



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.

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| 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:

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|---------------------------|--------------------------|
| Name: | Caroline Robinson |
| Organisation Name: | Charles Sturt University |

Your responses to the consultation questions

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| 1. Does any content need to be added to the draft proposed accreditation standards? |
| <p>Standard 2: Academic governance and quality assurance of the program.</p> <p>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.</p> <p>Criterion 4.2: It is important to also acknowledge psychological safety of students but <i>ensuring</i> safety at all times is not a realistic expectation. Suggest the following edits:</p> <p><i>The education provider has mechanisms to enable physical, psychological and cultural safety for students at all times.</i></p> <ul style="list-style-type: none">• <i>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.</i>• <i>Examples of feedback from students about the physical, psychological and cultural safety of the environment.</i>• <i>Examples of resolving any issues that compromised the physical and/or psychological and/or cultural safety of the environment for students.</i> <p>https://www.neurocapability.com.au/2018/04/education-care-psychological-safety/</p> <p>p.13 Explanatory notes - Work-integrated learning supervisors</p> <p>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.</p> <p>Suggest the following modification of this text to align it more closely to the accreditation standards for ESM:</p> <p><i>... 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.</i></p> <p>p.20 The staff and student work and learning environment</p> <p>Suggest the following modification of this text:</p> <p><i>All environments related to the program must be physically, psychologically and culturally safe for both staff and students.</i></p> |
| 2. Does any content need to be amended in the draft proposed accreditation standards? |
| <p>Criterion 4.3: Review wording of the 2nd dot point – ‘Examples of formal mechanisms for assessing, mitigating and addressing risks <i>for</i> students enrolled in the program’.</p> <p>Criterion 5.3: Dot point 4 - <i>Examples of external referencing of assessment methods including the outcomes.</i></p> <p>Further clarification is sought for example, is there an expectation for inter-institutional benchmarking of subjects? If so, this should be stated clearly.</p> |

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| <p>3. Are there any potential unintended consequences of the current wording of the draft proposed accreditation standards?</p> |
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| <p>4. Are there implementation issues the Accreditation Committee should be aware of?</p> |
| <p>1.2 Formal mechanisms exist to ensure students are mentally and physically able to practise safely at all times.</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>Mechanisms do exist in the form of Disability Services but a student's interaction with DS and psychological support services, can be kept confidential.</p> <p>Suggest that this standard requires further consideration.</p> <p>Criterion 3.6: The scope of this criterion is vast and requires further clarification:</p> <p><i>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, particularly for Aboriginal and Torres Strait Islander Peoples.</i></p> <p>For example, within standard number one (of eight) there are five sub-headings, within which there are 17 sub-sub-headings, within which there are 33 actions. Is the requirement to address the standard; standard and the sub-heading; standard, sub-heading and the sub-sub-heading; or the action in our learning outcomes?</p> |
| <p>5. In relation to the draft proposed accreditation standards:</p> <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>Yes – if the issues detailed above are addressed.</p> |
| <p>5. In relation to the draft proposed accreditation standards:</p> <p>b) Do you think education providers will have difficulty in providing evidence (expected information) to meet any of the criteria?</p> |

If the issues detailed above are addressed, the expectations are not unreasonable.

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

Thank you for addressing previous feedback and modifying the language used for the accreditation standards.