders	Torres Strait Islander Peoples and other relevant health professions) about program design and implementation. • List of all external stakeholders, including who they represent, that have had input into the design, implementation and quality improvement of the program. • Terms of reference of a current stakeholder group responsible for input into the design, implementation and quality of the program, including the list of representatives on the group and their current positions. • The current stakeholder group's meeting calendar for the current year and minutes and actions of any previous meetings in the last two years, highlighting points of relevance to this standard. • Examples of reports from employer and/or graduate surveys and/or reviews and explanation of the outcomes and actions taken in response to reports. • Records of other stakeholder engagement activities showing participation, decisions made and implemented.
2.7	The education provider assesses and actively manages risks to the program, program outcomes and students enrolled in the program.	• Examples of – the development and implementation of a risk management plan – the implementation of formal mechanisms for assessing, mitigating and addressing risks to the program and program outcomes. – minutes of relevant committee meetings that consider risks to the program. (*Examples of risks to the program include pandemics; increasing or decreasing student enrolment numbers; student to staff ratio; casual academic staffing; simulation and clinical equipment; work-integrated learning issues and reduced international student enrolment/fees*.)
2.8	The education provider appoints academic staff at an appropriate level with suitable experience and qualifications to assess students in the program and to implement and lead the program.	• Staffing profile for staff responsible for assessing students in the program and implementing and leading of the program, identifying: – academic level of appointment and/or equivalent – role in the program – fraction (full-time, part-time) and type of appointment (ongoing, contract, casual) – qualifications and experience relevant to their responsibilities – relevant registration status where required (for health practitioners), and – engagement in further learning related to their role and responsibilities.

Criteria		Examples of information for inclusion with accreditation application
		• Description of and examples that show the mechanisms by which the education provider ensures staff demonstrate culturally safe practice in the delivery of programs. See explanatory note: Staffing
2.9	Staff managing and leading the program have sufficient autonomy to assure the level and range of human resources, facilities and equipment required.	• Examples of correspondence or meeting minutes that show staff managing and leading the program are requesting the allocation of human resources, facilities and equipment when necessary, and the response from the decision-makers.
2.10	The education provider supports staff engagement in learning that aims to maintain knowledge of contemporary podiatric practice and principles of health professions education.	Details of staff engagement in development opportunities. • Examples of: – types of development engaged in, and – methods of engagement • Percentage of staff participation. • Engagement in evidence-based research.
2.11	The program has the level and range of facilities and equipment to sustain the quality and scope of education needed for students to achieve all the professional capabilities for podiatrists.	• Letter from the Vice Chancellor (or delegate) confirming ongoing support for the quality and resourcing of the program, including the roles of professional staff managing simulation facilities. • Description of, and examples that show, the facilities and equipment used by the education provider for teaching and learning in the program to enable students to develop all the professional capabilities. • Demonstrate that the equipment used by the education provider for teaching and learning in the program is adequate for the delivery of that program; and; the servicing schedule for relevant equipment.

Standard 3: Program design

Standard statement: Program design, comprising curriculum, learning and teaching and work-integrated learning enables students to achieve all the professional capabilities for podiatrists.

This standard focuses on how the program is designed and implemented to produce graduates who have demonstrated all the professional capabilities for podiatrists.

This standard also addresses work-integrated learning and supervision and the way the education provider effectively manages internal or external work-integrated learning environments to ensure quality and reliable outcomes for both patients/clients and students.

Criteria		Examples of information for inclusion with accreditation application
Curriculum		
3.1	The program design and curriculum design scaffold student learning and facilitates the integration of theoretical	• Rationale of the educational theories and practices which inform the program design

Criteria		Examples of information for inclusion with accreditation application
	concepts and practical application throughout the program, including simulation and work-integrated learning experiences. See explanatory note: Program design	and implementation, including examples of how they inform the delivery of the program. • Overview of the program identifying relationships between units/subjects in and between years of the program.
3.2	Learning outcomes in the program address all the professional capabilities for podiatrists.	• Mapping document that shows alignment of unit and/or subject learning outcomes to all the professional capabilities.[6] • Detailed profiles/outlines for each unit/subject taught in the program.
3.3	Relevant national safety and quality standards are specifically referenced and embedded in unit/subject learning outcomes and assessment of the program. See explanatory note: Referencing the national safety and quality standards	• Program materials, unit/subject profiles/outlines and assessment tasks that show where the relevant national safety and quality standards are specifically addressed in the program and where student learning outcomes are assessed against those standards.
Learning and teaching		
3.4	Teaching approaches lead to the development of the appropriate level of cognitive, technical and communication skills. See explanatory note: Learning and teaching approaches	• Provide detailed information on the methods to monitor student engagement • Provide examples of where explicit teaching on critical thinking and reflective practice occurs • Describe and provide examples of how the provider encourages students to self-assess their academic progress and identify ongoing learning needs.
3.5	Opportunities for students to integrate their knowledge, skills and professional attributes are provided throughout the program, including in simulation and practice/case-based learning.	Unit/subject profiles/outlines that show where opportunities exist for students to integrate their knowledge and skills. A description of how simulation and practice/case-based learning is used in the program and examples of how it has improved student performance.
3.6	Students are provided with opportunities to learn from other health professionals to foster ongoing collaborative practice throughout the program.	Examples of interprofessional learning experiences across a range of learning and teaching methods,
Work-integrated learning See explanatory note: Work-integrated learning		
3.7	Legislative and regulatory requirements relevant to podiatry	• Identification of where relevant legislative and regulatory requirements are taught in the

[6] Please contact Ahpra's Program Accreditation Team at program.accreditation@ahpra.gov.au to obtain the most up-to-date version of the mapping template.

Criteria		Examples of information for inclusion with accreditation application
	practice are taught prior to and complied with during periods of work-integrated learning in the program. See explanatory note: Teaching and assessment of legislative and regulatory requirements	program, including assessment of application during work-integrated learning, and examples of the outcomes of the assessments.
3.8	Students are required to achieve relevant capabilities before each period of work-integrated learning. See explanatory note: Achievement of relevant capabilities before work-integrated learning	• Documents identifying the relevant learning outcomes to be achieved before each period of work-integrated learning. The documents should address when and how the learning outcomes are achieved (for example, are they embedded in units/subjects, a pre-requisite for units/subjects or mapped against units/subjects?). • A range of assessment tools or modalities which show assessment of relevant learning outcomes. For each tool or modality, give a range of de-identified examples from students across the range of performance. • Where possible, give a de-identified example of where a student is refused work-integrated learning because they have not attained relevant capabilities.
3.9	Health practitioners who supervise students during work-integrated learning hold current registration in Australia for the clinical elements they supervise, with no conditions or undertakings on their registration relating to performance or conduct. For overseas placements, equivalent registration in their country is required, where relevant.	• Examples of the implementation of formal arrangements with facilities and health services (including those operated by universities) used for work-integrated learning that ensure practitioners supervising students hold current registration (for example, a formal contract and/or other written communication securing the work-integrated learning arrangements).
3.10	Facilities and health services used for work-integrated learning maintain workplace safety standards, including any accreditation, licencing and/or registration required in the relevant state or territory. See explanatory note: Relevant accreditation and licensing	• Examples of: – the implementation of formal mechanisms that show facilities and health services used for work-integrated learning maintain any accreditation, licensing and/or registration required in the relevant state or territory. – how the education provider monitors the currency of any required accreditation and licences. – the implementation of formal mechanisms used for clinical and workplace safety. • Register of agreements (formal contracts and/or other written communication securing work-integrated learning) between the education provider and facilities and health services used for work-integrated learning.
3.11	The education provider has an active relationship with the practitioners who provide instruction and supervision to	• Examples of:

Criteria		Examples of information for inclusion with accreditation application
	students during work-integrated learning.	– engagement between the education provider and practitioners who provide instruction and supervision to students during work-integrated learning, and – guidance provided to work-integrated learning supervisors on how to manage student performance.
3.12	Work-integrated learning experiences provide students in the program with regular opportunities to critically reflect on their practice. See explanatory note: Critical reflection	• A sample of de-identified reflective journals, or equivalent completed by students during periods of work-integrated learning and responses to those reflections.
3.13	The quality, duration and diversity of student experience during work-integrated learning in the program is sufficient to produce a graduate who has demonstrated the knowledge, skills and professional attributes to safely and competently practise across a broad range of podiatry practice settings. This includes using pharmaceutical products for the treatment of podiatric conditions. See explanatory note: Diverse work-integrated learning	• Explanation about how the education provider monitors the quality, duration and diversity of student experience during work-integrated learning to ensure it is sufficient to produce graduates that demonstrate the knowledge, skills and professional attributes to safely and competently practise podiatry. • Examples of implementation of formal mechanisms used for monitoring the quality, duration and diversity of student experience during work-integrated learning.
3.14	Formal mechanisms are applied to ensure the ongoing availability and quality assurance of work-integrated learning instruction and supervision, and regular monitoring of the suitability of supervisors in the program, including evaluation of student feedback. See explanatory note: Work-integrated learning supervisors	• Examples of implementation of formal quality assurance mechanisms for work-integrated learning including: – mechanisms for training and monitoring work-integrated learning supervisors to ensure assessment meets the principles of assessment – mechanisms for the evaluation of work-integrated learning, including examples of ways in which feedback from students and supervisors is used, and – description of and examples that show the mechanisms by which the education provider ensures staff and work-integrated learning supervisors demonstrate culturally safe practice in the assessment of students. • examples of responses to quality assurance findings.
3.15	Formal mechanisms are applied to ensure the learning outcomes and assessment for all work-integrated learning elements are defined and known to both students and supervisors.	• Information provided to students and supervisors about work-integrated learning activities and assessment. • Examples of: – the implementation of formal mechanisms used to ensure the learning outcomes and assessment for all work-

Criteria		Examples of information for inclusion with accreditation application
		integrated learning activities are defined and known to both students and supervisors, and – Guidance provided to work-integrated learning supervisors on use of assessment tools to improve the validity and reliability of their assessments.

Standard 4: Assessment

Standard statement: All graduates of the program have demonstrated achievement of the learning outcomes taught and assessed during the program.

This standard focuses on assessment, including quality assurance processes and the staff responsible for assessing students in the program. The education provider should ultimately show how they assure every student who passes the program has achieved all the professional capabilities, including capabilities for culturally safe practice, for podiatrists.

The education provider should use fit for purpose and comprehensive assessment methods and formats to assess learning outcomes, and to ensure a balance of formative and summative assessments throughout the program.

Criteria		Examples of information for inclusion with accreditation application
4.1	The professional capabilities for podiatrists are mapped to assessment tasks that effectively measure whether the professional capabilities and learning outcomes are being met at the appropriate AQF level.	• Mapping document to show alignment of all assessment tasks, all unit/subject learning outcomes and all professional capabilities.[7] • Detailed profiles/outlines for each unit/subject in the entire program, including details of the assessment tasks for the relevant unit of study. • A range of different assessment tools or modalities used during work-integrated learning that show how students attain the professional capabilities and culturally safe practice. • For each tool or modality, include an assessment rubric and a range of de-identified examples from students across the range of performance. Where possible provide an example of a satisfactory or pass, and an example of unsatisfactory or fail.
4.2	Multiple valid, reliable, contemporary and contextualised assessment tools, modes and sampling are used throughout the program.	• Details of and rationale for the assessment strategy for each year of the program, identifying assessment tools, modes and sampling. • Information provided to students on completing any capstone assessments and a sample of de-identified, recently completed

[7] Please contact Ahpra's Program Accreditation Team at program.accreditation@ahpra.gov.au to obtain the most up-to-date version of the mapping template.

Criteria		Examples of information for inclusion with accreditation application
		(within the last two years) capstone assessments.
4.3	Multiple authentic and reliable assessment methods are used to evaluate the development of student capability and performance in the practice setting.	• Details of the assessment strategy for each work-integrated learning element. • Examples of implementation of formal mechanisms that ensure that authentic assessment of student capabilities enable practice. See explanatory note: Simulation-based assessment • Examples of implementation of meaningful feedback mechanisms, used during work integrated learning elements, including examples of how this feedback is used by students to improve performance.
4.4	Formal mechanisms are applied to ensure assessment of student learning outcomes is valid, reliable, appropriate and reflects the principles of assessment. See explanatory note: Principles of assessment	• Examples of: – the formal assessment mechanisms used to determine student competence – assessment review processes and their use in quality improvement outcomes – assessment moderation and validation, including peer validation. This should include the outcomes, and responses to those outcomes, and – external referencing of assessment methods including the outcomes.
4.5	Students in the program that require reasonable adjustments/accommodations for assessments receive them in a timely manner.	• De-identified adjustment/accommodation requests for assessment that includes: – the implementation of formal mechanisms for ensuring the suitability of any reasonable adjustments/accommodations, and – the implementation of formal mechanisms for communicating arrangements with students.

Standard 5: Preparing students for contemporary practice

Standard statement: Graduates of the program are equipped with the knowledge and skills to adapt to practice that is shaped by social, cultural, environmental and technological factors.

This standard focuses on preparing students for practice and consideration of contemporary and relevant issues and principles that will affect their practice.

Criteria		Examples of information for inclusion with accreditation application
5.1	Formal mechanisms are applied to anticipate and respond to contemporary developments in podiatry practice and the education of health practitioners within the curriculum of the program.	• Examples of the implementation of formal mechanisms, including staff research and research translation, used to anticipate and respond to contemporary developments in: – podiatry practice, healthcare, aged care and disability policy, and

Criteria		Examples of information for inclusion with accreditation application
		– the education of students of podiatry and health practitioners within the curriculum of the program.
5.2	Unit/subject learning outcomes address contemporary principles of: – interprofessional education – collaborative practice – reflective practice – co-design approaches, and – embedding lived experiences of healthcare in teaching and assessment and are incorporated into the program, including in work-integrated learning elements. See explanatory notes: Interprofessional education, Interprofessional collaboration, co-design and lived experience	• Program materials and unit/subject profiles/outlines that show where the listed contemporary principles are included and reflected in student learning outcomes. • Examples of where the listed contemporary principles are embedded in the program.
5.3	Unit/subject learning outcomes in the program address social and cultural determinants of health. See explanatory note: Social and cultural determinants of health	• Program materials and unit/subject profiles/outlines that show where social and cultural determinants of health are addressed, including, but not limited to the care of: – Aboriginal and Torres Strait Islander Peoples – victim-survivors of family, domestic and sexual violence[8] – People experiencing sex and gender bias and disparities in healthcare – people living in remote and rural locations, and – the individual across the lifespan, including frailty, disability, palliative care and person-centred care.
5.4	Unit/subject learning outcomes are consistent with the needs of diversecommunities, including community groups that experience health inequities.	• Unit/subject profiles/outlines that show where the needs of diverse communities are addressed.
5.5	Formal mechanisms are applied to ensure that the program and education provider uses technologies effectively to support the program's learning, teaching and assessment. See explanatory note: Clinical and educational technologies	• Provide detailed information on how learning is enhanced and monitored through the use of technology. • Provide detailed information on how the education provider/program ensures ethical use of relevant technologies. • A statement on how the education provider/program ensures equitable access to relevant technology for students.

[8] See *Joint Position on Family Violence by Regulators of Health Practitioners*, available on the Ahpra website, accessed 8 January 2025.

Criteria		Examples of information for inclusion with accreditation application
5.6	The program addresses principles of environmentally sustainable and climate resilient healthcare. See explanatory note: Environmentally sustainable and climate resilient healthcare	• Provide details of: – where environmentally sustainable healthcare is addressed, with particular reference to resource optimisation, waste reduction and environmentally conscious practices – how the impact of climate change on healthcare is addressed, and – relevant staff research related to environmental sustainability and climate resilience in healthcare.

3. Explanatory notes

Safe practice

There are many dimensions to safe practice such as knowing about the policy context, best practice guidance, how to manage risk effectively, and responsibilities as a student and as a registered practitioner. The education provider must assure safe practice in the program by implementing formal mechanisms for work-integrated learning environments and by teaching students in the program about the different aspects of safe practice, including but not limited to, cultural safety, workplace health and safety, manual handling, mandatory reporting, and infection prevention and control.

Ethical practice

Ethical practice promotes the consideration of values in the prioritisation and justification of actions by health professionals, researchers and policymakers that may impact on the health and well-being of patients, families and communities. A health ethics framework aims to ensure systematic analysis and resolution of conflicts through evidence-based application of general ethical principles, such as respect for personal autonomy, beneficence, justice, utility and solidarity.[9]

Student support services and facilities to meet learning, welfare and cultural needs

The education provider must be able to demonstrate that adequate learning, welfare and cultural support services will be provided to students enrolled in the program.

Meeting the learning, welfare and cultural needs of students may include providing mental health support services that recognise students' unique needs during studies and during work-integrated learning, such as dealing with situations involving patient critical-incident scenarios and death. The level of support should reflect the learning needs of students in the context of the academic entry requirements for admission to the program and the expected academic level to be achieved by graduation.

Demonstrating the implementation of support services could include how students access student learning, welfare and cultural support services as well as how they access student academic advisers and more informal and readily accessible advice from individual academic staff.

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Culturally safe practice for Aboriginal and Torres Strait Islander Peoples

The National Registration and Accreditation Scheme's (the National Scheme's) Aboriginal and Torres Strait Islander Health Strategy Group (the Health Strategy Group) published the Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025 The strategy focuses on achieving patient safety for Aboriginal and Torres Islander Peoples as the norm and the inextricably linked elements of clinical and cultural safety.The definition of cultural safety below has been developed for the National Scheme and adopted by the National Health Leadership Forum. The Aboriginal and Torres Strait Islander Health Strategy Group developed the definition in partnership with a public consultation process.

[9] World Health Organization, Western Pacific, Health Topics, Ethics in the Western Pacific. Available from the World Health Organization website, accessed 8 January 2025.

Definition[10]

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

To ensure culturally safe and respectful practice, health practitioners must:

a. Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health;
b. Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism;
c. Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community;
d. Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues

All health practitioners in Australia, including podiatrists, need a working knowledge of factors that contribute to and influence the health and wellbeing of Aboriginal and Torres Strait Islander Peoples. These factors include history, spirituality and relationship to land, and other social determinants of health in Aboriginal and Torres Strait Islander communities.

Return to Standard 1

Cultural safety for all communities

The section above defines cultural safety for Aboriginal and Torres Strait Islander Peoples specifically for their status as First Nations Peoples. Culturally safe and respectful practice is important for all communities

In this context culturally safe care recognises that individuals are all unique with different lived experiences. This can include social, cultural, linguistic, religious, spiritual, psychological and medical needs that can vastly affect the care, support and services they need.

Effectively delivering culturally safe care can:

- enable individuals to retain connections to their culture and traditions, including connection to land, family, law, ceremony and language
- reduce social isolation, loneliness and feelings of marginalisation
- engender trust in a graduate's ability to provide safe care for individuals from diverse backgrounds, including Aboriginal and Torres Strait Islander Peoples
- empower individuals to make informed decisions and be active participants in their care, and
- increase mutual respect and enhanced relationships with the workforce and community.[11]

Podiatrists must be able to work effectively with people from a range of cultures that may differ from their own. Culture may include, but is not limited to, age, gender, sexual orientation, race, socio-economic status (including occupation), religion, physical, mental or other impairments, ethnicity and health service culture.

[10].Ahpra and the National Boards, *The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025*. Available on the Ahpra website, accessed 26 August 2024.
[11] Adapted from: Australian Government, Aged Care Quality and Safety Commission, *Flip Guide on Inclusive and Culturally Safe Governance*. Available on the Aged Care Quality and Safety Commission website, accessed 13 June 2024.

A holistic, patient and family-centred approach to practice requires culturally safe practice. It also requires podiatrists to demonstrate culturally safe practice by learning, developing and adapting their behaviour to each experience.

Integration of culturally safe practice in the design and implementation of podiatry programs

The Australian Government Department of Health's *Aboriginal and Torres Strait Islander Health Curriculum Framework* (the Framework) supports higher education providers to implement Aboriginal and Torres Strait Islander health curricula across their health professional training programs.[12]

There is an expectation that relevant aspects of the Framework are incorporated into the design and implementation of podiatry programs to prepare graduates to provide culturally safe health services to Aboriginal and Torres Strait Islander Peoples. The Committee acknowledges that this may be a new concept for many education providers, but it is reflective of a broader focus on Aboriginal and Torres Strait Islander cultures and cultural safety in education of healthcare practitioners in Australia.

Program materials relating to Aboriginal and Torres Strait Islander health and wellbeing are developed by, or in consultation with, Aboriginal and Torres Strait Islander Peoples.

Reconciliation Action Plan

In partnership with Reconciliation Australia, a Reconciliation Action Plan (RAP) enables organisations to sustainably and strategically take meaningful action to advance reconciliation.

Based around the core pillars of relationships, respect and opportunities, RAPs provide tangible and substantive benefits for Aboriginal and Torres Strait Islander Peoples, increasing economic equity and supporting First Nations self-determination.

Reconciliation Australia's RAP Framework provides organisations with a structured approach to advance reconciliation. There are four different types of RAP that an organisation can develop: Reflect, Innovate, Stretch & Elevate. Each type of RAP is designed to suit an organisation at different stages of their reconciliation journey.[13]

The staff and student work and learning environment

The work environment includes any physical or virtual place staff go to carry out their role in teaching, supervising and/or assessing students in the program. The learning environment includes any physical or virtual place students go to learn and/or gain clinical experience in the program. Examples include offices, classrooms, lecture theatres, online learning portals, simulated environments, clinical teaching and learning spaces. All environments related to the program must be physically and culturally safe for both staff and students.

Staff with knowledge, expertise and cultural capabilities to facilitate learning in Aboriginal and Torres Strait Islander health

The Committee recognises that it may be difficult for all education providers to recruit Aboriginal and Torres Strait Islander people as staff who can facilitate learning in Aboriginal and Torres Strait Islander health. In the first instance the committee will look at education providers' efforts to improve recruitment and retention of Aboriginal and Torres Strait Islander staff. It will also be looking for creative efforts by education providers to meet the intent of this criterion (e.g. by engaging with guest speakers from local communities), if Aboriginal and Torres Strait Islander People are not on staff.

Return to Standard 1

Program information

Education providers should clearly and fully inform prospective students about the Board's practitioner registration requirements before students enrol in the program. Students enrolled in the program should also be reminded of the requirements.

[12] Australian Government, Department of Health Aged Care *Aboriginal and Torres Strait Islander Health Curriculum Framework*, see the Department of Health and Aged Care website, accessed 28 June 2024.
[13] For more information on Reconciliation Action Plans see the Reconciliation Australia website. accessed 24 June 2024.

The information should refer to all of the Board's registration standards[14] and relevant guidelines, including:

- registration standards for:
  - Continuing professional development
  - Criminal history
  - English language skills
  - Professional indemnity insurance arrangements
  - Recency of practice, and
  - Endorsement for scheduled medicines (where relevant).

- Guidelines for registered health practitioners and students in relation to blood-borne viruses.[15]

Inherent requirements

Inherent requirements are the core activities, tasks or skills that are essential to a workplace in general, and to a specific position or role. These activities and/or tasks cannot be allocated elsewhere, are a core element of the position or role, and result in significant consequences if they are not performed.

The HES state that "Prospective students must be made aware of any inherent requirements for doing a course, or parts of a course, that may affect those students in special circumstances or with special needs (such as a particular type of practicum), especially where a course of study leads to a qualification that may lead to registration as a professional practitioner by a registering authority."[16]

Committees/groups responsible for program design, implementation and quality assurance

The education provider will regularly monitor and review the program and the effectiveness of its implementation and engage with and consider the views of a wide range of stakeholders. This includes membership on its committtees of the following stakeholder groups:

- Aboriginal and Torres Strait Islander Peoples, including students, health professionals and community members, or consultation with Aboriginal and Torres Strait Islander groups/communities
- representatives of the podiatry profession
- students
- graduates
- academics
- work-integrated learning supervisors, and
- employers and other health professionals when relevant.

The education provider will also implement formal mechanisms to validate and evaluate improvements in the design, implementation and quality of the program.

Return to standard 2

Effective engagement with external stakeholders

The Committee acknowledges that there are numerous ways education providers engage with their stakeholders, for example through e-mail, video- and teleconferencing, questionnaires and surveys (verbal or written), online and physical forums, and face-to-face meetings. Engagement with external stakeholders must occur formally and should take place regularly (at least every six months) through one or more of these mechanisms.

The education provider will also engage with any individuals, groups or organisations that are significantly affected by, and/or have considerable influence on the education provider, and its program design and implementation. This may include, but is not limited to, representatives of the local community and relevant Aboriginal and Torres Strait Islander communities, people from multicultural communities,

[14] Podiatry Board of Australia, *Registration Standards.* Available from the Podiatry Board website, accessed 26 June 2024. More detailed information on the registration standards is contained in the Board's Policies, Codes and Guidelines available from the Podiatry Board website, accessed on 2 June 2024.
[15] Podiatry Board of Australia, *Guidelines: Registered health practitioners and students in relation to blood-borne viruses* (2020). Available from the Podiatry Board website, accessed 24 June 2024.
[16] Domain 1 of the HES Framework. Available from the TEQSA website, accessed 24 June 2024.

representatives from the LGBTIQA+ community, representatives from geographically diverse communities, health consumers, relevant health services and health professionals, relevant peak bodies and industry.

Staffing

A template for the staffing profile is available for education providers to complete.[17] Use of this template is optional, and the information can be set out in a different format, as long as it includes the details identified in the expected information for Criterion 2.8.

The education provider should be able to clearly demonstrate that all staff with responsibilities for leadership and implementation of the program have:

a) knowledge of contemporary developments in podiatry practice, which is informed by current and continuing scholarship or research or advances in practice

b) high-level skills in contemporary teaching, learning and assessment principles relevant to podiatry practice, their role, modes of implementation and the needs of particular student cohorts, and

c) a qualification in a relevant discipline at least one level higher than the program, or equivalent relevant academic or professional or practice-based experience and expertise.

If information at the level of the program has been provided to and assessed by TEQSA, the outcome of TEQSA's assessment is sufficient.

Return to standard 2

Program design

The committee considers that the main goal of the podiatry program is to ensure graduates can safely and competently practise podiatry at the level required for general registration.

The education provider is encouraged to present an overview about how the curriculum is structured and integrated to produce graduates who have demonstrated all the professional capabilities for podiatrists.

The education provider should make explicit statements about the learning outcomes at each stage of the program, to provide guides for each unit/subject that set out the learning outcomes of the unit/subject, and to show how the learning outcomes map to the professional capabilities for podiatrists.

Referencing the national safety and quality standards

At a minimum the education provider should be referencing within the program curriculum the relevant national safety and quality standards published by the:

- Australian Commission on Safety and Quality in Health Care, including the *National Safety and Quality Health Service Standards and the National Safety and Quality Primary and Community Healthcare Standards*
- Aged Care Quality and Safety Commission, and
- National Disability Insurance Scheme Quality and Safeguards Commission as well as other relevant agencies.

This may include through learning materials given to students, and during lectures.

Return to standard 3

Learning and teaching approaches

The committee encourages innovative and contemporary methods of teaching that promote the educational principles of active student participation, problem solving and development of communication

[17] Please contact Ahpra's Program Accreditation Team at program.accreditation@ahpra.gov.au to obtain the most up-to-date version of the staffing profile template.

skills. Problem and evidence-based learning, use of digital technologies, work-integrated learning, simulation and other student-centred learning strategies are also encouraged.

Education providers may show how these approaches are incorporated into the curriculum and assessed to support student achievement of the learning outcomes and the professional capabilities for podiatrists.

Teaching and assessment of legislative and regulatory requirements

Legislative and regulatory requirements relevant to podiatry practice should be taught in the program and their application to practice being assessed during work-integrated learning. This should include the range of legislative and regulatory requirements that apply to professional practice; not just those related to the profession of podiatry.

Work-integrated learning

Work-integrated learning is an umbrella term for a range of approaches and strategies that integrate academic learning (as a theory) with its application to practice in a purposefully designed curriculum. Work-integrated learning can include clinical practice, community education programs, and laboratory work (such as orthoses manufacture) and it can be done in person or in a range of simulated learning environments.[18]

The committee recognises that education providers design and carry out work-integrated learning in a variety of ways, including in facilities and practices that are located on-campus, operated by the education provider and/or by a health service; as well as facilities and practices that are located off-campus, and operated by a health service or a private practitioner. The education provider must present documentary and experiential examples that shows how their arrangements meet the accreditation standard and support students to achieve learning outcomes.

The education provider should provide opportunities for students to give feedback on their work-integrated learning experiences, such as mid and post-placement surveys.

Return to standard 3

Achievement of relevant capabilities before work-integrated learning

To enable students in the program to engage in work-integrated learning safely, the sequencing of learning and assessment in the program will require students to achieve any capabilities that are relevant to their subsequent period of work-integrated learning, before providing patient care and undertaking work-integrated learning assessment tasks, including case studies and reflections.

Achievement of these capabilities is needed to minimise risk, particularly because supervision alone cannot assure safe practice, even though the degree of supervision will vary with the level of capability of a student being supervised. The capabilities may be achieved immediately before starting a period of work-integrated learning or earlier in the podiatry program. Examples include ensuring any capabilities required for the safe and effective use of medicines are achieved before students use medicines as part of providing patient care.

All students in the program must have appropriate skills to communicate with patients, other health practitioners and their supervisors, and apply safety guidelines.

Relevant accreditation and licensing

The Committee expects the education provider to implement formal mechanisms that ensure each health service or facility used for work-integrated learning in the program:

1. complies with relevant licensing requirements such as applicable public health laws, and
2. where relevant, is accredited by one of the approved accreditation agencies[19] that accredit to the relevant national safety and quality standards.

[18] Further information is available in the Independent Accreditation Committee's publication, *Information paper: good practice approaches to embedding clinical placements, pedagogical innovations and evidence-based technological advances in health practitioner education. Available on the Ahpra website, accessed 25 February 2025.*

[19] Approved accrediting agencies contact details are available on the Australian Commission on Safety and Quality in Healthcare website. accessed 24 June 2024.

These mechanisms may include relevant clauses in an agreement between the education provider and the health service or facility. Agreements with clinics and/or practices outside Australia must include clauses to cover relevant accreditation and licensing requirements in that country.

Critical reflection

Critical reflection is active personal learning and development that promotes engagement with thoughts, feelings and experiences. It helps to examine the past, look at the present and then apply learnings to future experiences or actions.[20] The education provider should guide students in using relevant tools and models to inform how they critically reflect on their practice.

Return to standard 3

Diverse work-integrated learning

Students should be provided with extensive and diverse work-integrated learning experiences with a range of patients/clients and clinical presentations. This should include, but not be limited to:

- Aboriginal and Torres Strait Islander Peoples
- people living in geographically diverse locations including rural or regional areas of Australia
- people from multicultural backgrounds
- people with a disability, including cognitive disability, and/or their advocates
- older people
- young people, and
- lesbian, gay, bisexual, transgender, intersex, queer, asexual and other sexually or gender diverse (LGBTIQA+) people.

Students should also be exposed to patients/clients with different clinical presentations, including cases where patients:

- are high-risk, for example diabetes-related cases
- have a range of comorbidities
- are at risk of adverse outcomes related to polypharmacy, and
- present with a range of complexities of foot and ankle pathology.

The committee considers that work-integrated learning experiences throughout the program will help ensure students achieve the professional capabilities for podiatrists. Education providers must explain how the entire range of work-integrated learning experiences will ensure graduates achieve the professional capabilities for podiatrists, including those required to use pharmaceutical products safely and effectively. Where assessments address meeting the Podiatry Board of Australia's professional capabilities early in the duration of a course of study, proficiency in these capabilities should be continually demonstrated throughout work-integrated learning placements.

The education provider is responsible for implementing and monitoring the quality of any overseas work-integrated learning. The committee recognises that overseas work-integrated learning done as an elective provides valuable experiences for students.

Work-integrated learning supervisors

Work-integrated-learning conducted in Australia must be supervised by a podiatrist or another health practitioner who holds registration in Australia for the clinical elements they supervise (where registration is a requirement under the National Law). This does not preclude work-integrated learning opportunities from being supervised by other health professionals, for example those in self-regulated allied health professions, such as prosthetists and orthotists.

The committee acknowledges that overseas work-integrated learning supervisors may not hold registration with a National Board, but they should be suitably experienced and qualified, and Australian standards of practice should be recognised, either directly through practice, or indirectly through

[20] Adapted from Deakin University Library, *Critical reflection for assessments and practice.* Available from the Deakin University website, accessed 31 July 2024.

comparison with local practice. It is the education provider's responsibility to monitor and assure the quality of supervisors' experience and the suitability of their qualifications.

The education provider should engage with practitioners who are work-integrated learning supervisors. The examples supplied should show work-integrated learning supervisors have an opportunity to provide feedback to the education provider on students' work-integrated learning experiences and on the work-integrated learning program.

Return to standard 3

Principles of assessment

The principles of assessment are a set of measures to ensure that assessment of students is:

- Fair
  - The individual student's needs are considered in the assessment process.
  - Where appropriate, reasonable adjustments are applied by the education provider/program to consider the individual student's needs.
  - The education provider/program informs the student about the assessment process and provides them with the opportunity to appeal the result of assessment and be reassessed if necessary.
- Flexible

  Assessment is flexible to the individual by:
  - reflecting the student's needs
  - assessing capabilities held by the student no matter how or where they have been acquired, and
  - drawing from a range of assessment methods and using those that are appropriate to the context, the unit/subject learning outcomes and associated assessment requirements, and the individual.
- Valid

  Validity requires:
  - assessment against the unit/subject learning outcomes covers the broad range of skills knowledge and professional attributes that are essential to meet the learning outcomes
  - assessment of knowledge, skills and professional attributes is integrated with practise in a clinical setting
  - assessment to be based on the demonstration that a student could practise the skills, knowledge and professional attributes in other similar situations, and
  - judgement of assessment is based on student performance that is aligned to the unit/subject learning outcomes.
- Reliable
  - Assessments are consistently interpreted and assessment results are comparable irrespective of the assessor conducting the assessment.[21]

The education provider should implement an assessment strategy that reflects the principles of assessment. When the education provider designs and implements supplementary and alternative assessments in the unit and/or subject, these must contain different material to the original assessment.

The education provider should describe in detail its assessment processes, including:

- how academic integrity is upheld
- how assessment tasks ensure that all learning outcomes have been met
- how work is assessed (including an assessment rubric), and where relevant
- how thresholds for passing a unit/subject with multiple assessment tasks are implemented.

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[21] Adapted from Australian Skills Quality Authority (ASQA), *Accredited Course Standards Guide, Appendix 6: Principles of Assessment*. Available from the ASQA website, accessed 19 June 2024.

Simulation-based assessment

The benefits of assessing by simulation include:

- exposure to active, experiential, reflective and contextual learning approaches allowing students to see the direct relevance of their educational experience to their future practice
- enabling educators to assess a student's preparedness for work-integrated learning
- technology-based forms of simulation that can enable instant feedback to students, and
- providing effective means of evaluating students' competencies, such as their professionalism, as well as their content knowledge.[22]

Simulation-based assessment should:

- be aligned with the learning outcomes
- provide students (ideally in the course outline) with clear and explicit information as to what is expected
- ensure that the task is authentic and real-world-based. (this may include inviting subject-matter experts to come in as real-time resources for students to consult, as they might consult mentors in a professional setting)
- scaffold the learning experience, breaking tasks down to manageable size, and
- use simulations for both formative feedback and summative assessment, rather than introducing them only at the end of the course as a summative assessment. [23]

Return to standard 4

Interprofessional education

Interprofessional education is important for preparing students of podiatry to work with other health professionals in a collaborative team environment. Interprofessional teams involving multiple health professionals can improve the quality of patient care and improve patient outcomes, particularly for patients who have complex conditions or comorbidities.

Interprofessional education allows students from two or more professions to learn about, from and with each other to enable effective collaboration and improve health outcomes.[24]

Examples of interprofessional learning might include, but are not limited to:

- small groups working together on an interactive patient case
- simulation-based learning
- clinical settings such as interprofessional learning placements

The principles of interprofessional education include valuing and respecting individual discipline roles in healthcare with the goal of facilitating multi-disciplinary care and the ability to work in teams across professions for the benefit of the patient.

Interprofessional collaboration *(Also known as Interprofessional collaborative practice)*

Refers to healthcare practice where multiple health workers from different professional backgrounds work together, with patients, families, carers and communities to deliver the highest quality of care that is free of racism and other forms of discrimination.[25]

[22,16] Adapted from the University of New South Wales, *Assessing with role plays and simulations.* Available from the University of New South Wales website, accessed 30 July 2024.

[24] Independent Accreditation Committee, *Glossary of accreditation terms* (2023). Available on the Ahpra website, accessed 19 June 2024.

[25] Independent Accreditation Committee, *Glossary of accreditation terms* (2023). Available on the Ahpra website, accessed 19 June 2024.

Co-design

A process where people with professional and lived experience partner as equals to improve health outcomes by listening, learning and making decisions together.[26]

The principles of co-design are:

- Inclusive – includes a wide variety of stakeholders groups
- Respectful – the input of all participants is valued and equal
- Participative – the process is open, empathetic and responsive
- Iterative – ideas and solutions are continually tested and evaluated with the participants
- Outcomes focused – the process of designed to achieve an outcome or series of outcomes where potential solutions can be rapidly tested and effectiveness measured.[27]

Lived experience

Lived experience refers to the personal perspectives on, and experiences of being a consumer or carer, and how this becomes awareness and knowledge that can be communicated to others.

Engagement that values lived experience focuses on recognising life context, culture, identity, risks and opportunities, it's about working together in partnership to identify what's appropriate for consumers, carers, families and kinship groups, and then acting on this.

Acknowledging lived experience perspectives facilitates high quality person-centred care that is embodied in the principles of recovery, dignity of risk, trauma-informed care, cultural safety and co-production. [28]

Return to standard 5

Social and cultural determinants of health

The education provider should consider social and cultural determinants of health as they relate to the design, implementation and quality improvement of the program. These include:

- Aboriginal and Torres Strait Islander Peoples' connection to family and community, land and sea, culture and identity, and

- family, domestic and sexual violence (FDSV) as a significant and widespread problem with serious and lasting impacts on individuals, families and communities. Consistent with the National Plan to End Violence Against Women and Children 2022-2032, it is recognised that FDSV affects people of all genders, all ages and all backgrounds, but it predominantly affects women and children.[29]
- sex and gender bias and disparities in healthcare. Gender inequity in health refers to the unfair, unnecessary, and preventable provision of inadequate health care that fails to take account of the differences between women and men in their state of health, risks to health, and participation in health work.[30]

The World Health Organization lists the following examples of social determinants of health that can influence health equity:

- income and social protection
- education
- unemployment and job insecurity
- working life conditions
- food insecurity

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[26] Adapted from Queensland Government, Metro North Health, *What is co-design?* Available from the Queensland Government website, accessed 15 January 2025.
[27] NSW Council of Social Service (NCOSS) Principles of Co-design (2017). Available from the NCOSS website, accessed 16 January 2025.
[28] National Mental Health Commission, *Mental Health Safety and Quality Engagement Guide (2021)*. Available from the National Mental Health Commission website, accessed 15 January 2025.
[29] Australian Government Department of Social Services. *National plan to end violence against women and children 2022-2032*. Available from the Department of Social Services website, accessed 19 June 2024.
[30] Pan American Health Organization, Gender Equality in Health. Available from the PAHO website, accessed 24 February 2025.

- housing, basic amenities and the environment
- early childhood development
- social inclusion and non-discrimination
- structural conflict, and
- access to affordable health services of decent quality.[31]

Education providers/programs must develop students' knowledge, skills and professional attributes to:

- identify patients who may be experiencing health inequities
- build trust and create a supportive and safe environment for patients to feel safe to disclose
- use trauma-informed approaches to have conversations about health inequities
- work in partnership to respond to the patient's immediate and ongoing support/safety needs
- meet their obligations under local mandatory reporting laws, and
- refer patients to specialist services, where appropriate.

Clinical and educational technologies

Clinical and educational technologies might include, for example, learning management systems, assessment management systems, electronic portfolio systems and contemporary technology used in the education and practise of the profession. This includes simulation and virtual care.[32]

Increasingly, the use of technologies includes Artificial Intelligence (AI) and specifically generative AI.

Generative Artificial Intelligence is an AI model capable of generating text, images, code, video and audio. Large Language Models (LLMs) such as ChatGPT and Copilot produce text from large datasets in response to text prompts.[33]

Generative AI impacts on learning, teaching, assessment and clinical practice, and education providers need to be able protect the integrity of their awards and produce graduates with both discipline-expertise and the ability to use gen AI tools effectively and ethically[34].

Designing and implementing assessment with the emergence of AI provides additional challenges and opportunities. TEQSA's *Assessment reform for the age of artificial intelligence* describes guiding principles that capture the essence of the considerations that are required for higher education assessment and AI:

- Assessment and learning experiences equip students to participate ethically and actively in a society where AI is ubiquitous, and
- Forming trustworthy judgements about student learning in a time of AI requires multiple, inclusive and contextualised approaches to assessment. [35]

Education providers/programs must provide students with ethical guidance on the use of AI. Any AI applications that are required in order for students to meet the learning outcomes of the program must be provided at no extra cost to the students to ensure equitable access.

Return to standard 5

[31] Word Health Organization, Social determinants of health. Available from the World Health Organization Website, accessed 19 June 2024.
[32] Independent Accreditation Committee, *Information paper: good practice approaches to embedding clinical placements, pedagogical innovations and evidence-based technological advances in health practitioner education*. Available from the Ahpra website, accessed 8 April 2025.
[33] Australian Academic Integrity Network (AAIN), *Generative artificial intelligence guidelines* (2023). Available from the TEQSA website, accessed 19 June 2024.
[34] Tertiary Education Quality and Standards Agency, *Gen AI strategies for Australian Higher Education: Emerging practice* (2024). Available from the TEQSA website, accessed 6 February 2025.
[35] Tertiary Education Quality and Standards Agency, *Assessment reform for the age of artificial intelligence* (2023). Available from the TEQSA website, accessed 6 February 2025.

Environmentally sustainable and climate resilient healthcare

Climate change presents a fundamental threat to human health. It affects the physical environment as well as all aspects of both natural and human systems – including social and economic conditions and the functioning of health systems.[36]

Actions to address the health impacts of climate change must also take a health equity approach, because some groups, such as rural and remote communities and Aboriginal and Torres Strait Islander Peoples, are at a disproportionately increased risk of adverse health impacts from climate change due to existing inequities.[37]

Health professionals have a responsibility to develop environmentally sustainable healthcare systems. This may be achieved by avoiding wasteful or unnecessary medical interventions; developing innovative and more integrated models of care; optimising the use of new technologies; preventing avoidable activity; and strengthening primary care, self-management and patient empowerment. [38]

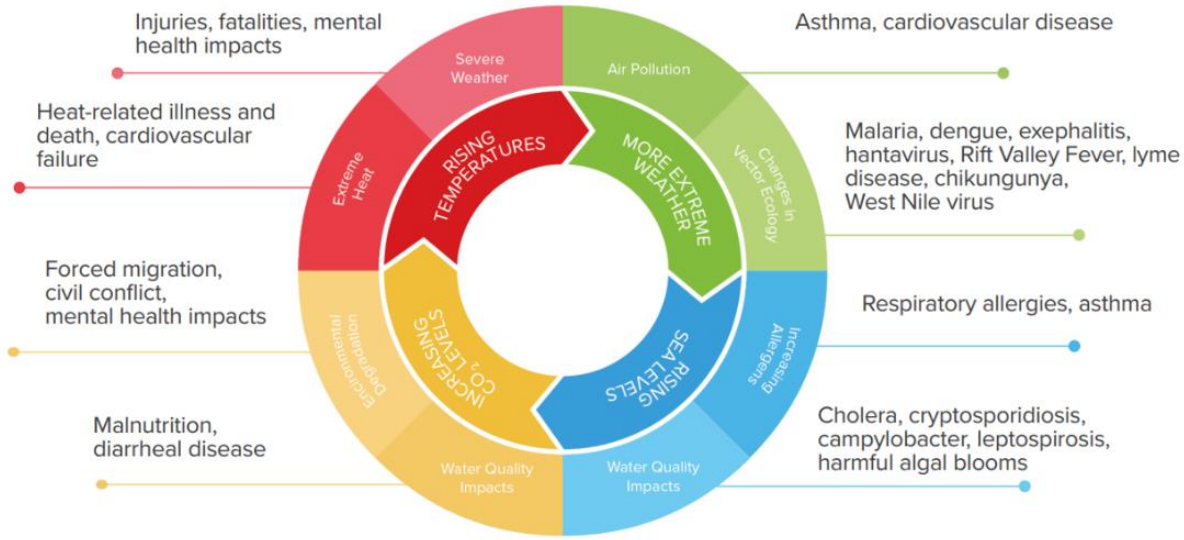
Education providers and programs may already implement environmentally sustainable practices which may include, for example:

- following recommendations of an institutional sustainability strategy
- following a waste management plan, including use of recyclable products
- considering how equipment that may no longer be suitable for its initial purpose may be used in a different context
- established service and maintenance plans to prolong the use of equipment, and
- providing students with guidance and options on the cost and quantities of resources required.

Environmentally sustainable healthcare systems improve, maintain or restore health, while minimising negative impacts on the environment and leveraging opportunities to restore and improve it, to the benefit of the health and well-being of current and future generations.[39] Figure 4 shows the impacts of climate change on health outcomes.

[36] World Health Organization, *Fact sheets - Climate change*. Available from the World Health Organization website, accessed 19 June 2024.
[37] Australian Commission on Safety and Quality in Health Care (ACSQHC), Interim Australian Centre for Disease Control and Council of Presidents of Medical Colleges, *Joint Statement: Working together to achieve sustainable high-quality health care in a changing climate (2024).* Available from the ACSQHC website, accessed 15 January 2025.
[38] The Royal Australian College of Physicians, *Environmentally Sustainable Healthcare Position Statement* (2016). Available from the RACP website, accessed 19 June 2024.
[39] World Health Organization, *Environmentally sustainable health systems: a strategic document* (2017). Available from the World Health Organization website, accessed 20 June 2024.

Figure 4: Impacts of climate change on health outcomes.[40]



Return to standard 5

[40] Australian Commission on Safety and Quality in Health Care (ACSQHC), *Environmental Sustainability and Climate Resilience Healthcare Module.* Available from the ACSQHC Website, accessed 15 January 2025.

4. Glossary

Accreditation standards	A standard(s) used by an accreditation authority to assess whether a program of study, and the education provider that provides the program of study, provide persons who complete the program with the knowledge, skills and professional attributes necessary to practise the profession in Australia.
Assessment moderation	Quality assurance, control processes and activities such as peer review that aim to assure: consistency or comparability, appropriateness, and fairness of assessment judgments; and the validity and reliability of assessment tasks, criteria and standards. Moderation of assessment processes establishes comparability of standards of student performance across, for example, different assessors, locations, units/subjects, education providers and/or programs of study.[41]
Assessment team	An expert team, assembled by the Accreditation Committee, whose primary function is the analysis and evaluation of the podiatry program against the accreditation standards.
Climate resilience	Adapting health services by identifying environmental risks to enable the health sector to become more climate resilient and able to respond to the needs of those most effected by climate change.[42]
Co-design	A process where people with professional and lived experience partner as equals to improve health outcomes by listening, learning and making decisions together.[43]
Cultural determinants of Indigenous health	Cultural determinants originate from and promote a strength-based perspective, acknowledging that stronger connections to culture and country build stronger individual and collective identities, a sense of self-esteem, resilience, and improved outcomes across the other determinants of health including education, economic stability and community safety. Consistent with the thematic approach to the *Articles of the United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP)[44], cultural determinants include, but are not limited to: • Self-determination • Freedom from discrimination • Individual and collective rights • Freedom from assimilation and destruction of culture • Protection from removal/relocation • Connection to, custodianship, and utilisation of country and traditional lands • Reclamation, revitalisation, preservation and promotion of language and cultural practices

[41] Adapted from TEQSA glossary of terms. Available on the TEQSA website, accessed 19 June 2024.
[42] Adapted from the Australian Commission on Safety and Quality in Health Care (ACSQHC), *Environmental Sustainability and Climate Resilience Healthcare Module.* Available from the ACQSHC website. Accessed 15 January 2025.
[43] Adapted from Queensland Government, Metro North Health, *What is co-design?* Available from the Queensland Government website, accessed 15 January 2025.
[44] United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). Available from the United Nations website, accessed 5 August 2024.

	• Protection and promotion of Traditional Knowledge and Indigenous Intellectual Property, and • Understanding of lore, law and traditional roles and responsibilities. Cultural determinants are enabled, supported and protected through traditional cultural practice, kinship, connection to land and Country, art, song and ceremony, dance, healing, spirituality, empowerment, ancestry, belonging and self-determination.[45]
Current and continuing scholarship or research	Current and continuing scholarship and research means those activities designed to gain new or improved understanding, appreciation and insights into a field of knowledge, and engaging with and keeping up to date with advances in the field. This includes advances in teaching and learning and in professional practice, as well as advances in disciplinary knowledge through original research.[46]
Education provider	A university, tertiary education institution, or another institution or organisation, that provides vocational training or a specialist medical college or other health profession college.
Environmental sustainability	Mitigating processes, practices and services that have high environmental impact to ensure an environmentally sustainable way of providing appropriate care and reducing waste.[47]
Formal mechanisms	Activities that an education provider completes in a systematic way to effectively provide the program. Formal mechanisms may or may not be supported by formal policy but will at least have documented procedures or processes in place to support their implementation.
Interprofessional education	Refers to educational experiences where students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.[48]
Learning outcomes	The expression of the set of knowledge, skills and the application of the knowledge and skills a person has and is able to show as a result of learning.[49]
Lived experience	A broad term referring to the personal perspectives on, and experiences of being a consumer or carer, and how this becomes awareness and knowledge that can be communicated to others.[50]
Mapping document	A document that shows the link between learning outcomes, assessment tasks. NSQHS standards and the Podiatry Board of Australia's professional capabilities.[51]

[45] Commonwealth of Australia, Department of Health (2017), *My Life My Lead - Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health: Report on the national consultations December 2017*, Available from the Department of Health and Aged Care website, accessed 5 August 2024

[46] TEQSA *Guidance Note: Scholarship (2018)*. Available on the TEQSA website, accessed 19 June 2024.

[47] Adapted from the Australian Commission on Safety and Quality in Health Care (ACSQHC), *Environmental Sustainability and Climate Resilience Healthcare Module.* Available from the ACQSHC website. Accessed 15 January 2025.

[48] Independent Accreditation Committee, *Glossary of accreditation terms* (2023). Available on the Ahpra website, accessed 19 June 2024.

[49] Independent Accreditation Committee, *Glossary of accreditation terms* (2023). Available on the Ahpra website, accessed 19 June 2024.

[50] National Mental Health Commission, *Mental Health Safety and Quality Engagement Guide (2021)*. Available from the National Mental Health Commission website, accessed 15 January 2025.

[51] Please contact Ahpra's Program Accreditation Team at program.accreditation@ahpra.gov.au to obtain the most up-to-date version of the mapping template.

Medicines (and/or pharmaceutical products)	Therapeutic goods that are represented to achieve or are likely to achieve their principal intended action by pharmacological, chemical, immunological or metabolic means in or on the body of a human. In this document, the term 'medicine' or 'medicines' includes prescription medicines, non-prescription or over-the-counter products and complementary medicines, including herbs, vitamins, minerals, nutritional supplements, homeopathic medicines and bush and traditional medicines.[52]
Podiatric surgeon	An individual who is listed on the Podiatry Board of Australia's register with specialist registration as a podiatric surgeon.
Podiatrist	An individual who is listed on the Podiatry Board of Australia's register of podiatrists.
Principles of assessment	The principles of assessment are a set of measures to ensure that assessment of students is valid, reliable, flexible and fair.
Reasonable adjustments	Education providers are required to make changes so that a student with disability can safely and productively perform the genuine and reasonable requirements of the program. A reasonable adjustment requires an education provider to balance the cost or effort required to make such a change. If an adjustment requires a disproportionately high expenditure or disruption it may not be considered reasonable. Reasonable adjustment requirements directly address systemic discrimination experienced by people with disability in education.[53]
Social determinants of health	The social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.[54]
Work-integrated learning	Work-integrated learning encompasses any arrangements where students undertake learning in a work context as part of their course requirements. WIL activities may include: • professional workplace placements (also known as internships, clinical placements, fieldwork, practicums) whether local, interstate or international • online or virtual WIL (e.g. telehealth) with real clients or industry input • industry-partnered projects in the classroom (e.g. hackathons, incubators/start-ups) that involve industry, community or professional partners

[52] Definition adapted from National Prescribing Service *NPS MedicineWise. Prescribing Competencies Framework: embedding quality use of medicines into practice (2nd Edition). Sydney, 2021.* Available from the NPS MedicineWise website, accessed 19 June 2024.
[53] Australian Human Rights Commission *Quick guide on reasonable adjustments.* Available on the Australian Human Rights Commission website, accessed 19 June 2024.
[54] World Health Organisation, *Social determinants of health.* Available on the WHO website, accessed 11 February 2025.

	• a simulated work environment with industry input, consultation or assessment, or • activities in other contexts involving industry or community partners.[55]
Work-integrated learning supervisor and/or supervision	A work-integrated learning supervisor, also known as a clinical supervisor, is an appropriately qualified and registered professional who guides learners' education and training during work-integrated learning. The supervisor's role may encompass educational, support and organisational functions. The supervisor is key to ensuring the student provides safe, appropriate and high-quality patient care. Work-integrated learning supervision is a mechanism used by the education provider and workplace to assure the student is practising safely, competently and ethically. It involves oversight – either direct or indirect – by an appropriately qualified and registered supervisor(s) to guide, give feedback on, and assess personal, professional and educational development in the context of each learner's experience of providing safe, appropriate and high-quality patient care. Work-integrated learning supervision may be direct, indirect or remote according to the context in which the student's learning is being supervised.

[55] Tertiary Education Quality and Standards Agency (TEQSA), Guidance note: Work-integrated learning, 2022. Available from the TEQSA website, accessed 19 June 2024.

Podiatry Accreditation Committee

Accreditation standards: Podiatric surgery programs

April 2025

Australian Health Practitioner Regulation Agency
National Boards
GPO Box 9958 Melbourne VIC 3001 Ahpra.gov.au 1300 419 495

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1. Preamble

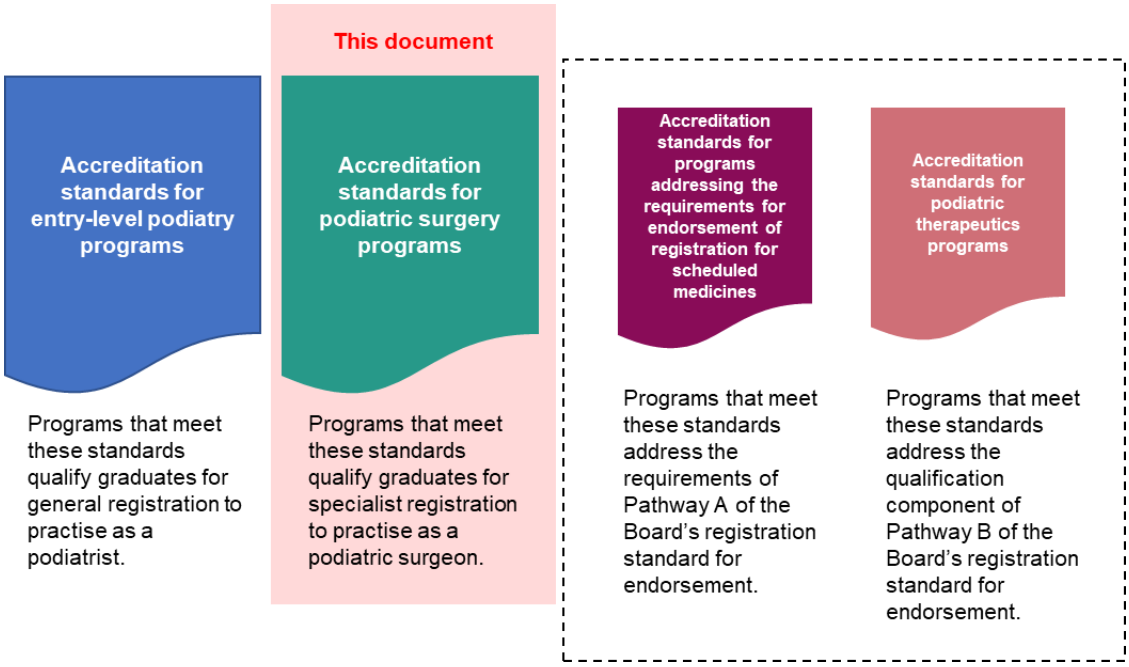
In Australia, the podiatry profession is regulated by the Podiatry Board of Australia (the Board) under the National Registration and Accreditation Scheme (the National Scheme), which came into effect on 1 July 2010. The Podiatry Accreditation Committee is appointed by the Board as the accreditation authority for the podiatry profession under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

The Accreditation Committee (the Committee) assesses whether programs of study and education providers are meeting the accreditation standards and decides whether or not to accredit the program. The Committee also monitors accredited programs to ensure they continue to meet the accreditation standards. The Board considers the Committee's decisions and decides whether or not to approve accredited programs as providing qualifications for registration. Graduates of an accredited and approved podiatric surgery program are qualified for specialist registration.

Under the National Law, the committee must regularly review accreditation standards to ensure they remain contemporary and relevant to podiatry practice and education in Australia. This document is one of four sets of accreditation standards relevant to education programs in podiatry and podiatric surgery.

1. Accreditation standards for entry-level podiatry programs
2. Accreditation standards for podiatric surgery programs (this document)
3. Accreditation standards for programs for registered podiatrists and podiatric surgeons addressing requirements for endorsement of registration in relation to scheduled medicines (ESM programs)
4. Accreditation standards for podiatric therapeutics programs for registered podiatrists and podiatric surgeons.

Figure 1: The four sets of accreditation standards



Overview of the accreditation standards for podiatric surgery

The accreditation standards in this document will be used to assess education programs designed to qualify graduates for specialist registration as a podiatric surgeon. Accreditation of a program gives assurances to the Board and the community that graduating students have the knowledge, skills and professional attributes needed to safely and competently practise as a podiatric surgeon in Australia, including using pharmaceutical products for holistic person-centred care.

These accreditation standards can also be used by education providers seeking accreditation of programs they want the Board to approve as providing qualifications for specialist registration and for endorsement for scheduled medicines under Pathway A of the Board's *Registration standard for endorsement for scheduled medicines*.[1] Under Pathway A, a podiatrist or podiatric surgeon is qualified for endorsement after completing an approved qualification. The Board may approve a program as providing a qualification suitable for Pathway A if the Committee advises the Board that the curriculum includes education and training in podiatric therapeutics and clinically-supervised practice to ensure that graduates have the professional capabilities required to administer, obtain, possess, prescribe, sell, supply or use Schedule 2, 3, 4 or 8 medicines for the treatment of podiatric conditions, as listed in the *National podiatry scheduled medicines list*.

The accreditation standards focus on the demonstration of outcomes. They recognise contemporary practice in standards development across Australia and internationally, and they accommodate a range of educational models and variations in curriculum design, teaching methods, and assessment approaches. The focus is on showing that student learning outcomes and assessment tasks map to the *Professional capabilities for podiatric surgeons*.

In October 2023, the Board and Ahpra commissioned the *Independent review of the regulation of podiatric surgeons in Australia*[2] (the review) to get an independent view of the current regulatory framework for podiatric surgeons, any risks to patient safety, and recommend improvements to better protect the public.

The final report was published in March 2024 and made 14 recommendations to better protect the public. The Board and Ahpra accepted all of the review's recommendations. These draft standards take into account key findings and recommendations from the review.

Structure of the accreditation standards

The accreditation standards is made up of five standards:

1. Assuring safety
2. Academic governance, quality assurance and resourcing of the program
3. Program design
4. Assessment
5. Preparing students for contemporary practice

A standard statement articulates the purpose of each standard. Each standard statement is supported by multiple criteria that set out what is generally needed to meet the standard.

The committee considers whether the education provider and its program have met each standard. When the committee determines whether the information presented by an education provider shows that a standard is met, it takes a balanced view of the findings for each criterion in the context of the whole standard and its intent.

The National Scheme's paramount principle of protecting the public and maintaining public confidence in the safety of services provided by health practitioners is specifically reflected in standard one – assuring safety, which comprises safe and culturally safe practice. However, standard one is central to all of the standards and must be embedded throughout programs of study, as shown in Figure 2.

[1] Podiatry Board of Australia, *Registration Standard: Endorsement for Scheduled Medicines*. 2018. Available on the Podiatry Board website, accessed on 26 June 2024.

[2] The final report and more information about the independent review is available from the Board's webpage.

Figure 2: Standard 1 - Assuring safety is central to all accreditation standards

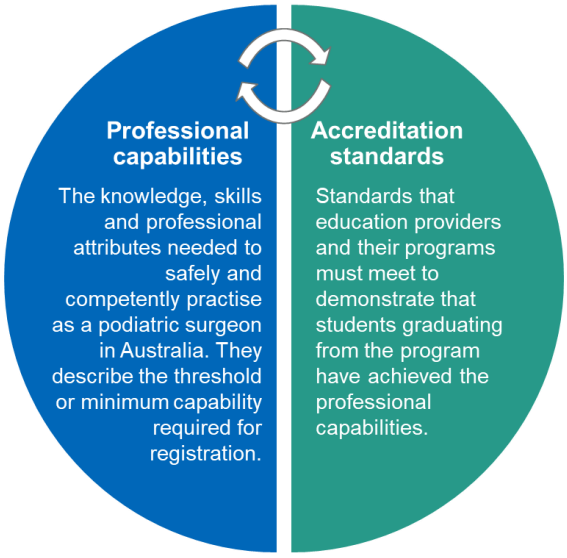
Mapping learning outcomes and assessment tasks to the Professional capabilities for podiatric surgeons

The accreditation standards in this document require education providers to design and implement a program where learning outcomes and assessment tasks map to the relevant professional capabilities (Figure 3). Professional capabilities identify the knowledge, skills and professional attributes needed to safely and competently practise as a podiatric surgeon in Australia. They describe the threshold or minimum level of professional capability required for specialist registration, and they include capabilities required to safely and effectively use medicines to treat podiatric conditions.

For programs intended to qualify graduates for specialist registration, education providers will be required to design and implement a program where learning outcomes and assessment tasks map to the *Professional capabilities for podiatric surgeons.* If the program is also intended to qualify graduates for endorsement of their registration through Pathway A, education providers will need to demonstrate that learning outcomes and assessment tasks also map to the relevant professional capabilities for endorsement for scheduled mediines as outlined in the National Prescribing Service *Prescribing competencies framework*.[3]

[3] National Prescribing Service *NPS MedicineWise. Prescribing Competencies Framework: embedding quality use of medicines into practice (2nd Edition). Sydney, 2021.* Available from the NPS MedicineWise website, accessed 19 June 2024.

Figure 3: The relationship between accreditation standards and professional capabilities



The relationship between the Accreditation Committee and other regulators

The Committee recognises the role of the Australian Government Department of Education and the Department of Employment and Employment and Workplace Relations (DEWR), the Higher Education Standards Panel and the Tertiary Education Quality Standards Agency (TEQSA) in the regulation and quality assurance of higher education in Australia. The Committee does not seek to duplicate the role of these bodies and does not assess higher education providers or their programs against the standards from the *Higher Education Standards Framework (Threshold Standards) 2021* (threshold HES).[4]

The accreditation standards in this document are limited to aspects of the education provider and program that are directly related to ensuring students have the knowledge, skills and professional attributes needed to safely and competently practise as a podiatric surgeon in Australia.

Guidance on the presentation of information for accreditation assessment

The Committee relies on assessment of current documentary information submitted by the education provider during the accreditation process and experiential information obtained by the assessment team. It establishes assessment teams to:

a) evaluate information provided by an education provider about its program against the approved accreditation standards, and
b) work in partnership with the Australian Health Practitioner Regulation Agency's (Ahpra's) Program Accreditation Team to give the Committee a report of the assessment team's evaluation findings.

Assessment teams and education providers should also refer to the separate document *Guidelines for accreditation and training programs* for information about the accreditation processes and procedures used by the Committee to assess and monitor programs against the accreditation standards.

[4] For information on the Higher Education Standards Framework (Threshold Standards) 2021, see the Australian Government Federal Register of Legislation website, accessed 24 June 2024.

How to present an explanation and information for accreditation assessment

The education provider should:

- explain how they meet each standard
- make clear in their explanation, the relevance of including each piece of information
- highlight where the relevant information can be found in the documents i.e. give the page number and paragraph number, and
- reference the criterion (or criteria) to which each piece of expected information relates.

Some documents may be applicable across multiple standards and criteria. For example, unit and/or subject profiles and/or outlines are expected to be provided for Criteria 1.1, 1.6, 1.8, 3.2, 3.3, 3.6, 4.1, 5.2, 5.3 and 5.4, but these serve different purposes for each criterion, so the explanation would be different for each criterion.

Providing a staffing profile

A template for the staffing profile for Criterion 2.8, is available from the Program Accreditation Team (program.accreditation@ahpra.gov.au). Education providers should complete one profile that covers all details identified in the examples of information across the relevant criteria.

Mapping to professional capabilities

The template for mapping professional capabilities to unit/subject learning outcomes and assessment tasks for criteria 3.2 and 4.1 is available for education providers to complete and should map all assessment tasks, all unit/subject learning outcomes and all professional capabilities relevant to this pathway. [5]

Providing examples of assessments

The education provider is requested provide examples of assessments for Criteria 1.1, 1.6, 3.9, 4.1 and 4.2. The examples should include a range of different assessment tools or modalities. For each tool or modality, provide a range of de-identified examples from students across the range of performance. Where possible include an example of a satisfactory or pass, and an example of unsatisfactory or where the benchmark is not yet met.

Implementation of formal mechanisms

Education providers must demonstrate the implementation of formal mechanisms such as policies and procedures at the program level (i.e. the outputs and/or outcomes), not just a description of the process, or copies of policy and procedure documents (i.e. not just the inputs).

Monitoring accredited programs

After the Committee accredits a program, it has a legal responsibility under section 50 of the National Law to monitor whether the program continues to meet the accreditation standards. The Committee needs to remain satisfied that the program and education provider continue to meet the accreditation standards while students continue to be enrolled in the accredited program for continued accreditation.

If the Committee is not reasonably satisfied the accredited program continues to meet the accreditation standards, it may seek further information through discussions with the education provider and/or through a site visit.

[5] Please contact Ahpra's Program Accreditation Team at program.accreditation@ahpra.gov.au to obtain the most up-to-date version of the mapping template.

Further information

For further information about the accreditation standards please contact:

Manager, Program Accreditation
Ahpra
Email: program.accreditation@ahpra.gov.au
Website: www.podiatryboard.gov.au/Accreditation

Review of accreditation standards

The accreditation standards will be reviewed as required. This will generally occur at least every five years.

Date of effect: 1 January 2026

Navigating this document

Where explanatory notes have been included to provide further information, links have been added to the criteria or examples of information to the relevant explanatory note located towards the end of this document. Links are also included in the explanatory notes to allow you to navigate back to the standards.

2. The accreditation standards, criteria and examples of information for inclusion with an accreditation application

Standard 1: Assuring safety

Standard statement: Assuring safe and ethical practice and culturally safe practice is paramount in program design, implementation and monitoring.

This standard addresses safe and ethical practice, culturally safe practice that is free of racism and the safe care of patients/clients. The focus is on educating students so that they practice safely once registered, assuring students practice safely in work-integrated learning, and assuring the safety of students.

Criteria		Examples of information for inclusion with accreditation application
Safe practice		
1.1	Safe and ethical practice is integrated into the design and implementation of the program and is articulated in the learning outcomes of the program, including any work-integrated learning elements. See explanatory notes: Safe practice and Ethical practice	• Program materials and unit/subject profiles/outlines that show protection of the public and safe and ethical practice, are addressed in the curriculum. • A range of different assessment tools or modalities which show that safe practice, is being taught and assessed across the curriculum, including in the clinical setting. For each tool or modality, give a range of de-identified examples of student assessment. Where possible give an example of a satisfactory or pass, and an example of unsatisfactory or where the benchmark is not yet met. • Examples of the implementation of formal mechanisms used to identify, report on, monitor and address issues affecting on safe practice in program design, implementation and monitoring.
1.2	Formal mechanisms exist and are applied to ensure that students are mentally and physically fit to practise safely at all times.	• Examples of the implementation of formal mechanisms used to monitor whether students are fit to practise safely throughout the duration of the program and manage situations where safety issues are identified. • A range of de-identified examples of the implementation of formal mechanisms used to ensure students are safe to engage in practice before work-integrated learning, such as confidential disclosure of issues by students, vaccinations and completion of police checks and child and vulnerable person safety screening checks, where mandated.
1.3	Students in the program have access to the education provider's cultural, health and learning support services, to ensure staff and students are physically and psychologically safe, including during work-integrated learning. See explanatory note: Student support services and facilities to meet learning, welfare and cultural needs	• Examples of: – the implementation of formal mechanisms, including feedback processes used to ensure that staff and students work and learn in an environment that is physically, psychologically and culturally safe, including in face-to-face, work-integrated learning and online environments.

Criteria		Examples of information for inclusion with accreditation application
		– feedback from staff and students about the safety of the environment. – actions taken to resolve any issues that compromised the physical, psychological and/or cultural safety of the environment for students.
1.4	The education provider requires students in the program to comply with the Podiatry Board of Australia's (the Board's) code of conduct and expectations for safe and professional practice	• Information given to students that refers to the requirement for them to comply with the Board's registration standards and guidelines on ethical and professional conduct. [6] • Mechanisms provided for students to familiarise themselves with any changes to relevant Board guidelines as they arise. • Examples of implementation of formal mechanisms used for mandatory and voluntary notifications about students to (Ahpra). • Examples of mechanisms to monitor compliance with the education provider's code of conduct.
1.5	The education provider complies with its obligations under the Health Practitioner Regulation National Law (the National Law) as in force in each state and territory and other laws.	• Examples of the implementation of formal mechanisms that show compliance with: – the National Law and other laws, and – the requirements for mandatory and voluntary notifications about students.
Culturally safe practice		
1.6	Culturally safe practice that is free of racism and discrimination is integrated into the design and implementation of the program and is articulated in the learning outcomes of the program, including any work-integrated learning elements, with an emphasis on Aboriginal and Torres Strait Islander cultures and cultural safety in the Australian healthcare setting. See explanatory notes: Culturally safe practice for Aboriginal and Torres Strait Islander Peoples, Cultural safety for all communities and Integration of culturally safe practice in the design and implementation of podiatry programs	• Program materials and unit/subject profiles or outlines that show culturally safe practice, is addressed in the curriculum. • A range of different assessment tools or modalities which show that culturally safe practice, is being taught and assessed across the curriculum, including in the clinical setting. For each tool or modality, give a range of de-identified examples of student assessment. Where possible give an example of a satisfactory or pass, and an example of unsatisfactory or where the benchmark is not yet met. • Examples of implementation of formal mechanisms used to identify, report on and address issues affecting culturally safe practice in program design, implementation and monitoring.

[6] Podiatry Board of Australia, *Shared Code of Conduct for Health Practitioners* (2022). Podiatry Board of Australia *Guidelines: Mandatory notifications about registered health practitioners* (2020) and *Guidelines: Mandatory notifications about registered students* (2020). Other guidelines issued by the Podiatry Board of Australia relevant to safe practice include but may not be limited to: Podiatry Board of Australia *Guidelines: Registered health practitioners and students in relation to blood-borne viruses* (2020) and *Guidelines: Informing a National Board about where you practise* (2018). The Board's policies, codes and guidelines are available from the Podiatry Board website, accessed 30 July 2024.

Criteria		Examples of information for inclusion with accreditation application
1.7	The education provider actively recruits or draws on staff or other individuals with the knowledge, expertise and culturally safe practice to facilitate learning in Aboriginal and Torres Strait Islander health. See explanatory note: Staff with knowledge, expertise and cultural capabilities to facilitate learning in Aboriginal and Torres Strait Islander health	Examples of: • any targeted recruitment of Aboriginal and Torres Strait Islander staff. • the implementation of formal mechanisms used to recruit staff, including an equal employment opportunity policy for employment of Aboriginal and Torres Strait Islander Peoples. • the implementation of formal mechanisms used to draw on staff or other individuals with the knowledge, expertise and culturally safe practice to facilitate learning in Aboriginal and Torres Strait Islander health. • Education provider's Indigenous strategy and Reconciliation Action Plan (RAP), where available, including actions taken to comply with the Indigenous strategy and RAP and the outcomes of such actions. See explanatory note: Reconciliation Action Plan
1.8	Unit/subject learning outcomes and assessment in the program specifically reference relevant national safety and quality standards, in relation to culturally safe healthcare that is free of racism and discrimination, particularly for Aboriginal and Torres Strait Islander Peoples.	• Program materials, unit/subject profiles/outlines and assessment tasks that show where the relevant national safety and quality standards are specifically addressed in the program and where student learning outcomes are assessed against those standards.
1.9	The education provider and program has formal mechanisms in place to ensure staff and students learn and work in an environment that is culturally safe and responsive and free of racism and discrimination at all times, including during work-integrated learning. See explanatory note: The staff and student work and learning environment	Examples of: • the implementation of formal mechanisms used to monitor and assess that staff and students work and learn in an environment that is culturally safe and free of racism, including in face-to-face, work-integrated learning and online environments. • de-identified feedback from students and staff about the cultural safety of the environment in which they work and learn. • resolving any issues that compromised the cultural safety of the environment for staff and students.
1.10	There are specific strategies to address the recruitment, admission, participation and completion of the program by Aboriginal and Torres Strait Islander Peoples. This includes providing cultural support services.	Examples of the implementation of formal mechanisms for: • the recruitment and admission to the program by Aboriginal and Torres Strait Islander Peoples. • supporting the retention of Aboriginal and Torres Strait Islander Peoples.

Standard 2: Academic governance, quality assurance and resourcing of the program

Standard statement: Academic governance, quality improvement arrangements and resourcing are effective in developing and implementing sustainable, high-quality post-graduate education at a program level.

This standard addresses the organisation and governance of the podiatric surgery program. The committee acknowledges that, for universities, TEQSA plays an important role in assessing the education provider's governance as part of their registration application. Specialist colleges are not regulated by TEQSA. The committee seeks information on how the podiatric surgery program operates in the organisational governance of the university or specialist college.

The focus of this standard is on the overall context in which the program is implemented, specifically the administrative and academic organisational structure which supports the program. This standard also focuses on identifying the degree of control that the academics who manage and implement the program, the podiatry profession and other external stakeholders have over the relevance and quality of the program, to produce graduates who are safe and competent to practise.

Criteria		**Examples of information for inclusion with accreditation application**
2.1	The relevant education provider board or committee has verified the program reflects the Australian Qualifications Framework (AQF) specifications for a master's degree (coursework) program (AQF Level 9) or professional doctorate (AQF Level 10).	• If the education provider is a university, a copy of the program approval decision made by the relevant board or committee, such as a record of resolution in meeting minutes. • If the education provider is a different tertiary institution, a copy of the TEQSA registration. • If the education provider is a specialist college, information on how the learning outcomes align with the AQF specification for a master's degree (coursework) or professional doctorate level program.[7] • Disclosure of any issues concerning the program that the board or committee has identified, and subsequent dialogue with the board or committee about addressing the issues.
2.2	Program information for prospective students is complete, accurate, clear, accessible and up-to-date. See explanatory note: Program information	• Program information and/or links to website pages provided to prospective students (before enrolment) and enrolled students about the program, including information on pre-requisites for the post-graduate program and the application process. • Information provided to prospective students (before enrolment) and enrolled students about the program, including information on recognition of prior learning. • Description of mechanisms by which students can access inherent requirements and reasonable adjustments to allow them to complete their studies. Including the application and monitoring of inherent requirements and opportunities for student appeal. See explanatory note: Inherent requirements

[7] Refer to requirements for AQF levels. Available from the Australian Qualification Framework website, accessed 24 June 2024.

Criteria		Examples of information for inclusion with accreditation application
		• Explanation about when and how prospective and enrolled students are provided with full details about registration requirements, program fees, refunds and any other costs involved in the program.
2.3	The education provider has robust academic governance for the program that includes systematic monitoring, review and improvement, and a committee or group with the responsibility, authority and capacity to design, implement and improve the program to meet the needs of the Board's professional capabilities. See explanatory note: Committees/groups responsible for program design, implementation and quality assurance	• If the education provider is a specialist college, provide information that demonstrates the college has robust academic governance arrangements in place, including an organisational chart of governance for the program. • Examples of the implementation of formal mechanisms relating to academic governance for the program. • Explanation of how monitoring and review improves the design, implementation and quality of the program so students meet the professional capabilities. • Schedule for monitoring, review and evaluation of the design, implementation and quality of the program, with examples of compliance from the past three years. • Summary of actions taken, and changes made to improve the design, implementation and quality of the program in response to student or staff feedback. • Current list of members of the committees or groups responsible for program design, implementation and quality assurance, including their role titles and the organisation/stakeholder group they are representing. • Record of the most recent internal review of the program.
2.4	Formal mechanisms are applied to evaluate and improve the design, implementation and quality of the program, including through feedback from students, work-integrated learning supervisors, internal and external academic and professional peer review, and other evaluations.	• Examples of implementation of formal mechanisms to evaluate and improve the design, implementation and quality of the program. • Details of outcomes and actions from internal or external reviews of the program in the past five years. • Summary of actions taken, and changes made to improve the design, implementation and quality of the program in response to student or staff feedback.
2.5	Students, academic staff and work-integrated learning supervisors have opportunities to contribute to program design and quality improvements.	• Details of any student, academic and work-integrated learning supervisor representation in the governance and curriculum management arrangements for the program. • Examples that show how information contributed by students, academics, and work-integrated learning supervisors is considered when decisions about program design, implementation and quality are being made. • Examples that show how feedback from students, academics and work-integrated

Criteria		Examples of information for inclusion with accreditation application
		learning supervisors is used to improve the program.
2.6	There is formalised and regular external stakeholder input to the design, implementation and quality of the program, including from representatives of the podiatry profession, other health professions, prospective employers, health consumers and graduates of the program. See explanatory note: Effective engagement with external stakeholders	• Examples of effective engagement with a diverse range of external stakeholders (including representatives of Aboriginal and Torres Strait Islander Peoples and other relevant health professions) about program design and implementation. • List of all external stakeholders, including who they represent that have had input into the design, implementation and quality improvement of the program. • Terms of reference of a current stakeholder group responsible for input into the design, implementation and quality of the program, including the list of representatives on the group and their current positions. • The current stakeholder group's meeting calendar for the current year and minutes and actions of any previous meetings in the last two years, highlighting points of relevance to this standard. • Examples of reports from employer and/or graduate surveys and/or reviews and explanation of the outcomes and actions taken in response to reports. • Records of other stakeholder engagement activities showing participation, decisions made and implemented.
2.7	The education provider assesses and actively manages risks to the program, program outcomes and students enrolled in the program.	• Examples of – the implementation of a risk management plan. – the implementation of formal mechanisms for assessing, mitigating and addressing risks to the program and program outcomes. – minutes of relevant committee meetings that consider risks to the program. (*Examples of risks to the program include pandemics; increasing or decreasing student enrolment numbers; student to staff ratio; casual academic staffing; simulation and clinical equipment; work-integrated learning issues and reduced international student enrolment/fees*.)
2.8	The education provider appoints academic staff at an appropriate level with suitable experience and qualifications to assess students in the program and to implement and lead the program.	• Staffing profile for staff responsible for assessing students in the program and implementing and leading the program, identifying: – academic level of appointment and/or equivalent – role in the program

Criteria		Examples of information for inclusion with accreditation application
		– fraction (full-time, part-time) and type (ongoing, contract, casual) of appointment – qualifications and experience relevant to their responsibilities – relevant registration status, and – engagement in further learning related to their role and responsibilities. • Description of and examples that show the mechanisms by which the education provider ensures staff show culturally safe practice in the delivery of programs. See explanatory note: Staffing
2.9	Staff managing and leading the program have sufficient autonomy to assure the level and range of human resources, facilities and equipment required.	• Examples of correspondence or meeting minutes that show staff managing and leading the program are requesting the allocation of staff, facilities and equipment when necessary, and the response from the decision-makers.
2.10	The education provider supports staff engagement in learning that aims to maintain knowledge of contemporary podiatric surgery practice and principles of health professions education.	Details of staff engagement in development opportunities. • Examples of: – types of development engaged in, and – methods of engagement. • Percentage of staff participation. • Engagement in evidence-based research.
2.11	The program has the level and range of facilities and equipment to sustain the quality and scope of education needed for students to achieve all the professional capabilities for podiatric surgeons.	• Letter from the specialist college president or university vice chancellor (or delegate) confirming ongoing support for the quality and resourcing of each unit/subject. • Description of, and examples that show, the facilities and equipment used by the education provider for teaching and learning in each unit/subject to enable students to develop culturally safe practice and all the professional capabilities. • List of all equipment used by the education provider for teaching and learning in each unit/subject; a statement about other equipment used; and the servicing schedule for relevant equipment.

Standard 3: Program design, implementation and resourcing

Standard statement: Program design comprising curriculum, learning and teaching and work-integrated learning enables students to achieve all the professional capabilities for podiatric surgeons.

This standard focuses on how the program is designed and implemented to produce graduates who have demonstrated all the *Professional capabilities for podiatric surgeons*.

This standard also addresses work-integrated learning and supervision and the way the education provider effectively manages internal or external work-integrated learning environments to ensure quality and reliable outcomes for both patients/clients and students.

Criteria		Examples of information for inclusion with accreditation application
Curriculum		
3.1	The program design and curriculum design scaffolds student learning and facilitates the integration of theoretical concepts and podiatric surgical practice throughout the program including: • work-integrated learning experiences, and • formal instruction and skill building in scientific methods, evidence-based practice, and research methodology. See explanatory note: Program design	• Rationale of the educational theories and practices which inform the program design and implementation, including examples of how they inform the delivery of the program. • Overview of the program identifying relationships between units/subjects and student learning outcomes in and between year-levels of the program. • Overview of instruction in scientific methods and research.
3.2	Learning outcomes in the program address all the professional capabilities for podiatric surgeons.	• Mapping document that shows alignment of unit/subject learning outcomes to all professional capabilities. [8] • Detailed profiles/outlines for each unit/subject taught in the program.
3.3	Relevant national safety and quality standards are specifically referenced and embedded in unit/subject learning outcomes and assessment of the program. See explanatory note: Referencing the national safety and quality standards	• Program materials, unit/subject profiles/outlines and assessment tasks that show where the relevant national safety and quality standards are specifically addressed in the program and where student learning outcomes are assessed against those standards.
3.4	The education provider ensures students can use radiographic equipment safely in podiatric surgical practice.	• Description of, and examples that show how the education provider ensures students undertake relevant education in radiation safety.
Learning and teaching		
3.5	Teaching approaches lead to the development of the appropriate level of cognitive, technical and communication skills.	• Provide detailed information on the methods to monitor student engagement. • Provide examples of where explicit teaching on critical thinking and reflective practice occurs.

[8] Please contact Ahpra's Program Accreditation Team at program.accreditation@ahpra.gov.au to obtain the most up-to-date version of the mapping template.

Criteria		Examples of information for inclusion with accreditation application
	See explanatory note: Learning and teaching approaches	• Describe and provide examples of how the provider encourages students to self-assess their academic progress and identify ongoing learning needs.
3.6	Opportunities for students to integrate their knowledge, skills and professional attributes are provided throughout the program, including in simulation and practice/case-based learning.	• Unit/subject profiles/outlines that show where opportunities exist for students to integrate their knowledge and skills. • A description of how simulation and practice/case-based learning is used in the program and examples of how it has improved student performance.
3.7	Students are provided with opportunities to learn from other health professionals to foster ongoing collaborative practice throughout the program.	• Examples of interprofessional learning experiences across a range of learning and teaching methods,
Work-integrated learning See explanatory note: Work-integrated learning		
3.8	Legislative and regulatory requirements relevant to podiatric surgery are taught prior to and complied with during periods of work-integrated learning in the program. See explanatory note: Teaching and assessment of legislative and regulatory requirements	• Identification of where relevant legislative and regulatory requirements are taught in the program, including assessment of application during work-integrated learning, including examples of the outcomes of the assessments.
3.9	Students need to achieve relevant capabilities before each period of work-integrated learning. See explanatory note: Achievement of relevant capabilities before work-integrated learning	• Documents identifying the relevant learning outcomes to be achieved before each period of work-integrated learning. The documents should address when and how the learning outcomes are achieved (for example, are they embedded in units/subjects, a pre-requisite for units/subjects or mapped against units/subjects?). • A range of assessment tools or modalities which show assessment of relevant learning outcomes. For each tool or modality, give a range of de-identified examples from students across the range of performance. • Where possible, give a de-identified example of where a student is refused work-integrated learning because they have not attained relevant capabilities.
3.10	Health practitioners who supervise students in the program during work-integrated learning hold current registration in Australia for the clinical elements they supervise, with no conditions or undertakings on their registration relating to performance or conduct. For overseas placements,	• Examples of the implementation of formal arrangements with facilities and health services (including those operated by universities) used for work-integrated that ensure practitioners supervising students hold current registration (for example, a formal contract and/or work other written communication securing the work-integrated learning arrangements).

Criteria		Examples of information for inclusion with accreditation application
	equivalent registration in their country is required, where relevant.	
3.11	Facilities and health services used for work-integrated learning maintain workplace safety standards, including any accreditation, licencing and/or registration required in the relevant state or territory. See explanatory note: Relevant accreditation and licensing	• Examples of: – the implementation of formal mechanisms that show facilities and health services used for work-integrated learning maintain any accreditation, licensing and/or registration required in the relevant state or territory. – how the education provider monitors the currency of any required accreditation and licences. – the implementation of formal mechanisms used for clinical and workplace safety. • Register of agreements (formal contracts and/or other written communication securing work-integrated learning) between the education provider and facilities and health services used for work-integrated learning.
3.12	The education provider has an active relationship with the practitioners who provide instruction and supervision to students during work-integrated learning.	• Examples of: – engagement between the education provider and practitioners who give instruction and supervision to students during work-integrated learning, and – guidance provided to work-integrated learning supervisors on how to manage student performance. –
3.13	Work-integrated learning experiences provide students in the program with regular opportunities to critically reflect on their practice. See explanatory note: Critical reflection	• A range of de-identified records of student feedback that include an opportunity for reflection on their work-integrated learning experiences, and responses to those reflections.
3.14	The quality, duration and diversity of student experience during work-integrated learning in the program is sufficient to produce a graduate who has demonstrated the professional capabilities needed to safely and competently practice podiatric surgery, including using pharmaceutical products for the treatment of podiatric conditions. See explanatory note: Diverse work-integrated learning	• Explanation about how the education provider monitors the quality, duration and diversity of student experience during work-integrated learning to ensure it is sufficient to produce graduates that demonstrate the knowledge, skills and professional attributes to safely and competently practise podiatric surgery. • Examples of implementation of formal mechanisms used for monitoring the quality, quantity, duration and diversity of student experience during work-integrated learning.
3.15	Formal mechanisms are applied to ensure the ongoing availability and quality assurance of work-integrated learning instruction, and regular monitoring of the suitability of supervisors in the program, including evaluation of student feedback.	• Examples of the implementation of formal quality assurance mechanisms for work-integrated learning including: – mechanisms for training and monitoring work-integrated learning supervisors to ensure assessment meets the principles of assessment

Criteria		Examples of information for inclusion with accreditation application
	See explanatory note: Work-integrated learning supervisors	– mechanisms for the evaluation of work-integrated learning, including examples of ways in which feedback from students and supervisors is used, and – description of and examples that show the mechanisms by which the education provider ensures staff and work-integrated learning supervisors demonstrate culturally safe practice in the assessment of students. • Examples of responses to quality assurance findings.
3.16	Formal mechanisms are applied to ensure the learning outcomes and assessment for all work-integrated learning elements are defined and known to both students and supervisors.	• Information provided to students and supervisors about work-integrated learning activities and assessment. • Examples of: – the implementation of formal mechanisms used to ensure the learning outcomes and assessment for all work-integrated learning activities are defined and known to both students and supervisors, and • guidance provided to work-integrated learning supervisors on use of assessment tools to improve the validity and reliability of their assessments.

Standard 4: Assessment

Standard statement: All graduates of the program have demonstrated achievement of the learning outcomes taught and assessed during the program.

This standard focuses on assessment, including quality assurance processes and the staff responsible for assessing students in the program. The education provider should ultimately show how they assure every student who passes the program has achieved all the professional capabilities, including capabilities for culturally safe practice, for podiatric surgeons.

The education provider should use fit for purpose and comprehensive assessment methods and formats to assess learning outcomes, and to ensure a balance of formative and summative assessments throughout the program.

Criteria		Examples of information for inclusion with accreditation application
4.1	The professional capabilities for podiatric surgeons and are mapped to assessment tasks that effectively measure whether the professional capabilities and learning outcomes are being met at the appropriate AQF level.	• Mapping document to demonstrate alignment of all assessment tasks, all unit/subject learning outcomes and all professional capabilities.[9] • Detailed unit/subject profiles/outlines for each unit/subject for the entire program, including details of the assessment tasks for the relevant unit of study.

[9] Please contact Ahpra's Program Accreditation Team at program.accreditation@ahpra.gov.au to obtain the most up-to-date version of the mapping template.

Criteria		Examples of information for inclusion with accreditation application
		• A range of different assessment tools or modalities used during work-integrated learning that show how students attain the professional capabilities, including culturally safe practice. • For each tool or modality, provide a range of de-identified examples from students across the range of performance. Where possible provide an example of a satisfactory or pass, and an example of unsatisfactory or fail.
4.2	Multiple valid, reliable, contemporary and contextualised assessment tools, modes and sampling are used throughout the program.	• Details of and rationale for the assessment strategy for each year of the program, identifying assessment tools, modes and sampling. • Information provided to students on completing any capstone assessments and a sample of de-identified, recently completed (within the last two years) capstone assessments.
4.3	Multiple authentic and reliable assessment methods are used to evaluate the development of student capability and performance in the practice setting.	• Details of the assessment strategy for each work-integrated learning element. • Examples of implementation of formal mechanisms that ensure that authentic assessment of student capabilities enable practice. See explanatory note: Simulation-based assessment • Examples of implementation of meaningful feedback mechanisms, used during work integrated learning elements, including examples of how this feedback is used by students to improve performance.
4.4	Formal mechanisms are applied to ensure assessment of student learning outcomes is valid, reliable, appropriate and reflects the principles of assessment. See explanatory note: Principles of assessment	• Examples of: – the formal assessment mechanisms used to determine student competence – assessment review processes and their use in quality improvement outcomes – assessment moderation and validation, including peer validation. This should include the outcomes, and responses to those outcomes, and – external referencing of assessment methods including the outcomes.
4.5	Students in the program that require reasonable adjustments/accommodations for assessments receive them in a timely manner.	• De-identified adjustment/accommodation requests for assessment that includes: – the implementation of formal mechanisms for ensuring the suitability of any reasonable adjustments/accommodations, and – the implementation of formal mechanisms for communicating arrangements with students.

Standard 5: Preparing students for contemporary practice

Standard statement: Graduates of the program are equipped with the knowledge and skills to adapt to practice that is shaped by social, cultural, environmental and technological factors.

This standard focuses on preparing students for practice and consideration of contemporary and relevant issues and principles that will affect their practice.

Criteria		Examples of information for inclusion with accreditation application
5.1	Formal mechanisms are applied to anticipate and respond to contemporary developments in podiatry practice and the education of health practitioners within the curriculum of the program.	• Examples of the implementation of formal mechanisms, including staff research and research translation, used to anticipate and respond to contemporary developments in: – podiatry practice, health care, aged care and disability policy, and – the education of students of podiatry and health practitioners within the curriculum of the program.
5.2	Unit/subject learning outcomes address contemporary principles of: – interprofessional education – collaborative practice – reflective practice – co-design approaches, and – embedding lived experiences of healthcare in teaching and assessment and are incorporated into the program, including in work-integrated learning elements. See explanatory notes: Interprofessional education, Interprofessional collaboration, co-design and lived experience	• Program materials and unit/subject profiles/outlines that show where the listed contemporary principles are included and reflected in student learning outcomes. • Examples of where the listed contemporary principles are embedded in the program.
5.3	Unit/subject learning outcomes in the program address social and cultural determinants of health. See explanatory note: Social and cultural determinants of health	• Program materials and unit/subject profiles/outlines that show where social and cultural determinants of health are addressed, including, but not limited to the care of: – Aboriginal and Torres Strait Islander Peoples – victim-survivors of family, domestic and sexual violence[10] – people experiencing sex and gender bias and disparities in healthcare – people living in remote and rural locations, and – the individual across the lifespan, including frailty, disability, palliative care and person-centred care.

[10] See *Joint Position on Family Violence by Regulators of Health Practitioners*, available on the Ahpra website, accessed 8 January 2025.

Criteria		Examples of information for inclusion with accreditation application
5.4	Unit/subject learning outcomes are consistent with the needs of diverse communities, including community groups that experience health inequities.	• Unit/subject profiles/outlines that show where the needs of diverse communities are addressed
5.5	Formal mechanisms are applied to ensure that the program and education provider uses technologies effectively to support the program's learning, teaching and assessment. See explanatory note: Clinical and educational technologies	• Provide detailed information on how learning is enhanced and monitored through the use of technology. • Provide detailed information on how the education provider/program ensures ethical use of relevant technologies. • A statement on how the education provider/program ensures equitable access to relevant technology for students.
5.6	The program addresses principles of environmentally sustainable and climate resilient healthcare. See explanatory note: Environmentally sustainable and climate resilient healthcare	• Provide details of: – where environmentally sustainable healthcare is addressed, with particular reference to resource optimisation, waste reduction and environmentally conscious practices. – how the impact of climate change on healthcare is addressed, and – relevant staff research related to environmental sustainability and climate resilience in healthcare.

3. Explanatory notes

Safe practice

There are many dimensions to safe practice such as knowing about the policy context, best practice guidance, how to manage risk effectively, and responsibilities as a student and as a registered practitioner. The education provider must assure safe practice in the program by implementing formal mechanisms relating to work-integrated learning environments and to teach students in the program about the different aspects of safe podiatric surgery practice, including but not limited to, cultural safety, workplace health and safety, manual handling, mandatory reporting, and infection prevention and control.

Ethical practice

Ethical practice promotes the consideration of values in the prioritisation and justification of actions by health professionals, researchers and policymakers that may impact on the health and well-being of patients, families and communities. A health ethics framework aims to ensure systematic analysis and resolution of conflicts through evidence-based application of general ethical principles, such as respect for personal autonomy, beneficence, justice, utility and solidarity.[11]

Student support services and facilities to meet learning, welfare and cultural support needs

The Education provider must be able to demonstrate the implementation of adequate student learning support services is provided at the level of the program.

Meeting the learning, welfare and cultural needs of students may include providing mental health support services that recognise students' unique needs during studies and during work-integrated learning, such as dealing with situations involving patient critical-incident scenarios and death. The level of support should reflect the learning needs of students in the context of the academic entry requirements for admission to the program and the expected academic level to be achieved by graduation.

Demonstrating the implementation of support services could include how students access student learning, welfare and cultural support services, including how students in the program access student academic advisers and more informal and readily accessible advice from individual academic staff.

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Culturally safe practice for Aboriginal and Torres Strait Islander Peoples

The National Registration and Accreditation Scheme's (the National Scheme's) Aboriginal and Torres Strait Islander Health Strategy Group (the Health Strategy Group) published the Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025 The strategy focuses on achieving patient safety for Aboriginal and Torres Islander Peoples as the norm and the inextricably linked elements of clinical and cultural safety.The definition of cultural safety below has been developed for the National Scheme and adopted by the National Health Leadership Forum. The Aboriginal and Torres Strait Islander Health Strategy Group developed the definition in partnership with a public consultation process.

[11] World Health Organization, Western Pacific, Health Topics, Ethics in the Western Pacific. Available from the World Health Organization website, accessed 8 January 2025.

Definition

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

To ensure culturally safe and respectful practice, health practitioners must:

a) Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health;
b) Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism;
c) Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community;
d) Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

All health practitioners in Australia, including podiatric surgeons, need a working knowledge of factors that contribute to and influence the health and wellbeing of Aboriginal and Torres Strait Islander Peoples. These factors include history, spirituality and relationship to land, and other social determinants of health in Aboriginal and Torres Strait Islander communities.

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Cultural safety for all communities

The section above defines cultural safety for Aboriginal and Torres Strait Islander Peoples specifically for their status as First Nations Peoples. Culturally safe and respectful practice is important for all communities. Australia is a culturally, racially and linguistically diverse nation.

In this context culturally safe care recognises that individuals are all unique with different lived experiences. This can include social, cultural, linguistic, religious, spiritual, psychological and medical needs that can vastly affect the care, support and services they need.

Effectively delivering culturally safe care can:

- enable individuals to retain connections to their culture and traditions, including connection to land, family, law, ceremony and language
- reduce social isolation, loneliness and feelings of marginalisation
- engender trust in a graduate's ability to provide safe care for individuals from diverse backgrounds, including Aboriginal and Torres Strait Islander Peoples
- empower individuals to make informed decisions and be active participants in their care, and
- increase mutual respect and enhanced relationships with the workforce and community.[12]

Podiatric surgeons must be able to work effectively with people from a range of cultures that may differ from their own. Culture may include, but is not limited to, age, gender, sexual orientation, race, socio-economic status (including occupation), religion, physical, mental or other impairments, ethnicity and health service culture.

[12] Adapted from: Australian Government, Aged Care Quality and Safety Commission, *Flip Guide on Inclusive and Culturally Safe Governance*. Available on the Aged Care Quality and Safety Commission website, accessed 13 June 2024.

A holistic, patient and family-centred approach to practice requires culturally safe practice. It also requires podiatrists to demonstrate individual cultural safety by learning, developing and adapting their behaviour to each experience.

Integration of culturally safe practice in the design and implementation of podiatry programs

The Australian Government Department of Health's *Aboriginal and Torres Strait Islander Health Curriculum Framework* (the Framework) supports higher education providers to implement Aboriginal and Torres Strait Islander health curricula across their health professional training programs.[13]

There is an expectation that relevant aspects of the Framework are incorporated into the design and implementation of podiatry programs to prepare graduates to provide culturally safe health services to Aboriginal and Torres Strait Islander Peoples. The Committee acknowledges that this may be a new concept for many education providers, but it is reflective of a broader focus on Aboriginal and Torres Strait Islander cultures and cultural safety in education of healthcare practitioners in Australia.

Program materials relating to Aboriginal and Torres Strait Islander health and wellbeing are developed by, or in consultation with, Aboriginal and Torres Strait Islander Peoples.

Reconciliation Action Plan

In partnership with Reconciliation Australia, a Reconciliation Action Plan (RAP) enables organisations to sustainably and strategically take meaningful action to advance reconciliation.

Based around the core pillars of relationships, respect and opportunities, RAPs provide tangible and substantive benefits for Aboriginal and Torres Strait Islander Peoples, increasing economic equity and supporting First Nations self-determination.

Reconciliation Australia's RAP Framework provides organisations with a structured approach to advance reconciliation. There are four different types of RAP that an organisation can develop: Reflect, Innovate, Stretch & Elevate. Each type of RAP is designed to suit an organisation at different stages of their reconciliation journey[14]

The staff and student work and learning environment

The work environment includes any physical or virtual place staff go to carry out their role in teaching, supervising and/or assessing students in the program. The learning environment includes any physical or virtual place students go to learn and/or gain clinical experience in the program. Examples include offices, classrooms, lecture theatres, online learning portals, simulated environments, clinical teaching and learning spaces. All environments related to the program must be physically and culturally safe for both staff and students.

Staff with knowledge, expertise and cultural capabilities to facilitate learning in Aboriginal and Torres Strait Islander health

The Committee recognises that it may be difficult for all education providers to recruit Aboriginal and Torres Strait Islander people as staff who can facilitate learning in Aboriginal and Torres Strait Islander health. In the first instance the Committee will look at education providers' efforts to improve recruitment and retention of Aboriginal and Torres Strait Islander staff. It will also be looking for creative efforts by education providers to meet the intent of this criterion (e.g. by engaging with guest speakers from local communities), if Aboriginal and Torres Strait Islander People are not on staff.

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Program information

Education providesr should clearly and fully inform prospective students about the Board's practitioner registration requirements for podiatric surgeons before the students enrol in the program. Students enrolled in the program should also be reminded of the requirements.

[13] Australian Government, Department of Health Aged Care *Aboriginal and Torres Strait Islander Health Curriculum Framework*, see the Department of Health and Aged Care website, accessed 28 June 2024.
[14] For more information on Reconciliation Action Plans see the Reconciliation Australia website. accessed 24 June 2024.

the information should refer to all of the Board's registration standards[15] and relevant guidelines, including:

- Registration standards for:
  - Continuing professional development
  - Criminal history
  - English language skills
  - Professional indemnity insurance arrangements
  - Recency of practice
  - Endorsement for scheduled medicines (where relevant)
  - Specialist registration for the podiatry specialty of podiatric surgery
- Guidelines for registered health practitioners and students in relation to blood-borne viruses.[16]

Inherent requirements

Inherent requirements are the core activities, tasks or skills that are essential to a workplace in general, and to a specific position or role. The activities and/or tasks cannot be allocated elsewhere, are a core element of the position or role, and result in significant consequences if they are not performed.

The HES state: "Prospective students must be made aware of any inherent requirements for undertaking a course, or parts of a course, that may affect those students in special circumstances or with special needs (such as a particular type of practicum), especially where a course of study leads to a qualification that may lead to registration as a professional practitioner by a registering authority."[17]

Committees/groups responsible for program design, implementation and quality assurance

The education provider will regularly monitor and review the program and the effectiveness of its implementation and engage with and consider the views of a wide range of stakeholders. This includes membership on its committtees of the following stakeholder groups:

- Aboriginal and Torres Strait Islander Peoples, including students, health professionals and community members, or consultation with Aboriginal and Torres Strait Islander groups/communities
- representatives of the podiatry profession,
- students,
- graduates,
- academics,
- work-integrated learning supervisors,
- employers and other health professionals when relevant.

The education provider will also implement formal mechanisms to validate and evaluate improvements in the design, implementation and quality of the program.

Return to standard 2

Effective engagement with external stakeholders

The Committee acknowledges that there are numerous ways education providers engage with their stakeholders, for example through e-mail, video- and teleconferencing, questionnaires and surveys (verbal or written), online and physical forums, and face-to-face meetings. Engagement with external stakeholders must occur formally and all engagement should take place regularly (at least every six months) through one or more of these mechanisms.

The education provider will also engage with any individuals, groups or organisations that are significantly affected by, and/or have considerable influence on the education provider, and its program design and implementation. This may include, but is not limited to, representatives of the local community and relevant Aboriginal and Torres Strait Islander communities, people from multicultural communities,

[15] Podiatry Board of Australia *Registration Standards.* Available on the Board's website, accessed 30 July 2024. More detailed information on the registration standards is contained in the Board's Policies, Codes and Guidelines, accessed on 2 June 2024.
[16] Podiatry Board of Australia, *Guidelines: Registered health practitioners and students in relation to blood-borne viruses* (2020). Available from the Podiatry Board website, accessed 24 June 2024.
[17] Domain 1 of the HES Framework. Available from the TEQSA website, accessed 24 June 2024.

representatives from the LGBTIQA+ community representatives from geographically diverse communities, health consumers, relevant health services and health professionals, relevant peak bodies and industry.

Education providers should be considered in their approach to stakeholders, ensuring that their engagement is diverse and does not burden any one stakeholder group.

Staffing

A template for the staffing profile is available for education providers to complete.[18] Use of this template is optional, and the information can be set out in a different format, as long as it includes the details identified in the expected information for Criterion 2.8.

The education provider should be able to clearly demonstrate that all staff with responsibilities for leadership and implmentation of the program have:

a) knowledge of contemporary developments in podiatric surgery, which is informed by current and continuing scholarship or research or advances in practice
b) high-level skills in contemporary teaching, learning and assessment principles relevant to podiatric surgery, their role, modes of implementation and the needs of particular student cohorts, and
c) post-graduate qualifications at master's level or above in a relevant discipline or fellowship of an accredited and approved specialist college or equivalent relevant academic or professional or practice-based experience and expertise.

Return to standard 2

Program design

The Committee considers that the main goals of the podiatric surgery program leading to qualification for specialist registration include:

- to ensure graduates can safely and competently practise podiatric surgery (peri operative medicine and surgical techniques) at the level required for specialist registration, and
- to give education and training related to surgical management which supports effective and collaborative patient management.

The education provider is encouraged to present an overview about how the curriculum is structured and integrated to produce graduates who meet all the professional capabilities for podiatric surgeons.

The education provider should make explicit statements about the learning outcomes at each stage of the program, to produce guides for each unit and/or subject that set out the learning outcomes of the unit and/or subject, and to show how the learning outcomes map to the professional capabilities for podiatric surgeons.

Referencing the national safety and quality standards

At a minimum the education provider should be referencing in the program curriculum the relevant national safety and quality standards published by the:

- Australian Commission on Safety and Quality in Health Care, including the *National Safety and Quality Health Service Standards* and the *National Safety and Quality Primary Care and Community Healthcare Standards*
- the Aged Care Quality and Safety Commission, and
- the National Disability Insurance Scheme Quality and Safeguards Commission and other relevant agencies.

This may include through learning materials given to students, and during lectures.

Return to standard 3

[18] Please contact Ahpra's Program Accreditation Team at program.accreditation@ahpra.gov.au to obtain the most up-to-date version of the staffing profile.

Learning and teaching approaches

The Committee encourages innovative and contemporary methods of teaching that promote the educational principles of active student participation, problem solving and development of communication skills. Problem and evidence-based learning, use of digital technologies, work-integrated learning, simulation and other student-centred learning strategies are also encouraged.

Education providers may show how these approaches are incorporated into the curriculum and assessed to support student achievement of the learning outcomes and the professional capabilities for podiatric surgeons.

Teaching and assessment of legislative and regulatory requirements

Legislative and regulatory requirements relevant to podiatric surgery must be taught in the program and their application to practice assessed during work-integrated learning. This should include the range of legislative and regulatory requirements that apply to professional practice; not just those related to the profession of podiatry.

Work-integrated learning

Work-integrated learning is an umbrella term for a range of approaches and strategies that integrate academic learning (as a theory) with its application to practice in a purposefully designed curriculum. Work-integrated learning can include clinical practice, community education programs, and laboratory work (such as orthoses manufacture), and it can be done in person or in a range of simulated learning environments. [19]

The Committee recognises that in the context of podiatric surgery, work-integrated learning includes clinical and surgical practice. The Committee recognises that education providers design and carry out podiatric surgery work-integrated learning in a variety of ways, including in private hospitals, day procedure centres and private practices as well as in a range of simulated learning environments and activities.

The education provider should present documentary and experiential information that shows how their work-integrated learning arrangements and relevant learning outcomes across the program meet the accreditation standards and ensure graduating students achieve the *Professional capabilities for podiatric surgeons*.

The education provider should also provide opportuntiies for students to give feedback on their work-integrated learning experiences, such as mid and post-placement surveys.

Return to standard 3

Achievement of relevant capabilities before work-integrated learning

To enable students in the program to engage in work-integrated learning safely, the sequencing of learning and assessment in the program will require students to achieve any capabilities that are relevant to their subsequent period of work-integrated learning, before providing patient care and undertaking work-integrated learning assessment tasks, including case studies and reflections.

Achievement of these capabilities is needed to minimise risk, particularly because supervision alone cannot assure safe practice, even though the degree of supervision will vary with the level of capability of a student being supervised. The capabilities may be achieved immediately before starting a period of work-integrated learning or earlier in the podiatric surgery program. Examples include:

- the capabilities relevant to perioperative management and/or procedural activity must be achieved before students do these aspects of patient care, and
- any capabilities needed for the safe and effective use of medicines must be achieved before students use medicines as part of providing patient care.

[19] Further information is available in the Independent Accreditation Committee's publication, *Information paper: good practice approaches to embedding clinical placements, pedagogical innovations and evidence-based technological advances in health practitioner education. Available on the Ahpra website, accessed 25 February 2025.*

All students in the program must have appropriate skills to communicate with patients, other health practitioners and their supervisors, and apply safety guidelines.

Relevant accreditation and licensing

The education provider should implement formal mechanisms that ensure each clinic/practice used for work-integrated learning in the program:

1. complies with relevant licensing requirements such as applicable public health laws, and
2. where relevant, is accredited by one of the eight approved accreditation agencies[20] that accredit to the national safety and quality service standards.

These mechanisms may include relevant clauses in an agreement between the education provider and the clinic and/or practice. Agreements with any clinics and/or practices outside Australia must include clauses to cover relevant accreditation and licensing requirements in that country.

Critical reflection

Critical reflection is active personal learning and development that promotes engagement with thoughts, feelings and experiences. It helps to examine the past, look at the present and then apply learnings to future experiences or actions.[21] The education provider should guide students in using relevant tools and models to inform how they critically reflect on their practice.

Return to standard 3

Diverse Work-integrated learning

Students should be given extensive and diverse work-integrated learning experiences in a range of settings and with patients. This shiould include, but not be limited to:

- Aboriginal and Torres Strait Islander Peoples
- people living in geographically diverse locations including rural or regional areas of Australia
- people from multicultural backgrounds
- people with a disability, including cognitive disability, and/or their advocates
- older people
- young people, and
- lesbian, gay, bisexual, transgender, intersex, queer, asexual and other sexually or gender diverse (LGBTIQA+) people.

Students should also be exposed to patients with a range of clinical presentations including cases where patients have:

- structural deformities, including bunions, hammertoes, painful flat foot and high arch deformity, bone spurs
- heel pain
- nerve entrapments
- degeneration and arthrosis of joints
- skin and nail conditions
- congenital deformities, and
- trauma-related injuries, including fractures and dislocations.

The Committee considers that direct patient encounters throughout the program will help to ensure students achieve the professional capabilities for podiatric surgeons. Education providers must explain how the entire range of work-integrated learning experiences will ensure graduates achieve the professional capabilities for podiatric surgeons, including those required to use pharmaceutical products safely and effectively. Where assessments address meeting the Podiatry Board of Australia's professional

[20] Approved accrediting agencies contact details are available on the Australian Commission on Safety and Quality in Healthcare website. accessed 24 June 2024.
[21] Adapted from Deakin University Library, *Critical reflection for assessments and practice.* Available from the Deakin University website, accessed 31 July 2024.

capabilities early in the duration of a course of study, proficiency in these capabilities should be continually demonstrated throughout work-integrated learning placements.

The education provider is responsible for implementing and monitoring the quality of any overseas work-integrated learning. The Committee recognises that overseas work-integrated learning carried out as an elective may provide valuable experiences to students.

Work-integrated learning supervisors

Work-integrated-learning conducted in Australia must be supervised by practitioners who hold current registration with the Board, or in another profession, as appropriate to the learning activity. For example, where work-integrated learning is carried out in relation to podiatric surgery, the learning activities should be supervised by a registered podiatric surgeon with experience in education and the supervision of podiatric surgery students.

The Committee acknowledges that overseas work-integrated learning supervisors may not hold registration with a National Board. However, it is expected that they should be suitably experienced and qualified and the Australian standards of podiatric surgical practice should be recognised, either directly through practice, or indirectly through comparison with local practice. It is also the education provider's responsibility to monitor and assure the quality of supervisors' experience and the suitability of their qualifications.

The education provider should engage with specialist practitioners who are work-integrated learning supervisors. The examples of engagement should show work-integrated learning supervisors have an opportunity to provide feedback to the education provider on students' work-integrated learning experiences and on the program.

Return to standard 3

Principles of assessment

The principles of assessment are a set of measures to ensure that assessment of students is:

- Fair
  - The individual student's needs are considered in the assessment process.
  - Where appropriate, reasonable adjustments are applied by the education provider/program to consider the individual student's needs.
  - The education provider/program informs the student about the assessment process and provides them with the opportunity to appeal the result of assessment and be reassessed if necessary.
- Flexible

  Assessment is flexible to the individual by:
  - reflecting the student's needs
  - assessing capabilities held by the student no matter how or where they have been acquired, and
  - drawing from a range of assessment methods and using those that are appropriate to the context, the unit/subject learning outcomes and associated assessment requirements, and the individual.
- Valid

  Validity requires:
  - assessment against the unit/subject learning outcomes covers the broad range of skills knowledge and professional attributes that are essential to meet the learning outcomes
  - assessment of knowledge, skills and professional attributes is integrated with practise in a clinical setting
  - assessment to be based on the demonstration that a student could practise the skills, knowledge and professional attributes in other similar situations, and
  - judgement of assessment is based on student performance that is aligned to the unit/subject learning outcomes.
- Reliable

- Assessments are consistently interpreted and assessment results are comparable irrespective of the assessor conducting the assessment.[22]

The education provider should implement an assessment strategy that reflects the principles of assessment. When the education provider designs and implements supplementary and alternative assessments in the unit and/or subject, these must contain different material to the original assessment.

The education provider should describe in detail its assessment processes, including:

- how academic integrity is upheld
- how assessment tasks ensure that all learning outcomes have been met
- how work is assessed (including an assessment rubric), and where relevant
- how thresholds for passing a unit/subject with multiple assessment tasks are implemented.

Return to standard 4

Simulation-based assessment

The benefits of assessing by simulation include:

- exposure to active, experiential, reflective and contextual learning approaches allowing students to see the direct relevance of their educational experience to their future practice
- enabling educators to assess a student's preparedness for work-integrated learning
- technology-based forms of simulation that can enable instant feedback to students, and
- providing effective means of evaluating students' competencies, such as their professionalism, as well as their content knowledge.[23]

Simulation-based assessment should:

- be aligned with the learning outcomes
- provide students (ideally in the course outline) with clear and explicit information as to what is expected
- ensure that the task is authentic and real-world-based. (this may include inviting subject-matter experts to come in as real-time resources for students to consult, as they might consult mentors in a professional setting)
- scaffold the learning experience, breaking tasks down to manageable size, and
- use simulations for both formative feedback and summative assessment, rather than introducing them only at the end of the course as a summative assessment. [24]

Return to standard 4

Interprofessional education

Interprofessional education is important for preparing students of podiatric surgery to work with other health professionals in a collaborative team environment. Interprofessional teams involving multiple health professionals can improve the quality of patient care and improve patient outcomes, particularly for patients who have complex conditions or comorbidities.

Interprofessional education allows students from two or more professions to learn about, from and with each other to enable effective collaboration and improve health outcomes.[25]

Examples of interprofessional learning might include, but are not limited to:

- small groups working together on an interactive patient case

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[22] Adapted from Australian Skills Quality Authority (ASQA), *Accredited Course Standards Guide, Appendix 6: Principles of Assessment*. Available from the ASQA website, accessed 19 June 2024.

[23,25] Adapted from the University of New South Wales, *Assessing with role plays and simulations.* Available from the University of New South Wales website, accessed 30 July 2024.

[25] Independent Accreditation Committee, *Glossary of accreditation terms* (2023). Available on the Ahpra website, accessed 19 June 2024.

- simulation-based learning
- clinical settings such as interprofessional learning placements

The principles of interprofessional education include valuing and respecting individual discipline roles in healthcare with the goal of facilitating multi-disciplinary care and the ability to work in teams across professions for the benefit of the patient.

Interprofessional collaboration *(Also known as Interprofessional collaborative practice)*

Refers to health care practice where multiple health workers from different professional backgrounds work together, with patients, families, carers and communities to deliver the highest quality of care that is free of racism and other forms of discrimination.[26]

Co-design

A process where people with professional and lived experience partner as equals to improve health outcomes by listening, learning and making decisions together.[27]

The principles of co-design are:

- Inclusive – includes a wide variety of stakeholders groups
- Respectful – the input of all participants is valued and equal
- Participative – the process is open, empathetic and responsive
- Iterative – ideas and solutions are continually tested and evaluated with the participants
- Outcomes focused – the process of designed to achieve an outcome or series of outcomes where potential solutions can be rapidly tested and effectiveness measured.[28]

Lived experience

Lived experience refers to the personal perspectives on, and experiences of being a consumer or carer, and how this becomes awareness and knowledge that can be communicated to others.

Engagement that values lived experience focuses on recognising life context, culture, identity, risks and opportunities, it's about working together in partnership to identify what's appropriate for consumers, carers, families and kinship groups, and then acting on this.

Acknowledging lived experience perspectives facilitates high quality person-centred care that is embodied in the principles of recovery, dignity of risk, trauma-informed care, cultural safety and co-production. [29]

Return to standard 5

Social and cultural determinants of health

The education provider should consider social and cultural determinants of health as they relate to the design, implementation and quality improvement of the program. These include:

- Aboriginal and Torres Strait Islander Peoples' connection to family and community, land and sea, culture and identity, and

- family, domestic and sexual violence (FDSV) as a significant and widespread problem with serious and lasting impacts on individuals, families and communities. Consistent with the National Plan to End Violence Against Women and Children 2022-2032, it is recognised that FDSV affects

[26] Independent Accreditation Committee, *Glossary of accreditation terms* (2023). Available on the Ahpra website, accessed 19 June 2024.
[27] Adapted from Queensland Government, Metro North Health, *What is co-design?* Available from the Queensland Government website, accessed 15 January 2025.
[28] NSW Council of Social Service (NCOSS) Principles of Co-design (2017). Available from the NCOSS website, accessed 16 January 2025.
[29] National Mental Health Commission, *Mental Health Safety and Quality Engagement Guide (2021)*. Available from the National Mental Health Commission website, accessed 15 January 2025.

people of all genders, all ages and all backgrounds, but it predominantly affects women and children.[30]

- sex and gender bias and disparities in healthcare. Gender inequity in health refers to the unfair, unnecessary, and preventable provision of inadequate health care that fails to take account of the differences between women and men in their state of health, risks to health, and participation in health work.[31]

The World Health Organization lists the following examples of social determinants of health that can influence health equity:

- income and social protection
- education
- unemployment and job insecurity
- working life conditions
- food insecurity
- housing, basic amenities and the environment
- early childhood development
- social inclusion and non-discrimination
- structural conflict, and
- access to affordable health services of decent quality.[32]

Education providers/programs must develop students' knowledge, skills and professional attributes to:

- identify patients who may be experiencing health inequities
- build trust and create a supportive and safe environment for patients to feel safe to disclose
- use trauma-informed approaches to have conversations about health inequities
- work in partnership to respond to the patient's immediate and ongoing support/safety needs
- meet their obligations under local mandatory reporting laws, and
- refer patients to specialist services, where appropriate.

Return to standard 5

Clinical and educational technologies

Clinical and educational technologies might include, for example, learning management systems, assessment management systems, electronic portfolio systems and contemporary technology used in the education and practise of the profession. This includes simulation and virtual care.[33]

Increasingly, the use of technologies includes Artificial Intelligence (AI) and specifically generative AI.

Generative Artificial Intelligence is an AI model capable of generating text, images, code, video and audio. Large Language Models (LLMs) such as ChatGPT and Copilot produce text from large datasets in response to text prompts.[34]

Generative AI impacts on learning, teaching, assessment and clinical practice, and education providers need to be able protect the integrity of their awards and produce graduates with both discipline-expertise and the ability to use gen AI tools effectively and ethically[35].

[30] Australian Government Department of Social Services. *National plan to end violence against women and children 2022-2032*. Available from the Department of Social Services website, accessed 19 June 2024.
[31] Pan American Health Organization, Gender Equality in Health. Available from the PAHO website, accessed 24 February 2025.
[32] Word Health Organization, Social determinants of health. Available from the World Health Organization Website, accessed 19 June 2024.
[33] Independent Accreditation Committee, *Information paper: good practice approaches to embedding clinical placements, pedagogical innovations and evidence-based technological advances in health practitioner education*. Available from the Ahpra website, accessed 8 April 2025.
[34] Australian Academic Integrity Network (AAIN), *Generative artificial intelligence guidelines* (2023). Available from the TEQSA website, accessed 19 June 2024.
[35] Tertiary Education Quality and Standards Agency, *Gen AI strategies for Australian Higher Education: Emerging practice* (2024). Available from the TEQSA website, accessed 6 February 2025.

Designing and implementing assessment with the emergence of AI provides additional challenges and opportunities. TEQSA's *Assessment reform for the age of artificial intelligence* describes guiding principles that capture the essence of the considerations that are required for higher education assessment and AI, these are:

- Assessment and learning experiences equip students to participate ethically and actively in a society where AI is ubiquitous, and
- Forming trustworthy judgements about student learning in a time of AI requires multiple, inclusive and contextualised approaches to assessment. [36]

Education providers/programs must provide students with ethical guidance on the use of AI. Any AI applications that are required in order for students to meet the learning outcomes of the program must be provided at no extra cost to the students to ensure equitable access.

Environmentally sustainable and climate resilient healthcare

Climate change presents a fundamental threat to human health. It affects the physical environment as well as all aspects of both natural and human systems – including social and economic conditions and the functioning of health systems.[37]

Actions to address the health impacts of climate change must also take a health equity approach, because some groups, such as rural and remote communities and Aboriginal and Torres Strait Islander Peoples, are at a disproportionately increased risk of adverse health impacts from climate change due to existing inequities.[38]

Health professionals have a responsibility to develop environmentally sustainable healthcare systems. This may be achieved by avoiding wasteful or unnecessary medical interventions; developing innovative and more integrated models of care; optimising the use of new technologies; preventing avoidable activity; and strengthening primary care, self-management and patient empowerment. [39]

Education providers and programs may already implement environmentally sustainable practices which may include, for example:

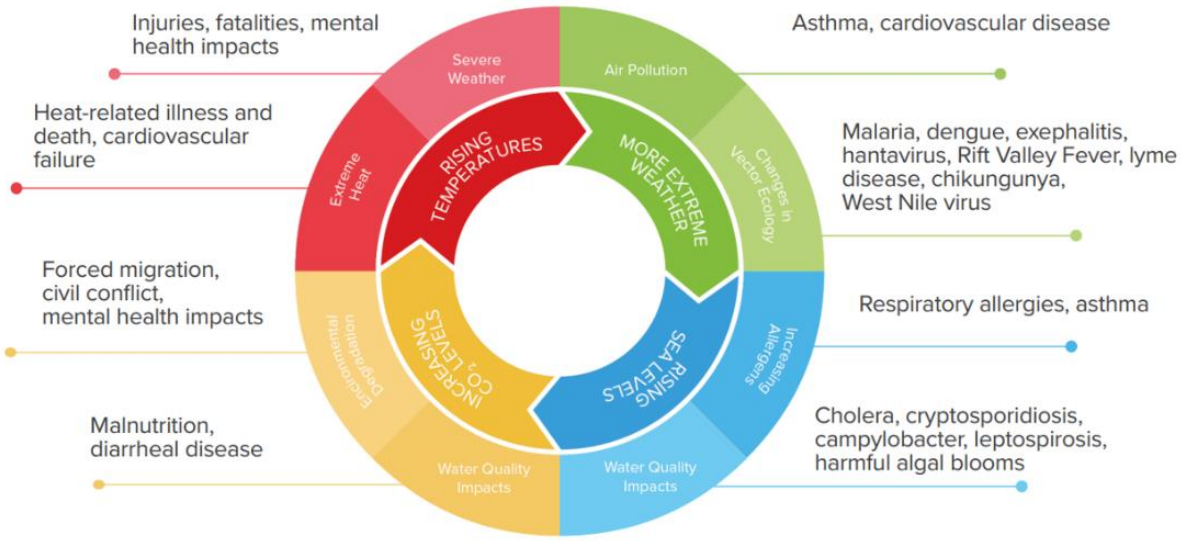
- following recommendations of an institutional sustainability strategy
- following a waste management plan, including use of recyclable products
- considering how equipment that may no longer be suitable for its initial purpose may be used in a different context
- established service and maintenance plans to prolong the use of equipment, and
- providing students with guidance and options on the cost and quantities of resources required.

Environmentally sustainable health care systems improve, maintain or restore health, while minimising negative impacts on the environment and leveraging opportunities to restore and improve it, to the benefit of the health and well-being of current and future generations.[40]

Figure 4 shows the impacts of climate change on health outcomes.

Figure 4: Impacts of climate change on health outcomes[41]

[36] Tertiary Education Quality and Standards Agency, *Assessment reform for the age of artificial intelligence* (2023). Available from the TEQSA website, accessed 6 February 2025.
[37] World Health Organization, *Fact sheets - Climate change*. Available from the World Health Organization website, accessed 19 June 2024.
[38] Australian Commission on Safety and Quality in Health Care (ACSQHC), Interim Australian Centre for Disease Control and Council of Presidents of Medical Colleges, *Joint Statement: Working together to achieve sustainable high-quality health care in a changing climate (2024).* Available from the ACSQHC website, accessed 15 January 2025.
[39] The Royal Australian College of Physicians, *Environmentally Sustainable Healthcare Position Statement* (2016). Available from the RACP website, accessed 19 June 2024.
[40] World Health Organization, *Environmentally sustainable health systems: a strategic document* (2017). Available from the World Health Organization website, accessed 20 June 2024.
[41] Australian Commission on Safety and Quality in Health Care (ACSQHC), *Environmental Sustainability and Climate Resilience Healthcare Module.* Available from the ACSQHC Website, accessed 15 January 2025.



Return to standard 5

4. Glossary

Accreditation standards	A standard(s) used by an accreditation authority to assess whether a program of study, and the education provider that provides the program of study, provide persons who complete the program with the knowledge, skills and professional attributes necessary to practise the profession in Australia.
Assessment moderation	Quality assurance, control processes and activities such as peer review that aim to assure: consistency or comparability, appropriateness, and fairness of assessment judgments; and the validity and reliability of assessment tasks, criteria and standards. Moderation of assessment processes establishes comparability of standards of student performance across, for example, different assessors, locations, units/subjects, education providers and/or programs of study.[42]
Assessment team	An expert team, assembled by the Accreditation Committee, whose primary function is the analysis and evaluation of the podiatry program against the accreditation standards.
Climate resilience	Adapting health services by identifying environmental risks to enable the health sector to become more climate resilient and able to respond to the needs of those most effected by climate change.[43]
Co-design	A process where people with professional and lived experience partner as equals to improve health outcomes by listening, learning and making decisions together.[44]
Cultural determinants of Indigenous health	Cultural determinants originate from and promote a strength-based perspective, acknowledging that stronger connections to culture and country build stronger individual and collective identities, a sense of self-esteem, resilience, and improved outcomes across the other determinants of health including education, economic stability and community safety. Consistent with the thematic approach to the *Articles of the United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP)[45], cultural determinants include, but are not limited to: • Self-determination • Freedom from discrimination • Individual and collective rights • Freedom from assimilation and destruction of culture • Protection from removal/relocation • Connection to, custodianship, and utilisation of country and traditional lands

[42] Adapted from the Tertiary Education Quality and Standards Agency, *Glossary of terms*, Available on the TEQSA website, accessed 1 August 2024..
[43] Adapted from the Australian Commission on Safety and Quality in Health Care (ACSQHC), *Environmental Sustainability and Climate Resilience Healthcare Module.* Available from the ACQSHC website. Accessed 15 January 2025.
[44] Adapted from Queensland Government, Metro North Health, *What is co-design?* Available from the Queensland Government website, accessed 15 January 2025.
[45] United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). Available from the United Nations website, accessed 5 August 2024.

	• Reclamation, revitalisation, preservation and promotion of language and cultural practices • Protection and promotion of Traditional Knowledge and Indigenous Intellectual Property, and • Understanding of lore, law and traditional roles and responsibilities. Cultural determinants are enabled, supported and protected through traditional cultural practice, kinship, connection to land and Country, art, song and ceremony, dance, healing, spirituality, empowerment, ancestry, belonging and self-determination.[46]
Current and continuing scholarship or research	Current and continuing scholarship and research means those activities designed to gain new or improved understanding, appreciation and insights into a field of knowledge, and engaging with and keeping up to date with advances in the field. This includes advances in teaching and learning and in professional practice, as well as advances in disciplinary knowledge through original research.[47]
Education provider	A university, tertiary education institution, or another institution or organisation, that provides vocational training or a specialist medical college or other health profession college.
Environmental sustainability	Mitigating processes, practices and services that have high environmental impact to ensure an environmentally sustainable way of providing appropriate care and reducing waste.[48]
Formal mechanisms	Activities that an education provider completes in a systematic way to effectively provide the program. Formal mechanisms may or may not be supported by formal policy but will at least have documented procedures or processes in place to support their implementation.
Interprofessional education	Refers to educational experiences where students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.[49]
Learning outcomes	The expression of the set of knowledge, skills and the application of the knowledge and skills a person has and is able to show as a result of learning.[50]
Lived experience	A broad term referring to the personal perspectives on, and experiences of being a consumer or carer, and how this becomes awareness and knowledge that can be communicated to others.[51]

[46] Commonwealth of Australia, Department of Health (2017), *My Life My Lead - Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health: Report on the national consultations December 2017*, Available from the Department of Health and Aged Care website, accessed 5 August 2024

[47] TEQSA *Guidance Note: Scholarship (2018)*. Available on the TEQSA website, accessed 19 June 2024.

[48] Adapted from the Australian Commission on Safety and Quality in Health Care (ACSQHC), *Environmental Sustainability and Climate Resilience Healthcare Module.* Available from the ACQSHC website. Accessed 15 January 2025.

[49] Independent Accreditation Committee, *Glossary of accreditation terms* (2023). Available on the Ahpra website, accessed 19 June 2024.

[50] Independent Accreditation Committee, *Glossary of accreditation terms* (2023). Available on the Ahpra website, accessed 19 June 2024.

[51] National Mental Health Commission, *Mental Health Safety and Quality Engagement Guide (2021)*. Available from the National Mental Health Commission website, accessed 15 January 2025.

Mapping document	A document that shows the link between learning outcomes, assessment tasks. NSQHS standards and the Podiatry Board of Australia's professional capabilities.[52]
Medicines (and/or pharmaceutical products)	Therapeutic goods that are represented to achieve or are likely to achieve their principal intended action by pharmacological, chemical, immunological or metabolic means in or on the body of a human. In this document, the term 'medicine' or 'medicines' includes prescription medicines, non-prescription or over-the-counter products and complementary medicines, including herbs, vitamins, minerals, nutritional supplements, homeopathic medicines and bush and traditional medicines.[53]
Podiatric surgeon	An individual who is listed on the Podiatry Board of Australia's register with specialist registration as a podiatric surgeon.
Podiatrist	An individual who is listed on the Podiatry Board of Australia's register of podiatrists.
Principles of assessment	The principles of assessment are a set of measures to ensure that assessment of students is valid, reliable, flexible and fair.
Reasonable adjustments	Education providers are required to make changes so that a student with disability can safely and productively perform the genuine and reasonable requirements of the program. A reasonable adjustment requires an education provider to balance the cost or effort required to make such a change. If an adjustment requires a disproportionately high expenditure or disruption it may not be considered reasonable. Reasonable adjustment requirements directly address systemic discrimination experienced by people with disability in education.[54]
Social determinants of health	The social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.[55]
Work-integrated learning	Work-integrated learning encompasses any arrangements where students undertake learning in a work context as part of their course requirements. WIL activities may include: • professional workplace placements (also known as internships, clinical placements, fieldwork, practicums) whether local, interstate or international • online or virtual WIL (e.g. telehealth) with real clients or industry input

[52] Please contact Ahpra's Program Accreditation Team at program.accreditation@ahpra.gov.au to obtain the most up-to-date version of the mapping template.
[53] Definition adapted from National Prescribing Service *NPS MedicineWise. Prescribing Competencies Framework: embedding quality use of medicines into practice (2nd Edition). Sydney, 2021.* Available from the NPS MedicineWise website, accessed 19 June 2024.
[54] Australian Human Rights Commission *Quick guide on reasonable adjustments.* Available on the Australian Human Rights Commission website, accessed 19 June 2024.
[55] World Health Organisation, *Social determinants of health.* Available on the WHO website, accessed 11 February 2025.

	• industry-partnered projects in the classroom (e.g. hackathons, incubators/start-ups) that involve industry, community or professional partners • a simulated work environment with industry input, consultation or assessment, or • activities in other contexts involving industry or community partners.[56]
Work-integrated learning supervisor and/or supervision	A work-integrated learning supervisor, also known as a clinical supervisor, is an appropriately qualified and registered professional who guides learners' education and training during work-integrated learning. The supervisor's role may encompass educational, support and organisational functions. The supervisor is key to ensuring the student provides safe, appropriate and high-quality patient care. Work-integrated learning supervision is a mechanism used by the education provider and workplace to assure the student is practising safely, competently and ethically. It involves oversight – either direct or indirect – by an appropriately qualified and registered supervisor(s) to guide, give feedback on, and assess personal, professional and educational development in the context of each learner's experience of providing safe, appropriate and high-quality patient care. Work-integrated learning supervision may be direct, indirect or remote according to the context in which the student's learning is being supervised.

[56] Tertiary Education Quality and Standards Agency (TEQSA), Guidance note: Work-integrated learning, 2022. Available from the TEQSA website, accessed 19 June 2024.

Podiatry Accreditation Committee

Accreditation standards:
Programs for registered podiatrists and podiatric surgeons addressing the requirements for endorsement of registration in relation to scheduled medicines (ESM programs)

April 2025

Australian Health Practitioner Regulation Agency
National Boards
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1. Preamble

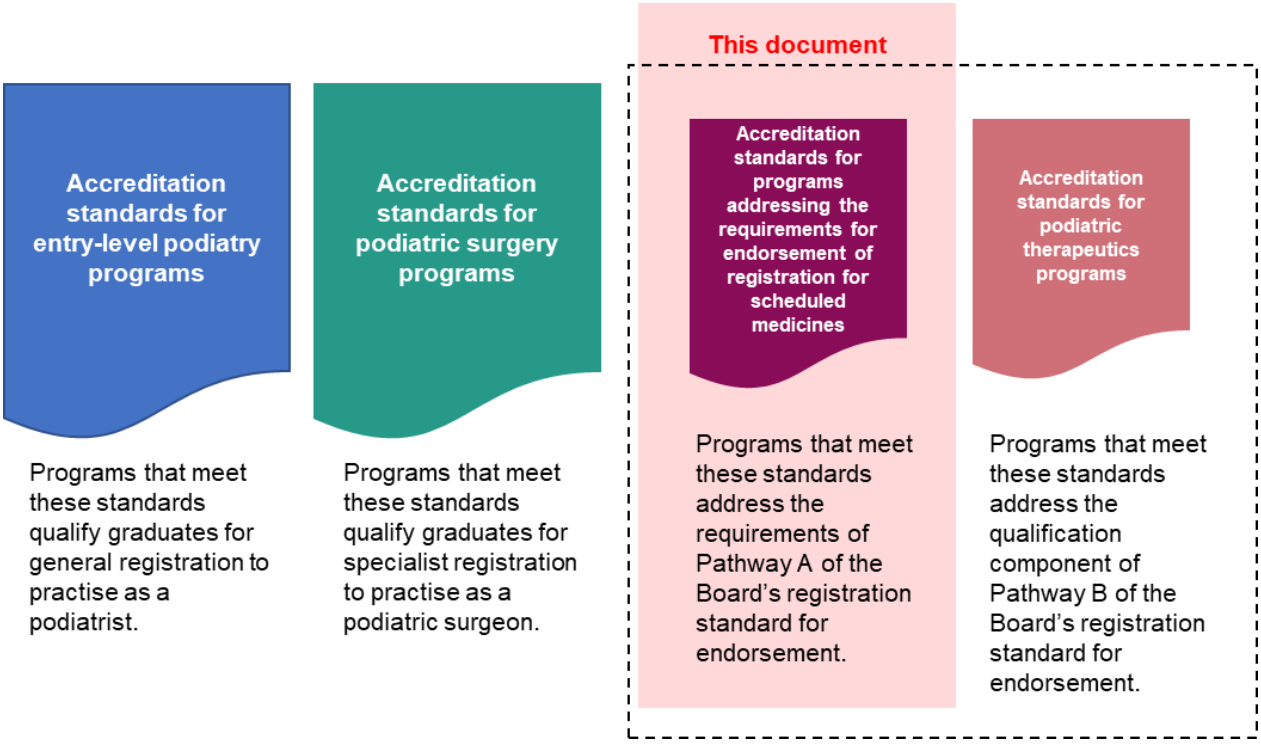
In Australia, the podiatry profession is regulated by the Podiatry Board of Australia (the Board) under the National Registration and Accreditation Scheme (the National Scheme), which came into effect on 1 July 2010. The Podiatry Accreditation Committee is appointed by the Board as the accreditation authority for the podiatry profession under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

The Podiatry Accreditation Committee (the Committee) assesses whether programs of study and education providers are meeting the accreditation standards and decides whether or not to accredit the program. The Committee accredits programs that meet the accreditation standards. It also monitors accredited programs to ensure they continue to meet the accreditation standards. The Board considers the Committee's decisions and decides whether or not to approve accredited programs as providing qualifications for endorsement.

Under the National Law, the Committee must regularly review the accreditation standards to ensure they remain contemporary and relevant to podiatry practice and education in Australia. This document is one of four sets of accreditation standards relevant to education programs in podiatry and podiatric surgery.

1. Accreditation standards for entry-level podiatry programs
2. Accreditation standards for podiatric surgery programs
3. Accreditation standards for programs for registered podiatrists and podiatric surgeons addressing the requirements for endorsement of registration in relation to scheduled medicines (ESM programs) (this document)
4. Accreditation standards for podiatric therapeutics programs for registered podiatrists and podiatric surgeons.

Figure 1: The four sets of accreditation standards



Overview of endorsement of registration for scheduled medicines

Endorsement of registration identifies practitioners with additional qualifications and specific expertise. A podiatrist or podiatric surgeon whose registration is endorsed for scheduled medicines under Section 94 of the National Law is qualified to administer, obtain, possess, prescribe, sell, supply or use Schedule 2, 3, 4 or 8 medicines for the treatment of podiatric conditions, as listed in the *National podiatry scheduled medicines list*[1] and in accordance with the relevant legislation and regulations in each state or territory where they practise.

In 2018, following approval from the COAG Health Council, the Board introduced a revised registration standard for the endorsement for scheduled medicines (the ESM registration standard). The ESM registration standard describes the Board's minimum requirements for a podiatrist or podiatric surgeon to have their registration endorsed for scheduled medicines.[2]

The registration standard outlines two pathways to endorsement:

- Pathway A: Approved qualification pathway **or**
- Pathway B: Supervised practice pathway.

Pathway A: Approved qualification pathway

Under Pathway A, a podiatrist or podiatric surgeon is qualified for endorsement if they hold a qualification that is Board approved for endorsement for scheduled medicines (or another qualification that the Board considers substantially equivalent to, or based on similar competencies to, an approved qualification for endorsement for scheduled medicines).[3] The approved qualification is obtained by completing a Board-approved program of study for endorsement for scheduled medicines.

Pathway A is shown in Figure 2.

Figure 2: Pathway A to endorsement for scheduled medicines

Pathway B: Supervised practice pathway

Under Pathway B, a registered podiatrist or podiatric surgeon is eligible for endorsement for scheduled medicines through a combination of:

- holding an approved qualification in podiatric therapeutics (or another qualification the Board considers substantially equivalent, or based on similar competencies to, an approved qualification in podiatric therapeutics) **and**
- completing additional requirements as outlined in the Board's ESM registration standard.[4]

The qualification must be approved by the Board as meeting the requirements of Pathway B. The additional requirements outlined in the ESM registration standard are:

- successful completion of approved online case studies,
- a period of supervised practice, and

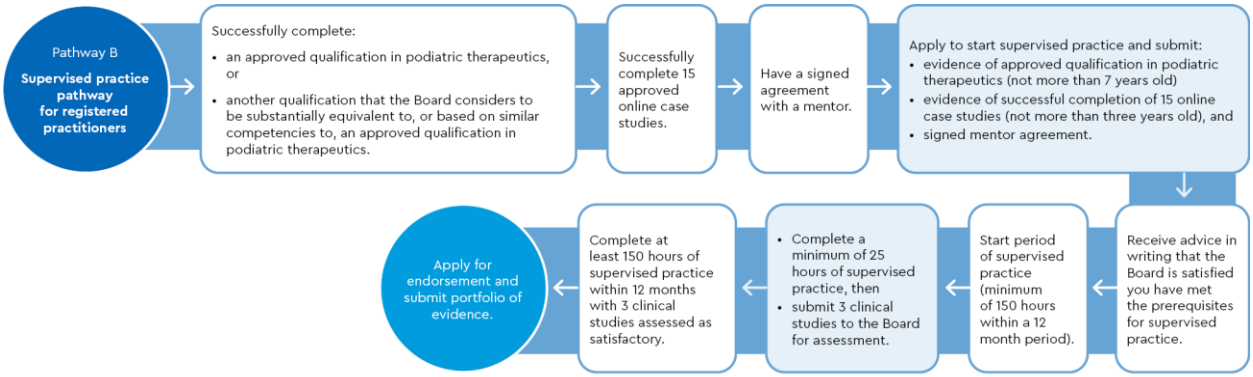
[1] The National podiatry scheduled medicines list is attached to the *Registration standard: Endorsement for scheduled medicines*. Available from the Podiatry Board Website, accessed 26 June 2024.
[2] Podiatry Board of Australia (2018) *Registration Standard: Endorsement for Scheduled Medicines* and Podiatry Board of Australia (2018) *Guidelines: Endorsement for Scheduled Medicines*. Available from the Podiatry Board website.. accessed 26 June 2024.
[3] The standards relevant to Pathway A are outlined in this document.
[4] The standards relevant to the qualification component of Pathway B are outlined in the document *Accreditation standards for podiatric therapeutics programs for registered podiatrists and podiatric surgeons.* Available from the Podiatry Board website.

- development of a portfolio of information for assessment by the Board.

Pathway B is shown in Figure 3.

Education providers seeking accreditation and Board-approval of a program that will enable graduates to qualify for endorsement through Pathway B should refer to the *Accreditation standards for podiatric therapeutics programs for registered podiatrists and podiatric surgeons*.[5]

Figure 3: Pathway B to endorsement for scheduled medicines



Overview of the Accreditation standards for programs for registered podiatrists and podiatric surgeons addressing requirements for endorsement of registration in relation to scheduled medicines (ESM programs)

The accreditation standards in this document – the *Accreditation standards for programs for registered podiatrists and podiatric surgeons addressing requirements for endorsement of registration in relation to scheduled medicines (ESM programs)* – will be used to assess programs designed to qualify graduates for endorsement of their registration for scheduled medicines. Accreditation of a program provides assurances to the Board and the community that graduating students have the knowledge, skills and professional attributes needed to safely and competently administer, obtain, possess, prescribe, sell, supply or use Schedule 2, 3, 4 or 8 medicines for the treatment of podiatric conditions.

The accreditation standards focus on the demonstration of outcomes. They recognise contemporary practice in developing standards in Australia and internationally, and they accommodate a range of educational models and variations in curriculum design, teaching methods, and assessment approaches.

Structure of the accreditation standards

The accreditation standards comprise five standards:

1. Assuring safety
2. Academic governance, quality assurance and resourcing
3. Progam design,
4. Assessment
5. Preparing students for contemporary practice

A standard statement articulates the purpose of each standard. Each standard statement is supported by multiple criteria that set out what is generally needed to meet the standard.

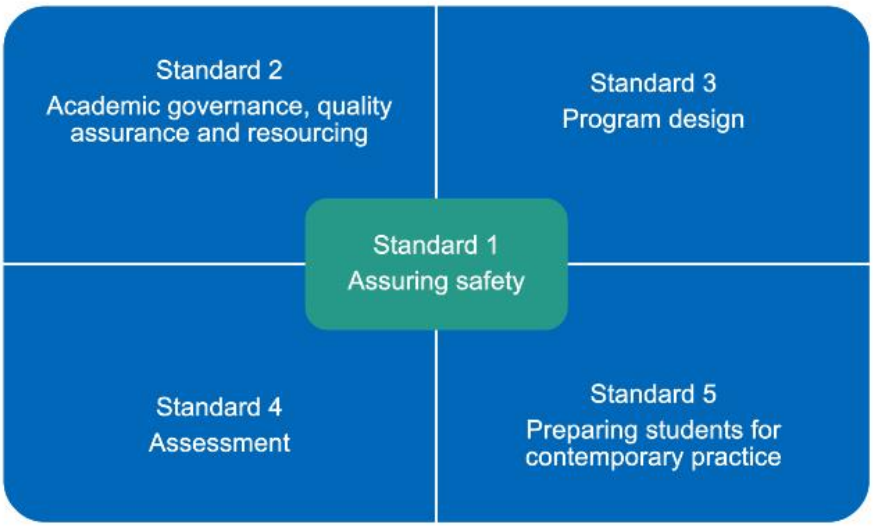
The Committee considers whether the education provider and its program of study have met each standard. When the Committee determines whether theinformation presented by an education provider demonstrates that a particular standard is met, it takes a balanced view of the findings for each criterion in the context of the whole standard and its intent.

The National Scheme's paramount principle of protecting the public and maintaining public confidence in the safety of services provided by health practitioners is specifically reflected in standard one – assuring

[5] More information, including two videos about Pathway B to endorsement for scheduled medicines, is available on the Podiatry Board of Australia's website. Accessed 26 June 2024.

safety, which comprises safe and culturally safe practice. However, standard one is central to all of the standards and must be embedded throughout programs of study, as shown in Figure 4.

Figure 4: Standard 1 - Assuring safety is central to all accreditation standards



Mapping learning outcomes and assessment tasks to the Board's registration standards

The accreditation standards in this document require education providers to design and implement programs underpinned by learning outcomes and assessment tasks that map to the relevant professional capabilities for endorsement for scheduled medicines, as described in the National Prescribing Service *Prescribing Competencies Framework*, [6] and the relevant professional capabilities as described in the *Professional capabilities for podiatrists and the Professional capabilities for podiatric surgeons*.

The relationship between the Committee and other regulators

The Accreditation Committee recognises the role of the Australian Government Department of Education and the Department of Employment and Workplace Relations (DEWR), , the Higher Education Standards Panel, and the Tertiary Education Quality Standards Agency (TEQSA) in the regulation and quality assurance of higher education in Australia. The Committee does not seek to duplicate the role of these bodies and does not assess higher education providers or their programs against the standards from the *Higher Education Standards Framework (Threshold Standards) 2021* (threshold HES).[7]

Guidance on the presentation of information for accreditation assessment

The Committee relies on assessment of current documentary information submitted by the education provider during the accreditation process and experiential information obtained by the assessment team.

It establishes assessment teams to:

a) evaluate information provided by an education provider about its podiatry scheduled medicines education against the approved accreditation standards, and
b) work in partnership with Australian Health Practitioner Regulation Agency's (Ahpra's) Program Accreditation Team to provide the Committee with a report of the assessment team's evaluation findings.

[6] National Prescribing Service *NPS MedicineWise. Prescribing Competencies Framework: embedding quality use of medicines into practice (2nd Edition). Sydney, 2021.* Available from the NPS MedicineWise website, accessed 19 June 2024.
[7] Information on the Higher Education Standards Framework (Threshold Standards) 2021, is available from the Australian Government Federal Register of Legislation website, accessed 24 June 2024.

Education providers should also refer to the separate document *Guidelines for accreditation of education and training programs* for information about the accreditation processes and procedures used by the Committee to assess and monitor program and units/subjects against the accreditation standards.

How to present an explanation and expected information

The education provider should explain how they meet each standard and:

- make clear the relevance of including each piece of information
- highlight where the relevant information can be found in the documents i.e. give the page number and paragraph number, and
- reference the criterion (or criteria) to which each piece of expected information relates.

Some documents may be applicable across multiple standards and criteria. For example, unit and/or subject profiles and/or outlines are expected to be provided for Criteria 1.1, 1.6, 1.8, 3.2, 3.3, 3.5, 4.1, 5.2, 5.3 and 5.4, but these serve different purposes for each criterion, so the accompanying explanation would be different for each criterion.

Providing a staffing profile

A template for the staffing profile for Criterion 2.8 is available from the Program Accreditation Team (program.accreditation@ahpra.gov.au). Education providers should complete one profile that covers all the details identified in the examples of information across the relevant criteria.

Mapping to professional capabilities

The template for mapping professional capabilities to unit/subject learning outcomes and assessment tasks for criteria 3.2 and 4.1 is available for education providers to complete and should map all assessment tasks, all unit/subject learning outcomes and all professional capabilities relevant to this pathway.[8]

Providing examples of assessments

Education providers must provide examples of assessments for Criteria 1.1, 1.6, 3.8, 4.1 and 4.2. The examples should include a range of different assessment tools or modalities. For each tool or modality, it is expected that a range of de-identified examples from students across the range of performance will be provided. Where possible this should include an example of a satisfactory or pass, and an example of unsatisfactory or where the benchmark is not yet met.

Implementation of formal mechanisms

The Committee recognises it is likely that the Tertiary Education Quality and Standards Agency (TEQSA) will have assessed the education provider's policy and procedure portfolio. The education provider must be able to demonstrate the implementation of formal mechanisms at the unit and/or subject level (i.e. the outputs and/or outcomes), not just a description of the process, or copies of policy and procedure documents (i.e. not just the inputs).

Monitoring accredited podiatry scheduled medicines education

After the Committee accredits a program, it has a legal responsibility under Section 50 of the National Law to monitor whether that program continues to meet the accreditation standards.

If the Committee is not reasonably satisfied that the accredited program continues to meet the accreditation standards, it may seek further information through discussions with the education provider and/or through a site visit.

[8] Please contact Ahpra's Program Accreditation Team at program.accreditation@ahpra.gov.au to obtain the most up-to-date version of the mapping template.

Navigating this document

Where explanatory notes have been included to provide further information, links have been added to the criteria or examples of information to the relevant explanatory note located towards the end of this document. Links are also included in the explanatory notes to allow you to navigate back to the standards.

Further information

For further information please contact:

Manager, Program Accreditation
Ahpra
Email: program.accreditation@ahpra.gov.au
Website: www.podiatryboard.gov.au/Accreditation

Review of accreditation standards

The accreditation standards will be reviewed as required. This will generally occur at least every five years.

Date of effect: 1 January 2026

2. The accreditation standards, criteria and examples of information for inclusion with an accreditation application

Standard 1: Assuring safety

Standard statement: Assuring safe and ethical practice and culturally safe practice is paramount in program design, implementation and monitoring.

This standard addresses safe and ethical practice, culturally safe practice that is free of racism and the safe care of patients/clients. The focus is on educating students so that they practice safely once registered, assuring students practice safely in work-integrated learning, and assuring the safety of students.

Criteria		Examples of information for inclusion with accreditation application
Safe practice		
1.1	Safe and ethical practice is integrated into the design and implementation of the program and is articulated in the learning outcomes of the program, including any work-integrated learning elements. See explanatory notes: Safe practice and Ethical practice	• Unit/subject profiles/outlines that show protection of the public and safe and ethical practice are addressed in the curriculum. • A range of different assessment tools or modalities which show that safe practice, is being taught and assessed across the curriculum. For each tool or modality, give a range of de-identified examples of student assessment. Where possible give an example of a satisfactory or pass, and an example of unsatisfactory or where the benchmark is not yet met. • Examples of the implementation of formal mechanisms used to identify, report on, monitor and address issues affecting on safe practice in program design, implementation and monitoring.
1.2	Formal mechanisms exist and are applied to ensure that students are mentally and physically fit to practise safely at all times.	• Examples of the implementation of formal mechanisms used to monitor whether students are fit to practise safely during the length of the program and manage situations where safety issues are identified. • A range of de-identified examples of the implementation of formal mechanisms used to ensure students are safe to engage in practice before work-integrated learning, such as confidential disclosure of issues by students, vaccinations and completion of police checks and child and vulnerable person safety screening checks, where mandated.
1.3	Students in the program have access to the education provider's cultural, health and learning support services, to ensure staff and students are physically and psychologically safe, including during work-integrated learning. See explanatory note: Student support services and facilities to meet learning, welfare and cultural needs	• Examples of: – the implementation of formal mechanisms, inlcuding feedback processes, used to ensure that staff and students work and learn in an environment that is physically, psychologically and culturally safe, including in face-to-face, work-integrated learning and online environments.

Criteria		Examples of information for inclusion with accreditation application
		– feedback from students about the safety of the environment. • Actions taken to resolve any issues that compromised the physical, psychological and/or cultural safety of the environment for students.
1.4	The education provider requires students in the program to comply with the Podiatry Board of Australia's (the Board's) code of conduct and expectations of safe and professional practice.	• Information given to students that refers to the requirement for them to comply with the Board's registration standards, code of conduct and guidelines on ethical and professional conduct. [9] • Mechanisms must be provided for students to familiarise themselves with any changes to relevant Board guidelines as they arise. • Examples of implementation of formal mechanisms used for mandatory and voluntary notifications about students to Ahpra. • Examples of mechanisms used to monitor compliance with the code of conduct.
1.5	The education provider complies with its obligations under the Health Practitioner Regulation National Law (the National Law) as in force in each state and territory and other laws.	• Examples of implementation of formal mechanisms that show compliance with: – the National Law and other laws. – the requirements for mandatory and voluntary notifications about students to Ahpra.
Culturally safe practice		
1.6	Culturally safe practice that is freeof racism and discrimination is integrated into the design and implementation of the program and is articulated in the learning outcomes of the program, including any work-integrated learning elements, with an emphasis on Aboriginal and Torres Strait Islander cultures and cultural safety in the Australian healthcare setting. See explanatory notes: Culturally safe practice for Aboriginal and Torres Strait Islander Peoples, Cultural safety for all communities and Integration of culturally safe practice in the design and implementation of podiatry programs	• Program materials and unit/subject profiles or outlines that show culturally safe practice, is addressed in the curriculum. • A range of different assessment tools or modalities which show that culturally safe practice, is being taught and assessed across the curriculum, including in the clinical setting. For each tool or modality, give a range of de-identified examples of student assessment. Where possible give an example of a satisfactory or pass, and an example of unsatisfactory or where the benchmark is not yet met. • Examples of implementation of formal mechanisms used to identify, report on and address issues affecting culturally safe

[9] Podiatry Board of Australia, *Shared Code of Conduct for Health Practitioners* (2022). Podiatry Board of Australia *Guidelines: Mandatory notifications about registered health practitioners* (2020) and *Guidelines: Mandatory notifications about registered students* (2020). Other guidelines issued by the Podiatry Board of Australia relevant to safe practice include but may not be limited to: Podiatry Board of Australia *Guidelines: Registered health practitioners and students in relation to blood-borne viruses* (2020) and *Guidelines: Informing a National Board about where you practise* (2018). The Board's policies, codes and guidelines are available from the Podiatry Board website, accessed 30 July 2024.

Criteria		Examples of information for inclusion with accreditation application
		practice in program design, implementation and monitoring.
1.7	The education provider actively recruits or draws on staff or other individuals with the knowledge, expertise and culturally safe practice to facilitate learning in Aboriginal and Torres Strait Islander health. See explanatory note: Staff with knowledge, expertise and cultural capabilities to facilitate learning in Aboriginal and Torres Strait Islander health	• Examples of: • any targeted recruitment of Aboriginal and Torres Strait Islander staff. • the implementation of formal mechanisms used to recruit staff, including an equal employment opportunity policy for employment of Aboriginal and Torres Strait Islander Peoples. • the implementation of formal mechanisms used to draw on staff or other individuals with the knowledge, expertise and culturally safe practice to facilitate learning in Aboriginal and Torres Strait Islander health. • Education provider's Indigenous strategy and Reconciliation Action Plan (RAP), where available, including actions taken to comply with the Indigenous strategy and RAP and the outcomes of such actions. See explanatory note: Reconciliation Action Plan
1.8	Unit/subject learning outcomes and assessment in the program specifically reference relevant national safety and quality standards, in relation to culturally safe healthcare that is free of racism and discrimination, particularly for Aboriginal and Torres Strait Islander Peoples.	• Program materials, unit/subject profiles and/or outlines and assessment tasks that show where the relevant national safety and quality standards are specifically addressed in the program and where student learning outcomes are assessed against those standards.
1.9	The education provider and program has formal mechanisms in place to ensure staff and students learn and work in an environment that is culturally safe and responsive and free of racism and discrimination at all times, including during work-intergated learning. See explanatory note: The staff and student work and learning environment	Examples of: • the implementation of formal mechanisms used to monitor and assess that staff and students work and learn in an environment that is culturally safe and free of racism, including in face-to-face, work-integrated learning and online environments. • de-identified feedback from students and staff about the cultural safety of the environment in which they work and learn. • resolving any issues that compromised the cultural safety of the environment for staff and students.
1.10	There are specific strategies to address the recruitment, admission, participation and completion of the program by Aboriginal and Torres Strait Islander Peoples. This includes providing cultural support services.	Examples of the implementation of formal mechanisms for: • the recruitment and admission to the program by Aboriginal and Torres Strait Islander Peoples. • supporting the retention of Aboriginal and Torres Strait Islander Peoples.

Standard 2: Academic governance, quality assurance and resourcing of education

Standard statement: Academic governance, quality improvement arrangements and resourcing are effective in developing and implementing sustainable, high-quality education.

This standard addresses the organisation and governance of the program in scheduled medicines. The Committee acknowledges TEQSA's role in assessing the education provider's governance as part of the registration application. The Committee seeks information on how the education in podiatry scheduled medicines functions within the organisational governance.

The focus of this standard is on the overall context in which education about podiatry scheduled medicines is implemented; specifically, the administrative and academic organisational structure to support that. This standard also focuses on identifying the degree of control that the academics who lead and implement the program, the podiatry profession and other external stakeholders have over the relevance and quality of the program, to produce graduates who are safe and competent to administer, obtain, possess, prescribe, sell, supply or use Schedule 2, 3, 4 or 8 medicines for the treatment of podiatric conditions.

Criteria		**Examples of information for inclusion with accreditation application**
2.1	The education provider is currently registered with the Tertiary Education Quality Standards Agency (TEQSA) and, for education providers with self-accrediting authority, the program has been approved by the education provider's relevant board or committee responsible for program approval. The relevant education provider board or committee has approved the Australian Qualifications Framework (AQF) level of the program at the equivalent of AQF Level 7 or higher.	• If TEQSA has not granted self-accrediting authority: – TEQSA's report on accreditation of the program – disclosure of any issues concerning the program that TEQSA has identified and details of any conditions imposed, and – subsequent dialogue with TEQSA about addressing the conditions. • If TEQSA has granted self-accrediting authority: – copy of the program approval decision made by the education provider's relevant board or committee, such as a record of resolution in meeting minutes – disclosure of any issues concerning the program that the board or committee has identified, and • subsequent dialogue with the board or committee about addressing the issues.
2.2	Program information for prospective students is complete, accurate, clear, accessible and up-to-date. See explanatory note: Program information	• Program information and/or links to website pages provided to prospective students (before enrolment) and enrolled students about the program, including information on recognition of prior learning. • Description of mechanisms by which students can access inherent requirements and reasonable adjustments to allow them to complete their studies. Including the application and monitoring of inherent requirements and opportunities for student appeal. • Explanation about when and how prospective and enrolled students are provided with full details about registration requirements, program fees, refunds and any other costs involved in the program. See explanatory note: Inherent requirements

Criteria		Examples of information for inclusion with accreditation application
2.3	The education provider has robust academic governance in place that includes systematic monitoring, review and improvement, and a committee or group with the responsibility, authority and capacity to design, implement and improve the program to meet the needs of the Board's professional capabilities. See explanatory note: Committees/groups responsible for program design, implementation and quality assurance	• Overview of formal academic governance arrangements, including an organisational chart of governance for the program. • Examples of the implementation of formal mechanisms relating to academic governance for the program. • Explanation of how monitoring and review improvesthe design, implementation and quality of the program so students meet the professional capabilities. • Examples of the implementation of formal mechanisms used to monitor and review the design, implementation and quality of the program. • Schedule for monitoring, review and evaluation of the design, implementation and quality of the program, with examples of compliance from the past three years. • Current list of members of the committees or groups responsible for program design, implementation and quality assurance; including their role titles and the organisation/stakeholder group they are representing. Minutes from the three previous meetings of these groups, highlighting points of relevance to this standard. • Record of the most recent internal review of the program.
2.4	Formal mechanisms are applied to evaluate and improve the design, implementation and quality of the program, including through feedback from students, work-integrated learning supervisors, internal and external academic and professional peer review, and other evaluations.	• Examples of the implementation of formal mechanisms used to evaluate and improve the design, implementation and quality of the program. • Details of outcomes and actions from internal or external reviews of the program in the past five years. • Summary of actions taken, and changes made to improve the design, implementation and quality of the program in response to student or staff feedback.
2.5	Students, academic staff and work-integrated learning supervisors in the program have opportunities to contribute to program design and quality improvements.	• Details of any student, academic and work-integrated learning supervisor representation in the governance and curriculum management arrangements for the program. • Examples that show how information contributed by students, academics and work-integrated learning supervisors is considered when decisions about program design, implementation and quality are being made. • Examples that show how feedback from students, academics and work-integrated

Criteria		Examples of information for inclusion with accreditation application
		learning supervisors is used to improve the program.
2.6	There is formalised and regular external stakeholder input to the design, implementation and quality of the program, including from representatives of the podiatry profession, other health professions, prospective employers, health consumers and graduates of the program. See explanatory note: Effective engagement with external stakeholders	• Examples of effective engagement with a diverse range of external stakeholders (including representatives of Aboriginal and Torres Strait Islander Peoples and other relevant health professions) about program design and implementation. • List of all external stakeholders, including who they represent, that have had input into the design, implementation and quality improvement of the program. • Terms of reference of a current stakeholder group responsible for input into program design, implementation and quality, including the list of representatives on the group and their current positions. • The current stakeholder group's meeting calendar for the current year and minutes and actions of any previous meetings in the last two years, highlighting points of relevance to this standard. • Examples of reports from employer and/or graduate surveys and/or reviews and explanation of the outcomes and actions taken in response to reports. • Records of other stakeholder engagement activities showing participation, decisions made and implemented.
2.7	The education provider assesses and actively manages risks to the program, program outcomes and students enrolled in the program.	• Examples of: – the development and implementation of a risk management plan – the implementation of formal mechanisms for assessing, mitigating and addressing risks to each unit and/or subject and program outcomes. – minutes of relevant committee meetings that consider risks to the program. (*Examples of risks to the program include pandemics; increasing or decreasing student enrolment numbers; student to staff ratio; casual academic staffing; simulation and clinical equipment; work-integrated learning issues and reduced international student enrolment/fees*.)
2.8	The education provider appoints academic staff at an appropriate level with suitable experience and qualifications to assess students in the program and to implement and lead the program.	• Staffing profile for staff responsible for assessing students in the program and implementing and leading the program, identifying: – academic level of appointment and/or equivalent – role in the program – fraction (full-time, part-time) and type of appointment (ongoing, contract, casual)

Criteria		Examples of information for inclusion with accreditation application
		– qualifications and experience relevant to their responsibilities – relevant registration status where required (for health practitioners), and – engagement in further learning related to their role and responsibilities. • Description of and examples that show the mechanisms by which the education provider ensures staff demonstrate culturally safe practice in the delivery of programs. See explanatory note: Staffing profile for staff responsible for the assessment of students and implementation and leadership of the program
2.9	Staff managing and leading the program have sufficient autonomy to assure the level and range of human resources, facilities and equipment required.	• Examples of correspondence or meeting minutes that show staff managing and leading the program are requesting the allocation of human resources, facilities and equipment when necessary, and the response from the decision-makers.
2.10	The education provider supports staff engagement in learning that aims to maintain knowledge of contemporary podiatric practice and principles of health professions education.	Details of staff engagement in development opportunities. • Examples of: – types of development engaged in, and – methods of engagement. • Percentage of staff participation. • Enagegment in evidence-based research.
2.11	The program has the level and range of facilities and equipment to sustain the quality and scope of education needed for students to achieve all the professional capabilities for podiatrists.	• Letter from the Vice Chancellor (or delegate) confirming ongoing support for the quality and resourcing of the program, including the roles of professional staff managing simulation facilities. • Description of, and examples that show, the facilities and equipment used by the education provider for teaching and learning in the program to enable students to develop all the professional capabilities. • Demonstrate that the equipment used by the education provider for teaching and learning in the program is adequate for the delivery of that program; and the servicing schedule for relevant equipment.

Standard 3: Program design

Standard statement: Program design, comprising curriculum, learning and teaching and work-integrated learning enables students to achieve all the professional capabilities for prescribing scheduled medicines for podiatric conditions.

This standard focuses on how the program is designed and implemented to produce graduates who have demonstrated the relevant professional capabilities that are required for endorsement of registration for scheduled medicines. These include the National Prescribing Service *Prescribing Competencies Framework*, and the relevant professional capabilities as described in the *Professional capabilities for podiatrists* and the *Professional capabilities for podiatric surgeons*.

This standard also addresses work-integrated learning and supervision and the way the education provider effectively manages internal or external work-integrated learning environments to ensure quality and reliable outcomes for both patients/clients and students.

Criteria		Examples of information for inclusion with accreditation application
Curriculum		
3.1	The program design and curriculum design scaffold student learning and facilitates the integration of theoretical concepts and practical application throughout the program including work-integrated learning experiences. See explanatory note: Program design	• Rationale of the educational theories and practices which inform the program design and implementation, including examples of how they inform the elivery of the program. • Overview of the sequence of education identifying relationships between units/subjects.
3.2	Learning outcomes address all the relevant professional capabilities for podiatrists and podiatric surgeons required for endorsement of registration though pathway A.	• Mapping document that shows alignment of learning outcomes to all the professional capabilities required for endorsement.[10] • Detailed profiles/outlines for each unit/subject taught in the program.
3.3	Relevant national safety and quality standards, with emphasis on medication safety are specifically referenced and embedded in the unit/subject learning outcomes and assessment of the program. See explanatory note: Referencing the national safety and quality standards	• Unit/subject profiles/outlines and assessment tasks that show where the relevant national safety and quality standards are addressed and where student learning outcomes are assessed against those standards.
Learning and teaching		
3.4	Teaching approaches lead to the development of the appropriate level of cognitive, technical and communication skills. See explanatory note: Learning and teaching approaches	• Provide detailed information on the methods to monitor student engagement. • Provide examples of where explicit teaching on critical thinking and reflective practice occurs. • Describe and provide examples of how the provider encourages students to self-assess their academic progress and identify ongoing learning needs.

[10] Please contact Ahpra's Program Accreditation Team at program.accreditation@ahpra.gov.au to obtain the most up-to-date version of the mapping template.

Criteria		Examples of information for inclusion with accreditation application
3.5	Opportunities for students to integrate their knowledge, skills and professional attributes are provided throughout the program, including in simulation and practice/case-based learning.	• Unit/subject profiles/outlines that show where opportunities exist for students to integrate their knowledge and skills. • A description of how simulation and practice/case-based learning is used in the program and examples of how it has improved student performance.
3.6	Students are provided with opportunities to learn from other health professionals to foster ongoing collaborative practice throughout the program.	• Examples of interprofessional learning experiences across a range of learning and teaching methods,
Work-integrated learning See explanatory note: Work-integrated learning		
3.7	Legislative and regulatory requirements relevant to ESM are taught prior to, and complied with during, periods of work-integrated learning in the program. See explanatory note: Teaching and assessment of legislative and regulatory requirements	• Identification of where relevant legislative and regulatory requirements are taught and assessed during work-integrated learning, including examples of the outcomes of the assessments and responses to findings.
3.8	Students are required to achieve relevant capabilities before each period of work-integrated learning. See explanatory note: Achievement of relevant capabilities before work-integrated learning	• Documents identifying the relevant learning outcomes to be achieved before each period of work-integrated learning. The documents should address when and how the learning outcomes are achieved (for example, are they embedded in units/subjects, a pre-requisite for units/subjects or mapped against units/subjects?). • A range of assessment tools or modalities which show assessment of relevant learning outcomes. For each tool or modality, provide a range of de-identified examples from students across the range of performance. • Where possible, provide a de-identified example of where a student is refused work-integrated learning because they have not attained relevant capabilities.
3.9	Health practitioners who supervise students during work-integrated learning hold relevant, appropriate and current registration in Australia for the clinical elements they supervise, with no conditions or undertakings on their registration relating to performance or conduct. For overseas placements, equivalent registration in their country is required, where relevant.	• Examples of the implementation of formal arrangements with facilities and health services (including those operated by universities) used for work-integrated learning (for example, a formal contract and/or other written communication securing the work-integrated learning arrangements) that ensure practitioners supervising students have experience in the education and supervision of work-integrated learning. This could be:

Criteria		Examples of information for inclusion with accreditation application
		– a podiatrist or podiatric surgeon whose registration is endorsed for scheduled medicines, or • a practitioner who holds registration in another profession and whose scope of practice includes prescribing and administering scheduled medicines, such as a registered medical practitioner or a registered nurse practitioner.
3.10	Facilities and health services used for work-integrated learning maintain workplace safety standards, including any accreditation, licencing and/or registration required in the relevant state or territory. See explanatory note: Relevant accreditation and licensing	• Examples of: – the implementation of formal mechanisms that show facilities and health services used for work-integrated learning maintain any accreditation, licensing and/or registration required in the relevant state or territory. – how the education provider monitors the currency of any required accreditation and licences. – the implementation of formal mechanisms used for clinical and workplace safety. • Register of agreements (formal contracts and/or other written communication securing work-integrated learning) between the education provider and facilities and health services used for work-integrated learning.
3.11	The education provider has an active relationship with the practitioners who provide instruction and supervision to students during work-integrated learning.	• Examples of: – engagement between the education provider and practitioners who provide instruction and/or supervision to students during work-integrated learning and, – guidance provided to work-integrated learning supervisors on how to manage student performance.. –
3.12	Work-integrated learning experiences provide students in the program with regular opportunities to critically reflect on their practice. See explanatory note: Critical reflection	• A range of de-identified records of student feedback that include an opportunity for reflection on their work-integrated learning experiences, and responses to those reflections.

Criteria		Examples of information for inclusion with accreditation application
3.13	The quality, duration and diversity of student experience during work-integrated learning in the program is sufficient to produce a graduate who has demonstrated the knowledge, skills and professional attributes to safely and competently prescribe pharmaceutical products for the treatment of podiatric conditions. See explanatory note: Diverse work-integrated learning	• Explanation about how the education provider monitors the quality, duration and diversity of student experience during work-integrated learning to ensure it is sufficient to produce graduates that demonstrate the knowledge, skills and professional attributes to safely and competently administer, obtain, possess, prescribe, sell, supply or use Schedule 2, 3, 4 or 8 medicines for the treatment of podiatric conditions. • Examples of implementation of formal mechanisms used for monitoring and evaluating the quality, quantity, duration and diversity of student experience during work-integrated learning.
3.14	Formal mechanisms are applied to ensure the ongoing availability and quality assurance of work-integrated learning instruction and supervision, and regular monitoring of the suitability of supervisors in the program, including evaluation of student feedback. See explanatory note: Work-integrated learning supervisors	• Examples of implementation of formal quality assurance mechanisms for work-integrated learning including: – mechanisms for training and monitoring work integrated learning supervisors to ensure assessment meets the principles of assessment – mechanisms for the evaluation of work-integrated learning, including examples of ways in which feedback from students and supervisors is used, and – description of and examples that show the mechanisms by which the education provider ensures staff and work-integrated learning supervisors demonstrate culturally safe practice in the assessment of students. • Examples of responses to quality assurance findings.
3.15	Formal mechanisms are applied to ensure the learning outcomes and assessment for all work-integrated learning elements are defined and known to both students and supervisors.	• Information provided to students and supervisors about work-integrated learning activities and assessment. • Examples of: – the implementation of formal mechanisms used to ensure the learning outcomes and assessment for all work-integrated learning activities are defined and known to both students and supervisors. • guidance provided to work-integrated learning supervisors on the use of assessment tools to enhance the validity and reliability of their assessments.

Standard 4: Assessment

Standard statement: All graduates of the program have demonstrated achievement of the learning outcomes taught and assessed during the program.

This standard focuses on assessment, including quality assurance processes and the capabilities of the staff responsible for assessing students in each unit and/or subject. The Committee expects the education provider to show how they assure that every student who passes the unit and/or subject has achieved all the professional capabilities required for a podiatrist or podiatric surgeon to qualify for endorsement of their registration in relation to scheduled medicines.

The education provider must use fit for purpose and comprehensive assessment methods and formats to assess learning outcomes, and to ensure a balance of formative and summative assessments throughout podiatry scheduled medicines education.

Criteria		Examples of information for inclusion with accreditation application
4.1	The professional capabilities for podiatrists and podiatric surgeons required for endorsement of registration through pathway A are mapped to assessment tasks that effectively measure whether the professional capabilities and learning outcomes are being met at the appropriate AQF level.	• Mapping document to show alignment of all assessment tasks, all unit/subject learning outcomes and all professional capabilities required for endorsement. [11] • Detailed profiles/outlines for each unit/subject in the entire program, including details of the assessment tasks for the relevant unit of study. • A range of different assessment tools or modalities used during work-integrated learning that show how students attain the professional capabilities, including culturally safe practice. • For each tool or modality, provide an assessment rubric and a range of de-identified examples from students across the range of performance. Where possible provide an example of a satisfactory or pass, and an example of unsatisfactory or fail.
4.2	Multiple valid, reliable, contemporary and contextualised assessment tools, modes and sampling are used throughout the program.	• Details of and rationale for the assessment strategy, identifying assessment tools, modes and sampling. • Information provided to students on completing any capstine assessment and a samle of de-identified, recently completed (within the last two years) capstone assessments. • Examples of implementation of formal mechanisms used to evaluate student capability in the clinical setting.
4.3	Multiple authentic and reliable assessment methods are used to evaluate the development of student capability and performance in the practice setting.	• Details of the assessment strategy for each work-integrated learning element. • Examples of implementation of formal mechanisms that ensure that authentic assessment of student capabilities enable practice. See explanatory note: Simulation-based assessment • Examples of implementation of meaningful feedback mechanisms, used during work

[11] Please contact Ahpra's Program Accreditation Team at program.accreditation@ahpra.gov.au to obtain the most up-to-date version of the mapping template.

Criteria		Examples of information for inclusion with accreditation application
		integrated learning elements, including examples of how this feedback is used by students to improve performance.
4.4	Formal mechanisms are applied to ensure assessment of student learning outcomes is valid, reliable, appropriate and reflects the principles of assessment. See explanatory note: Principles of assessment	• Examples of: • the formal assessment mechanisms used to determine student competence. • assessment review processes and their use in quality improvement outcomes. • assessment moderation and validation, including peer validation. This should include the outcomes, and responses to those outcomes, and • external referencing of assessment methods including the outcomes.
4.5	Students in the program that require reasonable adjustments/accommodations for assessments receive them in a timely manner.	• De-identified adjustment/accommodation requests for assessment that includes: – the implementation of formal mechanisms for ensuring the suitability of any reasonable adjustments/accommodations, and – the implementation of formal mechanisms for communicating arrangements with students.

Standard 5: Preparing students for contemporary practice

Standard statement: Graduates of the program are equipped with the knowledge and skills to adapt to practice that is shaped by social, cultural, environmental and technological factors.

This standard focuses on preparing students for practice and consideration of contemporary and relevant issues and principles that will affect their practice.

Criteria		Examples of information for inclusion with accreditation application
5.1	Formal mechanisms are applied to anticipate and respond to contemporary developments in prescribing and the education of health practitioners within the curriculum of the program.	• Examples of the implementation of formal mechanisms, including staff research and research translation, used to anticipate and respond to contemporary developments in: – podiatry practice, healthcare, aged care and disability policy; and – the education of students of podiatry and health practitioners within the curriculum of the program.
5.2	Unit/subject learning outcomes address contemporary principles of: – interprofessional education – collaborative practice – reflective practice – co-design approaches, and	• Program materials and unit/subject profiles/outlines that show where the listed contemporary principles are included and reflected in student learning outcomes. • Examples of where the listed contemporary principles are embedded in the program.

Criteria		Examples of information for inclusion with accreditation application
	– embedding lived experiences of healthcare in teaching and assessment and are incorporated into the program, including in work-integrated learning elements. See explanatory notes: Interprofessional education, Interprofessional collaboration, co-design and lived experience	
5.3	Unit/subject learning outcomes in the program address social and cultural determinants of health. See explanatory note: Social and cultural determinants of health	– Program materials and unit/subject profiles/outlines that show where social and cultural determinants of health are addressed, including, but not limited to the care of: – Aboriginal and Torres Strait Islander Peoples, – victim-survivors of family, domestic and sexual violence [12] – people experiencing sex and gender bias and disparities in healthcare – people living in rural and remote locations, and – the individual across the lifespan, including frailty, disability, palliative care and person-centred care.
5.4	Unit/subject learning outcomes are consistent with the needs of diverse communities, including community groups that experience health inequities.	• Unit/subject profiles/outlines that show where the needs of diverse communities are addressed
5.5	Formal mechanisms are applied to ensure that the program and education provider uses technologies effectively to support the program's learning, teaching and assessment. See explanatory note: Clinical and educational technologies	• Provide detailed information on how learning is enhanced and monitored through the use of technology. • Provide detailed information on how the education provider/program ensures ethical use of relevant technologies. • A statement on how the education provider/program ensures equitable access to relevant technology for students.
5.6	The program addresses principles of environmentally sustainable and climate resilient healthcare.	• Provide details of: – where environmentally sustainable healthcare is addressed, with particular reference to resource optimisation, waste reduction and environmentally conscious practices. – how the impact of climate change on healthcare is addressed, and

[12] See *Joint Position on Family Violence by Regulators of Health Practitioners*, available on the Ahpra website, accessed 8 January 2025.

Criteria		Examples of information for inclusion with accreditation application
		– relevant staff research related to environmental sustainability and climate reilience in healthcare.

3. Explanatory notes

Safe practice

There are many dimensions to safe practice such as knowing about the policy context, best practice guidance, how to manage risk effectively, and responsibilities as a student and as an endorsed practitioner. The education provider must assure safe practice in podiatry scheduled medicines education by teaching students about the different aspects of safe practice.

Ethical practice

Ethical practice promotes the consideration of values in the prioritisation and justification of actions by health professionals, researchers and policymakers that may impact on the health and well-being of patients, families and communities. A health ethics framework aims to ensure systematic analysis and resolution of conflicts through evidence-based application of general ethical principles, such as respect for personal autonomy, beneficence, justice, utility and solidarity.[13]

Student support services and facilities to meet learning, welfare and cultural needs

The education provider must be able to demonstrate that adequate student learning, welfare and cultural support services are provided at the level of the unit and/or subject.

Meeting the learning, welfare and cultural needs of students may include providing mental health support services that recognise students' unique needs during studies and during work-integrated learning, such as dealing with situations involving patient critical-incident scenarios and death.

Demonstrating the implementation of support services could include how students access student learning, welfare and cultural support services as well as how they access student academic advisers and informal and readily accessible advice from individual academic staff.

Return to standard 1

Culturally safe practice for Aboriginal and Torres Strait Islander Peoples

The National Registration and Accreditation Scheme's (the National Scheme's) Aboriginal and Torres Strait Islander Health Strategy Group (the Health Strategy Group) published the Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025 The strategy focuses on achieving patient safety for Aboriginal and Torres Islander Peoples as the norm and the inextricably linked elements of clinical and cultural safety.The definition of cultural safety below has been developed for the National Scheme and adopted by the National Health Leadership Forum. The Aboriginal and Torres Strait Islander Health Strategy Group developed the definition in partnership with a public consultation process.

[13] World Health Organization, Western Pacific, Health Topics, Ethics in the Western Pacific. Available from the World Health Organization website, accessed 8 January 2025.

Definition

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

To ensure culturally safe and respectful practice, health practitioners must:

a) Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health;
b) Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism;
c) Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community;
d) Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

All health practitioners in Australia, including podiatrists, need a working knowledge of factors that contribute to and influence the health and wellbeing of Aboriginal and Torres Strait Islander Peoples. These factors include history, spirituality and relationship to land, and other social determinants of health in Aboriginal and Torres Strait Islander communities.

Return to standard 1

Cultural safety for all communities

The section above defines cultural safety for Aboriginal and Torres Strait Islander Peoples specifically for their status as First Nations Peoples. Culturally safe and respectful practice is important for all communities. Australia is a culturally, racially and linguistically diverse nation.

In this context culturally safe care recognises that individuals are all unique with different lived experiences. This can include social, cultural, linguistic, religious, spiritual, psychological and medical needs that can vastly affect the care, support and services they need.

Effectively delivering culturally safe care can:

- enable individuals to retain connections to their culture and traditions, including connection to land, family, law, ceremony and language
- reduce social isolation, loneliness and feelings of marginalisation
- engender trust in a graduate's ability to provide safe care for individuals from diverse backgrounds, including Aboriginal and Torres Strait Islander Peoples
- empower individuals to make informed decisions and be active participants in their care, and
- increase mutual respect and enhanced relationships with the workforce and community.[14]

Podiatrists and podiatric surgeons must be able to work effectively with people from a range of cultures that may differ from their own. Culture may include, but is not limited to, age, gender, sexual orientation, race, socio-economic status (including occupation), religion, physical, mental or other impairments, ethnicity and health service culture.

[14] Adapted from: Australian Government, Aged Care Quality and Safety Commission, *Flip Guide on Inclusive and Culturally Safe Governance*. Available on the Aged Care Quality and Safety Commission website, accessed 13 June 2024.

A holistic, patient and family-centred approach to practice requires culturally safe practice. It also requires podiatrists and podiatric surgeons to demonstrate culturally safe practice by learning, developing and adapting their behaviour to each experience.

Integration of culturally safe practice in the design and implementation of podiatry programs

The Australian Government Department of Health's *Aboriginal and Torres Strait Islander Health Curriculum Framework* (the Framework) supports higher education providers to implement Aboriginal and Torres Strait Islander health curricula across their health professional training programs.[15]

There is an expectation that relevant aspects of the Framework are incorporated into the design and implementation of podiatry programs to prepare graduates to provide culturally safe health services to Aboriginal and Torres Strait Islander Peoples. The Committee acknowledges that this may be a new concept for many education providers, but it is reflective of a broader focus on Aboriginal and Torres Strait Islander cultures and cultural safety in education of healthcare practitioners in Australia.

Program materials relating to Aboriginal and Torres Strait Islander health and wellbeing are developed by, or in consultation with, Aboriginal and Torres Strait Islander Peoples.

Reconciliation Action Plan

In partnership with Reconciliation Australia, a Reconciliation Action Plan (RAP) enables organisations to sustainably and strategically take meaningful action to advance reconciliation.

Based around the core pillars of relationships, respect and opportunities, RAPs provide tangible and substantive benefits for Aboriginal and Torres Strait Islander Peoples, increasing economic equity and supporting First Nations self-determination.

Reconciliation Australia's RAP Framework provides organisations with a structured approach to advance reconciliation. There are four different types of RAP that an organisation can develop: Reflect, Innovate, Stretch & Elevate. Each type of RAP is designed to suit an organisation at different stages of their reconciliation journey[16]

The staff and student work and learning environment

The work environment includes any physical or virtual place staff go to carry out their role in teaching, supervising and/or assessing students being educated about podiatry scheduled medicines. The learning environment includes any physical or virtual place students go to learn and/or gain clinical experience in podiatry scheduled medicines. Examples include offices, classrooms, lecture theatres and online learning portals, simulated environments, clinical teaching and learning spaces.

All environments related to education about podiatry scheduled medicines must be physically and culturally safe for both staff and students.

Staff with knowledge, expertise and cultural capabilities to facilitate learning in Aboriginal and Torres Strait Islander health

The Committee recognises that it may be difficult for all education providers to recruit Aboriginal and Torres Strait Islander people as staff who can facilitate learning in Aboriginal and Torres Strait Islander health. In the first instance the committee will look at education providers' efforts to improve recruitment and retention of Aboriginal and Torres Strait Islander staff. It will also be looking for creative efforts by education providers to meet the intent of this criterion (e.g. by engaging with guest speakers from local communities), if Aboriginal and Torres Strait Islander People are not on staff.

Return to standard 1

[15] Australian Government, Department of Health Aged Care *Aboriginal and Torres Strait Islander Health Curriculum Framework*, see the Department of Health and Aged Care website, accessed 28 June 2024.
[16] For more information on Reconciliation Action Plans see the Reconciliation Australia website. accessed 24 June 2024.

Program information

The education provider should clearly and fully inform prospective students about the Board's requirements for endorsement for scheduled medicines under Pathway A before the students enrol in the program.[17] Enrolled students should also be reminded of the requirements. These are outlined on the Board's website.

Inherent requirements

Inherent requirements are the core activities, tasks or skills that are essential to a workplace in general, and to a specific position or role. These activities and/or tasks cannot be allocated elsewhere, are a core element of the position or role, and result in significant consequences if they are not performed.

The HES state that "Prospective students must be made aware of any inherent requirements for doing a course, or parts of a course, that may affect those students in special circumstances or with special needs (such as a particular type of practicum), especially where a course of study leads to a qualification that may lead to registration as a professional practitioner by a registering authority."[18]

Return to standard 2

Committees/groups responsible for program design, implementation and quality assurance

The education provider will regularly monitor and review the program and the effectiveness of its implementation and engage with and consider the views of a wide range of stakeholders. This includes membership on its committtees of the following stakeholder groups:

- Aboriginal and Torres Strait Islander Peoples, including students, health professionals and community members, or consultation with Aboriginal and Torres Strait Islander groups/communities
- representatives of the podiatry profession,
- students,
- graduates,
- academics,
- work-integrated learning supervisors,
- employers and other health professionals when relevant.

The education provider will also implement formal mechanisms to validate and evaluate improvements in the design, implementation and quality of the program.

Effective engagement with external stakeholders

The Committee acknowledges that there are numerous ways education providers engage with their stakeholders, for example through e-mail, video- and teleconferencing, questionnaires and surveys (verbal or written), online and physical forums, and face-to-face meetings. Engagement with external stakeholders must occur formally and all engagement should take place regularly through one or more of these mechanisms at least once every semester or study period.

The education provider will also engage with any individuals, groups or organisations that are significantly affected by, and/or have considerable influence on the education provider, and the program design and implementation. This may include, but is not limited to, representatives of the local community and relevant Aboriginal and Torres Strait Islander communities, multicultural communities, representatives from geographically diverse communities, health consumers, relevant health services and health professionals, relevant peak bodies and industry.

Education providers should be considered in their approach to stakeholders, ensuring that their engagement is diverse and does not burden any one group.

Return to standard 2

[17] Podiatry Board of Australia *Registration Standards.* Available on the Board's website, accessed 30 July 2024. More detailed information on the registration standards is contained in the Board's Policies, Codes and Guidelines, accessed on 2 June 2024.
[18] Domain 1 of the HES Framework. Available from the TEQSA website, accessed 24 June 2024.

Staffing

A template for the staffing profile is available for education providers to complete.[19] Use of this template is optional, and the information can be set out in a different format, so long as it includes the details identified in the expected information for Criterion 2.8.

The education provider should be able to clearly demonstrate that all staff with responsibilities for management and leadership of education about podiatry scheduled medicines have:

a) knowledge of contemporary developments in podiatry and/or podiatric surgery practice, including safe prescribing theory and practice, which is informed by current and continuing scholarship or research or advances in practice
b) high-level skills in contemporary teaching, learning and assessment principles relevant to podiatry practice and/or podiatric surgery, including safe prescribing theory and practice, their role, modes of implementation and the needs of particular student cohorts, and
c) a qualification in a relevant discipline at least one level higher than the program, or equivalent relevant academic or professional or practice-based experience and expertise.

Return to standard 2

Program design

The Committee considers that the program's two main goals are to:

- ensure graduates can safely and competently administer, obtain, possess, prescribe, sell, supply or use Schedule 2, 3, 4 or 8 medicines for the treatment of podiatric conditions, and
- provide the educational foundation for lifelong learning about the safe and effective use of medicines to treat podiatric conditions.

The education provider is encouraged to present an overview about how the curriculum is structured and integrated to produce graduates who have demonstrated all the professional capabilities required for endorsement of their registration.

The education provider should provide guides for each unit and/or subject that set out the learning outcomes and show how the learning outcomes map to the professional capabilities.

Referencing the relevant national safety and quality standards

The Accreditation Committee expects that at a minimum the education provider would be referencing within the program curriculum the relevant national safety and quality standards published by the:

- Australian Commission on Safety and Quality in Health Care, including the *National Safety and Quality Health Service Standards* and the *National Safety and Quality Primary and Community Healthcare Standards.*
- Aged Care Quality and Safety Commission, and
- National Disability Insurance Scheme Quality and Safeguards Commission, as well as other relevant agencies.

This may include through learning materials provided to students, and during lectures.

Return to standard 3

Learning and teaching approaches

The Committee encourages innovative and contemporary methods of teaching that promote the educational principles of active student participation, problem solving and development of communication skills. Problem and evidence-based learning, computer assisted learning, work-integrated learning and other student-centred learning strategies are also encouraged. Education providers may show how these approaches are incorporated into the curriculum and assessed to support student achievement of the

[19] Please contact Ahpra's Program Accreditation Team at program.accreditation@ahpra.gov.au mailto:to obtain the most up-to-date version of the staffing profile.

learning outcomes and the professional capabilities required for endorsement of registration in relation to scheduled medicines.

Teaching and assessment of legislative and regulatory requirements

Legislative and regulatory requirements relevant to endorsement for scheduled medicines will be taught and assessed and how they apply to practice will be assessed during work-integrated learning. This should include the range of legislative and regulatory requirements that apply to administering, obtaining, possessing, prescribing, selling, supplying and using Schedule 2, 3, 4 and 8 medicines for the treatment of podiatric conditions.

Work-integrated learning

Work-integrated learning is an umbrella term for a range of approaches and strategies that integrate academic learning (theory) with its application to practice within a purposefully designed curriculum. In the context of ESM programs, work-integrated learning can include supervised and clinical practice, in person or in simulated learning environments or activities. [20]

The Committee recognises that education providers design and carry out work-integrated learning in a variety of ways. Work-integrated learning can be done in facilities and practices that are located on-campus, operated by the education provider and/or by a health service; as well as facilities and practices that are located off-campus, and operated by a health service or private practitioner. The education provider should present documentary and experiential information that shows how their arrangements meet the accreditation standard and support students to achieve learning outcomes.

The education provider should provide opportunities for students to give feedback on their work-integrated learning experiences, such as mid and post-placement surveys.

Achievement of relevant capabilities before work-integrated learning

To enable students to be safe prescribers of medicines, education providers will ensure students achieve the capabilities that are relevant to their subsequent period of work-integrated learning, before providing patient care and undertaking work-integrated learning assessment tasks, including case studies and reflections.

Achievement of these capabilities is needed to minimise risk, particularly because supervision alone cannot assure safe practice, even though the degree of supervision will vary with the level of understanding of each student. These capabilities include those required before any patient treatment can occur as well as those required before more complex clinical work can occur.

All students in the program must have appropriate skills to communicate with patients, other health professionals, and their supervisors. Another relevant capability is practical application of safety guidelines.

Relevant accreditation and licensing

The education provider should implement formal mechanisms that ensure each health service or facility used for work-integrated learning:

1. complies with relevant licensing requirements such as applicable public health laws, and
2. where relevant, is accredited by one of the eight approved accreditation agencies that accredit to the relevant national safety and quality standards.[21]

These mechanisms may include relevant clauses in an agreement between the education provider and the health service or facility. Agreements with clinics and/or practices outside Australia must include clauses to cover relevant accreditation and licensing requirements in that country.

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[20] Further information is available in the Independent Accreditation Committee's publication, *Information paper: good practice approaches to embedding clinical placements, pedagogical innovations and evidence-based technological advances in health practitioner education. Available on the Ahpra website, accessed 25 February 2025.*

[21] Approved accrediting agencies contact details are available on the Australian Commission on Safety and Quality in Healthcare website. accessed 24 June 2024.

Critical reflection

Critical reflection is active personal learning and development that promotes engagement with thoughts, feelings and experiences. It helps to examine the past, look at the present and then apply learnings to future experiences or actions.[22] The education provider should guide students in using relevant tools and models to inform how they critically reflect on their practice.

Return to standard 3

Diverse work-integrated learning

Students should be given extensive and diverse work-integrated learning experiences in a range of settings, such as, but not limited to, community and hospital-based clinics and private practices (both on and off campus). A diverse range of patients should include, but not be limited to:

- Aboriginal and Torres Strait Islander Peoples
- people living in geographically diverse locations including rural or regional areas of Australia
- people from multicultural backgrounds
- people with a disability, including cognitive disability, and/or their advocates
- older people
- young people, and
- lesbian, gay, bisexual, transgender, intersex, queer, asexual and other sexually or gender diverse (LGBTIQA+) people.

Students should also be exposed to patients with a range of clinical presentations including cases where patients:

- are high risk, for example diabetes-related cases
- have a range of comorbidities
- are at risk of adverse outcomes related to polypharmacy, and
- present with a range of complexities of foot and ankle pathology.

The Committee considers that direct patient encounters throughout education in podiatry scheduled medicines will help to ensure students achieve the professional capabilities required for endorsement of their registration. Education providers must explain how the entire range of work-integrated learning experiences will ensure graduates achieve the professional capabilities required to administer, obtain, possess, prescribe, sell, supply and use Schedule 2, 3, 4 and 8 medicines for the treatment of podiatric conditions. Where assessments address meeting the Podiatry Board of Australia's professional capabilities early in the duration of a course of study, proficiency in these capabilities should be continually demonstrated throughout work-integrated learning placements.

Return to standard 3

Work-integrated learning supervisors

Work-integrated learning conducted in Australia to develop capabilities to qualify for endorsement of registration in relation to scheduled medicines must be supervised by a registered health practitioner who has experience in the education and supervision of work-integrated learning. This could be:

- a podiatrist or podiatric surgeon whose registration is endorsed for scheduled medicines, or
- a practitioner who holds registration in another profession and whose scope of practice includes prescribing and administering scheduled medicines, such as a registered medical practitioner or a registered nurse practitioner.

The education provider must engage with practitioners who are work-integrated learning supervisors. The examples of engagement should show work-integrated learning supervisors have an opportunity to

[22] Adapted from Deakin University Library, *Critical reflection for assessments and practice.* Available from the Deakin University website, accessed 31 July 2024.

provide feedback to the education provider on students' work-integrated learning experiences and in the program.

Return to standard 3

Principles of assessment

The principles of assessment are a set of measures to ensure that assessment of students is:

- Fair
  - The individual student's needs are considered in the assessment process.
  - Where appropriate, reasonable adjustments are applied by the education provider/program to consider the individual student's needs.
  - The education provider/program informs the student about the assessment process and provides them with the opportunity to appeal the result of assessment and be reassessed if necessary.
- Flexible

  Assessment is flexible to the individual by:
  - reflecting the student's needs
  - assessing capabilities held by the student no matter how or where they have been acquired, and
  - drawing from a range of assessment methods and using those that are appropriate to the context, the unit/subject learning outcomes and associated assessment requirements, and the individual.
- Valid

  Validity requires:
  - assessment against the unit/subject learning outcomes covers the broad range of skills knowledge and professional attributes that are essential to meet the learning outcomes
  - assessment of knowledge, skills and professional attributes is integrated with practise in a clinical setting
  - assessment to be based on the demonstration that a student could practise the skills, knowledge and professional attributes in other similar situations, and
  - judgement of assessment is based on student performance that is aligned to the unit/subject learning outcomes.
- Reliable
  - Assessments are consistently interpreted and assessment results are comparable irrespective of the assessor conducting the assessment.[23]

The education provider should implement an assessment strategy that reflects the principles of assessment. When the education provider designs and implements supplementary and alternative assessments in the unit and/or subject, these must contain different material to the original assessment.

The education provider should describe in detail its assessment processes, including:

- how academic integrity is upheld
- how assessment tasks ensure that all learning outcomes have been met
- how work is assessed (including an assessment rubric), and where relevant
- how thresholds for passing a unit/subject with multiple assessment tasks are implemented.

Return to standard 4

Simulation-based assessment

The benefits of assessing by simulation include:

- exposure to active, experiential, reflective and contextual learning approaches allowing students to see the direct relevance of their educational experience to their future practice
- enabling educators to assess a student's preparedness for work-integrated learning

[23] Adapted from Australian Skills Quality Authority (ASQA), *Accredited Course Standards Guide, Appendix 6: Principles of Assessment*. Available from the ASQA website, accessed 19 June 2024.

- technology-based forms of simulation that can enable instant feedback to students, and
- providing effective means of evaluating students' competencies, such as their professionalism, as well as their content knowledge.[24]

Simulation-based assessment should:

- be aligned with the learning outcomes
- provide students (ideally in the course outline) with clear and explicit information as to what is expected
- ensure that the task is authentic and real-world-based. (this may include inviting subject-matter experts to come in as real-time resources for students to consult, as they might consult mentors in a professional setting)
- scaffold the learning experience, breaking tasks down to manageable size, and
- use simulations for both formative feedback and summative assessment, rather than introducing them only at the end of the course as a summative assessment. [25]

Return to standard 4

Interprofessional education

Interprofessional education is important for preparing students of podiatry to work with other health professionals in a collaborative team environment. Interprofessional teams involving multiple health professionals can improve the quality of patient care and improve patient outcomes, particularly for patients who have complex conditions or comorbidities.

Interprofessional education allows students from two or more professions to learn about, from and with each other to enable effective collaboration and improve health outcomes.[26]

Examples of interprofessional learning might include, but are not limited to:

- small groups working together on an interactive patient case
- simulation-based learning
- clinical settings such as interprofessional learning placements

The principles of interprofessional education include valuing and respecting individual discipline roles in healthcare with the goal of facilitating multi-disciplinary care and the ability to work in teams across professions for the benefit of the patient.

Interprofessional collaboration *(Also known as Interprofessional collaborative practice)*

Refers to healthcare practice where multiple health workers from different professional backgrounds work together, with patients, families, carers and communities to deliver the highest quality of care that is free of racism and other forms of discrimination.[27]

Co-design

A process where people with professional and lived experience partner as equals to improve health outcomes by listening, learning and making decisions together.[28]

The principles of co-design are:

- Inclusive – includes a wide variety of stakeholders groups
- Respectful – the input of all participants is valued and equal

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[24,18] Adapted from the University of New South Wales, *Assessing with role plays and simulations.* Available from the University of New South Wales website, accessed 30 July 2024.

[26] Independent Accreditation Committee, *Glossary of accreditation terms* (2023). Available on the Ahpra website, accessed 19 June 2024.

[27] Independent Accreditation Committee, *Glossary of accreditation terms* (2023). Available on the Ahpra website, accessed 19 June 2024.

[28] Adapted from Queensland Government, Metro North Health, *What is co-design?* Available from the Queensland Government website, accessed 15 January 2025.

- Participative – the process is open, empathetic and responsive
- Iterative – ideas and solutions are continually tested and evaluated with the participants
- Outcomes focused – the process of designed to achieve an outcome or series of outcomes where potential solutions can be rapidly tested and effectiveness measured.[29]

Lived experience

Lived experience refers to the personal perspectives on, and experiences of being a consumer or carer, and how this becomes awareness and knowledge that can be communicated to others.

Engagement that values lived experience focuses on recognising life context, culture, identity, risks and opportunities, it's about working together in partnership to identify what's appropriate for consumers, carers, families and kinship groups, and then acting on this.

Acknowledging lived experience perspectives facilitates high quality person-centred care that is embodied in the principles of recovery, dignity of risk, trauma-informed care, cultural safety and co-production. [30]

Return to standard 5

Social and cultural determinants of health

The education provider should consider social and cultural determinants of health as they relate to the design, implementation and quality improvement of the program. These include:

- Aboriginal and Torres Strait Islander Peoples' connection to family and community, land and sea, culture and identity, and

- family, domestic and sexual violence (FDSV) as a significant and widespread problem with serious and lasting impacts on individuals, families and communities. Consistent with the National Plan to End Violence Against Women and Children 2022-2032, it is recognised that FDSV affects people of all genders, all ages and all backgrounds, but it predominantly affects women and children.[31]

- sex and gender bias and disparities in healthcare. Gender inequity in health refers to the unfair, unnecessary, and preventable provision of inadequate health care that fails to take account of the differences between women and men in their state of health, risks to health, and participation in health work.[32]

The World Health Organization lists the following examples of social determinants of health that can influence health equity:

- income and social protection
- education
- unemployment and job insecurity
- working life conditions
- food insecurity
- housing, basic amenities and the environment
- early childhood development
- social inclusion and non-discrimination
- structural conflict, and
- access to affordable health services of decent quality.[33]

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[29] NSW Council of Social Service (NCOSS) Principles of Co-design (2017). Available from the NCOSS website, accessed 16 January 2025.
[30] National Mental Health Commission, *Mental Health Safety and Quality Engagement Guide (2021)*. Available from the National Mental Health Commission website, accessed 15 January 2025.
[31] Australian Government Department of Social Services. *National plan to end violence against women and children 2022-2032*. Available from the Department of Social Services website, accessed 19 June 2024.
[32] Pan American Health Organization, Gender Equality in Health. Available from the PAHO website, accessed 24 February 2025.
[33] Word Health Organization, Social determinants of health. Available from the World Health Organization Website, accessed 19 June 2024.

Education providers/programs must develop students' knowledge, skills and professional attributes to:

- identify patients who may be experiencing health inequities
- build trust and create a supportive and safe environment for patients to feel safe to disclose
- use trauma-informed approaches to have conversations about health inequities
- work in partnership to respond to the patient's immediate and ongoing support/safety needs
- meet their obligations under local mandatory reporting laws, and
- refer patients to specialist services, where appropriate.

Return to standard 5

Clinical and educational technologies

Clinical and educational technologies might include, for example, learning management systems, assessment management systems, electronic portfolio systems and contemporary technology used in the education and practise of the profession. This includes simulation and virtual care.[34]

Increasingly, the use of technologies includes Artificial Intelligence (AI) and specifically generative AI.

Generative Artificial Intelligence is an AI model capable of generating text, images, code, video and audio. Large Language Models (LLMs) such as ChatGPT and Copilot produce text from large datasets in response to text prompts.[35]

Generative AI impacts on learning, teaching, assessment and clinical practice, and education providers need to be able protect the integrity of their awards and produce graduates with both discipline-expertise and the ability to use gen AI tools effectively and ethically[36].

Designing and implementing assessment with the emergence of AI provides additional challenges and opportunities. TEQSA's *Assessment reform for the age of artificial intelligence* describes guiding principles that capture the essence of the considerations that are required for higher education assessment and AI, these are:

- Assessment and learning experiences equip students to participate ethically and actively in a society where AI is ubiquitous, and
- Forming trustworthy judgements about student learning in a time of AI requires multiple, inclusive and contextualised approaches to assessment. [37]

Education providers/programs must provide students with ethical guidance on the use of AI. Any AI applications that are required in order for students to meet the learning outcomes of the program must be provided at no extra cost to the students to ensure equitable access.

Environmentally sustainable and climate resilient healthcare

Climate change presents a fundamental threat to human health. It affects the physical environment as well as all aspects of both natural and human systems – including social and economic conditions and the functioning of health systems.[38]

Actions to address the health impacts of climate change must also take a health equity approach, because some groups, such as rural and remote communities and Aboriginal and Torres Strait Islander Peoples,

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[34] Independent Accreditation Committee, *Information paper: good practice approaches to embedding clinical placements, pedagogical innovations and evidence-based technological advances in health practitioner education*. Available from the Ahpra website, accessed 8 April 2025.
[35] Australian Academic Integrity Network (AAIN), *Generative artificial intelligence guidelines* (2023). Available from the TEQSA website, accessed 19 June 2024.
[36] Tertiary Education Quality and Standards Agency, *Gen AI strategies for Australian Higher Education: Emerging practice* (2024). Available from the TEQSA website, accessed 6 February 2025.
[37] Tertiary Education Quality and Standards Agency, *Assessment reform for the age of artificial intelligence* (2023). Available from the TEQSA website, accessed 6 February 2025.
[38] World Health Organization, *Fact sheets - Climate change*. Available from the World Health Organization website, accessed 19 June 2024.

are at a disproportionately increased risk of adverse health impacts from climate change due to existing inequities.[39]

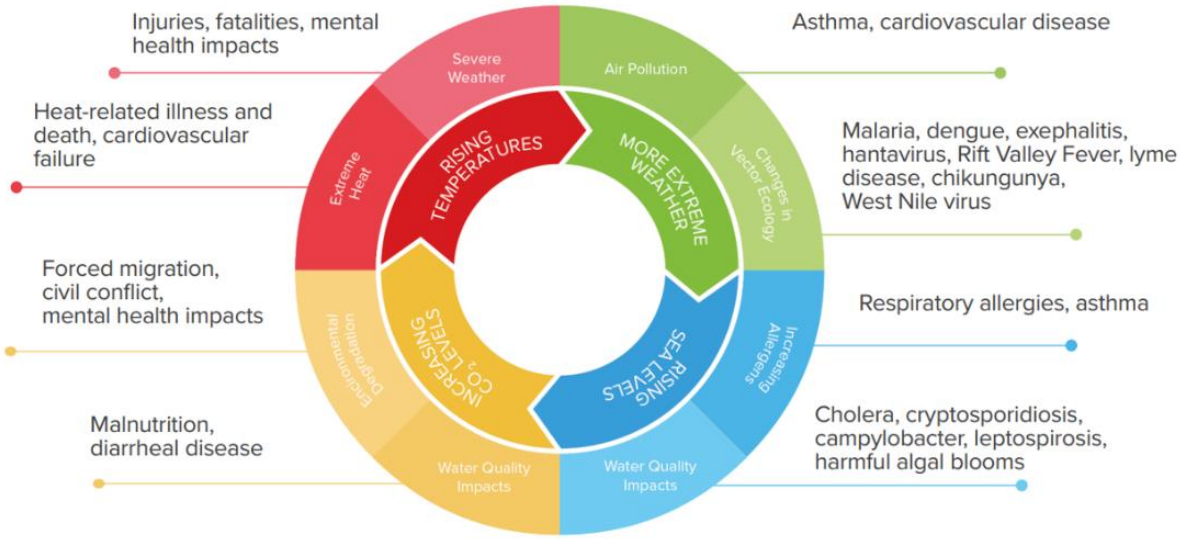
Health professionals have a responsibility to develop environmentally sustainable healthcare systems. This may be achieved by avoiding wasteful or unnecessary medical interventions; developing innovative and more integrated models of care; optimising the use of new technologies; preventing avoidable activity; and strengthening primary care, self-management and patient empowerment. [40]

Education providers and programs may already implement environmentally sustainable practices which may include, for example:

- following recommendations of an institutional sustainability strategy
- following a waste management plan, including use of recyclable products
- considering how equipment that may no longer be suitable for its initial purpose may be used in a different context
- established service and maintenance plans to prolong the use of equipment, and
- providing students with guidance and options on the cost and quantities of resources required.

Environmentally sustainable healthcare systems improve, maintain or restore health, while minimising negative impacts on the environment and leveraging opportunities to restore and improve it, to the benefit of the health and well-being of current and future generations.[41] Figure 5 shows the impacts of climate change on health outcomes.

Figure 5: Impacts of climate change on health outcomes [42]



Return to standard 5

[39] Australian Commission on Safety and Quality in Health Care (ACSQHC), Interim Australian Centre for Disease Control and Council of Presidents of Medical Colleges, *Joint Statement: Working together to achieve sustainable high-quality health care in a changing climate (2024).* Available from the ACSQHC website, accessed 15 January 2025.
[40] The Royal Australian College of Physicians, *Environmentally Sustainable Healthcare Position Statement* (2016). Available from the RACP website, accessed 19 June 2024.
[41] World Health Organization, *Environmentally sustainable health systems: a strategic document* (2017). Available from the World Health Organization website, accessed 20 June 2024.
[42] Australian Commission on Safety and Quality in Health Care (ACSQHC), *Environmental Sustainability and Climate Resilience Healthcare Module.* Available from the ACSQHC Website, accessed 15 January 2025.

4. Glossary

Accreditation standards	A standard(s) used by an accreditation authority to assess whether a program of study, and the education provider that provides the program of study, provide persons who complete the program with the knowledge, skills and professional attributes necessary to practise the profession in Australia.
Assessment moderation	Quality assurance, control processes and activities such as peer review that aim to assure: consistency or comparability, appropriateness, and fairness of assessment judgments; and the validity and reliability of assessment tasks, criteria and standards. Moderation of assessment processes establishes comparability of standards of student performance across, for example, different assessors, locations, units/subjects, education providers and/or programs of study.[43]
Assessment team	An expert team, assembled by the Accreditation Committee, whose primary function is the analysis and evaluation of the podiatry program against the accreditation standards.
Climate resilience	Adapting health services by identifying environmental risks to enable the health sector to become more climate resilient and able to respond to the needs of those most effected by climate change.[44]
Co-design	A process where people with professional and lived experience partner as equals to improve health outcomes by listening, learning and making decisions together.[45]
Cultural determinants of Indigenous health	Cultural determinants originate from and promote a strength-based perspective, acknowledging that stronger connections to culture and country build stronger individual and collective identities, a sense of self-esteem, resilience, and improved outcomes across the other determinants of health including education, economic stability and community safety. Consistent with the thematic approach to the *Articles of the United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP)[46], cultural determinants include, but are not limited to: • Self-determination • Freedom from discrimination • Individual and collective rights • Freedom from assimilation and destruction of culture • Protection from removal/relocation • Connection to, custodianship, and utilisation of country and traditional lands

[43] Adapted from TEQSA glossary of terms. Available on the TEQSA website, accessed 19 June 2024.
[44] Adapted from the Australian Commission on Safety and Quality in Health Care (ACSQHC), *Environmental Sustainability and Climate Resilience Healthcare Module.* Available from the ACQSHC website. Accessed 15 January 2025.
[45] Adapted from Queensland Government, Metro North Health, *What is co-design?* Available from the Queensland Government website, accessed 15 January 2025.
[46] United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). Available from the United Nations website, accessed 5 August 2024.

	• Reclamation, revitalisation, preservation and promotion of language and cultural practices • Protection and promotion of Traditional Knowledge and Indigenous Intellectual Property, and • Understanding of lore, law and traditional roles and responsibilities. Cultural determinants are enabled, supported and protected through traditional cultural practice, kinship, connection to land and Country, art, song and ceremony, dance, healing, spirituality, empowerment, ancestry, belonging and self-determination.[47]
Current and continuing scholarship or research	Current and continuing scholarship and research means those activities designed to gain new or improved understanding, appreciation and insights into a field of knowledge, and engaging with and keeping up to date with advances in the field. This includes advances in teaching and learning and in professional practice, as well as advances in disciplinary knowledge through original research.[48]
Education provider	A university, tertiary education institution, or another institution or organisation, that provides vocational training or a specialist medical college or other health profession college.
Environmental sustainability	Mitigating processes, practices and services that have high environmental impact to ensure an environmentally sustainable way of providing appropriate care and reducing waste.[49]
Formal mechanisms	Activities that an education provider completes in a systematic way to effectively provide the program. Formal mechanisms may or may not be supported by formal policy but will at least have documented procedures or processes in place to support their implementation.
Interprofessional education	Refers to educational experiences where students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.[50]
Learning outcomes	The expression of the set of knowledge, skills and the application of the knowledge and skills a person has and is able to show as a result of learning.[51]
Lived experience	A broad term referring to the personal perspectives on, and experiences of being a consumer or carer, and how this becomes awareness and knowledge that can be communicated to others.[52]

[47] Commonwealth of Australia, Department of Health (2017), *My Life My Lead - Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health: Report on the national consultations December 2017*, Available from the Department of Health and Aged Care website, accessed 5 August 2024
[48] TEQSA *Guidance Note: Scholarship (2018)*. Available on the TEQSA website, accessed 19 June 2024.
[49] Adapted from the Australian Commission on Safety and Quality in Health Care (ACSQHC), *Environmental Sustainability and Climate Resilience Healthcare Module.* Available from the ACQSHC website. Accessed 15 January 2025.
[50] Independent Accreditation Committee, *Glossary of accreditation terms* (2023). Available on the Ahpra website, accessed 19 June 2024.
[51] Independent Accreditation Committee, *Glossary of accreditation terms* (2023). Available on the Ahpra website, accessed 19 June 2024.
[52] National Mental Health Commission, *Mental Health Safety and Quality Engagement Guide (2021)*. Available from the National Mental Health Commission website, accessed 15 January 2025.

Mapping document	A document that shows the link between learning outcomes, assessment tasks. NSQHS standards and the Podiatry Board of Australia's professional capabilities.[53]
Medicines (and/or pharmaceutical products)	Therapeutic goods that are represented to achieve or are likely to achieve their principal intended action by pharmacological, chemical, immunological or metabolic means in or on the body of a human. In this document, the term 'medicine' or 'medicines' includes prescription medicines, non-prescription or over-the-counter products and complementary medicines, including herbs, vitamins, minerals, nutritional supplements, homeopathic medicines and bush and traditional medicines.[54]
Podiatric surgeon	An individual who is listed on the Podiatry Board of Australia's register with specialist registration as a podiatric surgeon.
Podiatrist	An individual who is listed on the Podiatry Board of Australia's register of podiatrists.
Principles of assessment	The principles of assessment are a set of measures to ensure that assessment of students is valid, reliable, flexible and fair.
Reasonable adjustments	Education providers are required to make changes so that a student with disability can safely and productively perform the genuine and reasonable requirements of the program. A reasonable adjustment requires an education provider to balance the cost or effort required to make such a change. If an adjustment requires a disproportionately high expenditure or disruption it may not be considered reasonable. Reasonable adjustment requirements directly address systemic discrimination experienced by people with disability in education.[55]
Social determinants of health	The social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.[56]
Work-integrated learning	Work-integrated learning encompasses any arrangements where students undertake learning in a work context as part of their course requirements. WIL activities may include: • professional workplace placements (also known as internships, clinical placements, fieldwork, practicums) whether local, interstate or international

[53] Please contact Ahpra's Program Accreditation Team at program.accreditation@ahpra.gov.au to obtain the most up-to-date version of the mapping template.
[54] Definition adapted from National Prescribing Service *NPS MedicineWise. Prescribing Competencies Framework: embedding quality use of medicines into practice (2nd Edition). Sydney, 2021.* Available from the NPS MedicineWise website, accessed 19 June 2024.
[55] Australian Human Rights Commission *Quick guide on reasonable adjustments.* Available on the Australian Human Rights Commission website, accessed 19 June 2024.
[56] World Health Organisation, *Social determinants of health.* Available on the WHO website, accessed 11 February 2025.

	• online or virtual WIL (e.g. telehealth) with real clients or industry input • industry-partnered projects in the classroom (e.g. hackathons, incubators/start-ups) that involve industry, community or professional partners • a simulated work environment with industry input, consultation or assessment, or • activities in other contexts involving industry or community partners.[57]
Work-integrated learning supervisor and/or supervision	A work-integrated learning supervisor, also known as a clinical supervisor, is an appropriately qualified and registered professional who guides learners' education and training during work-integrated learning. The supervisor's role may encompass educational, support and organisational functions. The supervisor is key to ensuring the student provides safe, appropriate and high-quality patient care. Work-integrated learning supervision is a mechanism used by the education provider and workplace to assure the student is practising safely, competently and ethically. It involves oversight – either direct or indirect – by an appropriately qualified and registered supervisor(s) to guide, give feedback on, and assess personal, professional and educational development in the context of each learner's experience of providing safe, appropriate and high-quality patient care. Work-integrated learning supervision may be direct, indirect or remote according to the context in which the student's learning is being supervised.

[57] Tertiary Education Quality and Standards Agency (TEQSA), Guidance note: Work-integrated learning, 2022. Available from the TEQSA website, accessed 19 June 2024.

Podiatry Accreditation Committee

Accreditation standards:
Podiatric therapeutics programs for registered podiatrists and podiatric surgeons

April 2025

Australian Health Practitioner Regulation Agency
National Boards
GPO Box 9958 Melbourne VIC 3001 Ahpra.gov.au 1300 419 495

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1. Preamble

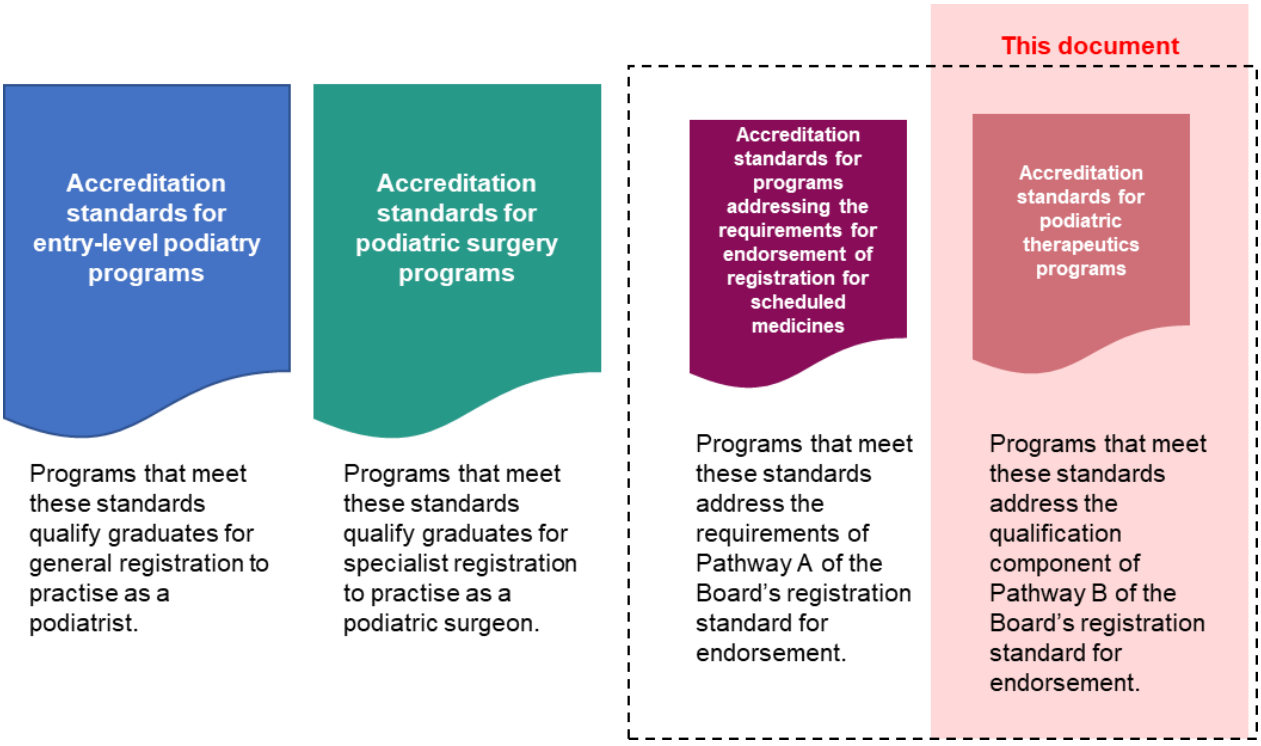
In Australia, the podiatry profession is regulated by the Podiatry Board of Australia (the Board) under the National Registration and Accreditation Scheme (the National Scheme), which came into effect on 1 July 2010. The Podiatry Accreditation Committee is appointed as the accreditation authority for the podiatry profession under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

The Podiatry Accreditation Committee (the Committee) assesses whether programs of study and education providers are meeting the accreditation standards and decides whether or not to accredit the program. The Committee accredits programs that meet the accreditation standards. It also monitors accredited programs to ensure they continue to meet the accreditation standards. The Board considers the Committee's decisions and decides whether or not to approve accredited programs as providing qualifications for registration.

Under the National Law, the Committee must regularly review the accreditation standards to ensure they remain contemporary and relevant to podiatry practice and education in Australia. This document is one of four sets of accreditation standards relevant to education programs in podiatry and podiatric surgery.

1. Accreditation standards for entry-level podiatry programs
2. Accreditation standards for podiatric surgery programs
3. Accreditation standards for programs for registered podiatrists and podiatric surgeons addressing requirements for endorsement of registration in relation to scheduled medicines (ESM programs)
4. Accreditation standards for podiatric therapeutics programs for registered podiatrists and podiatric surgeons (this document).

Figure 1: The four sets of accreditation standards



Overview of podiatric therapeutics and endorsement of registration for scheduled medicines

Endorsement of registration identifies practitioners with additional qualifications and specific expertise. A podiatrist or podiatric surgeon whose registration is endorsed for scheduled medicines is qualified to administer, obtain, possess, prescribe, sell, supply or use Schedule 2, 3, 4 or 8 medicines for the treatment of podiatric conditions, as listed in the *National podiatry scheduled medicines list*[1] and in accordance with the relevant legislation and regulations in each state or territory in which they are practising.[2]

In 2018, following approval from the then COAG Health Council, the Board introduced a revised registration standard for the endorsement of scheduled medicines (the ESM registration standard).[3] The ESM registration standard describes the Board's minimum requirements for a podiatrist or podiatric surgeon to have their registration endorsed for scheduled medicines.

The ESM registration standard outlines two pathways to endorsement:

- Pathway A: Approved qualification pathway **or**
- Pathway B: Supervised practice pathway.

Pathway A: Approved qualification pathway

Under Pathway A, a podiatrist or podiatric surgeon is qualified for endorsement if they hold a qualification that is Board approved for endorsement for scheduled medicines (or another qualification that the Board considers substantially equivalent, or based on similar competencies to, an approved qualification for endorsement for scheduled medicines).[4] The approved qualification is obtained by completing a Board-approved program of study for endorsement for scheduled medicines.

Pathway A is shown in Figure 2.

Education providers seeking accreditation and Board-approval of a program that will enable graduates to qualify for endorsement through Pathway A should refer to the *Accreditation standards for programs for registered podiatrists and podiatric surgeons addressing the requirements for endorsement of registration in relation to scheduled medicines (ESM programs)*.

Figure 2: Pathway A to endorsement for scheduled medicines

Pathway B: Supervised practice pathway

Under Pathway B, a registered podiatrist or podiatric surgeon is eligible for endorsement for scheduled medicines through a combination of:

[1] Podiatry Board of Australia, *Registration Standard: Endorsement for Scheduled Medicines*. 2018. Available on the Podiatry Board website, accessed on 26 June 2024..
[2] Endorsement is provided under section 94 of the National Law.
[3] Podiatry Board of Australia, *Registration Standard: Endorsement for Scheduled Medicines*. 2018. Available on the Podiatry Board website ,accessed on 26 June 2024. and Podiatry Board of Australia *Guidelines: Endorsement for Scheduled Medicines* (2018). Available from the Podiatry Board website, accessed 26 June 2024.
[4] Refer to *Accreditation standards: programs for registered podiatrists and podiatric surgeons addressing requirements for endorsement of registration in relation to scheduled medicines* (ESM programs). Available on the Podiatry Board website, accessed 1 August 2024.

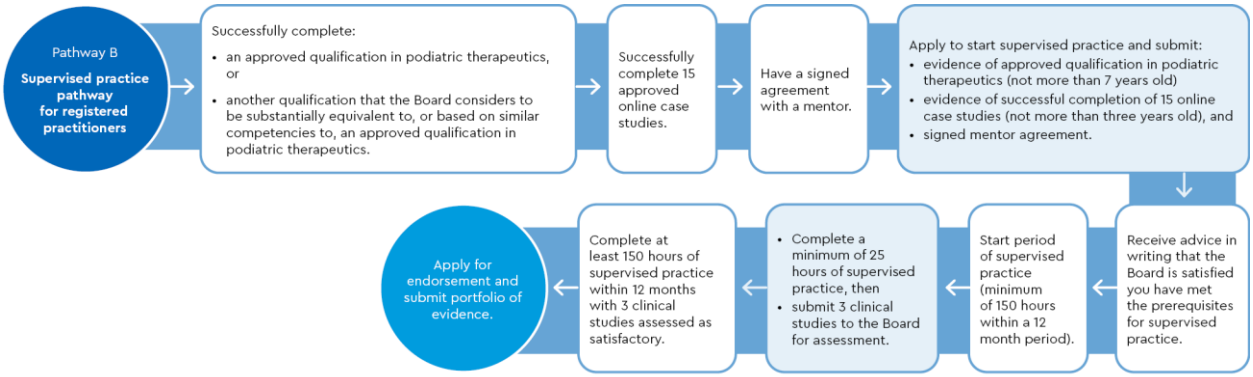
- holding an approved qualification in podiatric therapeutics (or another qualification that the Board considers substantially equivalent, or based on similar competencies to an approved qualification in podiatric therapeutics) **and**
- completing additional requirements as outlined in the Board's ESM registration standard.[5]

The qualification must be approved by the Board as meeting the requirements of Pathway B. The additional requirements outlined in the ESM registration standard are:

- successful completion of approved online case studies,
- a period of supervised practice, and
- development of a portfolio of information for assessment by the Board.

Pathway B is shown in Figure 3.

Figure 3: Pathway B to endorsement for scheduled medicines[6]



Overview of the Accreditation standards for podiatric therapeutics programs for registered podiatrists and podiatric surgeons

The accreditation standards in this document are for use by education providers seeking accreditation of programs they want the Board to approve as providing qualifications for endorsement under Pathway B of the ESM registration standard.

Accreditation of a program against these standards provides assurances to the Board and the community that graduating students have the theoretical knowledge required to commence the supervised practice component of Pathway B of the ESM registration standard.

The accreditation standards focus on the demonstration of outcomes. They recognise contemporary practice in standards development across Australia and internationally, and they accommodate a range of educational models and variations in curriculum design, teaching methods, and assessment approaches.

Structure of the accreditation standards

The accreditation standards comprise five standards:

1. Assuring safety
2. Academic governance,quality assurance and resourcing
3. Program design
4. Assessment
5. Preparing students for contemporary practice

A standard statement articulates the key purpose of each standard. Each standard statement is supported by multiple criteria that set out what is generally needed to meet the standard.

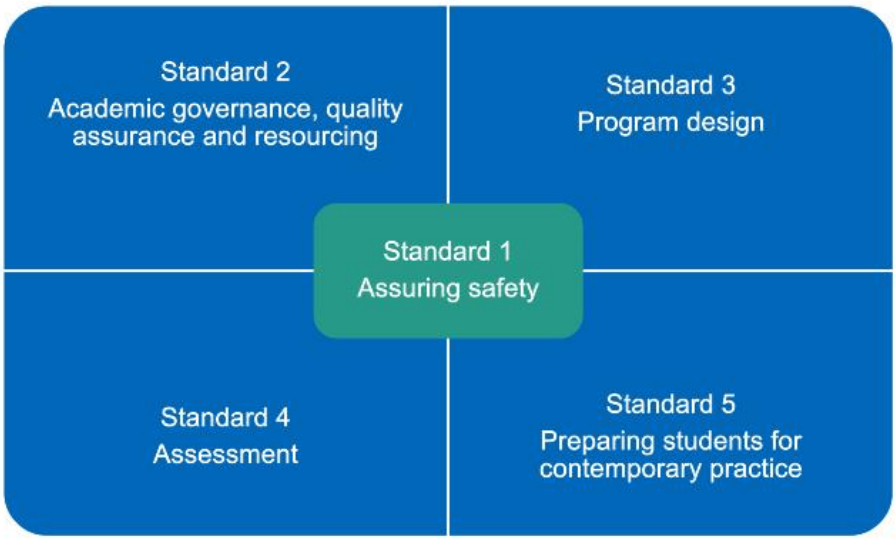
[5] The standards relevant to the qualification component of Pathway B are outlined in this document.

[6] More information, including two videos about Pathway B to endorsement for scheduled medicines, is available on the Podiatry Board of Australia's website, accessed 26 June 2024.

The Committee considers whether the education provider and program of study have met each criterion. When the Committee determines whether the information presented by an education provider demonstrates that a particular standard is met, it takes a balanced view of the findings for each criterion in the context of the whole standard and its intent.

The National Scheme's paramount principle of protecting the public and maintaining public confidence in the safety of services provided by health practitioners is specifically reflected in standard one – assuring safety, which comprises safe and culturally safe practice. However, standard one is central to all of the standards and must be embedded throughout programs of study, as shown in Figure 4.

Figure 4: Standard 1 - Assuring safety is central to all accreditation standards



Mapping learning outcomes and assessment tasks to the Board's ESM registration standard

The accreditation standards in this document require education providers to design and implement programs underpinned by learning outcomes and assessment tasks that address the theoretical aspects of the prescribing competencies, as outlined in the National Prescribing Service *Prescribing Competencies Framework*, [7] and the relevant professional capabilities as described in the *Professional capabilities for podiatrists and the Professional capabilities for podiatric surgeons*.

The relationship between the Committee and other regulators

The Committee recognises the role of the Australian Government Department of Education and the Department of Employment and Workplace Relations (DEWR) the Higher Education Standards Panel, the Tertiary Education Quality Standards Agency (TEQSA) in the regulation and quality assurance of higher education in Australia. The Committee does not seek to duplicate the role of these bodies and does not assess higher education providers or their programs against the standards from the *Higher Education Standards Framework (Threshold Standards) 2021* (threshold HES).[8]

[7] National Prescribing Service *NPS MedicineWise. Prescribing Competencies Framework: embedding quality use of medicines into practice (2nd Edition). Sydney, 2021.* Available from the NPS MedicineWise website, accessed 19 June 2024.
[8] For information on the Higher Education Standards Framework (Threshold Standards) 2021, see the TEQSA website, accessed 24 June 2024.

Guidance on the presentation of information for accreditation assessment

The Committee relies on assessment of current documentary information submitted by the education provider during the accreditation process and experiential information obtained by the assessment team.

The Committee establishes assessment teams to:

a) evaluate information provided by an education provider about its podiatric therapeutics program against the approved accreditation standards, and
b) work in partnership with the Australian Health Practitioner Regulation Agency's (Ahpra's) Program Accreditation Team to provide the Committee with a report of the assessment team's evaluation findings.

The onus is on the education provider to present information that shows how their podiatric therapeutics program meets each of the accreditation standards. The Committee may decide to accredit the podiatric therapeutics program, with or without conditions. The Committee may also decide to refuse to accredit the podiatric therapeutics program.

Education providers should also refer to the *Guidelines for accreditation of education and training programs* for information about the accreditation processes and procedures used by the Committee to assess and monitor podiatric therapeutics programs against the accreditation standards.

How to present an explanation and expected information

The education provider will explain how they meet each standard and:

- make clear the relevance of including each piece of information
- highlight where the relevant information can be found in the documents i.e. give the page number and paragraph number, and
- reference the criterion (or criteria) to which each piece of expected information relates.

Some documents may be applicable across multiple standards and criteria. For example, unit and/or subject profiles and/or outlines are expected to be provided for Criteria 1.1, 1.4, 1.6, 3.2, 3.3, 4.1, 5.2, 5.3 and 5.4, but serve different purposes for each criterion, therefore the accompanying explanation would be different for each criterion.

Providing a staffing profile

A template for the staffing profile for criterion 2.8 is available from the Program Accreditation Team (program.accreditation@ahpra.gov.au).

Mapping to professional capabilities

The template for mapping professional capabilities to unit/subject learning outcomes and assessment tasks for criteria 3.2 and 4.1 is available for education providers to complete and should map all assessment tasks, all unit/subject learning outcomes and all professional capabilities relevant to this pathway.[9]

Providing examples of assessments

The education provider is requested to provide examples of assessments for Criteria 1.1, 1.4 and 4.2. The examples should include a range of different assessment tools or modalities. For each tool or modality, provide a range of de-identified examples from students across the range of performance. Where possible include an example of a satisfactory or pass, and an example of unsatisfactory or where the benchmark is not yet met.

Implementation of formal mechanisms

The Committee recognises that it is likely that TEQSA has assessed the education provider's policy and procedure portfolio. The Committee requires education providers to demonstrate the implementation of formal mechanisms at the unit and/or subject level (that is, the outputs and/or outcomes), not just a description of the process, or copies of policy and procedure documents (not just the inputs).

Monitoring accredited podiatric therapeutics programs

After the Committee accredits a program, it has a legal responsibility under Section 50 of the National Law to monitor whether the program continues to meet the accreditation standards.

During monitoring, the Committee relies primarily on assessment of documentary information submitted by the education provider. If the Committee is not reasonably satisfied that the accredited podiatric therapeutics program continues to meet the accreditation standards, it may seek further information through discussions with the education provider and/or through a site visit.

[9] Please contact Ahpra's Program Accreditation Team at program.accreditation@ahpra.gov.au to obtain the most up-to-date version of the mapping template.

Further information

For further information please contact:

Manager, Program Accreditation
Ahpra
Email: program.accreditation@ahpra.gov.au
Website: www.podiatryboard.gov.au/Accreditation

Review of accreditation standards

The accreditation standards will be reviewed as required. This will generally occur at least every five years.

Date of effect: 1 January 2022

Navigating this document

Where explanatory notes have been included to provide further information, links have been added to the criteria or examples of information to the relevant explanatory note located towards the end of this document. Links are also included in the explanatory notes to allow you to navigate back to the standards.

2. The accreditation standards, criteria and examples of information for inclusion with an accreditation application

Standard 1: Assuring safety

Standard statement: Assuring safe and ethical practice is paramount in program design, implementation and monitoring.

This standard addresses safe and ethical practice, culturally safe practice that is free of racism and the safe care of patients. The focus is on educating students about the theoretical foundations for safe practice across the scope of the relevant professional capabilities so that they can commence the supervised practice component of Pathway B of the ESM registration standard.

Criteria		Examples of information for inclusion with accreditation application
Safe practice		
1.1	Safe and ethical practice is integrated into the design and implementation of the program and is articulated in the learning outcomes of the program, including any work-integrated learning elements. See explanatory notes: Safe practice and Ethical practice	• Program materials and unit/subject profiles/outlines that show the theoretical foundations for protection of the public and safe and ethical practice, are addressed in the curriculum. • A range of different assessment tools or modalities which show that the theoretical foundations for safe practice is being taught and assessed across the curriculum. For each tool or modality, give a range of de-identified examples of student assessment. Where possible give an example of a satisfactory or pass, and an example of unsatisfactory or where the benchmark is not yet met. • Examples of the implementation of formal mechanisms used to identify, report on, monitor and address issues affecting on safe practice in program design, implementation and monitoring.
1.2	The education provider complies with its obligations under the Health Practitioner Regulation National Law (the National Law) as in force in each state and territory and other laws.	• Examples of the implementation of formal mechanisms that show compliance with – the National Law and other laws. – the requirements for mandatory and voluntary notifications about students to Ahpra.
1.3	Students in the program have access to the education provider's cultural, health and learning support services, to ensure staff and students are physically and psychologically safe, including during work-integrated learning. See explanatory note: Student support services and facilities to meet learning, welfare and cultural needs	• Examples of: – the implementation of formal mechanisms, including feedback processes, used to ensure that staff and students work and learn in an environment that is physically and psychologically, including in face-to-face, work-integrated learning and online environments. – feedback from staff and students about the safety of the environment. – Actions taken to resolve any issues that compromised the physical, psychological and/or cultural safety of the environment for students.
Culturally safe practice		

Criteria		Examples of information for inclusion with accreditation application
1.4	Culturally safe practice that is free of racism and discrimination is integrated into the design and implementation of the program and is articulated in the learning outcomes of the program, with an emphasis on Aboriginal and Torres Strait Islander cultures and cultural safety in the Australian healthcare setting. See explanatory notes: Culturally safe practice for Aboriginal and Torres Strait Islander Peoples, Cultural safety for all communities and Integration of culturally safe practice in the design and implementation of podiatry programs	• Program materials and unit/subject profiles/outlines that show culturally safe practice, is addressed in the curriculum. • A range of different assessment tools or modalities which show that culturally safe practice, is being taught and assessed across the curriculum. For each tool or modality, give a range of de-identified examples of student assessment. Where possible give an example of a satisfactory or pass, and an example of unsatisfactory or where the benchmark is not yet met. • Examples of implementation of formal mechanisms used to identify, report on and address issues affecting culturally safe practice in program design, implementation and monitoring.
1.5	The education provider actively recruits or draws on staff or other individuals with the knowledge, expertise and culturally safe practice to facilitate learning in Aboriginal and Torres Strait Islander health. See explanatory note: Staff with knowledge, expertise and cultural capabilities to facilitate learning in Aboriginal and Torres Strait Islander health	• Examples of: • any targeted recruitment of Aboriginal and Torres Strait Islander staff. • the implementation of formal mechanisms used to recruit staff, including an equal employment opportunity policy for employment of Aboriginal and Torres Strait Islander Peoples. • the implementation of formal mechanisms used to draw on staff or other individuals with the knowledge, expertise and culturally safe practice to facilitate learning in Aboriginal and Torres Strait Islander health. • Education provider's Indigenous strategy and Reconciliation Action Plan (RAP), where available, including actions taken to comply with the Indigenous strategy and RAP and the outcomes of such actions. See explanatory note: Reconciliation Action Plan
1.6	Unit/subject learning outcomes and assessment in the program specifically reference relevant national safety and quality standards, in relation to culturally safe healthcare that is free of racism and discrimination, particularly for Aboriginal and Torres Strait Islander Peoples.	• Program materials, unit/subject profiles/outlines and assessment tasks that show where the relevant national safety and quality standards are specifically addressed in the program and where student learning outcomes are assessed against those standards.
1.7	The education provider and program has formal mechanisms in place to ensure staff and students learn and work in an environment that is culturally safe and responsive and is free of racism and discrimination at all times, including during work-integrated learning.	• Examples of: • the implementation of formal mechanisms used to monitor and assess that staff and students work and learn in an environment that is culturally safe and free of racism, including in face-to-face, work-integrated learning and online environments. • de-identified feedback from students and staff about the cultural safety of the environment in which they work and learn.

Criteria		Examples of information for inclusion with accreditation application
	See explanatory note: The staff and student work and learning environment	• resolving any issues that compromised the cultural safety of the environment for staff and students.
1.8	There are specific strategies to address the recruitment, admission, participation and completion of the program by Aboriginal and Torres Strait Islander Peoples. This includes providing cultural support services.	Examples of the implementation of formal mechanisms for: • the recruitment and admission to the program by Aboriginal and Torres Strait Islander Peoples. • supporting the retention of Aboriginal and Torres Strait Islander Peoples.

Standard 2: Academic governance, quality assurance and resourcing

Standard statement: Academic governance, quality improvement arrangements and resourcing are effective in developing and implementing sustainable, high-quality education.

This standard addresses the organisation and governance of the podiatric therapeutics program. The committee acknowledges TEQSA's role in assessing the education provider's governance as part of their registration application. The committee seeks information on how the podiatric therapeutics program operates within the organisational governance.

The focus of this standard is on the overall context in which the podiatric therapeutics program is implemented; specifically, the administrative and academic organisational structure which supports the program. This standard also focuses on identifying the degree of control that the academics who lead and implement the program, the podiatry profession and other external stakeholders have over the relevance and quality of the program, to produce graduates who have the theoretical foundations in podiatric therapeutics required to commence the supervised practice component of Pathway B of the ESM registration standard.

Criteria		Examples of information for inclusion with accreditation application
2.1	The education provider is currently registered with the Tertiary Education Quality and Standards Agency (TEQSA) and, for education providers with self-accrediting authority, the program has been approved by the education provider's relevant board or committee responsible for program approval. The relevant education provider board or committee has approved the Australian Qualifications Framework (AQF) level of the program at the equivalent of AQF Level 7 or higher.	• Copy of written notice of decision from TEQSA on registration including whether TEQSA has granted self-accrediting authority. • Copy of the approval decision made by the education provider's relevant board or committee, such as a record of resolution in meeting minutes. • Disclosure of any issues concerning the podiatric therapeutics program that the board or committee has identified. • Subsequent dialogue with the board or committee about addressing any issues.
2.2	Program information for prospective students is complete, accurate, clear, accessible and up-to-date. See explanatory note: Program information	• Program information and/or links to website pages provided to prospective students (before enrolment) and enrolled students about the program, including information on recognition of prior learning. • Description of mechanisms by which students can access inherent requirements and reasonable adjustments to allow them to complete their studies. Including the

Criteria		Examples of information for inclusion with accreditation application
		application and monitoring of inherent requirements and opportunities for student appeal. See explanatory note: Inherent requirements • Explanation about when and how prospective and enrolled students are provided with full details about registration requirements, program fees, refunds and any other costs involved in the program.
2.3	The education provider has robust academic governance in place that includes systematic monitoring, review and improvement, and a committee or group with the responsibility, authority and capacity to design, implement and improve the program to enable students to meet the needs of the Board's professional capabilities. See explanatory note: Committees/groups responsible for program design, implementation and quality assurance	• Overview of formal academic governance arrangements, including an organisational chart of governance for the program. • Examples of the implementation of formal mechanisms relating to academic governance for the program. • Explanation of how monitoring and review improves the design, implementation and quality of the program so students meet the professional capabilities. • Examples of the implementation of formal mechanisms used to monitor and review the design, implementation and quality of the program. • Schedule for monitoring, review and evaluation of the design, implementation and quality of the program with examples of compliance from the last three years. • Current list of members of the committees or groups responsible for unit and/or subject design, implementation and quality assurance including their role titles and the organisation/stakeholder group they are representing • Minutes from the three previous meetings of these groups, highlighting points of relevance to this standard. • Record of the most recent internal review the program.
2.4	Formal mechanisms are applied to evaluate and improve the design, implementation and quality of the program, including through feedback from students, work-integrated learning supervisors, internal and external academic and professional peer review, and other evaluations.	• Examples of the implementation of formal mechanisms to evaluate and improve the design, implementation and quality of the program. • Details of outcomes and actions from internal or external reviews of the program in the past five years. • Summary of actions taken, and changes made to improve the design, implementation and quality of the program in response to student or staff feedback.
2.5	Students and academic staff have opportunities to contribute to program design, implementation and quality improvements.	• Details of any student and academic representation in the governance and curriculum management arrangements.

Criteria		Examples of information for inclusion with accreditation application
		• Examples that show consideration of information contributed by students and academics when decisions about program design, implementation and quality are being made. • Examples that show how feedback from students and academics is used to improve the program.
2.6	There is formalised and regular external stakeholder input to the design, implementation and quality of the program, including from representatives of the podiatry profession, other health professions, prospective employers, health consumers and graduates of the unit and/or subject. See explanatory note: Effective engagement with external stakeholders	• Examples of effective engagement with a diverse range of external stakeholders (including representatives of Aboriginal and Torres Strait Islander Peoples and other relevant health professions) about program design and implementation. • List of all external stakeholders, including who they represent, that have had input into the design, implementation and quality improvement of the program. • Terms of reference of a current stakeholder group responsible for input into the design, implementation and quality of the program, including the list of representatives on the group and their current positions. • The current stakeholder group's meeting calendar for the current year and minutes and actions of any previous meetings in the last two years, highlighting points of relevance to this standard. • Examples of reports from employer and/or graduate surveys and/or reviews and explanation of the outcomes and actions taken in response to reports. • Records of other stakeholder engagement activities showing participation, decisions made and implemented.
2.7	The education provider assesses and actively manages risks to each program, program outcomes and students enrolled in the program.	• Examples of the development and implementation of a risk management plan. • Examples of implementation of formal mechanisms for assessing, mitigating and addressing risks to each program and program outcomes. • minutes of relevant committee meetings that consider risks to the program. (*Examples of risks to the program include pandemics; increasing or decreasing student enrolment numbers; student to staff ratio; casual academic staffing; simulation and clinical equipment; work-integrated learning issues and reduced international student enrolment/fees*.)
2.8	The education provider appoints academic staff at an appropriate level with suitable experience and qualifications to assess students in the	• Staffing profile for staff responsible for assessing students in the program and implementing and leading the program, identifying:

Criteria		Examples of information for inclusion with accreditation application
	program and to implement and lead the program.	– academic level of appointment and/or equivalent – role in the program – fraction (full-time, part-time) and type of appointment (ongoing, contract, casual) – qualifications and experience relevant to their responsibilities – relevant registration status where required (for health practitioners), and – engagement in further learning related to their role and responsibilities. • Description of and examples that show the mechanisms by which the education provider ensures staff demonstrate culturally safe practice in the delivery of the program. See explanatory note: Staffing
2.9	Staff managing and leading the program have sufficient autonomy to assure the level and range of human resources, facilities and equipment required.	• Examples of correspondence or meeting minutes that show staff managing and leading the program are requesting the allocation of human resources, facilities and equipment when necessary, and the response from the decision-makers.
2.10	The education provider supports staff engagement in learning that aims to maintain knowledge of contemporary podiatric practice and principles of health professions education.	Details of staff engagement in development opportunities. • Examples of: – types of development engaged in, and – methods of engagement. • Percentage of staff participation. • Engagement in evidence-based research.

Standard 3: Program design

Standard statement: Program design, comprising curriculum and learning and teaching enables students to achieve the relevant professional capabilities for podiatrists/podiatric surgeons to attain the theoretical foundations required to commence the supervised practice component of Pathway B of the ESM registration standard.

Criteria		Examples of information for inclusion with accreditation application
Curriculum		
3.1	The program design and implementation is informed by contemporary pedagogy. See explanatory note: Program design	• Rationale of the educational theories and practices which inform the program design and implementation, including examples of how they inform the delivery of the program.
3.2	Unit/subject learning outcomes address theoretical aspects of the relevant	• Mapping document showing alignment of unit and/or subject learning outcomes that

Criteria		Examples of information for inclusion with accreditation application
	professional capabilities for podiatrists or podiatric surgeons.	address theoretical aspects across the scope of the relevant professional capabilities. [10] • Detailed profiles and/or outlines for each unit and/or subject.
3.3	Relevant national safety and quality standards, with a particular emphasis on medication safety are specifically referenced and embedded in the unit/subject learning outcomes and assessment tasks. See explanatory note: Referencing the national safety and quality standards	• Unit/subject profiles and/or outlines and assessment tasks that show where the relevant national safety and quality standards are addressed and where student learning outcomes are assessed against those standards.
3.4	Legislative and regulatory requirements relevant to podiatric therapeutics are taught and assessed. See explanatory note: Teaching and assessment of legislative and regulatory requirements	• Identification of where relevant legislative and regulatory requirements are taught and assessed.
Learning and teaching		
3.5	Students are provided with opportunities to learn from other health professionals to foster ongoing collaborative practice throughout the program. See explanatory note: Learning and teaching approaches	• Examples of interprofessional learning experiences across a range of learning and teaching methods,

Standard 4: Assessment

Standard statement: All graduates of the program have demonstrated achievement of the learning outcomes taught and assessed during the program.

This standard focuses on assessment, including quality assurance processes. The education provider must show how they assure that every student who passes has achieved the theoretical foundations in podiatric therapeutics required to commence the supervised practice component of Pathway B of the ESM registration standard.

The education provider must use fit for purpose and comprehensive assessment methods and formats to assess learning outcomes, and to ensure a balance of formative and summative assessments throughout podiatry scheduled medicines education.

[10] Please contact Ahpra's Program Accreditation Team at program.accreditation@ahpra.gov.au to obtain the most up-to-date version of the mapping template.

Criteria		Examples of information for inclusion with accreditation application
4.1	The professional capabilities relevant to the pathway are mapped to assessment tasks that effectively measure whether the relevant professional capabilities and learning outcomes are being met at the appropriate AQF level.	• Mapping document to demonstrate alignment of all assessment tasks, all unit/ subject learning outcomes and all relevant professional capabilities. [11] • Detailed unit and/or subject profile/outline, including details of the assessment tasks for each unit of study.
4.2	Multiple valid, reliable, contemporary and contextualised assessment tools, modes and sampling are used throughout the program.	• Details of and rationale for the assessment strategy, identifying assessment tools, modes and sampling. • Information provided to students on completing any capstone assessments and a sample of de-identified, recently completed (wihtin the last two years) capstone assessments.
4.3	Formal mechanisms are applied to ensure assessment of student learning outcomes is valid, reliable, appropriate and reflects the principles of assessment. See explanatory note: Principles of assessment	• Examples of: – the formal assessment mechanisms used to determine student competence. – assessment review processes and their use in quality improvement outcomes. – assessment moderation and validation, including peer validation. This should include the outcomes, and responses to those outcomes, and – external referencing of assessment methods including the outcomes.
4.4	Students in the program that require reasonable adjustments/accommodations for assessments receive them in a timely manner.	• De-identified adjustment/accommodation requests for assessment that includes: – the implementation of formal mechanisms for ensuring the suitability of any reasonable adjustments/accommodations, and – the implementation of formal mechanisms for communicating arrangements with students.

Standard 5: Preparing students for contemporary practice

Graduates of the program are equipped with the knowledge and skills to adapt to practice that is shaped by social, cultural, environmental and technological factors.

This standard focuses on preparing students for practice and consideration of contemporary and relevant issues and principles that will affect their practice.

[11] Please contact Ahpra's Program Accreditation Team at program.accreditation@ahpra.gov.au to obtain the most up-to-date version of the mapping template.

Criteria		Examples of information for inclusion with accreditation application
5.1	Formal mechanisms are applied to anticipate and respond to contemporary developments in podiatry practice and the education of health practitioners within the curriculum of the program.	• Examples of the implementation of formal mechanisms, including research and research translation, used to anticipate and respond to contemporary developments in podiatry practice, healthcare, aged care and disability policy; and the education of students of podiatry and health practitioners within the curriculum of the program.
5.2	Unit/subject learning outcomes address contemporary principles of: – interprofessional education – collaborative practice – reflective practice – co-design approaches, and – embedding lived-experiences of healthcare in teaching and assessment in the context of prescribing by podiatrists and podiatric surgeons whose registration is endorsed for scheduled medicines. See explanatory notes: Interprofessional education, Interprofessional collaboration, co-design and lived experience	• Program materials and unit/subject profiles/outlines that show where the listed contemporary principles are included and reflected in student learning outcomes. • Examples of where the listed contemporary principles are embedded in the program.
5.3	Unit/subject learning outcomes in the program address social and cultural determinants of health. See explanatory note: Social and cultural determinants of health	• Program materials and unit/subject profiles/outlines that show where social and cultural determinants of health are addressed, including, but not limited to the care of: – Aboriginal and Torres Strait Islander Peoples – victim-survivors of family, domestic and sexual violence [12] – people experiencing sex and gender bias and disparities in healthcare – people living in remote and rural locations, and – and the individual across the lifespan, including frailty, disability, palliative care and person-centred care.
5.4	Unit/subject learning outcomes are consistent with the needs of diverse communities, including community groups that experience health inequities.	• Unit/subject profiles/outlines that show where the needs of diverse communities are addressed
5.5	Formal mechanisms are applied to ensure that the program and education provider uses technologies effectively to support the program's learning, teaching and assessment.	• Provide detailed information on how learningis enhanced and monitored through the use of technology. • A statement on how the education provider/program ensures equitable access to relevant technology for students.

[12] See *Joint Position on Family Violence by Regulators of Health Practitioners*, available on the Ahpra website, accessed 8 January 2025

Criteria		Examples of information for inclusion with accreditation application
	See explanatory note: Clinical and educational technologies	•
5.6	The program addresses principles of environmentally sustainable and climate resilient healthcare. See explanatory note: Environmentally sustainable and climate resilient healthcare	• Provide details of: – where environmentally sustainable healthcare is addressed, with particular reference to resource optimisation, waste reduction and environmentally conscious practices. – how the impact of climate change on healthcare is addressed, and – relevant staff research related to environmental sustainability and climate resilience in healthcare.

3. Explanatory notes

Safe practice

There are many dimensions to the theoretical foundations for safe practice such as knowing about the legislative and policy context, best practice guidance, how to manage risk effectively, and the responsibilities of registered podiatrists and podiatric surgeons whose registration in endorsed for scheduled medicines. The education provider must ensure graduates have knowledge of safe practice by teaching students about the different aspects of safe practice across the scope of the relevant professional capabilities.

Ethical practice

Ethical practice promotes the consideration of values in the prioritisation and justification of actions by health professionals, researchers and policymakers that may impact on the health and well-being of patients, families and communities. A health ethics framework aims to ensure systematic analysis and resolution of conflicts through evidence-based application of general ethical principles, such as respect for personal autonomy, beneficence, justice, utility and solidarity.[13]

Student support services and facilities to meet learning, welfare and cultural support needs

The implementation of adequate student learning, welfare and cultural support services is provided at the program level.

Meeting the learning, welfare and cultural needs of students may include providing mental health support services that recognise students' unique needs. Demonstrating the implementation of support services could include how students access student academic advisers as well as more informal and readily accessible advice from individual academic staff.

Culturally safe practice for Aboriginal and Torres Strait Islander Peoples

The National Registration and Accreditation Scheme's (the National Scheme's) Aboriginal and Torres Strait Islander Health Strategy Group (the Health Strategy Group) published the Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025 The strategy focuses on achieving patient safety for Aboriginal and Torres Islander Peoples as the norm and the inextricably linked elements of clinical and cultural safety.The definition of cultural safety below has been developed for the National Scheme and adopted by the National Health Leadership Forum. The Aboriginal and Torres Strait Islander Health Strategy Group developed the definition in partnership with a public consultation process.

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[13] World Health Organization, Western Pacific, Health Topics, Ethics in the Western Pacific. Available from the World Health Organization website, accessed 8 January 2025.

Definition

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

To ensure culturally safe and respectful practice, health practitioners must:

a) Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health;
b) Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism;
c) Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community;
d) Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

All health practitioners in Australia, including podiatrists, need a working knowledge of factors that contribute to and influence the health and wellbeing of Aboriginal and Torres Strait Islander Peoples. These factors include history, spirituality and relationship to land, and other social determinants of health in Aboriginal and Torres Strait Islander communities.

There is an expectation that program materials relating to Aboriginal and Torres Strait Islander health and wellbeing are developed by, or in consultation with, Aboriginal and Torres Strait Islander Peoples.

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Cultural safety for all communities

The section above defines cultural safety for Aboriginal and Torres Strait Islander Peoples specifically for their status as First Nations Peoples. Culturally safe and respectful practice is important for all communities. Australia is a culturally, racially and linguistically diverse nation.

In this context culturally safe care recognises that individuals are all unique with different lived experiences. This can include social, cultural, linguistic, religious, spiritual, psychological and medical needs that can vastly affect the care, support and services they need.

Effectively delivering culturally safe care can:

- enable individuals to retain connections to their culture and traditions, including connection to land, family, law, ceremony and language
- reduce social isolation, loneliness and feelings of marginalisation
- engender trust in a graduate's ability to provide safe care for individuals from diverse backgrounds, including Aboriginal and Torres Strait Islander Peoples
- empower individuals to make informed decisions and be active participants in their care, and
- increase mutual respect and enhanced relationships with the workforce and community.[14]

Podiatrists and podiatric surgeons must be able to work effectively with people from a range of cultures that may differ from their own. Culture may include, but is not limited to, age, gender, sexual orientation, race, socio-economic status (including occupation), religion, physical, mental or other impairments, ethnicity and health service culture.

[14] Adapted from: Australian Government, Aged Care Quality and Safety Commission, *Flip Guide on Inclusive and Culturally Safe Governance*. Available on the Aged Care Quality and Safety Commission website, accessed 13 June 2024.

A holistic, patient and family-centred approach to practice requires culturally safe practice. It also requires podiatrists and podiatric surgeons to demonstrate culturally safe practice by learning, developing and adapting their behaviour to each experience.

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Integration of culturally safe practice in the design and implementation of podiatry programs

The Australian Government Department of Health's *Aboriginal and Torres Strait Islander Health Curriculum Framework* (the Framework) supports higher education providers to implement Aboriginal and Torres Strait Islander health curricula across their health professional training programs.[15]

There is an expectation that relevant aspects of the Framework are incorporated into the design and implementation of podiatry programs to prepare graduates to provide culturally safe health services to Aboriginal and Torres Strait Islander Peoples. The Committee acknowledges that this may be a new concept for many education providers, but it is reflective of a broader focus on Aboriginal and Torres Strait Islander cultures and cultural safety in education of healthcare practitioners in Australia.

Program materials relating to Aboriginal and Torres Strait Islander health and wellbeing are developed by, or in consultation with, Aboriginal and Torres Strait Islander Peoples.

Reconciliation Action Plan

In partnership with Reconciliation Australia, a Reconciliation Action Plan (RAP) enables organisations to sustainably and strategically take meaningful action to advance reconciliation.

Based around the core pillars of relationships, respect and opportunities, RAPs provide tangible and substantive benefits for Aboriginal and Torres Strait Islander Peoples, increasing economic equity and supporting First Nations self-determination.

Reconciliation Australia's RAP Framework provides organisations with a structured approach to advance reconciliation. There are four different types of RAP that an organisation can develop: Reflect, Innovate, Stretch & Elevate. Each type of RAP is designed to suit an organisation at different stages of their reconciliation journey.[16]

The staff and student work and learning environment

The work environment includes any physical or virtual place staff go to carry out their role in teaching, supervising and/or assessing students in the program. The learning environment includes any physical or virtual place students go to learn in the program. Examples include offices, classrooms, lecture theatres and online learning portals. All environments related to the program must be physically and culturally safe for both staff and students.

Staff with knowledge, expertise and cultural capabilities to facilitate learning in Aboriginal and Torres Strait Islander health

The Committee recognises that it may be difficult for all education providers to recruit Aboriginal and Torres Strait Islander people as staff who can facilitate learning in Aboriginal and Torres Strait Islander health. In the first instance the committee will look at education providers' efforts to improve recruitment and retention of Aboriginal and Torres Strait Islander staff. It will also be looking for creative efforts by education providers to meet the intent of this criterion (e.g. by engaging with guest speakers from local communities), if Aboriginal and Torres Strait Islander People are not on staff.

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Program information

The education provider clearly and fully informs prospective students about the Board's requirements for endorsement for scheduled medicines as outlined in the Board's *Registration Standard: Endorsement for*

[15] Australian Government, Department of Health Aged Care *Aboriginal and Torres Strait Islander Health Curriculum Framework*, see the Department of Health and Aged Care website, accessed 28 June 2024.
[16] For more information on Reconciliation Action Plans see the Reconciliation Australia website. accessed 24 June 2024.

scheduled medicines and *Guidelines: Endorsement for scheduled medicines* before the students enrol in the program.[17] The education provider will remind enrolled students of these requirements.

Inherent requirements

Inherent requirements are the core activities, tasks or skills that are essential to a workplace in general, and to a specific position or role. These activities and/or tasks cannot be allocated elsewhere, are a core element of the position or role, and result in significant consequences if they are not performed.

The HES state that "Prospective students must be made aware of any inherent requirements for doing a course, or parts of a course, that may affect those students in special circumstances or with special needs (such as a particular type of practicum), especially where a course of study leads to a qualification that may lead to registration as a professional practitioner by a registering authority."[18]

Committees/groups responsible for program design, implementation and quality assurance

The education provider will regularly monitor and review the program and the effectiveness of its implementation and engage with and consider the views of a wide range of stakeholders. This includes membership on its committtees of the following stakeholder groups:

- Aboriginal and Torres Strait Islander Peoples, including students, health professionals and community members, or consultation with Aboriginal and Torres Strait Islander groups/communities
- representatives of the podiatry profession
- students
- graduates
- academics
- work-integrated learning supervisors, and
- employers and other health professionals when relevant.

The education provider will also implement formal mechanisms to validate and evaluate improvements in the design, implementation and quality of the program.

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Effective engagement with external stakeholders

The Committee acknowledges that there are numerous ways education providers engage with their stakeholders, for example through e-mail, video- and teleconferencing, questionnaires and surveys (verbal or written), online and physical forums, and face-to-face meetings. Engagement with external stakeholders will occur formally and all engagement will occur regularly through one or more of these mechanisms at least once every semester or study period.

The education provider will also engage with any individuals, groups or organisations that are significantly affected by, and/or have considerable influence on the education provider, and its program design and implementation. This may include, but is not limited to, representatives of the local community and relevant Aboriginal and Torres Strait Islander communities, multicultural communities, representatives from geographically diverse communities, health consumers, relevant health services and health professionals, relevant peak bodies and industry.

Education providers should be considered in their approach to stakeholders, ensuring that their engagement is diverse and does not burden any one group.

The staff and student work and learning environment

The work environment includes any physical or virtual place staff go to carry out their role in teaching, supervising and/or assessing students in the program. The learning environment includes any physical or virtual place students go to learn in the program. Examples include offices, classrooms, lecture theatres

[17] Podiatry Board of Australia *Registration Standards.* Available on the Board's website, accessed 30 July 2024. More detailed information on the registration standards is contained in the Board's Policies, Codes and Guidelines, accessed on 2 June 2024.
[18] Domain 1 of the HES Framework. Available from the TEQSA website, accessed 24 June 2024..

and online learning portals. All environments related to the program must be physically and culturally safe for both staff and students.

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Staffing

A template for the staffing profile is available for education providers to complete.[19] Use of this template is optional, and the information can be set out in a different format, as long as it includes the details identified in the expected information for Criterion 2.8.

The Committee does not assess against the threshold HES, but the education provider should be able to clearly demonstrate that all staff with responsibilities for management and leadership of the program have:

a) knowledge of contemporary developments in podiatric therapeutics, which is informed by current and continuing scholarship or research or advances in practice
b) high-level skills in contemporary teaching, learning and assessment principles relevant to the podiatric therapeutics program and the needs of particular student cohorts, and
c) a qualification relevant to their responsibilities at Master's level or higher, or equivalent relevant academic or professional or practice-based experience and expertise.

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Program design

The Committee considers that the main goals of the podiatric therapeutics program are:

- to provide the theoretical foundation that will ensure graduates can start their supervised practice component of Pathway B to attain endorsement for scheduled medicines, and
- to provide the educational foundation for lifelong learning about podiatric therapeutics.

The education provider is encouraged to present information about how the curriculum is structured and integrated to produce graduates who have the theoretical foundation to start supervised practice under Pathway B.

The education provider should provide guides for each unit and/or subject that set out the learning outcomes of each unit and/or subject and to use the mapping template provided by the Committee to show how the learning outcomes map to the relevant professional capabilities.

Referencing the relevant national safety and quality standards

At a minimum the education provider should be referencing within the program curriculum the relevant national safety and quality standards, with a particular emphasis on medication safety, as published by the:

- Australian Commission on Safety and Quality in Health Care, including the *National Safety and Quality Health Service Standards* and the *National Safety and Quality Primary and Community Healthcare Standards*
- Aged Care Quality and Safety Commission, and the
- National Disability Insurance Scheme Quality and Safeguards Commission, and other relevant agencies.

This may include through learning materials provided to students, and during lectures.

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Learning and teaching approaches

The Committee encourages innovative and contemporary methods of teaching that promote the educational principles of active student participation, problem solving and development of communication

[19] Please contact Ahpra's Program Accreditation Team at program.accreditation@ahpra.gov.au to obtain the most up-to-date version of the staffing profile.

skills. Problem and evidence-based learning, computer assisted learning, and other student-centred learning strategies are also encouraged. Education providers may show how these approaches are incorporated into the curriculum and assessed to support student achievement of the learning outcomes and the professional capabilities for podiatric therapeutics.

Teaching and assessment of legislative and regulatory requirements

Legislative and regulatory requirements relevant to podiatric therapeutics will be taught and assessed in the program. This should include the range of legislative and regulatory requirements that apply to administering, obtaining, possessing, prescribing, selling, supplying and using Schedule 2, 3, 4 and 8 medicines for the treatment of podiatric conditions.

This standard focuses on assessment, including quality assurance processes and the capabilities of the staff responsible for assessing students in each program. The committee expects the education provider to show how they assure that every student who passes has achieved the theoretical foundations in podiatric therapeutics required to commence the supervised practice component of Pathway B of the ESM registration standard.

Principles of assessment

The principles of assessment are a set of measures to ensure that assessment of students is:

- Fair
  - The individual student's needs are considered in the assessment process.
  - Where appropriate, reasonable adjustments are applied by the education provider/program to consider the individual student's needs.
  - The education provider/program informs the student about the assessment process and provides them with the opportunity to appeal the result of assessment and be reassessed if necessary.
- Flexible

  Assessment is flexible to the individual by:
  - reflecting the student's needs
  - assessing capabilities held by the student no matter how or where they have been acquired, and
  - drawing from a range of assessment methods and using those that are appropriate to the context, the unit/subject learning outcomes and associated assessment requirements, and the individual.
- Valid

  Validity requires:
  - assessment against the unit/subject learning outcomes covers the broad range of skills knowledge and professional attributes that are essential to meet the learning outcomes
  - assessment of knowledge, skills and professional attributes is integrated with practise in a clinical setting
  - assessment to be based on the demonstration that a student could practise the skills, knowledge and professional attributes in other similar situations, and
  - judgement of assessment is based on student performance that is aligned to the unit/subject learning outcomes.
- Reliable
  - Assessments are consistently interpreted and assessment results are comparable irrespective of the assessor conducting the assessment.[20]

The education provider should implement an assessment strategy that reflects the principles of assessment. When the education provider designs and implements supplementary and alternative assessments in the unit and/or subject that these must contain different material to the original assessment.

[20] Adapted from Australian Skills Quality Authority (ASQA), *Accredited Course Standards Guide, Appendix 6: Principles of Assessment*. Available from the ASQA website, accessed 19 June 2024.

The education provider should describe in detail its assessment processes, including:

- how academic integrity is upheld
- how assessment tasks ensure that all learning outcomes have been met
- how work is assessed (including an assessment rubric), and where relevant
- how thresholds for passing a unit/subject with multiple assessment tasks are implemented.

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Interprofessional education

Interprofessional education is important for preparing students of podiatry to work with other health professionals in a collaborative team environment. Interprofessional teams involving multiple health professionals can improve the quality of patient care and improve patient outcomes, particularly for patients who have complex conditions or comorbidities.

Interprofessional education allows students from two or more professions to learn about, from and with each other to enable effective collaboration and improve health outcomes.[21]

Examples of interprofessional learning might include, but are not limited to:

- small groups working together on an interactive patient case
- simulation-based learning
- clinical settings such as interprofessional learning placements

The principles of interprofessional education include valuing and respecting individual discipline roles in healthcare with the goal of facilitating multi-disciplinary care and the ability to work in teams across professions for the benefit of the patient.

Interprofessional collaboration *(Also known as Interprofessional collaborative practice)*

Refers to healthcare practice where multiple health workers from different professional backgrounds work together, with patients, families, carers and communities to deliver the highest quality of care that is free of racism and other forms of discrimination.[22]

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Co-design

A process where people with professional and lived experience partner as equals to improve health outcomes by listening, learning and making decisions together.[23]

The principles of co-design are:

- Inclusive – includes a wide variety of stakeholders groups
- Respectful – the input of all participants is valued and equal
- Participative – the process is open, empathetic and responsive
- Iterative – ideas and solutions are continually tested and evaluated with the participants
- Outcomes focused – the process of designed to achieve an outcome or series of outcomes where potential solutions can be rapidly tested and effectiveness measured.[24]

Lived experience

[21] Independent Accreditation Committee, *Glossary of accreditation terms* (2023). Available on the Ahpra website, accessed 19 June 2024.
[22] Independent Accreditation Committee, *Glossary of accreditation terms* (2023). Available on the Ahpra website, accessed 19 June 2024.
[23] Adapted from Queensland Government, Metro North Health, *What is co-design?* Available from the Queensland Government website, accessed 15 January 2025.
[24] NSW Council of Social Service (NCOSS) Principles of Co-design (2017). Available from the NCOSS website, accessed 16 January 2025.

Lived experience refers to the personal perspectives on, and experiences of being a consumer or carer, and how this becomes awareness and knowledge that can be communicated to others.

Engagement that values lived experience focuses on recognising life context, culture, identity, risks and opportunities, it's about working together in partnership to identify what's appropriate for consumers, carers, families and kinship groups, and then acting on this.

Acknowledging lived experience perspectives facilitates high quality person-centred care that is embodied in the principles of recovery, dignity of risk, trauma-informed care, cultural safety and co-production. [25]

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Social and cultural determinants of health

The education provider should consider social and cultural determinants of health as they relate to the design, implementation and quality improvement of the program. These include:

- Aboriginal and Torres Strait Islander Peoples' connection to family and community, land and sea, culture and identity, and

- family, domestic and sexual violence (FDSV) as a significant and widespread problem with serious and lasting impacts on individuals, families and communities. Consistent with the National Plan to End Violence Against Women and Children 2022-2032, it is recognised that FDSV affects people of all genders, all ages and all backgrounds, but it predominantly affects women and children.[26]

- sex and gender bias and disparities in healthcare. Gender inequity in health refers to the unfair, unnecessary, and preventable provision of inadequate health care that fails to take account of the differences between women and men in their state of health, risks to health, and participation in health work.[27]

The World Health Organization lists the following examples of social determinants of health that can influence health equity:

- income and social protection
- education
- unemployment and job insecurity
- working life conditions
- food insecurity
- housing, basic amenities and the environment
- early childhood development
- social inclusion and non-discrimination
- structural conflict, and
- access to affordable health services of decent quality.[28]

Education providers/programs must develop students' knowledge, skills and professional attributes to:

- identify patients who may be experiencing health inequities
- build trust and create a supportive and safe environment for patients to feel safe to disclose
- use trauma-informed approaches to have conversations about health inequities
- work in partnership to respond to the patient's immediate and ongoing support/safety needs
- meet their obligations under local mandatory reporting laws, and
- refer patients to specialist services, where appropriate.

[25] National Mental Health Commission, *Mental Health Safety and Quality Engagement Guide (2021)*. Available from the National Mental Health Commission website, accessed 15 January 2025.
[26] Australian Government Department of Social Services. *National plan to end violence against women and children 2022-2032*. Available from the Department of Social Services website, accessed 19 June 2024.
[27] Pan American Health Organization, Gender Equality in Health. Available from the PAHO website, accessed 24 February 2025.
[28] Word Health Organization, Social determinants of health. Available from the World Health Organization Website, accessed 19 June 2024.

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Clinical and educational technologies

Clinical and educational technologies might include, for example, learning management systems, assessment management systems, electronic portfolio systems and contemporary technology used in the education and practise of the profession. This includes simulation and virtual care.[29]

Increasingly, the use of technologies includes Artificial Intelligence (AI) and specifically generative AI.

Generative Artificial Intelligence is an AI model capable of generating text, images, code, video and audio. Large Language Models (LLMs) such as ChatGPT and Copilot produce text from large datasets in response to text prompts.[30]

Generative AI impacts on learning, teaching, assessment and clinical practice, and education providers need to be able protect the integrity of their awards and produce graduates with both discipline-expertise and the ability to use gen AI tools effectively and ethically[31].

Designing and implementing assessment with the emergence of AI provides additional challenges and opportunities. TEQSA's *Assessment reform for the age of artificial intelligence* describes guiding principles that capture the essence of the considerations that are required for higher education assessment and AI, these are:

- Assessment and learning experiences equip students to participate ethically and actively in a society where AI is ubiquitous, and
- Forming trustworthy judgements about student learning in a time of AI requires multiple, inclusive and contextualised approaches to assessment. [32]

Education providers/programs must provide students with ethical guidance on the use of AI. Any AI applications that are required in order for students to meet the learning outcomes of the program must be provided at no extra cost to the students to ensure equitable access.

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Environmentally sustainable and climate resilient healthcare

Climate change presents a fundamental threat to human health. It affects the physical environment as well as all aspects of both natural and human systems – including social and economic conditions and the functioning of health systems.[33]

Actions to address the health impacts of climate change must also take a health equity approach, because some groups, such as rural and remote communities and Aboriginal and Torres Strait Islander Peoples, are at a disproportionately increased risk of adverse health impacts from climate change due to existing inequities.[34]

Health professionals have a responsibility to develop environmentally sustainable healthcare systems. This may be achieved by avoiding wasteful or unnecessary medical interventions; developing innovative

[29] Independent Accreditation Committee, *Information paper: good practice approaches to embedding clinical placements, pedagogical innovations and evidence-based technological advances in health practitioner education*. Available from the Ahpra website, accessed 8 April 2025.

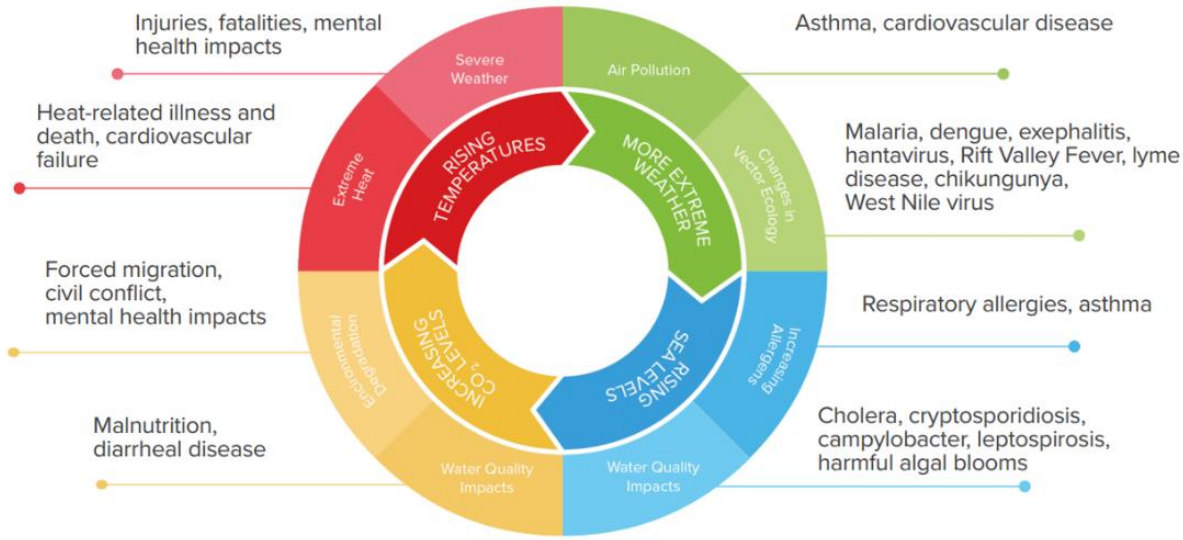
[30] Australian Academic Integrity Network (AAIN), *Generative artificial intelligence guidelines* (2023). Available from the TEQSA website, accessed 19 June 2024.
[31] Tertiary Education Quality and Standards Agency, *Gen AI strategies for Australian Higher Education: Emerging practice* (2024). Available from the TEQSA website, accessed 6 February 2025.
[32] Tertiary Education Quality and Standards Agency, *Assessment reform for the age of artificial intelligence* (2023). Available from the TEQSA website, accessed 6 February 2025.
[33] World Health Organization, *Fact sheets - Climate change*. Available from the World Health Organization website, accessed 19 June 2024.
[34] Australian Commission on Safety and Quality in Health Care (ACSQHC), Interim Australian Centre for Disease Control and Council of Presidents of Medical Colleges, *Joint Statement: Working together to achieve sustainable high-quality health care in a changing climate (2024).* Available from the ACSQHC website, accessed 15 January 2025.

and more integrated models of care; optimising the use of new technologies; preventing avoidable activity; and strengthening primary care, self-management and patient empowerment. [35] Education providers and programs may already implement environmentally sustainable practices which may include, for example:

- following recommendations of an institutional sustainability strategy
- following a waste management plan, including use of recyclable products
- considering how equipment that may no longer be suitable for its initial purpose may be used in a different context
- established service and maintenance plans to prolong the use of equipment, and
- providing students with guidance and options on the cost and quantities of resources required.

Environmentally sustainable healthcare systems improve, maintain or restore health, while minimising negative impacts on the environment and leveraging opportunities to restore and improve it, to the benefit of the health and well-being of current and future generations.[36] Figure 5 shows the impacts of climate change on health outcomes.

Figure 5: Impacts of climate change on health outcomes [37]



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[35] The Royal Australian College of Physicians, *Environmentally Sustainable Healthcare Position Statement* (2016). Available from the RACP website, accessed 19 June 2024.
[36] World Health Organization, *Environmentally sustainable health systems: a strategic document* (2017). Available from the World Health Organization website, accessed 20 June 2024..
[37] Australian Commission on Safety and Quality in Health Care (ACSQHC), *Environmental Sustainability and Climate Resilience Healthcare Module.* Available from the ACSQHC Website, accessed 15 January 2025.

4. Glossary

Accreditation standards	A standard(s) used by an accreditation authority to assess whether a program of study, and the education provider that provides the program of study, provide persons who complete the program with the knowledge, skills and professional attributes necessary to practise the profession in Australia.
Assessment moderation	Quality assurance, control processes and activities such as peer review that aim to assure: consistency or comparability, appropriateness, and fairness of assessment judgments; and the validity and reliability of assessment tasks, criteria and standards. Moderation of assessment processes establishes comparability of standards of student performance across, for example, different assessors, locations, units/subjects, education providers and/or programs of study.[38]
Assessment team	An expert team, assembled by the Accreditation Committee, whose primary function is the analysis and evaluation of the podiatry program against the accreditation standards.
Climate resilience	Adapting health services by identifying environmental risks to enable the health sector to become more climate resilient and able to respond to the needs of those most effected by climate change.[39]
Co-design	A process where people with professional and lived experience partner as equals to improve health outcomes by listening, learning and making decisions together.[40]
Cultural determinants of Indigenous health	Cultural determinants originate from and promote a strength-based perspective, acknowledging that stronger connections to culture and country build stronger individual and collective identities, a sense of self-esteem, resilience, and improved outcomes across the other determinants of health including education, economic stability and community safety. Consistent with the thematic approach to the *Articles of the United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP)[41], cultural determinants include, but are not limited to: • Self-determination • Freedom from discrimination • Individual and collective rights • Freedom from assimilation and destruction of culture • Protection from removal/relocation • Connection to, custodianship, and utilisation of country and traditional lands

[38] Adapted from the Tertiary Education Quality and Standards Agency, *Glossary of terms*, Available on the TEQSA website, accessed 1 August 2024.
[39] Adapted from the Australian Commission on Safety and Quality in Health Care (ACSQHC), *Environmental Sustainability and Climate Resilience Healthcare Module.* Available from the ACQSHC website. Accessed 15 January 2025.
[40] Adapted from Queensland Government, Metro North Health, *What is co-design?* Available from the Queensland Government website, accessed 15 January 2025.
[41] United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). Available from the United Nations website, accessed 5 August 2024.

	• Reclamation, revitalisation, preservation and promotion of language and cultural practices • Protection and promotion of Traditional Knowledge and Indigenous Intellectual Property, and • Understanding of lore, law and traditional roles and responsibilities. Cultural determinants are enabled, supported and protected through traditional cultural practice, kinship, connection to land and Country, art, song and ceremony, dance, healing, spirituality, empowerment, ancestry, belonging and self-determination.[42]
Current and continuing scholarship or research	Current and continuing scholarship and research means those activities designed to gain new or improved understanding, appreciation and insights into a field of knowledge, and engaging with and keeping up to date with advances in the field. This includes advances in teaching and learning and in professional practice, as well as advances in disciplinary knowledge through original research.[43]
Education provider	A university, tertiary education institution, or another institution or organisation, that provides vocational training or a specialist medical college or other health profession college.
Environmental sustainability	Mitigating processes, practices and services that have high environmental impact to ensure an environmentally sustainable way of providing appropriate care and reducing waste.[44]
Formal mechanisms	Activities that an education provider completes in a systematic way to effectively provide the program. Formal mechanisms may or may not be supported by formal policy but will at least have documented procedures or processes in place to support their implementation.
Interprofessional education	Refers to educational experiences where students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.[45]
Learning outcomes	The expression of the set of knowledge, skills and the application of the knowledge and skills a person has and is able to show as a result of learning.[46]
Lived experience	A broad term referring to the personal perspectives on, and experiences of being a consumer or carer, and how this becomes awareness and knowledge that can be communicated to others.[47]

[42] Commonwealth of Australia, Department of Health (2017), *My Life My Lead - Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health: Report on the national consultations December 2017*, Available from the Department of Health and Aged Care website, accessed 5 August 2024
[43] TEQSA *Guidance Note: Scholarship (2018)*. Available on the TEQSA website, accessed 19 June 2024.
[44] Adapted from the Australian Commission on Safety and Quality in Health Care (ACSQHC), *Environmental Sustainability and Climate Resilience Healthcare Module.* Available from the ACQSHC website. Accessed 15 January 2025.
[45] Independent Accreditation Committee, *Glossary of accreditation terms* (2023). Available on the Ahpra website, accessed 19 June 2024.
[46] Independent Accreditation Committee, *Glossary of accreditation terms* (2023). Available on the Ahpra website, accessed 19 June 2024.
[47] National Mental Health Commission, *Mental Health Safety and Quality Engagement Guide (2021)*. Available from the National Mental Health Commission website, accessed 15 January 2025.

Mapping document	A document that shows the link between learning outcomes, assessment tasks. NSQHS standards and the Podiatry Board of Australia's professional capabilities.[48]
Medicines (and/or pharmaceutical products)	Therapeutic goods that are represented to achieve or are likely to achieve their principal intended action by pharmacological, chemical, immunological or metabolic means in or on the body of a human. In this document, the term 'medicine' or 'medicines' includes prescription medicines, non-prescription or over-the-counter products and complementary medicines, including herbs, vitamins, minerals, nutritional supplements, homeopathic medicines and bush and traditional medicines.[49]
Podiatric surgeon	An individual who is listed on the Podiatry Board of Australia's register with specialist registration as a podiatric surgeon.
Podiatrist	An individual who is listed on the Podiatry Board of Australia's register of podiatrists.
Principles of assessment	The principles of assessment are a set of measures to ensure that assessment of students is valid, reliable, flexible and fair.
Reasonable adjustments	Education providers are required to make changes so that a student with disability can safely and productively perform the genuine and reasonable requirements of the program. A reasonable adjustment requires an education provider to balance the cost or effort required to make such a change. If an adjustment requires a disproportionately high expenditure or disruption it may not be considered reasonable. Reasonable adjustment requirements directly address systemic discrimination experienced by people with disability in education.[50]
Social determinants of health	The social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.[51]

[48] Please contact Ahpra's Program Accreditation Team at program.accreditation@ahpra.gov.au to obtain the most up-to-date version of the mapping template.
[49] Definition adapted from National Prescribing Service *NPS MedicineWise. Prescribing Competencies Framework: embedding quality use of medicines into practice (2nd Edition). Sydney, 2021.* Available from the NPS MedicineWise website, accessed 19 June 2024.
[50] Australian Human Rights Commission *Quick guide on reasonable adjustments.* Available on the Australian Human Rights Commission website, accessed 19 June 2024.
[51] World Health Organisation, *Social determinants of health.* Available on the WHO website, accessed 11 February 2025.