



Podiatry
Accreditation
Committee

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

2021

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Preamble

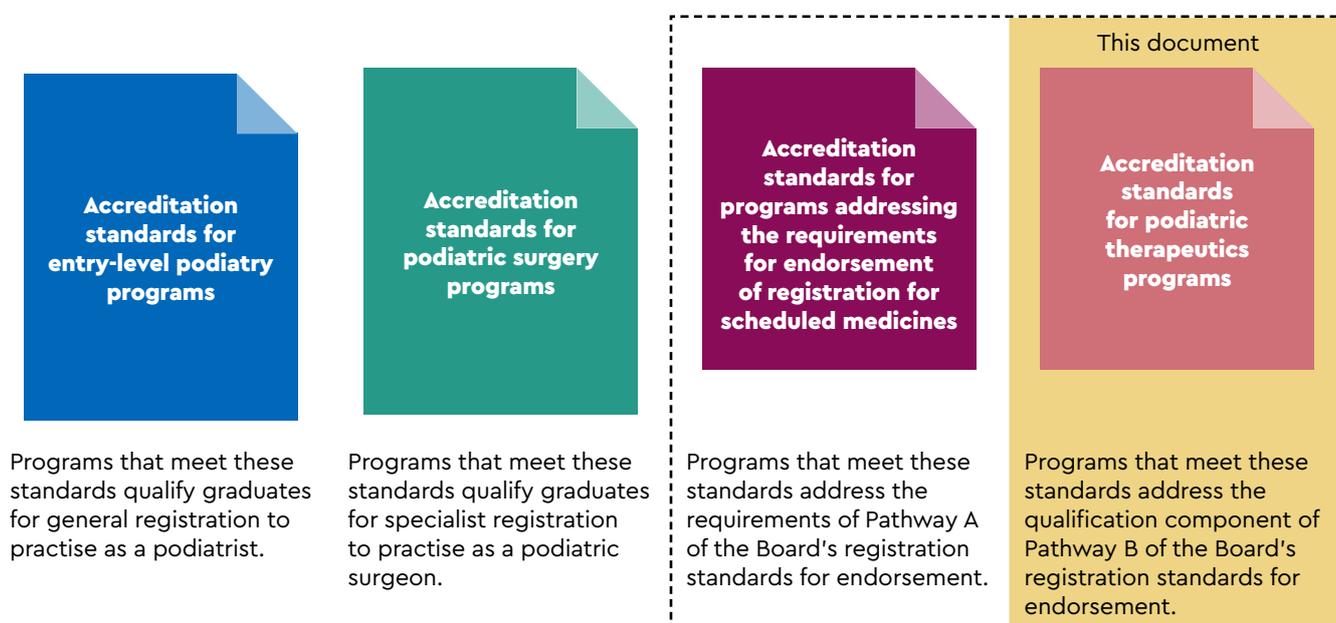
In Australia, the podiatry profession is regulated by the Podiatry Board of Australia (the Board) under the National Registration and Accreditation Scheme (the National Scheme), which came into effect on 1 July 2010. The Podiatry Accreditation Committee is appointed as the accreditation authority for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

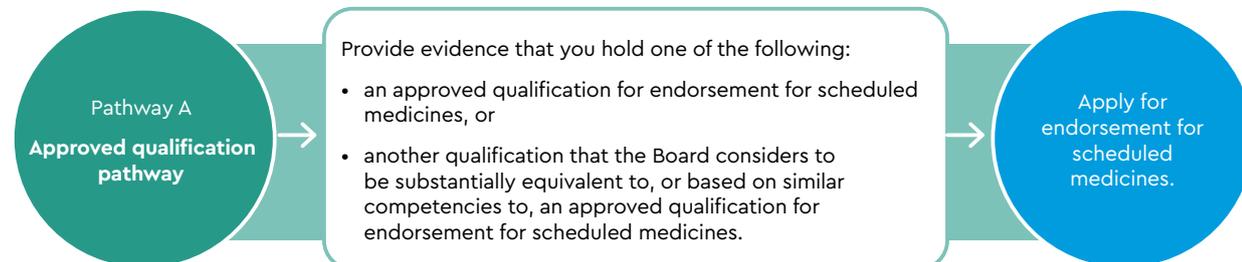
Pathway A: Approved qualification pathway

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 requirements for endorsement of registration in relation to scheduled medicines (ESM programs)*.

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 Endorsement is provided under section 94 of the National Law.

³ 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.

⁴ Refer to 3. *Accreditation standards for programs for registered podiatrists and podiatric surgeons addressing requirements for endorsement of registration in relation to scheduled medicines (ESM programs)* available online at www.podiatryboard.gov.au/Accreditation.

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:

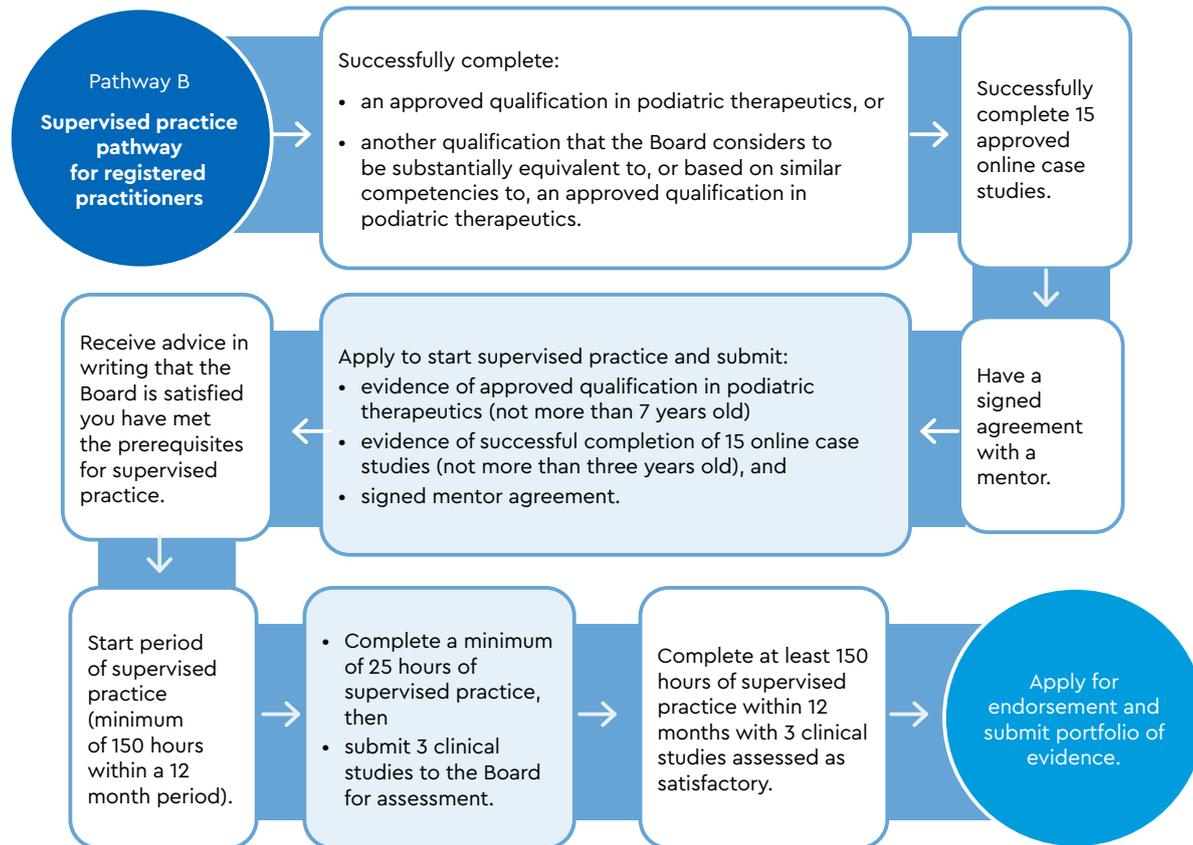
- holding an approved qualification in podiatric therapeutics (or another qualification that the Board considers substantially equivalent, or based on similar competencies to an approved qualification in podiatric therapeutics) **and**
- completing additional requirements as outlined in the Board's ESM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

Pathway B is shown in Figure 3.

Figure 3: Pathway B to endorsement for scheduled medicines⁶



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

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

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

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

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

Structure of the accreditation standards

The accreditation standards comprise five standards:

1. Assuring 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 key 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 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 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, and the relevant professional capabilities as described in the *Professional capabilities for podiatrists* and the *Professional capabilities for podiatric surgeons*.⁷

The relationship between the committee and other regulators

The committee recognises the role of the Australian Government Department of Education, Skills and Employment, 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) 2015* (threshold HES).⁸

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.

The committee 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.

The onus is on the education provider to present evidence 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 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.

⁷ 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.

⁸ 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, 3.3, 3.4, 3.5 and 5.1, but serve different purposes for each criterion, therefore the accompanying explanation would be different for each criterion.

Providing a staffing profile

The committee expects the education provider to provide a staffing profile for Criteria 2.10, 3.6 and 5.4. The purpose of the staffing profile differs for each standard. As there may be duplication of information 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 for completion. 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

The committee expects the education provider to provide examples of assessments for Criteria 1.1, and 5.3. The examples should include a range of different assessment tools or modalities. For each tool or modality, provide a range of de-identified examples from students across the range of performance. Where possible include an example of a satisfactory or pass, and an example of unsatisfactory or where the benchmark is not yet met.

Implementation of formal mechanisms

The committee recognises that it is likely that TEQSA has assessed the education provider's policy and procedure portfolio. The committee requires evidence of 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 of accredited programs

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

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 podiatric therapeutics 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
1.1 Safe practice is identified in the learning outcomes of the program.	<ul style="list-style-type: none">• Program materials and unit and/or subject profiles and/or outlines that show the theoretical foundations for 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 the theoretical foundations for 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.
1.2 The education provider complies with its obligations under the National Law and other laws.	<ul style="list-style-type: none">• Examples of the implementation of formal mechanisms that show compliance with the National Law and other laws.

Standard 1: Explanatory notes

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

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 committee expects the education provider to 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.

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.

Criteria	Expected information for inclusion with accreditation application/monitoring response
2.1 The education provider is currently registered with the TEQSA.	<ul style="list-style-type: none"> Copy of written notice of decision from TEQSA on registration including whether TEQSA has granted self-accrediting authority.
2.2 The podiatric therapeutics 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 podiatric therapeutics program that the board or committee has identified. Subsequent dialogue with the board or committee about addressing any issues.
2.3 TEQSA or the relevant education provider board or committee has approved the academic level of the program at the equivalent of an Australian Bachelor degree at Level 7 or higher in the Australian Qualifications Framework (AQF).	<ul style="list-style-type: none"> TEQSA or the education provider's relevant board or committee approval of the academic level of the program.
2.4 The education provider has robust academic governance for each program 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 last three years. Current list of members of the committees or groups responsible for unit and/or subject 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 the program.

Criteria	Expected information for inclusion with accreditation application/monitoring response
<p>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.</p>	<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 actions taken, and changes made to improve the design, implementation and quality of the program in response to student or staff feedback.
<p>2.6 Students and academics 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 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. • Examples that show how feedback from students and academics is used to improve the program.
<p>2.7 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>	<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 the design, implementation and quality of the program, including the list of representatives on the group and their current positions. • The current stakeholder group's meeting calendar for the current year and minutes and actions of any previous meetings in the last two years, highlighting points of relevance to this standard. • Examples of reports from employer and/or graduate surveys and/or reviews and explanation of the outcomes and actions taken in response to reports. • Records of other stakeholder engagement activities showing participation, decisions made and implemented.
<p>2.8 Formal mechanisms exist and are applied with the aim of anticipating and responding to contemporary developments in podiatric prescribing and the education of health practitioners, within the curriculum.</p>	<ul style="list-style-type: none"> • Examples of implementation of formal mechanisms used to anticipate and respond to contemporary developments in podiatric prescribing and the education of students of podiatry and health practitioners within the curriculum.
<p>2.9 The education provider assesses and actively manages risks to each program and program outcomes.</p>	<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.

Criteria	Expected information for inclusion with accreditation application/monitoring response
<p>2.10 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 the program.
<p>2.11 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>2.12 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 any targeted recruitment of Aboriginal and Torres Strait Islander staff. • Examples of the implementation of formal mechanisms used to recruit staff, including an equal employment opportunity policy for employment of Aboriginal and Torres Strait Islander Peoples. • Examples of 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, where available, including actions taken to comply with the Reconciliation Action Plan and the outcomes of such actions.
<p>2.13 The education provider ensures it holds and maintains appropriate insurance to indemnify all academic and clinical staff, and students during all education activities.</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 podiatric therapeutics program. The committee acknowledges TEQSA's role in assessing the education provider's governance as part of their registration application. The committee seeks evidence of how the podiatric therapeutics program operates within the organisational governance.

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

Formal quality assurance mechanisms

The committee expects that the education provider will regularly monitor and review the program and the effectiveness of its implementation. The education provider must engage with, and consider the views of, representatives of the podiatry profession, students, graduates, academic staff, 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. The Accreditation Committee expects that 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 Accreditation 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 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, 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.⁹

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 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.

⁹ For more information on Reconciliation Action Plans see www.reconciliation.org.au/reconciliation-action-plans/. Accessed 23 June 2021.

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.¹⁰ 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 2.10. The same template can also be used for Criteria 3.6 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

- 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.

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 who can facilitate learning in Aboriginal and Torres Strait Islander health. In the first instance the committee look 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 (that is, by engaging with guest speakers from local communities) if Aboriginal and Torres Strait Islanders are not on staff.

¹⁰ 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 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	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 that informs the program design and implementation, including evidence of compliance with the overall educational philosophy.
3.2 Culturally safe practice is integrated in the design and implementation of the program and is articulated in unit and/or subject 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 unit and/or subject learning outcomes that articulate how culturally safe practice is integrated in the program, with emphasis on Aboriginal and Torres Strait Islander cultures and cultural safety in the Australian healthcare setting.
3.3 Unit and/or subject learning outcomes address theoretical aspects of the relevant professional capabilities for podiatrists or podiatric surgeons	<ul style="list-style-type: none"> Curriculum mapping showing alignment and mapping of unit and/or subject learning outcomes that address theoretical aspects across the scope of the relevant professional capabilities. Detailed profiles and/or outlines for each unit and/or subject.
3.4 Unit and/or subject learning outcomes address contemporary principles of interprofessional education and collaborative practice in the context of prescribing by podiatrists and podiatric surgeons whose registration is endorsed for scheduled medicines.	<ul style="list-style-type: none"> Unit and/or subject profiles and/or outlines that show where principles of interprofessional education and collaborative practice are included and reflected in the unit and/or subject learning outcomes.
3.5 Unit and/or subject learning outcomes and assessment specifically reference the relevant national safety and quality standards, with a particular 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.
3.6 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.
3.7 Legislative and regulatory requirements relevant to podiatric therapeutics are taught and assessed.	<ul style="list-style-type: none"> Identification of where relevant legislative and regulatory requirements are taught and assessed.

Criteria	Expected information for inclusion with accreditation application/monitoring response
<p>3.8 The education provider appoints academic staff at an appropriate level to implement the program.</p>	<ul style="list-style-type: none"> • Staffing profile for staff responsible for implementation of the unit and/or subject, identifying their: <ul style="list-style-type: none"> – academic level of appointment – role in implementation of the 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>3.9 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.

Standard 3: Explanatory notes

This standard focuses on how each unit and/or subject is designed and implemented to produce graduates who can demonstrate the theoretical foundations in podiatric therapeutics required to commence the supervised practice component of Pathway B of the ESM registration standard.

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 evidence about how the curriculum is structured and integrated to produce graduates who have the theoretical foundation to start supervised practice under Pathway B.

The committee expects the education provider to 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

The committee expects that at a minimum the education provider would 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
- Aged Care Quality and Safety Commission, and the
- National Disability Insurance Scheme Quality and Safeguards Commission, and other relevant agencies.

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

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 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.¹¹

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 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.

¹¹ As at 30 June 2020.

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.¹²

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, 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.

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, including medical practitioners, 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 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.

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

A template for the staffing profile is available to education providers for completion¹⁵. 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 3.6. The same template can also be used for Criteria 2.10 and 5.4.

The 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 relevant to their responsibilities at Master's level or higher, 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.

¹² 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.

¹⁵ 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 in the program have equitable and timely access to program 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. This should include information on the supervised practice component of Pathway B of the ESM registration standard.
<p>4.2 Formal mechanisms are in place 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 enrolled students.</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 enrolled students.
<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"> – implementation of formal mechanisms for recruitment and admission to the program by Aboriginal and 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 program information and learning support and provides a student experience that is culturally safe.

The committee does not assess against the threshold HES, but it expects the education provider to submit clear evidence of implementation at the level of the program, of any formal mechanisms used to ensure student access to program 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 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.¹⁴ The Accreditation Committee expects the education provider to 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."¹⁵

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

The committee expects that evidence of 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. Evidence of 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.

¹⁴ 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.

¹⁵ Domain 1 of the HES Framework available from www.tegsa.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 The relevant professional capabilities for endorsement of registration for scheduled medicines and unit and/or subject 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 relevant professional capabilities. • Detailed unit and/or subject profile and/or outline, including details of the assessment tasks for each unit of study.
<p>5.2 Multiple valid and reliable assessment tools, modes and sampling are used throughout the program.</p>	<ul style="list-style-type: none"> • Details of the assessment strategy, identifying assessment tools, modes and sampling.
<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 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 (ongoing, contract, casual) of appointment – 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. • Description of and examples that show the mechanisms by which the education provider ensures staff demonstrate culturally safe practice in the assessment of students.

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 program. The committee expects the education provider to show how they assure that every student who passes has achieved the theoretical foundations in podiatric therapeutics required to commence the supervised practice component of Pathway B of the ESM registration standard

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

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 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 in the unit and/or subject that 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 to complete. 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 5.4.¹⁶ The same template can also be used for Criteria 2.10 and 3.6.

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 program have:

- a) skills in contemporary assessment principles and practice relevant to their responsibilities, and
- b) a qualification relevant to their responsibilities at Masters level or higher, 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.

¹⁶ 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. ¹⁷
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. ¹⁸
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. ¹⁹
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. ²⁰
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. ²¹
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. ²²
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.

¹⁷ 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.

¹⁸ Adapted from TEQSA glossary of terms, see www.teqsa.gov.au/glossary-terms. Accessed 23 June 2021.

¹⁹ TEQSA (2018) *Guidance Note: Scholarship* see www.teqsa.gov.au/latest-news/publications/guidance-note-scholarship. Accessed 23 June 2021.

²⁰ 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.

²¹ Adapted from Australian Qualifications Framework, Second Edition January 2013, see www.aqf.edu.au. Accessed 23 June 2021.

²² 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.²³</p>
Reliable assessment	The degree to which an assessment tool produces stable and consistent results. ²⁴

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

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

²⁴ 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.