



Draft Proposed Accreditation standards for podiatric surgery programs

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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.

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. Graduates of an accredited and approved podiatric surgery program are qualified for specialist registration to practise as a podiatric surgeon.

Podiatric surgeons are podiatrists who have completed extensive post-graduate medical and surgical training, which enables them to perform reconstructive surgery of the foot and ankle. Accreditation of a podiatric surgery program provides assurance to the Board and the community that students graduating from the program have the knowledge, skills and other professional attributes needed to safely and competently practise as a podiatric surgeon in Australia. The Accreditation Committee must regularly review the accreditation standards to ensure that they remain contemporary and relevant to the practice and education of podiatric surgeons in Australia.

This document contains:

- a preamble relevant to the context of the *Accreditation Standards for Podiatric surgery*
- the accreditation standards and associated criteria for podiatric surgery
- guidance on the evidence to be presented by education providers seeking accreditation or responding to monitoring of an accredited podiatric surgery program, 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 programs against the accreditation standards.

Overview of the Accreditation standards for podiatric surgery

Accreditation of a program provides assurance to the Board and the community that graduating students from the podiatric surgery program have the knowledge, skills and professional attributes needed to safely and competently practise as a podiatric surgeon in Australia, including the integrated use of medicines in podiatric surgery practice for holistic person-centred care.

Accreditation of podiatric surgery programs in Australia is designed to ensure that graduating students have developed the necessary specialist knowledge, skills and professional attributes needed to safely and competently practise as a podiatric surgeon in Australia. These capabilities build on capabilities developed as an undergraduate student and in professional podiatric practice, including higher order clinical capabilities such as diagnosis, management and professional judgement.

The accreditation standards for podiatric surgery reflect contemporary practice in standards development across Australia and internationally, including a focus on the demonstration of outcomes. Where education processes are considered, the evidence required by the Accreditation Committee relates to learning outcomes and related assessment tasks rather than evidence of any specific process. The accreditation standards accommodate a range of educational models and variations in curriculum design, teaching methods, and assessment approaches. The focus is on demonstrating that student learning outcomes and assessment tasks map to all the Professional capabilities for podiatric surgeons, including culturally safe practice.

Overview of 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 for 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).

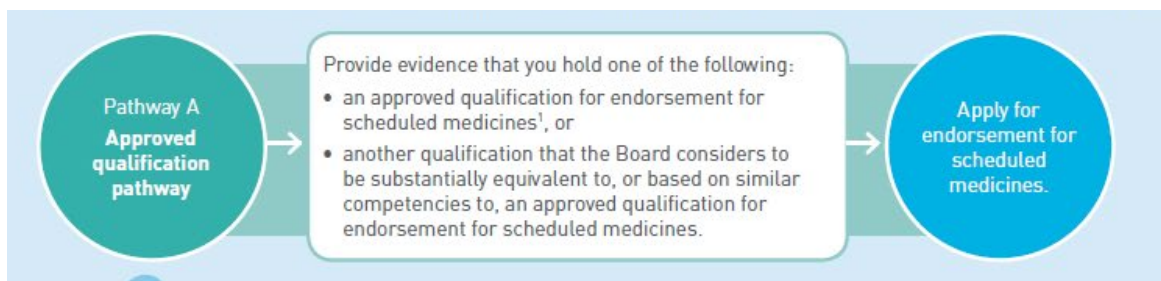
Pathway A is shown in Figure 1 below.

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&checksum=XIIMaKMtApOi%2bgrAIRPUjw%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.

Figure 1: Pathway A to endorsement for scheduled medicines



Pathway B: Supervised practice pathway

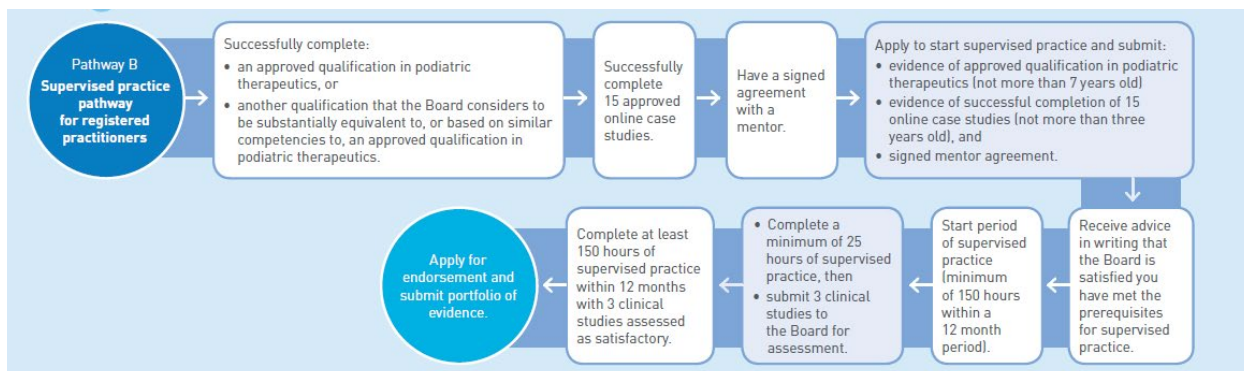
Under Pathway B, a podiatrist or podiatric surgeon is eligible for endorsement for scheduled medicines after completing an approved qualification in podiatric therapeutics (or another qualification that the Board deems to be substantially equivalent to, or based on similar competencies to, an approved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

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



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.

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.

Accreditation decisions

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.

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.

Mapping learning outcomes and assessment tasks to the Professional capabilities for podiatric surgeons

These accreditation standards require education providers to design and implement a program where unit/subject learning outcomes and assessment tasks map to the Professional capabilities for podiatric surgeons.⁶

If the program is intended to qualify graduates for endorsement of their specialist registration through Pathway A of the Board's *Registration Standard: Endorsement for scheduled medicines*, it needs to include learning and assessment 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

⁶ A separate project is being undertaken to review and update the *Podiatry competency standards for Australia and New Zealand 2015*. The new *Professional capabilities for podiatrists* will reflect the capabilities required to prescribe medicines safely and effectively, in accordance with the National prescribing competencies framework.

National podiatry scheduled medicines list. An education provider will demonstrate this by mapping the learning outcomes and assessment against all the professional capabilities for podiatric surgeons.

If the program is intended to qualify graduates for endorsement of their specialist registration through Pathway B of the Board's *Registration Standard: Endorsement for scheduled medicines*, it needs to include learning and assessment of the theoretical foundations in podiatric therapeutics to ensure graduates can safely and competently commence their supervised practice. An education provider will demonstrate this by mapping the learning outcomes and assessment against the professional capabilities for podiatric surgeons, but there will not be learning and assessment of clinically-supervised practice of podiatric therapeutics.

Education providers delivering podiatric surgery programs in Australia

For the purposes of these accreditation standards, the term *education provider* means a university, another tertiary education institution or a specialist podiatric surgeon college.⁷

Structure of the accreditation standards

The accreditation standards comprise five standards:

1. Assuring safe practice
2. Academic governance and quality assurance of the program
3. Program 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 program have met each criterion. When the Accreditation Committee determines whether the evidence presented by an education provider demonstrates that a particular standard is met, it takes a balanced view of the findings for each criterion in the context of the whole standard and its intent.

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
- work-integrated learning supervisors, and
- graduates of the program, and
- other relevant, clinical and surgical staff who engage with the program and its graduates.

⁷ Section 5 of the National Law provides that an education provider may be: (a) a university; or (b) a tertiary education institution, or another institution or organisation, that provides vocational training; or (c) a specialist medical college or other health profession college.

The Accreditation Committee establishes assessment teams to:

- a) evaluate information provided by an education provider about its program against the approved accreditation standards, and
- b) work in partnership with 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 the podiatric surgery program meets each of the accreditation standards. The Accreditation Committee may decide to accredit the program, with or without conditions. The Accreditation Committee may also decide to refuse to accredit the 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, 3.3, 3.5, 3.6, 3.7 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 2.11, 3.12 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, 1.3, 3.8 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 requires evidence of implementation of formal mechanisms such as policies and procedures (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 programs

After the Accreditation Committee accredits a program, the Committee has a legal responsibility under section 50 of the National Law to monitor whether the program continues to meet the accreditation standards. Continued accreditation requires that the Accreditation Committee remains satisfied the program and education provider continue to meet the accreditation standards while students continue to be enrolled in the accredited program.

The education provider should keep the expected information listed in this document up to date and available during the life of the program because the Accreditation Committee may request submission of that information as part of its monitoring. Information to be submitted for monitoring purposes will reflect the findings of the original assessment (or subsequent monitoring) and risks identified by the Accreditation Committee.

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 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:

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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 program 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, including any work-integrated learning elements.	<ul style="list-style-type: none"> • Program materials and unit/subject profiles/outlines that show protection of the public and safe practice, including culturally safe practice, are addressed in the curriculum. • A range of different assessment tools or modalities which show that safe practice, including culturally safe practice, is being taught and assessed across the curriculum, including in the clinical setting. 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	Formal mechanisms exist to ensure students are mentally and physically able to practise safely at all times.	<ul style="list-style-type: none"> • Examples of implementation of formal mechanisms used to monitor whether students are fit to practise safely throughout the duration of the program and manage situations where safety issues are identified. • A range of de-identified examples of implementation of formal mechanisms used to ensure students are safe to engage in practice before work-integrated learning. This includes examples of confidential disclosure of issues by students, vaccinations and, where mandated, completion of police checks and child and vulnerable person safety screening checks.
1.3	Students are required to achieve relevant capabilities before each period of work-integrated learning.	<ul style="list-style-type: none"> • Documents identifying the relevant learning outcomes to be achieved before each period of work-integrated learning and how these are actioned (for example, are they embedded in units/subjects, a pre-requisite for units/subjects or mapped against units/subjects?). • A range of assessment tools or modalities which show assessment of relevant learning outcomes. For each tool or modality, provide a range of de-identified examples from students across the range of performance. • Where possible, provide a de-identified example of where a student is refused work-integrated learning because they have not attained relevant capabilities.
1.4	Health practitioners who supervise students in the program during	<ul style="list-style-type: none"> • Examples of implementation of formal arrangements with facilities and health services (including those

Criteria		Expected information for inclusion with accreditation application/monitoring response
	work-integrated learning hold current registration in Australia for the clinical elements they supervise, or equivalent registration in their country, where relevant.	operated by universities) used for work-integrated learning (for example, a formal contract and/or other written communication securing the work-integrated learning arrangements) that ensure practitioners supervising students hold current registration.
1.5	Facilities and health services used for work-integrated learning maintain workplace safety standards, including any accreditation, licencing and/or registration required in the relevant state or territory.	<ul style="list-style-type: none"> • Examples of implementation of formal mechanisms that show facilities and health services used for work-integrated learning maintain any accreditation, licensing and/or registration required in the relevant state or territory. • Examples that show the education provider monitors the currency of any required accreditation and licences. • Examples of implementation of formal mechanisms used for clinical and workplace safety.
1.6	The education provider requires students in the program to comply with the principles of professional and safe practice, including a code of conduct that is consistent with the Podiatry Board of Australia's expectations of safe and professional conduct.	<ul style="list-style-type: none"> • Examples of implementation of a code of conduct that is consistent with the Board's guiding principles on ethical and professional conduct. • Information provided to students that refers to the requirement for them to comply with a code of conduct consistent with the Board's expectations and guidelines⁸. • Evidence of compliance with the code of conduct.
1.7	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. • Examples of implementation of formal mechanisms used for mandatory and voluntary notifications about students to the Australian Health Practitioner Regulation Agency (Ahpra).

⁸ Podiatry Board of Australia *Code of Conduct for Health Practitioners* (2014); National Boards *Guidelines for Mandatory Notifications* (2014). Other guidelines issued by the Podiatry Board of Australia relevant to safe practice include, but may not be limited to: Podiatry Board of Australia *Guidelines for infection prevention and control* (2016); Podiatry Board of Australia *Guidelines for supervision of podiatrists* (2012); Podiatry Board of Australia *Podiatry guidelines for podiatrists with blood-borne infections* (2010). The Board's policies, codes and guidelines are available from <https://www.podiatryboard.gov.au/Policies-Codes-Guidelines.aspx>.

Standard 1: Explanatory notes

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

Safe practice

There are many dimensions to safe practice such as knowing about the policy context, best practice guidance, how to manage risk effectively, and the responsibilities as a student and as a registered practitioner. The Accreditation Committee expects the education provider to assure safe practice in the program by implementing formal mechanisms relating to work-integrated learning environments and to teach students in the program about the different aspects of safe podiatric surgery practice, including but not limited to, cultural safety, workplace health and safety, manual handling, mandatory reporting, and infection prevention and control.

Work-integrated learning

For the purpose of this document, work-integrated learning is an umbrella term for a range of approaches and strategies that integrate academic learning (theory) with its application to practice within a purposefully designed curriculum. TEQSA's *Guidance note: Work Integrated Learning* states:

in the context of the Higher Education Standards Framework (Threshold Standards) 2015 (HES Framework), note work-integrated learning (WIL) encompasses any arrangement where students undertake learning in a workplace outside of their higher education provider (or one operated jointly with an external partner) as a part of their course of study. Such arrangements may include:

- clinical or other professional placements
- online projects
- internships, or
- workplace projects.⁹

TEQSA's Guidance note recognises that the nature and scope of work-integrated learning may vary considerably, as will the extent of 'integration' of the workplace learning with the student's coursework.

The Accreditation Committee recognises that in the context of podiatric surgery, work-integrated learning includes clinical and surgical practice. The Committee recognises that education providers design and carry out podiatric surgery work-integrated learning in a variety of ways, including in private hospitals, day procedure centres and private practices as well as in a range of simulated learning environments and activities.

The Accreditation Committee expects the education provider to present documentary and experiential evidence that shows how their work-integrated learning arrangements and relevant learning outcomes across the program meet the accreditation standards and ensure graduating students achieve the *Professional capabilities for podiatric surgeons*.

Achievement of relevant capabilities before work-integrated learning

To enable students in the program to engage in work-integrated learning safely, the Accreditation Committee expects that the sequencing of learning and assessment in the program will require students to achieve any capabilities that are relevant to their subsequent period of work-integrated learning, before

⁹ Tertiary Education Quality and Standards Agency (TEQSA) Guidance Note: Work Integrated Learning Version 1.2 11 October 2017. Available from <https://www.teqsa.gov.au/latest-news/publications/guidance-note-work-integrated-learning> Accessed on 24 February 2020.

providing patient care. Achievement of these capabilities is needed to minimise risk, particularly because supervision alone cannot assure safe practice, even though the degree of supervision will vary with the level of capability of a student being supervised. The capabilities may be achieved immediately prior to the commencement of a period of work-integrated learning, earlier in the podiatric surgery program or during the student's practice as a registered podiatrist. Examples include:

- the capabilities relevant to perioperative management and/or procedural activity must be achieved required before students provide these aspects of patient care, and
- any capabilities required for the safe and effective use of medicines must be achieved before students use medicines as part of providing patient care.

All students in the program must have appropriate skills to communicate with patients, other health practitioners and their supervisors and apply safety guidelines.

Work-integrated learning supervisors

Work-integrated-learning conducted in Australia must be supervised by practitioners who hold current registration with the Board, or in another profession, as appropriate to the learning activity. For example, where work-integrated learning is being undertaken in relation to podiatric surgery, the learning activities should be supervised by a registered podiatric surgeon with experience in education and the supervision of podiatric surgery students.

The education provider is responsible for implementing and monitoring the quality of any overseas work-integrated learning. The Accreditation Committee recognises that overseas work-integrated learning undertaken as an elective may provide valuable experiences for students. The Committee acknowledges that overseas work-integrated learning supervisors may not hold registration with a Board. However, it is expected that they would be suitably experienced and qualified and that the Australian standards of podiatric surgical practice would be recognised, either directly through practice, or indirectly through comparison with local practice. In addition, it is the education provider's responsibility to monitor and assure the quality of supervisors' experience and the suitability of their qualifications.

Relevant accreditation and licensing

The Accreditation Committee expects the education provider to implement formal mechanisms that ensure each clinic/practice used for work-integrated learning in the program:

1. complies with relevant licensing requirements such as applicable public health laws, and
2. where relevant, is accredited by one of the eight approved accreditation agencies¹⁰ that accredit to the *National Safety and Quality Health Service (NSQHS) Standards*.

These mechanisms may include relevant clauses in an agreement between the education provider and the clinic/practice. The Accreditation Committee expects agreements with any clinics and/or practices outside Australia to include clauses to cover relevant accreditation and licensing requirements in that country.

Ethical and professional conduct

The requirements for the ethical and professional conduct of podiatric surgeons to assure safe practice in Australia are set out in the *Professional capabilities for podiatric surgeons*, and in the *Code of conduct*¹¹ for registered health practitioners, published by the Board.

¹⁰ Approved accrediting agencies contact details <https://www.safetyandquality.gov.au/standards/nsqhs-standards/assessment-nsqhs-standards/approved-accrediting-agencies-contact-details>. Accessed 15 January 2020.

¹¹ 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 of the program

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

Criteria		Expected information for inclusion with accreditation application/monitoring response
2.1	The education provider has robust academic governance for the program.	<ul style="list-style-type: none"> • If the education provider is a specialist college, provide evidence that the college has robust academic governance arrangements in place. • If the education provider is a university, a copy of current registration with the Tertiary Education Quality Standards Agency (TEQSA).
2.2	The relevant education provider board or committee has verified the program reflects the Australian Qualifications Framework (AQF) specifications for a Master's degree (coursework) program (AQF Level 9) or professional doctorate (AQF Level 10).	<ul style="list-style-type: none"> • If the education provider is a university, a copy of the program approval decision made by the relevant board or committee, such as a record of resolution in meeting minutes. • If the education provider is a different tertiary institution, a copy of the Tertiary Education Quality Standards Agency's (TEQSA's) approval. • If the education provider is a specialist college, information on how the learning outcomes align with the AQF specification for a Master's degree (coursework) or professional doctorate level program. • Disclosure of any issues concerning the program that the board or committee has identified, and subsequent dialogue with the board or committee about addressing the issues.
2.3	The education provider has established mechanisms for systematic monitoring, review and improvement.	<ul style="list-style-type: none"> • Examples of the implementation of formal mechanisms for systematic monitoring, review and improvement of the design, implementation and quality of the program, including through student feedback, internal and external academic and professional peer review, and other evaluations. • Explanation of how monitoring and review contributes to improvement in the design, implementation and quality of the program. • Schedule for monitoring, review and evaluation of the design, implementation and quality of the program, with examples of compliance from the past three years. • Details of outcomes and actions from internal or external reviews of the program in the past five years. • Summary of actions taken, and changes made to improve the design, implementation and quality of the program in response to student or staff feedback.
2.4	The education provider has established committee/s or similar group/s with the responsibility, authority and capacity to design,	<ul style="list-style-type: none"> • Overview of committee/s with the responsibility, authority and capacity to design, implement and improve the program.

Criteria		Expected information for inclusion with accreditation application/monitoring response
	implement and improve the program to meet the needs of the podiatry profession and the health workforce.	<ul style="list-style-type: none"> • Current list of members of the committees or groups responsible for program design, implementation and quality. • Minutes from the three previous meetings of these groups, highlighting points of relevance to this standard.
2.5	Formal mechanisms exist to ensure the ongoing availability and quality assurance of work-integrated learning.	<ul style="list-style-type: none"> • Examples of implementation of formal quality assurance mechanisms for work-integrated learning including: <ul style="list-style-type: none"> ○ Mechanisms for the training and monitoring of work-integrated learning supervisors ○ Mechanisms for the evaluation of work-integrated learning, including examples of ways in which feedback from students and supervisors is used ○ Examples of responses to quality assurance findings.
2.6	Students, academics and work-integrated learning supervisors in the program have opportunities to contribute to the information that informs decision-making about program design, implementation and quality.	<ul style="list-style-type: none"> • Details of any student, academic and work-integrated learning supervisor representation in the governance and curriculum management arrangements for the program. • Examples that show how information contributed by students, academics, and work-integrated learning supervisors is considered when decisions about program design, implementation and quality are being made. • Examples that show how feedback from students, academics and work-integrated learning supervisors is used to improve the program.
2.7	There is formalised and regular external stakeholder input to the design, implementation and quality of the program, including from representatives of the podiatry profession, other health professions, prospective employers, health consumers and graduates of the program.	<ul style="list-style-type: none"> • Examples of effective engagement with a diverse range of external stakeholders (including representatives of Aboriginal and/or Torres Strait Islander Peoples and other relevant health professions) about program design and implementation. • List of all external stakeholders and detail the input they have had into the design, implementation and quality improvement of the program. • Terms of reference of a current stakeholder group responsible for input into the design, implementation and quality of the program, including the list of representatives on the group and their current positions. • The current stakeholder group's meeting calendar for the current year and minutes and actions of any previous meetings in the last two years, highlighting points of relevance to this standard. • Examples of reports from employer and/or graduate surveys and/or reviews and explanation of the outcomes and actions taken in response to reports. • Records of other stakeholder engagement activities showing participation, decisions made and implemented.

Criteria		Expected information for inclusion with accreditation application/monitoring response
2.8	Formal mechanisms exist to anticipate and respond to contemporary developments in podiatric surgery, medicine and surgery and the education of health practitioners, within the curriculum of the program.	<ul style="list-style-type: none"> • Examples of implementation of formal mechanisms used to anticipate and respond to contemporary developments in podiatric surgery practice and the education of students of podiatry and health practitioners within the curriculum of the program. • Examples of formal quality assurance mechanisms in the program. • Examples of evaluation of feedback on work-integrated learning, including: <ul style="list-style-type: none"> ○ student feedback about their experiences ○ student feedback on work-integrated learning supervisors ○ supervisors' feedback on students' experiences ○ supervisors' feedback on the work-integrated learning program • Examples of responses to quality assurance findings.
2.9	The education provider assesses and actively manages risks to the program and program outcomes.	<ul style="list-style-type: none"> • Examples of implementation of a risk management plan • Examples of formal mechanisms for assessing, mitigating and addressing risks to the program and program outcomes. • 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.
2.10	The education provider appoints academic staff at an appropriate level to manage and lead the program.	<ul style="list-style-type: none"> • Staffing profile for staff responsible for management and leadership of the program, identifying their: <ul style="list-style-type: none"> - academic level of appointment - role in the program - 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 programs.
2.11	Staff managing and leading the program have sufficient autonomy to assure the level and range of human resources, facilities and equipment required in the program.	<ul style="list-style-type: none"> • Examples of correspondence or meeting minutes that show staff managing and leading the program are requesting the allocation of human resources, facilities and equipment when necessary, and the response from the decision-makers.
2.12	The education provider actively recruits or draws on staff or other individuals with the knowledge, expertise and culturally safe practice to facilitate learning in	<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.

Criteria		Expected information for inclusion with accreditation application/monitoring response
	Aboriginal and Torres Strait Islander health.	<ul style="list-style-type: none"> • 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, students and clinical supervisors during all education activities, including work-integrated learning.	<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 surgery program. The Accreditation Committee acknowledges that, for universities, TEQSA plays an important role in assessing the education provider's governance as part of their registration application. Specialist colleges are not regulated by TEQSA. The Accreditation Committee seeks evidence on how the podiatric surgery program operates within the organisational governance of the university or specialist college.

The focus of this standard is on the overall context in which the program is implemented, specifically the administrative and academic organisational structure which supports the program. This standard also focuses on identifying the degree of control that the academics who manage and implement the program, the podiatry profession and other external stakeholders have over the relevance and quality of the program, to produce graduates who are safe, demonstrate culturally safe practice and competent to practise.

Formal quality assurance mechanisms

The Accreditation Committee expects that the education provider will regularly monitor and review the program and the effectiveness of its implementation. The education provider is expected to engage with, and consider the views of, podiatric surgeons, students, graduates, academics, work-integrated learning supervisors, and relevant clinical and surgical staff who engage with the program and its graduates.

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 program.

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 program design and implementation. This may include, but is not limited to, representatives of the local community and relevant Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, representatives from geographically diverse communities, health consumers, relevant health services and health professionals, relevant peak bodies and industry.

Education providers should be considered in their approach to stakeholders, ensuring that their engagement is diverse and does not burden any one 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.¹²

¹² '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 program. The learning environment includes any physical or virtual place students attend to learn and/or gain clinical experience in the program. Examples include offices, classrooms, lecture theatres, online learning portals, simulated environments, clinical teaching and learning spaces.

All environments related to the program 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.¹³ 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 2.11. The same template can also be used for Criteria 3.12 and 5.4.

The Accreditation Committee expects the education provider to submit clear evidence that all staff with responsibilities for management and leadership of the program have:

- a) knowledge of contemporary developments in podiatric surgery, 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 podiatric surgery, their role, modes of implementation and the needs of particular student cohorts, and
- c) post-graduate qualifications at Master's level or above in a relevant discipline or fellowship of the Australasian College of Podiatric Surgery 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.)

¹³ Please contact Ahpra's Program Accreditation Team at program.accreditation@ahpra.gov.au to obtain the most up-to-date version of the staffing profile.

Standard 3: Program design, implementation and resourcing

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

Criteria		Expected information for inclusion with accreditation application/monitoring response
3.1	A coherent educational philosophy informs the 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 the program and is articulated in unit/subject learning outcomes, with an emphasis on Aboriginal and Torres Strait Islander cultures and cultural safety in the Australian healthcare setting.	<ul style="list-style-type: none"> Explanation of how culturally safe practice is integrated in the design and implementation of the program. Details of unit/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. Description of and examples that show the mechanisms by which the education provider ensures staff demonstrate culturally safe practice in the delivery of programs.
3.3	Unit/subject learning outcomes in the program address all the professional capabilities for podiatric surgeons.	<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 taught in the program.
3.4	The curriculum design includes vertical and horizontal integration of theoretical concepts and podiatric surgical practice throughout the program including: <ul style="list-style-type: none"> Simulation and work-integrated learning experiences Formal instruction/skill-building being provided in scientific methods, evidence-based practice, research methodology and ethical conduct. 	<ul style="list-style-type: none"> Overview of the program identifying relationships between units/subjects and student learning outcomes in and between year-levels of the program.
3.5	Unit/subject learning outcomes in the program address contemporary principles of interprofessional education, collaborative practice and reflective practice.	<ul style="list-style-type: none"> Program materials and unit/subject profiles/outlines that show where the principles of interprofessional education, collaborative practice and reflective practice are included and reflected in student learning outcomes.
3.6	Unit/subject learning outcomes and assessment in the program specifically reference the relevant National Safety and Quality Standards published by the Australian Commission on Safety and Quality in Health Care, including in relation to collaborative practice, team-based care and culturally safe healthcare,	<ul style="list-style-type: none"> Program materials, unit/subject profiles/outlines and assessment tasks that show where the relevant National Safety and Quality Standards published by the Australian Commission on Safety and Quality in Health Care are specifically addressed in the program and student learning outcomes against the relevant National Safety and Quality Standards.

Criteria		Expected information for inclusion with accreditation application/monitoring response
	particularly for Aboriginal and Torres Strait Islander Peoples.	
3.7	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 patient-centred care.
3.8	Legislative and regulatory requirements relevant to podiatric surgery are taught and their application to practice is assessed, during periods of work-integrated learning in the program.	<ul style="list-style-type: none"> Identification of where relevant legislative and regulatory requirements are taught and assessed during work-integrated learning, including examples of the outcomes of the assessments and responses to findings.
3.9	The education provider ensures work-integrated learning experiences provide students with regular opportunities to reflect on their observations of practice in the clinical setting.	<ul style="list-style-type: none"> A range of de-identified records of student feedback that include an opportunity for reflection on their work-integrated learning experiences, and responses to those reflections.
3.10	The education provider has an active relationship with the practitioners who provide instruction and supervision to students during work-integrated learning, and formal mechanisms exist for training and monitoring those supervisors.	<ul style="list-style-type: none"> 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, monitoring and evaluating work-integrated learning supervisors.
3.11	The quality, quantity, duration and diversity of student experience during work-integrated learning in the program is sufficient to produce a graduate who have demonstrated the professional capabilities required to safely and competently practice podiatric surgery.	<ul style="list-style-type: none"> Explanation about how the education provider monitors the quality, quantity, duration and diversity of student experience during work-integrated learning to ensure it is sufficient to produce graduates that demonstrate the knowledge, skills and professional attributes to safely and competently practise podiatric surgery. Examples of implementation of formal mechanisms used for monitoring the quality, quantity, duration and diversity of student experience during work-integrated learning.
3.12	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 program, identifying their: <ul style="list-style-type: none"> - academic level of appointment - role in implementation of each unit/subject - fraction (full-time, part-time) and type (ongoing, contract, casual) of their appointment - qualifications and experience relevant to their responsibilities, and - relevant registration status,
3.13	The education provider provides 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.

Criteria		Expected information for inclusion with accreditation application/monitoring response
3.14	Each unit/subject has the level and range of facilities and equipment to sustain the quality and scope of education needed for students to achieve all the professional capabilities for podiatric surgeons.	<ul style="list-style-type: none"> • Letter from the specialist college president or university vice chancellor (or delegate) confirming ongoing support for the quality and resourcing of each unit/subject. • Description of, and examples that show, the facilities and equipment used by the education provider for teaching and learning in each unit/subjectenable students to achieve culturally safe practice and all the professional capabilities. • List of all equipment used by the education provider for teaching and learning in each unit/subject; a statement about other equipment used; and the servicing schedule for relevant equipment.
3.14	The education provider ensures students can use radiographic equipment safely in podiatric surgical practice.	<ul style="list-style-type: none"> • Description of, and examples that show how the education provider ensures students undertake relevant education in radiation safety.

Standard 3: Explanatory notes

This standard focuses on how the program is designed and implemented to produce graduates who have demonstrated all the *Professional capabilities for podiatric surgeons*.

Program design

The Accreditation Committee considers that the key goals of the podiatric surgery program leading to qualification for specialist registration include:

- to prepare graduates to safely and competently practise podiatric surgery (peri operative medicine and surgical techniques) at the level required for specialist registration,
- to provide education and training related to surgical management which facilitates effective and collaborative patient management, and
- to provide the foundation skills and professionalism to consolidate the principles of lifelong learning appropriate to practice as a registered specialist podiatric surgeon.

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 for podiatric surgeons.

The Accreditation Committee expects the education provider to make explicit statements about the learning outcomes at each stage of the program, to provide guides for each unit/subject that set out the learning outcomes of the unit/subject, and to show how the learning outcomes map to the professional capabilities for podiatric surgeons.

Referencing the National Safety and Quality Standards

The Accreditation Committee expects that at a minimum the education provider would be referencing the relevant National Safety and Quality Standards published by the Australian Commission on Safety and Quality in Health Care within the program curriculum.¹⁴ 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.

¹⁴ 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, including podiatric surgeons, need a working knowledge of factors that contribute to and influence the health and wellbeing of Aboriginal and Torres Strait Islander Peoples. These factors include history, spirituality and relationship to land, and other social determinants of health in Aboriginal and Torres Strait Islander communities.

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.

Podiatric surgeons 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.¹⁵

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, work-integrated learning, simulation 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 surgeons.

Interprofessional education

Interprofessional education is important for preparing students of podiatric surgery to work with other health professionals in a collaborative team environment. Interprofessional teams involving multiple health professionals, including medical practitioners and podiatric surgeons, 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.

Social and cultural determinants of health

The Accreditation Committee expects that the education provider considers social determinants of health as they relate to the design, implementation and quality improvement of its program, such as the way people think about health and illness; individual behaviours and habits that influence health, and how culture interacts with environment, economy, and politics to affect health. Cultural determinants of health are also expected to be considered, such as Aboriginal and Torres Strait Islander Peoples connection to family and community, land and sea, culture and identity.¹⁶

Teaching and assessment of legislative and regulatory requirements

The Accreditation Committee expects legislative and regulatory requirements relevant to podiatric surgery practice to be taught in the program and for their application to practice to be assessed during work-integrated learning. This should include the range of legislative and regulatory requirements that apply to professional practice; not just those related to the profession of podiatry.

Work-integrated learning

The Accreditation Committee expects that students are given extensive and diverse work-integrated learning experiences in a range of settings, such as (but not limited to) community and hospital-based clinics, private practice and high-risk foot clinics and with a range of patients and clinical presentations including, but not limited to:

¹⁵ 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.

¹⁶ 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.

- Structural deformities, including bunions, hammertoes, painful flat foot and high arch deformity, bone spurs,
- Heel pain,
- Nerve entrapments,
- Degeneration and arthrosis of joints,
- Skin and nail conditions,
- Congenital deformities, and
- Trauma-related injuries, including fractures and dislocations.

The Accreditation Committee considers that direct patient encounters throughout the program will help to ensure students achieve the professional capabilities for podiatric surgeons. Education providers are expected to explain how the entire range of work-integrated learning experiences will ensure graduates achieve the professional capabilities for podiatric surgeons, including those required to prescribe medicines safely and effectively.

The Accreditation Committee expects the education provider to engage with specialist practitioners who are work-integrated learning supervisors. The examples of engagement supplied by the education provider should show work-integrated learning supervisors have an opportunity to provide feedback to the education provider on students' work-integrated learning experiences and on the work-integrated learning 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 3.12¹⁷. The same template can also be used for Criteria 2.11 and 5.4.

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

- a) skills in contemporary assessment principles and practice relevant to their responsibilities, and
- b) post-graduate qualifications at Master's level or above in a relevant discipline, fellowship of the Australasian College of Podiatric Surgery or equivalent relevant academic or professional or practice-based experience and expertise.

¹⁷ Please contact Ahpra's Program Accreditation Team at program.accreditation@ahpra.gov.au to obtain the most up-to-date version of the staffing profile.

Standard 4: The student experience

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

Criteria		Expected information for inclusion with accreditation application/monitoring response
4.1	Program information is complete, accurate, clear, accessible and up-to-date.	<ul style="list-style-type: none"> • Program information and/or links to website pages provided to prospective students (before enrolment) and enrolled students about the program, including information on pre-requisites for the post-graduate program and the application process. • Information provided to prospective students (before enrolment) and enrolled students about the program, including information on recognition of prior learning. • Description of mechanisms by which students can access inherent requirements and reasonable adjustments to 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, program fees, refunds and any other costs involved in the program. •
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 students enrolled in the program.	<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 students enrolled in the program. • 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 in the program.	<ul style="list-style-type: none"> • Examples of the implementation and availability of adequate support services to meet the needs of students in the program.
4.5	There are specific strategies to address the recruitment, admission, participation and completion of the	<ul style="list-style-type: none"> • Examples of implementation of formal mechanisms for recruitment and admission to the program by Aboriginal and Torres Strait Islander Peoples.

Criteria		Expected information for inclusion with accreditation application/monitoring response
	program by Aboriginal and Torres Strait Islander Peoples.	<ul style="list-style-type: none"> 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 program information and learning support and delivers a student experience that is culturally safe.

The Accreditation Committee expects the education provider to submit clear evidence of implementation of any formal mechanisms used to ensure student access to program information and learning support.

Registration requirements

The Accreditation Committee expects that the education provider clearly and fully informs prospective students about the Board's practitioner registration requirements for podiatric surgeons before the students enrol in the program. Students enrolled in the program should also be reminded of the requirements.

The Accreditation Committee expects that the information refers to all of the Board's registration standards.¹⁸ These are articulated on the Board's website (www.podiatryboard.gov.au/Registration-Standards) and include:

- Continuing professional development registration standard
- Criminal history registration standard
- Endorsement for scheduled medicines registration standard
- English language skills registration standard
- Professional indemnity insurance arrangements registration standard
- Recency of practice registration standard, and
- Specialist registration for the podiatry specialty of podiatric surgery registration standard.

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."¹⁹

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

The Accreditation Committee expects that evidence of implementation of adequate student learning support services is provided at the level of the program.

Meeting the learning, welfare and cultural needs of students may include providing mental health support services that recognise the unique needs of students during studies and during work-integrated learning, such as dealing with situations involving patient critical-incident scenarios and death.

Evidence of implementation of support services could include how students access student learning, welfare and cultural support services, including how students in the program access student academic advisers as well as more informal and readily accessible advice from individual academic staff.

¹⁸ Podiatry Board of Australia *Registration Standards*, see www.podiatryboard.gov.au/Registration-Standards. Accessed 14 April 2020. 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.

¹⁹ 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 of the program have demonstrated achievement of the learning outcomes taught and assessed during the program.

Criteria		Expected information for inclusion with accreditation application/monitoring response
5.1	All the professional capabilities for podiatric surgeons and unit/subject learning outcomes are mapped to assessment tasks in the program.	<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 professional capabilities. Detailed unit/subject profiles/outlines for each unit/subject for the entire program, including details of the assessment tasks for the relevant unit of study. A range of different assessment tools or modalities used during work-integrated learning that show how students attain the professional capabilities, including culturally safe practice. For each tool or modality, provide a range of de-identified examples from students across the range of performance. Where possible provide an example of a satisfactory or pass, and an example of unsatisfactory or fail.
5.2	Multiple valid and reliable assessment tools, modes and sampling are used throughout the program, including evaluation of student capability through direct observation of students in the clinical and non-clinical settings.	<ul style="list-style-type: none"> Details of the assessment strategy for each year of the program, identifying assessment tools, modes and sampling. Examples of implementation of formal mechanisms used to evaluate student capability in the clinical setting.
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 in the program (including staff assessing work-integrated learning) 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 program identifying their: <ul style="list-style-type: none"> - academic level of appointment - role in assessment of students in the program - 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.

Criteria		Expected information for inclusion with accreditation application/monitoring response
		<ul style="list-style-type: none"> • Details of arrangements to monitor staff who assess students during work-integrated learning to ensure assessment meets the principles of assessment. • Details of arrangements to monitor the cultural competence of staff who assess students.
5.5	Formal mechanisms exist to ensure the learning outcomes and assessment for all work-integrated learning activities are defined and known to both students and supervisors.	<ul style="list-style-type: none"> • Information provided to students and supervisors about work-integrated learning activities and assessment. • Examples of implementation of formal mechanisms used to ensure the learning outcomes and assessment for all work-integrated learning activities are defined and known to both students and supervisors. • Examples of guidance provided to work-integrated learning supervisors on use of assessment tools to enhance the validity and reliability of their assessments.

Standard 5: Explanatory notes

This standard focuses on assessment, including quality assurance processes and the capabilities of the staff responsible for assessing students in the program. The Accreditation Committee expects the education provider to ultimately show how they assure that every student who passes the program has achieved all the professional capabilities for podiatric surgeons, including culturally safe practice.

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 program.

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 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 5.4.²⁰ The same template can also be used for Criteria 2.11 and 3.12.

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

- a) skills in contemporary assessment principles and practice relevant to their responsibilities, and
- b) post-graduate qualifications at Master's level or above in a relevant discipline, fellowship of the Australasian College of Podiatric Surgery or equivalent relevant academic or professional or practice-based experience and expertise.

²⁰ Please contact Ahpra's Program Accreditation Team at program.accreditation@ahpra.gov.au to obtain the most up-to-date version of the staffing profile.

Glossary

Accreditation standards	Used to assess whether a program of study, and the education provider that provides the program provide people who complete the program with the knowledge, skills and other professional attributes needed to safely and competently practice as a podiatric surgeon 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. ²¹
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.²²</p>
Assessment team	An expert team, assembled by the Accreditation Committee, whose primary function is the analysis and evaluation of the podiatry program against the accreditation standards.
Assessment validation	Validation is a quality review process that confirms the assessment system can produce outcomes that consistently confirm a student holds the necessary knowledge and skills described in the learning outcomes. ²³
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</p>

²¹ 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.

²² Adapted from TEQSA glossary of terms, see www.teqsa.gov.au/glossary-terms. Accessed 15 January 2020.

²³ Adapted from Fact Sheet - Conducting validation, see www.asqa.gov.au/news-publications/publications/fact-sheets/conducting-validation. Accessed 15 January 2020.

	cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs. ²⁴
Cultural determinants of health	<p>Cultural determinants originate from and promote a strength-based perspective, acknowledging that stronger connections to culture and country build stronger individual and collective identities, a sense of self-esteem, resilience, and improved outcomes across the other determinants of health including education, economic stability and community safety.</p> <p>Consistent with the thematic approach to the <i>Articles of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)</i>²⁵, cultural determinants include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Self-determination 2. Freedom from discrimination 3. Individual and collective rights 4. Freedom from assimilation and destruction of culture 5. Protection from removal/relocation 6. Connection to, custodianship, and utilisation of country and traditional lands 7. Reclamation, revitalisation, preservation and promotion of language and cultural practices 8. Protection and promotion of Traditional Knowledge and Indigenous Intellectual Property, and 9. Understanding of lore, law and traditional roles and responsibilities.²⁶ <p>Cultural determinants are enabled, supported and protected through traditional cultural practice, kinship, connection to land and Country, art, song and ceremony, dance, healing, spirituality, empowerment, ancestry, belonging and self-determination.²⁷</p>
Cultural safety	This definition of cultural safety 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 this definition in partnership with a public consultation process.

²⁴ 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.

²⁵ United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), see www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html. Accessed 15 January 2020.

²⁶ Prof. Ngiare Brown (undated), cited in The Lowitja Institute – Cultural Determinants Roundtable, Melbourne 26th November 2014, Background Paper, see www.lowitja.org.au/page/research/research-roundtable/cultural-determinants. Accessed 15 January 2020.

²⁷ Commonwealth of Australia, Department of Health (2017), *My Life My Lead - Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health: Report on the national consultations December 2017*, see www.health.gov.au/internet/main/publishing.nsf/Content/indigenous-ipag-consultation. Accessed 12 March 2019.

	<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> <ol 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.²⁸</p>
Education provider	<p>The term used by the National Law to describe universities, other tertiary institutions and specialist colleges.</p>
Endorsement	<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 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>
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</p>

²⁸ 'TEQSA Guidance Note: Scholarship', see www.teqsa.gov.au/latest-news/publications/guidance-note-scholarship. Accessed 15 January 2020.

	<p>role, and result in significant consequences if they are not performed.²⁹</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.”³⁰</p>
Interprofessional Education	When two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes. ³¹
Learning outcomes	The expression of the set of knowledge, skills and the application of the knowledge and skills a person has and is able to demonstrate as a result of learning. ³²
Mandatory and voluntary notifications about students	<p>An education provider must notify Ahpra if the provider reasonably believes:</p> <ul style="list-style-type: none"> a) a student enrolled in a program of study provided by the provider has an impairment that, in the course of the student undertaking clinical training as part of the program of study, may place the public at substantial risk of harm; or b) a student for whom the education provider has arranged clinical training has an impairment that, in the course of the student undertaking the clinical training, may place the public at substantial risk of harm.³³ <p>A voluntary notification about a student may be made to Ahpra on the grounds that:</p> <ul style="list-style-type: none"> a) the student has been charged with an offence, or has been convicted or found guilty of an offence, that is punishable by 12 months imprisonment or more, or b) the student has, or may have, an impairment; or c) that the student has, or may have, contravened a condition of the student’s registration or an undertaking given by the student to a National Board.³⁴ <p>NOTE: The term “impairment” has a specific meaning under the National Law in Australia. In relation to a person, it means the person has a physical or mental impairment, disability, condition or disorder</p>

²⁹ Disability Employment Australia ‘Inherent requirements’, see www.guide.disabilityemployment.org.au/proposing/inherent_requirements. Accessed 21 June 2019.

³⁰ Domain (Sections 1.1) of the HES Framework available from <https://www.tegsa.gov.au/hesf-domain-1>. Accessed on 6 October 2020.

³¹ 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.

³² Adapted from Australian Qualifications Framework, Second Edition January 2013, see www.aqf.edu.au/. Accessed 15 January 2020

³³ Section 143(1) of the National Law.

³⁴ Section 144(2) of the National Law.

	<p>(including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect:</p> <ul style="list-style-type: none"> a) for a registered health practitioner or an applicant for registration in a health profession, the person’s capacity to practise the profession; or b) for a student, the student’s capacity to undertake clinical training— <ul style="list-style-type: none"> i. as part of the approved program of study in which the student is enrolled; or ii. arranged by an education provider.³⁵
Medicines (see 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.³⁶</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.³⁷ 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> in accordance with the relevant legislation and regulations in each state or territory in which they are practicing.</p>
Patient	<p>A patient (sometimes called a client) is a person receiving or seeking to receive advice and/or treatment.</p>
Pharmaceuticals (see medicines)	<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,</p>

³⁵ Section 5 of the National Law

³⁶ 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

³⁷ Podiatry Board of Australia, Registration standard: Endorsement for scheduled medicines, available from <https://www.podiatryboard.gov.au/Registration-Standards.aspx> . Accessed 26 January 2020.

	nutritional supplements, homeopathic medicines and bush and traditional medicines. ³⁸
Podiatric surgeon	An individual who is listed on the Podiatry Board of Australia's register with specialist registration as a podiatric surgeon.
Podiatrist	An individual who is listed on the Podiatry Board of Australia's register of podiatrists.
Podiatry Accreditation Committee	The committee appointed by the Podiatry Board of Australia which is responsible for implementing and administering accreditation.
Practice setting	'Practice setting' refers to the types of organisations, as well as types of geographical locations, within which students may carry out podiatry work-integrated learning activities. The characteristics that define each type of organisation and/or geographical location vary and, consequently, affect the care a student can provide. A practice setting may sometimes be referred to as a 'clinical setting'. ³⁹
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, including higher order clinical capabilities such as diagnosis, management and professional judgement.
Program of study	A program of study (program) provided by an education provider. Note the term 'course' is used by many education providers.
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.⁴⁰</p>
Reliable assessment/reliability	The degree to which an assessment tool produces stable and consistent results. ⁴¹

³⁸ 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

³⁹ Adapted from the Association of America Medical Colleges definition of 'practice setting', see www.aamc.org/cim/career/practice/setting/. Accessed 15 January 2020.

⁴⁰ Australian Human Rights Commission 'quick guide on reasonable adjustments', see www.humanrights.gov.au/quick-guide/12084. Accessed 15 January 2020.

⁴¹ 'Principles of Assessment – Part 1 (Reliability)', see www.ittacademy.net.au/principles-assessment-part-1/. Accessed 15 January 2020.

Simulation	Simulation refers to the artificial representation of a real-world process to achieve educational goals via experiential learning. ⁴²
Social determinants of health	The circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces. ⁴³
Unit/subject	A component of a podiatric surgery program. Note the terms 'course' or 'topic' are used in many programs.
Work-integrated learning	An umbrella term for a range of approaches and strategies that integrate academic learning (theory) with its application to practice within a purposefully designed curriculum. ⁴⁴ Some education providers use the term clinical placement or clinical rotation.
Work-integrated learning supervisor/supervision	<p>A work-integrated learning supervisor, also known as a clinical supervisor, is an appropriately qualified and registered professional who guides learners' education and training during work-integrated learning. The supervisor's role may encompass educational, support and organisational functions. The supervisor is key in ensuring safe, appropriate and high-quality patient care is delivered by the student.</p> <p>Work-integrated learning supervision is a mechanism used by the education provider and workplace to assure the student is practising safely, competently and ethically. It involves oversight – either direct or indirect – by an appropriately qualified and registered supervisor(s) to guide, provide feedback on, and assess personal, professional and educational development in the context of each learner's experience of providing safe, appropriate and high-quality patient care. Work-integrated learning supervision may be direct, indirect or remote according to the context in which the student's learning is being supervised.</p>

⁴² Al-Elq AH (2010) 'Simulation-based medical teaching and learning'. *Journal of Family and Community Medicine*. 17(1),35-40.

⁴³ Commission on Social Determinants of Health (2008). *Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health*. Geneva, World Health Organization (WHO), see www.who.int/social_determinants/thecommission/finalreport/en/. Accessed 15 January 2020.

⁴⁴ Patrick, C-j., Peach, D., Pocknee, C., Webb, F., Fletcher, M., Pretto, G. (2008), 'The Work Integrated Learning report: A national scoping study [Australian Learning and Teaching Council (ALTC) Final report]', Brisbane: Queensland University of Technology, see <https://eprints.qut.edu.au/44065/1/WIL-Report-grants-project-jan09.pdf>. 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