



Consultation report:  
Report on findings from public consultation on the draft proposed  
professional capabilities and accreditation standards for podiatry  
and podiatric surgery

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Australian Health Practitioner Regulation Agency  
National Boards  
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Ahpra and the National Boards regulate these registered health professions: Aboriginal and Torres Strait Islander health practice, Chinese medicine, chiropractic, dental, medical, medical radiation practice, midwifery, nursing, occupational therapy, optometry, osteopathy, paramedicine, pharmacy, physiotherapy, podiatry and psychology.

## Contents

Introduction.....	3
Feedback on the draft proposed professional capabilities .....	5
Feedback on the draft proposed accreditation standards .....	5
Appendix 1: Stakeholders who provided written submissions .....	7

## Introduction

In 2019 the Podiatry Board of Australia (Board) requested that the Podiatry Accreditation Committee (Accreditation Committee) review and update the professional capabilities and accreditation standards for podiatry and podiatric surgery to ensure the documents reflect contemporary practice.

In December 2020 the Accreditation Committee commenced a public consultation process, seeking feedback from stakeholders on draft proposed professional capabilities and accreditation standards for podiatry and podiatric surgery. The consultation process involved an open opportunity to provide written feedback on draft documents and two online focus groups held in February 2021.

Stakeholders were invited to provide feedback on six different but related documents:

- Draft proposed professional capabilities for:
  - Podiatrists
  - Podiatric surgeons
- Draft proposed accreditation standards for:
  - Entry-level podiatry programs
  - Podiatric therapeutics programs for registered podiatrists and podiatric surgeons
  - Registered podiatrists addressing requirements for endorsement of registration in relation to scheduled medicines (ESM programs)
  - Podiatric surgery programs

Stakeholders were asked to respond to the following questions:

1. Does any content need to be added to the draft proposed professional capabilities or the draft proposed accreditation standards?
2. Does any content need to be amended in the draft proposed professional capabilities or the draft proposed accreditation standards?
3. Are there any potential unintended consequences of the current wording of the draft proposed professional capabilities or the draft proposed accreditation standards?
4. Are there implementation issues the Accreditation Committee should be aware of?
5. In relation to the draft proposed accreditation standards:
  - a. Do the draft proposed accreditation standards, associated criteria, expected information and explanatory notes indicate clearly what is required for education providers to demonstrate their programs are producing safe and competent graduates?
  - b. Do you think education providers will have difficulty in providing evidence (expected information) to meet any of the criteria?
6. Do you have any general feedback on the draft proposed professional capabilities or the draft proposed accreditation standards?

Public consultation closed on 12 March 2021.

A total of 23 stakeholders provided written submissions during public consultation, including five stakeholders with nil response (total responses = 18). Most responses (16) provided feedback on more than one draft proposed document. Appendix 1 provides a list of organisations that provided written submissions.

A total of 30 stakeholders participated in the online focus groups in February 2021. The focus groups were designed to share information about the draft proposed professional capabilities and accreditation standards, explore stakeholders' initial views on the documents and provide them with an opportunity to ask questions or seek clarification about the documents.

This paper summarises the feedback received, in both written submissions and focus groups. In general, feedback on the draft proposed professional capabilities and accreditation standards was very positive. Stakeholders welcomed the opportunity to provide feedback and stated that the documents were well considered and comprehensive. They also expressed appreciation that feedback provided during a confidential preliminary consultation process had been incorporated.

The majority of feedback received comprised suggested amendments to the text. In some cases, theme/s emerged from the feedback. Where this was the case these are detailed below. However, in most cases, no themes emerged. All suggested amendments were considered by the project team in revising the draft proposed documents.

## Feedback on the draft proposed professional capabilities

### **Responses to questions 1 and 2: Does any content need to be added to or amended in the draft proposed professional capabilities?**

The majority of stakeholders provided suggested amendments to the text of the draft proposed professional capabilities. No themes emerged from this feedback.

Some stakeholders suggested that the text be amended to reflect the fact that podiatrists work across the health, disability and aged care sectors.

### **Responses to question 3: Are there any potential unintended consequences of the current wording of the draft proposed professional capabilities?**

One stakeholder raised concerns that the wording of the draft proposed professional capabilities would unnecessarily restrict the practice of some podiatrists. This stakeholder believed that the wording of the draft proposed documents implied that only podiatrists who hold endorsement for use of scheduled medicines are safe and competent. This stakeholder suggested that the professional capabilities need to distinguish between podiatrists who have attained endorsement and those who have not but can still safely and competently use a range of pharmaceutical products (such as a local anaesthetic, for example).

### **Responses to question 4: Are there implementation issues that the Accreditation Committee should be aware of?**

Stakeholders generally welcomed the increased emphasis on cultural safety but noted that there would be challenges in recruiting Aboriginal and Torres Strait Islander teaching staff. However, it was also noted that the challenges were not unique to podiatry.

Some stakeholders raised concerns that some enabling components were not measurable and suggested that the language be reviewed.

### **Responses to question 5: Do you have any general feedback on the draft proposed professional capabilities?**

The majority of stakeholders stated that the draft proposed professional capabilities were contemporary, comprehensive and well-considered.

Some stakeholders suggested that the draft professional capabilities include more detail about the surgical training requirements of podiatric surgeons, including details of hospital rotations that may be required during training.

One stakeholder suggested that Endorsement for Scheduled Medicines should be made an entry-requirement for podiatric surgical training.

## Feedback on the draft proposed accreditation standards

### **Responses to questions 1 and 2: Does any content need to be added to or amended in the draft proposed accreditation standards?**

The majority of stakeholders provided suggested amendments to the text. No themes emerged from this feedback.

While most stakeholders appeared to understand the Board's pathways to endorsement for scheduled medicines, some stakeholders lacked clarity in this area. For example, one stakeholder suggested that endorsement could be attained via short courses or other informal learning, rather than through an approved program of study. Another stakeholder criticised Pathway A as being a single subject 'bolted on' to existing programs, which is not the intent of the integrated Pathway A approach.

**Responses to question 3: *Are there any potential unintended consequences of the current wording of the draft proposed accreditation standards?***

All stakeholders suggested amendments to the text. No themes emerged from the feedback.

**Responses to question 4: *Are there implementation issues the Accreditation Committee should be aware of?***

No stakeholders raised concerns about implementation issues. All stakeholders suggested amendments to the text, however, no themes emerged from these suggestions.

**Responses to question 5a: *Do the draft proposed accreditation standards, associated criteria, expected information and explanatory notes indicate clearly what is required for education providers to demonstrate their programs are producing safe and competent graduates?***

Stakeholder views on this question were evenly split. Approximately half of all stakeholders who responded to this question believed that the draft proposed accreditation standards, associated criteria, expected information and explanatory notes indicate clearly what is required for education providers to demonstrate their programs are producing safe and competent graduates. However, an equal number of stakeholders also believed that the draft proposed accreditation standards did not make clear what is required of education providers. Most stakeholders provided suggested amendments to the text.

**Responses to question 5b: *Do you think education providers will have difficulty providing evidence (expected information) to meet any of the criteria?***

Most stakeholders reiterated their earlier comments about whether or not the draft proposed accreditation standards indicated clearly what is required of education providers.

**Responses to question 6: *Do you have any general feedback on the draft proposed accreditation standards?***

Most stakeholders provided positive feedback about the draft proposed accreditation standards being comprehensive and were appreciative of feedback being incorporated following preliminary consultation.

## Appendix 1: Stakeholders who provided written submissions

Ahpra Consumer Reference Group  
Australian Capital Territory Health Directorate  
Australian Government Department of Health  
Australian Podiatry Association  
Australasian College of Podiatric Surgeons  
Australasian Council of Podiatry Deans  
Australian Medical Association  
Australian Orthopaedic Association  
Charles Sturt University  
Podiatry Board of Australia  
Queensland Health (Office of Chief Medical Officer)  
Queensland Health (Clinical Excellence Division)  
Queensland University of Technology  
Royal Australasian College of Surgeons  
Tasmanian Department of Health  
University of Western Australia  
Victorian Department of Health  
Western Sydney University