



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)**

2021

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Preamble

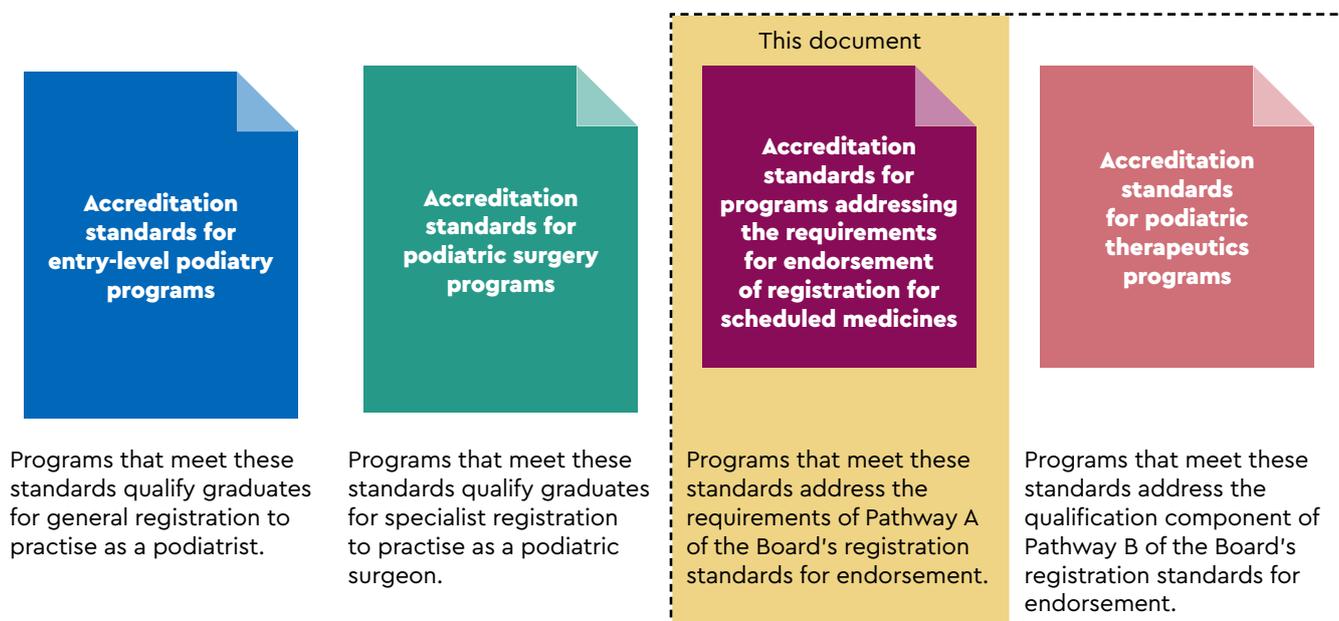
In Australia, the podiatry profession is regulated by the Podiatry Board of Australia (the Board) under the National Registration and Accreditation Scheme (the National Scheme), which came into effect on 1 July 2010. The Podiatry Accreditation Committee is appointed by the Board as the accreditation 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 Accreditation 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 list¹ 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 Australia 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:

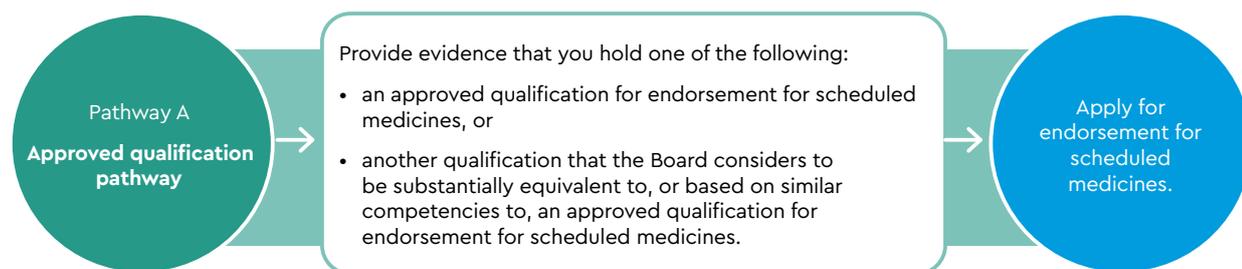
- Pathway A: Approved qualification pathway **or**
- Pathway B: Supervised practice pathway.

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



¹ The National podiatry scheduled medicines list is attached to the Registration standard: Endorsement for scheduled medicines available from www.podiatryboard.gov.au/Registration-Endorsement/Endorsement-Scheduled-Medicines. Accessed 23 June 2021.

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 www.podiatryboard.gov.au/Registration-Endorsement/Endorsement-Scheduled-Medicines. Accessed 23 June 2021.

³ The standards relevant to Pathway A are outlined in this document.

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

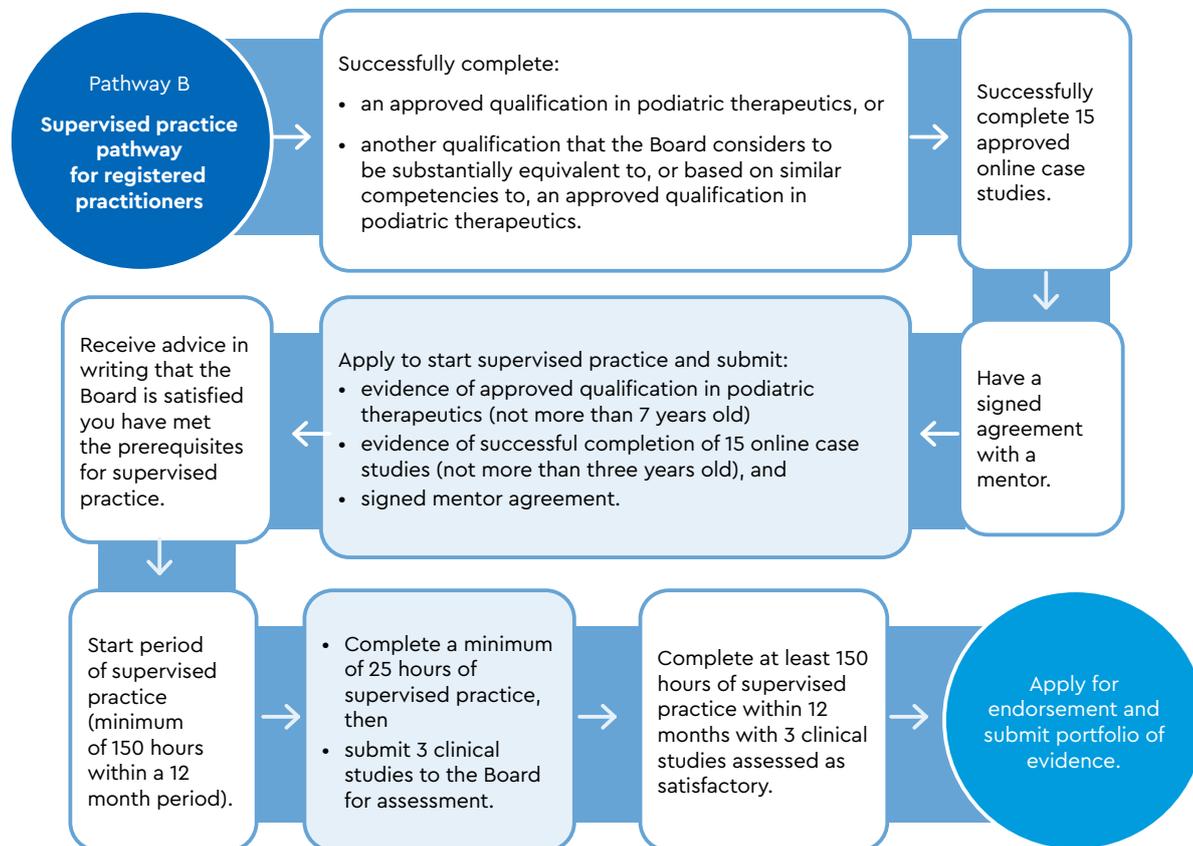
The qualification must be approved by the Board as meeting the requirements of Pathway B. The additional requirements outlined in the ESM registration standard are:

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



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 online at www.podiatryboard.gov.au/Accreditation.

⁵ More information, including two videos about Pathway B to endorsement for scheduled medicines, is available on the Podiatry Board of Australia's website at www.podiatryboard.gov.au/Registration-Endorsement/Endorsement-Scheduled-Medicines. Accessed 23 June 2021.

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 safe practice
2. Academic governance and quality assurance of education
3. Education design, implementation and resourcing
4. The student experience
5. Assessment

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 criterion. When the committee determines whether the evidence 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.

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*, and the relevant professional capabilities as described in the *Professional capabilities for podiatrists* and the *Professional capabilities for podiatric surgeons*.⁶

The relationship between the committee and other regulators

The Accreditation Committee recognises the role of the Australian Government Department of Education, Skills and Employment, 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) 2015* (threshold HES).⁷

Guidance on the presentation of evidence for accreditation assessment

The committee relies on assessment of current documentary evidence submitted by the education provider during the accreditation process and experiential evidence 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.

⁶ National Prescribing Service *NPS MedicineWise. Prescribing Competencies Framework: embedding quality use of medicines into practice (2nd Edition)*. Sydney, 2021 available from www.nps.org.au/prescribing-competencies-framework. Accessed 23 June 2021.

⁷ For information on the threshold HES, see <https://www.legislation.gov.au/Details/F2021L00488>. Accessed 23 June 2021.

How to present an explanation and expected information

The committee expects the education provider to 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, 3.4, 3.5, 3.6 and 5.1, but these serve different purposes for each criterion, so the accompanying explanation would be different for each criterion.

Providing a staffing profile

The Accreditation Committee expects the education provider to provide a staffing profile for Criteria 2.11, 3.10 and 5.4. The purpose of the staffing profile differs for each standard. As there may be duplication of information requested across these criteria, it is acceptable to submit one staffing profile that covers all the relevant information across these criteria.

A template for the staffing profile is available to education providers. Use of the 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 relevant criteria.

Providing examples of assessments

Education providers must provide examples of assessments for Criteria 1.1, 1.3, 3.5, 3.14 and 5.3. 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 provide evidence of 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 of accredited programs

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.

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

Feedback and further information

The committee invites education providers, accreditation assessors and other users to provide feedback on the expected information and explanatory notes in this document.

Please email any comments or suggestions you may have to the Program Accreditation Team at program.accreditation@ahpra.gov.au. The committee will review all feedback to inform any future refinements to this document.

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 necessary. This will generally occur at least every five years.

Date of effect: 1 January 2022

The accreditation standards, criteria, expected information, explanatory notes

Standard 1: Assuring safe practice

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

Criteria	Expected information for inclusion with accreditation application and/or monitoring response
<p>1.1 Safe practice is identified in the learning outcomes of the program, including any work-integrated learning elements.</p>	<ul style="list-style-type: none"> • Unit and/or subject profiles and/or outlines that show protection of the public and safe practice, including culturally safe practice, are addressed in the curriculum. • A range of different assessment tools or modalities which show that safe practice, including 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 the implementation of formal mechanisms used to identify, report on and address issues affecting on safe practice in program design, implementation and monitoring.
<p>1.2 Formal mechanisms exist and are applied with the aim of ensuring students are mentally and physically able to practise safely at all times.</p>	<ul style="list-style-type: none"> • 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.
<p>1.3 Students are required to achieve relevant capabilities before each period of work-integrated learning.</p>	<ul style="list-style-type: none"> • 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.
<p>1.4 Health practitioners who supervise students during work-integrated learning hold relevant, appropriate and current registration in Australia for the clinical elements they supervise, or equivalent registration in their country, where relevant.</p>	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> – 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.

Criteria	Expected information for inclusion with accreditation application and/or monitoring response
<p>1.5 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.</p>	<ul style="list-style-type: none"> • 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. • Examples that show the education provider monitors the currency of any required accreditation and licences. • 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. • Examples of the implementation of formal mechanisms used for clinical and workplace safety.
<p>1.6 The education provider requires students to comply with the principles of professional and safe practice, including a code of conduct consistent with the Podiatry Board of Australia's expectations of safe and professional conduct.</p>	<ul style="list-style-type: none"> • Examples of the implementation of a code of conduct that is consistent with the Board's guiding principles on ethical and professional conduct. • Information provided to students that refers to the requirement for them to comply with a code of conduct consistent with the Board's expectations and guidelines.⁸ • Evidence of mechanisms to monitor compliance with the education provider's code of conduct.
<p>1.7 The education provider complies with its obligations under the National Law and other laws.</p>	<ul style="list-style-type: none"> • Examples of implementation of formal mechanisms that show compliance with the National Law and other laws. • Examples of implementation of formal mechanisms that show compliance with the requirements for mandatory and voluntary notifications about students to Ahpra.

⁸ Guidelines issued by the Podiatry Board of Australia relevant to safe practice in ESM include, but may not be limited to: Podiatry Board of Australia (2018) *Guidelines for Endorsed Scheduled Medicines* available from www.podiatryboard.gov.au/Registration-Endorsement/Endorsement-Scheduled-Medicines; Podiatry Board of Australia (2014) Code of Conduct for Health Practitioners available from www.podiatryboard.gov.au/Policies-Codes-Guidelines/Code-of-conduct. Podiatry Board of Australia Guidelines for 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 www.podiatryboard.gov.au/Policies-Codes-Guidelines. Accessed 23 June 2021.

Standard 1: Explanatory notes

This standard addresses safe practice by podiatrists and podiatric surgeons and the safe care of patients. The focus is on educating students so that they practise safely once their registration is endorsed; assuring that students practise safely in work-integrated learning; and assuring the safety of students. The standard also addresses the way the education provider effectively manages work-integrated learning environments to ensure quality and reliable outcomes for both patients and students.

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 committee expects the education provider to assure safe practice in podiatry scheduled medicines education by teaching students about the different aspects of safe practice.

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.

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 committee expects the education provider to present documentary and experiential evidence that shows how their arrangements meet the accreditation standard and support students to achieve learning outcomes.

Achievement of relevant capabilities before work-integrated learning

To enable students to be safe prescribers of medicines, the committee expects that education providers will ensure students achieve the capabilities that are relevant to their subsequent period of work-integrated learning, before providing patient care. 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.

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 medicine, 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.

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:

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.⁹

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.

⁹ Approved accrediting agencies contact details www.safetyandquality.gov.au/standards/nsqhs-standards/assessment-nsqhs-standards/approved-accrediting-agencies-contact-details. Accessed 23 June 2021.

Standard 2: Academic governance and quality assurance of the program

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

Criteria	Expected information for inclusion with accreditation application/monitoring response
2.1 The education provider is registered with the Tertiary Education Quality Standards Agency (TEQSA).	<ul style="list-style-type: none"> Copy of written notice of decision from TEQSA on registration.
2.2 The podiatry scheduled medicines program has been approved by the education provider's relevant board or committee.	<ul style="list-style-type: none"> 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 podiatry scheduled medicines education that the board or committee has identified. Subsequent dialogue with the board or committee about addressing the issues.
2.3 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"> Education provider's relevant board or committee approval of the AQF level.
2.4 The education provider has robust academic governance in place that includes systematic monitoring, review and improvement, and committee/s or similar group/s with the responsibility, authority and capacity to design, implement and improve the program to meet the needs of the podiatry profession and the health workforce.	<ul style="list-style-type: none"> 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 contributes to improvement in the design, implementation and quality of the program. 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; and 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.
2.5 Formal mechanisms exist and are applied with the aim of evaluating and improving the design, implementation and quality of the program, including through student feedback, internal and external academic and professional peer review, and other evaluations.	<ul style="list-style-type: none"> 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.

Criteria	Expected information for inclusion with accreditation application/monitoring response
<p>2.6 Formal mechanisms exist and are applied with the aim of ensuring the ongoing availability and quality assurance of work-integrated learning.</p>	<ul style="list-style-type: none"> • Examples of implementation of formal quality assurance mechanisms for work-integrated learning including: <ul style="list-style-type: none"> – mechanisms for the training and monitoring of 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 – examples of responses to quality assurance findings.
<p>2.7 Students, academics and work-integrated learning supervisors in the program have opportunities to contribute to the information that informs decision-making about program design, implementation and quality.</p>	<ul style="list-style-type: none"> • 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.
<p>2.8 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.</p>	<ul style="list-style-type: none"> • Examples of effective engagement with a diverse range of external stakeholders (including representatives of Aboriginal and/or Torres Strait Islander Peoples and other relevant health professions) about program design and implementation. • List of all external stakeholders and detail the input they have had 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.
<p>2.9 Formal mechanisms exist and are applied with the aim of anticipating and responding to contemporary developments in prescribing and the education of health practitioners, within the curriculum of the program.</p>	<ul style="list-style-type: none"> • Examples of the implementation of formal mechanisms used to anticipate and respond to contemporary developments in podiatric prescribing and the education of students and health practitioners within the curriculum of the program.
<p>2.10 The education provider assesses and actively manages risks to the program and program outcomes.</p>	<ul style="list-style-type: none"> • Examples of: <ul style="list-style-type: none"> – 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. – engagement between the education provider and practitioners who provide instruction and supervision to students during work-integrated learning. – the implementation of formal mechanisms used for training and monitoring work-integrated learning supervisors.

Criteria	Expected information for inclusion with accreditation application/monitoring response
<p>2.11 The education provider appoints academic staff at an appropriate level to manage and lead the program.</p>	<ul style="list-style-type: none"> • Staffing profile for staff responsible for management and leadership of the program, identifying: <ul style="list-style-type: none"> – academic level of appointment – 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 management and leadership of programs.
<p>2.12 Staff managing and leading the program have sufficient autonomy to assure the level and range of human resources, facilities and equipment required.</p>	<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.
<p>2.13 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>	<ul style="list-style-type: none"> • Examples of: <ul style="list-style-type: none"> – 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 Reconciliation Action Plan (RAP), where available, including actions taken to comply with the RAP and the outcomes of such actions.
<p>2.14 The education provider ensures it holds and maintains appropriate insurance to indemnify all academic and clinical staff, students and clinical supervisors during all education activities, including work-integrated learning.</p>	<ul style="list-style-type: none"> • Evidence of current insurance, such as a certificate of currency. • Examples of the implementation of formal mechanisms to ensure that all relevant staff are informed of and understand the inclusions and limitations of the insurance policies.

Standard 2: Explanatory notes

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 evidence of 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 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 administer, obtain, possess, prescribe, sell, supply or use Schedule 2, 3, 4 or 8 medicines for the treatment of podiatric conditions.

Formal quality assurance mechanisms

The committee expects that the education provider will regularly monitor, and review education about podiatry scheduled medicines and the effectiveness of its implementation. The education provider must engage with, and consider the views of, representatives of the podiatry profession, students, graduates, academics, work-integrated learning supervisors, employers and other health professionals where relevant.

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

Evidence of 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 committee expects that 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, culturally and linguistically diverse 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.

Reconciliation Action Plan

In recent years, organisations have developed Reconciliation Action Plans (RAPs) to provide a framework for supporting the national reconciliation movement. A RAP is a strategic document that supports an organisation's business plan. It includes practical actions that will drive an organisation's contribution to reconciliation both internally and in the communities in which it operates.¹⁰

The committee acknowledges that developing a RAP is a new concept for many education providers and some will not yet have developed a RAP.

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.

¹⁰ For more information on Reconciliation Action Plans see www.reconciliation.org.au/reconciliation-action-plans/. Accessed 23 June 2021.
Accreditation standards: Programs for registered podiatrists and podiatric surgeons addressing the requirements for endorsement of registration in relation to scheduled medicines (ESM programs)

Staffing profile for staff responsible for management and leadership of the program

A template for the staffing profile is available for education providers to complete.¹¹ 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 2.11. The same template can also be used for Criteria 3.10 and 5.4.

The committee does not assess against the threshold HES, but it expects the education provider to submit clear evidence 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.

If information at the level of the program has been provided to and assessed by TEQSA, evidence of the outcome of TEQSA's assessment is sufficient, noting however that it is unlikely TEQSA will collect information on staffing at the program level.

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

The Accreditation Committee recognises that it may be difficult for all education providers to recruit Aboriginal and Torres Strait Islander peoples as staff who can facilitate learning in Aboriginal and Torres Strait Islander health. In the first instance, the committee will be looking for efforts by education providers 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 Islanders are not on staff.

¹¹ 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.

Standard 3: Program design, implementation and resourcing

Standard statement: Program design, implementation and resourcing enable students to achieve all the professional capabilities for prescribing scheduled medicines for podiatric conditions.

Criteria	Expected information for inclusion with accreditation application/monitoring response
3.1 A coherent educational philosophy informs program design and implementation.	<ul style="list-style-type: none"> Statement of the overall educational philosophy which informs program design and implementation.
3.2 Culturally safe practice is integrated in the design and implementation of the program and is articulated in learning outcomes, with an emphasis on Aboriginal and Torres Strait Islander cultures and cultural safety in the Australian healthcare setting.	<ul style="list-style-type: none"> Explanation of how culturally safe practice is integrated in the design and implementation of the program. Details of learning outcomes that articulate how culturally safe practice is integrated into the program, with emphasis on Aboriginal and Torres Strait Islander cultures and cultural safety in the Australian healthcare setting.
3.3 Learning outcomes address the relevant professional capabilities for podiatrists and podiatric surgeons required for endorsement of registration through Pathway A.	<ul style="list-style-type: none"> Curriculum map that shows alignment and mapping of learning outcomes to all the professional capabilities required for endorsement. Detailed profiles and/or outlines for each unit and/or subject in the program.
3.4 The sequencing of education includes vertical and horizontal integration of theoretical concepts and practical application including work-integrated learning experiences.	<ul style="list-style-type: none"> Overview of the sequence of education identifying relationships between units/subjects.
3.5 Learning outcomes address contemporary principles of interprofessional education, collaborative practice and reflective practice.	<ul style="list-style-type: none"> Unit and/or subject profiles and/or outlines that show where the principles of interprofessional education, collaborative practice and reflective practice are included and reflected in student learning outcomes.
3.6 Learning outcomes and assessment specifically reference the relevant national safety and quality standards, with emphasis on medication safety.	<ul style="list-style-type: none"> Unit and/or 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 the relevant national safety and quality standards.
3.7 Unit and/or subject learning outcomes in the program address social and cultural determinants of health.	<ul style="list-style-type: none"> Program materials and unit and/or subject profiles and/or outlines that show where social and cultural determinants of health are addressed, in particular as they relate to the care of Aboriginal and Torres Strait Islander Peoples and the individual across the lifespan, including frailty, disability, palliative care and person-centred care.

Criteria	Expected information for inclusion with accreditation application/monitoring response
<p>3.8 The education provider ensures work-integrated learning experiences provide students in the program with regular opportunities to reflect on their observations of practice in the clinical setting.</p>	<ul style="list-style-type: none"> • 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.
<p>3.9 Legislative and regulatory requirements relevant to ESM are taught and their application to practice is assessed during periods of work-integrated learning in the program.</p>	<ul style="list-style-type: none"> • 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.
<p>3.10 The education provider has an active relationship with the practitioners who provide instruction and/or supervision to students during work-integrated learning, and formal mechanisms exist and are applied with the aim of training and monitoring those supervisors.</p>	<ul style="list-style-type: none"> • Examples of: <ul style="list-style-type: none"> – engagement between the education provider and practitioners who provide instruction and/or supervision to students during work-integrated learning. – the implementation of formal mechanisms used for training, monitoring and evaluating work-integrated learning supervisors.
<p>3.11 The quality, quantity, 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.</p>	<ul style="list-style-type: none"> • Explanation about how the education provider monitors the quality, quantity, 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.
<p>3.12 The education provider appoints academic staff at an appropriate level to implement each program.</p>	<ul style="list-style-type: none"> • Staffing profile for staff responsible for implementation of the unit and/or subject, identifying: <ul style="list-style-type: none"> – academic level of appointment – role in implementation of each unit and/or subject – 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 programs.
<p>3.13 The education provider offers development opportunities for staff to stay up-to-date with educational approaches and technologies.</p>	<ul style="list-style-type: none"> • Details of development opportunities and staff engagement in these

Criteria	Expected information for inclusion with accreditation application/monitoring response
<p>3.14 Each 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 required for endorsement of registration for scheduled medicines.</p>	<ul style="list-style-type: none"> • Letter from the vice chancellor (or delegate) confirming ongoing support for the quality and resourcing of the program. • Description of, and examples that show, the facilities and equipment used by the education provider for teaching and learning in the program enable students to achieve all the professional capabilities required for endorsement. • List of all equipment used by the education provider for teaching and learning in the program; a statement about other equipment used; and the servicing schedule for relevant equipment.

Standard 3: Explanatory notes

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.

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 evidence in 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 committee expects the education provider to 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 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
- 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.

Cultural safety 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 a *Statement of intent* (the statement) in 2018. The statement highlights the Health Strategy Group's intent to achieve equity in health outcomes between Aboriginal and Torres Strait Islander Peoples and other Australians and to close the gap by 2031. Their vision is that patient safety for Aboriginal and Torres Strait Islander Peoples is the norm.

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.

Definition

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; and
- 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 and 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.

More than 35 registered podiatrists and podiatric surgeons identify as Aboriginal or Torres Strait Islander.¹²

Cultural competence 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 and linguistically diverse nation.

While there are many professional capabilities necessary to be a competent health practitioner, in Australia's

¹² As at 30 June 2020.

multicultural society, cultural competence is particularly important.

Cultural competence is defined as a set of congruent behaviours, attitudes and policies that come together in a system, agency, or among professionals and enables that system, agency or those professionals to work effectively in cross-cultural situations.

The word culture is used because it implies the integrated pattern of human behaviour that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. The word competence is used because it implies having the capacity to function effectively.

A culturally competent system of care acknowledges and incorporates:

- the importance of culture
- the assessment of cross-cultural relations
- vigilance towards the dynamics that result from cultural differences
- the expansion of cultural knowledge, and
- the adaptation of services to meet culturally unique needs.¹³

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.

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

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

Interprofessional education

Interprofessional education is important for preparing students 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.

The principles of interprofessional education encompass learning about, from and with other health professions, and understanding, valuing and respecting individual discipline roles in health care with the goal of facilitating multi-disciplinary care and the ability to work in teams across professions for the benefit of the patient.

Teaching and assessment of legislative and regulatory requirements

The committee expects legislative and regulatory requirements relevant to endorsement for scheduled medicines will be taught and assessed and that 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

The committee expects that students are given extensive and diverse work-integrated learning experiences in a range of settings, such as (but not limited to) community and hospital-based clinics, private practices (both on and off campus), health, aged and disability care settings and patients in a range of age groups and 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.

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

¹³ Adapted from Social and Cultural Determinants of Indigenous Health. Implementation Plan Advisory Group Consultations 2017 Discussion Paper, see www.consultations.health.gov.au/indigenous-health/determinants/. Accessed 23 June 2021.

Staffing profile for staff responsible for assessment of students in the program

A template for the staffing profile is available to education providers for completion¹⁴. 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 3.10. The same template can also be used for Criteria 2.11 and 5.4.

The Accreditation Committee expects the education provider to submit clear evidence that all staff with responsibilities for assessment of students in the program have:

- a) skills in contemporary assessment principles and practice relevant to their responsibilities, and
- b) 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 assessed by TEQSA, evidence of the outcome of TEQSA's assessment is sufficient.

¹⁴ 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.

Standard 4: The student experience

Standard statement: Students have equitable and timely access to information and learning support.

Criteria	Expected information for inclusion with accreditation application/monitoring response
<p>4.1 Program information is complete, accurate, clear, accessible and up-to-date.</p>	<ul style="list-style-type: none"> • Information and/or links to website pages provided to prospective students (before enrolment) and enrolled students about the program, including information on pre-requisites and recognition of prior learning. • Description of mechanisms by which students can access inherent requirements and reasonable adjustments to allow them to complete their studies. • De-identified examples of reasonable adjustments, together with student learning outcomes. • Explanation about when and how prospective and enrolled students are provided with full details about registration requirements, fees, refunds and any other costs involved in the program.
<p>4.2 Formal mechanisms exist and are applied with the aim of ensuring physical, psychological and cultural safety for students at all times.</p>	<ul style="list-style-type: none"> • Examples of: <ul style="list-style-type: none"> – the implementation of formal mechanisms 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 and online environments. – feedback from students about the safety of the environment. – resolving any issues that compromised the physical, psychological and/or cultural safety of the environment for students.
<p>4.3 The education provider assesses and actively manages risks to students enrolled in the program.</p>	<ul style="list-style-type: none"> • Examples of: <ul style="list-style-type: none"> – development and implementation of a risk management plan. – the implementation of formal mechanisms for assessing, mitigating and addressing risks to students enrolled in the program. – engagement between the education provider and practitioners who provide instruction and supervision to students during work-integrated learning. – the implementation of formal mechanisms used for training and monitoring work-integrated learning supervisors.
<p>4.4 The education provider identifies and provides support services, including cultural support services, to meet the needs of students.</p>	<ul style="list-style-type: none"> • Examples of the implementation and availability of adequate support services to meet the needs of students.
<p>4.5 There are specific strategies to address the recruitment, admission, participation and completion of the program by Aboriginal and Torres Strait Islander Peoples.</p>	<ul style="list-style-type: none"> • Examples of: <ul style="list-style-type: none"> – the implementation of formal mechanisms for recruitment and admission to the program by Aboriginal and/or Torres Strait Islander Peoples. – the implementation of formal mechanisms to support retention of Aboriginal and Torres Strait Islander Peoples.

Standard 4: Explanatory notes

This standard focuses on how the education provider ensures students have equitable and timely access to information and learning support and provides a student experience that is culturally safe.

The Accreditation Committee does not assess against the threshold HES, but it expects the education provider to submit clear evidence of implementation of any formal mechanisms used to ensure student access to information and learning support.

Program information

The committee expects the education provider to 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.¹⁵ Enrolled students should also be reminded of the requirements. These are outlined on the Board's website at www.podiatryboard.gov.au/Registration-Endorsement/Endorsement-Scheduled-Medicines.aspx.

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

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

The committee expects that evidence of the implementation of adequate student learning, welfare and cultural support services is 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.

Evidence of 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.

¹⁵ Podiatry Board of Australia *Registration Standards*, see www.podiatryboard.gov.au/Registration-Standards. Accessed 23 June 2021. More detailed information on the registration standards is contained in the Board's Policies, Codes and Guidelines available from www.podiatryboard.gov.au/Policies-Codes-Guidelines. Accessed on 23 June 2021.

¹⁶ Domain 1 of the HES Framework available from www.teqsa.gov.au/hesf-domain-1. Accessed on 23 June 2021.

Standard 5: Assessment

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

Criteria	Expected information for inclusion with accreditation application/monitoring response
<p>5.1 All relevant professional capabilities for endorsement of registration in relation to scheduled medicines and learning outcomes are mapped to assessment tasks.</p>	<ul style="list-style-type: none"> • Assessment matrix or other consolidated and comprehensive assessment design documents to show alignment and mapping of all assessment tasks, all unit and/or subject learning outcomes and all professional capabilities required for endorsement. • Detailed profiles and/or outlines for each unit and/or 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 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.
<p>5.2 Multiple valid and reliable assessment tools, modes and sampling are used throughout the program, including evaluation of student capability through authentic assessment via direct observation of students in the clinical and non-clinical settings.</p>	<ul style="list-style-type: none"> • Details of the assessment strategy, identifying assessment tools, modes and sampling. • Examples of implementation of formal mechanisms used to evaluate student capability in the clinical setting.
<p>5.3 Formal mechanisms exist and are applied with the aim of ensuring assessment of student learning outcomes reflects the principles of assessment.</p>	<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. – external referencing of assessment methods including the outcomes.
<p>5.4 Staff assessing students (including staff assessing work-integrated learning) are suitably experienced, prepared for the role, and hold appropriate qualifications and registration where required.</p>	<ul style="list-style-type: none"> • Staffing profile for academic staff responsible for assessment of students in the program identifying: <ul style="list-style-type: none"> – academic level of appointment – role in assessment of students – fraction (full-time, part-time) and type of appointment (ongoing, contract, casual) – qualifications and/or experience relevant to their responsibilities – relevant registration status where required (for health practitioners), and – engagement in further learning related to their role and responsibilities. • Details of arrangements to monitor staff who assess students during work-integrated learning to ensure assessment is based on the principles of assessment. • Description and examples that show the mechanisms by which the education provider ensures staff demonstrate culturally safe practice in the assessment of students.

Criteria	Expected information for inclusion with accreditation application/monitoring response
<p>5.5 Formal mechanisms exist and are applied with the aim of ensuring the learning outcomes and assessment for all work-integrated learning activities are defined and known to both students and supervisors.</p>	<ul style="list-style-type: none"> • Information provided to students and supervisors about work-integrated learning activities and assessment. • Examples of: <ul style="list-style-type: none"> – 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 5: Explanatory notes

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.

Principles of assessment

The principles of assessment are a set of measures to ensure that assessment of students is valid, reliable, authentic, flexible and fair. The Accreditation Committee expects the education provider to implement an assessment strategy that reflects the principles of assessment. When the education provider designs and implements supplementary and alternative assessments, these must contain different material to the original assessment.

Staffing profile for staff responsible for assessment of students in the program

A template for the staffing profile is available to education providers for completion. 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 5.4.¹⁷ The same template can also be used for Criteria 2.11 and 3.10.

The committee does not assess against the threshold HES, but it expects the education provider to submit clear evidence that all staff with responsibilities for assessment of students in the unit and/or subject have:

- a) skills in contemporary assessment principles and practice relevant to their responsibilities, and
- b) 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 assessed by TEQSA, evidence of the outcome of TEQSA's assessment is sufficient.

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.

Glossary

Accreditation standards	Used to assess whether a program of study, and the education provider that provides the program provide people who complete the program with the knowledge, skills and other professional attributes needed to safely and competently practice as a podiatrist in Australia.
Assessment matrix	A technical component of assessment; it is a document that demonstrates the link between learning outcomes and assessment tasks. Note: the terms assessment blueprint or summary and assessment sampling framework are also in use by education providers. ¹⁸
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. ¹⁹
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.
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. ²⁰
Education provider	The term used by the National Law to describe universities, other tertiary institutions and specialist colleges.
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	When two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes. ²¹
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 demonstrate as a result of learning. ²²
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. ²³
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.

¹⁸ Medical Deans Australia and NZ (HWA project), *Developing a national assessment blueprint for clinical competencies for the medical graduate (competencies project stage 3) final report*, see www.medicaldeans.org.au/resources/reports/. Accessed 23 June 2021.

¹⁹ Adapted from TEQSA glossary of terms, see www.teqsa.gov.au/glossary-terms. Accessed 23 June 2021.

²⁰ TEQSA (2018) *Guidance Note: Scholarship* see www.teqsa.gov.au/latest-news/publications/guidance-note-scholarship. Accessed 23 June 2021.

²¹ Health Professions Network Nursing and Midwifery Office within the Department of Human Resources for Health (2010). *Framework for action on interprofessional education & collaborative practice*. Geneva, World Health Organization (WHO), see www.who.int/hrh/resources/framework_action/en/. Accessed 23 June 2021.

²² Adapted from Australian Qualifications Framework, Second Edition January 2013, see www.aqf.edu.au. Accessed 23 June 2021.

²³ Definition adapted from National Prescribing Service NPS MedicineWise. *Prescribing Competencies Framework: embedding quality use of medicines into practice* (2nd Edition). Sydney, 2021 available from <https://www.nps.org.au/prescribing-competencies-framework>. Accessed 23 June 2021.

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 deemed reasonable.</p> <p>Reasonable adjustment requirements directly address systemic discrimination experienced by people with disability in education.²⁴</p>
Reliable assessment	The degree to which an assessment tool produces stable and consistent results. ²⁵
Work-integrated learning	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. ²⁶
Work-integrated learning supervisor and/or supervision	<p>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.</p> <p>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.</p>

List of acronyms and abbreviations

Ahpra	Australian Health Practitioner Regulation Agency
AQF	Australian Qualifications Framework
HES	Higher Education Standards
TEQSA	Tertiary Education Quality and Standards Agency

²⁴ Australian Human Rights Commission *Quick guide on reasonable adjustments* see <https://humanrights.gov.au/quick-guide/12084>. Accessed 23 June 2021.

²⁵ International Teacher Training Academy Australia (2017) *Principles of Assessment – Part 1 (Reliability)* see www.ittacademy.net.au/principles-assessment-part-1/. Accessed 23 June 2021.

²⁶ Patrick, C-j., Peach, D., Pocknee, C., Webb, F., Fletcher, M., Pretto, G. (2008) *The Work Integrated Learning report: A national scoping study [Australian Learning and Teaching Council (ALTC) Final report]* Brisbane: Queensland University of Technology, see <https://eprints.qut.edu.au/44065/>. Accessed 23 June 2021.