

Accreditation standards:

Podiatric therapeutics programs
for registered podiatrists and
podiatric surgeons

Contents

1. Preamble.....	3
Overview of podiatric therapeutics and endorsement of registration for scheduled medicines.....	4
Pathway A: Approved qualification pathway.....	4
Pathway B: Supervised practice pathway.....	4
Overview of the Accreditation standards for podiatric therapeutics programs for registered podiatrists and podiatric surgeons.....	5
Structure of the accreditation standards.....	5
Mapping learning outcomes and assessment tasks to the Board's ESM registration standard.....	6
The relationship between the Committee and other regulators.....	6
Guidance on the presentation of information for accreditation assessment.....	7
Guidance on presenting an explanation and examples of information for accreditation assessment .	8
Monitoring accredited podiatric therapeutics programs	8
Further information	9
Review of accreditation standards	9
Navigating this document.....	9
2. The accreditation standards, criteria and examples of information for inclusion with an accreditation application	10
Standard 1: Assuring safety	10
Standard 2: Academic governance, quality assurance and resourcing.....	12
Standard 3: Program design	16
Standard 4: Assessment	17
Standard 5: Preparing students for contemporary practice	18
3. Explanatory notes	20
4. Glossary	30
5. List of acronyms	33

1. Preamble

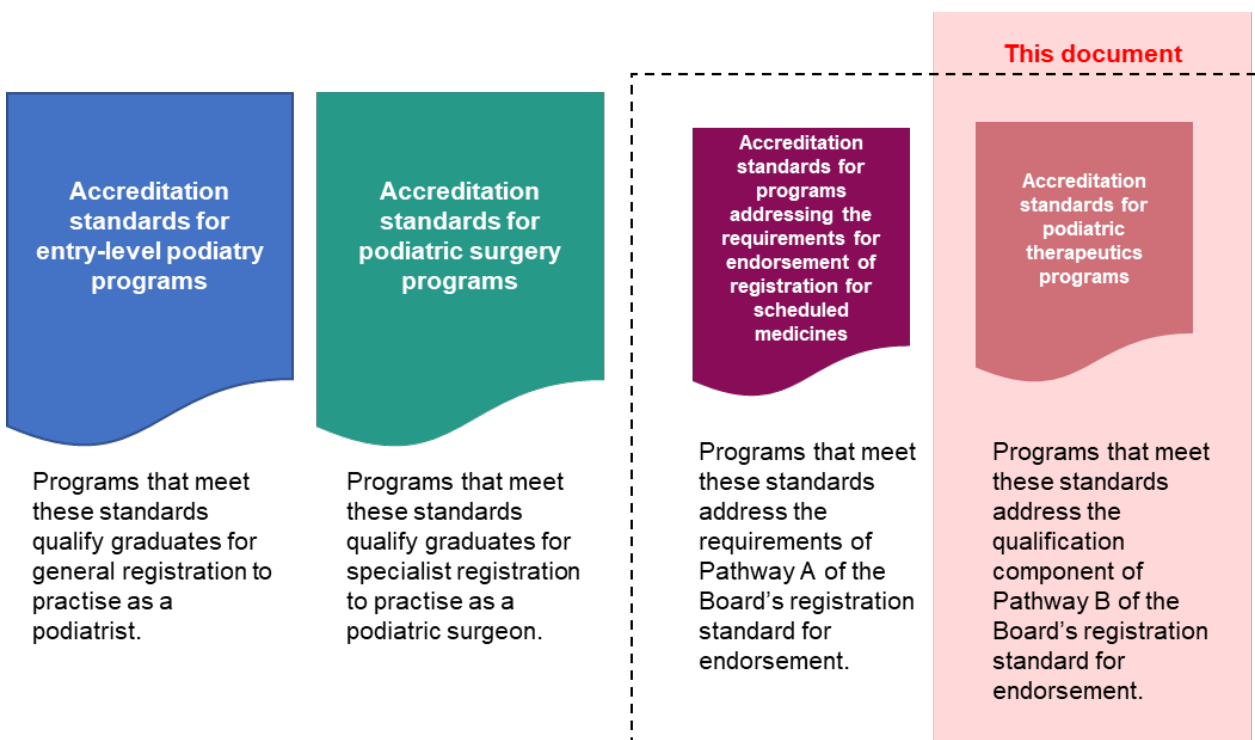
In Australia, the podiatry profession is regulated by the Podiatry Board of Australia (the Board) under the National Registration and Accreditation Scheme (the National Scheme), which came into effect on 1 July 2010. The Podiatry Accreditation Committee is appointed as the accreditation authority for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

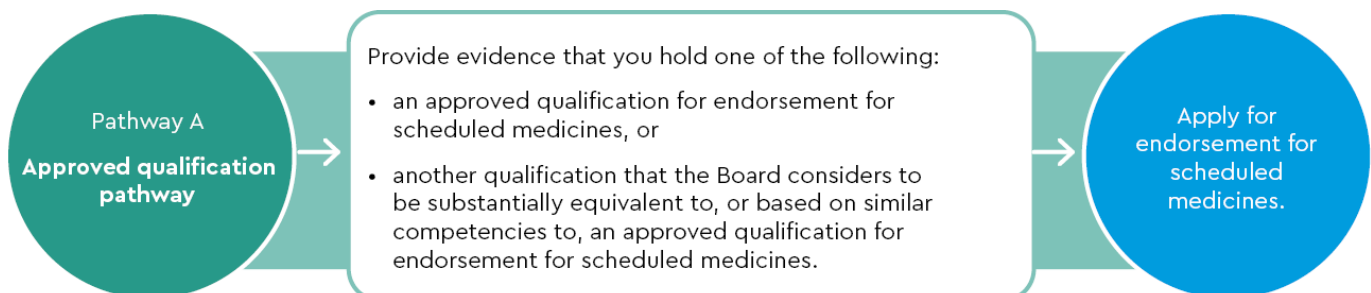
Pathway A: Approved qualification pathway

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.

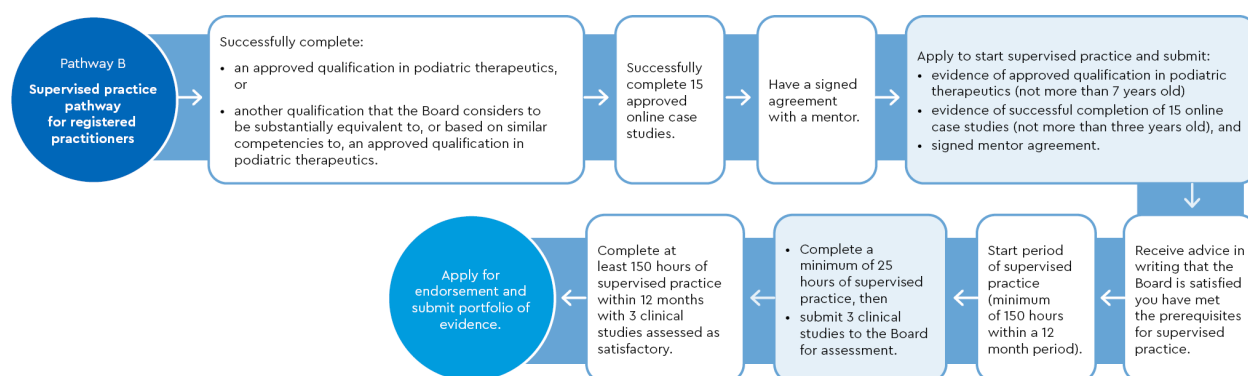
- holding an approved qualification in podiatric therapeutics (or another qualification that the Board considers substantially equivalent, or based on similar competencies to an approved qualification in podiatric therapeutics) **and**
- completing additional requirements as outlined in the Board's ESM 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 medicines⁶



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 are made up of 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 states 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.

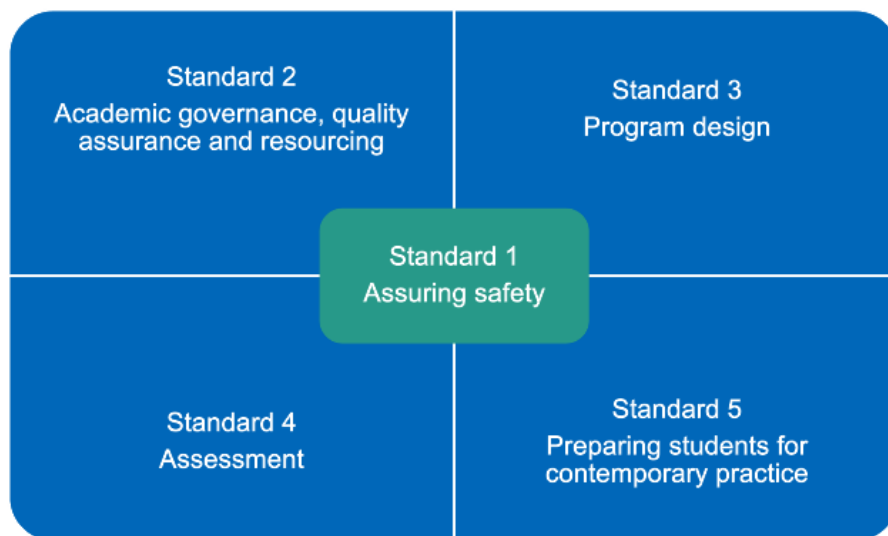
⁶ More information, including two videos about Pathway B to endorsement for scheduled medicines, is available on the [Podiatry Board of Australia's website](#), accessed 26 June 2024.

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.

Explanatory notes are included to provide further information for some accreditation criteria. They may outline minimum expectations of the committee (where stated) or provide more general context for consideration when designing curricula and developing accreditation assessment submissions.

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 includes 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

⁷National 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.

Guidance on presenting an explanation and examples of information for accreditation assessment

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

- make clear in their explanation, the purpose and 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.

Education providers are encouraged to provide supporting information in whatever format they consider most appropriate, so the administrative burden of the accreditation process is kept to a minimum. For example, an assessment report from another body (such as TEQSA) does not need to be reformatted for submission to the Committee. Some documents may be applicable across multiple standards and criteria, but serve different purposes for each criterion, therefore the accompanying explanation would be different for each criterion.

Providing a staffing template

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 document template

The mapping document template for criteria 3.2 and 4.1 is available for education providers to complete and should map all assessment tasks, simulation activities, 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 multiple standards and criteria. The examples should include a sample 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 information that demonstrates 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:

Program Accreditation Team

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 physical, psychological and culturally safe practice that is free of racism and the safe and ethical 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. This standard also focuses on assuring the safety of staff and students throughout the program.

Criteria		Examples of information for inclusion with accreditation application
Safe practice		
1.1	Physically and psychologically safe and ethical practice is integrated into the design and implementation of the program and is articulated in the learning outcomes of the program. See explanatory notes: Safe practice and Ethical practice	<ul style="list-style-type: none"> 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 sample 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 physically and psychologically 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.	<ul style="list-style-type: none"> Examples of the implementation of formal mechanisms that show compliance with the: <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Examples of the implementation and availability of adequate support services to meet the needs of students in the program.
Culturally safe practice		
1.4	Culturally safe practice that is free of racism and discrimination is integrated into the design and implementation of the	<ul style="list-style-type: none"> Program materials and unit/subject profiles/outlines that show culturally safe practice, is addressed in the curriculum.

Criteria		Examples of information for inclusion with accreditation application
	<p>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.</p> <p>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</p>	<ul style="list-style-type: none"> A sample 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, monitoring and assessment.
1.5	<p>Program materials 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.</p>	<ul style="list-style-type: none"> 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.
1.6	<p>The education provider and program has formal mechanisms in place to ensure staff and students learn and work in environments that are culturally safe and responsive and free of racism and discrimination, including during work-integrated learning.</p> <p>See explanatory note: The staff and student work and learning environment</p>	<ul style="list-style-type: none"> 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.
1.7	<p>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.</p> <p>See explanatory note: Staff with knowledge, expertise and cultural capabilities to facilitate learning in Aboriginal and Torres Strait Islander health</p>	<ul style="list-style-type: none"> 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. <p>See explanatory note: Reconciliation Action Plan</p>

Criteria		Examples of information for inclusion with accreditation application
1.8	There are specific strategies to support the recruitment, admission, participation and completion of the program by Aboriginal and Torres Strait Islander Peoples. This includes providing cultural support services.	<p>Examples of the implementation of formal mechanisms for:</p> <ul style="list-style-type: none"> 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 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.	<ul style="list-style-type: none"> 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	<p>Program information for prospective and enrolled students is complete, accurate, clear, accessible and up-to-date.</p> <p>See explanatory note: Program information</p>	<ul style="list-style-type: none"> 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. <p>See explanatory note: Inherent requirements</p>

Criteria		Examples of information for inclusion with accreditation application
		<ul style="list-style-type: none"> 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	<p>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.</p> <p>See explanatory note: Committees/groups responsible for program design, implementation and quality assurance</p>	<ul style="list-style-type: none"> Overview of formal academic governance arrangements, including an organisational chart of governance for the program. 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. 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 a monitoring and evaluation framework 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. A sample of records of previous meetings of the key committee or group that has responsibility for design, implementation and quality of the program. 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.	<ul style="list-style-type: none"> 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 staff and student feedback and actions taken, to improve the design, implementation and quality of the program.
2.5	Students and academic staff have opportunities to contribute to program design, implementation and quality improvements.	<ul style="list-style-type: none"> Details of any student and academic representation in the governance and curriculum management arrangements. Examples that show consideration of information contributed by students and academics when decisions about program design, implementation and quality are being made.

Criteria		Examples of information for inclusion with accreditation application
		<ul style="list-style-type: none"> Examples that show how feedback from students and academics is used to improve the program design.
2.6	<p>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.</p> <p>See explanatory note: Effective engagement with external stakeholders</p>	<ul style="list-style-type: none"> 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 feedback from: <ul style="list-style-type: none"> employers graduates internal/external reviews, and external stakeholders An explanation of the outcomes and actions taken in response to the feedback. 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.	<ul style="list-style-type: none"> 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. (<i>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.</i>)
2.8	The education provider appoints academic staff at an appropriate level with suitable experience and qualifications to assess students in the	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> – 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. <ul style="list-style-type: none"> • 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. <p>See explanatory note: Staffing</p>
2.9	Staff managing and leading the program have sufficient autonomy to assure the level and range of human resources, facilities and equipment required.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • Details of: <ul style="list-style-type: none"> – staff engagement in development opportunities – percentage of staff participation, and – engagement in evidence-based research • Examples of types of development engaged in, and methods of engagement.

Standard 3: Program design

Standard statement: Program design, including 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 educational theories and practices. See explanatory note: Program design	<ul style="list-style-type: none">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 professional capabilities for podiatrists or podiatric surgeons.	<ul style="list-style-type: none">Mapping document that shows alignment of unit and/or subject learning outcomes that address theoretical aspects across the scope of the relevant professional capabilities.¹⁰Detailed 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 program materials and assessment tasks. See explanatory note: Referencing the national safety and quality standards	<ul style="list-style-type: none">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	<ul style="list-style-type: none">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	<ul style="list-style-type: none">Examples of interprofessional learning experiences across a range of learning and teaching methods,

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.

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.

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.	<ul style="list-style-type: none">• 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	A clear assessment strategy is established and includes multiple robust, contemporary, contextualised and scaffolded assessment tools and modes throughout the program.	<ul style="list-style-type: none">• Details of and rationale for the assessment strategy, identifying assessment tools and modes.• 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	Assessment moderation processes and external referencing 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	<ul style="list-style-type: none">• Examples of:<ul style="list-style-type: none">– 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	Student requests for reasonable adjustments/accommodations for assessments are reviewed and actioned in a timely manner.	<ul style="list-style-type: none">• De-identified adjustment/accommodation requests for assessment that includes:<ul style="list-style-type: none">– 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.

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.

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.

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 related health professions and the education of health practitioners within the curriculum of the program.	<ul style="list-style-type: none">• Examples of the implementation of formal mechanisms, including research and research translation, used to anticipate and respond to contemporary developments in:<ul style="list-style-type: none">– podiatry practice, healthcare, aged care and disability policy– chronic disease management, mental health and injury prevention and control, and– the education of students of podiatry and health practitioners within the curriculum of the program.
5.2	<p>Program materials address contemporary principles of:</p> <ul style="list-style-type: none">– Cultural safety and decolonisation of curricula– interprofessional education– collaborative practice– reflective practice– co-design approaches to practice, and– embedding lived-experiences of healthcare in teaching and assessment. <p>in the context of prescribing by podiatrists and podiatric surgeons whose registration is endorsed for scheduled medicines.</p> <p>See explanatory notes: Interprofessional education, Interprofessional collaboration, co-design and lived experience</p>	<ul style="list-style-type: none">• Program materials and unit/subject profiles/outlines that show where the listed contemporary principles are included and reflected in student learning outcomes.
5.3	<p>Unit/subject learning outcomes in the program address social and cultural determinants of health and are consistent with the needs of priority populations that experience health inequities.</p> <p>See explanatory note: Social and cultural determinants of health</p>	<ul style="list-style-type: none">• 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:<ul style="list-style-type: none">– Aboriginal and Torres Strait Islander Peoples– victim-survivors of family, domestic and sexual violence¹²– people experiencing sex and gender bias and disparities in healthcare

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
		<ul style="list-style-type: none"> – people living in remote and rural locations, and – and the individual across the lifespan, including frailty, disability, palliative care and person-centred care. • Program materials and unit/subject profiles/outlines that focus on the care of patients who have experienced trauma and/or violence. • Examples of how education providers create safe and empowering environments in both clinical and educational settings.
5.4	<p>Formal mechanisms are applied to ensure that the use of clinical and educational technologies is effective, including during work-integrated learning, and the program and education provider;</p> <ul style="list-style-type: none"> • support its safe and ethical use by students in practice • sufficiently resource relevant technology and ensure equitable access for students, and • ensure the use of technologies in assessment is appropriate. <p>See explanatory note: Clinical and educational technologies</p>	<ul style="list-style-type: none"> • Details on how the education provider/program ensures: <ul style="list-style-type: none"> – equitable access to relevant technology for students, and – the ethical use of technology by students. • Provide detailed information on how learning is enhanced and monitored through the use of technology.
5.5	<p>The program addresses principles of environmentally sustainable and climate resilient healthcare.</p> <p>See explanatory note: Environmentally sustainable and climate resilient healthcare</p>	<ul style="list-style-type: none"> • Provide details of: <ul style="list-style-type: none"> – 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 is 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 wellbeing 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 Strait 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.

[Return to standard 1](#)

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. . Health practitioners also need to take into consideration the different needs of First Nations People, including geographical differences, gender, age and culture.

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.

[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.

[Return to standard 1](#)

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. This is reflective of a broader focus on Aboriginal and Torres Strait Islander cultures and cultural safety in education of healthcare practitioners in Australia.

Education providers should inform students of Indigenous data sovereignty which refers to the right of Indigenous people to exercise ownership over Indigenous data. Ownership of data can be expressed through the creation, collection, access, analysis, interpretation, management, dissemination and reuse of Indigenous data.¹⁶

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 and Elevate. Each type of RAP is designed to suit an organisation at different stages of their reconciliation journey.¹⁷

[Return to standard 1](#)

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

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 Further information on Indigenous Data sovereignty can be found on the [Maian nayri Wingara](#) website, accessed 14 July 2025.

¹⁷ For more information on Reconciliation Action Plans see the [Reconciliation Australia website](#), accessed 24 June 2024.

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

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 scheduled medicines* and *Guidelines: Endorsement for scheduled medicines* before the students enrol in the program.¹⁸ 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.'¹⁹

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 committees 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 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.

¹⁸ 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.

¹⁹ Domain 1 of the HES Framework. Available from the [TEQSA website](#), accessed 24 June 2024..

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

[Return to standard 2](#)

Staffing

A template for the staffing profile is available for education providers to complete.²⁰ 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.

[Return to standard 2](#)

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.

²⁰ 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.

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, 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.

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 that these must contain different material from the original assessment.

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.

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](#)

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.²²

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.²³

[Return to standard 5](#)

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.²⁴

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.²⁵

²² Independent Accreditation Committee, *Glossary of accreditation terms* (2023). Available on the [Ahpra website](#), accessed 19 June 2024.

²³ Independent Accreditation Committee, *Glossary of accreditation terms* (2023). Available on the [Ahpra website](#), accessed 19 June 2024.

²⁴ Adapted from Queensland Government, Metro North Health, *What is co-design?* Available from the [Queensland Government website](#), accessed 15 January 2025.

²⁵ NSW Council of Social Service (NCOSS) *Principles of Co-design* (2017). Available from the [NCOSS website](#), accessed 16 January 2025.

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.²⁶

[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, as well as health and wellbeing across their lifespan, including frailty, disability, palliative care and patient-centred care
- 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.²⁷
- 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.²⁸

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.²⁹

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

²⁶ National Mental Health Commission, *Mental Health Safety and Quality Engagement Guide (2021)*. Available from the [National Mental Health Commission website](#), accessed 15 January 2025.

²⁷ 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.

²⁸ Pan American Health Organization, Gender Equality in Health. Available from the [PAHO website](#), accessed 24 February 2025.

²⁹ World Health Organization, Social determinants of health. Available from the [World Health Organization Website](#), accessed 19 June 2024.

- 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.³⁰

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.³¹

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 ethically³².

Designing and implementing assessment with the emergence of AI presents 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.³³

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](#)

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.³⁴

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.³⁵

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;

³⁰ 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.

³¹ Australian Academic Integrity Network (AAIN), *Generative artificial intelligence guidelines* (2023). Available from the [TEQSA website](#), accessed 19 June 2024.

³² 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.

³³ Tertiary Education Quality and Standards Agency, *Assessment reform for the age of artificial intelligence* (2023). Available from the [TEQSA website](#), accessed 6 February 2025.

³⁴ World Health Organization, *Fact sheets - Climate change*. Available from the [World Health Organization website](#), accessed 19 June 2024.

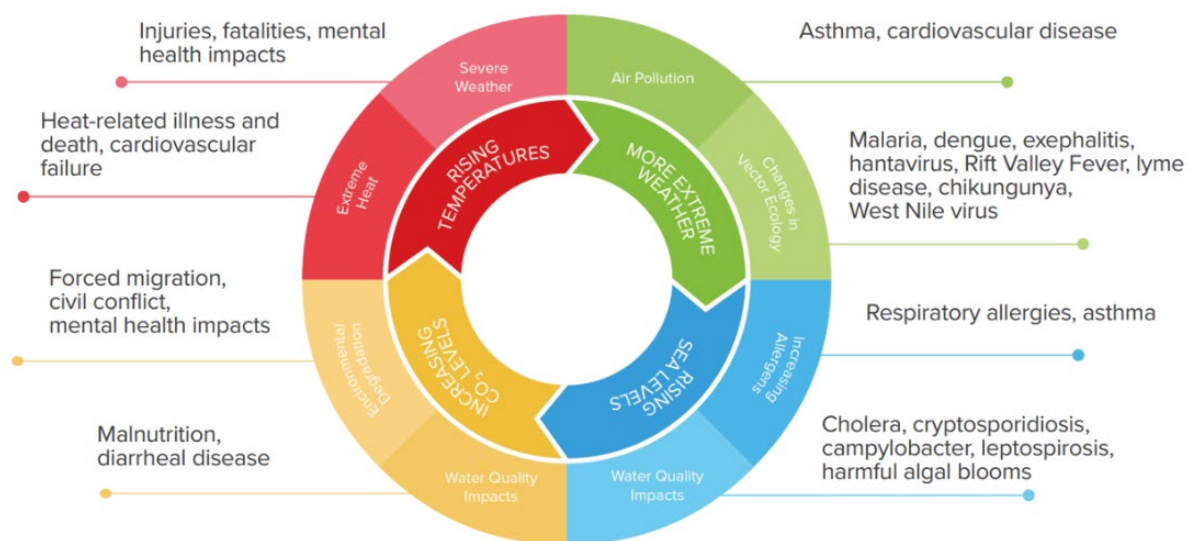
³⁵ Australian Commission on Safety and Quality in Health Care (ACSQHC), Interim Australian Centre for Disease Control and Council of Presidents of Medical Colleges, *Joint Statement: Working together to achieve sustainable high-quality health care in a changing climate* (2024). Available from the [ACSQHC website](#), accessed 15 January 2025.

and strengthening primary care, self-management and patient empowerment.³⁶ Education providers and programs may already implement environmentally sustainable practices which may include:

- 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 wellbeing of current and future generations.³⁷ Figure 5 shows the impacts of climate change on health outcomes.

Figure 5: Impacts of climate change on health outcomes³⁸



[Return to standard 5](#)

³⁶ The Royal Australian College of Physicians, *Environmentally Sustainable Healthcare Position Statement* (2016). Available from the [RACP website](#), accessed 19 June 2024.

³⁷ World Health Organization, *Environmentally sustainable health systems: a strategic document* (2017). Available from the [World Health Organization website](#), accessed 20 June 2024..

³⁸ 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	<p>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.</p> <p>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.³⁹</p>
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. ⁴⁰
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. ⁴¹
Cultural determinants of Indigenous health	<p>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.</p> <p>Consistent with the thematic approach to the <i>Articles of the United Nations Declaration on the Rights of Indigenous Peoples</i> (UNDRIP)⁴², cultural determinants include, but are not limited to:</p> <ul style="list-style-type: none"> • 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

³⁹ Adapted from the Tertiary Education Quality and Standards Agency, *Glossary of terms*, Available on the [TEQSA website](#), accessed 1 August 2024.

⁴⁰ 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.

⁴¹ Adapted from Queensland Government, Metro North Health, *What is co-design?* Available from the [Queensland Government website](#), accessed 15 January 2025.

⁴² United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). Available from the [United Nations website](#), accessed 5 August 2024.

	<ul style="list-style-type: none"> • 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. <p>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.⁴³</p>
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. ⁴⁴
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. ⁴⁵
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. ⁴⁶
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. ⁴⁷
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. ⁴⁸

⁴³ 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

⁴⁴ TEQSA *Guidance Note: Scholarship* (2018). Available on the [TEQSA website](#), accessed 19 June 2024.

⁴⁵ 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.

⁴⁶ Independent Accreditation Committee, *Glossary of accreditation terms* (2023). Available on the [Ahpra website](#), accessed 19 June 2024.

⁴⁷ Independent Accreditation Committee, *Glossary of accreditation terms* (2023). Available on the [Ahpra website](#), accessed 19 June 2024.

⁴⁸ 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. ⁴⁹
Medicines (and/or pharmaceutical products)	<p>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.</p> <p>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.⁵⁰</p>
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	<p>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.</p> <p>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.</p> <p>Reasonable adjustment requirements directly address systemic discrimination experienced by people with disability in education.⁵¹</p>
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. ⁵²

⁴⁹ 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.

⁵⁰ 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.

⁵¹ Australian Human Rights Commission *Quick guide on reasonable adjustments*. Available on the [Australian Human Rights Commission website](#), accessed 19 June 2024.

⁵² World Health Organisation, *Social determinants of health*. Available on the [WHO website](#), accessed 11 February 2025.

5. List of acronyms

Ahpra	Australian Health Practitioner Regulation Agency
AQF	Australian Qualifications Framework
HES	Higher Education Standards
HESP	Higher Education Standards Panel
NSQHS Standards	National Safety and Quality Health Service Standards
TEQSA	Tertiary Education Quality and Standards Agency