



Draft proposed threshold professional capabilities for podiatrists

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1. Introduction

The Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), established the Podiatry Board of Australia (the Board) to begin national regulation of the profession from 1 July 2010.

Podiatrists and podiatric surgeons in Australia are regulated under the National Law and must be registered with the Board. Only individuals who hold current general registration with the Board are permitted to use the professional title of podiatrist. Registered podiatrists must comply with the Board's standards, codes and guidelines including engaging in professional development and practice to continuously maintain clinical competence and professional practice.

Podiatrists work in a range of public and private settings. The professional capabilities in this document apply to all contexts of podiatry, irrespective of setting, location, environment, field of practice or workforce role. Like other health professionals, podiatrists continue to respond to new challenges facing the profession within different settings and with new technology. Therefore, it is important for the threshold professional capabilities of podiatrists to be defined as the basis for the assessment of the knowledge, skills and attributes of podiatrists seeking registration in Australia.

Purpose of the *Professional capabilities for podiatrists*

The professional capabilities in this document identify the knowledge, skills and professional attributes needed to safely and competently practise as a podiatrist in Australia. They describe the threshold or minimum level of professional capability required for registration as a podiatrist, and they include the capabilities required to safely and effectively prescribe a range of pharmaceutical products to patients.

Once approved by the Board, these professional capabilities will replace the competency standards published by the Australian and New Zealand Podiatry Accreditation Council in 2015 as the approved capabilities used by the Board for its regulatory functions.¹

Professional capabilities for podiatrists and accreditation of podiatry programs in Australia

The Podiatry Accreditation Committee (Accreditation Committee) is responsible for developing accreditation standards for approval by the Board and assessing programs of study and education providers against those accreditation standards. Accreditation standards are statements used to assess whether a program of study, and the education provider that provides that program, provide graduating students with the knowledge, skills and professional attributes needed to safely and competently practise as a podiatrist in Australia. The accreditation standards require education providers to design and implement a program where the curriculum maps to the professional capabilities in this document (see Figure 1).

Figure 1: Relationship between professional capabilities and accreditation standards



¹ Australian and New Zealand Podiatry Accreditation Council (ANZPAC), 2015. *Podiatry competency standards for Australia and New Zealand* available from <https://www.podiatryboard.gov.au/documents/default.aspx?record=WD19%2F28845&dbid=AP&checksum=b9pNShP06LHSKEfKt zT9Bw%3D%3D>. Accessed on 30 September 2020.

Accreditation of a program therefore assures the Board and the community that students graduating from the accredited podiatry program have the knowledge, skills and professional attributes needed to safely and competently practise as a podiatrist in Australia.

The Accreditation Committee accredits education programs that meet the accreditation standards and monitors approved programs and education providers to ensure they meet and continue to meet the accreditation standards. Graduates of an accredited and approved podiatry program are qualified for general registration to practise as a podiatrist.

Other uses of the *Professional capabilities for podiatrists*

The Board has statutory functions as a regulator of podiatrists in Australia. One of the Board's statutory functions is "to register suitably qualified and competent persons in the health profession".² In addition to their use in accreditation, the professional capabilities in this document may be used by the Board as a reference point for threshold capability when exercising its statutory functions, including for:

- re-registration of individuals who were previously registered as a podiatrist in Australia, and
- evaluation of a registrant whose level of competence to practise may pose a risk of harm to the public, for example if the Board receives a complaint or notification about that registrant.

The professional capabilities may also be used to communicate to the public, consumers, employers, insurance companies and other stakeholders the standards they can expect from podiatrists.

Format of the *Professional capabilities for podiatrists*

The professional capabilities in this document are organised into five integrated domains. Each domain consists of corresponding key capabilities and enabling components that cover the knowledge, skills and professional attributes needed to safely and competently practise as a podiatrist in Australia, including the safe and effective use of medicines (see Figure 2).

Domains

The five domains are thematically arranged and describe the essential characteristics of a safe and competent podiatrist in Australia:

- Domain 1: Podiatrist
- Domain 2: Professional and ethical practitioner
- Domain 3: Communicator and collaborator
- Domain 4: Lifelong learner
- Domain 5: Quality and risk manager

Key capabilities

The key capabilities describe the key features of safe and competent podiatry practice in a range of contexts and situations of varied complexity and uncertainty. During any one consultation involving a patient interaction or treatment, podiatrists are expected to apply key capabilities from various domains. This recognises that safe and competent professional practice requires an ability to draw on and integrate a breadth of capabilities to support overall performance.

² Section 35(1)(a) of the National Law Act

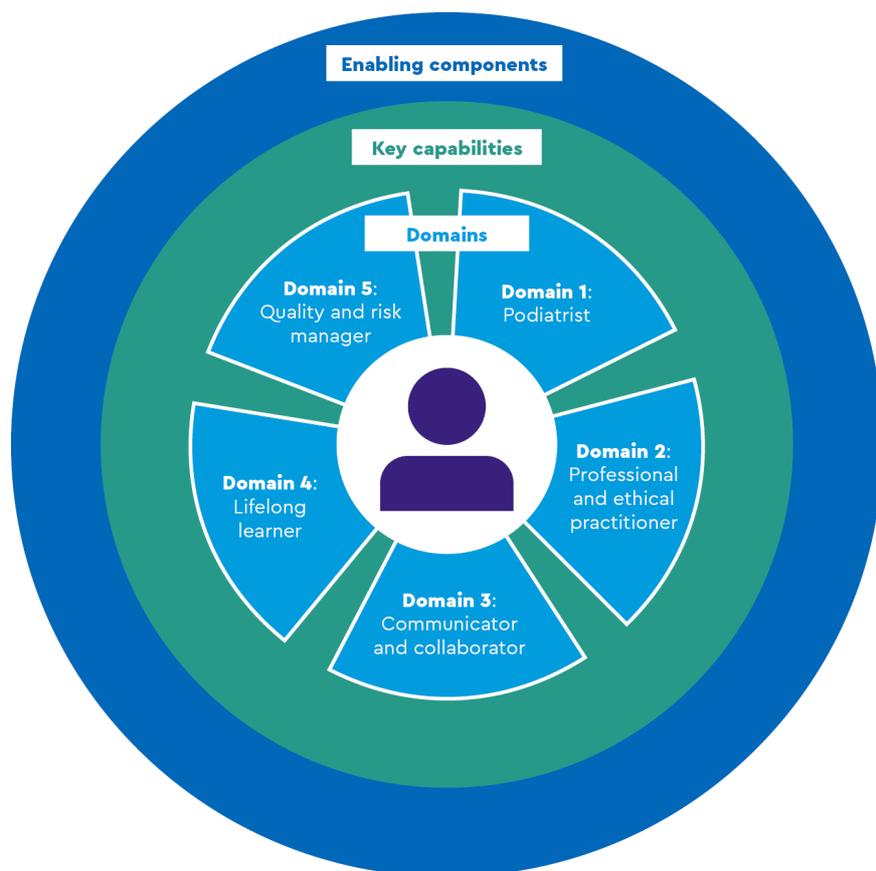
Enabling components

The enabling components describe the essential and measurable characteristics of the corresponding key capabilities and facilitate assessment of performance in the clinical practice setting. Safe and competent podiatrists will apply all enabling components for all the key capabilities in clinical practice. This includes applying, adapting and synthesising new knowledge from experience to continually improve clinical and professional performance.

Explanatory notes

Explanatory notes follow each domain. They provide clarification and additional information to support consistent interpretation and implementation of the capabilities.

Figure 2: Format of the professional capabilities



Concept of threshold professional capability and competence

Professional capability is the ability to take appropriate and effective actions to solve problems in both familiar and unfamiliar, complex and changing settings.³

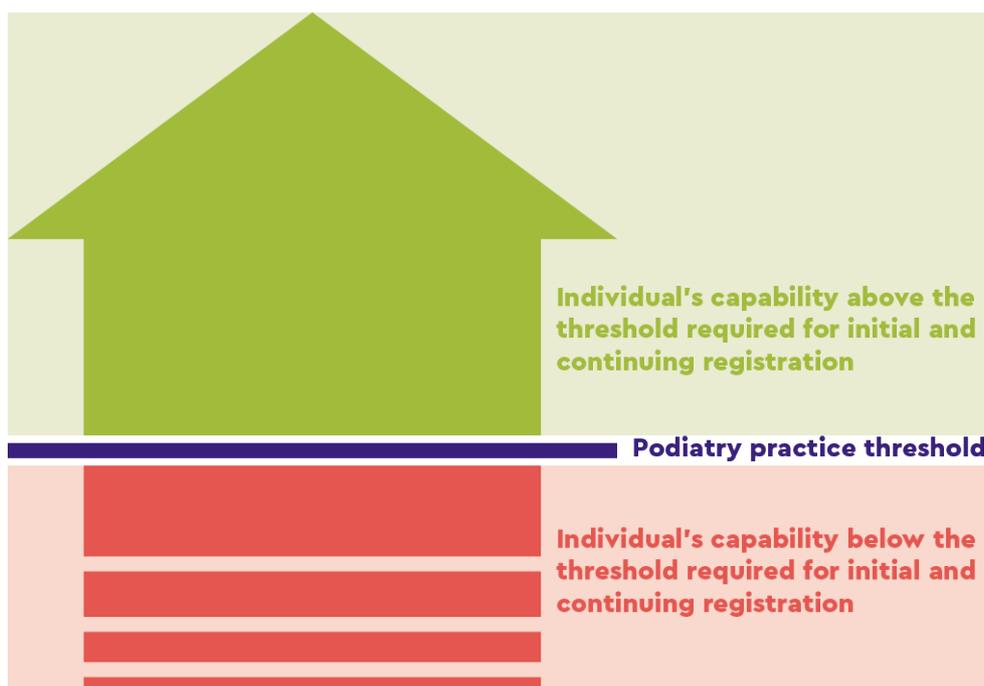
Competence refers to the knowledge and skills being applied consistently to the standard of

³ Davis L and Hase S (1999) 'Developing capable employees: the work activity briefing'. *Journal of Workplace Learning*. 8:35-42.

performance required in the workplace.^{4,5} The definition of competence required for the job will change as the job role evolves.

'Threshold professional capability' is used here to describe the capability level required to practise as a registered podiatrist in Australia. This is based on the premise that capability levels can be described on a continuum. The threshold represents the point on the continuum that sets out a minimum acceptable level of capability to practise as a podiatrist. This level is described as 'threshold professional capability' (see Figure 3). This document describes the threshold professional capabilities for podiatrists.

Figure 3: Continuum of threshold professional capability



The threshold capabilities for podiatry in this document describe podiatry practice at the line representing threshold capability. The document uses key capabilities and enabling components to describe threshold capability. The key capabilities and enabling components take into account the complex conceptual, analytical and behavioural elements that integrate competent performance of observable abilities into podiatry practice relevant to the key capability. The foundational abilities, such as the knowledge, skills, attitudes, values and judgements, that may be learnt in entry-level programs are integrated in the abilities described by the key capabilities and enabling components of the podiatry practice thresholds.

Maintenance of professional capability

The professional capabilities are relevant throughout a registered podiatrist's career. Registered podiatrists need to maintain at least the threshold level of professional capability in all areas relevant to their practice and maintain the currency of their skills and knowledge through continuing professional education.

The Podiatry Board of Australia recognises that each podiatrist's capability and chosen area of practice may change over time. Podiatrists may choose to focus their skills on a particular area of special interest, or only treat people with certain conditions. Podiatrists also may work in roles that do

⁴ Department of Health and Human Services State of Victoria (2016). *Allied health: credentialing, competency and capability framework (revised edition)*. Melbourne: State of Victoria Department of Health and Human Services.

⁵ Australian Skills Quality Authority (2017). 'Users' guide to the standards for RTOs 2015', Canberra: Australian Government., see, www.asqa.gov.au/standards. Accessed on 20 November 2018.

not involve direct patient care, such as research, management, education or government administration.

Review of professional capabilities

Podiatry practice and the ways that podiatrists work in Australia will change as health workforce roles evolve and new roles and new technologies emerge. The professional capabilities will be reviewed from time to time as required to reflect these changes.

Date of effect: to be confirmed by the Board.

2. Key capabilities and enabling components

Domain 1: Podiatrist

This domain covers the knowledge, skills and attributes a podiatrist requires to practise independently and to provide safe, high quality, culturally responsive, person-centred care. Podiatrists provide the full range of podiatry procedures to members of the public who consult them. This includes podiatric assessment, differential diagnosis, development and implementation of management specific to the patient's condition and review to assess the efficacy of the management plan. It also includes the knowledge, skills and attributes a podiatrist requires for the safe and effective use of medicines in podiatric practice.

Key capabilities – registered podiatrists are able to:	Enabling components – registered podiatrists are able to:
1.1 Plan and perform an efficient, effective, culturally responsive and person-centred podiatry assessment to develop a diagnosis	<ul style="list-style-type: none"> a. Collect information about the patient's prior function, physical abilities and participation; and identify the patient's expectations of the assessment. b. Obtain the patient's formal consent for assessment. Review the patient's current, past and family history relevant to their presenting health issue(s), including any diagnostic test results. c. Obtain relevant information from the patient to contextualise their medical, clinical and pharmacological history, and their socio-cultural and socio-economic context. d. Plan an assessment drawing on applied knowledge of anatomy, physiology, pathology, pharmacology, biomechanics and other core biomedical sciences relevant to podiatry. e. Explain to the patient and relevant other persons the purpose of the assessment and any potential risks, benefits and options and ensure the patient has understood the explanation. f. Conduct an appropriate physical examination of the patient and their presenting health issue/s using an evidence-based approach and taking into account relevant contraindications and precautions. g. Identify any signs or symptoms that could indicate more serious pathology and/ or unexpected findings and take appropriate action. h. Synthesise the information from the assessment and apply clinical reasoning to develop provisional and relevant differential clinical diagnoses. i. Create a culturally safe environment and deliver care that is holistic and free of racism. j. Explain the clinical diagnosis/presentation and its implications to the patient, other health professionals and relevant others, such as carers and disability support workers. k. Recognise and evaluate evidence for effective management of the patient's condition, including when it is appropriate to 'do nothing', when it is appropriate to implement pharmacological treatments and when it is appropriate to implement non-pharmacological treatments.

Key capabilities – registered podiatrists are able to:	Enabling components – registered podiatrists are able to:
<p>1.2 Involve the patient and relevant others in the planning and management of the patient's condition, where appropriate, including the implementation of safe treatment, using evidence-based practice to inform decision-making</p>	<p>a. Identify and facilitate access to the most suitable management options, ensuring all management options are safe, effective and evidence-based and include any necessary modifications to ensure they are appropriate for the patient.</p> <p>b. Discuss management options with the patient, other health professionals, carers and disability support workers (where relevant) and any relevant others, giving consideration to the:</p> <ul style="list-style-type: none"> • patient's cultural, social, personal, financial and environmental background and their capacity to provide informed consent and participate in treatment • patient's ability to adhere to the treatment regime • need for referrals to other health professionals including shared-care arrangements • evidence-based treatment recommendations, including any relevant contraindications or precautions for pharmacological therapy • supports available to the patient, and • patient's expectations of treatment. <p>c. Engage with the patient and relevant others to:</p> <ul style="list-style-type: none"> • Establish goals relating to the episode of care • Promote health, wellbeing and self-management strategies • Develop a collaborative and co-designed care plan • Ensure time for the patient to make an informed decision about management options, and • Seek informed consent about the treatment plan from the patient. <p>d. Implement safe and effective treatment options.</p> <p>e. Recognise and respond in an appropriate way to a patient's deteriorating condition.</p> <p>f. Identify when emergency medical care is required, safely perform first aid and life support procedures if required and refer the patient to other services if indicated.</p> <p>g. Recognise the complex and interrelated factors that may impact on the patient and the patient's capacity to engage in their treatment plan including social, cultural, economic, physical, historical and political determinants.</p> <p>h. Respect the patient's decision/s about management options.</p>
<p>1.3 Administer, obtain, possess, prescribe, sell, supply and use pharmaceutical products safely and effectively</p>	<p>a. Understand and comply with relevant commonwealth and state/territory legislative requirements and guidelines relating to the safe and effective use of pharmaceutical products, including provisions relating to:</p> <ul style="list-style-type: none"> • the secure storage, labelling, record-keeping, disposal, loss or theft of pharmaceutical products; • the reporting of adverse events related to pharmaceutical products; and

Key capabilities – registered podiatrists are able to:	Enabling components – registered podiatrists are able to:
	<ul style="list-style-type: none"> • the advertising of therapeutic goods including scheduled medicines.⁶ <p>b. Apply knowledge of pharmaceutical products used for podiatric conditions.</p> <p>c. Use contemporary resources to support best evidence-based use of pharmaceutical products in podiatry practice, including antimicrobial stewardship.</p> <p>d. Make prescribing decisions for the treatment of podiatric conditions safely and effectively, drawing on knowledge of:</p> <ul style="list-style-type: none"> • pharmacokinetics and pharmacodynamics • the risks, precautions and contraindications associated with pharmaceutical products • the interactions between pharmaceutical products • the risks, precautions, contraindications associated with interactions between pharmaceutical products • the risk of pharmaceutical errors and adverse events and implement strategies to reduce the risk of these occurring • the patient’s socio-cultural and socio-economic background, their preferences, financial position and current pathology • the cost and affordability of pharmaceutical products for the patient • the patient’s preferences and goals for treatment. <p>e. Implement strategies to address influences that may bias prescribing decisions.</p> <p>f. Give clear instructions to patients who will self-administer medication, check the patient’s understanding of the instructions provided and their ability to self-administer medications, including advice on appropriate monitoring mechanisms.</p> <p>g. Actively monitor the effects of medication and manage any adverse reactions.</p> <p>h. Record and provide a complete and accurate prescription that is legible and complies with all legal requirements.</p>
1.4 Assess the progress and/or review the patient’s management plan and the continuation of the treatment	<p>a. Engage with the patient, other health professionals, carers and disability support workers to:</p> <ul style="list-style-type: none"> • develop an agreed plan to review the patient’s management plan and the continuation or cessation of any treatment • recognise when the management plan is no longer suitable for the patient and/or the patient’s presenting health issue(s), and either: <ul style="list-style-type: none"> - propose appropriate modifications to the management plan, or - discontinue the management plan.

⁶ The Therapeutic Goods Administration website includes useful information for health professionals, including reporting adverse events, see <https://www.tga.gov.au/reporting-adverse-events>. Accessed on 30 January 2020

Key capabilities – registered podiatrists are able to:	Enabling components – registered podiatrists are able to:
	<ul style="list-style-type: none"> b. Document the review plan, the patient's response to treatment and the agreed management plan. c. Explain the patient's response to treatment to the patient, other health professionals, carers and disability support workers where appropriate,.

Domain 1: Explanatory notes

Informed consent is a patients' voluntary decision about their healthcare that is made with knowledge and understanding of the available treatment options, their benefits, side-effects and risks, as well as alternative treatment options available and their likely outcome/s. Good principles in gaining informed consent from patients include:

- providing information to patients in a way they can understand,
- providing opportunities for patients to clarify and/or confirm their understanding,
- ensuring patients are informed about fees and charges, including any additional fees that might be involved in investigations or treatment,
- obtaining informed consent before undertaking any examination or investigation and before providing any treatment (except in an emergency), or before involving patients in teaching or research,
- when working with a patient whose capacity to give consent is or may be impaired or limited due to their age, health or cognition, obtaining the consent of people with legal authority to act on behalf of the patient and attempting to obtain the consent of the patient as far as practically possible, and
- documenting consent appropriately, including considering the need for written consent for procedures which may result in serious injury or death.

Obtain relevant information includes but is not limited to seeking required information about the patient's current, past and family culture and history relevant to their presenting health issue(s) and any known allergies to medications. It also includes consideration of any comorbidities and their treatment, as well as details of prescribed, over-the-counter and/or complementary medicines that the patient may take. In addition, information regarding the patient's social context should be obtained. Examples of this may include their ability to participate in activities of daily living, meeting age appropriate milestones, or use of alcohol or other substances.

Each patient's response to treatment may be influenced by pre-existing physical, physiological or psychological medical conditions, age, gender, pregnancy, culture, English language skills, psychosocial and socio-economic factors and personal beliefs.

Explaining to the patient, other health professionals, carers and disability support workers is a key responsibility when a podiatrist makes a diagnosis, identifies a potential management plan and potential treatment options and provides adequate information for an informed decision to be made. Information may be conveyed verbally or in writing and to the appropriate persons who may include other practitioners, disability support workers and the patient's family/carers/guardians, in line with relevant protocols and other guidelines. It is important that the podiatrist checks that the other people have understood what has been explained. Communication between podiatrists and other professionals about the clinical status of a patient is expected to be recorded in line with relevant legislative and regulatory requirements, including the Board's code of conduct.

Identifying symptoms that could indicate more serious pathology and/or unexpected findings includes recognising unexpected findings related to the patient's presenting health issue(s) as well as recognising and applying knowledge of serious medical issues such as cardiac disease or malignancy based on the patient's clinical presentation and clinical history.

Clinical diagnosis includes synthesising information from the patient's presenting issue(s), the podiatric assessment, and the podiatrist's evidence-informed clinical reasoning to form provisional and differential diagnoses. It also includes identifying the problems and goals should a clear diagnosis not be revealed.

Referral to other health practitioners is recommended when it is recognised that a multidisciplinary treatment plan or alternative intervention may provide a better patient outcome. Podiatrists are expected to provide person-centred care and advocate for the patient's equitable access to other

health professionals and services that address their needs as a whole person, acknowledging that access broadly includes availability, affordability, acceptability and appropriateness. This could include, for example, disability services or aged care.

Identifying when emergency medical care is required and safely perform common first aid and life support procedures means contacting emergency medical services and/or mental health crisis assessment teams when needed and providing immediate first aid to the patient including life support procedures.

Antimicrobial stewardship includes consideration of all issues relating to the emergence of resistance by pathogenic organisms and mechanisms for limiting this. Selection of an antimicrobial agent should always involve consideration of the risk that microbial resistance could develop. Antimicrobial stewardship resource materials are available from the Australian Commission on Safety and Quality in Health Care.⁷

Safe and effective use of medicines means administering, obtaining, possessing, prescribing, selling, supplying and using pharmaceutical products safely and effectively, in accordance with relevant state/territory and commonwealth legislation and regulations, policies and guidelines, and where applicable to the individual's registration, the Podiatry Board of Australia's registration standard for endorsement for scheduled medicines. The enabling components reflect the principles underpinning the Quality Use of Medicines and the National Prescribing Service Competencies Framework and covers all pharmaceutical products used in podiatry as listed in the Podiatry Board of Australia's *National podiatry scheduled medicines list*. The *National podiatry scheduled medicines list* specifies the Schedule 2, 3, 4 and 8 medicines that podiatrists whose registration is endorsed for scheduled medicines are qualified to administer, obtain, possess, prescribe, sell, supply or use for the treatment of podiatric conditions, to the extent made possible by state and territory drugs and poisons legislation and regulations⁸.

The principles underpinning the Quality Use of Medicines (QUM) are one of the central objectives of Australia's National Medicines Policy and are applied when prescribing medicines.⁹ The term medicines includes prescription, non-prescription and complementary medicines. QUM means:

- a. selecting management options wisely by:
 - considering the place of medicines in treating illness and maintaining health, and
 - recognising there may be better ways than medicine to manage many disorders.
- b. choosing suitable medicines (if a medicine is considered necessary) so that the best available option is selected by taking into account:
 - the individual
 - the clinical condition
 - risks and benefits
 - dosage and length of treatment
 - any coexisting conditions
 - other therapies
 - monitoring considerations, and
 - costs for the individual, the community and the health system as a whole.
- c. using medicines safely and effectively to get the best possible results by:
 - monitoring outcomes
 - minimising misuse, over-use and under-use
 - improving people's ability to solve problems related to medication, such as negative effects, and

⁷ Australian Commission on Safety and Quality in Health Care Antimicrobial stewardship available from www.safetyandquality.gov.au/our-work/antimicrobial-stewardship. Accessed on 10 March 2020.

⁸ Podiatry Board of Australia - Registration standard: Endorsement for scheduled medicines, see <https://www.podiatryboard.gov.au/Registration-Endorsement/Endorsement-Scheduled-Medicines.aspx>

⁹ Department of Health *National Strategy for Quality Use of Medicines* 2002 available from [https://www1.health.gov.au/internet/main/publishing.nsf/Content/EEA5B39AA0A63F18CA257BF0001DAE08/\\$File/National-Strategy-for-Quality-Use-of-Medicines.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/EEA5B39AA0A63F18CA257BF0001DAE08/$File/National-Strategy-for-Quality-Use-of-Medicines.pdf) Accessed on 3 March 2020.

- managing multiple medications.¹⁰

National Prescribing Service competencies framework details the practice expectations for Australian prescribers, including the knowledge, skills and attitudes required to safely and effectively prescribe medicines. It describes the competencies that health professionals require to prescribe medicines safely and effectively in the Australian healthcare system.

National podiatry scheduled medicines list specifies the Schedule 2, 3, 4 medicines that podiatrists whose registration has been endorsed for scheduled medicines by the Podiatry Board of Australia are qualified to administer, obtain, possess, prescribe, sell, supply or use for the treatment of podiatric conditions. Endorsed podiatrists may only administer, obtain, possess, prescribe, sell, supply or use the scheduled medicines in *the National podiatry scheduled medicines list* to the extent that they are authorised by the relevant drugs and poisons legislation and regulations in the state or territory in which they are practising.¹¹

Adverse events include those associated with pharmaceutical products and other medicines, particularly new products. This is important for the Therapeutic Goods Administration's monitoring activities and plays a key role in helping identify potential relationships between a therapeutic good and a series of adverse events.

Considering the risks, precautions and contraindications and interactions of pharmaceutical products, and the ability to manage and determine the use of such pharmaceutical products, in accordance with relevant guidelines.

Recognising when the management plan is no longer suitable for the patient for a range of reasons, including adverse reactions to treatment, changes in the patient's condition, and/or further information about the condition becoming available.

¹⁰ [Ibid., pp1-2.](#)

¹¹ Podiatry Board of Australia - Registration standard: Endorsement for scheduled medicines, see <https://www.podiatryboard.gov.au/Registration-Endorsement/Endorsement-Scheduled-Medicines.aspx>

Domain 2: Professional and ethical practitioner

This domain covers a podiatrist's responsibility and commitment to the health and well-being of individual patients and society through professional and ethical practice in the Australian healthcare system and relevant legal framework, high personal standards of behaviour, maintenance of personal health and accountability to the profession and society. It also addresses the podiatrist's responsibility for ensuring that patient confidentiality and privacy is maintained at all times, while recognising their potential role as a patient advocate.

Key capabilities – registered podiatrists are able to:	Enabling components – registered podiatrists are able to:
2.1 Practice podiatry in an ethical and professional manner, consistent with relevant legislative and regulatory requirements	<p>a. Comply with legal, regulatory and professional requirements, responsibilities and guidelines, including but not limited to:</p> <ul style="list-style-type: none"> • all relevant commonwealth and state/territory legislation, • all relevant codes, standards and guidelines issued by the Podiatry Board of Australia, including the <i>Code of Conduct</i>, • relevant National Safety and Quality Standards published by the Australian Commission on Safety and Quality in Health Care, • safe and effective use of pharmaceutical products, • restrictions on importing and/or exporting and using medicines and medical devices as regulated by the Therapeutic Goods Administration, • data privacy and the ownership, storage, retention and destruction of patient records and other practice documents and reporting obligations. <p>b. Respect patient confidentiality, privacy and dignity.</p> <p>c. Provide accurate information to patients and their families/carers about their care and implement appropriate methods for obtaining informed consent.</p> <p>d. Warn patients and their families/carers of the magnitude and likelihood of a material risk inherent in any proposed podiatric treatment or care, and any risk mitigation strategies that may be engaged.</p> <p>e. Manage personal mental and physical health to ensure the podiatrist is able to practice safely at all times, including recognising the impact of stress and fatigue on physical and mental health.</p> <p>f. Apply knowledge and understanding of the Australian healthcare, disability and aged care systems to practice.</p> <p>g. Apply the basic principles underpinning bioethics within podiatry and recognise and respond appropriately to ethical issues encountered in practice.</p> <p>h. Exercise appropriate levels of autonomy and professional judgement.</p> <p>i. Identify and manage own conflicts of interest including personal, professional and financial interests.</p>

Key capabilities – registered podiatrists are able to:	Enabling components – registered podiatrists are able to:
2.2 Treat each patient with dignity and care	<ul style="list-style-type: none"> a. Recognise and evaluate the socio-cultural and socio-economic factors that may influence patient attitudes and responses to treatment. b. Display culturally competent and culturally safe practice. c. Recognise and respect Aboriginal and Torres Strait Islander Peoples' ways of knowing, being and doing in the context of history, culture and diversity and affirm and protect these factors through ongoing learning in health practice. d. Display appropriate professional behaviour in patient interactions. e. Identify and respect appropriate boundaries between patients and health professionals.
2.3 Assume responsibility and accept accountability for professional decisions	<ul style="list-style-type: none"> a. Reflect on practice and recognise and respond proactively and appropriately to potentially unsafe or unprofessional practice. b. Implement relevant clinic protocols and procedures in accordance with professional standards and apply these to practice. c. Recognise and work within the limits of individual competence and scope of practice.
2.4 Advocate on behalf of the patient when appropriate	<ul style="list-style-type: none"> a. Support and promote the rights and health interests of patients and support them to represent their own interests, when appropriate. b. Reflect on socio-cultural factors and respond to the rights and cultural needs of the patient and relevant others. c. Consider patient preferences for traditional or alternative treatments when appropriate d. Advocate for the patient's equitable access to effective treatments, including medicines where appropriate, with the members of the patient's healthcare team to address their needs as a whole person, acknowledging that access broadly includes availability, affordability, acceptability and appropriateness. e. Where relevant, advocate for adequate resources to meet service goals and achieve positive outcomes of treatment for their patients.
2.5 Seek opportunities to progress the profession for the benefit of the community	<ul style="list-style-type: none"> a. Participate in peer assessment, standard-setting and mentorship, and provide developmental support to other podiatrists and, where relevant, other members of the health care team. b. Use appropriate strategies to effectively supervise and mentor students in the work environment.

Domain 2: Explanatory notes

Legal, regulatory and professional responsibilities and guidelines include, but are not limited to, responsibilities contained in relevant state/territory and commonwealth legislation and regulations, including the Health Practitioner Regulation National Law (as in force in each state and territory), health regulatory and funding legislation, medicines and poisons legislation, work health and safety legislation and workplace relations legislation. It also includes specific responsibilities to maintain confidentiality, confirm informed consent and exercise duty of care as well as meet the relevant standards and guidelines issued by the Podiatry Board of Australia.

Understand and comply with legal responsibilities and guidelines relating to data privacy, and the ownership, storage, retention and destruction of patient records and other practice documents including, but not limited to, the Board's standards, codes and guidelines as updated from time to time and relevant state/territory and commonwealth legislation.

Reporting obligations are addressed in the Board's *Guidelines for mandatory notifications* and includes making a notification about the health (impairment), conduct or performance of another registered health practitioner that may be placing the public at risk and about the podiatrist's own impairments to practise safely.

Apply knowledge and understanding of the Australian health, disability and aged care systems to practice includes, but is not limited to, knowledge of the structure and service provision arrangements, the role of private health funds and third-party payment systems such as workers compensation and motor accident insurance.

Principles underpinning bioethics include respecting the rights of the individual, respecting the autonomy of the individual, causing no harm and advancing the common good.

Socio-cultural factors include, but are not limited to, those related to cultural and linguistic diversity, age, gender, disability, religion, socio-economic factors, geographic locations; and identifying as Aboriginal and/or Torres Strait Islander Peoples.

Cultural competence/cultural capability

While there are many professional capabilities necessary to be a competent podiatrist, in Australia's multicultural society, cultural competence (also called cultural capability) 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 – at all levels:

- 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

¹² Cross T, Bazron B, Dennis K, and Isaacs M (1989) *Towards a culturally competent system of care*. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.

The Accreditation Committee acknowledges cultural competence and cultural safety are particularly important in Australia's multicultural society and is not limited only to Aboriginal and/or Torres Strait Islander Peoples. A culturally safe environment should be afforded to all people in the Australian healthcare context.

Podiatrists must be able to work effectively with people from various 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.

All health practitioners in Australia 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.

Cultural safety for Aboriginal and Torres Strait Islander Peoples

The Board is part of the National Registration and Accreditation Scheme's (the National Scheme's) Aboriginal and Torres Strait Islander Health Strategy Group (the Health Strategy Group) which published a *Statement of Intent* (the Statement) in July 2018¹³ and a Health and Cultural Safety Strategy in February 2020¹⁴. These highlight 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 practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

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

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

¹³ Ahpra (2018) *Aboriginal and Torres Strait Islander Health Practice Statement of Intent* available from <https://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/Aboriginal-and-Torres-Strait-Islander-Health-Strategy-Group.aspx>, accessed on 28 September 2020.

¹⁴ Ahpra (2020) *The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025* available from <https://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/health-and-cultural-safety-strategy.aspx>, accessed on 28 September 2020.

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

Aboriginal and Torres Strait Islander Peoples' ways of knowing relate to entities of people, land, animals, plants, skies, waterways and climate. Aboriginal and Torres Strait Islander Peoples' ways of being is a concept about how to be respectful, responsible and accountable in relation to self and entities. Aboriginal and Torres Strait Islander Peoples' ways of doing is the lived expression of relatedness.¹⁵

Appropriate professional behaviour includes behaviour that is ethical, non-discriminatory, empathetic, respects socio-cultural differences and is consistent with relevant legislation and regulatory requirements.

Traditional or alternative treatments include bush medicine and other treatments used by Aboriginal and Torres Strait Islander Peoples and people from culturally and linguistically diverse backgrounds. The World Health Organisation defines traditional medicines as “the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness”¹⁶ Alternative or complementary treatments include a broad set of health care practices including, for example, herbal medicines and Traditional Chinese Medicine. The terms traditional and complementary or alternative treatments are sometimes used interchangeably.

The limits of individual competence refers to the skills, knowledge, good character and good mental and physical health of the individual podiatrist. It also includes ensuring that the individual practitioner has effective communication skills and maintains an appropriate work-life balance to ensure they can do their job safely and effectively.

¹⁵ Martin K and Mirraboopa B (2003) 'Ways of knowing, being and doing: A theoretical framework and methods for indigenous and indigenist research'. *Journal of Australian Studies*. 27(76):203-214.

¹⁶ World Health Organisation *Traditional, Complementary and Integrative Medicine* available from https://www.who.int/health-topics/traditional-complementary-and-integrative-medicine#tab=tab_1. Accessed on 20 May 2020.

Domain 3: Communicator and collaborator

This domain covers a podiatrist's responsibility to communicate clearly, effectively, empathetically and appropriately with patients, their families or carers, and other members of the patient's healthcare team to ensure effective shared care which is safe, high-quality and person-centred.

Key capabilities – registered podiatrists are able to:	Enabling components – registered podiatrists are able to:
<p>3.1 Communicate clearly, effectively, empathetically and appropriately with the patient and their family or carers</p>	<ul style="list-style-type: none"> a. Engage in culturally appropriate, safe, empathetic and sensitive communication that facilitates trust and the building of respectful relationships including with Aboriginal and Torres Strait Islander Peoples, and those from culturally and linguistically diverse backgrounds. b. Establish rapport with the patient to gain understanding of their issues and perspectives and communicate in ways that engender trust and confidence. c. Identify likely communication needs specific to individual patients and/or their family or carers and implement strategies to avoid or overcome these. d. Recognise patients for whom English may not be a first language, including Aboriginal and Torres Strait Islander Peoples and people from culturally and linguistically diverse backgrounds, and make provisions to use qualified language interpreters, cultural interpreters or cultural care coordinators to facilitate effective communication when required. e. Provide clear verbal and written instructions to the patient on the correct usage and method of administration of treatment, including pharmaceutical products. f. Communicate effectively with the patient and at times with the patient's family, carer/s and other health practitioners to collect information and convey information about the proposed management plan. g. Obtain and document informed consent, explaining the purpose, risks and benefits of the proposed assessment and management options.
<p>3.2 Communicate and collaborate with the patient and members of the patient's healthcare team</p>	<ul style="list-style-type: none"> a. Establish and maintain ethical and respectful working relationships with members of the patient's healthcare team. b. Understand, acknowledge and respect the skills, roles and responsibilities of members of the patient's healthcare team, and work effectively and collaboratively with them in the interests of shared patient care. c. Follow accepted protocols and procedures to clarify responsibilities and transfer information and communication between members of the patient's healthcare team to provide relevant and timely verbal and written communication. d. Communicate directly and convey key information to others in the patient's healthcare team. e. Exchange information with other members of the patient's healthcare team and record all advice, care and outcomes and establish a shared understanding of the patient's management plan among all treating professionals.

Key capabilities – registered podiatrists are able to:	Enabling components – registered podiatrists are able to:
	<p>f. Discuss and clarify with the patient to confirm:</p> <ul style="list-style-type: none"> • who is responsible for their primary health care and when the patient needs to attend reviews with other members of their healthcare team, • whether or not they wish their care to be shared with other members of their healthcare team, and • appropriate monitoring mechanisms for patients, including those involving a medical practitioner, where necessary.
<p>3.3 Examine and reflect on how one's own culture, influences, perceptions and interactions with others from different cultures</p>	<p>a. Understand the impact of systemic racism and recognise the influence of one's own cultural identity on perceptions of and interactions with Aboriginal and Torres Strait Islander Peoples and people from other cultures.</p> <p>b. Recognise how the cultural diversity of the patient's healthcare team can influence perceptions of and interactions with the patient and other members of the healthcare team.</p> <p>c. Recognise different forms of cultural bias and associated stereotypes that impact on Aboriginal and Torres Strait Islander health and practice in a culturally sensitive and inclusive manner.</p> <p>d. Where relevant, recognise the role of history and relationships between Aboriginal and Torres Strait Islander Peoples and white Australian society and how this has affected the inequitable distribution of privileges.</p>

Domain 3: Explanatory notes

Effective communication includes active listening, use of appropriate language and detail, use of appropriate verbal and non-verbal cues and confirming that the patient has understood.

Communication beyond the patient includes but is not limited to the patient's family, significant others, carers, interpreters, legal guardians, medical advocates, disability support workers and other health professionals in the patient's healthcare team.

Communication needs may arise due to the podiatrist's own culture and experience affecting their interpersonal style, or due to the patient's or family's/carer's/guardian's language skills, health literacy, age, health status or disability, culture, and experience. The patient's or family's/carer's/guardian's capacity to understand may be influenced by English language skills, health literacy, age, gender or health status. Appropriate adjustments may include the podiatrist demonstrating an awareness of the ways that their own culture and experience affect their interpersonal style and having an awareness of strategies to ensure this does not present an impediment as well as using language interpreters, cultural interpreters and cultural care coordinators where required. Communication techniques must include active listening, use of appropriate language and detail, use of appropriate verbal and non-verbal and non-verbal cues and language, written skills and confirming that the other person has understood.

Follow accepted protocols and forms may involve standardised forms used by all parties participating in a shared care arrangement to ensure optimal patient care. All practitioners involved in shared patient care should receive a copy of the results of any review appointments the patient attends. In addition, if a podiatrist is initiating a medicine, communication with the patient's nominated medical practitioner(s) is essential regarding the treatment and expected outcome.

The patient's healthcare team includes the range of health or support professionals who may be involved in the patient's care. This could include, for example, the general practitioner, other specialists, nursing team members, mental health team, disability support workers, care coordinators, podiatrists and the referring practitioner, if any.

Communicating and collaborating with other health practitioners includes accepting referrals from other practitioners, referring patients to other practitioners and/or engaging in inter-professional collaborative practice, as part of a multidisciplinary team. When referring patients or accepting referred patients, practitioners are expected to communicate verbally and/or in writing.

Domain 4: Lifelong learner

This domain covers podiatrists' responsibility to engage in evidence-based practice and to critically monitor their actions through a range of reflective processes. It also addresses their responsibility for identifying, planning and implementing their ongoing professional learning needs with the objective of continuous improvement.

Key capabilities – registered podiatrists are able to:	Enabling components – registered podiatrists are able to:
4.1 Apply critical thinking and reflective practice to manage issues and challenges	<ul style="list-style-type: none"> a. Identify the issue or challenge and the information that is required to respond. b. Find, appraise, analyse, interpret and apply evidence from the best available research to inform clinical reasoning and professional decision-making. c. Regularly review existing practice – reflecting on professional challenges or experiences – and integrate knowledge and findings into practice. d. Recognise opportunities to contribute to the development of new knowledge through research and enquiry.
4.2 Identify ongoing professional learning needs and opportunities	<ul style="list-style-type: none"> a. Comply with legal and professional responsibilities to undertake continuing professional development (CPD) and ongoing cultural learning. b. Critically reflect on personal strengths and limitations to identify learning required to maintain currency of professional practice, including in relation to the safe and effective use of medicines. c. Seek input from peers, supervisors and others to confirm learning needs of self and others to deliver improved patient outcomes. d. Plan and implement steps to address professional development needs.
4.3 Engage in peer learning and mentorship	<ul style="list-style-type: none"> a. Seek opportunities to engage in peer learning and mentorship. b. Share knowledge, experiences and learnings with other podiatrists and other health practitioners to enhance outcomes for patients. c. Where relevant, participate in peer assessment and mentorship. d. Where relevant, provide developmental support to other podiatrists and other health practitioners. e. Where relevant, use appropriate strategies to effectively participate in the supervision of students in the clinical setting.

Domain 4: Explanatory notes

Issues or challenges are not limited to clinical challenges or questions. Podiatrists are expected to identify and seek a solution for any challenge or question they encounter.

Evidence-based practice is an approach to care that integrates the best available research evidence with clinical expertise and patient values.¹⁷

Legal and professional responsibilities to undertake continuing professional development (CPD) includes, but is not limited to, compliance with the Board's *Continuing Professional Development Registration Standard* and education to improve prescribing practices. Professional development may be provided by the professional community and the broader healthcare network/practice.

¹⁷ Sackett D et al. 2000, 'Evidence-Based Medicine: How to Practice and Teach' EBM, 2nd edition. Churchill Livingstone, Edinburgh, p1.

Domain 5: Quality and risk manager

This domain covers a podiatrist's responsibility to protect patients, others and the environment from harm. Podiatrists are directly responsible for quality assurance, quality improvement and managing and responding to the risks inherent in podiatry practice. This domain also addresses their responsibility for providing safe, effective and high-quality professional services to patients and other service users.

Key capabilities – registered podiatrists are able to:	Enabling components – registered podiatrists are able to:
5.1 Practise podiatry safely	<ul style="list-style-type: none"> a. Apply principles of quality assurance and quality improvement to enhance the safety and quality of practice, including the safe and effective use of pharmaceutical products. b. Identify risks and implement effective and appropriate risk management systems and procedures. c. Recognise, report on and manage adverse events or near misses and their consequences, and relevant contributing factors, and implement learnings and/or changes to practice as a result.
5.2 Protect and enhance patient safety	<ul style="list-style-type: none"> a. Comply with infection prevention and control and sterilisation guidelines and requirements to provide a safe clinical environment. b. Identify and manage risk of infection, including during aseptic procedures. c. Manage and dispose of clinical waste in line with appropriate regulation and procedures. d. Review, communicate, record and manage patient information accurately, consistent with health service protocols, procedures, legislative and regulatory requirements for maintaining patient records. e. Contribute to the improvement of policies and procedures for safe practice in the workplace, including the safe and effective use of pharmaceutical products. f. Comply with legal obligations to make notifications about other health practitioners and registered students when there are sufficient grounds to do so.
5.3 Implement quality assurance processes prior to providing treatment to patients	<ul style="list-style-type: none"> a. Consider any precautions and contraindications prior to providing treatment to manage and mitigate any risks that may arise. b. Check and confirm that all equipment is in good order and condition. Identify and take action to address risks associated with any equipment that is in an unacceptable condition. c. Apply understanding of audit and review principles, including quality control and quality assurance. d. Document effective audit trails and continual improvement processes.
5.4 Maintain safety of the workplace and associated environments	<ul style="list-style-type: none"> a. Identify safety hazards in the workplace and respond to incidents in a timely and appropriate manner, in line with relevant work health and safety policies, protocols and procedures.

Key capabilities – <i>registered podiatrists are able to:</i>	Enabling components – <i>registered podiatrists are able to:</i>
	b. Report on all incidents and the action taken in line with relevant requirements.

Domain 5: Explanatory notes

Risks inherent in podiatry practice include many of the risks inherent in healthcare generally, such as the risks associated with unintentionally causing harm to a patient, the risks associated with overlooking interactions between pharmaceutical products or the risks associated with poor record keeping. Some of the risks that might be particular to podiatry practice include understanding the financial risks associated with operating as a sole practitioner in private practice or the risks of using outmoded treatments if the podiatrist is not participating in peer review or undertaking CPD. Minimising risk to patients is an important component of practice. Good practice involves understanding and applying the key principles of risk minimisation and management in practice.

Identifying and managing risk of infection includes complying with the Board's infection prevention and control resources and the NHMRC *Australian Guidelines for the Prevention and Control of Infection in Healthcare* (2019)¹⁸; managing transmission modes of infections acquired in healthcare facilities (host, agent and environment); preventing the transmission including effective hand hygiene; and compliance with the *Preventing and Controlling Healthcare-Associated Infection Standard* within the National Safety and Quality Standards.¹⁹

Clinical waste includes any waste arising from medical, nursing, dental, veterinary, laboratory, pharmaceutical, podiatry, emergency services, blood banks, mortuary practices and other similar practices, and wastes generated in healthcare facilities or other facilities during the investigation or treatment of patients or research projects. In podiatry practice, clinical waste includes but is not limited to needles, scalpel blades and other instruments for the cutting or scraping of skin, dressings, human tissue waste, and sharps containers. As there is currently no national definition of clinical waste in Australia, healthcare facilities, including community healthcare settings, need to conform to relevant state or territory legislation and regulations on the management of clinical and related wastes.²⁰

Quality frameworks include workplace specific frameworks, relevant jurisdiction publications and frameworks relevant to the context of practice such as the relevant National Safety and Quality Standards and the National Model Clinical Governance Framework published by the Australian Commission on Safety and Quality in Health Care²¹ as well as the National Strategy for Quality Use of Medicines (QUM)²².

Equipment includes any items used in assessing and treating a patient, including all disposable items and equipment used. Items may include but are not limited to disposable items such as scalpel

¹⁸ NHMRC *Australian guidelines for the prevention and control of infection in healthcare* (2019), see <https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019#block-views-block-file-attachments-content-block-1>. Accessed 23 October 2019.

¹⁹ 'Preventing and Controlling Healthcare-Associated Infection', see <https://www.safetyandquality.gov.au/standards/nsqhs-standards/preventing-and-controlling-healthcare-associated-infection-standard>. Accessed on 23 October 2019.

²⁰ NHMRC *Australian guidelines for the prevention and control of infection in healthcare* (2019), see <https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019#block-views-block-file-attachments-content-block-1>. Accessed 14 May 2020.

²¹ Australian Commission on Safety and Quality in Health Care. *National Safety and Quality Health Service Standards*. 2nd ed. Sydney: ACSQHC; 2017. Resources on the standards are available online at:

<https://www.safetyandquality.gov.au/standards/national-safety-and-quality-health-service-nsqhs-standards/resources-nsqhs-standards> Accessed on 20 May 2020. Note that the Commission is also developing National Safety and Quality Primary Health Standards which will apply to podiatrists in private practice. It is anticipated that these Standards will be completed in 2021. Information on this work is available from <https://www.safetyandquality.gov.au/standards/national-safety-and-quality-primary-health-care-nsqphc-standards> (accessed on 23 September 2020).

²² Australian Commission on Safety and Quality in Health Care. *National Safety and Quality Health Service Standards*. 2nd ed. Sydney: ACSQHC; 2017. Resources on the standards are available online at:

<https://www.safetyandquality.gov.au/standards/national-safety-and-quality-health-service-nsqhs-standards/resources-nsqhs-standards> Accessed on 20 May 2020. Note that the Commission is also developing National Safety and Quality Primary Health Standards which will apply to podiatrists in private practice. It is anticipated that these Standards will be completed in 2021.

Information on this work is available from <https://www.safetyandquality.gov.au/standards/national-safety-and-quality-primary-health-care-nsqphc-standards> (accessed on 23 September 2020). Department of Health *National Strategy for Quality Use of Medicines* 2002 available from

[https://www1.health.gov.au/internet/main/publishing.nsf/Content/EEA5B39AA0A63F18CA257BF0001DAE08/\\$File/National-Strategy-for-Quality-Use-of-Medicines.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/EEA5B39AA0A63F18CA257BF0001DAE08/$File/National-Strategy-for-Quality-Use-of-Medicines.pdf) Accessed on 3 March 2020.

blades, needles, gloves and other instruments as well as personal protective equipment. Equipment also includes related furniture such as a treatment couch and working surfaces.

Good order may be achieved by following storage protocols and cleaning and hygiene protocols. Issues affecting the condition of equipment are expected to be fully resolved prior to providing podiatry services to patients, in line with any relevant protocols, procedures and workplace materials.

Incident reporting requirements may be identified in protocols, procedures and health service materials, and may include legal requirements identified in relevant state/territory and Commonwealth legislation and regulations.

Glossary

Accreditation Committee	Appointed by the Podiatry Board of Australia (the Board), the Podiatry Accreditation Committee (the Accreditation Committee) is responsible for implementing and administering accreditation.
Accreditation standards	Used to assess whether a program of study, and the education provider that provides the program, provide persons who complete the program with the knowledge, skills and professional attributes needed to safely and competently practise as a podiatrist in Australia.
Antimicrobial stewardship	Antimicrobial stewardship is a collective set of strategies to improve the appropriateness and minimise the adverse effects of antibiotic use including resistance, toxicity and costs. Stewardship is achieved by promoting the selection of the optimal antibiotic regimen, dose, duration and route of administration. ²³
Adverse events	Adverse events are unintended and sometimes harmful occurrences associated with the use of a medicine or medical device (collectively known as therapeutic goods). Adverse events include side effects to medicines and problems or incidents involving medical devices. ²⁴
Common good	Those facilities – whether material, cultural or institutional – that the members of a community provide to all members to fulfil a relational obligation they all have to care for certain interests that they have in common. ²⁵
Cultural competence	<p>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.</p> <p>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 – at all levels:</p> <ul style="list-style-type: none"> – 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.

²³ Taken from NPS Prescribing, 'Antimicrobial stewardship: what's it all about?' see <https://www.nps.org.au/australian-prescriber/articles/antimicrobial-stewardship-whats-it-all-about>. Accessed on 21 January 2020

²⁴ Adapted from Australian Government Department of Health's Therapeutic Goods Administration, 'Reporting adverse events', see www.tga.gov.au/reporting-adverse-events. Accessed on 15 February 2019.

²⁵ 'The Common Good', see www.plato.stanford.edu/entries/common-good. Accessed on 15 February 2019.

<p>Cultural safety</p>	<p>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, practicing behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism. To ensure culturally safe and respectful practice, health practitioners must:</p> <ul style="list-style-type: none"> a) Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health; b) Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism; c) Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community; d) Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.
<p>Domains</p>	<p>The domains describe the essential characteristics of a safe and competent podiatrist in Australia. There are five thematically arranged domains:</p> <ul style="list-style-type: none"> Domain 1: Podiatrist Domain 2: Professional and ethical practitioner Domain 3: Communicator and collaborator Domain 4: Lifelong learner Domain 5: Quality and risk manager
<p>Education provider</p>	<p>The term used by National Law to describe universities; tertiary education institutions or other institutions or organisations that provide vocational training; or specialist medical colleges or health professional colleges.</p>
<p>Enabling components</p>	<p>Describe the essential and measurable characteristics of the corresponding key capabilities and facilitate assessment of performance in the practice setting. Podiatrists are expected to apply all enabling components for all key capabilities for safe and competent practice. This includes applying, adapting and synthesising new knowledge and skills gained from experience to continually improve performance.</p>
<p>Equipment</p>	<p>Equipment includes any items used in assessing and treating a patient, including all disposable items and equipment used. Items may include but are not limited to disposable items such as scalpel blades, needles, gloves and other instruments as well as personal protective equipment. Equipment also includes related furniture such as a treatment couch and working surfaces.</p>
<p>Informed consent</p>	<p>Informed consent is a patient's voluntary decision about their healthcare that is made with knowledge and understanding of the available treatment options, their benefits, side-effects and risks involved, as well as alternative courses available and their likely</p>

	<p>outcome/s. Good principles in gaining informed consent from patients include:</p> <ul style="list-style-type: none"> • providing information to patients in a way they can understand, • providing opportunities for patients to clarify and/or confirm their understanding, • ensuring patients are informed about fees and charges, including any additional fees that might be involved in investigations or treatment, • obtaining informed consent before undertaking any examination or investigation and before providing any treatment (except in an emergency), or before involving patients in teaching or research, • when working with a patient whose capacity to give consent is or may be impaired or limited due to factors such as their age, health or cognition, obtaining the consent of people with legal authority to act on behalf of the patient and attempting to obtain the consent of the patient as far as practically possible, and • documenting consent appropriately, including considering the need for written consent for procedures which may result in serious injury or death.
Impairment	<p>The term 'impairment' has a specific meaning under the National Law in Australia. It refers to a physical or mental impairment, disability, condition or disorder that is linked to a practitioner's capacity to practise or a student's capacity to undertake clinical training. A person's physical or mental impairment, disability, condition or disorder is only a matter of interest to the Podiatry Board of Australia (including its delegated decision-maker) if it detrimentally affects, or is likely to detrimentally affect, a practitioner's capacity to practise or a student's capacity to undertake clinical training.²⁶</p>
Jurisdiction	<p>In the context of the Australian healthcare system, a jurisdiction refers to the Commonwealth or a state or territory.</p>
Key capabilities	<p>Key capabilities describe the key features of safe and competent practice in a range of contexts and situations of varied complexity and uncertainty. During any one procedure or treatment, practitioners are expected to apply key capabilities from various domains. This recognises that competent professional practice is more than a sum of each discrete part and requires an ability to draw on and integrate the breadth of capabilities to support overall performance.</p>

²⁶ Section 143(1) of the National Law.

Learning outcomes	The expression of the set of knowledge and skills and the application of the knowledge and skills a person has acquired and is able to demonstrate as a result of learning. ²⁷
Medicines (see 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.
National podiatry scheduled medicines list	The <i>National podiatry scheduled medicines list</i> specifies the Schedule 2, 3, 4 and 8 medicines that podiatrists and podiatric surgeons whose registration has been endorsed for scheduled medicines by the Board are qualified to administer, obtain, possess, prescribe, sell, supply, or use for the treatment of podiatric conditions. ²⁸ Note that podiatrists and podiatric surgeons whose registration is endorsed may only administer, obtain, possess, prescribe, sell, supply or use the scheduled medicines in the National podiatry scheduled medicines list to the extent that they are authorised by the relevant drugs and poisons legislation and regulations in the state or territory in which they are practicing.
Patient	A patient (sometimes called a client) is a person receiving or seeking to receive advice and/or treatment.
Pharmaceutical products (see medicines)	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 'pharmaceutical products' includes prescription medicines, non-prescription or over-the-counter pharmaceutical products or medicines, poisons and complementary medicines, including herbs, vitamins, minerals, nutritional supplements, homeopathics and bush and traditional medicines. ²⁹
Podiatric surgeon	An individual who is listed on the Podiatry Board of Australia's register as having attained specialist registration as a podiatric surgeon.
Podiatrist	An individual who is listed on the Podiatry Board of Australia's register of podiatrists.
Prescribing pharmaceutical products	An iterative process involving the steps of information gathering, clinical decision making, communication, and evaluation that results in the initiation, continuation, or cessation of a pharmaceutical. ³⁰

²⁷ Adapted from Australian Qualifications Framework, Second Edition January 2013, see www.aqf.edu.au/. Accessed on 15 February 2019.

²⁸ Podiatry Board of Australia, Registration standard: Endorsement for scheduled medicines, available from <https://www.podiatryboard.gov.au/Registration-Standards.aspx>. Accessed 26 January 2020.

²⁹ Definition adapted from National Prescribing Service *Better Choices: Better Health. Competencies required to prescribe medicines: putting quality use of medicines into practice*. Sydney, National Prescribing Service Limited. 2012.

³⁰ 'NPS Medicinewise Prescribing Competencies Framework,' see <https://www.nps.org.au/prescribing-competencies-framework>. Accessed 22 November 2019.

Professional capabilities for podiatrists	Threshold statements describing essential capabilities needed to safely and competently practice as a podiatrist in Australia.
Program of study	A program of study consists of a set of structured units or subjects provided by an education provider. The term 'course' is used by many education providers.
Quality use of medicines (QUM)	<p>The principles underpinning the Quality Use of Medicines are used when prescribing medicines, whether prescription, non-prescription or complementary medicines. Quality Use of Medicines (QUM) means:</p> <ol style="list-style-type: none"> a. selecting management options wisely by: <ul style="list-style-type: none"> • considering the place of medicines in treating illness and maintaining health, and • recognising there may be better ways than medicine to manage many disorders. b. choosing suitable medicines (if a medicine is considered necessary) so that the best available option is selected by taking into account: <ul style="list-style-type: none"> • the individual • the clinical condition • risks and benefits • dosage and length of treatment • any coexisting conditions • other therapies • monitoring considerations, and • costs for the individual, the community and the health system as a whole. c. using medicines safely and effectively to get the best possible results by: <ul style="list-style-type: none"> • monitoring outcomes • minimising misuse, over-use and under-use • improving people's ability to solve problems related to medication, such as negative effects, and • managing multiple medications.
Supply of medicines	The act of providing medicines to a person or third party for the use by the person only. ³¹
Traditional or alternative treatments	<p>Traditional or alternative treatments include bush medicine and other treatments used by Aboriginal and Torres Strait Islander Peoples and people from culturally and linguistically diverse backgrounds. The World Health Organisation defines traditional medicines as "the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness"</p> <p>Alternative or complementary treatments include a broad set of health care practices including, for example, herbal medicines and Traditional Chinese Medicine. The terms traditional and</p>

³¹ 'NPS Medicinewise Prescribing Competencies Framework,' see <https://www.nps.org.au/prescribing-competencies-framework>. Accessed 22 November 2019

	complementary or alternative treatments are sometimes used interchangeably.
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List of acronyms

CPD	Continuing professional development
NHMRC	National Health and Medical Research Council
NPS	National Prescribing Service