Podiatry Accreditation Committee

Accreditation standards:
Podiatric surgery programs

2021

Contents

Preamble **3**

Overview of the accreditation standards for podiatric surgery 4

Guidance on the presentation of evidence for accreditation assessment 5

Monitoring of accredited programs 6

Feedback and further information 6

Review of accreditation standards 6

The accreditation standards, criteria, expected information, explanatory notes **7**

Standard 1: Assuring safe practice 7

Standard 2: Academic governance and quality assurance of the program 11

Standard 3: Program design, implementation and resourcing 16

Standard 4: The student experience 22

Standard 5: Assessment 24

Glossary **27**

List of acronyms and abbreviations **28**

Preamble

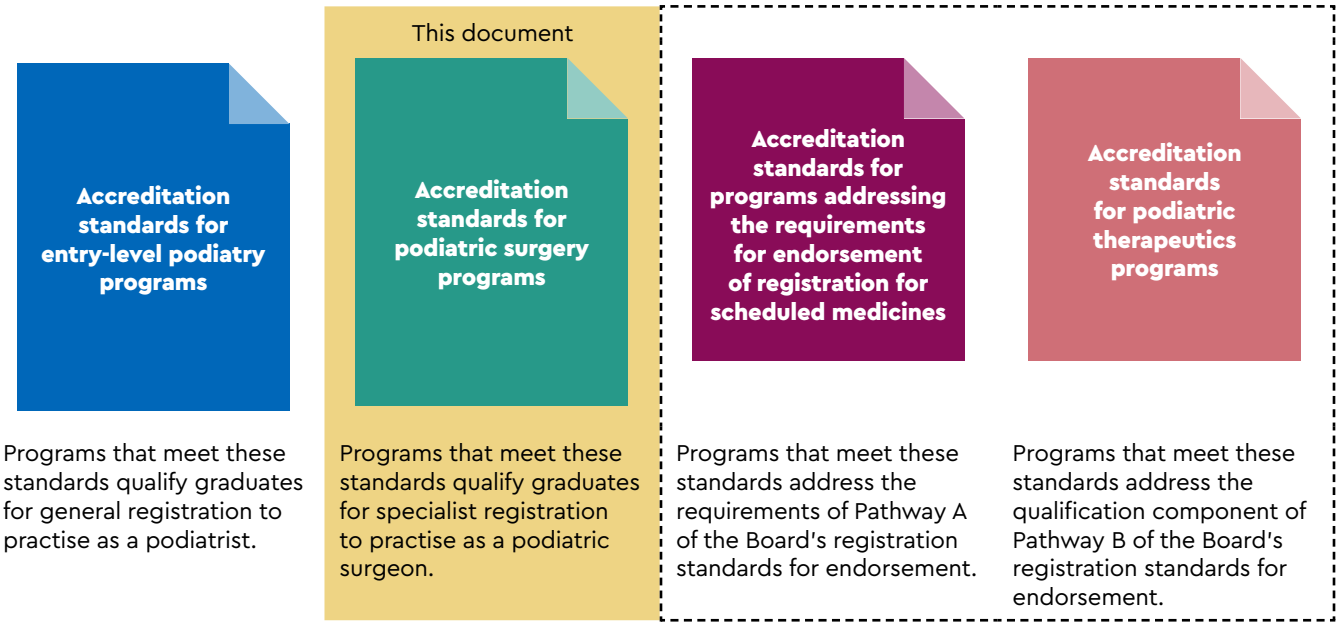
In Australia, the podiatry profession is regulated by the Podiatry Board of Australia (the Board) under the National Registration and Accreditation Scheme (the National Scheme), which came into effect on 1 July 2010. The Podiatry Accreditation Committee is appointed by the Board as the accreditation authority for the podiatry profession under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

The Accreditation Committee (the committee) assesses whether programs of study and education providers are meeting the accreditation standards and decides whether or not to accredit the program. The committee also monitors accredited programs to ensure they continue to meet the accreditation standards. The Board considers the committee's decisions and decides whether or not to approve accredited programs as providing qualifications for registration. Graduates of an accredited and approved podiatric surgery program are qualified for specialist registration.

Under the National Law, the committee must regularly review accreditation standards to ensure they remain contemporary and relevant to podiatry practice and education in Australia. This document is one of four sets of accreditation standards relevant to education programs in podiatry and podiatric surgery.

1. Accreditation standards for entry-level podiatry programs
2. Accreditation standards for podiatric surgery programs (this document)
3. Accreditation standards for programs for registered podiatrists and podiatric surgeons addressing requirements for endorsement of registration in relation to scheduled medicines (ESM programs)
4. Accreditation standards for podiatric therapeutics programs for registered podiatrists and podiatric surgeons.

Figure 1: The four sets of accreditation standards



Overview of the accreditation standards for podiatric surgery

The accreditation standards in this document will be used to assess education programs designed to qualify graduates for specialist registration as a podiatric surgeon. Accreditation of a program gives assurances to the Board and the community that graduating students have the knowledge, skills and professional attributes needed to safely and competently practise as a podiatric surgeon in Australia, including using pharmaceutical products for holistic person-centred care.

These accreditation standards can also be used by education providers seeking accreditation of programs they want the Board to approve as providing qualifications for specialist registration and for endorsement for scheduled medicines under Pathway A of the Board's *Registration standard for endorsement for scheduled medicines*.[1] Under Pathway A, a podiatrist or podiatric surgeon is qualified for endorsement after completing an approved qualification. The Board may approve a program as providing a qualification suitable for Pathway A if the Accreditation Committee advises the Board that the curriculum includes education and training in podiatric therapeutics and clinically-supervised practice to ensure that graduates have the professional capabilities required to administer, obtain, possess, prescribe, sell, supply or use Schedule 2, 3, 4 or 8 medicines for the treatment of podiatric conditions, as listed in the *National podiatry scheduled medicines list*.

The accreditation standards focus on the demonstration of outcomes. They recognise contemporary practice in standards development across Australia and internationally, and they accommodate a range of educational models and variations in curriculum design, teaching methods, and assessment approaches. The focus is on showing that student learning outcomes and assessment tasks map to the *Professional capabilities for podiatric surgeons*.

Structure of the accreditation standards

The accreditation standards are made up of five standards:

1. Assuring safe practice
2. Academic governance and quality assurance of the program
3. Program design, implementation and resourcing
4. The student experience
5. Assessment

A standard statement articulates the purpose of each standard. Each standard statement is supported by multiple criteria that set out what is generally needed to meet the standard.

The committee considers whether the education provider and its program have met each criterion. When the committee determines whether the evidence presented by an education provider shows that a standard is met, it takes a balanced view of the findings for each criterion in the context of the whole standard and its intent.

Mapping learning outcomes and assessment tasks to the *Professional capabilities for podiatric surgeons*

The accreditation standards in this document require education providers to design and implement a program where learning outcomes and assessment tasks map to the relevant professional capabilities (Figure 2). Professional capabilities identify the knowledge, skills and professional attributes needed to safely and competently practise as a podiatric surgeon in Australia. They describe the threshold or minimum level of professional capability required for specialist registration, and they include capabilities required to safely and effectively use medicines to treat podiatric conditions.

For programs intended to qualify graduates for specialist registration, education providers will be required to design and implement a program where learning outcomes and assessment tasks map to the *Professional capabilities for podiatric surgeons*. If the program is also intended to qualify graduates for endorsement of their registration through Pathway A, education providers will need to demonstrate that learning outcomes and assessment tasks also map to the relevant professional capabilities for endorsement for scheduled mediines as outlined in the National Prescribing Service *Prescribing competencies framework*.[2]

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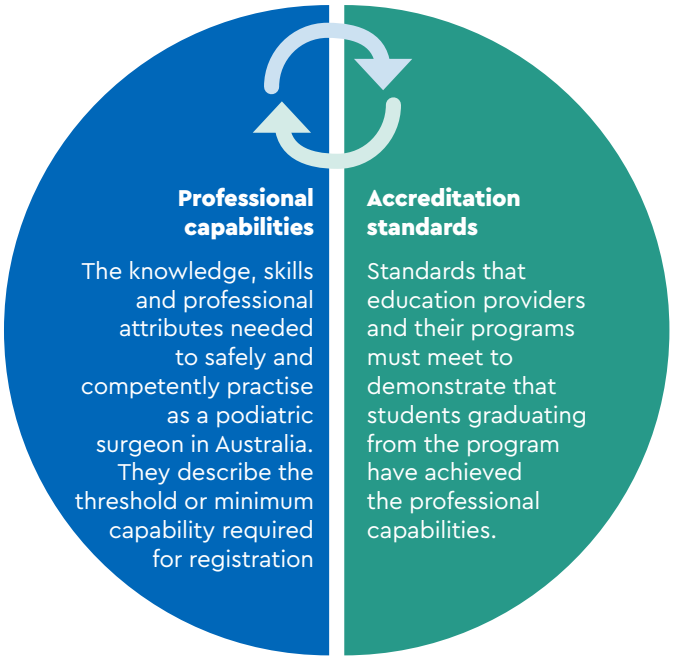
1 Podiatry Board of Australia *Registration Standard: Endorsement for Scheduled Medicines*, 2018 available from www.podiatryboard.gov.au/Registration-Endorsement/Endorsement-Scheduled-Medicines. Accessed on 20 July 2021.

2 National Prescribing Service *NPS MedicineWise. Prescribing Competencies Framework: embedding quality use of medicines into practice (2nd Edition). Sydney, 2021* available from www.nps.org.au/prescribing-competencies-framework. Accessed 23 June 2021.

Figure 2: The relationship between accreditation standards and professional capabilities



The relationship between the Accreditation Committee and other regulators

The Accreditation Committee recognises the role of the Australian Government Department of Education, Skills and Employment, the Higher Education Standards Panel and the Tertiary Education Quality Standards Agency (TEQSA) in the regulation and quality assurance of higher education in Australia. The committee does not seek to duplicate the role of these bodies and does not assess higher education providers or their programs against the standards from the *Higher Education Standards Framework* (Threshold Standards) 2015 (threshold HES).[3]

The accreditation standards in this document are limited to aspects of the education provider and program that are directly related to ensuring students have the knowledge, skills and professional attributes needed to safely and competently practise as a podiatric surgeon in Australia.

Guidance on the presentation of evidence for accreditation assessment

The committee relies on assessment of current documentary evidence submitted by the education provider during the accreditation process and experiential evidence obtained by the assessment team. It establishes assessment teams to:

a) evaluate information provided by an education provider about its program against the approved accreditation standards, and

b) work in partnership with the Australian Health Practitioner Regulation Agency's (Ahpra's) Program Accreditation Team to give the committee a report of the assessment team's evaluation findings.

Assessment teams and education providers should also refer to the separate document *Guidelines for accreditation and training programs* for information about the accreditation processes and procedures used by the committee to assess and monitor programs against the accreditation standards.

[3] For information on the threshold HES, see https://www.legislation.gov.au/Details/F2021L00488. Accessed 23 June 2021.

How to present an explanation and expected information

The Accreditation Committee expects the education provider to:

- explain how they meet each standard
- make clear in their explanation, the relevance of including each piece of information
- highlight where the relevant information can be found in the documents i.e. give the page number and paragraph number, and
- reference the criterion (or criteria) to which each piece of expected information relates.

Some documents may be applicable across multiple standards and criteria. For example, unit and/or subject profiles and/or outlines are expected to be provided for Criteria 1.1, 3.2, 3.3, 3.4, 3.5, 3.6, and 5.1, but these serve different purposes for each criterion, so the explanation would be different for each criterion.

Providing a staffing profile

The Accreditation Committee expects the education provider to provide a staffing profile for Criteria 2.10, 3.10 and 5.4. The purpose of the staffing profile differs for each standard. The committee recognises that there may be duplication of information across these criteria, and therefore one staffing profile that covers all the relevant information will be accepted.

A template for the staffing profile is available to education providers for completion. Use of the template is optional and the information can be set out in a different format, as long as it includes the details identified in the expected information for relevant criteria.

Providing examples of assessments

The Accreditation Committee expects the education provider to provide examples of assessments for Criteria 1.1, 1.3, 3.5, 3.7, 5.3 and 5.5. The examples should include a range of different assessment tools or modalities. For each tool or modality, provide a range of de-identified examples from students across the range of performance. Where possible include an example of a satisfactory or pass, and an example of unsatisfactory or where the benchmark is not yet met.

Implementation of formal mechanisms

The Accreditation Committee requires evidence of implementation of formal mechanisms such as policies and procedures (i.e. the outputs and/or outcomes), not just a description of the process, or copies of policy and procedure documents (i.e. not just the inputs).

Monitoring of accredited programs

After the Accreditation Committee accredits a program, it has a legal responsibility under section 50 of the National Law to monitor whether the program continues to meet the accreditation standards. The committee needs to remain satisfied that the program and education provider continue to meet the accreditation standards while students continue to be enrolled in the accredited program for continued accreditation.

The education provider should keep the expected information listed in this document up to date and available during the life of the program because the committee may request submission of that information as part of monitoring. Information to be submitted for monitoring purposes will reflect the findings of the original assessment (or subsequent monitoring) and risks identified by the committee.

During monitoring, the committee relies primarily on assessment of documentary evidence submitted by the education provider. If the committee is not reasonably satisfied the accredited program continues to meet the accreditation standards, it may seek further evidence through discussions with the education provider and/or through a site visit.

Feedback and further information

The Accreditation Committee invites education providers, accreditation assessors and other users to provide feedback on the expected information and explanatory notes in this document.

Please email any comments or suggestions you may have to the Program Accreditation Team at program.accreditation@ahpra.gov.au. The committee will review all feedback to inform any future refinements to this document.

For further information please contact:

Manager, Program Accreditation
Ahpra

Email: program.accreditation@ahpra.gov.au

Website: www.podiatryboard.gov.au/Accreditation

Review of accreditation standards

The accreditation standards will be reviewed as necessary. This will generally occur at least every five years.

Date of effect: 1 January 2022

The accreditation standards, criteria, expected information, explanatory notes

Standard 1: Assuring safe practice

Standard statement: Assuring safe practice is paramount in program design, implementation and monitoring.

Criteria	Expected information for inclusion with accreditation application and/or monitoring response
1.1 Safe practice is identified in the learning outcomes of the program, including any work-integrated learning elements.	• Program materials and unit and/or subject profiles or outlines that show protection of the public and safe practice, including culturally safe practice, are addressed in the curriculum. • A range of different assessment tools or modalities which show that safe practice, including culturally safe practice, is being taught and assessed across the curriculum, including in the clinical setting. For each tool or modality, give a range of de-identified examples of student assessment. Where possible give an example of a satisfactory or pass, and an example of unsatisfactory or where the benchmark is not yet met. • Examples of implementation of formal mechanisms used to identify, report on and address issues affecting safe practice in program design, implementation and monitoring.
1.2 Formal mechanisms exist and are applied with the aim of ensuring students are mentally and physically able to practise safely at all times.	• Examples of the implementation of formal mechanisms used to monitor whether students are fit to practise safely throughout the program and manage situations where safety issues are identified. • A range of de-identified examples of the implementation of formal mechanisms used to ensure students are safe to engage in practice before work-integrated learning, such as confidential disclosure of issues by students, vaccinations and completion of police and child and vulnerable person safety screening checks, where mandated.
1.3 Students need to achieve relevant capabilities before each period of work-integrated learning.	• Documents identifying the relevant learning outcomes to be achieved before each period of work-integrated learning. The documents should address when and how the learning outcomes are achieved (for example, are they embedded in units/subjects, a pre-requisite for units/subjects or mapped against units/subjects?). • A range of assessment tools or modalities which show assessment of relevant learning outcomes. For each tool or modality, give a range of de-identified examples from students across the range of performance. • Where possible, give a de-identified example of where a student is refused work-integrated learning because they have not attained relevant capabilities.
1.4 Health practitioners who supervise students in the program during work-integrated learning hold current registration in Australia for the clinical elements they supervise, or equivalent registration in their country, where relevant.	• Examples of the implementation of formal arrangements with facilities and health services (including those operated by universities) used for work-integrated learning that ensure practitioners supervising students hold current registration (for example, a formal contract and/or other written communication securing the work-integrated learning arrangements) that ensure practitioners supervising students hold current registration.

Criteria	Expected information for inclusion with accreditation application and/or monitoring response
1.5 Facilities and health services used for work-integrated learning maintain workplace safety standards, including any accreditation, licencing and/or registration required in the relevant state or territory.	• Examples of: – the implementation of formal mechanisms that show facilities and health services used for work-integrated learning maintain any accreditation, licensing and/or registration required in the relevant state or territory. – how the education provider monitors the currency of any required accreditation and licences. – the implementation of formal mechanisms used for clinical and workplace safety. • Register of agreements (formal contracts and/or other written communication securing work-integrated learning) between the education provider and facilities and health services used for work-integrated learning.
1.6 The education provider requires students in the program to comply with the principles of professional and safe practice, including a code of conduct that is consistent with the Podiatry Board of Australia's expectations of safe and professional conduct.	• Examples of implementation of a code of conduct that is consistent with the Board's guiding principles on ethical and professional conduct. • Information given to students that refers to the requirement for them to comply with a code of conduct consistent with the Board's expectations and guidelines.[4] • Evidence of mechanisms to monitor compliance with the education provider's code of conduct.
1.7 The education provider complies with its obligations under the National Law and other laws.	• Examples of implementation of formal mechanisms that show compliance with: – the National Law and other laws, and – the requirements for mandatory and voluntary notifications about students.

[4] Podiatry Board of Australia *Code of Conduct for Health Practitioners* (2014) available from www.podiatryboard.gov.au/Policies-Codes-Guidelines/Code-of-conduct. Podiatry Board of Australia *Guidelines: Mandatory notifications about registered health practitioners* (2020) and *Guidelines: Mandatory notifications about registered students* (2020). Other guidelines issued by the Podiatry Board of Australia relevant to safe practice include but may not be limited to: Podiatry Board of Australia (2020) *Guidelines – Registered health practitioners and students in relation to blood-borne viruses* (2020) and *Guidelines – Informing a National Board about where you practise* (2018). The Board's policies, codes and guidelines are available from www.podiatryboard.gov.au/Policies-Codes-Guidelines. Accessed 23 June 2021.

Standard 1: Explanatory notes

This standard addresses safe practice by podiatric surgeons and the safe care of patients. The focus is on educating students so that they practice safely once registered as a podiatric surgeon; assuring that students practice safely in work-integrated learning; and assuring the safety of students. The standard also addresses the way the education provider effectively manages work-integrated learning environments to ensure quality and reliable outcomes for both patients and students.

Safe practice

There are many dimensions to safe practice such as knowing about the policy context, best practice guidance, how to manage risk effectively, and responsibilities as a student and as a registered practitioner. The committee expects the education provider to assure safe practice in the program by implementing formal mechanisms relating to work-integrated learning environments and to teach students in the program about the different aspects of safe podiatric surgery practice, including but not limited to, cultural safety, workplace health and safety, manual handling, mandatory reporting, and infection prevention and control.

Work-integrated learning

Work-integrated learning is an umbrella term for a range of approaches and strategies that integrate academic learning (as a theory) with its application to practice in a purposefully designed curriculum. Work-integrated learning can include clinical practice, community education programs, and laboratory work (such as orthoses manufacture), and it can be done in person or in a range of simulated learning environments.

The committee recognises that in the context of podiatric surgery, work-integrated learning includes clinical and surgical practice. The Committee recognises that education providers design and carry out podiatric surgery work-integrated learning in a variety of ways, including in private hospitals, day procedure centres and private practices as well as in a range of simulated learning environments and activities.

The committee expects the education provider to present documentary and experiential evidence that shows how their work-integrated learning arrangements and relevant learning outcomes across the program meet the accreditation standards and ensure graduating students achieve the *Professional capabilities for podiatric surgeons*.

Achievement of relevant capabilities before work-integrated learning

To enable students in the program to engage in work-integrated learning safely, the sequencing of learning and assessment in the program will require students to achieve any capabilities that are relevant to their subsequent period of work-integrated learning, before providing patient care.

Achievement of these capabilities is needed to minimise risk, particularly because supervision alone cannot assure safe practice, even though the degree of supervision will vary with the level of capability of a student being supervised. The capabilities may be achieved immediately before starting a period of work-integrated learning or earlier in the podiatric surgery program. Examples include:

- the capabilities relevant to perioperative management and/or procedural activity must be achieved before students do these aspects of patient care, and
- any capabilities needed for the safe and effective use of medicines must be achieved before students use medicines as part of providing patient care.

All students in the program must have appropriate skills to communicate with patients, other health practitioners and their supervisors, and apply safety guidelines.

Work-integrated learning supervisors

Work-integrated-learning conducted in Australia must be supervised by practitioners who hold current registration with the Board, or in another profession, as appropriate to the learning activity. For example, where work-integrated learning is carried out in relation to podiatric surgery, the learning activities should be supervised by a registered podiatric surgeon with experience in education and the supervision of podiatric surgery students.

The education provider is responsible for implementing and monitoring the quality of any overseas work-integrated learning. The committee recognises that overseas work-integrated learning carried out as an elective may provide valuable experiences to students.

The committee acknowledges that overseas work-integrated learning supervisors may not hold registration with a National Board. However, it is expected that they should be suitably experienced and qualified and the Australian standards of podiatric surgical practice should be recognised, either directly through practice, or indirectly through comparison with local practice. It is also the education provider's responsibility to monitor and assure the quality of supervisors' experience and the suitability of their qualifications.

Relevant accreditation and licensing

The Accreditation Committee expects the education provider to implement formal mechanisms that ensure each clinic/practice used for work-integrated learning in the program:

1. complies with relevant licensing requirements such as applicable public health laws, and
2. where relevant, is accredited by one of the eight approved accreditation agencies[5] that accredit to the national safety and quality service standards.

These mechanisms may include relevant clauses in an agreement between the education provider and the clinic and/or practice. The Accreditation Committee expects agreements with any clinics and/or practices outside Australia to include clauses to cover relevant accreditation and licensing requirements in that country.

[5] Approved accrediting agencies contact details https://www.safetyandquality.gov.au/standards/nsqhs-standards/assessment-nsqhs-standards/approved-accrediting-agencies-contact-details. Accessed 23 June 2021.

Standard 2: Academic governance and quality assurance of the program

Standard statement: Academic governance and quality improvement arrangements are effective in developing and implementing sustainable, high-quality post-graduate education at a program level.

Criteria	Expected information for inclusion with accreditation application/monitoring response
2.1 The education provider has robust academic governance for the program.	• If the education provider is a specialist college, give evidence that the college has robust academic governance arrangements in place. • If the education provider is a university, a copy of current registration with TEQSA.
2.2 The relevant education provider board or committee has verified the program reflects the Australian Qualifications Framework (AQF) specifications for a master's degree (coursework) program (AQF Level 9) or professional doctorate (AQF Level 10).	• If the education provider is a university, a copy of the program approval decision made by the relevant board or committee, such as a record of resolution in meeting minutes. • If the education provider is a different tertiary institution, a copy of the TEQSA registration. • If the education provider is a specialist college, information on how the learning outcomes align with the AQF specification for a master's degree (coursework) or professional doctorate level program.[6] • Disclosure of any issues concerning the program that the board or committee has identified, and subsequent dialogue with the board or committee about addressing the issues.
2.3 The education provider has established mechanisms for systematic monitoring, review and improvement.	• Examples of the implementation of formal mechanisms for systematic monitoring, review and improvement of the design, implementation and quality of the program, including through student feedback, internal and external academic and professional peer review, and other evaluations. • Explanation of how monitoring and review contributes to improvement in the design, implementation and quality of the program. • Schedule for monitoring, review and evaluation of the design, implementation and quality of the program, with examples of compliance from the past three years. • Details of outcomes and actions from internal or external reviews of the program in the past five years. • Summary of actions taken, and changes made to improve the design, implementation and quality of the program in response to student or staff feedback.
2.4 The education provider has established committee(s) or similar group(s) with the responsibility, authority and capacity to design, implement and improve the program to meet the needs of the podiatry profession and the health workforce.	• Overview of committee(s) with the responsibility, authority and capacity to design, implement and improve the program. • Current list of members of the committees or groups responsible for program design, implementation and quality. • Minutes from the three previous meetings of these groups, highlighting points of relevance to this standard.

[6] Refer to requirements for each level of the AQF see www.aqf.edu.au/aqf-levels. Accessed 23 June 2021.

Criteria	Expected information for inclusion with accreditation application/monitoring response
2.5 Formal mechanisms exist and are applied with the aim of ensuring the ongoing availability and quality assurance of work-integrated learning.	• Examples of the implementation of formal quality assurance mechanisms for work-integrated learning including: – mechanisms for the training and monitoring of work-integrated learning supervisors – mechanisms for the evaluation of work-integrated learning, including examples of ways in which feedback from students and supervisors is used – examples of responses to quality assurance findings.
2.6 Students, academics and work-integrated learning supervisors have opportunities to contribute to the information that informs decision-making about program design, implementation and quality.	• Details of any student, academic and work-integrated learning supervisor representation in the governance and curriculum management arrangements for the program. • Examples that show how information contributed by students, academics, and work-integrated learning supervisors is considered when decisions about program design, implementation and quality are being made. • Examples that show how feedback from students, academics and work-integrated learning supervisors is used to improve the program.
2.7 There is formalised and regular external stakeholder input to the design, implementation and quality of the program, including from representatives of the podiatry profession, other health professions, prospective employers, health consumers and graduates of the program.	• Examples of effective engagement with a diverse range of external stakeholders (including representatives of Aboriginal and/or Torres Strait Islander Peoples and other relevant health professions) about program design and implementation. • List of all external stakeholders and detail the input they have had into the design, implementation and quality improvement of the program. • Terms of reference of a current stakeholder group responsible for input into the design, implementation and quality of the program, including the list of representatives on the group and their current positions. • The current stakeholder group's meeting calendar for the current year and minutes and actions of any previous meetings in the last two years, highlighting points of relevance to this standard. • Examples of reports from employer and/or graduate surveys and/or reviews and explanation of the outcomes and actions taken in response to reports. • Records of other stakeholder engagement activities showing participation, decisions made and implemented.
2.8 Formal mechanisms exist and are applied with the aim of anticipating and responding to contemporary developments in podiatric surgery, medicine and surgery and the education of health practitioners, within the curriculum of the program.	• Examples of the implementation of formal mechanisms used to anticipate and respond to contemporary developments in podiatric surgery practice and the education of students of podiatry and health practitioners in the curriculum of the program. • Examples of formal quality assurance mechanisms in the program. • Examples of evaluation of feedback on work-integrated learning, including: – student feedback about their experiences – student feedback on work-integrated learning supervisors – supervisors' feedback on students' experiences – supervisors' feedback on the work-integrated learning program • Examples of responses to quality assurance findings.
2.9 The education provider assesses and actively manages risks to the program and program outcomes.	• Examples of the implementation of a risk management plan. • Examples of the implementation of formal mechanisms for assessing, mitigating and addressing risks to the program and program outcomes. • Examples of engagement between the education provider and practitioners who give instruction and supervision to students during work-integrated learning. • Examples of implementation of formal mechanisms used for training and monitoring work-integrated learning supervisors.

Criteria	Expected information for inclusion with accreditation application/monitoring response
2.10 The education provider appoints academic staff at an appropriate level to manage and lead the program.	• Staffing profile for staff responsible for management and leadership of the program, identifying: – academic level of appointment – role in the program – fraction (full-time, part-time) and type (ongoing, contract, casual) of appointment – qualifications and experience relevant to their responsibilities – relevant registration status, and – engagement in further learning related to their role and responsibilities. • Description of and examples that show the mechanisms by which the education provider ensures staff show culturally safe practice in the delivery of programs.
2.11 Staff managing and leading the program have sufficient autonomy to assure the level and range of staff, facilities and equipment needed in the program.	• Examples of correspondence or meeting minutes that show staff managing and leading the program are requesting the allocation of staff, facilities and equipment when necessary, and the response from the decision-makers.
2.12 The education provider actively recruits or draws on staff or other individuals with the knowledge, expertise and culturally safe practice to support learning in Aboriginal and Torres Strait Islander health.	• Examples of any targeted recruitment of Aboriginal and Torres Strait Islander staff. • Examples of the implementation of formal mechanisms used to recruit staff, including an equal employment opportunity policy for employment of Aboriginal and Torres Strait Islander Peoples. • Examples of the implementation of formal mechanisms used to draw on staff or other individuals with the knowledge, expertise and culturally safe practice to support learning in Aboriginal and Torres Strait Islander health. • Education provider's Reconciliation Action Plan (RAP), where available, including actions taken to comply with the RAP and the outcomes of such actions.
2.13 The education provider ensures it holds and maintains appropriate insurance to indemnify all academic and clinical staff, students and clinical supervisors during all education activities, including work-integrated learning.	• Evidence of current insurance, such as a certificate of currency. • Examples of the implementation of formal mechanisms to ensure that all relevant staff are informed of and understand the inclusions and limitations of the insurance policies.

Standard 2: Explanatory notes

This standard addresses the organisation and governance of the podiatric surgery program. The committee acknowledges that, for universities, TEQSA plays an important role in assessing the education provider's governance as part of their registration application. Specialist colleges are not regulated by TEQSA. The committee seeks evidence of how the podiatric surgery program operates in the organisational governance of the university or specialist college.

The focus of this standard is on the overall context in which the program is implemented, specifically the administrative and academic organisational structure which supports the program. This standard also focuses on identifying the degree of control that the academics who manage and implement the program, the podiatry profession and other external stakeholders have over the relevance and quality of the program, to produce graduates who are safe, show culturally safe practice and competent to practise.

Formal quality assurance mechanisms

The committee expects that the education provider will regularly monitor and review the program and the effectiveness of its implementation. The education provider must engage with, and consider the views of, podiatric surgeons, students, graduates, academics, work-integrated learning supervisors, and relevant clinical and surgical staff who engage with the program and its graduates.

The education provider must also implement formal mechanisms to validate and evaluate improvements in the design, implementation and quality of the program.

Evidence of effective engagement with external stakeholders

The committee acknowledges that there are numerous ways education providers engage with their stakeholders, for example through e-mail, video- and teleconferencing, questionnaires and surveys (verbal or written), online and physical forums, and face-to-face meetings. Engagement with external stakeholders must occur formally and all engagement should take place regularly through one or more of these mechanisms.

The committee expects that the education provider will also engage with any individuals, groups or organisations that are significantly affected by, and/or have considerable influence on the education provider, and its program design and implementation. This may include, but is not limited to, representatives of the local community and relevant Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, representatives from geographically diverse communities, health consumers, relevant health services and health professionals, relevant peak bodies and industry.

Education providers should be considered in their approach to stakeholders, ensuring that their engagement is diverse and does not burden any one stakeholder group.

Reconciliation Action Plan

In recent years, organisations have developed RAPs to provide a framework for supporting the national reconciliation movement. A RAP is a strategic document that supports an organisation's business plan. It includes practical actions that will drive an organisation's contribution to reconciliation both internally and in the communities in which it operates.[7]

The committee acknowledges that developing a RAP is a new concept for many education providers and some providers will not yet have developed a RAP.

The staff and student work and learning environment

The work environment includes any physical or virtual place staff go to carry out their role in teaching, supervising and/or assessing students in the program. The learning environment includes any physical or virtual place students go to learn and/or gain clinical experience in the program. Examples include offices, classrooms, lecture theatres, online learning portals, simulated environments, clinical teaching and learning spaces.

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

[7] For more information on Reconciliation Action Plans see www.reconciliation.org.au/reconciliation-action-plans/. Accessed 23 June 2021.

Staffing profile for staff responsible for management and leadership of the program

A template for the staffing profile is available for education providers to complete.[8] Use of this template is optional, and the information can be set out in a different format, as long as it includes the details identified in the expected information for Criterion 2.10. The same template can also be used for Criteria 3.10 and 5.4.

The committee expects the education provider to submit clear evidence that all staff with responsibilities for management and leadership of the program have:

a) knowledge of contemporary developments in podiatric surgery, which is informed by current and continuing scholarship or research or advances in practice

b) high-level skills in contemporary teaching, learning and assessment principles relevant to podiatric surgery, their role, modes of implementation and the needs of particular student cohorts, and

c) post-graduate qualifications at master's level or above in a relevant discipline or fellowship of an accredited and approved specialist college or equivalent relevant academic or professional or practice-based experience and expertise.

Staff with knowledge, expertise and cultural capabilities to support learning in Aboriginal and Torres Strait Islander health

The committee recognises that it may be difficult for all education providers to recruit Aboriginal and Torres Strait Islander people as staff who can support learning in Aboriginal and Torres Strait Islander health. In the first instance the committee will be looking at education provider efforts to improve recruitment and retention of Aboriginal and Torres Strait Islander staff. It will also be looking for creative efforts by education providers to meet the intent of this criterion (e.g. by engaging with guest speakers from local communities) if Aboriginal and Torres Strait Islanders are not on staff.

[8] Please contact Ahpra's Program Accreditation Team at program.accreditation@ahpra.gov.au to obtain the most up-to-date version of the staffing profile.

Standard 3: Program design, implementation and resourcing

Standard statement: Program design, implementation and resourcing enable students to achieve all the professional capabilities for podiatric surgeons.

Criteria	Expected information for inclusion with accreditation application/monitoring response
3.1 A coherent educational philosophy informs the program design and implementation.	• Statement of the overall educational philosophy which informs the program design and implementation, including evidence of compliance with the overall educational philosophy.
3.2 Culturally safe practice is integrated in the design and implementation of the program and is articulated in learning outcomes, with an emphasis on Aboriginal and Torres Strait Islander cultures and cultural safety in the Australian healthcare setting.	• Explanation of how culturally safe practice is integrated in the design and implementation of the program. • Details of unit and/or subject learning outcomes that articulate how culturally safe practice is integrated in the program, with emphasis on Aboriginal and Torres Strait Islander cultures and cultural safety in the Australian healthcare setting.
3.3 Learning outcomes in the program address all the professional capabilities for podiatric surgeons.	• Curriculum map that shows alignment and mapping of unit and/or subject learning outcomes to all the professional capabilities. • Detailed profiles and/or outlines for each unit and/or subject taught in the program.
3.4 The curriculum design includes vertical and horizontal integration of theoretical concepts and podiatric surgical practice throughout the program including: • work-integrated learning experiences, and • Formal instruction and skill building in scientific methods, evidence-based practice, and research methodology.	• Overview of the program identifying relationships between units/subjects and student learning outcomes in and between year-levels of the program.
3.5 Unit/subject learning outcomes in the program address contemporary principles of interprofessional education, collaborative practice and reflective practice.	• Program materials and unit and/or subject profiles and/or outlines that show where the principles of interprofessional education, collaborative practice and reflective practice are included and reflected in student learning outcomes.
3.6 Unit/subject learning outcomes and assessment in the program specifically reference the relevant national safety and quality standards, including in relation to collaborative practice, team-based care and culturally safe healthcare, particularly for Aboriginal and Torres Strait Islander Peoples.	• Program materials, unit and/or subject profiles and/or outlines and assessment tasks that show where the relevant national safety and quality standards are specifically addressed in the program and where student learning outcomes are assessed against the relevant national safety and quality standards.

Criteria	Expected information for inclusion with accreditation application/monitoring response
3.7 Unit/subject learning outcomes in the program address social and cultural determinants of health.	• Program materials and unit and/or subject profiles and/or outlines that show where social and cultural determinants of health are addressed, in particular as they relate to the care of Aboriginal and Torres Strait Islander Peoples and the individual across the lifespan, including frailty, disability, palliative care and person-centred care.
3.8 Legislative and regulatory requirements relevant to podiatric surgery are taught within the program and their application to practice is assessed during periods of work-integrated learning in the program.	• Identification of where relevant legislative and regulatory requirements are taught in the program, including assessment of application during work-integrated learning, including examples of the outcomes of the assessments.
3.9 The education provider ensures work-integrated learning experiences give students with regular opportunities to reflect on their observations of practice in the clinical setting.	• A range of de-identified records of student feedback that include an opportunity for reflection on their work-integrated learning experiences, and responses to those reflections.
3.10 The education provider has an active relationship with the practitioners who provide instruction and supervision to students during work-integrated learning, and formal mechanisms exist and are applied with the aim of training and monitoring those supervisors.	• Examples of: – engagement between the education provider and practitioners who give instruction and supervision to students during work-integrated learning, and – implementation of formal mechanisms used for training, monitoring and evaluating work-integrated learning supervisors.
3.11 The education provider appoints academic staff at an appropriate level to implement the program	• Staffing profile for staff responsible for implementation of the program, identifying: – academic level of appointment – role in implementation of each unit and/or subject – fraction (full-time, part-time) and type of appointment (ongoing, contract, casual) – qualifications and experience relevant to their responsibilities, and – relevant registration status where required (for health practitioners), and • engagement in further learning related to their role and responsibilities. • Description of and examples that show the mechanisms by which the education provider ensures staff demonstrate culturally safe practice in the delivery of programs.

Criteria	Expected information for inclusion with accreditation application/monitoring response
3.12 The quality, quantity, duration and diversity of student experience during work-integrated learning in the program is sufficient to produce a graduate who has demonstrated the professional capabilities needed to safely and competently practice podiatric surgery, including using pharmaceutical products for the treatment of podiatric conditions.	• Explanation about how the education provider monitors the quality, quantity, duration and diversity of student experience during work-integrated learning to ensure it is sufficient to produce graduates that demonstrate the knowledge, skills and professional attributes to safely and competently practise podiatric surgery. • Examples of implementation of formal mechanisms used for monitoring the quality, quantity, duration and diversity of student experience during work-integrated learning.
3.13 The education provider offers development opportunities for staff to stay up-to-date with educational approaches and technologies.	• Details of development opportunities and staff engagement in these.
3.14 The program has the level and range of facilities and equipment to sustain the quality and scope of education needed for students to achieve all the professional capabilities for podiatric surgeons.	• Letter from the specialist college president or university vice chancellor (or delegate) confirming ongoing support for the quality and resourcing of each unit and/or subject. • Description of, and examples that show, the facilities and equipment used by the education provider for teaching and learning in each unit and/or subject to enable students to develop culturally safe practice and all the professional capabilities. • List of all equipment used by the education provider for teaching and learning in each unit and/or subject; a statement about other equipment used; and the servicing schedule for relevant equipment.
3.15 The education provider ensures students can use radiographic equipment safely in podiatric surgical practice.	• Description of, and examples that show how the education provider ensures students undertake relevant education in radiation safety.

Standard 3: Explanatory notes

This standard focuses on how the program is designed and implemented to produce graduates who have demonstrated all the *Professional capabilities for podiatric surgeons*.

Program design

The committee considers that the main goals of the podiatric surgery program leading to qualification for specialist registration include:

- to ensure graduates can safely and competently practise podiatric (peri operative medicine and surgical techniques) at the level required for specialist registration, and
- to give education and training related to surgical management which supports effective and collaborative patient management.

The education provider is encouraged to present evidence in an overview about how the curriculum is structured and integrated to produce graduates who meet all the professional capabilities for podiatric surgeons.

The committee expects the education provider to make explicit statements about the learning outcomes at each stage of the program, to produce guides for each unit and/or subject that set out the learning outcomes of the unit and/or subject, and to show how the learning outcomes map to the professional capabilities for podiatric surgeons.

Referencing the national safety and quality standards

The committee expects that at a minimum the education provider would be referencing in the program curriculum the relevant national safety and quality standards published by the:

- Australian Commission on Safety and Quality in Health Care
- the Aged Care Quality and Safety Commission, and
- the National Disability Insurance Scheme Quality and Safeguards Commission and other relevant agencies.

This may include through learning materials given to students, and during lectures.

Cultural safety for Aboriginal and Torres Strait Islander Peoples

The National Registration and Accreditation Scheme's (the National Scheme's) Aboriginal and Torres Strait Islander Health Strategy Group (the Health Strategy Group) published a *Statement of Intent* (the Statement) in 2018. The Statement highlights the Health Strategy Group's intent to achieve equity in health outcomes between Aboriginal and Torres Strait Islander Peoples and other Australians and to close the gap by 2031. Their vision is that patient safety for Aboriginal and Torres Strait Islander Peoples is the norm.

The definition of cultural safety below has been developed for the National Scheme and adopted by the National Health Leadership Forum. The Health Strategy Group developed the definition in partnership with a public consultation process.

Definition

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

To ensure culturally safe and respectful practice, health practitioners must:

a) acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health;

b) acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism;

c) recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community; and

d) foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

All health practitioners in Australia, including podiatric surgeons, need a working knowledge of factors that contribute to and influence the health and wellbeing of Aboriginal and Torres Strait Islander Peoples. These factors include history, spirituality and relationship to land, and other social determinants of health in Aboriginal and Torres Strait Islander communities.

More than 35 registered podiatrists and podiatric surgeons identify as Aboriginal or Torres Strait Islander.[9]

Cultural competence for all communities

The section above defines cultural safety for Aboriginal and Torres Strait Islander Peoples specifically for their status as First Nations Peoples. Culturally safe and respectful practice is important for all communities. Australia is a culturally and linguistically diverse nation.

While there are many professional capabilities necessary to be a competent health practitioner, in Australia's multicultural society, cultural competence is particularly important.

Cultural competence is defined as a set of congruent behaviours, attitudes and policies that come together in a

[9] As at 30 June 2020.

system, agency, or among professionals and enables that system, agency or those professionals to work effectively in cross-cultural situations.

The word culture is used because it implies the integrated pattern of human behaviour that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. The word competence is used because it implies having the capacity to function effectively.

A culturally competent system of care acknowledges and incorporates:

- the importance of culture
- the assessment of cross-cultural relations
- vigilance towards the dynamics that result from cultural differences
- the expansion of cultural knowledge, and
- the adaptation of services to meet culturally unique needs.[10]

Podiatric surgeons must be able to work effectively with people from a range of cultures that may differ from their own. Culture may include, but is not limited to, age, gender, sexual orientation, race, socio-economic status (including occupation), religion, physical, mental or other impairments, ethnicity and health service culture.

A holistic, patient and family-centred approach to practice requires cultural competence. It also requires podiatric surgeons to demonstrate individual cultural capability by learning, developing and adapting their behaviour to each experience.

Learning and teaching approaches

The committee encourages innovative and contemporary methods of teaching that promote the educational principles of active student participation, problem solving and development of communication skills. Problem and evidence-based learning, computer assisted learning, work-integrated learning, simulation and other student-centred learning strategies are also encouraged. Education providers may show how these approaches are incorporated into the curriculum and assessed to support student achievement of the learning outcomes and the professional capabilities for podiatric surgeons.

Interprofessional education

Interprofessional education is important for preparing students of podiatric surgery to work with other health professionals in a collaborative team environment. Interprofessional teams involving multiple health professionals can improve the quality of patient care and improve patient outcomes, particularly for patients who have complex conditions or comorbidities.

The principles of interprofessional education encompass learning about, from and with other health professions, and understanding, valuing and respecting individual discipline roles in health care with the goal of facilitating multi-disciplinary care and the ability to work in teams across professions for the benefit of the patient.

Social and cultural determinants of health

The committee expects the education provider to consider the social and cultural determinants of health as they relate to the design, implementation and quality improvement of the program, such as:

- the way people think about health and illness
- individual behaviours and habits that influence health, and how culture interacts with environment, economy, and politics to affect health, and
- Aboriginal and Torres Strait Islander Peoples' connection to family and community, land and sea, culture and identity.[11]

Teaching and assessment of legislative and regulatory requirements

The committee expects legislative and regulatory requirements relevant to podiatric surgery to be taught in the program and their application to practice being assessed during work-integrated learning. This should include the range of legislative and regulatory requirements that apply to professional practice; not just those related to the profession of podiatry.

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[10] Adapted from Social and Cultural Determinants of Indigenous Health. Implementation Plan Advisory Group Consultations 2017 Discussion Paper, see www.consultations.health.gov.au/indigenous-health/determinants/. Accessed 23 June 2021.

[11] Social and Cultural Determinants of Indigenous Health. Implementation Plan Advisory Group Consultations 2017 Discussion Paper, see www.consultations.health.gov.au/indigenous-health/determinants/. Accessed 23 June 2021.

Work-integrated learning

The committee expects that students are given extensive and diverse work-integrated learning experiences in a range of settings and with patients in a range of age groups and with a range of clinical presentations including cases where patients have:

- structural deformities, including bunions, hammertoes, painful flat foot and high arch deformity, bone spurs
- heel pain
- nerve entrapments
- degeneration and arthrosis of joints
- skin and nail conditions
- congenital deformities, and
- trauma-related injuries, including fractures and dislocations.

The committee considers that direct patient encounters throughout the program will help to ensure students achieve the professional capabilities for podiatric surgeons. Education providers must explain how the entire range of work-integrated learning experiences will ensure graduates achieve the professional capabilities for podiatric surgeons, including those required to use pharmaceutical products safely and effectively.

The committee expects the education provider to engage with specialist practitioners who are work-integrated learning supervisors. The examples of engagement should show work-integrated learning supervisors have an opportunity to provide feedback to the education provider on students' work-integrated learning experiences and on the program.

Staffing profile for staff responsible for assessment of students in the program

A template for the staffing profile is available to education providers for completion[12]. Use of this template is optional and the information can be set out in a different format, as long as it includes the details identified in the expected information for Criterion 3.10. The same template can also be used for Criteria 2.10 and 5.4.

The committee expects the education provider to give clear evidence that all staff with responsibilities for assessment of students in the program have:

a) skills in contemporary assessment principles and practice relevant to their responsibilities, and

b) post-graduate qualifications at master's level or above in a relevant discipline, fellowship of an accredited and approved specialist college or equivalent relevant academic or professional or practice-based experience and expertise.

If information at the level of the program has been assessed by TEQSA, evidence of the outcome of TEQSA's assessment is sufficient.

[12] Please contact Ahpra's Program Accreditation Team at program.accreditation@ahpra.gov.au to obtain the most up-to-date version of the staffing profile.

Standard 4: The student experience

Standard statement: Students in the program have equitable and timely access to program information and learning support.

Criteria	Expected information for inclusion with accreditation application/monitoring response
4.1 Program information is complete, accurate, clear, accessible and up-to-date.	• Program information and/or links to website pages provided to prospective students (before enrolment) and enrolled students about the program, including information on pre-requisites for the post-graduate program and the application process. • Information provided to prospective students (before enrolment) and enrolled students about the program, including information on recognition of prior learning. • Description of mechanisms by which students can access inherent requirements and reasonable adjustments to allow them to complete their studies. • De-identified examples of reasonable adjustments, together with student learning outcomes. • Explanation about when and how prospective and enrolled students are provided with full details about registration requirements, program fees, refunds and any other costs involved in the program.
4.2 The education provider has mechanisms in place to ensure 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, – feedback from students about the safety of the environment, and – resolving any issues that compromised the physical, psychological and/or cultural safety of the environment for students.
4.3 The education provider assesses and actively manages risks to students enrolled in the program.	• Examples of: – the development and implementation of a risk management plan, – the implementation of formal mechanisms for assessing, mitigating and addressing risks to students enrolled in the program, – engagement between the education provider and practitioners who provide instruction and supervision to students during work-integrated learning, and – implementation of formal mechanisms used for training and monitoring work-integrated learning supervisors.
4.4 The education provider identifies and provides support services, including cultural support services, to meet the needs of students in the program.	• Examples of the implementation and availability of adequate support services to meet the needs of students in the program.
4.5 There are specific strategies to address recruitment, admission, participation and program completion the program by Aboriginal and Torres Strait Islander Peoples.	• Examples of implementation of formal mechanisms: – for recruitment and admission to the program by Aboriginal and Torres Strait Islander Peoples, and – to support retention of Aboriginal and Torres Strait Islander Peoples.

Standard 4: Explanatory notes

This standard focuses on how the education provider ensures students have equitable and timely access to program information and learning support and provides a student experience that is culturally safe.

The committee expects the education provider to give clear evidence of implementation of any formal mechanisms used to ensure student access to program information and learning support.

Program information

The committee expects the education provider to clearly and fully inform prospective students about the Board's practitioner registration requirements for podiatric surgeons before the students enrol in the program. Students enrolled in the program should also be reminded of the requirements.

The committee expects that the information refers to all of the Board's registration standards and relevant guidelines, including:

- Registration standards for:
  - Continuing professional development
  - Criminal history
  - English language skills
  - Professional indemnity insurance arrangements
  - Recency of practice
  - Endorsement for scheduled medicines (where relevant)
  - Specialist registration for the podiatry specialty of podiatric surgery
- Guidelines for registered health practitioners and students in relation to blood-borne viruses.[13]

Inherent requirements

Inherent requirements are the core activities, tasks or skills that are essential to a workplace in general, and to a specific position or role. The activities and/or tasks cannot be allocated elsewhere, are a core element of the position or role, and result in significant consequences if they are not performed.

The HES state that "Prospective students must be made aware of any inherent requirements for doing a course, or parts of a course, that may affect those students in special circumstances or with special needs (such as a particular type of practicum), especially where a course of study leads to a qualification that may lead to registration as a professional practitioner by a registering authority."[14]

Student support services and facilities to meet learning, welfare and cultural needs

The committee expects that evidence of implementation of adequate student learning support services is provided at the level of the program.

Meeting the learning, welfare and cultural needs of students may include providing mental health support services that recognise students' unique needs during studies and during work-integrated learning, such as dealing with situations involving patient critical-incident scenarios and death. The level of support should reflect the learning needs of students in the context of the academic entry requirements for admission to the program and the expected academic level to be achieved by graduation.

Evidence of the implementation of support services could include how students access student learning, welfare and cultural support services, including how students in the program access student academic advisers and more informal and readily accessible advice from individual academic staff.

[13] More detailed information on the registration standards is contained in the Board's policies, codes and guidelines available from www.podiatryboard.gov.au/Policies-Codes-Guidelines. Accessed on 23 June 2021.

[14] Domain 1 of the HES Framework available from www.teqsa.gov.au/hesf-domain-1. Accessed 23 June 2021.

Standard 5: Assessment

Standard statement: All graduates of the program have demonstrated achievement of the learning outcomes taught and assessed during the program.

Criteria	Expected information for inclusion with accreditation application/monitoring response
5.1 All the professional capabilities for podiatric surgeons and unit and/or subject learning outcomes are mapped to assessment tasks in the program.	• Assessment matrix or other consolidated and comprehensive assessment design documents to demonstrate alignment and mapping of all assessment tasks, all unit and/or subject learning outcomes and all professional capabilities. • Detailed unit and/or subject profiles and/or outlines for each unit and/or subject for the entire program, including details of the assessment tasks for the relevant unit of study. • A range of different assessment tools or modalities used during work-integrated learning that show how students attain the professional capabilities, including culturally safe practice. • For each tool or modality, provide a range of de-identified examples from students across the range of performance. Where possible provide an example of a satisfactory or pass, and an example of unsatisfactory or fail.
5.2 Multiple valid and reliable assessment tools, modes and sampling are used throughout the program, including evaluation of student capability through authentic assessment via direct observation of students in the clinical and non-clinical settings.	• Details of the assessment strategy for each year of the program, identifying assessment tools, modes and sampling. • Examples of implementation of formal mechanisms used to evaluate student capability in the clinical setting.
5.3 Formal mechanisms exist and are applied with the aim of ensuring assessment of student learning outcomes reflects the principles of assessment.	• Examples of: – the formal assessment mechanisms used to determine student competence – assessment review processes and their use in quality improvement outcomes – assessment moderation and validation, including peer validation. This should include the outcomes, and responses to those outcomes, and – external referencing of assessment methods including the outcomes.
5.4 Staff assessing students in the program (including staff assessing work-integrated learning) are suitably experienced, prepared for the role, and hold appropriate qualifications and registration where required.	• Staffing profile for academic staff responsible for assessment of students in the program identifying: – academic level of appointment – role in assessment of students in the program – fraction (full-time, part-time) and type of appointment (ongoing, contract, casual) – qualifications and/or experience relevant to their responsibilities – relevant registration status where required (for health practitioners), and – engagement in further learning related to their role and responsibilities. • Details of arrangements to monitor staff who assess students during work-integrated learning to ensure assessment meets the principles of assessment. • Details of arrangements to monitor the cultural competence of staff who assess students.

Criteria	Expected information for inclusion with accreditation application/monitoring response
5.5 Formal mechanisms exist and are applied with the aim of ensuring the learning outcomes and assessment for all work-integrated learning activities are defined and known to both students and supervisors.	• Information provided to students and supervisors about work-integrated learning activities and assessment. • Examples of: – the implementation of formal mechanisms used to ensure the learning outcomes and assessment for all work-integrated learning activities are defined and known to both students and supervisors, and – guidance provided to work-integrated learning supervisors on use of assessment tools to improve the validity and reliability of their assessments.

Standard 5: Explanatory notes

This standard focuses on assessment, including quality assurance processes and the capabilities of the staff responsible for assessing students in the program. The committee expects the education provider to show how they assure that every student who passes the program has achieved all the professional capabilities for podiatric surgeons, including culturally safe practice.

The education provider must use fit for purpose and comprehensive assessment methods and formats to assess learning outcomes, and to ensure a balance of formative and summative assessments throughout the program.

Principles of assessment

The principles of assessment are a set of measures to ensure that assessment of students is valid, reliable, authentic, flexible and fair. The committee expects the education provider to implement an assessment strategy that reflects the principles of assessment. When the education provider designs and implements supplementary and alternative assessments in the unit and/or subject, these must contain different material to the original assessment.

Staffing profile for staff responsible for assessment of students in the program

A template for the staffing profile is available to education providers for completion. Use of this template is optional and the information can be set out in a different format, as long as it includes the details identified in the expected information for Criterion 5.4.[15] The same template can also be used for Criteria 2.10 and 3.10.

The committee expects the education provider to give clear evidence that all staff with responsibilities for assessment of students in the program have:

a) skills in contemporary assessment principles and practice relevant to their responsibilities, and

b) post-graduate qualifications at master's level or above in a relevant discipline, fellowship of an accredited and approved specialist college or equivalent relevant academic or professional or practice-based experience and expertise.

[15] Please contact Ahpra's Program Accreditation Team at program.accreditation@ahpra.gov.au to obtain the most up-to-date version of the staffing profile.

Glossary

Accreditation standards	Used to assess whether a program of study, and the education provider that provides the program provide people who complete the program with the knowledge, skills and other professional attributes needed to safely and competently practice as a podiatrist in Australia.
Assessment matrix	A technical component of assessment; it is a document that demonstrates the link between learning outcomes and assessment tasks. Note: the terms assessment blueprint or summary and assessment sampling framework are also in use by education providers.[16]
Assessment moderation	Quality assurance, control processes and activities such as peer review that aim to assure: consistency or comparability, appropriateness, and fairness of assessment judgments; and the validity and reliability of assessment tasks, criteria and standards. Moderation of assessment processes establishes comparability of standards of student performance across, for example, different assessors, locations, units/subjects, education providers and/or programs of study.[17]
Assessment team	An expert team, assembled by the Accreditation Committee, whose primary function is the analysis and evaluation of the podiatry program against the accreditation standards.
Current and continuing scholarship or research	Current and continuing scholarship and research means those activities designed to gain new or improved understanding, appreciation and insights into a field of knowledge, and engaging with and keeping up to date with advances in the field. This includes advances in teaching and learning and in professional practice, as well as advances in disciplinary knowledge through original research.[18]
Education provider	The term used by the National Law to describe universities, other tertiary institutions and specialist colleges.
Formal mechanisms	Activities that an education provider completes in a systematic way to effectively provide the program. Formal mechanisms may or may not be supported by formal policy but will at least have documented procedures or processes in place to support their implementation.
Interprofessional education	When two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.[19]
Learning outcomes	The expression of the set of knowledge, skills and the application of the knowledge and skills a person has and is able to demonstrate as a result of learning.[20]
Medicines (and/or pharmaceutical products)	Therapeutic goods that are represented to achieve or are likely to achieve their principal intended action by pharmacological, chemical, immunological or metabolic means in or on the body of a human. In this document, the term 'medicine' or 'medicines' includes prescription medicines, non-prescription or over-the-counter products and complementary medicines, including herbs, vitamins, minerals, nutritional supplements, homeopathic medicines and bush and traditional medicines.[21]
Podiatric surgeon	An individual who is listed on the Podiatry Board of Australia's register with specialist registration as a podiatric surgeon.
Podiatrist	An individual who is listed on the Podiatry Board of Australia's register of podiatrists.
Principles of assessment	The principles of assessment are a set of measures to ensure that assessment of students is valid, reliable, flexible and fair.

16 Medical Deans Australia and NZ (HWA project), *Developing a national assessment blueprint for clinical competencies for the medical graduate (competencies project stage 3) final report*, see www.medicaldeans.org.au/resources/reports/. Accessed 23 June 2021.

17 Adapted from TEQSA glossary of terms, see www.teqsa.gov.au/glossary-terms. Accessed 23 June 2021.

18 TEQSA (2018) *Guidance Note: Scholarship* see www.teqsa.gov.au/latest-news/publications/guidance-note-scholarship. Accessed 23 June 2021.

19 Health Professions Network Nursing and Midwifery Office within the Department of Human Resources for Health (2010). *Framework for action on interprofessional education & collaborative practice*. Geneva, World Health Organization (WHO), see www.who.int/hrh/resources/framework_action/en/. Accessed 23 June 2021.

20 Adapted from Australian Qualifications Framework, Second Edition January 2013, see www.aqf.edu.au. Accessed 23 June 2021.

21 Definition adapted from National Prescribing Service *NPS MedicineWise. Prescribing Competencies Framework: embedding quality use of medicines into practice* (2nd Edition). Sydney, 2021 available from https://www.nps.org.au/prescribing-competencies-framework. Accessed 23 June 2021.

Reasonable adjustments	Education providers are required to make changes so that a student with disability can safely and productively perform the genuine and reasonable requirements of the program. A reasonable adjustment requires an education provider to balance the cost or effort required to make such a change. If an adjustment requires a disproportionately high expenditure or disruption it may not be deemed reasonable. Reasonable adjustment requirements directly address systemic discrimination experienced by people with disability in education.[22]
Reliable assessment	The degree to which an assessment tool produces stable and consistent results.[23]
Work-integrated learning	An umbrella term for a range of approaches and strategies that integrate academic learning (theory) with its application to practice within a purposefully designed curriculum.[24]
Work-integrated learning supervisor and/ or supervision	A work-integrated learning supervisor, also known as a clinical supervisor, is an appropriately qualified and registered professional who guides learners' education and training during work-integrated learning. The supervisor's role may encompass educational, support and organisational functions. The supervisor is key to ensuring the student provides safe, appropriate and high-quality patient care. Work-integrated learning supervision is a mechanism used by the education provider and workplace to assure the student is practising safely, competently and ethically. It involves oversight – either direct or indirect – by an appropriately qualified and registered supervisor(s) to guide, give feedback on, and assess personal, professional and educational development in the context of each learner's experience of providing safe, appropriate and high-quality patient care. Work-integrated learning supervision may be direct, indirect or remote according to the context in which the student's learning is being supervised.

List of acronyms and abbreviations

Ahpra	Australian Health Practitioner Regulation Agency
AQF	Australian Qualifications Framework
HES	Higher Education Standards
TEQSA	Tertiary Education Quality and Standards Agency

[22] Australian Human Rights Commission *Quick guide on reasonable adjustments* see https://humanrights.gov.au/quick-guide/12084. Accessed 23 June 2021.

[23] International Teacher Training Academy Australia (2017) *Principles of Assessment – Part 1 (Reliability)* see www.ittacademy.net.au/principles-assessment-part-1/. Accessed 23 June 2021.

[24] Patrick, C-j., Peach, D., Pocknee, C., Webb, F., Fletcher, M., Pretto, G. (2008) *The Work Integrated Learning report: A national scoping study [Australian Learning and Teaching Council (ALTC) Final report]* Brisbane: Queensland University of Technology, see https://eprints.qut.edu.au/44065/. Accessed 23 June 2021.