



Draft Proposed Accreditation standards for
podiatric therapeutics programs for
registered podiatrists and podiatric
surgeons

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1. Preamble

On 1 July 2010, the podiatry profession joined the National Registration and Accreditation Scheme (the National Scheme) under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). The Australian and New Zealand Podiatry Accreditation Council (ANZPAC) undertook assessment and accreditation of podiatry and podiatric surgery education programs under the National Law from 1 July 2010 until mid-2019. From 1 July 2019, the Podiatry Accreditation Committee (Accreditation Committee) established by the Podiatry Board of Australia (Board) is the accreditation authority for the podiatry profession under the National Law.

This document contains:

- a preamble relevant to the context of the *Accreditation Standards for podiatric therapeutics programs for registered podiatrists* (accreditation standards for podiatric therapeutics)
- the accreditation standards and their associated criteria
- guidance on the evidence to be presented by education providers seeking accreditation or responding to monitoring of accredited podiatric therapeutics programs, including:
 - expected information for each criterion to be presented
 - explanatory notes, to help common understandings between accreditation assessment teams and providers about the Accreditation Committee's requirements
- a glossary of key terms used, and
- a list of acronyms.

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

Overview of the accreditation standards for podiatric therapeutics programs for registered podiatrists

The *Accreditation Standards for podiatric therapeutics programs* recognise contemporary practice in standards development across Australia and internationally. The accreditation standards focus on the demonstration of outcomes. The accreditation standards accommodate a range of educational models and variations in curriculum design, teaching methods, and assessment approaches.

Podiatric therapeutics programs for registered podiatrists and podiatric surgeons generally comprise at least one unit/subject covering the theory of podiatric prescribing. This type of program **does not** include the clinically supervised practice that is required by the Board for endorsement of registration for scheduled medicines.

The Accreditation Committee must regularly review the accreditation standards to ensure that they remain contemporary and relevant to podiatry practice and education in Australia.

Overview of podiatric therapeutics and endorsement of registration in scheduled medicines

Endorsement of registration identifies practitioners with additional qualifications and specific expertise. A podiatrist or podiatric surgeon whose registration is endorsed for scheduled medicines under section 94 of the National Law is qualified to administer, obtain, possess, prescribe, sell, supply or use Schedule 2, 3, 4 or 8 medicines for the treatment of podiatric conditions, as listed in the *National podiatry scheduled*

*medicines list*¹ and in accordance with the relevant legislation and regulations in each state or territory in which they are practising.

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

The registration standard outlines two pathways for endorsement:

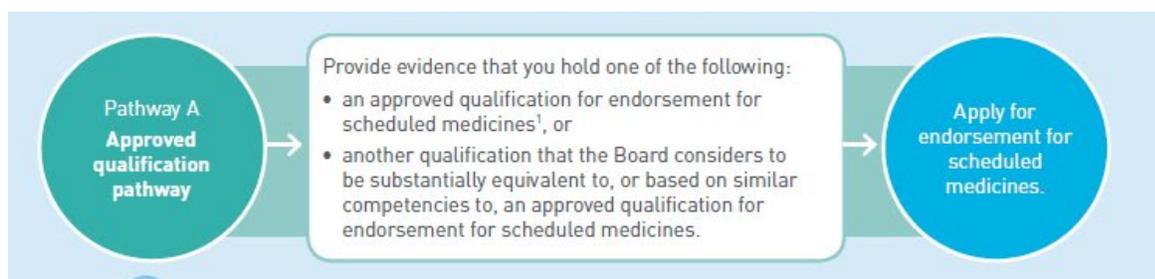
- Pathway A: Approved Qualification Pathway **or**
- Pathway B: Supervised Practice Pathway under the Board's *Registration Standards: Endorsement for scheduled medicines*³.

Pathway A: Approved qualification pathway

Under Pathway A, a podiatrist or podiatric surgeon is qualified for endorsement after completing a qualification that is approved by the Board for the endorsement for scheduled medicines (or another qualification that the Board deems to be substantially equivalent to, or based on similar competencies to, an approved qualification in endorsement for scheduled medicines).

Pathway A is shown in Figure 1 below.

Figure 1: Pathway A to endorsement for scheduled medicines



Pathway B: Supervised practice pathway

Under Pathway B, a podiatrist or podiatric surgeon is eligible for endorsement for scheduled medicines after completing an approved qualification in podiatric therapeutics (or another qualification that the Board deems to be substantially equivalent to, or based on similar competencies to, an approved qualification in podiatric therapeutics) **and** undertaking additional requirements as outlined in the Board's *Guidelines: Endorsement for Scheduled Medicines* and *Registration Standard: Endorsement for Scheduled Medicines*⁴.

¹ The National podiatry scheduled medicines list is attached to the *Registration standard: Endorsement for scheduled medicines* available from <https://www.podiatryboard.gov.au/Registration-Standards.aspx>. Accessed on 9 April 2020.

² Podiatry Board of Australia, *Registration Standard: Endorsement for Scheduled Medicines*, 2018 available from <https://www.podiatryboard.gov.au/Registration-Endorsement/Endorsement-Scheduled-Medicines.aspx>. Accessed on 9 April 2020. Podiatry Board of Australia, *Guidelines: Endorsement for Scheduled Medicines*, 2018 available from <http://www.podiatryboard.gov.au/documents/default.aspx?record=WD18%2f25232&dbid=AP&chksum=XIIMaKMtApOi%2bgrAIRPUIw%3d%3d>. Accessed 27 October 2020.

³ Podiatry Board of Australia *Registration Standard: Endorsement for Scheduled Medicines*, 2018 available from <https://www.podiatryboard.gov.au/Registration-Endorsement/Endorsement-Scheduled-Medicines.aspx>. Accessed on 9 April 2020.

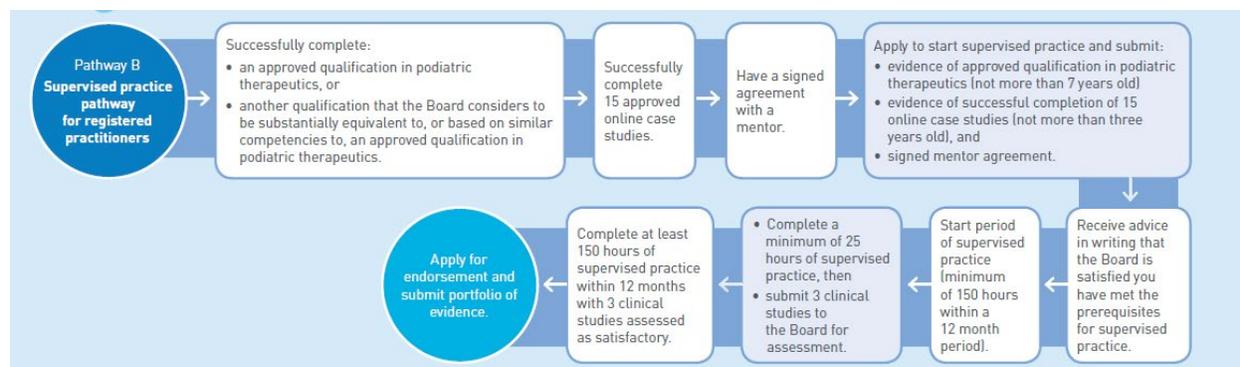
⁴ Podiatry Board of Australia, 2018. *Guidelines: Endorsement for Scheduled Medicines* and *Registration Standard: Endorsement for Scheduled Medicines* available from <https://www.podiatryboard.gov.au/Registration-Endorsement/Endorsement-Scheduled-Medicines.aspx>, accessed on 12 October 2020.

The additional requirements in the Board's *Guidelines: Endorsement for Scheduled Medicines* 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 2 below.

Figure 2: Pathway B to endorsement for scheduled medicines⁵



Accreditation decisions

The Accreditation Committee assesses whether programs of study and education providers are meeting the accreditation standards and decides whether or not to accredit the program. The Accreditation 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 Accreditation Committee's decisions and decides whether or not to approve accredited programs as providing qualifications for registration.

When the Accreditation Committee reports on its accreditation decision to the Board under section 48 of the National Law, it will identify if, in addition to addressing professional capabilities for general registration as a podiatrist or specialist registration as a podiatric surgeon, the accredited program:

- a. included education in podiatric therapeutics that covers the theoretical foundation for endorsement to ensure graduates can safely and competently commence their supervised practice for Pathway B of the ESM registration standard
- b. included education and training in podiatric therapeutics and clinically-supervised practice to ensure that graduates have the professional capabilities required to administer, obtain, possess, prescribe, sell, supply or use Schedule 2, 3, 4 or 8 medicines for the treatment of podiatric conditions, as listed in the *National podiatry scheduled medicines list*.

Options for education providers

Podiatrists and podiatric surgeons who meet the Board's requirements for endorsement of their registration in relation to scheduled medicine currently do so via Pathway B because there are not yet any approved qualifications for Pathway A.

⁵ More information, including two videos about Pathway B to endorsement for scheduled medicines, is available from the Podiatry Board of Australia's website at <https://www.podiatryboard.gov.au/Registration-Endorsement/Endorsement-Scheduled-Medicines.aspx>. Accessed 26 October 2020.

The proposed accreditation standards are designed to provide an option for education providers to seek accreditation of programs they want the Board to approve as providing qualifications for Pathway A. The Board may approve a program as providing a qualification suitable for Pathway A if the Accreditation Committee advises the Board that the curriculum includes education and training in podiatric therapeutics and clinically-supervised practice to ensure that graduates have the professional capabilities required to administer, obtain, possess, prescribe, sell, supply or use Schedule 2, 3, 4 or 8 medicines for the treatment of podiatric conditions, as listed in the *National podiatry scheduled medicines list*.

Education providers also have the option to seek accreditation of programs they want the Board to approve as providing qualifications for Pathway B. The Board may approve a program as providing a qualification in podiatric therapeutics suitable for Pathway B if the Accreditation Committee advises the Board that the curriculum includes learning and assessment of the theoretical foundation for endorsement to ensure graduates can safely and competently commence their supervised practice.

Education providers may also seek accreditation of programs they want the Board to approve as providing qualifications for general registration as a podiatrist or specialist registration as a podiatric surgeon. The Board may approve a program as providing a qualification suitable for general registration as a podiatrist or for specialist registration as a podiatric surgeon if the Accreditation Committee advises the Board that the curriculum includes learning and assessment of the relevant professional capabilities.

The accreditation standards in this document will be used to assess education programs designed for registered podiatrists and registered podiatric surgeons to meet the qualification aspect of the Board's requirements for endorsement for scheduled medicines under Pathway B. Registered podiatrists and podiatric surgeons also need to complete the Board's other requirements for endorsement under Pathway B, which are the completion of online case studies, supervised practice and a portfolio of evidence.⁶

Mapping learning outcomes and assessment tasks to the professional capabilities

These accreditation standards require education providers to design and implement a podiatric therapeutics program that is underpinned by learning outcomes and assessment tasks that map to theoretical elements of the relevant professional capabilities for prescribing scheduled medicines as described in the *Professional capabilities for podiatrists* or the *Professional capabilities for podiatric surgeons*.

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 Accreditation Committee considers whether the education provider and its podiatric therapeutics program have met each criterion. When the Accreditation Committee determines whether the evidence

⁶ The clinical supervision requirements are outlined in the Board's Guidelines: Endorsement for Scheduled Medicines, 2018 available from <https://www.podiatryboard.gov.au/Registration-Endorsement/Endorsement-Scheduled-Medicines.aspx>. Accessed on 9 April 2020.

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.

Guidance on the presentation of evidence for accreditation assessment and its evaluation by assessment teams and the Accreditation Committee

The Accreditation 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 through site visits and discussions with a range of:

- students
- staff at the education provider, and
- podiatrists or podiatric surgeons who have completed the podiatric therapeutics program, and their supervisors/mentors.

The Accreditation Committee establishes assessment teams to:

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

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

Guidance on presenting an explanation and expected information

The Accreditation Committee expects the education provider to explain how they meet each standard and provide the relevant expected information.

Education providers are expected to:

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

Some documents listed in the expected information may be applicable across multiple standards and criteria. For example, unit/subject profiles/outlines are expected to be provided for Criteria 1.1, 3.5, 3.6 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 Accreditation Committee expects the education provider to provide a staffing profile for Criteria 2.10, 3.7 and 5.4. The purpose of the staffing profile differs for each standard. The Accreditation Committee recognises that there may be duplication of information requested across these criteria, and therefore would accept submission of one staffing profile that covers all the relevant information across the criteria mentioned above.

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, as long as it includes the details identified in the expected information for relevant criteria.

Providing examples of assessments

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

Implementation of formal mechanisms

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

Monitoring accredited podiatric therapeutics programs

After the Accreditation Committee accredits a podiatric therapeutics program, the Committee has a legal responsibility under Section 50 of the National Law to monitor whether the podiatric therapeutics program continue to meet the accreditation standards.

During monitoring, the Accreditation Committee relies primarily on assessment of documentary evidence submitted by the education provider. If the Accreditation Committee is not reasonably satisfied 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 Accreditation Committee invites education providers, accreditation assessors and other users to provide feedback on the expected information and explanatory notes within this document.

Please email your comments and suggestions to the Program Accreditation Team at program.accreditation@ahpra.gov.au. The Accreditation Committee will review all feedback, which will inform any future refinements to this document.

For further information please contact:

Manager, Program Accreditation
Ahpra
GPO Box 9958
Melbourne
VIC 3001
Email: program.accreditation@ahpra.gov.au
Website: www.podiatryboard.gov.au/Accreditation

Review of accreditation standards

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

Date of effect: TBC 2021

2. The accreditation standards, criteria, expected information and explanatory notes

Standard 1: Assuring safe practice

Standard statement: Assuring safe practice is paramount in unit/subject design, implementation and monitoring.

Criteria		Expected information for inclusion with accreditation application/monitoring response
1.1	Safe practice is identified in the learning outcomes of the program.	<ul style="list-style-type: none"> Unit/subject profiles/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 in the unit/subject. For each tool or modality, provide a range of de-identified examples of student assessment. Where possible provide an example of a satisfactory or pass, and an example of unsatisfactory or where the benchmark is not yet met. Examples of implementation of formal mechanisms used to identify, report on and remedy issues impacting on safe practice in program design, implementation and monitoring.
1.2	The education provider complies with its obligations under the Health Practitioner Regulation National Law as in force in each state and territory (the National Law) and other laws.	<ul style="list-style-type: none"> Examples of implementation of formal mechanisms that show compliance with the Health Practitioner Regulation National Law. as in force in each state and territory (the National Law) and other laws.

Standard 1: Explanatory notes

This standard addresses safe practice by podiatrists and the safe care of patients. The focus is on educating students about the theoretical foundations for safe practice so that they can commence the clinically supervised practice required by the Board.

Safe practice

There are many dimensions to safe practice such as knowing about the policy context, best practice guidance, how to manage risk effectively, and the responsibilities as an endorsed practitioner. The Accreditation Committee expects the education provider to assure graduates have knowledge of safe practice in podiatric therapeutics by teaching students about the different aspects of safe practice in relation to administering, obtaining, possessing, prescribing, selling, supplying or using Schedule 2, 3, 4 or 8 medicines for the treatment of podiatric conditions.

Ethical and professional conduct

The requirements for the ethical and professional conduct to assure safe practice in Australia by podiatrists and podiatric surgeons who are endorsed for scheduled medicines are set out in the *Professional capabilities for podiatrists* and the *Professional capabilities for podiatric surgeons*, and in the *Code of conduct*⁷ for registered health practitioners, published by the Board. Podiatrists and podiatric surgeons who are endorsed for scheduled medicines are also bound by:

- the Board's *Registration Standard: Endorsement for Scheduled Medicines*
- the Board's *Guidelines: Endorsement for Scheduled Medicines*

⁷ Podiatry Board of Australia *Code of conduct*, 2014, see <https://www.podiatryboard.gov.au/Policies-Codes-Guidelines/Code-of-conduct.aspx>. Accessed 15 January 2020.

Standard 2: Academic governance and quality assurance

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 Tertiary Education Quality Standards Agency (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, and • 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 AQF Level 7 or a higher level.	<ul style="list-style-type: none"> • TEQSA or the education provider's relevant board or committee approval of the academic level of the unit/subject.
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 unit/subject 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 each unit/subject. • Examples of implementation of formal mechanisms relating to academic governance for each unit/subject. • Explanation of how monitoring and review contributes to improvement in the design, implementation and quality of each unit/subject. • Examples of implementation of formal mechanisms used to monitor and review the design, implementation and quality of each unit/subject. • Schedule for monitoring, review and evaluation of the design, implementation and quality of each unit/subject with examples of compliance from the last three years. • Current list of members of the committees or groups responsible for unit/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 of each unit/subject.
2.5	Formal mechanisms exist to evaluate and improve the design, implementation and quality of each unit/subject, including through student feedback, internal and external academic and professional peer review, and other evaluations.	<ul style="list-style-type: none"> • Examples of implementation of formal mechanisms to evaluate and improve the design, implementation and quality of each unit/subject. • Details of outcomes and actions from internal or external reviews of each unit/subject in the past five years.

Criteria		Expected information for inclusion with accreditation application/monitoring response
		<ul style="list-style-type: none"> Summary of actions taken, and changes made to improve the design, implementation and quality of each unit/subject in response to student or staff feedback.
2.6	Students and academics have opportunities to contribute to the information that informs decision-making about unit/subject design, implementation and quality.	<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 lecturers when decisions about unit/subject design, implementation and quality are being made. Examples that show how feedback from students and academics is used to improve the unit/subject.
2.7	There is formalised and regular external stakeholder input to the design, implementation and quality of each unit/subject, including from representatives of the podiatry profession, other health professions, prospective employers, health consumers and graduates of the unit/subject.	<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 unit/subject design and implementation. List of all external stakeholders and detail the input they have had into the design, implementation and quality improvement of the unit/subject. Terms of reference of a current stakeholder group responsible for input into the design, implementation and quality of the unit/subject, including the list of representatives on the group and their current positions. The current stakeholder group's meeting calendar for the current year and minutes and actions of any previous meetings in the last two years, highlighting points of relevance to this standard. Examples of reports from employer and/or graduate surveys and/or reviews and explanation of the outcomes and actions taken in response to reports. Records of other stakeholder engagement activities showing participation, decisions made and implemented.
2.8	Formal mechanisms exist to anticipate and respond to contemporary developments in podiatric prescribing and the education of health practitioners, within the curriculum of the unit/subject.	<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 of the unit/subject.
2.9	The education provider assesses and actively manages risks to each unit/subject and unit/subject outcomes.	<ul style="list-style-type: none"> Examples of the development and implementation of a risk management plan. Examples of formal mechanisms for assessing, mitigating and addressing risks to each unit/subject and unit/subject outcomes.
2.10	The education provider appoints academic staff at an appropriate level to manage and lead the unit/subject.	<ul style="list-style-type: none"> Staffing profile for staff responsible for management and leadership of the unit/subject, identifying their: <ul style="list-style-type: none"> academic level of appointment role in each unit/subject

Criteria		Expected information for inclusion with accreditation application/monitoring response
		<ul style="list-style-type: none"> - fraction (full-time, part-time) and type (ongoing, contract, casual) of appointment - qualifications and experience relevant to their responsibilities - relevant registration status, and - engagement in further learning related to their role and responsibilities. • Description of and examples that show the mechanisms by which the education provider ensures staff demonstrate culturally safe practice in the delivery of unit/subjects.
2.11	Staff managing and leading each unit/subject have sufficient autonomy to assure the level and range of human resources, facilities and equipment required.	<ul style="list-style-type: none"> • Examples of correspondence or meeting minutes that show staff managing and leading each unit/subject are requesting the allocation of human resources, facilities and equipment when necessary, and the response from the decision-makers.
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.	<ul style="list-style-type: none"> • Examples of any targeted recruitment of Aboriginal and Torres Strait Islander staff. • Examples of 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 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 instigation of actions.
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.	<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 Accreditation Committee acknowledges TEQSA's role in assessing the education provider's governance as part of their registration application. The Accreditation Committee seeks evidence on how the podiatric therapeutics program operates within the organisational governance.

The focus of this standard is on the overall context in which the unit/subject is implemented, specifically the administrative and academic organisational structure which supports the unit/subject. This standard also focuses on identifying the degree of control that the academics who manage and implement the unit/subject, the podiatry and podiatric surgery professions and other external stakeholders have over the relevance and quality of the unit/subject, to produce graduates who have the theoretical foundations in podiatric therapeutics to commence clinically supervised practice in prescribing medicines to meet the Board's requirements under Pathway B.

Formal quality assurance mechanisms

The Accreditation Committee expects that the education provider will regularly monitor and review the unit/subject and the effectiveness of its implementation. The education provider is expected to engage with, and consider the views of, representatives of the podiatry and podiatric surgery professions, students, graduates, academic staff, employers and other health professionals where relevant.

The Accreditation Committee also expects that the education provider will implement formal mechanisms to validate and evaluate improvements in the design, implementation and quality of the unit/subject.

Evidence of effective engagement with external stakeholders

The Accreditation 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.

External stakeholders

The Accreditation Committee expects that the education provider will engage with any individuals, groups or organisations that are significantly affected by, and/or have considerable influence on the education provider, and its unit/subject 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 stakeholder 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.⁸

⁸ 'Reconciliation Action Plans', see www.reconciliation.org.au/reconciliation-action-plans/. Accessed 15 January 2020.

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

The staff and student work and learning environment

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

All environments related to the unit/subject must be physically and culturally safe for both staff and students.

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.⁹ 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 3.7 and 5.4.

The Accreditation Committee does not assess against the threshold HES, but it expects the education provider to submit clear evidence that all staff with responsibilities for management and leadership of the unit/subject have:

- a) knowledge of contemporary developments in podiatric therapeutics, which is informed by current and continuing scholarship or research or advances in practice
- b) high-level skills in contemporary teaching, learning and assessment principles relevant to the unit/subject in podiatric therapeutics 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 Accreditation Committee recognises that it may be difficult for all education providers to recruit Aboriginal and Torres Strait Islander Peoples as staff who can facilitate learning in Aboriginal and Torres Strait Islander Health. In the first instance the Committee will be looking for demonstratable efforts by education providers to improve recruitment and retention of Aboriginal and Torres Strait Islander Peoples. It will also be looking for creative efforts by education providers to meet the intent of this criterion (e.g. by engaging with guest speakers from local communities where Aboriginal and Torres Strait Islanders are not on staff.)

⁹ 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 supervised practice under Pathway B.

Criteria		Expected information for inclusion with accreditation application/monitoring response
3.1	A coherent educational philosophy informs program design and implementation.	<ul style="list-style-type: none"> Statement of the overall educational philosophy which informs 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 each unit/subject and is articulated in its 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/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/subject learning outcomes address the relevant professional capabilities for podiatrists or podiatric surgeons required for the therapeutics component of Pathway B of the Board's <i>Registration Standard: Endorsement for scheduled medicines</i> (2018).	<ul style="list-style-type: none"> Curriculum map that shows alignment and mapping of unit/subject learning outcomes to all the professional capabilities. Detailed profiles/outlines for each unit/subject.
3.4	Unit/subject learning outcomes address contemporary principles of interprofessional education and collaborative practice in the context of podiatric prescribing.	<ul style="list-style-type: none"> Unit/subject profiles/outlines that show where principles of interprofessional education and collaborative practice are included and reflected in student learning outcomes.
3.5	Unit/subject learning outcomes and assessment specifically reference the relevant National Safety and Quality Standards published by the Australian Commission on Safety and Quality in Health Care, particularly medication safety.	<ul style="list-style-type: none"> Unit/subject profiles/outlines and assessment tasks that show where the relevant National Safety and Quality Standards published by the Australian Commission on Safety and Quality in Health Care are addressed and student learning outcomes assessed against the relevant National Safety and Quality Standards.
3.6	Unit/subject learning outcomes in the program address social and cultural determinants of health.	<ul style="list-style-type: none"> Program materials and unit/subject profiles/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.
3.8	The education provider appoints academic staff at an appropriate level to implement the program.	<ul style="list-style-type: none"> Staffing profile for staff responsible for implementation of the unit/subject, identifying their: <ul style="list-style-type: none"> academic level of appointment role in implementation of the unit/subject

Criteria		Expected information for inclusion with accreditation application/monitoring response
		<ul style="list-style-type: none"> - fraction (full-time, part-time) and type (ongoing, contract, casual) of their appointment - qualifications and experience relevant to their responsibilities - relevant registration status, and engagement in further learning related to their role and responsibilities. • Description of and examples that show the mechanisms by which the education provider ensures staff demonstrate culturally safe practice in the delivery of programs.
3.9	The education provider offers development opportunities for staff to stay abreast of educational approaches and technologies.	<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/subject is designed and implemented to produce graduates who have demonstrated all the professional capabilities required for endorsement of registration.

Program design

The Accreditation Committee considers that the two key goals of the podiatric therapeutics program are:

- to provide the theoretical foundation that will ensure graduates can safely and competently commence their supervised practice under Pathway B for the attainment of endorsement for scheduled medicines, and
- to provide the educational foundation for lifelong learning in relation to podiatric therapeutics.

To deliver on the educational outcomes the education provider is encouraged to present evidence in an overview about how the curriculum is structured and integrated to produce graduates who have demonstrated all the professional capabilities required for endorsement of their registration.

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

Referencing the relevant National Safety and Quality Standards

The Accreditation Committee expects that at a minimum the education provider will reference the relevant National Safety and Quality Standards published by the Australian Commission on Safety and Quality in Health Care in the curriculum.¹⁰ This may include through learning materials provided to students, and during lectures.

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

The definition of cultural safety below has been developed for the National Scheme and adopted by the National Health Leadership Forum. The Aboriginal and Torres Strait Islander Health Strategy Group developed the definition in partnership with a public consultation process.

¹⁰ 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).

Definition

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

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

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

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

All health practitioners in Australia 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.

Culturally safe and respectful practice 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 also 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 capability is particularly important in promoting culturally safe and respectful practice for all communities.

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. Capability implies a continuum of learning, developing and adapting individual behaviour to each experience.

Podiatrists in Australia must be able to engage in culturally safe and respectful practice and 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 culturally competent system of care recognises the importance of individual cultural capability and promotes culturally safe and respectful practice for all communities by acknowledging and incorporating – 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.¹¹

Learning and teaching approaches

The Accreditation 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 demonstrate how these approaches are realised, incorporated into the curriculum and assessed in order to facilitate student achievement of the learning outcomes and the professional capabilities for podiatric therapeutics.

Interprofessional education

Interprofessional education is important for preparing students of podiatric therapeutics 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 those 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 Accreditation Committee expects legislative and regulatory requirements relevant to podiatric therapeutics will be taught and assessed in the program.

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

A template for the staffing profile is available to education providers for completion, however 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 3.7¹². The same template can also be used for Criteria 2.10 and 5.4.

The Accreditation Committee expects the education provider to submit clear evidence that all staff with responsibilities for assessment of students in the unit/subject 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.

¹¹ 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 15 January 2020.

¹² 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 each unit/subject have equitable and timely access to unit/subject information and learning support.

Criteria		Expected information for inclusion with accreditation application/monitoring response
4.1	Unit/subject information is complete, accurate, clear, accessible and up-to-date.	<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 enable 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 each unit/subject. This should include information on the supervised practice components of the Board's Pathway B approach to endorsement of registration for scheduled medicines.
4.2	The education provider ensures physical and cultural safety for students at all times.	<ul style="list-style-type: none"> Examples of implementation of formal mechanisms used to ensure that staff and students work and learn in an environment that is physically and culturally safe, including in face-to-face and online environments. Examples of feedback from students about the cultural safety of the environment. Examples of resolving any issues that compromised the physical and/or cultural safety of the environment for students.
4.3	The education provider assesses and actively manages risks to enrolled students.	<ul style="list-style-type: none"> Examples of development and implementation of a risk management plan. Examples of formal mechanisms for assessing, mitigating and addressing risks to enrolled students. Examples of engagement between the education provider and practitioners who provide instruction and supervision to students during work-integrated learning. Examples of implementation of formal mechanisms used for training and monitoring work-integrated learning supervisors.
4.4	The education provider identifies and provides support services, including cultural support services, to meet the needs of students.	<ul style="list-style-type: none"> Examples of the implementation and availability of adequate support services to meet the needs of students.
4.5	There are specific strategies to address the recruitment, admission, participation and completion of the unit/subject by Aboriginal and Torres Strait Islander Peoples.	<ul style="list-style-type: none"> Examples of implementation of formal mechanisms for recruitment and admission to the unit/subject by Aboriginal and Torres Strait Islander Peoples. Examples of 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 unit/subject information and learning support and delivers a student experience that is culturally safe.

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

Registration requirements

The Accreditation Committee expects that the education provider clearly and fully informs prospective students about the Board's requirements for endorsement for scheduled medicines as outlined in the Board's *Registration Standard: Endorsement for Scheduled Medicines* and *Guidelines: Endorsement for Scheduled Medicines* before the students enrol in any unit/subject.¹³ Students should be reminded that the study of podiatric therapeutics must be accompanied by the completion of online case studies, supervised practice and a portfolio of evidence in order to meet the requirements for endorsement of registration for scheduled medicines under Pathway B. Enrolled students should also be reminded 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. The activities and/or tasks cannot be allocated elsewhere, are a core element of the position or role, and result in significant consequences if they are not performed.

The HES state that "Prospective students must be made aware of any inherent requirements for undertaking a course, or parts of a course, that may affect those students in special circumstances or with special needs (such as a particular type of practicum), especially where a course of study leads to a qualification that may lead to registration as a professional practitioner by a registering authority."¹⁴

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

The Accreditation Committee expects that evidence of implementation of adequate student support services is provided at the level of the unit/subject.

Meeting the learning, welfare and cultural needs of students may include providing mental health support services that recognise the unique needs of students. 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.

¹³ More detailed information on the registration standards is contained in the Board's Policies, Codes and Guidelines available from <https://www.podiatryboard.gov.au/Policies-Codes-Guidelines.aspx>. Accessed on 24 February 2020.

¹⁴ Domain (Sections 1.1) of the HES Framework available from <https://www.tegsa.gov.au/hesf-domain-1>. Accessed on 6 October 2020.

Standard 5: Assessment

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

Criteria		Expected information for inclusion with accreditation application/monitoring response
5.1	The relevant professional capabilities for endorsement of registration in relation to scheduled medicines and unit/subject learning outcomes are mapped to assessment tasks.	<ul style="list-style-type: none"> Assessment matrix or other consolidated and comprehensive assessment design documents to demonstrate alignment and mapping of all assessment tasks, all unit/subject learning outcomes and all relevant professional capabilities. Detailed unit/subject profile/outline, including details of the assessment tasks for each unit of study.
5.2	Multiple valid and reliable assessment tools, modes and sampling are used throughout the unit/subject.	<ul style="list-style-type: none"> Details of the assessment strategy, identifying assessment tools, modes and sampling.
5.3	Formal mechanisms exist that ensure assessment of student learning outcomes reflects the principles of assessment.	<ul style="list-style-type: none"> Examples of the formal assessment mechanisms used to determine student competence. Examples of assessment review processes and their use in quality improvement outcomes. Examples of assessment moderation and validation, including peer validation. This should include the outcomes, and responses to those outcomes. Examples of external referencing of assessment methods including the outcomes.
5.4	Staff assessing students are suitably experienced, prepared for the role, and hold appropriate qualifications.	<ul style="list-style-type: none"> Staffing profile for academic staff responsible for assessment of students in the unit/subject identifying their: <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 (for health practitioners), and engagement in further learning related to their role and responsibilities. Details of arrangements to monitor the cultural competence of staff who assess 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 unit/subject. The Accreditation Committee expects the education provider to ultimately show how they assure that every student who passes the unit/subject has achieved the theoretical foundations in podiatric therapeutics required to commence supervised practice under Pathway B.

The Accreditation 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 unit/subject.

Principles of assessment

The principles of assessment are a set of measures to ensure that assessment of students is valid, reliable, flexible and fair. The Accreditation Committee expects the education provider to implement an assessment strategy that reflects the principles of assessment. It is also expected that when the education provider designs and implements supplementary and alternative assessments in the unit/subject that these contain different material to the original assessment.

Staffing profile for staff responsible for assessment of students

A template for the staffing profile is available to education providers for completion, however 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 5.4.¹⁵ The same template can also be used for Criteria 2.10 and 3.7.

The Accreditation Committee does not assess against the threshold HES, but it expects the education provider to submit clear evidence that all staff with responsibilities for assessment of students in the unit/subject 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 unit/subject has been assessed by TEQSA, evidence of the outcome of TEQSA's assessment is sufficient.

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.

Glossary

Accreditation standards	Used to assess whether a unit/subject or program of study, and the education provider that provides the unit/subject or program provide people who complete the unit/subject or 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. ¹⁶
Assessment moderation	<p>Quality assurance, control processes and activities such as peer review that aim to assure: consistency or comparability, appropriateness, and fairness of assessment judgments; and the validity and reliability of assessment tasks, criteria and standards.</p> <p>Moderation of assessment processes establishes comparability of standards of student performance across, for example, different assessors, locations, units/subjects, education providers and/or programs of study.¹⁷</p>
Assessment team	An expert team, assembled by the Accreditation Committee, whose primary function is the analysis and evaluation of the podiatry unit/subject or program against the accreditation standards.
Cultural competence	<p>A set of congruent behaviours, attitudes, and policies that come together in a system, agency, or amongst professionals and allows 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.</p> <p>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.¹⁸</p>
Cultural safety	This definition of cultural safety has been developed for the National Scheme and adopted by the National Health Leadership Forum. The

¹⁶ 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 15 January 2020.

¹⁷ Adapted from TEQSA glossary of terms, see www.teqsa.gov.au/glossary-terms. Accessed 15 January 2020.

¹⁸ 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.

	<p>Aboriginal and Torres Strait Islander Health Strategy Group developed this definition in partnership with a public consultation process.</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, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.</p> <p>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.
Current and continuing scholarship or research	<p>Current and continuing scholarship and research means those activities concerned with gaining 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 ways of teaching and learning in the field and advances in professional practice, as well as advances in disciplinary knowledge through original research.¹⁹</p>
Education provider	<p>The term used by the National Law to describe universities, other tertiary institutions and specialist colleges.</p>
Endorsement for scheduled medicines	<p>Endorsement of registration identifies practitioners with additional qualifications and specific expertise. The endorsement available for podiatry is in relation to scheduled medicines. A podiatrist or podiatric surgeon whose registration is endorsed for scheduled medicines under section 94 of the National Law is qualified to administer, obtain, possess, prescribe, sell, supply or use Schedule 2, 3, 4 or 8 medicines for the treatment of podiatric conditions, listed in the <i>National podiatry scheduled medicines list</i>.</p>
Formal mechanisms	<p>Activities that an education provider completes in a systematic way to effectively deliver the unit/subject or 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.</p>

¹⁹ 'TEQSA Guidance Note: Scholarship', see www.teqsa.gov.au/latest-news/publications/guidance-note-scholarship. Accessed 15 January 2020.

Inherent requirements	<p>The core activities, tasks or skills that are essential to a workplace in general, and to a specific position or role. The activities and/or tasks cannot be allocated elsewhere, are a core element of the position or role, and result in significant consequences if they are not performed.²⁰</p> <p>The HES state that “Prospective students must be made aware of any inherent requirements for undertaking a course, or parts of a course, that may affect those students in special circumstances or with special needs (such as a particular type of practicum), especially where a course of study leads to a qualification that may lead to registration as a professional practitioner by a registering authority.”²¹</p>
Interprofessional Education	<p>When two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.²²</p>
Learning outcomes	<p>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.²³</p>
Medicines (see also pharmaceuticals)	<p>Therapeutic goods that are represented to achieve or are likely to achieve their principal intended action by pharmacological, chemical, immunological or metabolic means in or on the body of a human.</p> <p>In this document, the term ‘medicine’ or ‘medicines’ includes prescription medicines, non-prescription or over-the-counter medicines and complementary medicines, including herbs, vitamins, minerals, nutritional supplements, homeopathic medicines and bush and traditional medicines.²⁴</p>
National podiatry scheduled medicines list	<p>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.²⁵ 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 <i>National podiatry scheduled medicines list</i></p>

²⁰ Disability Employment Australia ‘Inherent requirements’, see www.guide.disabilityemployment.org.au/proposing/inherent_requirements. Accessed 21 June 2019.

²¹ Domain (Sections 1.1) of the HES Framework available from <https://www.tegsa.gov.au/hesf-domain-1>. Accessed on 6 October 2020.

²² 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 15 January 2020.

²³ Adapted from Australian Qualifications Framework, Second Edition January 2013, see www.aqf.edu.au/. Accessed 15 January 2020

²⁴ 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

²⁵ Podiatry Board of Australia, Registration standard: Endorsement for scheduled medicines, available from <https://www.podiatryboard.gov.au/Registration-Standards.aspx>. Accessed 26 January 2020.

	in accordance with the relevant legislation and regulations in each 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.
Pharmaceuticals (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 'medicine' or 'medicines' includes prescription medicines, non-prescription or over-the-counter medicines and complementary medicines, including herbs, vitamins, minerals, nutritional supplements, homeopathic medicines and bush and traditional medicines. ²⁶
Podiatric surgeon	An individual who is listed on the Podiatry Board of Australia's register with specialist registration as a podiatric surgeon.
Podiatric therapeutics	An approved qualification in podiatric therapeutics means a qualification obtained by completing a program of study that has been accredited by the accreditation authority for the podiatry profession and subsequently approved by the Board as providing a qualification in podiatric therapeutics for the purpose of Pathway B of this registration standard. It includes education and training in podiatric therapeutics but does not include the clinically supervised practice that is required for endorsement for scheduled medicines. ²⁷
Podiatrist	An individual who is listed on the Podiatry Board of Australia's register of podiatrists.
Podiatry Accreditation Committee	The committee appointed by the Podiatry Board of Australia which is responsible for implementing and administering accreditation.
Podiatry prescribing	The practice of podiatry that includes administering, obtaining, possessing, prescribing, supplying or using Schedule 2, 3, 4 or 8 medicines in the course of podiatric treatment.
Principles of assessment	The principles of assessment are a set of measures to ensure that assessment of students is valid, reliable, flexible and fair.
Professional capabilities for podiatric surgeons	Threshold capabilities needed to safely and competently practice as a podiatric surgeon in Australia.
Professional capabilities for podiatrists	Threshold capabilities needed to safely and competently practice as a podiatrist in Australia.
Program of study	A program of study (program) provided by an education provider. Note the term 'course' is used by many education providers.

²⁶ 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

²⁷ Podiatry Board of Australia *Registration Standard: Endorsement for Scheduled Medicines*, 2018 available from <https://www.podiatryboard.gov.au/Registration-Endorsement/Endorsement-Scheduled-Medicines.aspx>. Accessed on 9 April 2020.

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.²⁸</p>
Reliable assessment/reliability	<p>The degree to which an assessment tool produces stable and consistent results.²⁹</p>
Unit/subject	<p>A component of a podiatry program. Note the terms ‘course’ or ‘topic’ are used in many programs.</p>

²⁸ Australian Human Rights Commission ‘quick guide on reasonable adjustments’, see www.humanrights.gov.au/quick-guide/12084. Accessed 15 January 2020.

²⁹ ‘Principles of Assessment – Part 1 (Reliability)’, see www.ittacademy.net.au/principles-assessment-part-1/. Accessed 15 January 2020.

List of acronyms

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