Attachment C1

Response template for providing feedback to public consultation on draft proposed professional capabilities

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 professional capabilities for podiatrists and podiatric surgeons.**

Please indicate which set of draft proposed professional capabilities 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 threshold professional capabilities for podiatrists
	Draft proposed professional capabilities for podiatric surgeons

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 professional capabilities for podiatrists and podiatric surgeons.'*

Feedback should be provided by Friday 12 March 2021.

Stakeholder details

Please provide your details in the following table:

Name:	Scott Wearing
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Your responses to the consultation questions

1. Does any content need to be added to the draft proposed professional capabilities?
The document describes the capabilities of a podiatrist under five domains that are highly relevant to clinical practice. This document also outlines that the professional capabilities apply to "…all contexts of podiatry, irrespective of setting, location, field of practice or work force role." I wonder just how easily non-clinical roles i.e. academics, researchers, managers etc will be able to demonstrate how they fulfill all five categories in order to maintain their threshold capabilities, particularly as the standards are very much directed towards the practising clinician. Recommendation - the introduction be modified to provide some consideration toward non-clinical roles or highlight that the capabilities are specifically directed toward clinical roles that include the endorsed use of medicines?
2. Does any content need to be amended in the draft proposed professional capabilities?
Page 3. Other uses of Professional Capabilities. Will the capabilities be used as a threshold point for overseas-trained podiatrists seeking to gain registration? If so, this could be raised as an additional point. **Page 4. Enabling Components.** "Safe and competent podiatrists will apply all enabling components for all key capabilities in clinical practice". Based on this definition, any person graduating from a course that does not lead to endorsement through pathway A would be deemed to be unsafe and/or not competent as a key capability (and hence enabling components) in Domain 1 relate specifically to the use of medicines (which requires endorsement). Recommend modification/clarification on the text. **Capability 1.1.e.** Suggest change 'risks' to 'harms'. Risk refers to the likelihood or chance of something occurring, it is not an antonym for benefit. This could be re-phrased to "…..the likelihood of both benefits and harms…" **Capability 1.2 a.** "*Identify and facilitate access to the most suitable management options, ensuring all management options are safe and effective".* This statement would appear to suggest that all treatments are safe and effective. However, this is not the case as there is a balance between safety and effectiveness with all treatments. Recommend rewording. **Capability 1.2 b. Evidence-based treatment recommendations.** While highlighting contraindications to pharmacological therapy is understandable, it does tend to down-play contraindications for non-pharmacological therapies that arguably can be equally if not more dangerous. **Capability 1.2 d. "safe and effective"** as with 1.2a, the most appropriate treatment options are not always safe (e.g. chemotherapy) but involve an assessment of benefit to harm. Recommend only judicious use of the word "safe" throughout the document. **Capability 1.2 g.** Opportunity to reduce redundancy as this point seems to repeat the first two dot points of Capability 1.2 b. **Capability 1.3**. As most practising podiatrists are not qualified to prescribe medicines, what will be the impact of this capability on the current workforce? **Capability 1.3**. Perhaps since the accreditation standard and board registration refer to knowledge of podiatric therapeutics, and clinical practice with restricted drugs etc, the same terminology could be used in this section. **Capability 1.3b. Apply knowledge of pharmaceutical products**. Consider using consistent terminology throughout all documents, for eg podiatric therapeutics could be listed here **Capability 1.3d** "risks, precautions etc" appears twice.

Domain 1, Explanatory notes – Informed Consent. "Documenting consent appropriately…" recognition that procedures may result in serious injury or death" is appropriate but is entirely inconsistent with the use of "safe treatment", which is used throughout this and other documents. Recommend changing "safe" to "appropriate".

Domain 1, Explanatory notes – Each patients response. Recommend inclusion of sex as a modifier of response

Capability 2.5b "… use appropriate strategies to effectively supervise students". This capability would not be applicable to all podiatrists – as many may not have the opportunity to be involved in student supervision. This would be further complicated by the need to demonstrate that a student can effectively appropriate strategies to supervise other students. Perhaps, the scope could be broadened to education of the public and other health professionals about the role of podiatrist and benefits of podiatric care etc?

Capability 3.1g Issues of consent are repeated in multiple capabilities (1.1b, 1.2c, 2.1c) consider reducing redundancy.

Capability 3.2d and 3.2e. Consider combining to reducing redundancy.

Capability 3.3c and 3.3d. Arguably these two capabilities are not directly related to communication. These points appear more aligned with reflection (reflective practice) and may be situated in Domain 4 - Life long learning

3. Are there any potential unintended consequences of the current wording of the draft proposed professional capabilities?

The statement "Safe and competent podiatrists will apply all enabling components for all key capabilities in clinical practice" implies that only podiatrists that hold endorsement for use of scheduled medicines are safe and competent. This may have unintended consequences for practitioners that practice within their scope of practice but do not hold endorsement and for those in non-clinical roles i.e. academics, researchers, managers etc. How will they be able to demonstrate how they fulfill all five categories in order to maintain their threshold capabilities, particularly as the standards are very much directed towards the practising clinician with endorsement?

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

As above, and as most practising podiatrists are not qualified to prescribe medicines, presumably some consideration has been given to the impact of capability 1.3 on the current workforce?

5. Do you have any general feedback on the draft proposed professional capabilities?

I have no general comments