



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:	Scott Wearing
Organisation Name:	Queensland University of Technology

Your responses to the consultation questions

1. Does any content need to be added to the draft proposed accreditation standards?
The standards are well detailed.
2. Does any content need to be amended in the draft proposed accreditation standards?
<p>Page 3. The statement that learning outcomes and tasks map to ALL the professional capabilities seems to be at odds with text indicating that mapping for general registration does not require mapping for Pathway A or podiatric therapeutics. Is it also an expectation that learning tasks and outcomes also map to Enabling Component 2.5b? ie learning outcomes are to map to students (that have not yet met capabilities) demonstrating strategies to effectively supervise students?</p> <p>Page 6. “Education providers may also seek accreditation of programs they want the Board to approve as providing qualifications for general registration as a podiatrist.” Wouldn't general registration be the first level, then pathway A or pathway B be added? Consider reordering the text in first 3 paragraphs.</p> <p>Page 6. Mapping Learning outcomes. This section could be clearer. For example, “mapping for general registration does not require mapping for Pathway A or podiatric therapeutics”</p> <p>Standard 1 This standard (as with many others) refers to “safe” practice. Clearly, practicing as safely as possible is key to competency. However, clinical practice is inherently risky and a student podiatrist is assessed with reference to meeting or surpassing a number of professional capability thresholds; many of which do not mention “safety” per se. Merriam-Webster Dictionary defined “safe” as “protected from” or “not exposed to danger or risk”. Many aspects of clinical practice, such as the implementation of treatment is not “safe” but rather reflects a balance between benefit versus risk of harm. Presumably “safe” practice refers to “optimal precautions in the workplace” but in the context of accreditation the assessment of students reflects “capable” practice. This is best highlighted in the section “Achievement of relevant capabilities before work-integrated learning” – safe practice cannot be assured and demonstration of capabilities before WILs placement is identified to “minimise risk”. Consequently, it is recommended to revise the text throughout all documents to reflect “capable practice” (as per the assessment of professional capabilities of a Podiatrist) or alternatively provide a clear definition of what is meant by practicing safely, which presumably relates to risk minimisation.</p> <p>Criterion 1.2: Arguably it is not possible to “<u>ensure</u>” a student is mentally and physically able to practise safely “<u>at all times</u>”. Some qualifiers in language are required. Perhaps this would be better considered as monitoring the safety of student practise- similar to the enabling component?</p> <p>Criterion 1.4. Expected information “... includes evidence of compliance ...”. While evidence of non-compliance or aberrance can be provided, it is unclear how evidence of compliance with a code of conduct can be provided. Recommend reframing the statement.</p> <p>Criterion 1.7. Expected information “... examples of implementation of formal mechanisms for mandatory and voluntary notifications...” It is not clear how examples can be provided in the absence of mandatory or voluntary notifications. Should education providers arbitrarily make notifications to ensure they can supply expected information? Recommend modification of this criterion.</p>

Standard 1: Explanatory notes. Work-integrated learning. Note that the TEQSA definition “Work-integrated learning encompasses any arrangement where students undertake learning in a workplace outside of their higher education provider (or one operated jointly with an external partner)” is not consistent with earlier paragraph that “work-integrated learning can be undertaken in facilities and practices that are located on-campus, operated by the education provider.” Recommend reconciliation of the definition of work-integrated learning recognising that WILs activities can be undertaken at clinical work places internal to and outside the education provider.

Standard 1: Achievement of relevant capabilities before work-integrated learning. As noted above. The standards refer to “safely” and “safe” practice throughout. However, this is inconsistent with the statement that safe practice cannot be assured with clinical supervision and that demonstration of capabilities is required to “minimise risk”. Recommended to revise the text throughout all documents to reflect “capable practice” (as per the assessment of professional capabilities of a Podiatrist)

Standard 1: Work Integrated Learning Supervisors. It is difficult to understand how overseas work-integrated learning supervisors that do not hold registration with a Board would be qualified to supervise student placement given criterion 5.4 indicates health practitioners are required to hold registration.

Criterion 3.2: Third dot point not consistent with attachment B2 and B3. Also is repeated in Criterion 3.12.

Criterion 3.3: This should perhaps include the options of mapping to Podiatric Therapeutics and part A as separate dot points.

Criterion 3.8: It is not clear why legislative and regulatory requirements **must** be taught and assessed during WILs. Can this not also occur outside of the WILs setting?

Criterion 3.11: Consider including a separate dot point regarding the explanation as to how the education provider monitors the quality, quantity, duration and diversity of student experience during work-integrated learning for ESM. This would likely assist Program providers and assessor as ESM is an “add on” rather than general registration path.

Criterion 4.2 Given the inherent risk associated with health care, it is not possible to “ensure” safety at all times. However, it possible to provide an environment that “promotes” safety. Recommend change in terminology.

Criterion 4.2 Given that online environments are virtual, can they ever be physically safe?

Criterion 4.3: It is not clear how evidence of implementation can be provided in the absence of student’s needing support services including cultural support. Recommend a modification of language to recognise that evidence be provided where available.

Criterion 4.5: It is noted that provision of examples of the implementation of support mechanisms to retain Aboriginal and Torres Strait Islanders is predicated on enrolment of an Aboriginal and Torres Strait Islander person within the program and may therefore not be possible. Recommend reconsideration or qualification of the evidence requirement.

Standard 5: Explanatory notes. Staffing profile. Please check cross-referencing carefully for instant criterion 3.12 in attachment B1 differs with that listed in B2 which differs to B3

<p>3. Are there any potential unintended consequences of the current wording of the draft proposed accreditation standards?</p>
<p>It is conceivable that the need to provide evidence of the implementation of mandatory and voluntary notifications may have unintended consequences.</p> <p>Requirements around overseas work integrated learning may limit the “student experience” in some instances.</p>
<p>4. Are there implementation issues the Accreditation Committee should be aware of?</p>
<p>Issues associated with implementation are currently unknown.</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>There is some ambiguity in the measurable characteristics of some standards and a lack of description of the level of information required to meet some standards. An example of an indicative curriculum, either in the standard or the explanatory notes (as per previous accreditation standards), would not limit flexibility of programme design but would assist education providers and the accreditation committee to ensure that core foundational knowledge and skills are identified within curricula. This would be particularly relevant to ESM, which is new to the undergraduate curriculum and would appear to constitute one quarter of the key professional capabilities identified in domain 1 (Podiatrist) in the Professional Capabilities document.</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>
<p>As listed in comments, there is some ambiguity in the measurable characteristics of some standards and a lack of description of the level of information required to meet some standards.</p>
<p>6. Do you have any general feedback on the draft proposed accreditation standards?</p>
<p>The standards are detailed and, in general, easy to follow.</p>



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Name:	Scott Wearing
Organisation Name:	Queensland University of Technology

Your responses to the consultation questions

1. Does any content need to be added to the draft proposed accreditation standards?
<p>It is not clear whether the standards for registered podiatrists can be met through CPD programs rather than an approved program of study. Greater clarification on this point would be helpful.</p>
2. Does any content need to be amended in the draft proposed accreditation standards?
<p>With some notable exceptions, much of the text in the accreditation standard for ESM is understandably identical to that in the standard for entry level programs. As such many of the suggested amendments highlighted in the response template to the standard for entry level programs also apply to this document. Terms such as “safe” and absolute qualifiers such “ensure” or “at all times” should be used judiciously, as competent clinical practice is arguably not “safe” but rather involves risk minimisation. Similarly, the adoption of absolute qualifiers as it is “ensure” or All student/all times etc may also be problematic given that all measurement is imprecise and measures of competence requires repeated demonstration of skills which is highly context specific. Arguably, it is not possible to mimic all possible contexts in which someone may practice and the competence-related literature identifies that even highly experienced practitioners are not always competent.</p> <p>Additional minor points are outlined below</p> <p>Page 3. Overview of endorsement. It is not clear what “additional qualifications and expertise” refers. Proposed accreditation standards for entry level programs now allow for pathway A.</p> <p>Page 5. The text outlining the options for education providers, which adds little to the document will likely be redundant/require revision shortly after a course is approved. Consider future proofing.</p> <p>Page 6. Mapping learning outcomes. Specification of which specific professional capabilities map to endorsement for scheduled medicines would likely be helpful for education providers and program assessors.</p> <p>Page 2. Page number required for ‘Overview of the Accreditation standards for Podiatry Scheduled Medicines education (2021)’ in the contents</p> <p>Page 6, paragraph 3. Change ‘provides’ to ‘providers’</p> <p>Page 8, under ‘Monitoring accredited podiatry scheduled medicines education’. Should further reference to podiatric therapeutics program be changed to podiatry scheduled medicines education?</p> <p>Page 16, item 2.13, point 3 change ‘practiceto’ to ‘practice to’</p> <p>Page 38. Technically, AQF and TEQSA are not acronyms, but rather initialisms. Perhaps a title of ‘Abbreviations’ may be more accurate</p> <p>Throughout the document.</p> <ul style="list-style-type: none">• ‘Licencing’ and ‘licensing’ used interchangeably• “Safe practice” and “safe practise” used interchangeably
3. Are there any potential unintended consequences of the current wording of the draft proposed accreditation standards?

In contrast to the standards for entry level podiatry programs, it is not clear how the standards for registered podiatrist that already hold an AQF level 7 award would be implemented by education providers In the absence of guidance regarding AQF level or whether standards require a program of study or can be met through continuing professional development, it is possible that there is minimal uptake of ESM/Podiatric therapeutics with registered podiatrists.

4. Are there implementation issues the Accreditation Committee should be aware of?

Currently, these are unknown.

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?**

There is some ambiguity in some criteria. Response-Template-Accreditation-Standards_entry level podiatry programs

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?**

There is some ambiguity in some criteria. Please refer to the Response-Template-Accreditation-Standards_entry level podiatry programs

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

The document provides greater clarity regarding the pathway.



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<p>Much of the text in the accreditation standard for Podiatric Therapeutics is understandably identical to that in the standards for entry level programs and the standards for ESM. As such many of the suggested amendments highlighted in the response template to the standard for entry level programs also apply to this document.</p> <p>An additional minor point is outlined below</p>
2. Does any content need to be amended in the draft proposed accreditation standards?
<p>Page 12, 2.6, point 2. Consider changing lecturers to academics. As this may include input from people who are not lecturers (tutors, professors).</p>
3. Are there any potential unintended consequences of the current wording of 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:

- c) 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?**

7. In relation to the draft proposed accreditation standards:

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

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