



Response template for providing feedback to public consultation on draft proposed accreditation standards

The Podiatry Accreditation Committee welcomes your feedback on the draft proposed professional capabilities and the draft proposed accreditation standards.

Please use this response template to respond to the questions on the **draft proposed accreditation standards for podiatry and podiatric surgery programs**.

Please indicate which set of draft proposed accreditation standards you are providing feedback on by placing an 'X' in the box below. Please use a separate response template for each document you are providing feedback on.

Then provide your responses to all or some of the questions in the text boxes on the following pages. You do not need to respond to a question if you have no comment.

X	Draft proposed accreditation standards for entry-level podiatry programs
	Draft proposed accreditation standards for podiatric therapeutics programs for registered podiatrists and podiatric surgeons
	Draft proposed accreditation standards for registered podiatrists and podiatric surgeons addressing requirements for endorsement of registration in relation to scheduled medicines (ESM programs)
	Draft proposed accreditation standards for podiatric surgery programs

Please submit your responses to the questions in the template by email to: accreditationstandards.review@ahpra.gov.au using the subject line '*Feedback on draft proposed accreditation standards for podiatry and podiatric surgery programs*'

Feedback should be provided by Friday 12 March 2021.

Stakeholder details

Please provide your details in the following table:

Name:	Caroline Robinson
Organisation Name:	Australasian Council of Podiatry Deans

Your responses to the consultation questions

1. Does any content need to be added to the draft proposed accreditation standards?

Standard 2: Academic governance and quality assurance of the program.

Suggest that it is appropriate to add a criterion relating to processes for credit assessment and credit transfer, for students moving between institutions and courses. This is a potential risk to quality assurance of the program and also poses the risk that a student might graduate without addressing core professional capabilities.

Standard 3: There is no current reference to the need for programs to demonstrate that they provide students with an adequate standard of digital literacy. Future-ready health care practitioners are likely to use online patient management systems and need to access and use information from online portals. Please consider addition of a sub-standard on this as low levels of digital literacy can negatively impact the standard of patient care.

Although there is reference to the education provider offering development opportunities for staff to stay abreast of education technologies/approaches, I wonder if there should be reference to academic staff being committed to scholarly academic research and developments in the field? Universities should be able to demonstrate investment in staff being able to achieve this important goal for the profession, programs and student learning.

Criterion 4.2: It is important to also acknowledge psychological safety of students. Also delete 'ensure' as this is not possible: Suggest the following edits:

There are mechanisms in place to promote physical, psychological and cultural safety for students at all times.

- *Examples of implementation of formal mechanisms used to ensure that staff and students work and learn in an environment that is physically, psychologically and culturally safe, including in face-to-face and online environments.*
- *Examples of feedback from students about the physical, psychological and cultural safety of the environment.*
- *Examples of resolving any issues that compromised the physical and/or psychological and/or cultural safety of the environment for students.*

<https://www.neurocapability.com.au/2018/04/education-care-psychological-safety/>

p.13 Explanatory notes - Work-integrated learning supervisors

Work-integrated-learning conducted in Australia must be supervised by a podiatrist or another health practitioner who holds registration in Australia for the clinical elements they supervise. For example, where work-integrated learning is being undertaken in relation to the prescribing of medications, it may be suitable for the learning activities to be supervised by a registered medical practitioner or a registered nurse practitioner.

Suggest the following modification of this text to align it more closely to the accreditation standards for ESM:

... it may be suitable for the learning activities to be supervised by a registered medical practitioner, registered nurse practitioner or other health practitioner who holds registration in another profession and is endorsed for scheduled medicines.

p.20 The staff and student work and learning environment

Suggest the following modification of this text:

All environments related to the program must be physically, psychologically and culturally safe for both staff and students.

2. Does any content need to be amended in the draft proposed accreditation standards?
<p>Standard 3.1 – Seeking clarification in relation to this standard only being relevant to undergraduate podiatry programs where ESM may be embedded? A general entry level program without ESM (i.e. general registration) will not qualify students to prescribe and cannot be held against 3.11.</p>
3. Are there any potential unintended consequences of the current wording of the draft proposed accreditation standards?
<p>The phrase ‘Examples of formal mechanisms’ is used frequently for evidencing the standards, which the glossary refers to as ‘documented procedures or processes in place to support their implementation’.</p> <p>Is it the existence of formal mechanisms which will meet the standard, or rather evidence of implementation of these formal mechanisms?</p>
4. Are there implementation issues the Accreditation Committee should be aware of?
<p>1.2 Formal mechanisms exist to ensure students are mentally and physically able to practise safely at all times.</p> <p>As we previously advised, an institution is unable to <i>ensure</i> this as students have the choice to disclose and not all students do so.</p> <p>Thank you for providing further clarity about examples of implementation of formal mechanisms but there still remains the issue that students may not choose to disclose mental illness. It is relatively easy to determine physical ability to practise but it’s often only in times of stress that a student is apparently struggling with their mental capacity to practise safely.</p> <p><i>Mechanisms</i> do exist in the form of Disability Services (DS) but a student’s interaction with DS and psychological support services, can be kept confidential. This is not an unusual occurrence. This or similar events may cause issues with providing the de-identifiable examples suggested.</p> <p>Suggest that this standard requires further consideration i.e. the level of information provided surrounding the ‘examples’ needs to be clearer.</p>
5. In relation to the draft proposed accreditation standards:
<p>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?</p>
<p>Standard 5.3 refers to ‘external referencing of assessment methods including outcomes’. Can clarification be provided on this? Does it mean benchmarking of assessment methods and outcomes with other institutions?</p> <p>‘Examples of formal mechanisms’ is used very frequently for evidencing the standards, which the glossary refers to as ‘documented procedures or processes in place to support their implementation’. It would be helpful to provide examples or specifics for each standard, not because programs will not be performing such procedures rigorously but because of how broad and diverse they may be relative to AHPRA’s expectations.</p>
5. In relation to the draft proposed accreditation standards:

b) Do you think education providers will have difficulty in providing evidence (expected information) to meet any of the criteria?

Provided it is clear what the expected information is (i.e. avoiding unexpected consequences), education providers should not have difficulty presenting it on review.

6. Do you have any general feedback on the draft proposed accreditation standards?

Feedback provided during the first round of consultation has largely been incorporated and this has improved the revised set of draft standards.