



SUBMISSION TO REMAIN AS THE ACCREDITATION AUTHORITY FOR THE PODIATRY BOARD OF AUSTRALIA

August 2012

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INTRODUCTION

Section 253 (4) of the Health Practitioner Regulation National Law Act as in force in each State and Territory (the National Law) provides that the National Boards established for the health professions must, not later than three years after the commencement day (July 2013), review the arrangements for the exercise of accreditation functions for the health profession. The review must include wide-ranging public consultation (Section 253 (5)).

The Australian and New Zealand Podiatry Accreditation Council (ANZPAC) received correspondence from the Chair of the Podiatry Board of Australia in mid June 2012 seeking advice as to whether ANZPAC wishes to continue to undertake accreditation functions under the National Law. If so, ANZPAC is required to send a submission to the Podiatry Board of Australia addressing matters specified in this submission.

There are approximately 3,675 registered podiatrists in Australia and approximately 300 registered podiatrists in New Zealand. These numbers are small compared to some of the larger professions that operate under the National Registration and Accreditation Scheme (NRAS). Despite this, ANZPAC has successfully developed and implemented policies and procedures that underpin its role as an accreditation authority.

ANZPAC welcomes the opportunity to provide this submission to demonstrate its ongoing commitment to undertake the accreditation functions for the Podiatry Board of Australia.

BRIEF BACKGROUND TO THE ACCREDITATION AUTHORITY

The Australian and New Zealand Podiatry Accreditation Council (ANZPAC) was incorporated in South Australia on 16 April 2008.

ANZPAC is an independent body with membership currently comprising the Podiatry Board of Australia and the Podiatrists' Board of New Zealand. The Board of Management comprises registered podiatrists (nominated by the Australasian Registration Boards), nominees from the Australasian professional associations (Australasian Podiatry Council and Podiatry New Zealand), and nominees from educational institutions offering podiatric programs in both Australia and New Zealand and community representation.

The role and function of ANZPAC under the National Law is codified in the podiatry specific schedule of the service agreement for the accreditation function between AHPRA and ANZPAC signed in June 2012.

The purpose of ANZPAC as defined in the Constitution is to assess and accredit podiatric education programs that aim to graduate persons who are eligible for registration as a podiatrist in both Australia and New Zealand. A secondary purpose is to assess the qualifications and skills of overseas trained podiatrists for skilled migration to Australia or eligibility to practice in Australia and New Zealand. A recent expansion of our function will see ANZPAC undertaking the accreditation of those courses that aim to produce podiatric surgeons (specialist accreditation) and endorsement for scheduled medicines.

In consideration of the *Trans Tasman Mutual Recognition Act (1997) (Clth)* (TTMRA), the Constitution and processes of ANZPAC include stakeholder representation from New Zealand to encourage collaboration and uniformity.

ANZPAC was assigned by the Ministerial Council the accreditation functions for the Podiatry Board of Australia under the National Registration and Accreditation Scheme for Health Professions introduced in July 2010.

In accordance with the *Migration Regulations 1994 (Clth)* – regulation 2.26B, the Minister for Education has approved ANZPAC as the assessing authority to conduct skills assessments for prospective migrants in the occupation Podiatrist (ANZSCO 252611).

DOMAIN 1: GOVERNANCE

The accreditation authority effectively governs itself and demonstrates competence and professionalism in the performance of its accreditation role.

Attributes

1. The accreditation authority is a legally constituted body and registered as a business entity
2. The accreditation authority's governance and management structure give priority to its accreditation function relative to other activities (or relative to its importance)
3. The accreditation authority is able to demonstrate business stability, including financial viability
4. The accreditation authority's accounts meet relevant Australian accounting and financial reporting standards
5. There is a transparent process for selection of the governing body
6. The accreditation authority's governance arrangements provide for input from stakeholders including input from the community, education providers and the profession/s
7. The accreditation authority's governance arrangements comply with the National Law and other applicable legislative requirements

Compliance statement

1. ANZPAC is currently an incorporated association made under the South Australian *Associations Incorporations Act 1985* (incorporation number A39841). After a meeting of the Board of Management in March 2012, it was agreed that ANZPAC would convert to a company limited by guarantee structure under the Commonwealth *Corporations Act 2001*. It is anticipated that the conversion will be completed by 31 December 2012.
2. The governance and management structure of ANZPAC is clearly defined in the Constitution and Board Charter, giving priority to its accreditation function. The Constitution proposed under the company limited by guarantee corporate structure continues to give priority to the accreditation functions.
3. The South Australian *Associations Act 1985* stipulates many financial obligations upon an incorporated association, including ensuring that the association must not incur debts if there are reasonable grounds to expect that the association will not be able to pay all of its debts as and when they fall due (solvency resolution) and that the association does not act with intent to defraud creditors or any other person. Since incorporation, ANZPAC has been able to demonstrate that it is a going concern with these financial obligations continuously met. ANZPAC maintains Associations Liability and Business Travel insurance cover. The provider of executive officer services is contractually obligated to maintain professional indemnity and public liability insurance as well as assume responsibility for any workers compensation obligations as appropriate.
4. Since incorporation, the accounts have been independently audited by a registered company auditor (above and beyond the requirements of the Associations Act where a copy of the auditor's report is only required for those associations with gross receipts in excess of \$500,000) with an unqualified audit record for each year (when the auditor concludes that the financial statements give a true and fair view) in accordance with the financial reporting framework used for the preparation and presentation of the financial statements.

Moving towards registration as a company limited by guarantee ANZPAC, whilst not required to prepare a financial report or have accounts audited in accordance with amendments to the *Corporations Act* in June 2010, will continue to have its accounts independently audited by a registered company auditor.

To prepare for the conversion to a company limited by guarantee, a significant amount of work has been completed over the past six (6) months in improving internal controls with an emphasis on ensuring financial information is accurate and reliable and compliant with all statutory and regulatory obligations.

5. The current Board of Management was appointed on 1 July 2010 for a period of three years. Clause 8 of the Constitution prescribes the composition of the Board of Management including renewal of board positions and cessation as a board member. The procedure used to select nominees to the Board of Management will vary depending on the vacancy but will always comply with the fundamental principles of transparency articulated in the *Director Appointment Policy*. The procedure for the appointment of any Board of Management and/Committee vacancy will be publicly available with the call for nominations.
6. In accordance with clause 8 of the Constitution and included in the Constitution for the company limited by guarantee, the Board of Management consists of nominees of the Podiatry Board of Australia, the Podiatrists Board of New Zealand, the Australasian Podiatry Council, Podiatry New Zealand, registered podiatrists employed to lecture in podiatric education programs in both Australia and New Zealand and community representatives. The Accreditation and Qualifications and Skills Assessment Committees are also comprised of registered podiatrists, Program Directors of institutions offering podiatric education programs in Australia and New Zealand and community representation.
7. ANZPAC has continuously met its statutory obligations under the South Australian *Associations Act 1985* and contractual obligations under the National Law. ANZPAC is well placed to fulfill its future obligations under the Corporations Act.

Future work planned or underway

Work planned or underway includes the development of Board position descriptions and a Code of Conduct to further define the Board structure and clarity of purpose to influence Board functionality and increase the Board's ability to attract suitably qualified directors.

Evidence of compliance

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Attachment 7:	Annual Report 30 June 2010
Attachment 8:	Annual Report 30 June 2011

DOMAIN 2: INDEPENDENCE

The accreditation authority carries out its accreditation operations independently.

Attributes

1. Decision making processes are independent and there is no evidence that any area in the community, including government, higher education institutions, business, industry and professional associations has undue influence
2. There are clear procedures for identifying and managing conflicts of interest

Compliance statement

1. All meetings of the Board of Management and its Committees are minuted and retained in a Minutes Register for reference regarding any conflicts of interest. These will inform the conflict of interest register maintained by the company secretary.

The Accreditation Standards and Procedures for Podiatry Programs for Australia and New Zealand (August 2009) determines the process for the accreditation and re-accreditation process with defined levels of responsibility.

2. The management of conflict of interest is underpinned by the *ANZPAC Conflict of Interest Policy* (originally developed in 2009 and reviewed in August 2012) and based on the *AHPRA Guidelines for Board and Committee Members with Respect to Conflict of Interest (June 2011)*. Moving towards a company limited by guarantee company structure, directors are obligated to disclose any material personal interests. These guidelines are reinforced in a number of documents including the Board Charter and the *ANZPAC Handbook for Assessment Teams*.

Future work planned or underway

Nil

Evidence of compliance

Attachment 9: ANZPAC Conflict of Interest Policy

DOMAIN 3: OPERATIONAL MANAGEMENT

The accreditation authority effectively manages its resources to carry out the accreditation function.

Attributes

1. The accreditation authority manages the human and financial resources to achieve objectives in relation to the accreditation function
2. There are effective systems for monitoring and improving the accreditation authority's processes and identification and management of risk
3. The accreditation authority can operate efficiently and effectively nationally
4. There are robust systems for managing information and contemporaneous records, including ensuring confidentiality
5. In setting its fee structures, the accreditation authority balances the requirements of the principles of the National Law and efficient business practices

Compliance statement

1. ANZPAC contracts the services of an Executive Officer for 20 hours per week. The duties of the Executive Officer are defined in the Agreement for Services and include the management of human and financial resources to achieve objectives in relation to the accreditation function.
2. The identification and management of risk is captured in the *ANZPAC Risk Management Policy* (developed in 2010) with risks logged in the *Risk Register*. Policies and procedures are continuously reviewed in line with scheduled review dates.
3. ANZPAC provides services on a national basis through the use of a head office in Melbourne, 1300 national local call rate telephone number and electronic communications including website and email.
4. The management of information and contemporaneous records is codified in the *Data Management and Security Policy*, *Confidentiality Guidelines* and *Privacy Policy*.
5. Universities are charged the professional fees and expenses of the Assessment Team members on a direct cost recovery basis in accordance with the *Payment of Honorariums and Other Benefits Policy* and the *Travel and Accommodation Policy*. This fee is normally in the vicinity of \$25,000 - \$30,000 depending on the type of accreditation and number of podiatry programs to be accredited. The fee schedule for qualifications and skills assessments outlines the charges for the various types of assessments undertaken by ANZPAC.

Future work planned or underway

Nil

Evidence of compliance

Attachment 10:	Risk management policy
Attachment 11:	Risk register (not for public consultation)
Attachment 12:	Data management and security policy
Attachment 13:	Confidentiality guideline
Attachment 14:	Privacy policy
Attachment 15:	ANZPAC schedule of fees

DOMAIN 4: ACCREDITATION STANDARDS

The accreditation authority develops accreditation standards for the assessment of programs of study and education providers.

Attributes

1. Standards meet relevant Australian and international benchmarks
2. Standards are based on the available research and evidence base
3. Stakeholders are involved in the development and review of standards and there is wide ranging consultation
4. The accreditation authority reviews the standards regularly
5. In reviewing and developing standards, the accreditation authority takes account of AHPRA's *Procedures for Development of Accreditation Standards* and the National Law

Compliance statement

1. All accreditation standards developed by ANZPAC have been preceded by a comprehensive report that includes a review of relevant Australian and international benchmarks as well as a review of available literature. ANZPAC has developed three accreditation standards:

(a) Accreditation standards and procedures for podiatric programs in Australia and New Zealand

The Accreditation Standards and Procedures for Podiatry Programs in Australia and New Zealand (August 2009) transitioned on 1 July 2010 under section 253(3) of the National Law as an approved accreditation standard for the purpose of general registration. This document provides the requirements of entry-level podiatric programs of study.

(b) Accreditation standards for podiatric surgery

The Podiatry Board of Australia approved the accreditation standards for podiatric surgery programs in May 2012. The podiatric surgery accreditation standards were established following a review of previous work undertaken in regard to podiatry specialisations and special interest areas, also considering the Australian Medical Council (AMC) context as well as extensive stakeholder consultation. The final report summarises responses received through this consultation process.

The AMC context reflects best practice education and training standards for specialisations and comparative education and training standards for various health specialisations within Australia and overseas. The accreditation standards for podiatric surgery are broadly aligned to the best practice standards, as well as to other podiatry accreditation standards.

(c) Accreditation standards for endorsement for scheduled medicines

ANZPAC is currently in the process of finalising an accreditation standard for endorsement for scheduled medicines. This is scheduled for completion by August 2012. These standards will overlay *Accreditation Standards and Procedures for Podiatry Programs in Australia and New Zealand (August 2009)*.

2. All draft accreditation standards are based on available research and evidence base.

3. All draft accreditation standards have undergone stakeholder consultation to inform the final accreditation standard. The results of these consultations are appended to the final reports.
4. All accreditation standards are reviewed within five (5) years of their publication. This is generally consistent with the accreditation review cycles of other accreditation authorities.
5. From 1 July 2010 accreditation standards have been developed by ANZPAC in accordance with procedures established by AHPRA under section 25 of the National Law. These procedures are outlined in the document *Procedures for the Development of Accreditation Standards* which is published in the AHPRA website www.ahpra.gov.au. All accreditation standards developed by ANZPAC are reviewed within five (5) years of issue. These are documented in the relevant standards documents published on both the Podiatry Board of Australia and ANZPAC websites.

Future work planned or underway

ANZPAC has received funding from the Podiatry Board of Australia to develop various resources to support the implementation of the accreditation of programs of study for podiatric surgery and endorsement for scheduled medicines.

Evidence of compliance

- Attachment 16: Australian and New Zealand Podiatry Accreditation Project Final Report (July 2008) **(not for public consultation)**
- Attachment 17: Accreditation Standards and Procedures for Podiatry Programs for Australia and New Zealand (August 2009)
- Attachment 18: Podiatric Surgery Accreditation Standards Final Report (April 2012) **(not for public consultation)**
- Attachment 19: Accreditation Standards for Podiatric Surgery Programs (May 2012)
- Attachment 20: Accreditation Procedures for Podiatric Surgery Programs (May 2012) **(not for public consultation)**
- Attachment 21: Accreditation Standards for Endorsement for Scheduled Medicines Final Report (2012) **(not for public consultation)**
- Attachment 22: Accreditation Standards for Endorsement for Scheduled Medicines (Draft) (Part A – Podiatric Therapeutics) **(not for public consultation)**
- Attachment 23: Accreditation Standards for Endorsement for Scheduled Medicines (Draft) (Part B – Supervised Practice including Web Based Case Studies) **(not for public consultation)**

DOMAIN 5: PROCESSES FOR ACCREDITATION OF PROGRAMS OF STUDY

The accreditation authority applies the approved accreditation standards and has rigorous, fair and consistent processes for accrediting programs of study and their education providers.

Attributes

1. The accreditation authority ensures documentation on the accreditation standards and the procedures for assessment is publicly available
2. The accreditation authority has policies on the selection, appointment, training and performance review of assessment team members. These policies provide for the use of competent persons who are qualified by their skills, knowledge and experience to assess professional programs of study and their providers against the accreditation standards
3. There are procedures for identifying, managing and recording conflicts of interest in the work of accreditation assessment teams and working committees
4. The accreditation authority follows documented processes for decision-making and reporting that comply with the National Law and enable decisions to be made free from undue influence by any interested party
5. Accreditation processes facilitate continuing quality improvement in programs of study by the responsible education provider
6. There is a cyclical accreditation process with regular assessment of accredited education providers and their programs to ensure continuing compliance with standards
7. The accreditation authority has defined the changes to programs and to providers that may affect the accreditation status, how the education provider reports on these changes and how these changes are assessed
8. There are published complaints, review and appeals processes which are rigorous, fair and responsive

Compliance statement

1. All accreditation standards and associated procedures are published on the ANZPAC website at www.anzpac.org.au. ANZPAC also publishes on its website the current status of podiatry programs undergoing accreditation.
2. A four-person team conducts the on-site accreditation inspection on behalf of ANZPAC. The Accreditation Committee appoints teams. Team composition is constituted to provide appropriate knowledge and expertise in key areas pertinent to the standards. Teams must include an academic from another State or Territory university, a member of the ANZPAC Board of Management, a registered podiatrist and a professional body representative.

Team members are drawn from a “pool” of personnel identified by the Accreditation Committee through sources such as podiatry professional associations, universities and the discipline and layperson community at large. These personnel are recognised for the skills, knowledge and expertise in academic leadership, professional education, research, clinical practice, business management and/or evaluation. Specific requirements of team members are articulated in the *ANZPAC Handbook for Assessment Teams*.

3. To assure universities and the public that ANZPAC accreditation inspections are impartial and objective, to avoid conflicts of interest, and to promote equity and high ethical standards in the accreditation system, team members are required to abide by a Code of Conduct articulated in the *ANZPAC Handbook for Assessment Teams*. The Code address issues such as bias, gifts and gratuities, conflict of interest, confidentiality and consulting.

Violation of any part of the Code will result in the team member's removal from the team. Team members should exclude themselves from ANZPAC activities for any other reasons not listed in the Code that may represent an actual or perceived conflict of interest.

In addition to the requirements of the Code of Conduct, ANZPAC sends the names of the team members to the University approximately eight (8) weeks before the scheduled visit. A team member will be replaced in the team at the University's request only if the University can demonstrate that potential conflict of interest or bias may exist.

4. The Board of Management and its Committees are required to apply the *ANZPAC Conflict of Interest Policy*. In accordance with the *Accreditation Standards and Procedures for Podiatry Programs for Australia and New Zealand (August 2009)*, at the conclusion of an accreditation inspection, the team is required to report to the Accreditation Committee within 60 days of the exit interview. The Accreditation Committee considers the report and prepares a paper for consideration by the ANZPAC Board of Management who has overall responsibility for determining whether or not a program of study is accredited, accredited with conditions or if accreditation is refused.
5. While assuring that the ANZPAC accreditation standards are met at a level to gain or maintain accreditation, team members are encouraged to interact with university representatives in a way that is supportive of continuous self-renewal. Team reports may include "considerations" that refer to matters that would facilitate continuing quality improvement in podiatry programs of study and that are required to be reported in annual report, but do not preclude granting accreditation.
6. University programs of study are eligible to be accredited for up to five (5) years. Conditions applied to an accreditation will specify a date by which the condition needs to be satisfied.
7. All university programs of study are required to submit an annual report that provides a progress report on issues identified in the most recent accreditation site visit report. Universities are also required to report to ANZPAC any major course changes or any other issue that may require re-examination of their accreditation status. The definition of a major course change is continually being refined.
8. ANZPAC has a documented appeals process. At 30 June 2012, no complaints or appeals had been received.

Future work planned or underway

There are four documents routinely used in the assessment process by ANZPAC. These include the *Accreditation Standards and Procedures for Podiatry Programs for Australia and New Zealand*, *Handbook for Assessment Teams*, *University Guidelines for Completion of the Self Evaluation Review (SER)*, and the *University Accreditation Assessment Tool*. Following feedback from assessment teams and universities involved in the accreditation process, there will be changes to the formatting of the above documents. Proposed changes include:

- A standardised format for the Assessment Tool used and the Assessment Team
- A standardised format to present the final accreditation report compiled by the Assessment Team
- Reformatting of the University guidelines to add clarity surrounding the information required. This will also include information on how to present the SER in a logical and easy to read format

ANZPAC plans to separate the accreditation standards and accreditation procedures into two documents. The terms “initial accreditation”, “preliminary accreditation” and “full accreditation” will be replaced with the terms “accredited”, “accredited with conditions” or “refusal of accreditation” in line with the National Law. It is anticipated that these changes will be implemented before the end of the 2012 calendar year.

Evidence of compliance

Attachment 24:	Accreditation Status of Australian and New Zealand Programs of Study
Attachment 25:	ANZPAC Handbook for Assessment Teams
Attachment 26:	University Guidelines for Completion of the SER
Attachment 27:	University Accreditation Assessment Tool
Attachment 28:	Appeals Policy (Accreditation)

DOMAIN 6: ASSESSING AUTHORITIES IN OTHER COUNTRIES

Where the accreditation authority exercises this function, the authority has defined standards and procedures to assess examining and/or accrediting authorities in other countries.

Attributes

1. The assessment standards aim to determine whether these authorities' processes result in practitioners who have the knowledge, clinical skills and professional attributes necessary to practice in the equivalent profession in Australia
2. Stakeholders are involved in the development and review of standards and there is wide ranging consultation
3. The procedures for initiating consideration of the standards and procedures of authorities in other countries are defined and documented
4. There is a cyclical assessment process to ensure recognised authorities in other countries continue to meet the defined standards
5. The accreditation authority follows documented systems for decision-making and reporting that enable decisions to be made free from undue influence by any interested party
6. There are published complaints, review and appeals processes which are rigorous, fair and responsive

Compliance statement

This function is not exercised by ANZPAC.

DOMAIN 7: ASSESSMENT OF INTERNATIONALLY QUALIFIED PRACTITIONERS

The accreditation authority has processes to assess and/or oversee the assessment of the knowledge, clinical skills and professional attributes of overseas qualified practitioners who are seeking registration in the profession under the National Law and whose qualifications are not approved qualifications under the National Law for the profession.

Attributes

1. The assessment standards define the required knowledge, clinical skills and professional attributes necessary to practice the profession in Australia
2. The key assessment criteria, including assessment objectives and standards are documented
3. The accreditation authority uses a recognised standard setting process and monitors the overall performance of the assessment
4. The procedures for applying for assessment are defined and published
5. The accreditation authority publishes information that describes the structure of the examination and components of the assessments
6. The accreditation authority has policies on the selection, appointment, training and performance review of assessors. Its policies provide for the use of competent persons who are qualified by their skills, knowledge and experience to assess overseas qualified practitioners
7. There are published complaints, review and appeals processes which are rigorous, fair and responsive

Compliance statement

1. The *Podiatry Competency Standards for Australia and New Zealand (2009)* outlines the generic and occupation-specific competencies required to ensure safe and effective podiatry services. The competencies are based on knowledge, skills and professional qualities and relates to entry-level requirements for graduates from university programs, overseas-trained entrants, qualified returnees to the profession and currently employed professionals.
2. ANZPAC undertakes the assessment of the knowledge, clinical skills and professional attributes of overseas qualified practitioners seeking podiatry registration in the following categories:
 - Skilled migration to Australia
 - Registration as a podiatrist
 - Scheduled medicines endorsement
 - Persons returning to practice after an absence from the profession

Since the introduction of the NRAS on 1 July 2010, ANZPAC has undertaken more than 100 assessments.

Assessment criteria, including assessment objectives and standards are documented in the *Assessment of Qualifications and Skills in Podiatry for Migration Purposes (for the Stage 1 Desk Top Assessment)*, *Stage 2 Practical Assessment Candidate Information Handbook* and *Competency Assessment Candidate Information Handbook*. This information is also summarised on the ANZPAC website at www.anzpac.org.au

3. The Stage 2 Practical Assessment is based on the *Podiatry Competency Standards for Australia and New Zealand (2009)* that were developed in a three stage process that incorporated a literature review, development workshop and wide ranging consultation. The assessment utilises a variety of approaches to determine whether the candidate meets a standard of professional practice equivalent to that of graduate practitioners in Australia.
4. All procedures for applying for assessment are documented and publicly available on the ANZPAC website at www.anzpac.org.au
5. The Stage 2 Practical Assessment is an assessment of applicants' professional competence in the practice of podiatry in accordance with the *ANZPAC Podiatry Competency Standards for Australia and New Zealand (August 2009)*. It is only open to candidates who met the qualification, registration and English language skills criteria, but not the competent professional practice criterion of the Stage 1 Desktop Assessment (Full Assessment).

Candidates undergoing a competency assessment also are required to fulfill the requirements of the Stage 2 Practical Assessment. All information pertaining to the practical assessment is included in *Stage 2 Practical Assessment Candidate Information Handbook* and *Competency Assessment Candidate Information Handbook* both of which are publicly available on the ANZPAC website at www.anzpac.org.au.

6. The Stage 1 Desk Top Assessment is undertaken by the Executive Officer under the direction of the Qualifications and Skills Assessment Committee. The Executive Officer is subject to an annual performance review with the option for the Committee to undertake a sample of assessments performed to check for accuracy and completeness.

Practical assessments are required to be undertaken at an accredited university under the supervision of a registered podiatrist in which an undergraduate podiatry program of study exists. The *Overseas Applicants Assessors' Manual (Stage 2 Practical Assessment) (April 2010)* sets out the requirements and responsibilities of examination assessors as well as assessment processes and tasks.

7. Each candidate guide published by ANZPAC clearly articulates the appeals process. If an applicant has been unsuccessful in any qualifications or skills assessment undertaken by ANZPAC, they are encouraged to contact ANZPAC in the first instance before submitting an application for an administrative review or an appeal.

Future work planned or underway

All documentation produced by ANZPAC is continuously evaluated to ensure ongoing compliance with statutory and regulatory obligations.

Evidence of compliance

Attachment 29:	ANZPAC Podiatry Competencies Final Report (February 2009)
Attachment 30:	Competency Standards for Australia and New Zealand (August 2009)
Attachment 31:	Assessment of Qualifications and Skills in Podiatry for Migration Purposes (March 2010)
Attachment 32:	Stage 2 Practical Assessment Candidate information Handbook
Attachment 33:	Competency Assessment Candidate Information Handbook
Attachment 34:	Overseas Applicants Assessors' Manual (Stage 2 Practical Assessment) (April 2010) (not for public consultation)
Attachment 35:	Qualifications and Skills Assessments undertaken since 1 July 2012

DOMAIN 8: STAKEHOLDER COLLABORATION

The accreditation authority works to build stakeholder support and collaborates with other national, international and/or professional accreditation authorities.

Attributes

1. There are processes for engaging with stakeholders, including governments, educational institutions, health professional organisations, health providers, national boards and consumers/community
2. There is a communications strategy including a website providing information about the accreditation authority's roles, functions and procedures
3. The accreditation authority collaborates with other national and international accreditation organisations
4. The accreditation authority collaborates with accreditation authorities for the other registered health professions appointed under the National Law
5. The accreditation authority works with overarching national and international structures of quality assurance/accreditation

Compliance statement

1. Consultation is underpinned by the *ANZPAC Consultation Guidelines* based on the *AHPRA Consultation Process (November 2011)*.
2. In early 2012, ANZPAC underwent a process of re-branding to create a contemporary logo to modernise the image of the organisation. The logo and associated branding has been systematically applied to all ANZPAC documentation. The ANZPAC website has also undergone an extensive review and has been updated with revised content and a new look and feel. ANZPAC continues to work with the Webmaster to improve search engine optimisation and monitoring of web site statistics. Content is continually reviewed to ensure that it remains accurate and current and reflects the nature of queries being submitted to ANZPAC.

ANZPAC also publishes highlights from its Board meetings that is published on its website and circulated to key stakeholders. Key stakeholders are also invited to participate in key projects through responding to key consultation documents and other avenues for consultation.

3. During 2011 the Professional Services Development Program (PSDP) grant scheme administered through the Educational and Professional Recognition Unit (EPRU) within the Department of Education, Employment and Workplace Relations (DEEWR) provided ANZPAC with two funding grants for exploring mutual recognition for podiatry with various countries. Phase 1 involved mapping of comparable ANZPAC/Health Professions Council United Kingdom (HPC-UK) accreditation standards and processes and competency standards.

Phase 2 involved face-to-face meetings with HPC-UK to establish closer links between ANZPAC and the HPC-UK and other key professional bodies. Outcomes of the meetings were positive, acknowledging the comparability of the UK and Australia/New Zealand accreditation and competency standards as the basis for working towards future mutual recognition agreements. It is hoped that the end of the 2012 calendar year will establish an ANZPAC/HPC-UK mutual recognition agreement.

It is also recommended that a Phase 3 PSDP application for funding be made in 2012 to support the additional negotiations and further research regarding potential mutual recognition models. It is also proposed that the Phase 3 PSDP application includes further discussions with South Africa who were approached in the Phase 1 project and who are now in a position to begin mutual recognition negotiations.

4. ANZPAC is a member of the Forum of Australian Health Professions Councils with the Executive Officer and either the Chairperson or Deputy Chairperson attending these meetings. Representatives of the Board of Management and the Accreditation Committee also attended the Forums' Accreditation Workshop in May 2012.
5. ANZPAC works with overarching national and international structures of quality assurance/accreditation such as *Procedures for the Development of Accreditation Standards* (the Procedures) developed by AHPRA with input from the Forum of Australian Health Professions Councils.

In adhering to the Procedures ANZPAC is intending to ensure that all parties have a clear and shared understanding. When ANZPAC submits a new or revised accreditation standard to the Podiatry Board of Australia for approval, a statement about how ANZPAC has complied with the Procedures is provided to satisfy the board about the reasons for the change and the ANZPAC process.

Future work planned or underway

ANZPAC will consider submitting an application for Phase 3 PSDP funding to consolidate work already completed on developing mutual recognition agreements with HPC-UK and potentially South Africa.

Evidence of compliance

- | | |
|----------------|--|
| Attachment 36: | Podiatry Mutual Recognition Phase One Project Report |
| Attachment 37: | Podiatry Mutual Recognition Phase Two Project Report |
| Attachment 38: | ANZPAC Consultation Guidelines |

FINANCIAL INFORMATION

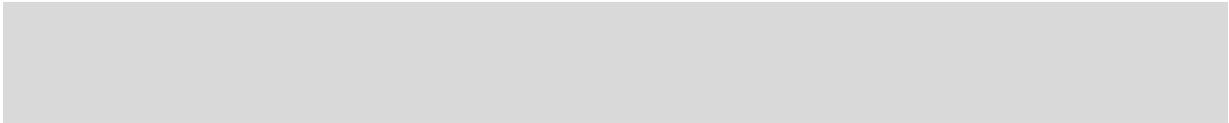
Financial information will be provided as part of the 2011-2012 Annual Report

FIVE-YEAR PLAN 2013 - 2018

Over the next five years, ANZPAC plans to:

- Complete the transition from an incorporated association to a company limited by guarantee (31 December 2012).
- Develop Board position descriptions and a Code of Conduct to further define the Board structure and clarity of purpose to influence Board functionality and increase the Board's ability to attract suitably qualified directors.
- Continue to accredit podiatry programs of study in line with the agreed schedule
- Develop various resources to support the implementation of the accreditation of programs of study for podiatric surgery and endorsement for scheduled medicines.
- Review and update key accreditation documents including:
 - Developing a standardised format for the Assessment Tool used and the Assessment Team
 - Developing a standardised format to present the final accreditation report compiled by the Assessment Team
 - Reformatting of the University guidelines to add clarity surrounding the information required. This will also include information on how to present the SER in a logical and easy to read format
- Separate the accreditation standards and accreditation procedures into two documents and to phase out the terms "initial accreditation", "preliminary accreditation" and "full accreditation" and replace with "accredited", "accredited with conditions" or "refusal of accreditation" in line with AHPRA policy.
- Apply for Phase 3 PSDP application to support the additional negotiations and further research regarding potential mutual recognition models. It is also proposed that the Phase 3 PSDP application includes further discussions with South Africa who were approached in the Phase 1 project and who are now in a position to begin mutual recognition negotiations.

**AUSTRALIAN AND NEW ZEALAND
PODIATRY ACCREDITATION COUNCIL INC.**



CONSTITUTION AND RULES



**Incorporated in South Australia
On 16 April 2008
Revised January 2009
Revised June 2009
Revised May 2010**

CONSTITUTION & RULES

AUSTRALIAN AND NEW ZEALAND PODIATRY ACCREDITATION COUNCIL INC.

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1. NAME

The name of the Council is the "Australian and New Zealand Podiatry Accreditation Council" and in this Constitution called "ANZPAC".

2. INTERPRETATION

- 2.1 "ANZPAC" means the Australian and New Zealand Podiatry Accreditation Council.
- 2.2 "Board Member" is a person who is a member of the Board of Management.
- 2.3 "Board of Management" means the Board of Management of ANZPAC.
- 2.4 "Committee" is any committee formed by the Board of Management of ANZPAC for the purpose of undertaking tasks delegated by the Board of Management.
- 2.5 "Community Representative" is a person who has no podiatry qualifications.
- 2.6 "Constitution" means the Constitution of ANZPAC as amended from time to time.
- 2.7 "Executive Committee" is a group of three people, Secretary, Chairperson and Treasurer who will conduct the business of ANZPAC as directed by the Board of Management.
- "Chairperson" is a member of the Board of Management and the Executive Committee, who will chair the meetings of ANZPAC.
 - "Secretary" is a member of the Board of Management and the Executive Committee, who will also act as Deputy Chairperson as required.
 - "Treasurer" is a member of the Board of Management and the Executive Committee, who is responsible for the financial management and financial reporting on behalf of ANZPAC.
- 2.8 "Executive Officer" is a person appointed by the Board of Management to conduct the business of ANZPAC and any tasks delegated.
- 2.9 "Member Organisation" are those organisations listed in Item 6.1 who request membership of ANZPAC and pay the required membership fees.
- 2.10 "Registered Podiatrist" is a person who is registered as a podiatrist with at least one of the Member Organisations.

3. PURPOSE

ANZPAC is an independent organisation to assess and accredit podiatric education programs that aim to graduate persons who are eligible for registration as a podiatrist and to assess the qualification and skills of overseas trained podiatrists for skilled migration to Australia or suitability to practice in Australia and New Zealand.

In consideration of the Trans Tasman Mutual Recognition Agreement the Constitution and processes of ANZPAC include stakeholder representation from New Zealand to ensure collaboration and uniformity.

4. OBJECTS

Consistent with its purpose, the objects of ANZPAC are to:

- 4.1 Assess for the purpose of granting accreditation to, programs leading to eligibility for registration as a podiatrist.
- 4.2 Advise and make recommendations to the Member Organisations relating to the accreditation status to be granted to a podiatric program.
- 4.3 Advise and make recommendations to the member Organisations and other relevant interest groups on matters concerning the registration of podiatrists.
- 4.4 Develop, review and maintain accreditation standards and processes to assess podiatric programs.
- 4.5 Develop and implement an overseas skills assessment process to ensure the knowledge, clinical skills and professional attributes of overseas trained podiatrists is of a comparable standard to registered podiatrists for skilled migration to Australia or practice as a podiatrist in Australia and New Zealand.
- 4.6 Provide information and advice to Government relating to law and policy concerning the accreditation and competency requirements for the registration of podiatrists.
- 4.7 Establish and maintain relationships with bodies or organisations having objects and functions in whole or in part similar to the objects and functions of ANZPAC.

The assets and income of ANZPAC shall only be applied solely in furtherance of the above mentioned objects and no portion shall be distributed directly or indirectly to the members of ANZPAC except as bone fide compensation for services rendered or expenses incurred on behalf of ANZPAC.

5. OFFICE

The office of ANZPAC will be situated at such place as determined by the Board of Management.

6. MEMBERSHIP

- 6.1 The following organisations are eligible for membership of ANZPAC:
- the Podiatry Board of Australia;
 - the Podiatrists Board of New Zealand,
- or each of their successors in law.
- 6.2 Each of these members shall be known as “Member Organisations”.
- 6.3 Each of the Member Organisations listed in 6.1 will be deemed current members of ANZPAC upon payment of membership fees within three months of the due date as decided by the Board of Management.
- 6.4 A Register of Members shall be maintained by the Secretary on receipt of the membership fee.

7. CESSATION OF MEMBERSHIP

- 7.1 A Member Organisation may resign its membership of ANZPAC at any time by providing written notice to the Secretary.
- 7.2 The Board of Management may terminate membership of ANZPAC if the Member Organisation:
- does not comply with the rules of ANZPAC;
 - has membership fees in arrears three months or more after the due date.
- 7.3 The Secretary will make an appropriate entry in the Register of Members recording the date on which the membership of the Member ceased.

8. BOARD OF MANAGEMENT

- 8.1 The Board of Management will consist of Board Members from the following:
- One registered podiatrist selected from nominees of the Podiatry Board of Australia;
 - One registered podiatrist selected from nominees of the Podiatrist Board of New Zealand;
 - One registered podiatrist selected from nominees of the Australasian Podiatry Council;
 - One registered podiatrist selected from nominees of Podiatry New Zealand;
 - One registered podiatrist who does not sit on a governing board from any of the above nominating bodies;
 - Two registered podiatrists employed to lecture in podiatric education programs nominated by tertiary institutions one from Australia and one from New Zealand.
 - Two community representatives.

The term of office of Board Members is three years.

8.2 Voting Rights

Each Board Member will have equal voting rights.

9. RENEWAL OF BOARD POSITIONS

- 9.1 Board Members must resign their position at the end of each term (three years).
- 9.2 Board Members may be re-nominated.
- 9.3 Board Members must not serve more than three consecutive terms.
- 9.4 Three months prior to the expiry date of the term, the Secretary will call for nominations for the new term of the Board of Management.

10. CESSATION AS A BOARD MEMBER

A person ceases to be a Board Member if:

- 10.1 the person resigns from the position;
- 10.2 the Member Organisation who nominated the Board Member ceases to be a member of ANZPAC; or
- 10.3 a vote of no-confidence in the person is passed by no less than three quarters of Board Members present at a meeting.
- 10.4 the person is declared bankrupt, ceases to meet the criteria for appointment under 8.1, or is convicted of a criminal offence;
- 10.5 the person dies;

11. EXECUTIVE COMMITTEE

There will be an Executive Committee to conduct the business of ANZPAC between meetings of the ANZPAC.

- 11.1 The Board of Management may, upon such terms and conditions and with such restrictions as it thinks fit, confer upon the Executive Committee any of the powers exercisable by the Board of Management and any such powers so conferred may be concurrent with, or to the exclusion of, the powers of the Board of Management provided that the Board of Management may at any time withdraw or vary any of the powers so conferred on the Executive Committee. In exercising its powers the Executive shall at all times be responsible and accountable to the Board of Management and subject to the foregoing the Executive Committee shall execute and carry into effect the resolutions of the Board of Management and of the Members and give effect to this Constitution.
- 11.2 The Board Members from among their number will elect by simple majority a Chairperson, a Secretary and a Treasurer, who will form the Executive Committee.
- 11.3 The Chairperson, Secretary and Treasurer will hold office for a period of three years from the date of appointment.
- 11.4 In addition to any duty defined elsewhere in these Rules, the Chairperson will preside at all meetings of ANZPAC, preserve order and, upon confirmation of the minutes of the previous ANZPAC meeting, sign the minutes in the presence of the meeting.
- 11.5 The Secretary will carry out the duties of the Chairperson in his/her absence. All the provisions of these Rules, which apply to the Chairperson, will also apply to the Secretary.
- 11.6 In the absence of the Chairperson and Secretary at a meeting of ANZPAC, the meeting will appoint a chairperson for that meeting.
- 11.7 Casual vacancies in the positions of Chairperson, Secretary or Treasurer may be filled for the balance of the term of office remaining by any meeting of the Board of Management.
- 11.8 A Board Member is not eligible to simultaneously hold more than one position on the Executive Committee.
- 11.9 The Board of Management may coopt other Board Members to join the Executive Committee.

12. EXECUTIVE OFFICER

The Board of Management shall appoint an Executive Officer to conduct the business of ANZPAC subject to the rules of this Constitution and the direction of the Board of Management.

13. COMMITTEES OF THE BOARD OF MANAGEMENT

- 13.1 The Board of Management may delegate any of its powers to a Committee consisting of such Members as the Board of Management thinks fit. Any Committee formed will conform to any regulations or terms of reference that may be imposed on it by the Board of Management.
- 13.2 A Committee of ANZPAC will report directly to the Board of Management through the Chairperson of the Committee.
- 13.3 A Committee may elect a chairperson of its meetings. If no such chairperson is elected, or if at any meeting the chairperson is not present at the time appointed for holding the meeting, the members present may choose one of their number to be chairperson of the meeting.
- 13.4 A Committee may meet and adjourn as it thinks proper. Questions arising at any meeting shall be determined by a majority of votes of the members present and, in the case of an equality of votes, the question shall be deemed to be decided in the negative.

14. POWERS

The powers of the Board of Management:

- 14.1 shall be exercised:
- (a) consistent with these Rules;
 - (b) in a responsible and accountable manner;
 - (c) in accordance with its purpose and objects, and;
- 14.2 include, but are not limited to, the powers to:
- (a) do all things incidental, reasonably necessary or expedient to achieve its purpose and objects;
 - (b) employ and dismiss the staff of ANZPAC;
 - (c) make rules and by-laws consistent with the objects for the conduct of the affairs of ANZPAC and to amend or rescind those rules or by-laws;
 - (d) determine an appropriate level of fees and charges to be set for the services provided by ANZPAC;
 - (e) delegate in writing, any of its powers to the Executive Officer, a Committee constituted by Board of Management, or to a Board Member. Powers delegated under this paragraph shall be subject to the continuing control of the Board of Management;
 - (f) purchase, lease, hold, sell, mortgage, exchange or otherwise in any way, deal with the real or personal property of ANZPAC;
 - (g) borrow or raise or secure the payment of money for purposes consistent with the objects of ANZPAC;
 - (h) invest the money of ANZPAC in any way determined by the Board of Management, provided that money is invested only as an incident to carrying out its purpose and objects;

- (i) collect and expend funds in accordance with these Rules;
- (j) make contracts or grants for persons, organisations, associations or bodies for research consistent with the objects of ANZPAC or for any other purpose which achieves any of the objects of ANZPAC;
- (k) appoint Committees for any purpose, to nominate Board Members to participate on Committees other than the Executive Committee, forums and in meetings, and to second non-Members to committees other than the Executive Committee;
- (l) authorise the publication of reports, information or advice consistent with the purpose and objects of ANZPAC;
- (m) determine any matter in relation to which these Rules are silent;
- (n) appoint or engage persons or organisations considered necessary to advise the Board of Management, including professional consultants and advisers; and
- (o) do all things necessary to carry out the objects of ANZPAC.

15. MEETINGS OF ANZPAC

Board of Management

- 15.1 The Board of Management will hold those meetings which are necessary to achieve the purpose and objects of ANZPAC but no fewer than one meeting in each calendar year.
- 15.2 The Board of Management may adjourn any of its meetings to another time and/or place.
- 15.3 The Chairperson may summon a special meeting of the Board of Management by reasonable notice to all Board Members.
- 15.4 A meeting of the Board of Management may be conducted by any means if the Board of Management deems this to be appropriate.
- 15.5 Each Member of the Board present at a meeting of the Board of Management will be entitled to one vote except in the case where a Member Organisation has not paid all amounts due to ANZPAC, in which case the Board Member appointed by the Member Organisation will not be entitled to vote.
- 15.6 Proxies are permitted for meetings of the Board of Management.
- 15.7 The Board of Management may invite observers to attend any Board meeting when a majority of members of the Board of Management agree to the nomination of the observer.
 - Observers will not have voting rights.
 - Observers may participate in the discussions of the meeting at the discretion of the Chair.

- 15.8 Upon a request in writing made to the Secretary by any three Board Members, the Secretary will summon a special meeting of Board of Management to be held on a date not later than 21 days after the receipt of the last of the written requests.
- 15.9 The quorum for a meeting or special meeting of the Board of Management will be no fewer than half of the current Board members plus one.
- 15.10 In general, decisions should be reached by consensus among the Board Members present. If a consensus cannot be reached a vote will be taken and a resolution will be passed by a simple majority.
- 15.11 In the event of a tied vote at a Board of Management meeting the Chairperson would have a casting vote.
- 15.12 Voting may be by a show of hands or by a secret ballot.

Executive Meetings

- 15.13 Executive meetings will be conducted as often as required by the Executive Committee and at least every six months.
- 15.14 A quorum for the Executive Meetings will be two.
- 15.15 In general, decisions should be reached by consensus. If consensus cannot be reached then a resolution will be passed by a simple majority.

General Meetings

- 15.16 An Annual General Meeting of ANZPAC will be held each calendar year, but no later than four months from the end of ANZPAC's financial year, at a time and place determined by the Board of Management.
- 15.17 A quorum for an Annual General Meeting will be no fewer than 75% of current Board Members.
- 15.18 Voting may be by a show of hands or by a secret ballot.

16. DISCLOSURE OF INTEREST

Where a Board Member, the Executive Officer, or any person serving on a Committee of ANZPAC has any direct or indirect pecuniary interest in a contract (or proposed contract) to which ANZPAC is or may be a party, or has a conflict of interest or personal interest in any matter under discussion, the Board Member, Executive Officer or Committee member must disclose the nature and extent of the interest at the first meeting of the Board of Management, or Committee (as the case may be) after becoming aware of the conflict of interest, and must not participate in any discussion or vote in respect of the matter. If that person does vote then such vote shall not be counted.

17. NOTICE OF MEETINGS

- 17.1 The Secretary will give notice to all Board Members and any other persons attending of the date and venue of a Board of Management meeting at least six weeks prior to the proposed date of the meeting.
- 17.2 The method of communicating this notice will be set down by the Board of Management.
- 17.3 The Notice of Meeting must contain the proposed date, time and venue of the meeting and the nature of business to be conducted at the meeting. This Rule does not prevent other business being conducted at the meeting.
- 17.4 When fees or issues relating to fees are to be discussed Member Organisations may be informed of the schedule of Board of Management meetings at the discretion of the Board of Management.
- 17.5 Non Receipt by a Board Member or Member Organisation will not invalidate any meeting nor any resolution passed at the meeting.

18. AMENDMENT OF THIS CONSTITUTION

- 18.1 The Constitution and the Rules of ANZPAC may only be added to, or amended by, a resolution of Board Members, approved at a Special General Meeting.
- 18.2 The Secretary will give at least two months' prior notice in writing of any special resolution to amend the Constitution and Rules to each Member Organisation and Board Member.

19. MEMBERSHIP FEES

- 19.1 Membership fees are to be paid by each Member Organisation and shall be determined by the Board of Management in consultation with the Member Organisations.
- 19.2 Any Member Organisation whose current annual subscription is in arrears three months after the due date of payment shall be deemed to be a non-financial member of ANZPAC and forfeits membership.
- 19.3 Upon payment of arrears a Member Organisation will be reinstated to membership of ANZPAC.
- 19.4 Annual membership fees contributed by Member Organisations will be on a pro rata basis of the registration numbers.

20. FINANCES

- 20.1 The financial year of ANZPAC will end on 30 June each year.
- 20.2 Board Members will ensure that the procedures, including internal control procedures of the Board of Management, always afford adequate safeguards with respect to the correctness, regularity and propriety of payments made and prevention of fraud or mistake.
- 20.3 Annual financial statements must be prepared, audited and rendered in accordance with requirements prescribed by the Board of Management and any relevant legislation.
- 20.4 The Treasurer will present a financial report at each Board of Management meeting.
- 20.5 The Treasurer will ensure all monies received on behalf of ANZPAC are properly receipted then deposited in the banking accounts kept on behalf of ANZPAC.
- 20.6 Cheques, money orders, electronic transfers and the like will be prepared under the direction of the Treasurer.
- 20.7 Payment of ANZPAC's debts must be signed by at least two persons, who have been authorised by the Board of Management for that purpose.
- 20.8 The Board of Management will determine the remuneration, allowances and expenses for Board Members, the Executive Officer, and employees of ANZPAC.
- 20.9 Subject to the control and direction of the Board of Management, the Treasurer or his/her delegate must approve all allowances and expenses before payment.
- 20.10 The Treasurer will produce for audit at least annually, and at any additional times directed by the Board of Management, all books, documents and financial statements of ANZPAC in his or her custody and will ensure that all books and financial statements show a true and correct record of the financial transactions of ANZPAC.
- 20.11 The Board of Management will appoint a qualified Auditor on an annual basis.

21. ANNUAL REPORT

The Secretary will cause to be published an annual report of the activities of ANZPAC to 30 June in each year. The report will incorporate the audited statement of income and expenditure for the preceding financial year and will be published no later than four months after 30 June. The annual report will be available electronically for distribution to all Board Members, stakeholders and interested parties.

22. INDEMNITIES

- 22.1 ANZPAC will indemnify and keep indemnified all Board Members, Committee members, the Executive Officer, and employees of ANZPAC from all liability arising from any acts or omissions of those Board Members, Committee members, the Executive Officer or employees which occur during the exercise in good faith of their respective powers and duties or which arise out of, or in the course of, the employment of an employee of ANZPAC, or in acting on behalf of or for ANZPAC.
- 22.2 ANZPAC will take out and maintain appropriate insurance policies to ensure that ANZPAC's indemnity to its Board Members, Committee Members, the Executive Officer and employees is, as far as possible, effective.

23. COMMON SEAL AND EXECUTION OF DOCUMENTS

- 23.1 The common seal of ANZPAC will be kept in the safe custody of the Secretary or the Executive Officer.
- 23.2 The common seal shall not be affixed to any document except by the authority of the Board of Management and the affixing of the common seal shall be attested by either two Board Members, or by one Board Member and the Executive Officer.
- 23.3 All documents, deeds or instruments requiring execution by ANZPAC will be signed on behalf of ANZPAC either by two Board Members, or by one Board Member and the Executive Officer.

24. DISSOLUTION

- 24.1 ANZPAC may only be dissolved by a special resolution with the approval of not less than three-quarters of those Member Organisations whose nominees are present and voting at a meeting called for that purpose.
- 24.2 At least three months' notice in writing of the proposed special resolution to dissolve ANZPAC, will be given to each Member Organisation and Board Member. Non-receipt by a Member Organisation or Board Member of the notice required under this Rule will not invalidate the meeting nor any resolution passed at that meeting.
- 24.3 In the event of ANZPAC being dissolved, the amount that remains after such dissolution and the satisfaction of all debts and liabilities shall be transferred to another organisation with similar purposes which is not carried on for the profit or gain of its individual members.
- 24.4 The liability of any Member Organisation on the winding up of ANZPAC is limited to any unpaid membership fees.

25. REVIEW

The Board of Management will undertake a review of this Constitution and Rules at least every three years.

BOARD CHARTER

August 2012

1. Introduction

- 1.1 This Charter outlines the main corporate governance principles that apply to the Board collectively and Directors individually.
- 1.2 The conduct of the Board is also governed by the Constitution. To the extent that the terms of the Constitution are inconsistent with this Charter, the Constitution prevails.
- 1.3 The Board will review its Charter annually to ensure it remains consistent with the Board's objectives, responsibilities and relevant standards of corporate governance.

2. Role of the Board

- 2.1 The primary responsibility of the Board is to direct the affairs of ANZPAC on behalf of its members. The specific responsibilities of the Board encompass the objects specified in the Constitution and more generally:
 - Setting the strategic direction of ANZPAC and monitoring the implementation of that strategy including approving strategic and business plans;
 - Ensuring the company is adequately resourced to effectively deliver on the strategies developed and the day to day operations of the company;
 - Appointing such Committees of the Board as may be appropriate to assist in the discharge of its responsibilities;
 - Monitoring financial performance and the integrity of reporting, including approving annual budgets and annual reports to members;
 - Recommending the appointment of the external auditor and, if appropriate appointing an internal auditor;
 - Ensuring that effective audit, risk management and other systems are in place to ensure legal and regulatory compliance and to safeguard the Company's assets and business; and
 - Ensuring effective and timely reporting to funding bodies and members.

3. Delegation of Authority

3.1 *Matters reserved for the Board*

The matters specifically reserved for the Board are articulated in the Financial Delegation Authority Policy and Committee Terms of Reference.

3.2 *Delegation to management*

All matters not specifically reserved for the Board and necessary for the day-to-day management of ANZPAC are delegated to the Executive Officer. The Executive Officer can sub-delegate authority, but not responsibility, in accordance with the Financial Delegation Authority Policy.

3.3 *Reporting to the Board*

The Executive Officer is required to regularly report to the Board concerning the authority exercised and matters, which come, or may come, within the scope of matters reserved for the Board.

3.4 *Committees of the Board*

The Board may, from time-to-time, as set out in the Constitution, establish Committees to assist in carrying out its functions and responsibilities, and shall adopt terms of reference setting out matters relevant to the authority, functions, membership, operations and responsibilities of such Committees, and other matters that the Board may consider appropriate.

4. Meetings and Proceedings

4.1 The Board meets at least two times per annum and whenever necessary to address business which might arise between scheduled meetings.

4.2 Agendas and papers for Board meetings are circulated, whenever practical, at least one week before the relevant meeting.

4.3 Draft minutes of Board meetings are circulated to Directors within two weeks following each meeting.

4.4 Similar procedures to those in 4.2 and 4.4 apply to Committees of the Board.

5. Declaration of Interests

5.1 The Board places great importance on Directors making clear any existing interests or potential conflicts of interest.

5.2 At the beginning of each calendar year, all Directors shall complete a standing notice of interests.

- 5.3 The first item on the agenda of Board meetings shall be a standing question as to whether any Director has a potential or actual conflict of interest in any matter that is to be considered at the meeting or generally in respect of the operations of ANZPAC.
- 5.4 Where a Director's conflict of interest is identified and/or registered, and the Board has determined that it is material in regard to that Director or of material significance to the company, the Director concerned does not vote on any resolution relating to that conflict or issue.
- 5.5 The Director only remains in the room during any related discussion with approval of the Board.
- 5.6 The Board determines what records and other documentation relating to the matter are available to the Director.
- 5.7 Directors aware of an actual or potential conflict of interest of another Director have a responsibility to bring this to the notice of the Board.

6. Independent Professional Advice

- 6.1 The Board collectively, and each Director individually, may (subject to the following provision) take, at the company's expense, such independent professional advice as is considered necessary to fulfill their relevant duties and responsibilities.
- 6.2 Individual Directors seeking independent professional advice must obtain the approval of the Chairperson (which may not be unreasonably withheld) and the advice received will be made available to all Directors as appropriate.

7. Indemnities and Insurance

7.1 Directors and Officers Indemnity

The company indemnifies each officer of the company under the Constitution to the maximum extent permitted by law against liability incurred in or arising out of the conduct of the company, or in or arising out of the discharge of the duties of the officer of the company.

7.2 Directors and Officers Insurance

The company maintains Director and officer liability insurance whilst the Director is a Director of the company and for seven (7) years from the date on which the Director ceases to act.

8. Board Review

- 8.1 The Board reviews its performance annually and considers changes to improve the effectiveness of the Board.



ACCREDITATION COMMITTEE

TERMS OF REFERENCE

Function

The function of the Accreditation Committee is to make recommendation to the ANZPAC Board of Management on matters concerning the accreditation of entry-level and specialist education of podiatrists.

Membership Structure

The Accreditation Committee shall be comprised of:

- a) At least two members from the ANZPAC Board of Management, which should include the Chairperson or Deputy Chairperson of ANZPAC but not both
- b) At least two academics who are Program Directors (or other suitably qualified academics at the discretion of the Board of Management) of institutions offering podiatric education programs (one from Australia and one from New Zealand)
- c) At least one registered podiatrist who is a current practitioner with a breadth of practice experience
- d) At least one community representative

At least 50% of appointments must be registered podiatrists

Role

The role of the Accreditation Committee is to:

- a) Assess and recommend to the ANZPAC Board of Management podiatric entry level courses in Australia and New Zealand that aim to prepare individuals for registration as a podiatrist
- b) Recommend to the ANZPAC Board of Management how to implement processes for the accreditation of podiatry programs
- c) Recommend to the ANZPAC Board of Management any changes required to accreditation policy and procedures
- d) Appoint appropriate assessment teams
- e) Manage and conduct the business affairs of the Committee
- f) Manage the appeals process



QUALIFICATIONS AND SKILLS ASSESSMENT COMMITTEE

TERMS OF REFERENCE

Key Function

To oversee and conduct individual assessment of a person's qualifications and skills for the following categories:

- a) Skilled migration to Australia
- b) Registration as a podiatrist
- c) Registration as podiatric surgeon
- d) Scheduled medicines endorsement
- e) Persons returning to practice after an absence from the profession (as defined by the Podiatry Board of Australia)

Notably, this does not include qualifications and skills from programs approved by the Podiatry Board of Australia.

Membership Structure

The Qualifications and Skills Assessment Committee shall be comprised of:

- a) At least two members from the ANZPAC Board of Management, which should include the Chairperson or Deputy Chairperson of ANZPAC but not both
- b) At least two academics that are Program Directors (or other suitably qualified academics at the discretion of the Board of Management) of institutions offering podiatric education programs
- c) At least one registered podiatrist who is a current practitioner with a breadth of practice experience
- d) At least one community representative

At least 50% of appointments must be registered podiatrists and one person must be from New Zealand

Role

The role of the Accreditation Committee is to:

- a) Carry out the tasks referred to in the Key Function
- b) Recommend to the ANZPAC Board of Management the most appropriate method of assessment to ensure the qualifications and skills of overseas trained podiatrists and of persons returning to practice after an absence from the profession are of a comparable standard to registered podiatrists in Australia and New Zealand (relative to each respective national registration board's requirements)

- c) Recommend to the ANZPAC Board of Management the most appropriate method of assessment to ensure the qualifications and skills of overseas trained podiatric surgeons and those persons seeking assessment of approved programs in scheduled medicines in Australia
- d) Undertake a review of the assessment criteria on an annual basis or as required and provide the ANZPAC Board of Management with any recommendations for amendments
- e) Manage the relevant appeals process
- f) Report to the ANZPAC Board of Management at every Annual General Meeting
- g) Manage and conduct the business affairs of the Qualifications and Skills Assessment Committee
- h) Review the relevant schedule of fees for the respective evaluation processes and make appropriate recommendations to the ANZPAC Board of Management for any variations

Australian and New Zealand Podiatry Accreditation Council

Manual:	Policies and Procedures	Issue Date:	July 2012
Section:	Corporate Governance	Review Date:	July 2014
Subject:	DIRECTOR APPOINTMENT POLICY	Version No:	1.0

Introduction

1. A skilled, experienced and effective Board of Directors is needed to provide innovative management of the company and deliver value to its members.
2. The Board is ultimately responsible for the selection and appointment of directors. The purpose of this policy is to ensure all director appointments are thoroughly assessed and appointed in order that the Board continues to have an effective composition, size and commitment to adequately discharge its governance responsibilities and duties.

Appointment and Selection of Directors Policy

3. The Constitution and the *Corporations Act 2001* set out processes for the nomination, selection and appointment of directors.
4. In addition to adhering to these requirements, the Board will regularly, but at least annually, review the size and composition of the Board to ensure that it continues to have the right mix of experience and competencies to fulfil its responsibilities effectively.
5. The Board also considers the re-appointment of Directors and makes recommendations to the nominating organisations.

Appointment and Selection of Directors Procedure

6. The Board will regularly review the size and composition of the Board. In doing so it will have regards to:
 - The number of current Directors, their skills and experience and length of both their past and prospective service on the Board;
 - The needs of ANZPAC currently and going forward; and
 - Perceived current or prospective inadequacies in the range of Director skills and experience on the Board.
7. Following such review the Board will determine whether or not there is a need for Board membership to be augmented, the nature of the skills and experience required in any potential Board candidate(s) and, if appropriate, make a recommendation regarding additional appointments.
8. Once the need for the appointment of one or more additional Directors and the general skills and experience profile requirements have been approved by the Board, vacancies are advertised on the ANZPAC website and with key stakeholders. The Board may delegate responsibility for the selection and appointment of directors to a Nomination Committee.
9. The Board will then review the list of those who have been nominated for consideration, and from this prepare a short list of candidates for further consideration.
10. The Board will then appoint one or more Directors to contact the short listed candidates in an agreed sequence to determine availability and confirm the suitability or otherwise of the candidate(s) for Board appointment.

Australian and New Zealand Podiatry Accreditation Council

Manual:	Policies and Procedures	Issue Date:	July 2012
Section:	Corporate Governance	Review Date:	July 2014
Subject:	DIRECTOR APPOINTMENT POLICY	Version No:	1.0

11. The nominated Directors will then report back to the Board on these discussions. The Board may make any other enquiries regarding the short listed candidates, as it deems appropriate.
12. Once all the relevant information has been obtained and in consultation with the nominating organisation, the Board will make an appropriate recommendation. This may be a recommendation to:
 - Make one or more appointments; or
 - Make no appointment at this time; or
 - Conduct a fresh search on similar or revised criteria.
13. Where the Board agrees to invite one or more candidates to join the Board, the Secretary will formally invite the candidate(s) to join the Board.
14. Once the invitation to join the Board has been accepted, the Secretary will:
 - Obtain consent to act as a director
 - Formally notify the candidate(s) of the appointment, enclosing all relevant documents including:
 - Form for director's disclosures on appointment
 - Details of the directors' payments and the routine for their payment and for the reimbursement of expenses
 - Advice about directors' meetings, their timing and location, and the company's practice with regard to their agendas and minute papers
 - The company's latest financial statements
 - The corporate constitution of the company
 - The board charter and any further advice as to the director's continuing duties to the company and obligations under the Corporations Act
 - Within 14 days of the appointment, obtain from the director the details requested in the form for director's disclosures on appointment
 - Within 28 days of the appointment, lodge a Form 484 *Change to company details* with ASIC
 - Amend bank and other authorities where necessary
 - In conjunction with the chairperson, provide an induction program for the new director/s
 - Ensure the appointment/s is ratified at the next Annual General Meeting

Date Approved: Currently in draft form - to be approved on company registration with ASIC



**Australian and New Zealand Podiatry
Accreditation Council Inc**

**ANNUAL REPORT YEAR ENDED
30 JUNE 2009**



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31 July 2009

To All Stakeholders

I have pleasure in presenting the first Annual Report of the Australian and New Zealand Podiatry Accreditation Council Inc (ANZPAC) for the twelve (12) months ended 30 June 2009.

I wish to thank the Executive Officer and staff for the diligent and professional manner in which they have provided services and support to the Council.

**JASON WARNOCK
CHAIRPERSON**

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1 CHARTER

The Australian & New Zealand Podiatry Accreditation Council Inc (“**ANZPAC**”) was incorporated in South Australia on 16 April 2008.

ANZPAC is an independent body comprising members consisting of the eight State / Territory Podiatry Registration Boards in Australia and New Zealand. The Board of Management comprises registered podiatrists (nominated by the Registration Boards), nominees from the professional association (Australasian Podiatry Council and Podiatry New Zealand), nominees from the educational institutions offering podiatric programs and community representation.

The purpose of ANZPAC is to assess and accredit podiatric education programs that aim to graduate persons who are eligible for registration as a podiatrist in Australia and to assess the suitability of overseas trained podiatrists to practice in Australia.

In consideration of the Trans Tasman Mutual Recognition Agreement, the Constitution and processes of ANZPAC include stakeholder representation from New Zealand to ensure collaboration and uniformity.

2 OBJECTS

Consistent with its purpose, the objects of ANZPAC are to:

- a) Assess for the purpose of granting accreditation to, programs leading to eligibility for registration as a podiatrist.
- b) Advise and make recommendations relating to the podiatry registering authorities (or successor body / bodies) relating to the accreditation status to be granted to a podiatric program.
- c) Advise and make recommendations relating to the podiatry registering authorities (or successor body / bodies) and other relevant interest groups on accreditation and competency matters concerning the registration of podiatrists.
- d) Develop, review and maintain accreditation standards and processes to assess podiatric entry-level programs.
- e) Develop and implement an overseas skills assessment process to ensure the knowledge and clinical skills of overseas trained podiatrists is of an equivalent standard of registered podiatrists in Australia.
- f) Provide information and advice to government concerning the adequacy of a person’s skills in the field of podiatry for the purposes of migration to Australia.
- g) Provide information and advice to the Australian Government relating to law and policy concerning the accreditation and competency requirements for the registration of podiatrists.
- h) Establish and maintain relationships with bodies or organisations having objects and functions in whole or in part similar to the objects and functions of ANZPAC.

3 HISTORY

A brief history of the formation of ANZPAC is as follows:-

- a) At a meeting of ANZCPRB (Australian & New Zealand Council of Podiatry Registration Boards – also known as the “joint Registration Boards meeting”) held in Hobart, Tasmania on 7 May 2007, a working party proposed the following recommendations:
- The Registration Boards support the establishment of an independent National Accreditation body with the prime objective of providing expertise to the Registration Boards in the accreditation of podiatry courses. The structure being similar to most of the other 9 independent Health Professional Accreditation Councils involved in the National Registration and Accreditation Scheme.
 - The Boards fund the establishment and initial operations of the National body.
 - A sub-committee be formed to establish the body as soon as practicable.

ANZCPRB supported the recommendations and communicated this to representatives of the Boards, Educators and the Profession who attended a meeting later the same day. The Boards were asked to provide feedback on these recommendations to the next meeting of ANZCPRB (joint Boards).

- b) At the joint Boards meeting held in Melbourne on 26 October 2007 a sub-Committee was formed to develop a Constitution for a national accreditation body and obtain the agreement of the Registration Boards to the Constitution and funding arrangements.
- c) The Australian and New Zealand Podiatry Accreditation Council (ANZPAC) was formed in December 2007 and held its inaugural meeting in Adelaide on 15 February 2008.
- d) The Constitution and Rules of ANZPAC were incorporated in South Australia on 16 April 2008.
- e) On 5 March 2009 the Ministerial Council agreed that ANZPAC be assigned the accreditation functions for the Podiatry Board of Australia under the National Registration and Accreditation Scheme for Health Professions.

This assignment of accreditation functions is a transitional measure and will be for a period of three years from 1 July 2010. It is subject to the requirement to meet standards and criteria set by the national agency for the establishment, governance and operation of external accreditation bodies, within the first 12 months of the scheme.

CHANGES TO CONSTITUTION AND RULES

January 2009 Various changes to allow External Advisory Members on the Board of Management to have equal voting rights on the Council and to provide increased representation from the Australasian Podiatry Council and consumers.

April 2009 Various changes to allow for proxies to attend Board of Management meetings, thus eliminate the need to appoint deputies.

4 MEMBERSHIP

The following organisations are members of ANZPAC:

- the Podiatry Board of South Australia;
- the New South Wales Podiatrists Registration Board;
- the Podiatrists Registration Board of Victoria;
- the Podiatrists Registration Board of Tasmania;
- the Podiatrists Board of Western Australia;
- the Podiatrists Board of Queensland;
- the ACT Podiatrists Board;
- the Podiatrists Board of New Zealand,

or each of their successors in law.

The member organisations assist with the funding of ANZPAC.

5 BOARD OF MANAGEMENT

The Board of Management consists of Board members from the following organisations:-

- a) Each of the eight Member Organisations may nominate one registered podiatrist:

QLD	Mr Jason Warnock	Chairperson
SA	Dr Rolf Scharfbillig	Deputy Chairperson
NSW	Dr Paul Tinley	Treasurer
VIC	Dr Mark Gilheany	
TAS	Mr David McKay	
NZ	Ms Michele Garrett	
WA	Dr Jennifer Bryant	
ACT	Ms Helen Matthews	

Appointments are from 22 August 2008 for a period of 3 years.

- b) Two registered podiatrists nominated by the Australasian Podiatry Council:

Mr Trent Johnston

Mr Greg McCluney

Appointments are from 6 February 2009 for a period of 3 years.

- c) One registered podiatrist nominated by Podiatry New Zealand:
 Ms Alexandra Noble-Beasley
 Appointments are from 6 February 2009 for a period of 3 years.
- d) Two registered podiatrists employed to lecture in podiatric education programs nominated by tertiary institutions offering podiatric education programs in Australia and/or New Zealand:
 Dr Adam Bird La Trobe University, Victoria
 Dr Daniel Poratt AUT University, Auckland, NZ
 Appointments are from 17 October 2008 for a period of 3 years.
- e) Two persons as community representatives:
 Ms Joan Russell
 Ms Fiona Oliver
 Appointments are from 6 February 2009 for a period of 3 years.

Each member of the Board of Management has equal voting rights - 15 in total.

6 OVERSEAS QUALIFICATIONS ASSESSMENT COMMITTEE (OQAC)

The terms of reference and structure are as follows:

- a) Terms of Reference
 To oversee the conduct of assessments, and make recommendations to ANZPAC on matters concerning the competency of overseas trained podiatrists leading to registration in Australia.
- b) Membership Structure
- 1) At least two members from the ANZPAC Board of Management, which should include the Chair or Deputy Chair of ANZPAC (not both).
 - 2) At least two academics who are Program Directors (or other qualified academics at the discretion of the Board of Management) of institutions offering podiatric education programs.
 - 3) At least one registered podiatrist who is a current practitioner with a breadth of practice experience.
 - 4) At least one community representative.
- At least 50% of appointments must be registered podiatrists and one person must be from New Zealand.
- c) Role
- 1) To evaluate applications from overseas trained podiatrists for suitability to practice in Australia and New Zealand.

- 2) To recommend to the Board of Management of ANZPAC the most appropriate method of evaluation of overseas trained podiatrists to ensure they are appropriately qualified to safely practice in Australia and New Zealand.
- 3) To undertake an assessment of the evaluation criteria on an annual basis or as required and provide the Board of Management of ANZPAC with any recommendations for amendments.
- 4) To manage the relevant appeals process and report to the Board of Management of ANZPAC.
- 5) To manage and conduct the business affairs of the OQAC.
- 6) To review the relevant schedule of fees for the evaluation process and make appropriate recommendations to the Board of Management of ANZPAC for variations.

Appointments to the Committee are expected to be made in August 2009.

7 ACCREDITATION COMMITTEE

The terms of reference and structure are as follows:

a) Terms of Reference

To make recommendations to ANZPAC on matters concerning the accreditation of undergraduate and post-graduate training of podiatrists.

b) Membership Structure

- 1) At least two members from the ANZPAC Board of Management which should include the Chair or Deputy Chair of ANZPAC (not both).
- 2) At least two academics who are Program Directors (or other qualified academics at the discretion of the Board of Management) of institutions offering podiatric education programs, one from Australia and one from New Zealand.
- 3) At least one registered podiatrist who is a current practitioner with a breadth of practice experience.
- 4) At least one community representative.

At least 50% of appointments must be registered podiatrists.

c) Role

The “Accreditation Standards and Procedures for Podiatry Programs for Australia and New Zealand” document will guide the Committee.

- 1) To assess and recommend to the ANZPAC Board of Management podiatric undergraduate and post-graduate courses in Australia (and New Zealand if applicable) which aim to prepare individuals for registration as a podiatrist.
- 2) To recommend to the ANZPAC Board of Management how to implement processes for the accreditation of podiatry programs.
- 3) To recommend to the ANZPAC Board of Management any changes required to the document “Accreditation Standards and Procedures for Podiatry Programs for Australia and New Zealand”.

- 4) To appoint appropriate Assessment Teams.
- 5) To manage and prepare timetables for the Assessment Teams.
- 6) To manage and conduct the business affairs of the Accreditation Committee.
- 7) To manage the appeals process.

Appointments to the Committee are expected to be made in August 2009.

8 EXECUTIVE COMMITTEE

The Executive Committee comprises:-

- Mr Jason Warnock Chairperson
- Dr Rolf Scharfbillig Deputy Chairperson
- Dr Paul Tinley Treasurer

The Executive Committee conducts the business of ANZPAC between meetings of ANZPAC as directed by the Board of Management. The Board of Management may confer upon the Executive Committee any of the powers exercisable by the Board of Management.

9 BOARD OF MANAGEMENT MEETINGS

The Board of Management held **six (6)** meetings during the establishment year:

22 August 2008	Canberra, ACT (included AGM)
17 October 2008	Teleconference
16 January 2009	Teleconference
6 February 2009	Teleconference
27 February 2009	Perth, WA
4 June 2009	Teleconference

Attendance at meetings was as follows (not including observers or deputies):

J Warnock (Chair)	6	A Bird (from October 2008)	3
R Scharfbillig (Deputy Chair)	4	D Poratt (from October 2008)	3
P Tinley (Treasurer)	5	G McCluney (from Feb 2009)	1
M Gilheany	6	T Johnston (from Feb 2009)	1
D McKay	6	J Russell (from Feb 2009)	1
M Garrett	5	F Oliver (from Feb 2009)	1
H Matthews	4	A Noble-Beasley (from Feb 2009)	1
J Bryant	4		

10 ADMINISTRATION

On 15 February 2008 the Council entered into an agreement with a consultant to provide all administrative services to the Council and its Committees.

The following persons provide these services:

- Peter Martin, JP Executive Officer/Consultant
- Trisha Bird Executive Assistant

Office hours are from Monday to Friday, 9:00 am to 5:00 pm, closed from 12:30 pm to 1:30 pm. The office is located at 16 Norma Street, Mile End, South Australia.

11 WEBSITE

The Council has established a comprehensive website at the address *www.anzpac.org.au*.

The website contains information about:

- ANZPAC, Board of Management and Standing Committees
- Podiatry in Australia and New Zealand
- Registration and National Registration and Accreditation
- Course Accreditation
- Overseas Assessment
- Various publications and policies

Any person who does not have access to the internet can contact the office of the Council to obtain these documents.

The website is updated regularly and has many links to associated web sites nationally and internationally.

12 PUBLICATIONS / POLICIES

The following publications/policies appear on the Council's website:

- Strategic Plan 2009/2010
- Accreditation Standards & Procedures for Podiatry Programs in Australia & NZ - ANZPAC 2009
- Australian and New Zealand Podiatry Accreditation Project – Report to ANZPAC July 2008.
- ANZPAC Podiatry Competency Standards for Australia and New Zealand – March 2009 Consultation document.
- ANZPAC Podiatry Competencies – Report to ANZPAC February 2009.

The following publications / policies will be considered by the Board of Management at its August 2009 meeting:

- Assessment of Overseas Qualifications project report
- Privacy Policy
- Guidelines on Conflict of Interest
- Guidelines on Confidentiality

13 ACCREDITATION OF PODIATRY PROGRAMS

The following programs are soon to be reviewed for accreditation:

- Bachelor of Podiatry – University of South Australia
- Bachelor of Podiatric Medicine – University of Western Australia
- Bachelor of Podiatry – University of Newcastle
- Bachelor of Podiatry – La Trobe University
- Bachelor of Podiatry – Charles Sturt University
- Bachelor of Health Science/Master of Podiatric Medicine – University of Western Sydney
- Bachelor of Health Science (Hons)/Master of Podiatric Medicine
- Master of Podiatric Medicine
- Bachelor of Health Science (Podiatry) – Queensland University of Technology

14 FORUM OF AUSTRALIAN HEALTH PROFESSIONS COUNCILS

ANZPAC is a member of the Forum of Australian Health Professions Councils which comprises the following national accreditation Councils assigned (by the Ministerial Council) the accreditation functions for the National Boards of Australia under the National Registration and Accreditation Scheme for health professions (apart from nursing).

- Australian Dental Council
- Australian Medical Council
- Australian Nursing and Midwifery Council
- Australian Pharmacy Council
- Australian Physiotherapy Council
- Australian Psychology Accreditation Council
- Council on Chiropractic Education Australasia
- Optometry Council of Australia and New Zealand
- Australian Osteopathic Council
- Australian and New Zealand Podiatry Accreditation Council

The purpose of the Forum is:

- 1) To work together on issues of national importance to the regulated health professions.
- 2) To identify areas of common interest and concern in relation to the regulated health professions.
- 3) To work toward a position of consensus on identified issues and concerns.
- 4) To take joint action in areas of importance to the regulated health professions.
- 5) To develop joint position statements which provide recommended policy directions for governments and other relevant stakeholders.

The collective expertise of the Councils is in:

- Setting educational standards for health professionals to develop safe and competent practitioners able to adapt to changes in professional practice over time.
- Encouraging improvements in the education and training of health professionals to respond to evolving health needs and practices.
- Assessing and accrediting education programs.
- Assessing overseas qualified practitioners.
- Collaborating and consulting with a wide range of stakeholder bodies and actively engaging members of their profession in the regulation of professional practice.
- Regional and international developments, capacity building and partnerships.

The website for the Forum is:

<http://healthprofessionscouncils.org.au>

Meetings attended:

- | | |
|------------------------------|-------------------------------------|
| 11 December 2008 (Melbourne) | – Mr P Martin |
| 3 April 2009 (Canberra) | – Mr P Martin and Dr R Scharfbillig |
| 23 June 2009 (Melbourne) | – Mr P Martin and Dr A Bird |

15 NATIONAL REGISTRATION AND ACCREDITATION SCHEME

On 26 March 2008 the Council of Australian Governments (COAG) signed an Intergovernmental Agreement (IGA) for a National Registration and Accreditation Scheme for the Health Professions, which will commence on 1 July 2010.

The agreement will establish a single national registration and accreditation scheme for health professionals, beginning with the ten professions currently registered in all or nearly all jurisdictions. That is, podiatry, physiotherapy, optometry, nursing and midwifery, chiropractic, pharmacy, dental care (dentists, dental hygienists, dental prosthetists and dental therapists), medicine, psychology and osteopathy.

The National Board for Podiatry will be called the Podiatry Board of Australia.

From 1 July 2012, Aboriginal and Torres Strait Islander health practitioners, Chinese medicine practitioners and medical radiation practitioners will be regulated under the scheme.

To implement the scheme, national Law will be introduced in the Queensland Parliament in two stages. The first stage covers the provisions of the COAG Agreement and was introduced in the Queensland Parliament on 29 October 2008 and the Health Practitioner Regulation (Administrative Arrangements) National Law Act 2008 was assented to on 25 November 2008.

The second stage, known as Exposure draft 'Bill B', is to be introduced in the Queensland Parliament in the second half of 2009. Bill B will cover the details of registration and accreditation arrangements, complaints and enforcement arrangements, privacy and information sharing arrangements, as well as other matters.

This Bill was released for comment on 12 June 2009. Following passage in the Queensland Parliament, draft legislation will be introduced in all Parliaments across Australia to adopt the new National Law (Bill 'C'). ANZPAC has lodged a submission supporting that the Podiatry profession be included in Section 12 of the Bill as a health profession for which specialist recognition operates.

The National Health Workforce Taskforce website www.nhwt.gov.au/natreq.asp carries all policy papers as they are issued as well as calls for nominations, submissions, Ministerial statements and information sheets on the new scheme and the implementation process.

The Council is pleased that its accreditation functions will be independent of governments. ANZPAC will recommend to the Podiatry Board of Australia the courses and training programs it has accredited and that it considers have met the requirements for registration as a podiatrist.

The Ministerial Council will have powers to act, for instance, where it believes that changes to an accreditation standard (eg changes to clinical practice hours) would have a significantly negative effect.

16 PROJECTS

The Council has engaged the services of Dr Susanne Owen from Owen Educational Consultancy to undertake three major projects:

a) Accreditation Standards & Procedures Project

This project focused on evaluating and reporting on various accreditation models in Australia and New Zealand and considering future directions for podiatry. A document was also produced outlining five (5) broad accreditation standards in the structure and process of podiatry education:

- Governance context
- Students
- Curriculum and Assessment
- Educational Resources
- Program Evaluation

These standards were accepted as draft documents on 27 February 2009 and stakeholders were invited to provide comments by the 31 June 2009. The final version will be considered by the Board of Management at its meeting in Auckland, NZ on 28 August 2009.

b) Competency Standards Project

The purpose of this project was to review the existing Australian and New Zealand competencies for podiatry and to establish a unified and updated competencies package to the profession. A document was also produced outlining eight (8) minimum requirements in key outcome areas for all podiatrists in Australia and New Zealand:

Standard 1	Practice Podiatry in a Professional Manner
Standard 2	Continue to Acquire and Review Knowledge for Ongoing Clinical and Professional Practice Improvement
Standard 3	Communicate and Interrelate Effectively in Diverse Contexts
Standard 4	Conduct Patient/Client Interview and Physical Examination
Standard 5	Analyse, Interpret and Diagnose
Standard 6	Develop a Patient/Client focussed Management Plan
Standard 7	Implement and Evaluate a Management Plan
Standard 8	Provide Education and Contribute to an Effective Health System

The Council welcomed valuable input into this project from Dr P Tinley, Dr S Jones, Ms N Frescos, Dr A Raspovic, Mr S Tucker, Dr L Reed, Dr D Poratt, Mr G McCluney, Dr M Gilheany, Ms H Banwell, Ms M Garrett and Mr D McKay.

These standards were accepted as draft documents on 27 February 2009 and stakeholders were invited to provide comments by the 31 June 2009. The final version will be considered by the Board of Management at its next face-to-face meeting in New Zealand on 28 August 2009.

c) Assessment Process for Overseas-Trained Podiatrists

This project involved:

- A review of the current operational aspects and outcomes for the assessment of overseas-trained podiatrists.
- A review of the assessment process used by other recognised health professional accrediting authorities.
- Recommendations for the future, given that ANZPAC is the recognised accreditation and overseas assessment authority.

A draft of this project will be considered by the Board of Management at its next face-to-face meeting in New Zealand on 28 August 2009.

The Council wishes to sincerely thank Dr Owen for her efforts in producing very comprehensive and informative reports in the areas above.

17 FINANCES

The Council recorded an operating surplus of \$6,551.00 for the 2008/2009 financial year and as at 30 June 2009 had total equity of \$44,425.00.

The Council is registered for GST and has an ABN – 91 454 059 309.

The accounts of the Council have been audited and the financial statements for the year ended 30 June 2009 together with accompanying notes and the audit report appear as follows:

**AUSTRALIAN AND NEW ZEALAND PODIATRY
ACCREDITATION COUNCIL INC**

INCOME STATEMENT FOR YEAR ENDED 30 JUNE 2009

	Note	2009 \$	2008 \$
REVENUES FROM ORDINARY ACTIVITIES			
Member Contributions	3	83,751	55,002
Interest		153	31
		83,904	55,033
EXPENSES FROM ORDINARY ACTIVITIES			
Projects	4	34,812	7,000
Consultant Service Fee	5	30,000	10,000
Administrative Expenses	6	6,983	159
Rent	7	3,000	0
Consultative Forums	8	1,428	0
Board Member Expenses	9	1,130	0
		77,353	17,159
OPERATING SURPLUS/(LOSS)		6,551	37,874

**AUSTRALIAN AND NEW ZEALAND PODIATRY
ACCREDITATION COUNCIL INC**

BALANCE SHEET AS AT 30 JUNE 2009

	2009	2008
	\$	\$
CURRENT ASSETS		
Cash at Bank	48,568	42,214
Receivables	4,360	700
	<hr/>	<hr/>
Total Current Assets	52,928	42,914
	<hr/>	<hr/>
TOTAL ASSETS	52,928	42,914
CURRENT LIABILITIES		
Accounts Payable & Accruals	8,503	5,040
	<hr/>	<hr/>
Total Current Liabilities	8,503	5,040
	<hr/>	<hr/>
TOTAL LIABILITIES	8,503	5,040
	<hr/>	<hr/>
NET ASSETS	44,425	37,874
	<hr/>	<hr/>
EQUITY		
Accumulated Surplus	37,874	0
Current Year Surplus/(Loss)	6,551	37,874
	<hr/>	<hr/>
TOTAL EQUITY	44,425	37,874
	<hr/>	<hr/>

**AUSTRALIAN AND NEW ZEALAND PODIATRY
ACCREDITATION COUNCIL INC**

NOTES TO & FORMING PART OF THE FINANCIAL STATEMENTS

1 COUNCIL FORMATION AND OBJECTIVES

The Australian & New Zealand Podiatry Accreditation Council Inc (“**ANZPAC**”) was incorporated in South Australia on 16 April 2008.

The ANZPAC is an independent body comprising members consisting of the eight (8) State / Territory Podiatry Registration Boards in Australia and New Zealand. The Board of Management comprises registered podiatrists (nominated by the Registration Boards), nominees from the professional associations (Australasian Podiatry Council and Podiatry New Zealand), nominees from the educational institutions offering podiatric programs and community representation.

The primary objects of ANZPAC are to:

- Assess for the purpose of granting accreditation to programs leading to eligibility for registration as a podiatrist.
- Advise and make recommendations to the podiatrist registering authorities (or successor body/bodies) and other relevant interest groups on matters concerning the registration of podiatrists.
- Assess the suitability of overseas-trained podiatrists to practise in Australia.
- Provide information and advice to government concerning the adequacy of a person’s skills in the field of Podiatry for the purposes of migration to Australia.
- Provide information and advice to government relating to law and policy concerning the registration of podiatrists.

ANZPAC has been assigned the accreditation functions for the Podiatry Board of Australia under the National Registration and Accreditation Scheme for Health Professions.

2 SIGNIFICANT ACCOUNTING POLICIES

The Financial Statements have been prepared in accordance with Statements of Accounting Concepts and appropriate Australian Accounting Standards.

The accounts have been prepared on the basis of historical cost and do not take into account changing money values. The accounting policies have been consistently applied unless otherwise stated.

**AUSTRALIAN AND NEW ZEALAND PODIATRY
ACCREDITATION COUNCIL INC**

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS (Cont)

3 MEMBER CONTRIBUTIONS

Member contributions are based on a dollar value per registrant given any shortfall in an approved operating budget and charged to the member organisations (Registration Boards).

	2009	2008
	\$	\$
New South Wales	24,310	14,748
Victoria	22,610	15,130
Queensland	12,240	7,641
Western Australia	7,735	5,551
South Australia	8,160	5,308
New Zealand	5,721	4,600
Tasmania	1,870	1,281
Australian Capital Territory	1,105	743
	<u>83,751</u>	<u>55,002</u>

4 PROJECTS

Costs associated with projects involving accreditation standards and competency standards including the travel and accommodation expenses of all who participated. The project officer Ms S Owen from Owen Educational Consultants was paid (or reimbursed) an amount of \$28,693.

5 CONSULTANT SERVICE FEE

The Council has entered into an agreement (expiring 30 June 2010) with a Consultant to provide all administrative and financial services to ANZPAC.

6 ADMINISTRATIVE EXPENSES

	2009	2008
	\$	\$
Insurance	2,199	0
Website	2,100	0
Telephone	860	0
Audit	700	0
Postage	379	0
Stationery	354	0
Printing	229	0
Sundries	162	159
	<u>6,983</u>	<u>159</u>

**AUSTRALIAN AND NEW ZEALAND PODIATRY
ACCREDITATION COUNCIL INC**

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS (Cont)

7 RENT

The Chiropractic and Osteopathy Board of South Australia charged a nominal rent of \$250/month for use of part of their premises.

8 CONSULTATIVE FORUMS

Costs primarily associated with expenses of the Executive Officer attending conferences / seminars in Melbourne on 6 March 2009 (AMC Workshop on overseas assessment), in Sydney on 11 October 2008 (meeting with APodC) and in Canberra on 3 April 2009 (Forum of Australian Health Professions Councils).

9 BOARD MEMBER EXPENSES

Costs associated with part payment of expenses for Board Members attending meetings interstate / overseas.

10 RECONCILIATION OF OPERATING SURPLUS TO NET CASH PROVIDED BY OPERATING ACTIVITIES

	2009	2008
	\$	\$
Operating Surplus / (Loss)	6,551	37,874
Changes in Assets and Liabilities		
(Increase) Decrease in Receivables	(3,660)	(700)
Increase (Decrease) in Accounts Payable & Accruals	3,463	5,040
	<hr/>	<hr/>
Net Cash (used in) provided by Operating Activities	6,354	42,214
	<hr/> <hr/>	<hr/> <hr/>

**AUSTRALIAN AND NEW ZEALAND PODIATRY
ACCREDITATION COUNCIL INC**

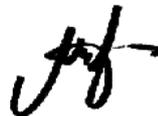
CERTIFICATE

In our opinion:

- a) The foregoing Income Statement and Balance Sheet, and notes thereto present fairly, in accordance with Australian Accounting Standards, the financial position of the Australian and New Zealand Podiatry Accreditation Council Inc (ANZPAC) as of 30 June 2009 and the results of its operations for the year then ended; and
- b) Internal controls over financial reporting have been effective throughout the year.



**J WARNOCK
CHAIRPERSON**



**P J MARTIN
EXECUTIVE OFFICER**

**AUSTRALIAN AND NEW ZEALAND PODIATRY
ACCREDITATION COUNCIL INC**

AUDIT REPORT

INDEPENDENT AUDIT REPORT OF

Australian and New Zealand Podiatry Accreditation Council Inc

Scope

We have audited the attached cash financial statements of Australian and New Zealand Podiatry Accreditation Council Incorporated for the period 1 July 2008 to 30 June 2009. We have conducted an independent audit of these financial statements in order to express an opinion on it to the Committee.

Our audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance whether the financial report is free of material misstatement. Our procedures include examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial statements, and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with Australian Accounting Standards and other mandatory professional reporting requirements, so as to present a view which is consistent with our understanding of Australian and New Zealand Podiatry Accreditation Council Incorporated's financial position, the results of its operations and its cash flows. Our audit was limited to the verification of the reported figures in the financial statements. No compliance testing of internal controls and procedures was performed.

The audit opinion expressed in this report has been formed on the above basis.

Audit Opinion

In our opinion, the financial statements:

- (1). Give a true and fair view of the actual cash receipts and expenditure of the funds of the Australian and New Zealand Podiatry Accreditation Council Incorporated for the period 1 July 2008 to 30 June 2009;
- (2). Comply with Australian Accounting Standards and;
- (3). Is in accordance with the Council Formation and Objectives of the Australian and New Zealand Podiatry Accreditation Council Incorporated, and namely that the funds paid to the Incorporation were expended for the purpose defined in the Agreement.

Auditor: Frank Scarfo CPA.....

Dated: 6 / 8 / 09

Firm: ODV Accountants and Financial Services
61 Henley Beach Road
Mile End SA 5031



**Australian and New Zealand Podiatry
Accreditation Council Inc**

**ANNUAL REPORT YEAR ENDED
30 JUNE 2010**



Address:

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Phone: (08) 8431 5079

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Website: www.anzpac.org.au

ABN: 91 454 059 309

30 September 2010

To All Stakeholders

I have pleasure in presenting the second Annual Report of the Australian and New Zealand Podiatry Accreditation Council Inc (ANZPAC) for the twelve (12) months ended 30 June 2010.

I wish to thank the Executive Officer and staff for the diligent and professional manner in which they have provided services and support to the Council.

Rolf Scharfbillig
CHAIRPERSON

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1 CHARTER

The Australian & New Zealand Podiatry Accreditation Council Inc (“**ANZPAC**”) was incorporated in South Australia on 16 April 2008.

ANZPAC is an independent body with membership comprising the Podiatry Board of Australia and the Podiatrists Board of New Zealand. The Board of Management comprises registered podiatrists (nominated by the Registration Boards), nominees from the professional associations (Australasian Podiatry Council and Podiatry New Zealand), nominees from the educational institutions offering podiatric programs and community representation.

The purpose of ANZPAC is to assess and accredit podiatric education programs that aim to graduate persons who are eligible for registration as a podiatrist and to assess the qualifications and skills of overseas trained podiatrists for skilled migration to Australia or suitability to practice in Australia and New Zealand.

In consideration of the Trans Tasman Mutual Recognition Agreement, the Constitution and processes of ANZPAC include stakeholder representation from New Zealand to ensure collaboration and uniformity.

ANZPAC has been assigned by the Ministerial Council the Accreditation functions for the Podiatry Board of Australia under the National Registration and Accreditation Scheme for Health Professions.

2 OBJECTS

Consistent with its purpose, the objects of ANZPAC are to:

- a) Assess for the purpose of granting accreditation to, programs leading to eligibility for registration as a podiatrist.
- b) Advise and make recommendations to the Member Organisations relating to the accreditation status to be granted to a podiatric program.
- c) Advise and make recommendations to the Member Organisations and other relevant interest groups on matters concerning the registration of podiatrists.
- d) Develop, review and maintain accreditation standards and processes to assess podiatric entry-level programs.
- e) Develop and implement an overseas skills assessment process to ensure the knowledge, clinical skills and professional attributes of overseas trained podiatrists is of a comparable standard to registered podiatrists for skilled migration to Australia or practice as a podiatrist in Australia and New Zealand.
- f) Provide information and advice to Government relating to law and policy concerning the accreditation and competency requirements for the registration of podiatrists.
- g) Establish and maintain relationships with bodies or organisations having objects and functions in whole or in part similar to the objects and functions of ANZPAC.

The assets and income of ANZPAC shall only be applied solely in furtherance of the above mentioned objects and no portion shall be distributed directly or indirectly to the members of

ANZPAC except as bone fide compensation for services rendered or expenses incurred on behalf of ANZPAC.

3 CONSTITUTION AND RULES

The following changes have been made to the Constitution and Rules since Incorporation:

- January 2009 Various changes to allow External Advisory Members on the Board of Management to have equal voting rights on the Council and to provide increased representation from the Australasian Podiatry Council and consumers.
- June 2009 Various changes to allow for proxies to attend Board of Management meetings, thus eliminating the need to appoint deputies.
- May 2010 Given the introduction of the National Registration and Accreditation Scheme on 1 July 2010 and the ultimate demise of State and Territory Registration Boards in Australia, changes were made to the Member Organisations and composition of the Board of Management (reducing from 15 to 9 persons).

The Public Officer for ANZPAC is Mr Peter Martin J.P.

4 MEMBER ORGANISATIONS

As at 30 June 2010 the following organisations were members of ANZPAC:

- the Podiatry Board of South Australia;
 - the New South Wales Podiatrists Registration Board;
 - the Podiatrists Registration Board of Victoria;
 - the Podiatrists Registration Board of Tasmania;
 - the Podiatrists Board of Western Australia;
 - the Podiatrists Board of Queensland;
 - the ACT Podiatrists Board;
 - the Podiatrists Board of New Zealand,
- or each of their successors in law.

As at 1 July 2010 the following organisations will be members of ANZPAC:

- the Podiatry Board of Australia;
- the Podiatrists Board of New Zealand

The member organisations assist with the funding of ANZPAC.

5 BOARD OF MANAGEMENT

As at 30 June 2010 the Board of Management consisted of Board members from the following organisations:

- a) Each of the eight Member Organisations may nominate one registered podiatrist:

SA	Dr Rolf Scharfbillig	(Chairperson)
WA	Dr Jennifer Bryant	(Treasurer)
NSW	Dr Paul Tinley	
VIC	Dr Mark Gilheany	
TAS	Mr David McKay	
NZ	Ms Michele Garrett	
ACT	Ms Helen Matthews	
QLD	Dr Lloyd Reed	

- b) Two registered podiatrists nominated by the Australasian Podiatry Council:

Mr Trent Johnston
Mr Greg McCluney

- c) One registered podiatrist nominated by Podiatry New Zealand:

Ms Alexandra Noble-Beasley

- d) Two registered podiatrists employed to lecture in podiatric education programs nominated by tertiary institutions offering podiatric education programs in Australia and/or New Zealand:

Dr Adam Bird	La Trobe University, Victoria (Deputy Chairperson)
Dr Daniel Poratt	AUT University, Auckland, NZ

- e) Two persons as community representatives:

Ms Joan Russell
Ms Fiona Oliver

From the 1 July 2010 the Board of Management will consist of Board members from the following organisations:

- a) One registered podiatrist nominated by the Podiatry Board of Australia:

Dr Rolf Scharfbillig (Chairperson)

- b) Two registered podiatrists employed to lecture in podiatric education programs nominated by tertiary institutions offering podiatric education programs in Australia and/or New Zealand:

Dr Adam Bird	La Trobe University Victoria	(Deputy Chairperson)
Mr Matthew Carroll	AUT University Auckland NZ	

- c) One registered podiatrist nominee:

Mr David McKay

- d) One registered podiatrist nominated by Podiatrist Board of New Zealand:

Ms Michele Garrett

- e) One registered podiatrist nominated by Podiatry New Zealand:
Ms Alexandra Noble-Beasley
- f) One registered podiatrist nominated by Australasian Podiatry Council:
Mr Trent Johnston
- g) Two persons as consumer representatives:
Ms Joan Russell
Ms Fiona Oliver

Appointments are from 1 July 2010 for a period of 3 years.

Each member of the Board of Management has equal voting rights.

ANZPAC wishes to express its sincere appreciation and thanks to the retiring Board Members for their highly valued contribution. ANZPAC would also like to thank the Australian and New Zealand Podiatry Registration Boards and Registrars for their support, cooperation and tireless effort in the foundation of ANZPAC and its continuing existence and success.

6 COMMITTEES

a) Overseas Qualifications Assessment Committee (OQAC)

The Terms of Reference and structure are as follows:

i) Key Function

To oversee and conduct assessments of an overseas persons qualifications and skills for skilled migration to Australia and/or practice in Australia and New Zealand.

ii) Membership Structure

At least two members from the ANZPAC Board of Management, which should include the Chair or Deputy Chair of ANZPAC (not both).

Dr Adam Bird (Chairperson)
Dr Paul Tinley

At least two academics who are Program Directors (or equivalent) of institutions offering podiatric education programs.

Mr Terry Bradshaw (NZ)
Ms Verona Du Toit

At least one registered podiatrist who is a current practitioner with a breadth of practice experience.

Ms Carol Mioduchowski

At least one community representative.

Dr Susanne Owen

At least 50% of appointments must be registered podiatrists and one person must be from New Zealand.

iii) Role

- 1) To carry out the functions referred to in the Key Functions.
- 2) To recommend to the Board of Management of ANZPAC the most appropriate method of assessment to ensure the qualifications and skills of overseas trained podiatrists is of a comparable standard to registered podiatrists in Australia and New Zealand.
- 3) To undertake a review of the assessment criteria on an annual basis or as required and provide the Board of Management of ANZPAC with any recommendations for amendments.
- 4) To manage the relevant appeals process.
- 5) Report to the Board of Management of ANZPAC at every AGM.
- 6) To manage and conduct the business affairs of the OQAC.
- 7) To review the relevant schedule of fees for the evaluation process and make appropriate recommendations to the Board of Management of ANZPAC for variations.

b) **Accreditation Committee**

The Terms of Reference and structure are as follows:

i) Key Function

To make recommendations to ANZPAC on matters concerning the accreditation of entry level education of podiatrists.

ii) Membership Structure

At least two members from the ANZPAC Board of Management which should include the Chair or Deputy Chair of ANZPAC (not both).

Dr Rolf Scharfbillig (Chairperson)
Dr Mark Gilheany

At least two academics who are Program Directors (or equivalent) of institutions offering podiatric education programs. One from Australia and one from New Zealand.

Dr Alan Bryant
Dr Matthew Carroll

At least one registered podiatrist who is a current practitioner with a breadth of practice experience.

Mr Bernard Comerford

At least one community representative.

Ms Joan Russell

At least 50% of appointments must be registered podiatrists.

iii) Role

The “Accreditation Standards and Procedures for Podiatry Programs for Australia and New Zealand” document will guide the Committee.

- 1) To assess and recommend to the ANZPAC Board of Management podiatric undergraduate and post-graduate courses in Australia (and New Zealand if applicable) which aim to prepare individuals for registration as a podiatrist.
- 2) To recommend to the ANZPAC Board of Management how to implement processes for the accreditation of podiatry programs.
- 3) To recommend to the ANZPAC Board of Management any changes required to the document “Accreditation Standards and Procedures for Podiatry Programs for Australia and New Zealand”.
- 4) To appoint appropriate Assessment Teams.
- 5) To manage and prepare timetables for the Assessment Teams.
- 6) To manage and conduct the business affairs of the Accreditation Committee.
- 7) To manage the appeals process.

c) **Executive Committee**

As at 30 June 2010 the Executive Committee comprised:

- Dr Rolf Scharfbillig Chairperson
- Dr Adam Bird Deputy Chairperson
- Dr Jennifer Bryant Treasurer

The Executive Committee conducts the business of ANZPAC between meetings of ANZPAC as directed by the Board of Management. The Board of Management may confer upon the Executive Committee any of the powers exercisable by the Board of Management.

7 BOARD OF MANAGEMENT MEETINGS

The Board of Management held **three (3)** meetings during the year:

28 August 2009 Auckland, NZ (including AGM)
 27 February 2010 Sydney, NSW
 17 June 2010 Teleconference

Attendance at meetings was as follows (not including observers):

Dr R Scharfbillig (Chair)	3	Ms A Noble-Beasley	3
Dr A Bird (Deputy Chair)	3	Dr M Gilheany	3
Dr J Bryant (Treasurer)	3	Dr P Tinley	2
Mr T Johnston	3	Ms J Russell	2
Ms H Matthews	3	Dr Lloyd Reed	2
Mr D McKay	3	Ms F Oliver	1
Ms M Garrett	3	Mr J Warnock (Past Chair)	1
Dr D Poratt	3	Mr G McCluney	-

8 ADMINISTRATION

The Council has entered into an agreement with a consultant to provide all administrative and financial services to the Council and its Committees.

The following persons provide these services:

- Peter Martin, JP Executive Officer/Consultant
- Trisha Bird Executive Assistant

Office hours are from Monday to Friday, 9:00 am to 4:00 pm. The office is located at Suite 3, 154 Fullarton Road, Rose Park, South Australia.

9 WEBSITE

The Council has established a comprehensive website at the address www.anzpac.org.au.

The website contains information about:

- ANZPAC, the Board of Management and Standing Committees
- Podiatry in Australia and New Zealand
- Course Accreditation
- Overseas Assessment
- Various publications and policies

Any person who does not have access to the internet can contact the office of the Council to obtain these documents.

The website is updated regularly and has many links to associated web sites nationally and internationally.

10 PUBLICATIONS / POLICIES

The following publications / documents appear on the Council's website:

- Public Releases, September 2009 and March 2010
- ANZPAC Constitution and Rules – Revised May 2010
- ANZPAC Accreditation Standards & Procedures for Podiatry Programs for Australia & New Zealand - August 2009
- ANZPAC Podiatry Competency Standards for Australia and New Zealand – August 2009
- WHO/WFME Guidelines for Accreditation of Basic Medical Education - Geneva 2005
- Professions Australia Standards for Professional Accreditation Processes – June 2008
- ANZPAC Handbook for Assessment Teams – November 2009
- ANZPAC University Guidelines for Completion of Self-Evaluation Report – June 2010
- Podiatry Specialisations Education and Training Accreditation Standards Project – 2010
- Accreditation Timetable for Universities and Assessment Teams

- Annual Reports since 2009
- Strategic Plan 2009/2010
- ANZPAC Privacy Policy – August 2009
- Stage 1 Desktop Assessment Application Form
- Stage 2 Practical Assessment Application to sit the Examination
- Assessment of Qualifications & Skills in Podiatry for Migration Purposes - March 2010
- Candidate Information Handbook for Stage 2 Practical Assessment

The following publications / guidelines are internal documents:

- ANZPAC Assessment Tool for Accreditation Team Members
- Guidelines on Confidentiality and Conflict of Interest
- Remuneration Policy
- Overseas Applicants Assessors manual for Stage 2 Practical Assessment – April 2010
- OQAC Internal Operations Manual – April 2010
- Risk Management Policy – February 2010

11 ACCREDITATION OF PODIATRY PROGRAMS

a) Introduction

An important responsibility of the Australian and New Zealand Podiatry Accreditation Council is to ensure that registered podiatrists have the knowledge, skills and attitudes necessary for the safe and competent practice of podiatry.

As part of discharging this responsibility ANZPAC must satisfy itself that the entry-level qualifications in podiatry recognised for the purpose of registration provide appropriate education and training in podiatry. This is done by a process of accreditation.

Accreditation of podiatric courses provides the community, government, the profession and students assurance that graduates of accredited podiatric courses are competent for the independent practice of podiatry and are responsive to the health needs of an evolving community.

While ANZPAC must inquire into podiatric courses to establish that the standards of education and training are acceptable, those inquiries and the processes of accreditation should not stifle diversity and innovation in education nor challenge the independence of Institutions.

For this reason the approach taken in ANZPAC's accreditation procedures is to require the Institutions seeking recognition of a podiatric course for the purpose of registration to show that their course meets defined standards that collectively give assurance that graduates of the course are competent. ANZPAC outlines the standards it expects podiatric courses to achieve in order for a course to be accredited. The standards set out the principles, Institutional processes, settings and resources that ANZPAC regards as requirements for successful entry level podiatric education. It is the responsibility of individual Institutions to develop and implement a curriculum that will enable students to attain the desirable attributes of podiatric graduates.

b) Accreditation Timetable

University	Program	SER Assessed and site visit due by	Assessment Teams appointed to date	Status
University of Western Sydney (UWS)	B H Sc / M Pod Med B H Sc (Hons)/ M Pod Med M Pod Med	SER – 31/12/2009 Site Visit – undertaken	Dr A Raspovic (TL) Ms J Russell Mr M Slattery Mr B Baxter	Initial Accreditation Sept 2010
University of South Australia	B Pod B Pod (Hons)	31/10/2010 Site Visit – undertaken	Dr L Reed (TL) Dr A Bryant Ms N Frescos Mr M Slattery	
University of Western Australia (UWA)	B Pod Med B Pod Med (Hons) D P M (starts 2013)	30/11/2010 30/08/2011	Dr A Raspovic (TL) Ms J Russell Mr B Comerford Mr T Abrahams	
LaTrobe University	B H Sc / M Pod Prac B H Sc(Hons) / M Pod Prac M Pod Prac B Pod B Pod (Hons)	31/05/2011	Mr M Carroll (TL) Mr T Johnston Ms H Uden Mr B Matthews	
<u>Note</u> B Pod program was accredited by A Pod C in 2007 for 5 years				
University of Newcastle	B Pod	31/10/2011		
<u>Note</u> B Pod program was granted conditional accreditation by the NSW Board in 2009 for 2 years				
Charles Sturt University (CSU)	B Pod B Hlth Sc (Pod)	31/05/2012		
Auckland University of Technology (AUT)	B H Sc (Pod)	30/11/2012		
<u>Note</u> This program will be assessed if requested by the NZ Board				
Queensland University of Technology (QUT)	B H Sc (Pod)	31/05/2013		
<u>Note</u> B H Sc (Pod) program was accredited by A Pod C in 2008 for 5 years				

Note

- SER is a comprehensive self-evaluation report from the University of how the course meets the Accreditation and Competency Standards and must be made electronically or on disc available to ANZPAC
- “Due by” is the deadline but can mean earlier by negotiation.
- TL means Team Leader

c) Fees and Charges

ANZPAC undertakes assessments on a cost-recovery basis. Podiatry schools pay the direct cost of the assessment.

The ANZPAC Secretariat will issue an invoice for the total cost when it completes the assessment. Payment is due before ANZPAC makes the decision on accreditation.

d) Appeals Process

ANZPAC has in place a process of internal review of accreditation decisions. There are two types of review – a Review of Process or a Review of Decision.

An application for a Review of Process would be lodged if a university believed there was evidence that the manner in which the accreditation process was conducted was procedurally unfair. The Review of Process is limited to review of the procedures related to the accreditation process of the program and may include consideration of matters such as the sequence and timing of the accreditation process, the process of review and evaluation of documentation and the conduct of the site visit.

An application for Review of Decision would be lodged if a university believed there was evidence that the decision of the ANZPAC Board of Management was unjustified or patently unreasonable in the circumstances. The onus is on the university to prove that the decision was not supported by substantial evidence on the record or that the decision was made on capricious or arbitrary grounds and not the application of objective standards.

The university applying for a Review of Process or Review of Decision will be required to pay for the cost of the review. The fee will be refunded in full if the outcome of the review is in favour of the university.

An application for a Review must be lodged in writing within 30 days from the date of the letter advising the university of the decision made by the Board of Management. The application must set out the precise grounds for the request and include the necessary evidence.

Upon receipt of an application for a Review, a Review Panel will be nominated by the Accreditation Committee and ratified by ANZPAC. The University may only object to the nominations on the grounds of bias.

The Review Panel shall comprise –

- One Head of a School of Podiatry
- One senior academic of another School of Podiatry
- One person with experience in the practice of podiatry.

The people selected for the review Panel must not have been involved in the accreditation of the program that is the subject of the review, in accordance with procedural fairness. The Review Panel shall be provided with a complete record of the accreditation process of the program including submissions by the university, all correspondence and the accreditation reports.

Although the Panel will predominately make its decision based on documentary material, it has the discretion to make any such inquiries as it feels necessary, to review the decision before coming to its conclusions.

The outcome of the review by the Panel will be conveyed in writing within 90 days of their appointment to the Executive Officer of ANZPAC and will include the reasons for the outcome.

The University will be given opportunity to respond to any issues raised in the report before ANZPAC makes a final decision on accreditation status.

12 ASSESSMENT OF OVERSEAS QUALIFICATIONS AND SKILLS IN PODIATRY

a) Skilled Migration to Australia

The Australian Government's Skilled Migration programme is implemented through a partnership between government and industry. The Department of Immigration and Citizenship and the Department of Education, Employment and Workplace Relations work with industry, represented by professional migration assessing authorities, to ensure that policies and procedures for assessing the skills of prospective migrants are appropriate, transparent and do not pose unreasonable barriers to migration.

From 1 July 2010 the Australian and New Zealand Podiatry Accreditation Council (ANZPAC) has been specified by the Minister for Immigration and Citizenship in accordance with the *Migration Regulations 1994* as the assessing authority for the occupation Podiatrist (ANZSCO Code 252611)

Individuals who wish to apply for migration to Australia under the occupation Podiatrist under the General Skilled Migration program must gain a migration skills assessment from ANZPAC by completing the ANZPAC overseas assessment process, whether they have qualifications gained overseas or in Australia.

ANZPAC will assess a person's skills as "suitable" or "not suitable" for the occupation of podiatry against the criteria it has established.

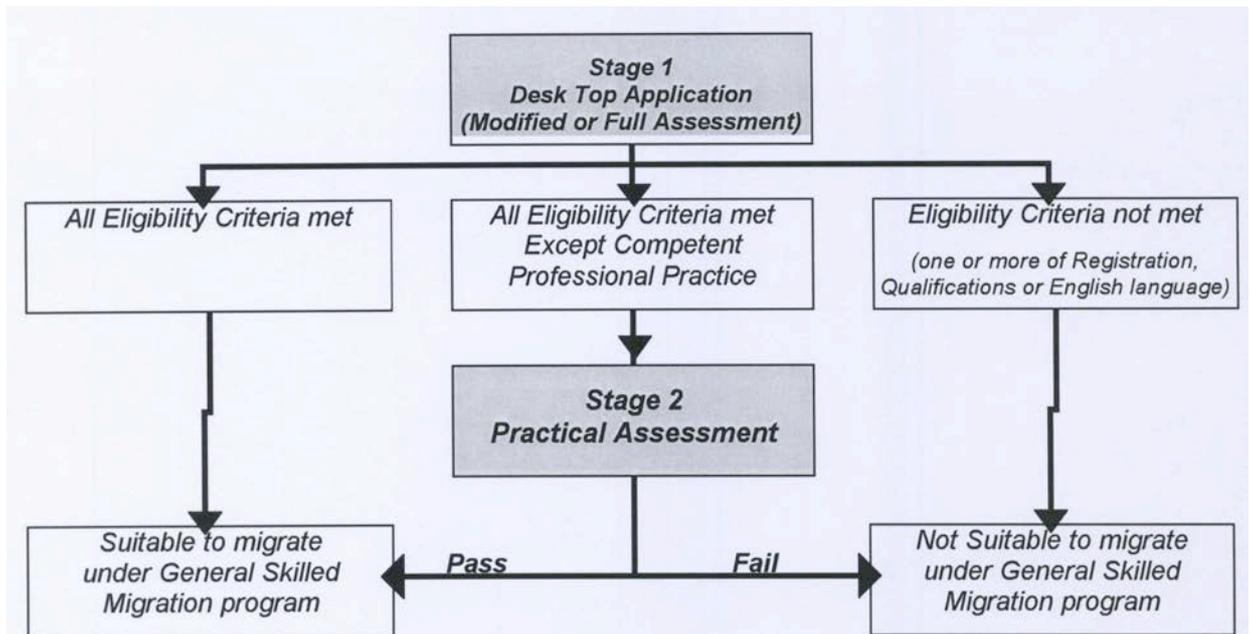
The skills assessment must be included with any visa application to the Department of Immigration and Citizenship (DIAC). Applicants should keep an original or certified copy of their skills assessment and all other relevant documentation for their own records.

A skills assessment remains valid for three (3) years from the date of issue.

Successfully migrating to Australia as a podiatrist is no guarantee of registration or employment in Australia. Requirements additional to those for migration may need to be met to become registered with the Podiatry Board of Australia.

The assessment process has two (2) stages which is administered by the Overseas Qualifications Assessment Committee (OQAC) of ANZPAC.

A flow chart of the process is as follows:



i) Stage 1 Desk Top Assessment

The Stage 1 Desktop Assessment is a paper-based assessment of applicants' qualifications and skills against ANZPAC's eligibility criteria. Applicants who meet all eligibility criteria of the Stage 1 Desktop Assessment appropriate to their circumstances will be assessed as suitable for migration. Applicants who are not assessed as suitable for migration at the conclusion of the Stage 1 Desktop Assessment can, in some circumstances, advance to the Stage 2 Practical Assessment.

Modified Assessment

Persons should apply for a Modified Assessment if they either:

- hold current registration as a podiatrist in Australia, regardless of country of training; *or*
- completed an ANZPAC-accredited program within the two years prior to applying for a migration skills assessment.

To be assessed as suitable for migration, Modified Assessment applicants must demonstrate that they:

- are currently registered as a podiatrist in Australia; *or*
- completed an ANZPAC-accredited program within the two years prior to the date of their application to ANZPAC; *and*
- are currently registered or eligible for registration as a podiatrist in Australia.

Full Assessment

Persons should apply for a Full Assessment if they:

- are **not** currently registered as a podiatrist in Australia; *or*
- did **not** complete an ANZPAC-accredited program within the two years prior to applying for a migration skills assessment.

To be assessed as suitable for migration, Full Assessment applicants must demonstrate that they:

- are registered and in good standing as a podiatrist with the relevant authority, or otherwise officially recognised as a podiatrist, in the country in which they are currently practising;
- hold a podiatry qualification that is comparable to an ANZPAC accredited entry level podiatry program in Australia in terms of :
 - the educational level being comparable to an Australian Bachelor Degree or higher;
 - the duration being a minimum of six semesters full- time equivalent study for an undergraduate program, with prior studies taken into consideration for a graduate entry program;
 - supervised clinical practice within the course curriculum including a range of placements and patient situations to develop relevant skills, competencies and show evidence of application of theory to practice;
 - the course curriculum including clinical, behavioural and basic sciences, and relevant and sufficiently-detailed theoretical and practical content;
 - the course curriculum including research and scholarly activity to build evidence-based practices, and develop student skills and responsibility for lifelong learning;
- have practised as a competent professional podiatrist within the last three years; and
- have the required English language skills, as demonstrated by:
 - achieving an overall pass with grades of A or B only in each of the four sub-tests in the Occupational English Test (OET); *or*
 - achieving a minimum score of seven (7) in each of the four modules (listening, reading, writing and speaking) in the International English Language Testing System (IELTS) test (Academic version); *or*
 - completing secondary school education *and* a podiatry qualification in English in one of the following countries:
 - Australia;
 - Canada;
 - New Zealand;
 - Republic of Ireland;
 - South Africa;
 - United Kingdom;
 - United States of America.

If Full Assessment applicants are assessed as meeting all criteria but the competent professional practice criterion, they will be offered the opportunity to sit the Stage 2 Practical Assessment. If they do not meet the registration, qualification or English language skills criteria, they will be assessed as not suitable for migration.

ii) Stage 2 Practical Assessment

The Stage 2 Practical Assessment is an assessment of an applicants' professional competence in the practice of podiatry in accordance with the *ANZPAC Podiatry Competency Standards for Australia and New Zealand - August 2009*. It is only open to candidates who met the qualification, registration and English language skills criteria, but not the competent professional practice criterion, of the Stage 1 Desktop Assessment (Full Assessment). Candidates who successfully complete the Stage 2 Practical Assessment will be assessed as suitable for migration.

Applicants must make a separate application, accompanied by the correct fee, to sit the Stage 2 Practical Assessment.

The Stage 2 Practical Assessment is offered twice per year, in June/July and November/December. It is conducted at one of Australia's Schools of Podiatry by university examiners.

The assessment is conducted in two stages over a full day.

First stage (3-4.5 hours):

- Clinical Observation - three hours of direct patient care by the candidate;
- Clinical Record Audit of documentation completed by the candidate during Clinical Observation.

Second stage (4 hours):

- interview;
- four Objective Structured Clinical Examinations.

ANZPAC's Candidate Information Handbook, which includes preparatory material, competency standards and a recommended reading list, is available at www.anzpac.org.au under "Overseas Assessment".

A maximum of five (5) attempts may be made.

b) Practising in Australia or New Zealand

Overseas trained podiatrists who wish to practise in Australia (and do not require skilled migration) will need to undertake the same process as for skilled migration to Australia.

ANZPAC will determine whether a persons qualifications and skills are "suitable" or "not suitable" for the occupation of Podiatrist for the purpose of applying for registration with the Podiatry Board of Australia.

It does not entitle persons to automatic registration in Australia.

The skills assessment must be included with any application for registration to the registration Board. Applicants should keep on original or certified copy of their skills assessment and all other relevant documentation for their own records

Registration is a legal requirement to practise as a podiatrist in Australia and severe penalties will apply if any person practices unregistered.

Overseas trained podiatrists who wish to practise in New Zealand will need to contact the Podiatrists Board of New Zealand.

Processing time for assessments

Stage 1 - Will take up to ten (10) weeks to process depending on complexity and whether further information is sought.

Stage 2 - Within five (5) weeks of the day of the practical examination.

c) Fee Schedule

1.	<u>Stage 1 - Desk Top Assessment</u>	
	Modified Assessment	\$400
	Full Assessment	\$650
2.	<u>Stage 2 - Practical Assessment</u>	
	Examination	\$1300
3.	<u>Reviews/Appeals</u>	
	Administrative Review	-
	Appeal	\$250

- All amounts are in Australian Dollars.
- The above fees are GST-free under Section 38-110 of *A New Tax System (Goods and Services Tax) Act 1999*.
- If persons wish to withdraw their application, ANZPAC reserves the right to retain an administrative fee.
- If a review or appeal is successful, half the fee will be refunded.

13 FORUM OF AUSTRALIAN HEALTH PROFESSIONS COUNCILS

ANZPAC is a member of the Forum of Australian Health Professions Councils which comprises the following national accreditation Councils assigned (by the Ministerial Council) the accreditation functions for the National Boards of Australia under the National Registration and Accreditation Scheme for health professions.

- Australian Dental Council
- Australian Medical Council
- Australian Nursing and Midwifery Council
- Australian Pharmacy Council
- Australian Physiotherapy Council
- Australian Psychology Accreditation Council
- Council on Chiropractic Education Australasia
- Optometry Council of Australia and New Zealand
- Australian Osteopathic Council
- Australian and New Zealand Podiatry Accreditation Council

The purpose of the Forum is:

- 1) To work together on issues of national importance to the regulated health professions.
- 2) To identify areas of common interest and concern in relation to the regulated health professions.
- 3) To work toward a position of consensus on identified issues and concerns.
- 4) To take joint action in areas of importance to the regulated health professions.
- 5) To develop joint position statements which provide recommended policy directions for governments and other relevant stakeholders.

The collective expertise of the Councils is in:

- Setting educational standards for health professionals to develop safe and competent practitioners able to adapt to changes in professional practice over time.
- Encouraging improvements in the education and training of health professionals to respond to evolving health needs and practices.
- Assessing and accrediting education programs.
- Assessing overseas qualified practitioners.
- Collaborating and consulting with a wide range of stakeholder bodies and actively engaging members of their profession in the regulation of professional practice.
- Regional and international developments, capacity building and partnerships.

The website for the Forum is:

<http://healthprofessionscouncils.org.au>

Meetings attended:

- | | |
|-----------------------------|-----------------------------|
| 4 December 2009 (Melbourne) | – Dr R Scharfbillig |
| 31 March 2010 (Melbourne) | – Mr P Martin and Dr A Bird |
| 5 May 2010 (Teleconference) | – Mr P Martin and Dr A Bird |

14 PROJECTS

The Podiatry Registration Board of Victoria funded ANZPAC to undertake a project on “Podiatry Specialisations Education and Training Accreditation Standards”.

The Project was undertaken by Dr Susanne Owen from Owen Educational Consultancy.

The intention was to provide a snapshot of benchmark information on requirements for specialist training in other health professions and podiatric specialisations in the Australian and overseas context, particularly in relation to the emerging national agenda within Australia.

Other purposes also included proposing some appropriate accreditation standards for education and training, with possible application across various podiatric specialisations in the future. To achieve this, the project methodology primarily involved desk-top research and direct contact with selected podiatry and other professional and health groups. During the project timeframe, the Podiatry Board of Australia was informed by the Australian Health Ministers' Advisory Council that specialist recognition of the podiatry profession for podiatric surgeons had achieved broad support under the Council of Australian Government National Registration and Accreditation scheme.

Current education and training programs for podiatry specialisations and special interest areas are outlined in the report. Various health specialisations such as dental surgeons and obstetricians and gynaecologists, as well as overseas podiatric surgery programs are presented as examples of other educational and training models for consideration.

This is a background document for Podiatric specialisations in Australia and New Zealand. There will be considerable further work required to expand on the information, processes and country/state differences described in this report.

15 FINANCES

The Council recorded an operating loss of \$15,949.00 for the 2009/2010 financial year and as at 30 June 2010 had total equity of \$28,476.00.

The Council is registered for GST and has an ABN – 91 454 059 309.

The accounts of the Council have been audited and the financial statements for the year ended 30 June 2010 together with accompanying notes and the audit report appear as follows:

**AUSTRALIAN AND NEW ZEALAND PODIATRY
ACCREDITATION COUNCIL INC**

INCOME STATEMENT FOR YEAR ENDED 30 JUNE 2010

	Note	2010 \$	2009 \$
REVENUES FROM ORDINARY ACTIVITIES			
Member Contributions	3	86,850	83,751
Program Accreditation	4	29,024	0
Project Grant	5	20,000	0
Interest		334	153
		<hr/>	<hr/>
Total Revenues from ordinary activities		136,208	83,904
		<hr/>	<hr/>
EXPENSES FROM ORDINARY ACTIVITIES			
Projects	6	39,562	34,812
Consultant Service Fee	7	36,000	30,000
Accreditation Team Fees and Expenses	8	29,024	0
Board & Committee Member Expenses	9	16,268	1,130
Board & Committee Member Fees	10	14,788	0
Administrative Expenses	11	8,705	6,983
Computer / IT	12	3,298	0
Rent	13	3,000	3,000
Consultative Forums	14	1,512	1,428
		<hr/>	<hr/>
Total Expenses from ordinary activities		152,157	77,353
		<hr/>	<hr/>
OPERATING SURPLUS/(LOSS)		(15,949)	6,551
		<hr/> <hr/>	<hr/> <hr/>

**AUSTRALIAN AND NEW ZEALAND PODIATRY
ACCREDITATION COUNCIL INC**

BALANCE SHEET AS AT 30 JUNE 2010

	2010	2009
	\$	\$
CURRENT ASSETS		
Cash at Bank	31,448	48,568
Receivables	8,191	4,360
	<hr/>	<hr/>
Total Current Assets	39,639	52,928
	<hr/>	<hr/>
TOTAL ASSETS	39,639	52,928
CURRENT LIABILITIES		
Accounts Payable & Accruals	11,163	8,503
	<hr/>	<hr/>
Total Current Liabilities	11,163	8,503
	<hr/>	<hr/>
TOTAL LIABILITIES	11,163	8,503
	<hr/>	<hr/>
NET ASSETS	28,476	44,425
	<hr/>	<hr/>
EQUITY		
Accumulated Surplus	44,425	37,874
Current Year Surplus/(Loss)	(15,949)	6,551
	<hr/>	<hr/>
TOTAL EQUITY	28,476	44,425
	<hr/>	<hr/>

AUSTRALIAN AND NEW ZEALAND PODIATRY ACCREDITATION COUNCIL INC

NOTES TO & FORMING PART OF THE FINANCIAL STATEMENTS

1 COUNCIL FORMATION AND OBJECTIVES

The Australian & New Zealand Podiatry Accreditation Council Inc (“**ANZPAC**”) was incorporated in South Australia on 16 April 2008.

The ANZPAC is an independent body comprising members consisting of the eight (8) State / Territory Podiatry Registration Boards in Australia and New Zealand. The Board of Management comprises registered podiatrists (nominated by the Registration Boards), nominees from the professional associations (Australasian Podiatry Council and Podiatry New Zealand), nominees from the educational institutions offering podiatric programs and community representation.

The objects of ANZPAC are to:

- Assess for the purpose of granting accreditation to, programs leading to eligibility for registration as a podiatrist.
- Advise and make recommendations to the Member Organisations relating to the accreditation status to be granted to a podiatric program.
- Advise and make recommendations to the member Organisations and other relevant interest groups on matters concerning the registration of podiatrists.
- Develop, review and maintain accreditation standards and processes to assess podiatric programs.
- Develop and implement an overseas skills assessment process to ensure the knowledge, clinical skills and professional attributes of overseas trained podiatrists is of a comparable standard to registered podiatrists for skilled migration to Australia or practice as a podiatrist in Australia and New Zealand.
- Provide information and advice to Government relating to law and policy concerning the accreditation and competency requirements for the registration of podiatrists.
- Establish and maintain relationships with bodies or organisations having objects and functions in whole or in part similar to the objects and functions of ANZPAC.

2 SIGNIFICANT ACCOUNTING POLICIES

The Financial Statements have been prepared in accordance with Statements of Accounting Concepts and appropriate Australian Accounting Standards.

The accounts have been prepared on the basis of historical cost and do not take into account changing money values. The accounting policies have been consistently applied unless otherwise stated.

**AUSTRALIAN AND NEW ZEALAND PODIATRY
ACCREDITATION COUNCIL INC**

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS (Cont)

3 MEMBER CONTRIBUTIONS

Member contributions are based on a dollar value per registrant given any shortfall in an approved operating budget and charged to the member organisations (Registration Boards).

	2010	2009
	\$	\$
Victoria	21,360	22,610
New South Wales	20,800	24,310
Queensland	13,120	12,240
South Australia	13,000	8,160
Western Australia	7,280	7,735
New Zealand	6,480	5,721
Tasmania	2,990	1,870
Australian Capital Territory	1,820	1,105
	86,850	83,751

4 PROGRAM ACCREDITATION

The University of Western Sydney were charged (on a cost recovery basis) the fees and expenses of ANZPAC's Assessment Team who carried out an inspection of the podiatry courses at the University during the year.

5 PROJECT GRANT

An amount of \$20,000 was given by the Victorian Podiatrists Board to ANZPAC to carry out a project on podiatry specialisations in Australia and New Zealand.

6 PROJECTS

Costs associated with projects involving the following:

	\$
Podiatric Specialisations	21,687
Assessment of overseas trained Podiatrists	17,875
	39,562

Dr S Owen from Owen Educational Consultants undertook both projects.

7 CONSULTANT SERVICE FEE

The Council has entered into an agreement with a Consultant to provide all administrative and financial services to ANZPAC.

8 ACCREDITATION TEAM FEES AND EXPENSES

This relates directly to note 4.

**AUSTRALIAN AND NEW ZEALAND PODIATRY
ACCREDITATION COUNCIL INC**

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS (Cont)

9 BOARD AND COMMITTEE MEMBER EXPENSES

Includes all expenses incurred for Board and Committee members attending face to face meetings.

10 BOARD AND COMMITTEE MEMBER FEES

Includes all fees paid to Board and Committee members to attend face to face meetings and teleconferences in accordance with the Remuneration Policy of ANZPAC.

11 ADMINISTRATIVE EXPENSES

	2010	2009
	\$	\$
Meetings	3,530	0
Insurance	2,215	2,199
Audit	700	700
Sundries	579	162
Postage	478	379
Printing	432	229
Website	355	2,100
Telephone	201	860
Stationery	165	354
Credit Card	50	0
	<u>8,705</u>	<u>6,983</u>

12 COMPUTER / IT

Costs associated with developing and implementing a database system and online processing for persons applying for a skills assessment or wishing to practice in Australia as a Podiatrist.

13 RENT

The Chiropractic and Osteopathy Board of South Australia charged a nominal rent of \$250/month for use of part of their premises.

14 CONSULTATIVE FORUMS

Costs primarily associated with expenses of the Chairperson and Executive Officer attending the Forum of Australian Health Professions Councils in Melbourne on 4 December 2009 and 31 March 2010.

**AUSTRALIAN AND NEW ZEALAND PODIATRY
ACCREDITATION COUNCIL INC**

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS (Cont)

15 RECONCILIATION OF OPERATING SURPLUS TO NET CASH PROVIDED BY OPERATING ACTIVITIES

	2010	2009
	\$	\$
Operating Surplus / (Loss)	(15,954)	6,551
Changes in Assets and Liabilities		
(Increase) Decrease in Receivables	(3,832)	(3,660)
Increase (Decrease) in Accounts Payable & Accruals	2,660	3,463
	<hr/>	<hr/>
Net Cash (used in) provided by Operating Activities	(17,126)	6,354
	<hr/> <hr/>	<hr/> <hr/>

**AUSTRALIAN AND NEW ZEALAND PODIATRY
ACCREDITATION COUNCIL INC**

CERTIFICATE

In our opinion:

- a) The foregoing Income Statement and Balance Sheet, and notes thereto present fairly, in accordance with Australian Accounting Standards, the financial position of the Australian and New Zealand Podiatry Accreditation Council Inc (ANZPAC) as of 30 June 2010 and the results of its operations for the year then ended; and
- b) Internal controls over financial reporting have been effective throughout the year.



**R SCHARFBILLIG
CHAIRPERSON**



**P J MARTIN
EXECUTIVE OFFICER**

**AUSTRALIAN AND NEW ZEALAND PODIATRY
ACCREDITATION COUNCIL INC**

AUDIT REPORT

AUDIT REPORT

AUSTRALIA AND NEW ZEALAND PODIATRY ACCREDITATION
COUNCIL INCORPORATED

Audit report to the Chairperson,

We have audited the Financial Statements of Australian and New Zealand Podiatry Accreditation Council Inc. for the year ended 30 June 2010, in accordance with Australian Auditing Standards.

Subject to the substantive testing performed, I am of the opinion that the accompanying Financial Statements present fairly the financial position of the ANZPAC as at the 30 June 2010, and the results of its operations for the year then ended in accordance with Australian Accounting Standards.



Frank Scarfo CPA
Auditor

Firm: ODV Accountants & Financial Services
61 Henley Beach Road
Mile End SA 5031

Dated: 9 September 2010



**Australian and New Zealand Podiatry
Accreditation Council Inc**

**ANNUAL REPORT YEAR ENDED
30 JUNE 2011**



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Website: www.anzpac.org.au
ABN: 91 454 059 309

30 September 2011

To Member Organisations and Stakeholders

I have pleasure in presenting the Annual Report of the Australian and New Zealand Podiatry Accreditation Council Inc (ANZPAC) for the twelve (12) months ended 30 June 2011.

This period has been one of intense activity for ANZPAC as we have addressed our core functions -

- accrediting the Podiatry Courses offered in Australia and New Zealand
- assessing overseas qualifications for registration
- development of further standards for the profession and worked on ancillary projects
- assessment for competency to practice after a break from the profession
- recognition of Australian qualifications overseas

I wish to thank the Executive Officer and staff for the diligent and professional manner in which they have provided services and support to the Board. I would also like to acknowledge the Board itself, especially Deputy Chairperson Dr Adam Bird, committees and assessment teams for their hard work.

Rolf Scharfbillig
CHAIRPERSON

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1 CHARTER

The Australian & New Zealand Podiatry Accreditation Council Inc (“**ANZPAC**”) was incorporated in South Australia on 16 April 2008.

ANZPAC is an independent body with membership comprising the Podiatry Board of Australia and the Podiatrists Board of New Zealand. The Board of Management comprises registered podiatrists (nominated by the Registration Boards), nominees from the professional associations (Australasian Podiatry Council and Podiatry New Zealand), nominees from the educational institutions offering podiatric programs and community representation.

The purpose of ANZPAC is to assess and accredit podiatric education programs that aim to graduate persons who are eligible for registration as a podiatrist and to assess the qualifications and skills of overseas trained podiatrists for skilled migration to Australia or suitability to practice in Australia and New Zealand.

In consideration of the Trans Tasman Mutual Recognition Agreement, the Constitution and processes of ANZPAC include stakeholder representation from New Zealand to ensure collaboration and uniformity.

ANZPAC has been assigned by the Ministerial Council the Accreditation functions for the Podiatry Board of Australia under the National Registration and Accreditation Scheme for Health Professions.

2 OBJECTS

Consistent with its purpose, the objects of ANZPAC are to:

- a) Assess for the purpose of granting accreditation to, programs leading to eligibility for registration as a podiatrist.
- b) Advise and make recommendations to the Member Organisations relating to the accreditation status to be granted to a podiatric program.
- c) Advise and make recommendations to the Member Organisations and other relevant interest groups on matters concerning the registration of podiatrists.
- d) Develop, review and maintain accreditation standards and processes to assess podiatric entry-level programs.
- e) Develop and implement an overseas skills assessment process to ensure the knowledge, clinical skills and professional attributes of overseas trained podiatrists is of a comparable standard to registered podiatrists for skilled migration to Australia or practice as a podiatrist in Australia and New Zealand.
- f) Provide information and advice to Government relating to law and policy concerning the accreditation and competency requirements for the registration of podiatrists.
- g) Establish and maintain relationships with bodies or organisations having objects and functions in whole or in part similar to the objects and functions of ANZPAC.

The assets and income of ANZPAC shall only be applied solely in furtherance of the above mentioned objects and no portion shall be distributed directly or indirectly to the members of ANZPAC except as bona fide compensation for services rendered or expenses incurred on behalf of ANZPAC.

3 CONSTITUTION AND RULES

No changes were made to the Constitution and Rules during the year:

The Public Officer for ANZPAC is Mr Peter Martin J.P.

4 MEMBER ORGANISATIONS

The following organisations are members of ANZPAC in accordance with Rule 6 of the Constitution:

- the Podiatry Board of Australia www.podiatryboard.gov.au
- the Podiatrists Board of New Zealand www.podiatristsboard.org.nz

The member organisations assist with the funding of ANZPAC.

5 BOARD OF MANAGEMENT

As at 30 June 2011 the Board of Management consisted of Board members from the following organisations:

- a) One registered podiatrist nominated by the Podiatry Board of Australia:
Dr Rolf Scharfbillig (Chairperson)
- b) Two registered podiatrists employed to lecture in podiatric education programs nominated by tertiary institutions offering podiatric education programs in Australia and/or New Zealand:
Dr Adam Bird La Trobe University Victoria (Deputy Chairperson)
Mr Matthew Carroll AUT University Auckland NZ
- c) One registered podiatrist nominee:
Mr David McKay
- d) One registered podiatrist nominated by the Podiatrists Board of New Zealand:
Ms Michele Garrett
- e) One registered podiatrist nominated by Podiatry New Zealand:
Ms Alexandra Noble-Beasley (Treasurer)
- f) One registered podiatrist nominated by Australasian Podiatry Council:
Mr Trent Johnston
- g) Two persons as consumer representatives:
Ms Joan Russell
Ms Fiona Oliver

Appointments are from 1 July 2010 for a period of 3 years.

Each member of the Board of Management has equal voting rights.

6 COMMITTEES

a) Overseas Qualifications Assessment Committee (OQAC)

The Terms of Reference and structure are as follows:

i) Key Function

To oversee and conduct assessments of an overseas persons qualifications and skills for skilled migration to Australia and/or practice in Australia and New Zealand.

ii) Membership Structure

At least two members from the ANZPAC Board of Management, which should include the Chair or Deputy Chair of ANZPAC (not both).

Dr Adam Bird (Chairperson)

Dr Paul Tinley

At least two academics who are Program Directors (or equivalent) of institutions offering podiatric education programs.

Ms Belinda Ihaka (NZ)

Ms Verona Du Toit

At least one registered podiatrist who is a current practitioner with a breadth of practice experience.

Ms Carol Mioduchowski

At least one community representative.

Dr Susanne Owen

At least 50% of appointments must be registered podiatrists and one person must be from New Zealand.

iii) Role

- 1) To carry out the functions referred to in the Key Functions.
- 2) To recommend to the Board of Management of ANZPAC the most appropriate method of assessment to ensure the qualifications and skills of overseas trained podiatrists is of a comparable standard to registered podiatrists in Australia and New Zealand.
- 3) To undertake a review of the assessment criteria on an annual basis or as required and provide the Board of Management of ANZPAC with any recommendations for amendments.
- 4) To manage the relevant appeals process.
- 5) Report to the Board of Management of ANZPAC at every AGM.
- 6) To manage and conduct the business affairs of the OQAC.
- 7) To review the relevant schedule of fees for the evaluation process and make appropriate recommendations to the Board of Management of ANZPAC for variations.

b) Accreditation Committee

The Terms of Reference and structure are as follows:

i) Key Function

To make recommendations to ANZPAC on matters concerning the accreditation of entry level education of podiatrists.

ii) Membership Structure

At least two members from the ANZPAC Board of Management which should include the Chair or Deputy Chair of ANZPAC (not both).

Dr Rolf Scharbillig (Chairperson)
Dr Mark Gilheany

At least two academics who are Program Directors (or equivalent) of institutions offering podiatric education programs. One from Australia and one from New Zealand.

Dr Alan Bryant
Mr Matthew Carroll (NZ)

At least one registered podiatrist who is a current practitioner with a breadth of practice experience.

Mr Bernard Comerford

At least one community representative.

Ms Joan Russell

At least 50% of appointments must be registered podiatrists.

iii) Role

The "Accreditation Standards and Procedures for Podiatry Programs for Australia and New Zealand" document will guide the Committee.

- 1) To assess and recommend to the ANZPAC Board of Management podiatric undergraduate and post-graduate courses in Australia (and New Zealand if applicable) which aim to prepare individuals for registration as a podiatrist.
- 2) To recommend to the ANZPAC Board of Management how to implement processes for the accreditation of podiatry programs.
- 3) To recommend to the ANZPAC Board of Management any changes required to the document "Accreditation Standards and Procedures for Podiatry Programs for Australia and New Zealand".
- 4) To appoint appropriate Assessment Teams.
- 5) To manage and prepare timetables for the Assessment Teams.
- 6) To manage and conduct the business affairs of the Accreditation Committee.
- 7) To manage the appeals process.

c) **Executive Committee**

As at 30 June 2011 the Executive Committee comprised:

- Dr Rolf Scharfbillig Chairperson
- Dr Adam Bird Deputy Chairperson
- Ms Alexandra Noble-Beasley Treasurer

The Executive Committee conducts the business of ANZPAC between meetings of ANZPAC as directed by the Board of Management. The Board of Management may confer upon the Executive Committee any of the powers exercisable by the Board of Management.

7 BOARD AND COMMITTEE MEETINGS

a) **Board of Management**

The Board of Management held **three (3)** meetings during the year:

26 August 2010	Teleconference
29 October 2010	Adelaide, SA
24 March 2011	Brisbane, Qld

b) **Accreditation Committee**

The Accreditation Committee held **three (3)** meetings during the year:

28 October 2010	Adelaide, SA
15 December 2010	Teleconference
4 February 2011	Teleconference

c) **Overseas Qualifications Assessment Committee (OQAC)**

The Board of Management held **one (1)** meeting during the year:

28 October 2010	Adelaide, SA
-----------------	--------------

8 ADMINISTRATION

The Council has entered into an agreement with a consultant to provide all Executive, administrative and financial services to the Council and its Committees.

The following persons provide these services:

- Peter Martin, JP Executive Officer/Consultant
- Trisha Bird Executive Assistant

Office hours are from Monday to Friday, 9:00 am to 4:00 pm. The office is located at Suite 3, 154 Fullarton Road, Rose Park, South Australia.

9 WEBSITE

The Council has established a comprehensive website at the address www.anzpac.org.au.

The website contains information about:

- ANZPAC, the Board of Management and Standing Committees
- Podiatry in Australia and New Zealand
- Course Accreditation
- Overseas Assessment
- Competency Assessment
- Various publications and policies

Any person who does not have access to the internet can contact the office of the Council to obtain these documents.

The website is updated regularly and has many links to associated web sites nationally and internationally.

10 PUBLICATIONS / POLICIES

The following publications / documents appear on the Council's website:

- Public Releases and Consultation Papers
- ANZPAC Constitution and Rules – Revised May 2010
- ANZPAC Accreditation Standards & Procedures for Podiatry Programs for Australia & New Zealand - August 2009
- ANZPAC Podiatry Competency Standards for Australia and New Zealand – August 2009
- WHO/WFME Guidelines for Accreditation of Basic Medical Education - Geneva 2005
- Professions Australia Standards for Professional Accreditation Processes – June 2008
- ANZPAC Handbook for Assessment Teams – November 2009
- ANZPAC University Guidelines for Completion of Self-Evaluation Report – June 2010
- Podiatry Specialisations Education and Training Accreditation Standards Project – 2010
- ANZPAC Accredited Podiatry Programs and Accreditation Timetable
- Annual Reports since 2009
- Strategic Plan 2009/2010
- ANZPAC Privacy Policy – August 2009
- Stage 1 Desktop Assessment Application Form
- Stage 2 Practical Assessment Application to sit the Examination
- Assessment of Qualifications & Skills in Podiatry for Migration Purposes - March 2010
- Candidate Information Handbook for Stage 2 Practical Assessment
- Competency Assessment Application to sit the Examination
- Competency Assessment Candidate Information Handbook

The following publications / guidelines are internal documents:

- ANZPAC Assessment Tool for Accreditation Team Members
- Guidelines on Confidentiality and Conflict of Interest
- Remuneration Policy
- Overseas Applicants Assessors manual for Stage 2 Practical Assessment – April 2010
- OQAC Internal Operations Manual – April 2010
- Risk Management Policy – February 2010

11 ACCREDITATION OF PODIATRY PROGRAMS IN AUSTRALIA AND NEW ZEALAND

a) Introduction

An important responsibility of the Australian and New Zealand Podiatry Accreditation Council is to ensure that registered podiatrists have the knowledge, skills and attitudes necessary for the safe and competent practice of podiatry.

As part of discharging this responsibility ANZPAC must satisfy itself that the entry-level qualifications in podiatry recognised for the purpose of registration provide appropriate education and training in podiatry. This is done by a process of accreditation.

Accreditation of podiatric courses provides the community, government, the profession and students assurance that graduates of accredited podiatric courses are competent for the independent practice of podiatry and are responsive to the health needs of an evolving community.

While ANZPAC must inquire into podiatric courses to establish that the standards of education and training are acceptable, those inquiries and the processes of accreditation should not stifle diversity and innovation in education nor challenge the independence of Institutions.

For this reason the approach taken in ANZPAC's accreditation procedures is to require the Institutions seeking recognition of a podiatric course for the purpose of registration to show that their course meets defined standards that collectively give assurance that graduates of the course are competent. ANZPAC outlines the standards it expects podiatric courses to achieve in order for a course to be accredited. The standards set out the principles, Institutional processes, settings and resources that ANZPAC regards as requirements for successful entry level podiatric education. It is the responsibility of individual Institutions to develop and implement a curriculum that will enable students to attain the desirable attributes of podiatric graduates.

b) Accredited Podiatry Programs in Australia and New Zealand and Accreditation Timetable

In Australia *The Health Practitioner Regulation National Law Act* (National Law) as in force in each state and territory requires that a course is both accredited by ANZPAC and subsequently approved by the Podiatry Board of Australia before it can be accepted as a qualification suitable for the purpose of registration as a podiatrist. Similarly ANZPAC reports to the Podiatrists Board of New Zealand on the accreditation of podiatry programs in New Zealand.

Accreditation refers to the process of independent assessment by ANZPAC to determine if a podiatry course and the education provider which offers the course meet the ANZPAC 2009 - Accreditation Standards and Procedures for Podiatry Programs for Australia and New Zealand.

University/ Campus	Podiatry Program	Length of Program	Type of Accreditation	SER Assessed & site visit Due by	Next SER Due by
University of Western Sydney - School of Biomedical & Health Sciences - Campbelltown Campus	B H Sc (Pass & Hons) / M Pod Med	4 years	Initial	Being undertaken	
	M Pod Med	2 years (grad entry)	Initial	Being undertaken	
University of South Australia – School of Health Sciences – City East Campus	B Pod (Pass & Hons)	4 years	Full (PBA approved)	31/05/2016	30/11/2015
University of Western Australia – Faculty of Medicine, Dentistry and Health Sciences – Crawley Campus	B Pod Med (Pass & Hons)	4 years	Full	31/07/2016	31/01/2016
	D P M	5 years		30/09/2012	30/06/2012
LaTrobe University – Faculty of Health Sciences - Bendigo campus Bundoora Campus	B H Sc(Pass & Hons) / M Pod Prac	4 years		Being undertaken	
	M Pod Prac	2 years (grad entry)		Being undertaken	
	B Pod (Pass & Hons)	4 years		Being undertaken	
Central Queensland University (CQU) – Dept health and Human Services – Rockhampton Campus	B Pod (Pass & Hons)	4 years		31/03/2012	31/09/2011
University of Newcastle – School of Health Sciences - Central Coast (Ourimbah) Campus	B Pod	3 years		Being undertaken	
Charles Sturt University – Albury-Wodonga Campus	B Pod (Pass & Hons)	4 years		31/05/2012	30/11/2011
Auckland University of Technology – Health Sciences – North Shore Campus	B H Sc (Pod)	3 years		30/11/2012	31/05/2012
Queensland University of Technology – School of Public Health – Brisbane Campus	B H Sc (Pod)	4 years		31/05/2013	30/11/2012

Note

- SER is a comprehensive self-evaluation report from the University of how the course meets the Accreditation and Competency Standards and must be made electronically or on disc available to ANZPAC
- ANZPAC recommends accredited programs of study to the Podiatry Board of Australia (PBA) and Podiatrists Board of New Zealand (PBNZ) for approval of the qualifications as suitable for the purpose of registration as a Podiatrist.
- “Due by” is the deadline but can mean earlier by negotiation.
- Universities are required to report annually to ANZPAC of any changes to the Podiatry program and progress toward any recommendations made
- The Assessment Teams are required to provide a report to the Accreditation Committee within 2 months after the site visit.

c) Fees and Charges

The University / Podiatry Schools are usually charged the professional fees and expenses of the Assessment Team members in accordance with the Remuneration policy of ANZPAC. This fee is normally between \$25,000 - \$35,000 depending on the type of accreditation and number of podiatry programs to be accredited.

The ANZPAC Secretariat will issue an invoice to the Universities upon receipt of the final report of the Assessment Team. Payment is due before ANZPAC makes a decision on accreditation.

d) Appeals Process

ANZPAC has in place a process of internal review of accreditation decisions. There are two types of review – a Review of Process or a Review of Decision.

An application for a Review of Process would be lodged if a university believed there was evidence that the manner in which the accreditation process was conducted was procedurally unfair. The Review of Process is limited to review of the procedures related to the accreditation process of the program and may include consideration of matters such as the sequence and timing of the accreditation process, the process of review and evaluation of documentation and the conduct of the site visit.

An application for Review of Decision would be lodged if a university believed there was evidence that the decision of the ANZPAC Board of Management was unjustified or patently unreasonable in the circumstances. The onus is on the university to prove that the decision was not supported by substantial evidence on the record or that the decision was made on capricious or arbitrary grounds and not the application of objective standards.

The university applying for a Review of Process or Review of Decision will be required to pay for the cost of the review. The fee will be refunded in full if the outcome of the review is in favour of the university.

An application for a Review must be lodged in writing within 30 days from the date of the letter advising the university of the decision made by the Board of Management. The application must set out the precise grounds for the request and include the necessary evidence.

Upon receipt of an application for a Review, a Review Panel will be nominated by the Accreditation Committee and ratified by ANZPAC. The University may only object to the nominations on the grounds of bias.

The Review Panel shall comprise –

- One Head of a School of Podiatry
- One senior academic of another School of Podiatry
- One person with experience in the practice of podiatry.

The people selected for the review Panel must not have been involved in the accreditation of the program that is the subject of the review, in accordance with procedural fairness. The Review Panel shall be provided with a complete record of the accreditation process of the program including submissions by the university, all correspondence and the accreditation reports.

Although the Panel will predominately make its decision based on documentary material, it has the discretion to make any such inquiries as it feels necessary, to review the decision before coming to its conclusions.

The outcome of the review by the Panel will be conveyed in writing within 90 days of their appointment to the Executive Officer of ANZPAC and will include the reasons for the outcome.

The University will be given opportunity to respond to any issues raised in the report before ANZPAC makes a final decision on accreditation status.

12 ASSESSMENT OF OVERSEAS QUALIFICATIONS AND SKILLS IN PODIATRY

a) Skilled Migration to Australia

From 1 July 2010 the Australian and New Zealand Podiatry Accreditation Council (ANZPAC) has been specified by the Minister for Immigration and Citizenship in accordance with the *Migration Regulations 1994* as the assessing authority for the occupation Podiatrist (ANZSCO Code 252611)

Individuals who wish to apply for migration to Australia under the occupation Podiatrist under the General Skilled Migration program must gain a migration skills assessment from ANZPAC by completing the ANZPAC overseas assessment process, whether they have qualifications gained overseas or in Australia.

ANZPAC will assess a person's skills as "suitable" or "not suitable" for the occupation of podiatry against the criteria it has established.

The skills assessment must be included with any visa application to the Department of Immigration and Citizenship (DIAC). Applicants should keep an original or certified copy of their skills assessment and all other relevant documentation for their own records.

A skills assessment remains valid for three (3) years from the date of issue.

Successfully migrating to Australia as a podiatrist is no guarantee of registration or employment in Australia. Requirements additional to those for migration may need to be met to become registered with the Podiatry Board of Australia.

The assessment process has two (2) stages which are administered by the Overseas Qualifications Assessment Committee (OQAC) of ANZPAC.

i) Stage 1 Desk Top Assessment

The Stage 1 Desktop Assessment is a paper-based assessment of applicants' qualifications and skills against ANZPAC's eligibility criteria. Applicants who meet all eligibility criteria of the Stage 1 Desktop Assessment appropriate to their circumstances will be assessed as suitable for migration. Applicants who are not assessed as suitable for migration at the conclusion of the Stage 1 Desktop Assessment can, in some circumstances, advance to the Stage 2 Practical Assessment.

Modified Assessment

Persons should apply for a Modified Assessment if they either:

- hold current registration as a podiatrist in Australia, regardless of country of training; *or*
- completed an ANZPAC-accredited program within the two years prior to applying for a migration skills assessment.

To be assessed as suitable for migration, Modified Assessment applicants must demonstrate that they:

- are currently registered as a podiatrist in Australia; *or*
- completed an ANZPAC-accredited program within the two years prior to the date of their application to ANZPAC; *and*
- are currently registered or eligible for registration as a podiatrist in Australia.

Full Assessment

Persons should apply for a Full Assessment if they:

- are **not** currently registered as a podiatrist in Australia; *or*
- did **not** complete an ANZPAC-accredited program within the two years prior to applying for a migration skills assessment.

To be assessed as suitable for migration, Full Assessment applicants must demonstrate that they:

- are registered and in good standing as a podiatrist with the relevant authority, or otherwise officially recognised as a podiatrist, in the country in which they are currently practising;
- hold a podiatry qualification that is comparable to an ANZPAC accredited entry level podiatry program in Australia in terms of :
 - the educational level being comparable to an Australian Bachelor Degree or higher;
 - the duration being a minimum of six semesters full- time equivalent study for an undergraduate program, with prior studies taken into consideration for a graduate entry program;

- supervised clinical practice within the course curriculum including a range of placements and patient situations to develop relevant skills, competencies and show evidence of application of theory to practice;
- the course curriculum including clinical, behavioural and basic sciences, and relevant and sufficiently-detailed theoretical and practical content;
- the course curriculum including research and scholarly activity to build evidence-based practices, and develop student skills and responsibility for lifelong learning;
- have practised as a competent professional podiatrist within the last three years; and
- have the required English language skills, as demonstrated by:
 - achieving an overall pass with grades of A or B only in each of the four sub-tests in the Occupational English Test (OET); *or*
 - achieving a minimum score of seven (7) in each of the four modules (listening, reading, writing and speaking) in the International English Language Testing System (IELTS) test (Academic version); *or*
 - completing secondary school education *and* a podiatry qualification in English in one of the following countries:
 - Australia;
 - Canada;
 - New Zealand;
 - Republic of Ireland;
 - South Africa;
 - United Kingdom;
 - United States of America.

If Full Assessment applicants are assessed as meeting all criteria but the competent professional practice criterion, they will be offered the opportunity to sit the Stage 2 Practical Assessment. If they do not meet the registration, qualification or English language skills criteria, they will be assessed as not suitable for migration.

ii) Stage 2 Practical Assessment

The Stage 2 Practical Assessment is an assessment of an applicants' professional competence in the practice of podiatry in accordance with the *ANZPAC Podiatry Competency Standards for Australia and New Zealand - August 2009*. It is only open to candidates who met the qualification, registration and English language skills criteria, but not the competent professional practice criterion, of the Stage 1 Desktop Assessment (Full Assessment). Candidates who successfully complete the Stage 2 Practical Assessment will be assessed as suitable for migration.

Applicants must make a separate application, accompanied by the correct fee, to sit the Stage 2 Practical Assessment.

The Stage 2 Practical Assessment is offered twice per year, in June/July and November/December. It is conducted at one of Australia's Schools of Podiatry by university examiners.

The assessment is conducted in two stages over a full day.

First stage (3-4.5 hours):

- Clinical Observation - three hours of direct patient care by the candidate;
- Clinical Record Audit of documentation completed by the candidate during Clinical Observation.

Second stage (4 hours):

- interview;
- four Objective Structured Clinical Examinations.

ANZPAC's Candidate Information Handbook, which includes preparatory material, competency standards and a recommended reading list, is available at www.anzpac.org.au under "Overseas Assessment".

A maximum of five (5) attempts may be made.

b) Practising in Australia or New Zealand

Overseas trained podiatrists who wish to practise in Australia (and do not require skilled migration) will need to undertake the same process as for skilled migration to Australia.

ANZPAC will determine whether a persons qualifications and skills are "suitable" or "not suitable" for the occupation of Podiatrist for the purpose of applying for registration with the Podiatry Board of Australia.

It does not entitle persons to automatic registration in Australia.

The skills assessment must be included with any application for registration to the registration Board. Applicants should keep on original or certified copy of their skills assessment and all other relevant documentation for their own records

Registration is a legal requirement to practise as a podiatrist in Australia and severe penalties will apply if any person practices unregistered.

Overseas trained podiatrists who wish to practise in New Zealand will need to contact the Podiatrists Board of New Zealand.

Processing time for assessments

Stage 1 - Will take up to ten (10) weeks to process depending on complexity and whether further information is sought.

Stage 2 - Within five (5) weeks of the day of the practical examination.

c) Fee Schedule

1.	<u>Stage 1 - Desk Top Assessment</u>	
	Modified Assessment	\$400
	Full Assessment	\$650
2.	<u>Stage 2 - Practical Assessment or Competency Assessment</u>	
	Examination	\$1300
3.	<u>Reviews/Appeals</u>	
	Administrative Review	-
	Appeal	\$250

- All amounts are in Australian Dollars.
- The above fees are GST-free under Section 38-110 of *A New Tax System (Goods and Services Tax) Act 1999*.
- If persons wish to withdraw their application, ANZPAC reserves the right to retain an administrative fee.
- If a review or appeal is successful, half the fee will be refunded.

d) Assessment Results

There has been 39 Stage 1 Desk Top Assessments undertaken during 2010/2011-

United Kingdom

27	-	Suitable for migration /practice in Australia
1	-	Not suitable (undertaking degree conversion)
3	-	In progress

Australia

4	-	Suitable for migration /practice in Australia
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New Zealand

2	-	Suitable for migration /practice in Australia
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U.S.A

1	-	Suitable for migration /practice in Australia
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France

1	-	In progress
---	---	-------------

Total **39**

e) DEEWR

The Australian Government's Skilled Migration programme is implemented through a partnership between government and industry. The Department of Immigration and Citizenship and the Department of Education, Employment and Workplace Relations work with industry, represented by professional migration assessing authorities, to ensure that policies and procedures for assessing the skills of prospective migrants are appropriate, transparent and do not pose unreasonable barriers to migration.

DEEWR supports ANZPAC through a range of activities, including annual support meetings, an annual conference to provide updates on Australian Government policy and share information on topics of mutual interest and general information provision.

The Executive Officer represented ANZPAC at the 2010 Assessing Authorities Conference held in Canberra, ACT on 11-12 November 2010.

13 COMPETENCY ASSESSMENTS –PODIATRY BOARD OF AUSTRALIA

Competency Assessments are for applicants for registration to the Podiatry Board of Australia (Pod BA) who hold approved qualifications for registration as a Podiatrist but have been absent from the practice of podiatry for a period of time and have been asked by the Pod BA to undertake a clinical competency assessment through ANZPAC.

The Competency Assessment will normally be scheduled at the closest participating University (refer Candidate Information Handbook) within 6-8 weeks from the time of the application for assessment depending on the workload of the University and availability of assessors.

The results of the assessment will be available within five (5) weeks of the day of the competency assessment.

The fee is \$1300.00 AUD and must be accompanied by an application to sit the examination.

A Certificate of Completion of Competency Assessment will be issued to successful applicants and this certificate should be presented to the Australian Health Practitioners Regulation Agency (AHPRA) as part of their application for registration as a podiatrist in Australia.

During the year three (3) podiatrists applied to undertake the competency assessment.

One person successfully completed the assessment undertaken over a full day at La Trobe University. Assessments for the other 2 persons are being arranged at the University of SA and Charles Sturt University.

14 FORUM OF AUSTRALIAN HEALTH PROFESSIONS COUNCILS

ANZPAC is a member of the Forum of Australian Health Professions Councils which comprises the following national accreditation Councils assigned (by the Ministerial Council) the accreditation functions for the National Boards of Australia under the National Registration and Accreditation Scheme for health professions.

- Australian Dental Council
- Australian Medical Council
- Australian Nursing and Midwifery Council
- Australian Pharmacy Council
- Australian Physiotherapy Council
- Australian Psychology Accreditation Council
- Council on Chiropractic Education Australasia
- Optometry Council of Australia and New Zealand
- Australian and New Zealand Osteopathic Council
- Australian and New Zealand Podiatry Accreditation Council

The purpose of the Forum is:

- 1) To work together on issues of national importance to the regulated health professions.
- 2) To identify areas of common interest and concern in relation to the regulated health professions.
- 3) To work toward a position of consensus on identified issues and concerns.
- 4) To take joint action in areas of importance to the regulated health professions.
- 5) To develop joint position statements which provide recommended policy directions for governments and other relevant stakeholders.

During the year the Forum has been working closely with the Australian Health Practitioners Regulation Agency (AHPRA) and the National Boards to develop a draft Agreement for Accreditation Functions (which includes funding and reporting arrangements) and the agreement is nearly finalised.

The website for the Forum is:

<http://healthprofessionscouncils.org.au>

Meetings attended:

6 August 2010	– Chair and Executive Officer
26 October 2010	– Chair and Executive Officer
3 December 2010	– Nil
4 March 2011	– Ms F Oliver
6 & 7 June 2011	– Executive Officer

15 PROJECTS

a) International Mutual Recognition

Funding was received from the Department of Education, Employment and Workplace Relations (DEEWR) under the Professional Services Development Program grant scheme to develop a discussion paper (including a mapping of ANZPAC and UK accreditation standards and competencies) in relation to the compatibility of overseas podiatry programs with Australian podiatry programs.

Dr S Owen was engaged as the project officer and was overseen by a steering group comprising the Chair and Deputy Chair of ANZPAC. A report was submitted to DEEWR in June 2011 and accepted.

This desktop research and mapping formed Stage 1 of the overall project.

An application for Stage 2 funding of \$51,259 which involves establishing overseas networks and face to face discussions with overseas organisations has been approved by DEEWR. Stage 2 is due to be completed by 29 February 2012.

Stage 3 will hopefully involve a mutual recognition agreement to be finalised by 2013.

b) Endorsement of Scheduled Medicines

Funding was received from AHPRA on behalf of the Podiatry Board of Australia to develop accreditation standards for podiatrists to be approved for an Endorsement for Scheduled Medicines within guidelines provided by the Board and consistent with the Health Practitioners Regulation National Law Act 2009.

The business benefits expected are –

- Establish national benchmark for minimum training standards
- Enhance consumer protection through standardized national pathways
- Reduce the potential for complaints to the Podiatry Board of Australia
- Improved application process for Australian and overseas trained registrants seeking Endorsement for Scheduled Medicines

Dr S Owen was engaged as the project officer and was overseen by the Project Leader, Dr A Bird, Deputy Chair.

A report and recommendations was forwarded to the Podiatry Board of Australia on 17 June 2011.

The Board has asked ANZPAC to address a number of matters in the report before re-submitting the accreditation standard to the Board by 29 September 2011.

c) Podiatric Surgery

Funding was received from AHPRA on behalf of the Podiatry Board of Australia to develop accreditation standards for the training of podiatric surgery to ensure a minimum standard could apply across Australia.

Prior to July 2010 there were varying qualifications and training programs for podiatric surgery that were accepted for specialist registration by State and Territory Podiatry Boards.

Dr S Owen was engaged as the project officer and was overseen by the Project Leader Dr R Scharfbillig, Chair.

A report and recommendations was forwarded to the Podiatry Board of Australia in early July 2011

The Board will provide ANZPAC with feedback after its Board meeting on 24 August 2011.

16 FINANCES

The Council recorded an operating surplus of \$20,284 for the 2010/2011 financial year and as at 30 June 2011 had total equity of \$48,760.00.

Most of the surplus was unspent funds from the grant received from AHPRA for the Podiatric Surgery and Endorsement of Scheduled Medicines projects. The balance of funds for these projects will be expended in 2011/2012.

The Council is registered for GST and has an ABN – 91 454 059 309.

The accounts of the Council have been audited and the financial statements for the year ended 30 June 2011 together with accompanying notes and the audit report appear as follows:

**AUSTRALIAN AND NEW ZEALAND PODIATRY
ACCREDITATION COUNCIL INC**

INCOME STATEMENT FOR YEAR ENDED 30 JUNE 2011

	Note	2011 \$	2010 \$
REVENUES FROM ORDINARY ACTIVITIES			
Member Contributions	3	79,698	86,850
Project Grants	4	68,250	20,000
Program Accreditation	5	47,075	29,024
Overseas Assessments	6	24,499	0
Competency Assessments	7	3900	0
Interest		503	334
		<hr/>	<hr/>
Total Revenues from ordinary activities		223,925	136,208
		<hr/>	<hr/>
EXPENSES FROM ORDINARY ACTIVITIES			
Accreditation Team Fees and Expenses	8	54,567	29,024
Projects	9	50,539	39,562
Consultant Service Fee	10	45,000	36,000
Board & Committee Member Fees	11	16,310	14,788
Board & Committee Member Expenses	12	10,616	16,268
Administrative Expenses	13	9,345	8,705
Consultative Forums	14	7,886	1,512
Rent	15	6,000	3,000
Computer / IT	16	3,378	3,298
		<hr/>	<hr/>
Total Expenses from ordinary activities		203,641	152,157
		<hr/>	<hr/>
OPERATING SURPLUS/(LOSS)		20,284	(15,949)
		<hr/> <hr/>	<hr/> <hr/>

**AUSTRALIAN AND NEW ZEALAND PODIATRY
ACCREDITATION COUNCIL INC**

BALANCE SHEET AS AT 30 JUNE 2011

	2011 \$	2010 \$
CURRENT ASSETS		
Cash at Bank	68,541	31,448
Receivables	16,451	8,191
	<hr/>	<hr/>
Total Current Assets	84,992	39,639
	<hr/>	<hr/>
TOTAL ASSETS	84,992	39,639
CURRENT LIABILITIES		
Accounts Payable & Accruals	36,232	11,163
	<hr/>	<hr/>
Total Current Liabilities	36,232	11,163
	<hr/>	<hr/>
TOTAL LIABILITIES	36,232	11,163
	<hr/>	<hr/>
NET ASSETS	48,760	28,476
	<hr/> <hr/>	<hr/> <hr/>
EQUITY		
Accumulated Surplus	28,476	44,425
Current Year Surplus/(Loss)	20,284	(15,949)
	<hr/>	<hr/>
TOTAL EQUITY	48,760	28,476
	<hr/> <hr/>	<hr/> <hr/>

AUSTRALIAN AND NEW ZEALAND PODIATRY ACCREDITATION COUNCIL INC

NOTES TO & FORMING PART OF THE FINANCIAL STATEMENTS

1 COUNCIL FORMATION AND OBJECTIVES

The Australian & New Zealand Podiatry Accreditation Council Inc (“**ANZPAC**”) was incorporated in South Australia on 16 April 2008.

The ANZPAC is an independent body comprising members consisting of the Podiatry Registration Boards in Australia and New Zealand. The Board of Management comprises registered podiatrists nominated by the Registration Boards (Podiatry Board of Australia and the Podiatrists Board of New Zealand), nominees from the educational institutions offering podiatric programs and community representation.

The objects of ANZPAC are to:

- Assess for the purpose of granting accreditation to, programs leading to eligibility for registration as a podiatrist.
- Advise and make recommendations to the Member Organisations relating to the accreditation status to be granted to a podiatric program.
- Advise and make recommendations to the member Organisations and other relevant interest groups on matters concerning the registration of podiatrists.
- Develop, review and maintain accreditation standards and processes to assess podiatric programs.
- Develop and implement an overseas skills assessment process to ensure the knowledge, clinical skills and professional attributes of overseas trained podiatrists is of a comparable standard to registered podiatrists for skilled migration to Australia or practice as a podiatrist in Australia and New Zealand.
- Provide information and advice to Government relating to law and policy concerning the accreditation and competency requirements for the registration of podiatrists.
- Establish and maintain relationships with bodies or organisations having objects and functions in whole or in part similar to the objects and functions of ANZPAC.

2 SIGNIFICANT ACCOUNTING POLICIES

The Financial Statements have been prepared in accordance with Statements of Accounting Concepts and appropriate Australian Accounting Standards.

The accounts have been prepared on the basis of historical cost and do not take into account changing money values. The accounting policies have been consistently applied unless otherwise stated.

**AUSTRALIAN AND NEW ZEALAND PODIATRY
ACCREDITATION COUNCIL INC**

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS (Cont)

3 MEMBER CONTRIBUTIONS

Member contributions are based on a dollar value per registrant given any shortfall in an approved operating budget and charged to the member organisations (Registration Boards).

	2011	2010
	\$	\$
Podiatry Board of Australia (AHPRA)	72,068	0
Podiatrists Board of New Zealand	7,630	6,480
Victoria	0	21,360
New South Wales	0	20,800
Queensland	0	13,120
South Australia	0	13,000
Western Australia	0	7,280
Tasmania	0	2,990
Australian Capital Territory	0	1,820
	79,698	86,850

4 PROJECT GRANTS

- a) An amount of \$18,250 was received (and expended) from the Department of Education, Employment and Workplace Relations (DEEWR) under the Professional Services Development Program (PSDP) grant scheme to develop a discussion paper and to establish networks toward establishing mutual recognition with various overseas countries in relation to the comparability of overseas podiatry programs with Australian podiatry programs. This is a 3 stage process finalising in 2012/2013.
- b) An amount of \$50,000 was received from the Australian Health Practitioners Regulation Agency (AHPRA) on behalf of the Podiatry Board of Australia to develop accreditation standards for –
- Endorsement of Scheduled Medicines
 - Podiatric Surgery

in Australia with guidelines provided by them and consistent with the Health Practitioner Regulations National Law Act 2009.

These projects are nearing finalisation with an amount of \$32,289 expended during 2010/2011.

5 PROGRAM ACCREDITATION

ANZPAC undertakes the accreditation of Australian and New Zealand Podiatry programs with recommendations being made to the Podiatry Board of Australia and the Podiatrists Board of New Zealand for approval of the qualifications as suitable for the purpose of registration as a Podiatrist.

The Universities / Podiatry Schools are charged the professional fees and expenses of the Assessment Team members in accordance with the Remuneration Policy of ANZPAC.

**AUSTRALIAN AND NEW ZEALAND PODIATRY
ACCREDITATION COUNCIL INC**

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS (Cont)

6 OVERSEAS ASSESSMENTS

ANZPAC has been specified by the Minister for Immigration and Citizenship in accordance with the *Migration Regulations Act 1994* as the assessing authority for the occupation Podiatrist (ANZSCO Code 252611).

Individuals who wish to apply for migration to Australia under the occupation Podiatrist under the General Skilled Migration program must gain a migration skills assessment from ANZPAC by completing the ANZPAC overseas assessment process, whether they have qualifications gained overseas or in Australia.

ANZPAC also assesses the qualifications and skills of overseas podiatrists wishing to practice in Australia hence being eligible to apply for registration with the Podiatry Board of Australia. A Fee Schedule lists the relevant application fees.

7 COMPETENCY ASSESSMENTS

Competency Assessments are undertaken by applicants for registration as a podiatrist in Australia who are qualified for registration but have been absent from the practice of podiatry for a period of time and have been asked by the Podiatry Board of Australia to undertake a competency assessment through ANZPAC.

The fee for this assessment covers the cost of a participating University and University assessors conducting the assessment over a period of one day.

8 ACCREDITATION TEAM FEES AND EXPENSES

This relates directly to note 5.

9 PROJECTS

This relates directly to note 4.

10 CONSULTANT SERVICE FEES

The Council has entered into an agreement with a Consultant to provide all Executive, administrative and financial services to ANZPAC and its Committees and Assessment Teams and the Consultant is paid a yearly retainer.

11 BOARD AND COMMITTEE MEMBER FEES

Includes all fees paid to Board and Committee members to attend face to face meetings, Consultative Forums and teleconferences in accordance with the Remuneration Policy of ANZPAC.

12 BOARD AND COMMITTEE MEMBER EXPENSES

Includes all expenses incurred for Board and Committee members attending face to face meetings.

**AUSTRALIAN AND NEW ZEALAND PODIATRY
ACCREDITATION COUNCIL INC**

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS (Cont)

13 ADMINISTRATIVE EXPENSES

	2011	2010
	\$	\$
Meeting Expenses	4,166	3,530
Insurance	2,491	2,215
Telephone	817	201
Audit	800	700
Website	482	355
Postage	225	478
Stationery	180	165
Printing	115	432
Credit Card	55	50
Sundries	14	579
	<u>9,345</u>	<u>8,705</u>

14 CONSULTATIVE FORUMS

Costs associated with expenses of the Chairperson (or delegate) and/or Executive Officer attending regular face to face meetings of the Forum of Australian Health Professions Councils and other meetings deemed necessary by ANZPAC or the Executive Committee.

15 RENT

The Occupational Therapy Board of South Australia charges a nominal rent of \$500/month for use of part of their premises in Rose Park, SA.

16 COMPUTER / IT

Costs associated with developing and implementing a database system for persons applying for a skills assessment or wishing to practice in Australia as a Podiatrist.

17 RECONCILIATION OF OPERATING SURPLUS TO NET CASH PROVIDED BY OPERATING ACTIVITIES

	2011	2010
	\$	\$
Operating Surplus / (Loss)	20,284	(15,954)
Changes in Assets and Liabilities		
(Increase) Decrease in Receivables	(8,260)	(3,832)
Increase (Decrease) in Accounts Payable & Accruals	25,069	2,660
	<u>37,093</u>	<u>(17,126)</u>
Net Cash (used in) provided by Operating Activities	37,093	(17,126)

**AUSTRALIAN AND NEW ZEALAND PODIATRY
ACCREDITATION COUNCIL INC**

CERTIFICATE

In our opinion:

- a) The foregoing Income Statement and Balance Sheet, and notes thereto present fairly, in accordance with Australian Accounting Standards, the financial position of the Australian and New Zealand Podiatry Accreditation Council Inc (ANZPAC) as of 30 June 2011 and the results of its operations for the year then ended; and
- b) Internal controls over financial reporting have been effective throughout the year.



**R SCHARFBILLIG
CHAIRPERSON**



**P J MARTIN
EXECUTIVE OFFICER**

**AUSTRALIAN AND NEW ZEALAND PODIATRY
ACCREDITATION COUNCIL INC**

AUDIT REPORT

INDEPENDENT AUDIT REPORT OF

AUSTRALIAN AND NEW ZEALAND PODIATRY ACCREDITATION COUNCIL INCORPORATED

Scope

We have audited the Income and Expenditure Statement of Australian and New Zealand Podiatry Accreditation Council Incorporated for the period 01 July 2010 to 30 June 2011. We have conducted an independent audit of these financial statements in order to express an opinion on it to the Board.

Our audit has been conducted in accordance with the Australian Auditing Standards to provide reasonable assurance whether the financial report is free of material misstatement. Our procedures include examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial statements, and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with Australian Accounting Standards and other mandatory professional reporting requirements, so as to present a view which is consistent with our understanding of the Australian and New Zealand Podiatry Accreditation Council Incorporated financial position, the results of its operations and its cash flows. Our audit was limited to the verification of the reported figures in the financial statements. No compliance testing of internal controls and procedures was performed.

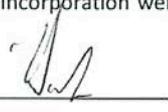
The audit opinion expressed in this report has been formed on the above basis.

Audit Opinion

In our opinion, the financial statements:

- (1). Give a true and fair view of the receipt and expenditure of the funds of the Australian and New Zealand Podiatry Accreditation Council Incorporated for the period 1 July 2010 to 30 June 2011;
- (2). Comply with Australian Accounting and Auditing Standards;
- (3). Is in accordance with the Australian and New Zealand Podiatry Accreditation Council Incorporated and namely that the funds paid to the Incorporation were expended for the purpose defined in the Agreement.

Auditor: Frank Scarfo CPA
Dated: 31/05/11

Signed: 

ODV Accountants and Financial Services

61 Henley Beach Road Mile End SA 5031

Telephone: (08) 83522522

Australian and New Zealand Podiatry Accreditation Council

Manual:	Policies and Procedures	Issue Date:	Aug 2012
Section:	Corporate Governance	Review Date:	Aug 2014
Subject:	CONFLICT OF INTEREST POLICY	Version No:	2.0

Introduction

1. The Australian and New Zealand Podiatry Accreditation Council (ANZPAC) recognises the importance of fair and transparent conduct by its members (member meaning a Director of the Board or a member of an ANZPAC committee).
2. It is the responsibility of members to identify any conflicts of interest and to take action as specified in this policy to address situations in which a conflict of interest has arisen, or could perceivably arise, as soon as the conflict of interest is identified.
3. As a general principle, each member must bring an enquiring, open and independent mind to meetings, listen to the debate on each issue raised, consider the arguments for and against each motion and reach a decision that he or she believes to be in the best interests of the company as a whole, free of any conflict of interest.
4. The objectives of this policy are to ensure policy and processes exist for identification of conflicts of interest and to mitigate risks surrounding actual, potential and/or perceived conflicts of interest. The specific aims of the policy are to:
 - Define what a conflict of interest is, including actual, potential or perceived
 - Provide procedures for reporting and recording conflicts of interest
 - Provide a framework for resolving situations where conflicts of interest exist, or might be perceived to exist, or have occurred

Meaning of the term “conflict of interest”

5. A conflict of interest exists where there is a divergence between the interests of the individual member and their professional obligation to ANZPAC to the extent that an independent observer might reasonably question whether the professional actions or decisions of the individual member are influenced by their own interests, rather than by the interests of ANZPAC.
6. Conflicts of interest include both pecuniary and non-pecuniary interests, with both categories important to recognise and address. They include actual and perceived conflicts and both have the capacity to adversely affect ANZPAC’s reputation.
 - (i) *Pecuniary interests* – a pecuniary interest is an interest that a person has in a matter because of the reasonable likelihood or expectation of appreciable financial gain or loss to the person or another person with whom the person is associated, including relatives, partners, colleagues or external employers. A person has a pecuniary interest if they (or a relative, or a close associate) own property, hold shares, have a position in an organisation that is bidding for work with ANZPAC, or receive benefits such as concessions, discounts, gifts or hospitality from a particular source.
 - (ii) *Non-pecuniary interests* – a non-pecuniary interest may include family relationships, friendships, positions in associations, professional relationships and other interests that do not involve financial gain or loss. They include any tendency toward favour or prejudice resulting from friendship, animosity, or other personal involvement with another person or group.

Australian and New Zealand Podiatry Accreditation Council

Manual:	Policies and Procedures	Issue Date:	Aug 2012
Section:	Corporate Governance	Review Date:	Aug 2014
Subject:	CONFLICT OF INTEREST POLICY	Version No:	2.0

- (iii) *Actual conflict of interest* – a direct conflict between current duties and responsibilities as a Director of Committee member of ANZPAC, and existing private interests, including both pecuniary and non-pecuniary interests.
- (iv) *Potential conflict of interest* – a situation where there is potential for private interests to interfere with official duties, including both pecuniary and non-pecuniary interests.
- (v) *Perceived conflict of interest* – a situation where it could be perceived, or appear, that private interests could improperly influence the performance of duties, whether or not this is the case.

Board directors and the Corporations Act

7. The *Corporations Act 2001 (Clth)* contains specific provisions dealing with the potential conflict of interest applicable to directors of a company. These obligations also exist generally at law to directors to act in the best interests of the company, and not for personal interests or gain. Failure to comply may constitute a breach of director's duties, which carries civil and criminal penalties.

Board and committee procedures

8. A standing item is to be included on the agenda of all Board and Committee meetings to ask whether any member is aware of having a conflict of interest arising from any item scheduled for discussion at that meeting. The Chair of the meeting is to remind members at the outset of each meeting of their obligation to declare conflicts of interest.
9. The ANZPAC member must, as soon as practicable after the relevant facts have come to his or her knowledge, declare the fact and the nature, character and extent of that interest at the meeting. The Chair of the meeting must ensure that a declaration of a conflict of interest under this policy is recorded in the minutes of the meeting.
10. If the Board determines that a director might be in a position where an actual, potential or perceived conflict of interest exists, the Chair will require that the director to fully and frankly inform the Board about the circumstances giving rise to the conflict. The member will abstain from voting on any motion relating to the matter and absents himself or herself from all board deliberations relating to the matter including receipt of board papers bearing on the matter.
11. If the Board resolves to permit a director to have any involvement in a matter involving possible circumstances of conflicting interest the Board must minute full details of the basis of the determination and the nature of the conflict including a formal resolution on the matter.
12. A decision of the Board or any of its Committees is not considered void by reason that a member has failed to disclose an interest or comply with any requirements of this policy.

RISK MANAGEMENT POLICY



This is a special purpose document for Board members and staff of the Australian and New Zealand Podiatry Accreditation Council (ANZPAC). This document outlines the policy for ANZPAC in risk management and as such is the reference document for staff.

ANZPAC RISK MANAGEMENT POLICY

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INTRODUCTION

Over recent years there has been a greater emphasis on accountability and the way in which all service agencies (private and public) conduct their business and deliver their services in a practical and safe environment. As a not-for-profit organisation, which accredits tertiary podiatric education programs in Australian and New Zealand and provides an overseas qualification assessment function for migration and registration purposes, ANZPAC is committed to ensuring that it maintains the highest standards expected by the general community.

This Policy formalises the risk management processes already in place and importantly, incorporates those that have traditionally been classified as general management practices outside the risk management framework. Additionally, new processes designed to align with the *AS/NZS ISO 31000:2009 – Risk Management Principles and Guidelines* (Standard) have been incorporated to present a single, comprehensive policy for ANZPAC. The standard is applicable to all organisations – whether they are business, government or not-for-profit but is only a general guide and is not intended to be prescriptive or restrictive in its application. The broad approach outlined in the ANZPAC Policy, including definitions and processes, is based on information contained in the Standard.

ANZPAC is registered under the *Association Incorporation Act (SA) 1985*. Aspects of the Act relevant to risk management include:

- establishing financial reporting requirements
- establishment of director and officer duties
- rules and procedures for member voting rights
- requirement to hold annual general meetings
- rules for preparation, contents and lodgement of annual reports, including auditing requirements

Risk is inherent in many aspects of ANZPAC's related professional matters, whether it involves running a meeting, undertaking equipment maintenance in an office or before a training session, dealing with a candidate who may have failed an exam, determining committee priorities, or purchasing new office equipment. All those involved on ANZPAC committees manage risk continuously, sometimes consciously and sometimes without realising it, but not always in a systematic way. At times the nature of risk is apparent, such as in determining clear fair processes for accepting or rejecting an accreditation application. At other times, risk will not be so apparent and may manifest in the form of new legislation or policy change.

Risk management is fundamental to all staff members of ANZPAC and all risk associated with organisational functions and activities must be managed systematically. This includes managing risks that are both internal and external to ANZPAC and managing those risks in the same systematic way.

Risk Assessment can be used as a means of enhancing planning by indicating benefits and consequences that may result if the proposal or plan is not adopted or endorsed. This Policy details how assessments of identified risks must be documented as a risk statement where the level of risk may be high or may present a threat to the organisation. Once an assessment of this nature is made, further action may be required at another level in the organisation in order to minimise or remove any risk.

Risk management has relevance for Board members and officers of the Council due to the following reasons:

- Increased corporate governance or due diligence expectations;
- Good risk management enhances organisational performance;
- Core component of Board member and executive duties;
- Board members liable for risk management failures (note existence of director's and officer's liability insurance cover).

This Policy is to be reviewed once every two years by the Executive Officer and the Executive Committee.

PART ONE

1. POLICY STATEMENT AND DEFINITIONS

1.1 POLICY STATEMENT

1.1.1 As an organisation, ANZPAC is committed to Risk Management in order to achieve its goals and maximise the effectiveness and efficiency of its services and dealings with its membership, the community, government, employees and infrastructure.

1.1.2 ANZPAC's Risk Management Policy is designed to ensure that although ANZPAC's activities may contain elements of risk, effective controls are in place and in operation to minimise the potential for harm or loss to the organisation or to its constituents.

1.1.3 ANZPAC's Risk Management Policy requires all staff to be risk aware in the context of management systems, planning processes and practices. This Policy has been distributed to all Board members and staff. Regular Risk Management awareness sessions are to be conducted as part of staff training.

1.1.4 ANZPAC's Risk Management Policy has been developed in conjunction with Occupational Health and Safety Guidelines and in accordance with the Standard and the Association Incorporations Act.

1.2 DEFINITIONS

ANZPAC's Mission: ANZPAC's mission is to maintain the standards of the podiatry profession in the interests of protecting the public via:

- leadership in developing and implementing consistent policies, processes and approaches to education, training and continuing professional development in podiatric practice;
- accreditation of podiatry schools and programs;
- assessment of the qualifications and skills of podiatry graduates towards registration and permanent residency.

ANZPAC provides these services and conducts its business in practical and safe environments designed to minimise **Harm** or **Loss** to its **Constituents** or to the organisation.

Area of Risk: An event, activity or circumstance that may adversely affect the achievement of ANZPAC's mission.

Association Incorporations Act (the Act): sets the legal and procedural basis of businesses, not-for-profit organisations and financial services. The Act is administered by the Office of Consumer and Business Affairs (SA).

Board Members: Includes Committee members.

Consequence: The result of an occurrence. In the context of Risk Management, a Consequence can be a positive outcome (such as the identification of the need for improvement in a process) or a negative Impact (such as Harm or Loss).

Constituents: Those people and organisations who may affect, be affected by, or perceive themselves to be affected by, a decision or activity conducted by ANZPAC.

Controls: Policies, practices, standards, procedures and physical changes which are implemented to eliminate or minimise the adverse effects of Risk.

Core Activities: ANZPAC and its associated activities (or objects as defined in its constitution) designed to achieve the organisation's mission.

Harm: A negative consequence, financial or otherwise. The harm need not be exclusive to ANZPAC, it may affect the public, government or other agency/organisation.

Impact: The combined effect on an organisation of the likelihood and consequences of a risk occurring.

Likelihood: The probability or frequency with which an event may occur.

Loss: A negative consequence, financial or otherwise. The loss need not be exclusive to ANZPAC; it may affect the public, government or other agency/organisation.

Policy: ANZPAC Risk Management Policy.

Residual Risk: The remaining levels of risk after controls and treatments have been applied.

Risk: The chance of something happening that will have an impact on ANZPAC's mission or its objectives. It is measured in terms of consequences and likelihood.

Risk Assessment: A systematic process which includes understanding risk exposure, assessing the **Impact** of the exposure and determining if the exposure is acceptable, based on management priorities, predetermined standards and other specific criteria such as target risk levels.

Risk Awareness: Being observant and proactive in looking for opportunities to mitigate risk.

Risk Management: A systematic use of management policies and processes designed to measure, monitor and manage risk and develop a culture within ANZPAC, which is mindful of potential opportunities and adverse effects.

Risk Register: A centralised database of identified risks and associated mitigating plans.

Standard: *AS/NZS ISO 31000:2009 — Risk Management – principles and guidelines*

Treatment: The selection and implementation of appropriate options for dealing with and mitigating **Risk**.

PART TWO

2. RESPONSIBILITIES

2.1 ANZPAC EXECUTIVE COMMITTEE

The ANZPAC Executive Committee is responsible for:

- overseeing the operation of the Risk Management Policy;
- evaluating the results of the Policy;
- directing the Policy as required; and
- providing advice to the Executive Officer and the ANZPAC Board of Management on Risk Management issues.

2.2 EXECUTIVE OFFICER AND THE COUNCIL

The Executive Officer is responsible for ensuring that the policy is implemented by ANZPAC. The Council is responsible for ensuring that the processes and practices referred to in this policy are adopted by all staff. The Executive Officer is responsible for ensuring that:

- the policy is integrated into all staff and business Risk Management planning processes and work practices;
- appropriate resources are budgeted for and allocated to Risk Management;
- there is provision of appropriate Risk Management training for staff;
- communication and consultation takes place with staff at all levels in relation to Risk Management issues; and
- the Risk Register is to be developed and maintained. (See 4.1.4)

2.3 STAFF

All staff are responsible for:

- actively supporting and contributing to risk management initiatives;
- obeying reasonable directions given by the Council in relation to risk management,
- advising the Board of Management of any risk issues that require attention; and
- acting at all times in accordance with ANZPAC's mission.

PART THREE

3. RISK MANAGEMENT PROCESS

3.1 RISK MANAGEMENT MODEL

Risk Management involves identifying, analysing, evaluating and treating risk, as depicted in figure 3.1, Risk Management Model.

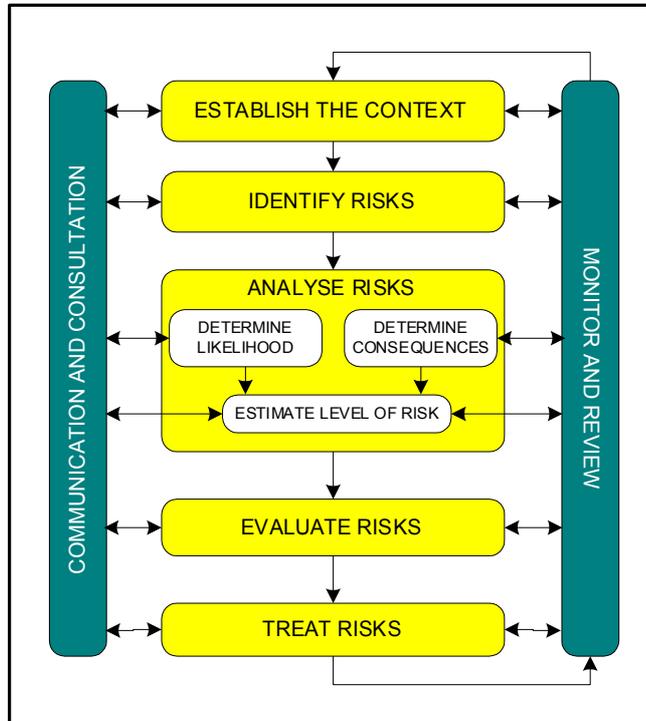


Figure 3.1 – Risk Management Model

3.2 RISK ASSESSMENT

The elements of Risk Assessment for any activity or function are:

- Establish the Context
- Identify Risks
- Analyse Risks

Evaluate Risks; A risk assessment can be conducted of an industry, an organisation, a business unit, or a project.

3.2.1 Establish The Context

In establishing the context of any **Risk Assessment**, the key questions to consider are:

- Who are the stakeholders?
- Where does this risk assessment fit within the strategic goals and strategies of the organisation?

Other Key Questions may include:

- What are the key objectives?
- What is the operating environment?

3.2.2 What are the key challenges? Identify Risks

There are two basic methods of identifying risks:

1. By asking the pessimistic question: “given the context statement, what can go wrong and how?”
2. Analyse past loss history for the organisation and use the statistical data to predict future losses: “What has gone wrong and how?” in this context it is necessary to talk to people – it can’t just be a desk/paper exercise.

Types of Risk:

- Financial
- Health and Safety
- Technology
- Missed opportunities (often called ‘opportunity risk’ – the risk of making once choice which precludes another)

3.2.3 Analyse Risk

Take a few logical steps:

- What can happen? (the risk)
- How bad will it be? (consequence)
- How often will it happen? (likelihood)

Identification and analysis tools

- Risk identification workshops
- Interviews
- Surveys/questionnaires
- Flowcharts
- Personal inspections
- Consultation with experts internal and external to the organisation

3.2.3.1 Likelihood

Table 3.2, **Likelihood Rating Table**, should be used to estimate the likelihood of the event occurring.

LIKELIHOOD	DESCRIPTION
Almost Certain	The event is expected to occur in most circumstances. More than once a year.
Likely	The event will probably occur in most circumstances. Expect once a year
Possible	The event might (or could) occur at some time. Expect once every three to five years.
Unlikely	The event will probably not occur. Expect once every ten years.
Rare	The event may only occur in exceptional circumstances. Less than once every thirty years.

Table 3.2 – Likelihood Rating Table

3.2.3.2 Consequences

Consider what will happen if the event occurs and it is useful in the evaluative process to think of it as the 'measure of pain'.

CONSEQUENCE	DESCRIPTION
Insignificant	Low level impact with negligible consequences on the aim or activity objectives that can be controlled by routine management procedures (no injuries, negligible financial loss or disruption to non-essential infrastructure/data).
Minor	The consequences would threaten the efficiency or effectiveness of achieving some aspects of the organisation's aim or activity objectives, requiring management effort to minimise Impact (minimal financial loss, injuries requiring first aid only, minor political Impact or disruption to non-essential infrastructure/data).
Moderate	A significant/medium potential of affecting the achievement of the organisation's aim or activity objectives (moderate financial loss or political impact, injuries requiring medical treatment only, medium term loss of some essential infrastructure/data).
Major	A very high potential to impair the achievement of the organisation's aim or activity objectives (major financial loss or political impact, significant occupational, health, safety and welfare incident/s, long term loss of some critical infrastructure/data).
Catastrophic	An extreme potential to threaten the sustainability of the organisation or its aims and activities (huge financial loss or political impact, very serious occupational health, safety and welfare incident/s, permanent loss of critical infrastructure/data).

Table 3.3 – Risk Consequence Table

3.2.3.3 Risk impact rating

The basis of risk management is the use of the combination of likelihood and consequence to judge the severity of each risk.

LIKELIHOOD	CONSEQUENCES				
	INSIGNIFICANT	MINOR	MODERATE	MAJOR	CATASTROPHIC
Almost Certain	H	H	E	E	E
Likely	M	H	H	E	E
Possible	L	M	H	E	E
Unlikely	L	L	M	H	E
Rare	L	L	M	H	H

Table 3.4 – Risk Analysis Matrix

3.2.4 Evaluating Risk

Table 3.5, Risk Priority Table, should be used to assign a priority and action required for the level of the risk.

RISK PRIORITY	ACTION
Extreme	An extreme risk is one that must be dealt with immediately. The Board of Management should involve itself at this level and require detailed research and management planning.
High	A high risk is one that requires senior management attention. The Executive Officer and the Executive Committee, and possibly Chairs of standing committees would normally monitor all high risks.
Medium	A medium risk is one that can be dealt with by applying routine procedures and is normally dealt with at office and committee level.
Low	Low Risks <i>may</i> be accepted but should be monitored periodically to ensure the rating does not change. Project committees and office staff monitor at this level.

Table 3.5 – Risk Priority Table

3.3 RISK TREATMENT

Risk Treatment involves selecting a treatment option, assessing the appropriateness and effectiveness of the treatment option, preparing treatment plans and implementing them. Accountability for taking (or for not taking) action remains with the appropriate personnel (as indicated in Table 3.5.) approving the preferred option.

3.3.1 Treatment Options

The **Treatment** options are:

- avoid or eliminate the risk - can the risk be removed? This requires care as a new risk could be created – e.g. by outsourcing the function/activity. Inappropriate risk avoidance can also result in failure to treat risk, leaving critical choices to other less appropriate parties, and the deferral of decisions the organisation should not void.
- reduce the likelihood of occurrence or consequence. Various policies and procedures can assist in reducing the likelihood of risk, as well as audits, compliance inspections, testing and controls.
- transfer the risk by using contracts and insurance.
- retain the risk and implement internal risk controls.

3.4 MONITOR, REVIEW AND COMMUNICATION

Procedures and networks for monitoring, reviewing and communicating risk management are established as part of this process. Relative responsibilities are outlined in Part Two, Responsibilities.

PART FOUR

4. RISK MANAGEMENT TEMPLATES AND GUIDELINES

4.1 OVERVIEW

The Risk Management Process outlined in Part Three essentially divides Risk Management into two parts, namely, Risk Assessment (involving the Context, Identification, Analysis and Evaluation of Risks) and a treatment process. Part Four provides some useful guidelines and templates for staff to use when embarking on new programs and activities.

4.1.1 Referring Risk

If during the process of risk assessment (at any level) a risk presents as High or Extreme this risk should be notified to the Executive Committee immediately, either via the ANZPAC Office or through the Executive Officer. This means that any Board or staff member may make a notification based on their own knowledge and experience without reliance on any formal process.

Notifications to ANZPAC Office will require:

- the name and contact of the originator,
- details of the person or committee responsible for the risk,
- the event or activity containing the risk,
- the nature of the risk,
- the rating of the risk (if known),
- intended actions by the responsible person , and
- expected completion date of required actions or treatments.

4.1.2 Requirement To Complete A Risk Assessment And Action Plan

Risk Assessments and Action Plans may take the form of existing procedural documents and checklists (for routine core activities) and the use of the following templates, or more complex studies specific to a particular event, activity or function.

As indicated in Part Two, everyone within ANZPAC has responsibility for managing risk. Accordingly, Risk Assessments and Action Plans may be developed at any level of the organisation.

Risk Assessments and Action Plans are required in the following circumstances, irrespective of the perspective from which the risk is being addressed:

- before commencing any event or new business function,
- when a new risk is identified in a current activity or function; or
- at the discretion of the Council for any event, activity or function which is perceived to present exposure to risk.

4.1.3 Assistance

Assistance in any risk management process is available through the ANZPAC Office.

4.1.4 Risk Register

The data contained in the risk register incorporates the following categories:

- Strategic Planning documents
- Constitution, the ANZPAC Board Member Guidelines, the ANZPAC Operations Manual, Policy documents and Insurance policies.
- Financial Management Guidelines
- Human Resources Management Policy documents and Guidelines, Occupational Health and Safety Guidelines.
- Property/Asset Register
- Risk Assessment templates.

THIS REGISTER IS MAINTAINED BY THE EXECUTIVE OFFICER AND AUDITED BY THE ANZPAC EXECUTIVE COMMITTEE ON A BIENNIAL BASIS.

Table 4.1 entitled “Consequence Practical Examples” as follows on the next page may assist in placing this policy into perspective.

The risk categories listed are presented as a guide only.

CONSEQUENCE	MAJOR RISK CATEGORIES						
	Operations (Core Activities)	Property/ Asset Management	Financial	Human Resources	Occupational Health, Safety and Welfare	Corporate/ Strategic	Information Technology
Catastrophic	Major breakdown of ANZPAC's ability to support its programs.	Permanent loss of its office or loss of a critical function within a the building housing this office Permanent loss of essential capital equipment.	Insufficient funding causing a significant failure in one or more core organisation services. Insolvency.	Large scale loss of human resources (staff) resulting in an inability to deliver or maintain core services.	May cause death or total loss of one or more bodily functions (e.g. loss of sight or loss of a limb).	Inability to meet current and future statutory obligations.	Permanent loss of core business data, computing and/or communication facilities.
Major	Major incident with significant safety, financial or political ramifications. Occurrence which damages the reputation of ANZPAC.	Temporary loss of access to the ANZPAC Office Temporary loss of essential capital equipment.	Insufficient funding causing delivery of core services to be impaired. Loss of capital reserves.	Partial loss of human resources resulting in degradation to service delivery. Inability to recruit sufficient staff to maintain established strengths.	May cause severe injury, permanent partial loss or severe illness.	Inability to comply with essential government legislation or Industry standards.	Partial loss of core business data, long duration disruption to computing and communication facilities.
Moderate	An incident which results in considerable safety, financial or political damage to ANZPAC	Temporary loss of access to a training venue . Breakdowns of essential capital equipment.	Inability to maintain recurrent funds causing some downturn in delivery of core services.	Short term loss of human resources.	May cause a reportable accident with longer term ramifications.	Difficulty in complying with government legislation and industry standards. Difficulty in achieving growth.	Corruption of core business data, moderate duration disruption to computing and communication facilities.
Minor	An incident that is easily responded to through existing resources.	Unavailability of minor equipment.	Funding reductions for one or more Core Activities or business programs.	Short term personnel unavailability causing some inconvenience to individuals and the ANZPAC.	May cause minor injury or illness.	Difficulty achieving the ANZPAC's strategic plan and objectives.	Loss of non-core business data or short duration disruption to computing and communication facilities.
Insignificant	An incident having little effect on operations or are handled by normal processes.	Loss of function within a minor building. Breakdown of minor equipment.	Minor disruption to one or more programs.	Personnel shortages with negligible impact on the Organisation.	Very little effect on personnel health and safety may require first aid.	Difficulty achieving short term goals.	Minor corruption of non-core business data, battery failures and equipment reset.

Table 4.1: Consequence - practical examples

TABLE 4.2: RISK ASSESSMENT TEMPLATE FOR USE BY ANZPAC STAFF

RISK ASSESSMENT STAGE	QUESTIONS TO ASK	ANSWERS
Establish context of risk	Who are the stakeholders? How does it fit within the Council's strategic goals & objectives? What is the operating environment?	
Risk Description/Identification	Is it Financial, a Health & Safety risk, a Technology risk or a (missed) opportunity risk? What could go wrong and how?	
Analyse Risk : Likelihood	How often is it likely to happen? Rare/unlikely/possible/likely/almost certain	
Analyse Risk: Consequence	How bad will it be if it does happen? Think of it as a measure of pain!! Insignificant/minor/moderate/major/catastrophic	
Evaluate Risk : Apply Rating and Priority	i.e. L, M, H or E	
Risk Management Action	What can be done to remove or reduce the risk, can insurance mitigate some of the risk and what internal risk controls can be implemented if it is necessary to retain the risk ?	
By Who	Remember anything that is rated in the High or Extreme category needs to involve senior management and/or Council Executive attention. See Table 3.5	
Residual Risk Assessment	Once everything is done can the risk rating be reduced?	
Ongoing Evaluation	Set a schedule for regular review.	

Table 4.2: Risk assessment template for use by ANZPAC staff.

EXAMPLE: Office fails to list name of an accredited course and university on its website.

Context of Risk	Strategic goal of the organisation is to enhance strategic synergies with podiatric bodies, tertiary education and regulatory agencies. Financial support by the Podiatry Board of Australia has been available to have the accredited list available to be viewed by the general public on the Council website.
Risk Description/Identification	University sues Council for failure to list name on website which results in reduced student numbers.
Analyse Risk :Likelihood	Unlikely
Analyse Risk: Consequence	Moderate
Evaluate Risk : Apply Rating and Priority	M – i.e. dealt with by office/relevant committee
Risk Management Action	Development of check lists and cross check at end of process with listing on website;
By Who	Executive Assistant and Chair of Executive Committee
Residual Risk Assessment	Low
Ongoing Evaluation	Executive Officer to conduct annual audit at year end

'The Executive Committee of ANZPAC shall define and document its policy for risk management, including objectives for, and its commitment to, risk management. The risk management policy shall be relevant to the organisation's strategic context and its goals, objectives and the nature of its business. Management will ensure that this policy is understood, implemented and maintained at all levels of the organisation.'

Furthermore The Australian and New Zealand Standard defines the risk management process as: 'The systematic application of management policies, procedures, and practices to the tasks of communicating, establishing the context, identifying, analysing, evaluating, treating, monitoring and reviewing risk'

AS/NZS ISO 31000:2009 – Risk Management – Principles and Guidelines

DISTRIBUTION: ANZPAC Board Members, ANZPAC Staff Members, and Committee Members.

AMENDMENTS: Executive Officer/Executive Committee.

Australian and New Zealand Podiatry Accreditation Council

Manual:	Policies and Procedures	Issue Date:	Aug 2012
Section:	Corporate Governance	Review Date:	Aug 2014
Subject:	DATA MANAGEMENT AND SECURITY POLICY	Version No:	1.0

Introduction

1. All data created by ANZPAC either in physical or electronic form is managed to ensure data integrity, confidentiality and security.
2. Office based programs and PDF files are used by ANZPAC to ensure future data compatibility.

Types of data

3. Electronic data includes:
 - Current and archived email mailboxes of the Executive Officer (EO)
 - Current and archived electronic files related to ANZPAC accreditation functions
4. Paper data includes:
 - Archived paper files, related to university accreditation and individual assessments
 - Financial and business records of ANZPAC.

Electronic data management

5. All paper correspondence received by ANZPAC is scanned and saved as an electronic PDF file.
6. Electronic data received by ANZPAC and stored on the ANZPAC EO computer system will be backed up in three forms:
 - to local network hard disk drive (HDD)
 - to local network HDD backup storage; and
 - to a secure cloud-based server.

Paper data management

7. Assessment and accreditation related paper data is scanned to PDF on receipt.
8. Original paper records related to candidates, assessments and accreditations are filed and stored in an offsite secure storage facility for a period of 10 years.
9. Business papers are filed and stored in an offsite secure storage facility in accordance with current ASIC and ATO guidelines and other legislated general disposal schedules.

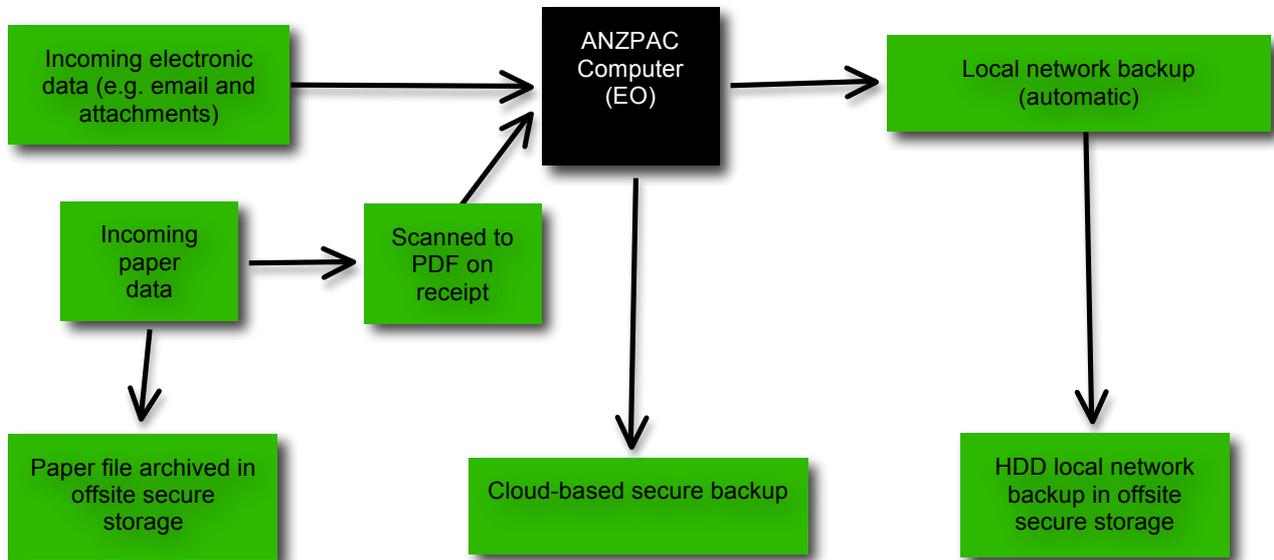
Confidentiality of data

10. Access to all data will be in accordance with the *ANZPAC Privacy Policy*.

Australian and New Zealand Podiatry Accreditation Council

Manual:	Policies and Procedures	Issue Date:	Aug 2012
Section:	Corporate Governance	Review Date:	Aug 2014
Subject:	DATA MANAGEMENT AND SECURITY POLICY	Version No:	1.0

Figure 1: Diagrammatic representation of data management within ANZPAC





GUIDELINE ON CONFIDENTIALITY

Employees of ANZPAC and its members (including members of ANZPAC's committees) have a duty to ensure that information gained in that capacity is used appropriately. Such information must:

- be kept confidential
- be used only for the purposes intended by ANZPAC
- not be communicated without permission from ANZPAC's Board of Management. This includes providing information to members' sponsors or nominating bodies
- be securely disposed of if in paper form.

If there is any doubt as to whether information may be released to a third party, it should be discussed with ANZPAC's Board of Management.

Approved by ANZPAC on 14 September 2009
To be reviewed in 3 years.

Australian and New Zealand Podiatry Accreditation Council

Manual: Policies and Procedures
Section: Corporate Governance
Subject: PRIVACY POLICY

Issue Date: Aug 2009
Review Date: Aug 2012
Version No: 1.0

Introduction

1. In collecting, storing and using information, the Australian and New Zealand Podiatry Accreditation Council (ANZPAC) is bound by the provisions of the *Privacy Act 1998 (Cth)* (the Act). The Act sets out a series of privacy principles that must be observed in the management of personal information. Our policies in relation to these principles are set out below.
2. Upon request to ANZPAC you may find out the personal information that ANZPAC holds about you, for what purposes it holds this information and how it collects, holds, uses and discloses that information.

Collection of personal information

3. ANZPAC will only collect personal information with your prior knowledge and consent. The information provided by you will be used by ANZPAC for the purposes for which it was collected.

Use and disclosure of personal information

4. ANZPAC collects information from applicants and candidates for the podiatry competency assessment to assess eligibility for, and in the administration of, the assessment. For these purposes, personal information may be provided to administrators, assessors and examiners employed or engaged by ANZPAC.
5. ANZPAC will not, except as described in the paragraph above, disclose personal information to a third party unless required to do so by law and other regulation.

Specific issues relating to the use and disclosure of information

Data quality and security

6. ANZPAC endeavours to ensure that the personal information it holds is accurate, complete and up to date. To assist ANZPAC with this please inform the office of any changes to your details.
7. The storage, use and transfer of personal information are undertaken in a manner that ensures security and privacy. ANZPAC has implemented rules and measures to protect personal information that it has under its control from unauthorised access, improper use, alteration, unlawful or accidental destruction and accidental loss. ANZPAC will remove personal information from its system when it is no longer required.

Openness

8. ANZPAC will inform you what personal information is collected, why it is collected, what is done with it, whether it is released and how you may access it.

Access to and correction of personal information

9. You are entitled to request access to the personal information that ANZPAC holds about you and to seek to correct inaccurate information.

Australian and New Zealand Podiatry Accreditation Council

Manual:	Policies and Procedures	Issue Date:	Aug 2009
Section:	Corporate Governance	Review Date:	Aug 2012
Subject:	PRIVACY POLICY	Version No:	1.0

Sensitive information

10. ANZPAC does not normally collect sensitive information, such as information about health status. If it is necessary to collect such information, it will be done in accordance with the Act and with your knowledge and permission. This information will not be disclosed without your consent.

Please contact ANZPAC if:

- You believe someone has gained access to your personal information by mistake
- You would like to discuss our privacy policy
- You wish to know what personal information ANZPAC is holding about you, or you would like to gain access to or amend that information

The Executive Officer of ANZPAC is the designated Privacy Officer. The Executive Officer can be contacted by writing to:

Executive Officer
Australian and New Zealand Podiatry Accreditation Council
PO Box 18053
Collins Street East
Melbourne VIC 8003
AUSTRALIA

Or by email: admin@anzpac.org.au

QUALIFICATIONS AND SKILLS ASSESSMENT
SCHEDULE OF FEES

Stage 1 – Desk Top Assessment

- | | |
|------------------------------|--------------|
| • Modified Assessment | \$400 |
| • Full Assessment | \$650 |

Stage 2 – Practical Assessment or Competency Assessment **\$1300**

Assessment of Qualifications in Podiatric Therapeutics **\$1000**

Reviews/Appeals

- | | |
|--------------------------------|--------------|
| • Administrative Review | N/A |
| • Appeal | \$250 |

- All amounts are in Australian Dollars (AUD)
- The above fees are GST-free under Section 38-110 of A New Tax System (Goods and Services Tax) Act 1999
- If you wish to withdraw your application, ANZPAC reserves the right to retain an administrative fee
- If a review or appeal is successful, half the fee will be refunded



Accreditation Standards and Procedures for Podiatry Programs for Australia and New Zealand

Adopted 28 August 2009

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Document review date: by September 2014

Executive Summary

Introduction

This document provides details of Accreditation Standards and Procedures for universities which are seeking accreditation of programs with the Australian and New Zealand Podiatry Accreditation Council.

The Australian and New Zealand Podiatry Accreditation Council (ANZPAC) was established in 2008. The Board of Management includes nominated representatives from each of the Registration Boards of Australia and New Zealand, the professional organisations, educators from podiatry programs and consumers. The primary purpose of ANZPAC is to assess and accredit podiatric education programs that provide eligibility for registration as a podiatrist.

On 5th March 2009, the Australian Health Workforce Ministerial Council announced ANZPAC as the official Accreditation Council for the podiatry profession. Courses which are accredited by ANZPAC will be recognized by the States/Territories Registration Boards (or from 1st July 2010, the Podiatrists Board of Australia) as suitable qualifications for the purposes of registration.

The relationship between accreditation and registration is that on the basis of graduation from any ANZPAC accredited podiatry course of study, individual graduands will be eligible for registration with the Podiatry Registration Boards in the states and territories of Australia.

In consideration of the Trans Tasman Mutual Recognition Agreement, the constitution and processes of ANZPAC include representation from New Zealand. The New Zealand involvement is to ensure collaboration and uniformity with decision making and more effective application of outcomes in the New Zealand context.

The focus of these Standards is podiatry education.

Principles and Processes for Developing Accreditation Standards and Procedures

Standards for podiatry accreditation are framed within the broader context of programs providing eligibility for registration and accreditation being about protecting the health and safety of the public and providing assurance that graduates are competent to practise podiatry.

The principles of these accreditation standards include operating within legislative frameworks, being acceptable to various stakeholders, transparency and procedural fairness, quality and improvement, provision of valid and reliable assessment including training of the assessment team, supporting diversity of curriculum approaches and responsiveness to changing times.

The Accreditation Standards have been developed by ANZPAC, with a report commissioned to evaluate various accreditation models and to outline some future directions for podiatry. This occurred within a context of the Council of Australian Government establishing a single national

registration board and accreditation system for health professions, including a Ministerial Council, national profession-specific boards and committees and supporting offices at the national and state and territory level.

The project methodology has primarily involved desk-top research regarding current podiatry processes, general accreditation frameworks and specific processes used by other professions, with supplementary information obtained through direct contact with various professional groups.

In framing the Standards, ANZPAC recognises the academic independence of universities. However ANZPAC seeks to provide quality assurance with all institutions adhering to a set of minimum standards of quality education. There is an emphasis on all basic podiatric education programs having equivalence of structure and process but also focusing on continuous improvement and associated planning. The intended outcome is all new podiatry graduates from Australian and New Zealand institutions being competent and safe practitioners who are also responsive to the health needs of individual citizens and communities. Core podiatric curriculum consists of basic, behavioural and social sciences, general clinical skills, clinical decision making skills, communication abilities and ethics, with these areas needing to be addressed by all institutions. Well- recognised and accepted principles of learning are other expectations but the Standards are also intended to support educational institutions' autonomy and uniqueness through encouraging innovative and experimental programs and enabling variations in curriculum and teaching methods.

Introduction to Podiatry Accreditation Standards

Accreditation standards are presented under the broad areas of:

- Governance Context
- Students
- Curriculum and Assessment
- Educational Resources
- Program Evaluation

Within these broad areas, there are sub areas which represent the Accreditation Standards:

A. Governance Context

A1 Governance

A2 Strategic Directions and Autonomy

A3 Academic Leadership

A4 Policies and Procedures

A5 Financial Management

B. Students

B1 Student Admissions

B2 Student Support

B3 Student Representation

C. Curriculum and Assessment

C1 Curriculum Philosophy and Framework

C2 Curriculum Content

C3 Clinical Experience

C4 Teaching and Learning Activities
C5 Research in the Curriculum
C6 Assessment of Students

D. Educational Resources

D1 Academic and Administration Staff
D2 Physical/Learning Resource and IT facilities
D3 Clinical Training Resources
D4 Instructional Aids and Equipment
D5 Patient Care Services

E Program Evaluation

E1 Mechanisms for Ongoing Monitoring
E2 Student Performance
E3 Institutional Feedback and Reporting
E4 Professional Education Continual Improvement

The main body of this document outlines further details about the Accreditation Standards. The focus of the Accreditation Standards is about educational institutions providing evidence that they meet the Standards, with Examples of Evidence guides being provided, although with other evidence also being relevant.

Podiatry Accreditation Procedures Summary

There are also a range of processes. Accreditation processes may be summarised as follows:

- Initial Assessment finalisation for new programs/re-accreditation contact for existing programs
- Documentation negotiation for accreditation/re-accreditation
- Self-evaluation report completion
- Assessment team appointment/review of institutional self-evaluation
- Formal site visits and reporting
- Report finalisation and recommendation
- Outcome of accreditation/re-accreditation
- Notification of outcome to educational institution
- Annual reporting during accreditation period
- Ongoing accreditation process monitoring
- Standardisation and national management of data

Podiatry National Accreditation Framework

Figure 1 summarises the directions forward for podiatry accreditation in terms of the purposes, principles, standards, processes and accreditation data and review aspects.

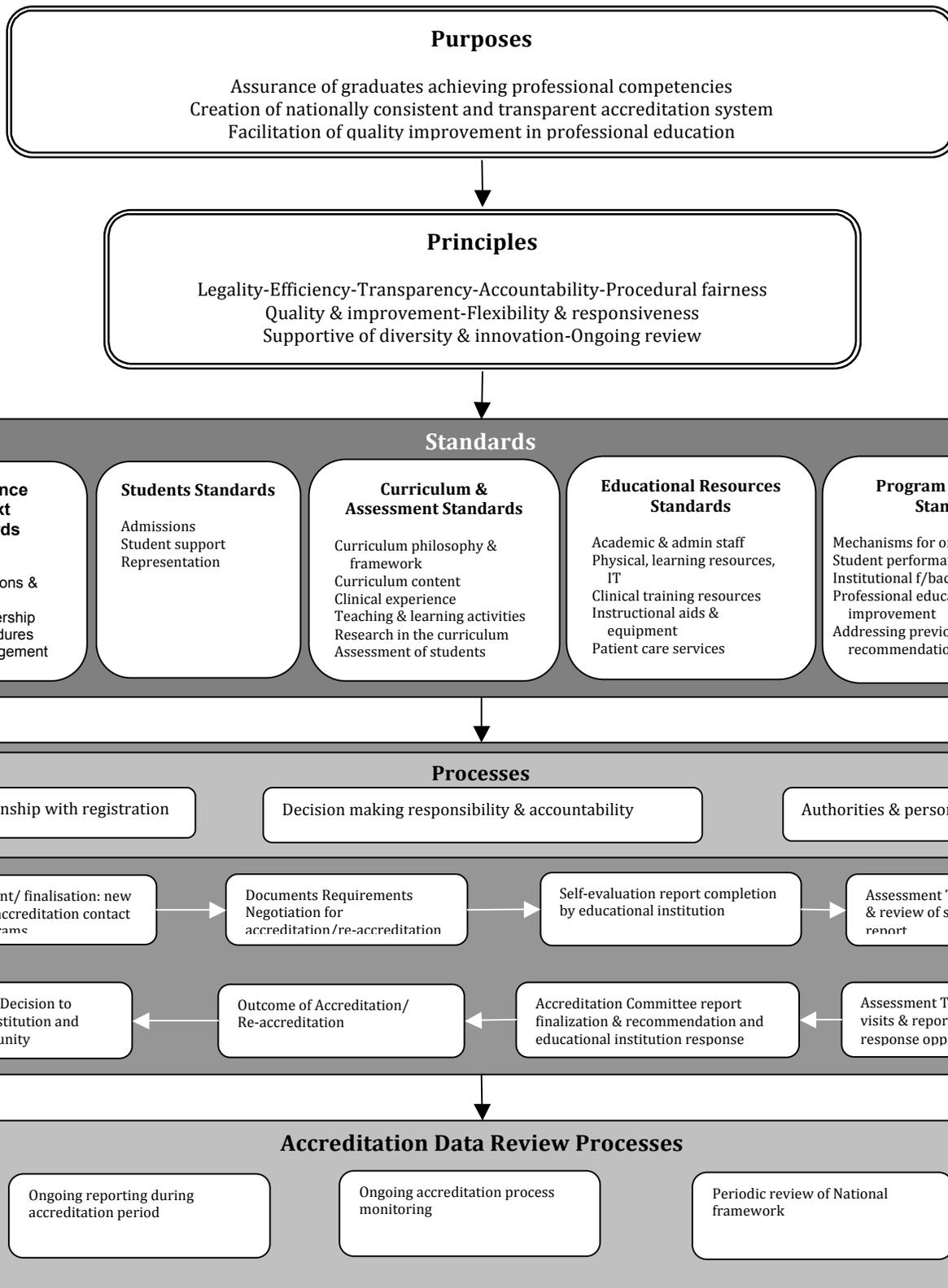


Figure 1: Podiatry National Accreditation Framework

ANZPAC does not assess or advise individual students regarding their programs of study. These Standards and Procedures are applicable from 2009 following consultation with a variety of stakeholders. More information about the Standards and about the procedures for application for accreditation can be obtained from:

ANZPAC Secretariat

Address: PO Box 18053, Collins Street East, Melbourne, Victoria, 3000

Telephone: 1300 267 687
Outside Australia: + 61 3 8080 2953

E-Mail: admin@anzpac.org.au

Podiatry Accreditation Standards

Introduction

There are five broad Accreditation Standards with these areas representing the broad components in the structure and process of podiatric education and covering:

- A. Governance Context
- B. Students
- C. Curriculum and Assessment
- D. Educational Resources
- E. Program Evaluation

Each broad Accreditation Standard area has sub-areas which are specific aspects comprising the Accreditation Standards which must be met. 'Examples of Evidence' provides some examples of the types of evidence which may be gathered by the university to present to the Accreditation Assessment team to indicate that these Accreditation Standards have been met.

A. Governance Context

Accreditation Standards for podiatry in relation to Governance Context include Governance, Strategic Directions and Autonomy, Academic Leadership, Policies and Procedures, and Financial Management. Details are presented as follows:

Governance Context Standards

A. Governance Context	Accreditation Standards	Examples of Evidence
A1 Governance	<p>The Podiatry Unit is a distinct entity located in an accredited Higher Education Institution in Australia/NZ, with administrative responsibility and status similar to comparable units such as other health professional schools.</p> <p>Governance structures and functions are defined, including terms of reference, powers and reporting lines.</p>	<p>Australian Universities Quality Agency (AUQA)/other external institutional report and administrative flow charts</p> <p>University organisational chart of governance structures, including committees and terms of reference</p>
A2 Strategic Directions and Autonomy	<p>The podiatry school's mission and objectives for research, teaching and social areas have been defined by a representative and autonomous committee, with strategic directions and educational processes linked to the achievement of agreed podiatry competencies.</p>	<p>Website, Handbooks, Newsletters committee membership outlines and documentation regarding curriculum/strategic directions/other decisions.</p> <p>Staff/student information package & stakeholder interview information.</p>
A3 Academic Leadership	<p>The designated podiatry program leader has relevant research, clinical, teaching and management qualifications and experience, with the responsibilities and autonomy of the academic leadership position being clearly outlined.</p>	<p>Institutional role statement</p> <p>Leader Curriculum Vitae and research output documentation including details of academic qualifications, professional and managerial experience</p>
A4 Policies & Procedures	<p>Relevant written policies and procedures are publicly available and compliant within legal requirements, including Occupational Health Safety Welfare (OHSW), Equal Opportunity (EO), anti-discrimination, appeal processes, privacy and confidentiality</p>	<p>AUQA/other external institutional report and policies information</p> <p>Staff/student information brochures & handbooks regarding policies</p>
A5 Financial Management	<p>Accounting complies with accepted standards for higher education institutions, with adequate and stable financial resources to support podiatry program goals and to cater for the most recently entering class through to graduation</p>	<p>AUQA/other external institutional report and flow-chart of business plan and structures for financial management of teaching resources, clinics, research, equipment for each year of the podiatry program</p>

B. Students

Accreditation Standards for podiatry in relation to Students include Student Admissions, Student Support and Student Representation and are presented as follows:

Student Standards

B. Students	Accreditation Standards	Examples of Evidence
B1 Student Admissions	Clearly defined and consistent student admission standards and qualifications are outlined and regularly evaluated as appropriate to the school's educational mission and objectives and academic/professional entry and consistent with immigration, English language, visa and health requirements.	<p>Australian Universities Quality Agency (AUQA)/other external institutional report including admissions policies for school leavers, transfer students, overseas applicants.</p> <p>Student information handbooks</p>
B2 Student Support	The school and institution offers appropriate student support including counselling, health and academic advisory services, and students with a range of special needs are provided with adequate and accessible services	<p>AUQA/other external or institutional documentation and reports regarding student counseling/psychiatric/financial aid and academic advisory/language support, health services, also administration of admissions processes for transfer and overseas students</p> <p>Student interview information and information handbook outlines of services for various cultural groups, those with disabilities, those not performing well academically, students with behavioural issues, individuals with physical and mental health needs</p>
B3 Student Representation	The podiatry school encourages and supports student representation and active participation in governance and curriculum management aspects	<p>AUQA/other external institutional report and committee membership charts</p> <p>Student interviews and student information handbook committee details and access processes</p>

C. Curriculum and Assessment

Accreditation Standards for podiatry in relation to Curriculum and Assessment include Curriculum Philosophy and Framework, Curriculum Content, Clinical Experience, Teaching and Learning Activities, Research in the Curriculum, and Assessment of Students are presented as follows:

Standards for Curriculum and Assessment

C Curriculum and Assessment	Accreditation Standards	Examples of Evidence
<p>C1 Curriculum Philosophy and Framework</p>	<p>The podiatry school has an educational philosophy and curriculum framework which provides contemporary content, diverse learning approaches and sequencing linked to competency standards, and involves a balance of core/electives with graduated increase in clinical practice opportunities, also continually evaluating to ensure an integrated and effective student-centred curriculum approach within a coherent program</p> <p>Total curriculum provides sufficient learning opportunities for students to meet minimum competency standards</p>	<p>Staff/student interviews.</p> <p>Curriculum handbooks and detailed course outlines, include documentation regarding educational philosophy, involvement of stakeholders and evaluation processes</p> <p>Curriculum mapping program outlines justification for total number of semesters involved. Indicative timeframes: 8 semesters for full-time undergraduate programs and 4 semesters for graduate Masters (or other timeframes dependent on sufficient justification being provided).</p>
<p>C2 Curriculum Content</p> <p>C2.1 Principles & Practice of Podiatry</p>	<p>The podiatry school has documentation of clinical, behavioural and basic science components of sufficient depth and sequencing regarding the knowledge, skills and attitudes expected at each phase of the program towards achievement of the curriculum's overall defined competencies.</p> <p>The course provides a comprehensive coverage of:</p> <ul style="list-style-type: none"> *Philosophical concepts, understanding positioning and function of podiatry profession in health care system 	<p>Staff/student curriculum handbooks and detailed course outlines</p> <p>Curriculum mapping program handbooks and detailed course outlines:</p> <ul style="list-style-type: none"> *History of podiatry profession *Principles of case management *Role of podiatrist *Profession's relationship to other professions and organisations relevant to physical and mental health problems

C Curriculum and Assessment	Accreditation Standards	Examples of Evidence
C2.2 Basic Sciences	<p>*Basic biomedical science, human anatomy, physiology, histology, microbiology and clinically-relevant chemistry, physics, biology, biochemistry, psychology</p>	<p>Curriculum mapping program handbooks and detailed course outlines for:</p> <ul style="list-style-type: none"> *Functional, regional and systems human anatomy for lower limb and foot anatomy *Physiology of tissues/organs of body in context of regulated functioning organism (cardio-vascular, nervous, renal, endocrine, immune, musculoskeletal, respiratory, digestive, reproductive, homeostasis, inflammation, lifespan physiological changes) *Anatomy & function of human cellular elements *Microbiology related to human illness & modern medicine (classification of microorganisms, nature & diagnosis of infectious microorganisms & theory for response to drugs, immunity & immunology) *Clinically-relevant physics, chemistry, biochemistry, psychology or other applied science
C2.3 Clinical Sciences	<p>*Clinical Pathology (general medicine, podiatric medicine) including systemic & local disease processes affecting foot and general pathophysiological principles, aetiology & pathogenesis, clinical presentation, assessment, diagnosis and management of specific disorders and specific populations including paediatrics, sports medicine, gerontology</p>	<p>Curriculum mapping program handbooks and detailed course outlines for:</p> <ul style="list-style-type: none"> *Dermatology, cutaneous science *Cardio-vascular pathology *Neurology *Rheumatology/Arthropathies *Endocrinology: Diabetes Mellitus *Orthopedics/Musculoskeletal disorders *Infection/Infectious diseases *Neoplastic disorders *Paediatrics, sports medicine, gerontology: normal presentations, common anomalies, specific approaches to assessment & management & foot wounds & post traumatic limb assessment and patient care
	<p>*Human Movement Studies (biomechanics of the lower limb and foot, pathomechanics)</p>	<p>Curriculum mapping program handbooks and detailed course outlines for:</p> <ul style="list-style-type: none"> *Principles of mechanics applied to human movement *Normal gait cycle & biomechanical principles: kinematics, kinetics, energetics *Theories & models on normal/abnormal function of foot & possible clinical sequelae *Approaches to instrumental & clinical/observational gait analysis <p>Curriculum mapping program handbooks and detailed course outlines for:</p> <ul style="list-style-type: none"> *Foot pathology treatment modalities within clinical context

C Curriculum and Assessment	Accreditation Standards	Examples of Evidence
	<p>*Pre-clinical and Clinical Studies (clinical practice, clinical systems & procedures, patient safety and quality of health care)</p> <p>*Professional Studies and Issues</p>	<p>dermatological, musculoskeletal, biomechanical assessments of lower limb</p> <p>*Use of diagnostic techniques such as radiology/imaging & laboratory tests including theory of each modality, indicators,</p> <p>*Use of contra-indications/precautions including radiation safety & considerations for clinical use, normal findings and how to integrate test results with clinical examinations</p> <p>Curriculum mapping program handbooks and detailed course outlines for:</p> <p>*Theory of preparing students for workplace (clinic/workshop)</p> <p>*Topics of sterilization, infection control, OHSW, emergency procedures (e.g. CPR)</p> <p>*Clinical systems & procedures: medical records/documentation, IT, stocking, storage, maintenance</p> <p>*Other issues:</p> <ul style="list-style-type: none"> • communication (verbal, non-verbal, written) • informed consent • patient confidentiality and privacy • Freedom of Information Act • equipment & layout of clinical environment instrumentation in podiatry & uses <p>Curriculum mapping program handbooks and detailed course outlines for:</p> <p>*Issues including:</p> <ul style="list-style-type: none"> • professional association and registration body • scope of practice • health care system (public & private) • professional indemnity insurance • equity & equal opportunity access • clinical decision making • health, law and ethics • professionalism and ethical conduct • hygiene and public health • personal & professional development and lifelong learning • critical thinking • evidence-based practice

C Curriculum and Assessment	Accreditation Standards	Examples of Evidence
<p>C2.4 Behavioural, Social Sciences & Ethics</p>	<p>*Principles of professional enquiry related to the health care practitioner including research methods and biostatistics and evidence-based health care, with analytical and critical thinking taught throughout the curriculum</p> <p>*Health & Human Behaviour (psychology, sociology, cultural studies)</p>	<p>Curriculum mapping program handbooks and detailed course outlines for:</p> <ul style="list-style-type: none"> *Relevant principles & processes of enquiry regarding epidemiology and public health topics *Various research techniques (quantitative/qualitative) *Importance & role of research in clinical practice *Basic statistical techniques *Research ethics *Approaches to critically evaluate and interpret clinical research <p>Curriculum mapping program handbooks and detailed course outlines for:</p> <ul style="list-style-type: none"> *Foundation principles for human behavior, sociology, and cultural studies in context of their role in health, illness and ensuring quality service provision for various cultural groups, indigenous, aged, and individuals with a range of physical and mental health needs
<p>C3 Clinical Experience</p>	<p>*Appropriately-supervised clinical experiences progressively providing an increasingly wide range of patients in various internal clinic and external placement situations to develop their skills, professional dispositions and understandings such that they achieve course outcomes and develop the required competencies and safe practice</p>	<p>Clinical course mapping and handbook documentation and treatment records includes clinical practice, orthotic practice and surgical practice and show evidence of average amount of student contact with consumers within each year of the podiatry program regarding</p> <ul style="list-style-type: none"> *variety of internal and external clinical settings including local community, hospitals, private practice, other institutions *variety of types of patients of differing ages, cultural/ethnic, socio-economic, health profiles, and levels of physical and mental health impairment *opportunity to develop competencies related to patient contact, clinical assessment, diagnosis and patient management, communication skills including interdisciplinary, preventative measures, professionalism and ethics *range of diagnostic and management presentations including access to relevant equipment and technology *specialist podiatry services and clinics: diabetes & wound care, rheumatology, paediatrics, sports medicine, gait analysis, & observation of clinical research *orthotic consultations including prescription, manufacture (for ordering, fitting, issue and review) *surgical clinics including local anaesthesia administration and nail procedure performance *hands on experience in running clinical facility including clinical record keeping & documentation, clinical support services (appointment booking & filing, stock control,

C Curriculum and Assessment	Accreditation Standards	Examples of Evidence
		<p>infection), working with other health professions *control/sterilisation, quality assurance, time management, emergency & accident procedures including needle stick injury, occupational health and safety requirements.</p> <p>Indicative 1000 hours and 60% of clinical practice conducted in the internal clinical facilities, with staff-student ratios reflective of patient safety at 1:4 to 1:10 dependent on risk and requirements of the task</p>
C4 Teaching and Learning Activities	<p>The teaching and learning activities are consistent with the mission/vision and appropriate for developing the competency standards and evidence-based practice, with a range of pedagogies utilised including didactic, technological, clinical and inquiry based approaches and developing student responsibility in preparation for lifelong learning</p>	<p>Course teaching and learning program materials include reflective thinking and evidence-based practice involving self-appraisal and student action plans, discussion groups, workshops, practice simulation, reflective diaries, professional development portfolios, practice placement reviews.</p>
C5 Research in the Curriculum	<p>The podiatry school emphasises the importance of research and scholarly activity in advancing relevant knowledge, with mechanisms in place to facilitate opportunities for staff and students and with active involvement occurring, including honours programs and postgraduate studies</p>	<p>Curriculum mapping of research, evidence-based practice and inquiry-based learning across overall podiatry program from undergraduate to post-graduate levels</p> <p>Research output documentation for staff and students</p> <p>Honours/postgraduate curriculum outlines and staff professional development</p>
C6 Assessment of Students	<p>The podiatry school has a defined and documented assessment policy regarding transparent success criteria for progression, compatibility with educational objectives and promotion of learning, with a range of formative and summative assessment methods linked to competencies being used</p>	<p>Assessment policy and assessment tasks documentation and results records and staff/student interviews show year-by-year formative & summative task range, pass/fail criteria & progression, self-assessment opportunities, supplementary exam processes, appeal mechanisms, support for individual students of concern, links to competencies, evaluation and moderation processes</p>

D. Educational Resources

Accreditation Standards for podiatry in relation to Educational Resources including Academic and Administration Staff, Physical/Learning Resource and Information and Communication Technologies (ICT) facilities, Clinical Training Resources, Instructional Aids and Equipment, and Patient Care Services are presented as follows:

Standards for Educational Resources

D Educational Resources	Accreditation Standards	Examples of Evidence
D1 Academic and Administration Staff	The school has a detailed staff plan (including professional development opportunities) indicating sufficient academic and administration support staff to cover curriculum and clinical practice requirements, with varied background and qualifications, beyond the years they are teaching	Staffing list breakdown including qualifications, experience and aptitude/ full-time/part-time, and main teaching /other responsibilities, with Curriculum Vitae's providing detailed information Staffing policy outlines regarding recruitment, vacancy management, appointment and promotion, performance reviews, staff development processes and opportunities
D2 Physical/Learning Resource and ICT facilities	The school has sufficient Occupational Health & Safety-compliant physical/ICT/Learning Resource facilities for staff and students to meet program objectives and ensure competencies are developed	Facilities documentation and staff/student interviews and on-site evidence including library and computer facilities, lecture theatres, tutorial rooms, orthoses manufacture laboratories, clinical gait analysis laboratory, central sterilisation area and area for imaging and radiographic activities, also noting areas for improvement
D3 Clinical Training Resources	The school has sufficient resources, clinical training facilities and opportunities for students to have contact with a broad range of patients to enable program objectives and competency requirements to be achieved	Facilities documentation/interviews and on-site evidence include suitable clinical teaching facilities; multi-purpose patient consultation and administration area, a surgical suite, access to consultation rooms for one-to-one patient consultation for advanced level students
D4 Instructional Aids & Equipment	Classroom and clinical equipment is adequate to provide students with opportunities to gain knowledge and skills including advanced analysis tools	Instructional aids documentation/ interviews and on-site evidence Advanced analysis tools evidence such as visual gait, in shoe pressure, pedar, f-scan etc
D5 Patient Care Services	The school has formal quality assurance processes to show evidence of patient-centred standards of care with ongoing review including patient confidentiality/privacy, safety and emergency issues and clinic meeting infection control & OHSW guidelines	Review process records involving range of stakeholders

E. Program Evaluation

Program Evaluation standards under the categories of Mechanisms for Ongoing Monitoring, Student Performance, Institutional Feedback and Reporting and Professional Education Continual Improvement are outlined as follows:

Standards for Program Evaluation

E Program Evaluation	Standards	Examples of Evidence
E1 Mechanisms for Ongoing Monitoring	Staff performance and Course and evaluation mechanisms involving students, graduates, employers, academics, clinical educators (as relevant) are available to monitor curriculum content, quality of teaching, assessment and student progress and to ensure concerns are identified and addressed	Podiatry School self-assessment records identifying strengths and weaknesses Course evaluation process records involving students, graduates, employers, academics, clinical educators; report of outcomes and action taken Staff performance process policies for permanent and casual staff and documentation
E2 Student Performance	Student performance including scores, pass/fail at exams, attrition rates is analysed in relation to the curriculum and competency standards and to various student cohort groups and policies and action occurs for non-performing students	Student results, pass/fail records, completion rates for various cohorts, policies and documentation regarding non-performers & stakeholder interview information
E3 Institutional Feedback and Reporting	Outcomes of evaluations are reported through the governance and administration mechanisms of the podiatry school and to academic staff and students, with access provided to a full range of groups with an interest in graduate outcomes	Institution and podiatry school newsletters, website reports
E4 Professional Education Continual Improvement	The school provides annual report to ANZPAC and addresses recommendations made at previous accreditation visits, demonstrating awareness of the need for continual improvement.	Annual reports submitted and re-accreditation reports indicate previous accreditation recommendations action.

Accreditation Standards Procedures

The national accreditation process involves ANZPAC as the national accreditation body. To facilitate accreditation of courses, an Accreditation Committee is established (impartial and with expertise) which consists of a registration board representatives, members of the ANZPAC Board of Management, academics, a registered podiatric practitioner and a community representative. An Assessment Team is appointed and trained as required (consisting of four people including an academic from another state/territory institution, a member of the ANZPAC Board of Management, a registered podiatrist and a professional body representative). The Assessment Team conducts the accreditation and makes a report to the Accreditation Committee, before then making recommendations to ANZPAC. ANZPAC has the decision-making responsibility.

It is intended that the accreditation process will be conducted in a positive and constructive manner, considering the best interests of podiatry and promoting quality improvement. A key aspect of this involves self-assessment by the podiatry school involved.

Initial assessment of new programs

The Australian and New Zealand Podiatry Accreditation Council undertakes the accreditation assessment of a new program. Institutions seeking accreditation are required to provide notification to ANZPAC not less than 24 months prior to the intended course commencement, such that criteria for accreditation and guidelines for course approval can be provided as the course is undergoing construction.

The educational institution then provides a written Initial Assessment submission to ANZPAC outlining its plans and providing evidence of support from the relevant authority. ANZPAC through the Accreditation Committee appoints an assessment team to undertake the Initial Assessment. This involves consideration of an overview of the podiatry program plans and the resources available to support all years of the program, without examination of the detail of the curriculum. The purpose of this Initial Assessment is to determine whether the educational institution's plans are sufficiently well-developed to proceed with the accreditation process and to establish if the broad curriculum plan is likely to comply with the ANZPAC Accreditation Standards.

The Initial Assessment submission includes the following:

Governance Context

- Governance, administration and appointment processes for key positions of responsibility and overall links to institutional governance structure and funding
- Evidence of support from appropriate authorities concerning student places, financial aspects and clinical facilities
- Details of complicating factors including links with other institutions or authorities and strategies to address potential issues

- Mission and objectives including information on curriculum philosophy and relationship to program

Students

- Students including selection, program promotion and progression

Curriculum and Assessment

- Program overview and major program components with sufficient detail to indicate if plans are likely to comply with accreditation standards, also highlighting unique or special features and strengths of the proposed program
- Program curriculum including curriculum planning process to date and progress, together with basic outline of program goals and objectives
- Teaching –research nexus including current situation and plans to build research profile
- Assessment of students including overall policy and any details

Educational Resources

- Academic staff and clinical teachers and key appointment made or intended, staff development strategy and support for professional development of clinical teachers
- Educational resources including buildings, clinical sites, library, Information & Communication Technologies facilities
- Financial, physical, human and clinical resources overview for all years of the program

Program Evaluation

- Program evaluation and details of evaluation policy

As an outcome of the Initial Assessment, the Accreditation Committee may recommend to ANZPAC that the planned curriculum is likely to comply with Accreditation Standards and more detailed plans within the Accreditation Process can be considered. Alternatively they may indicate that further development is required.

Accreditation and re-accreditation processes

Following Initial Assessment, in the Accreditation and Re-accreditation of new and existing programs, the school is required to present details of the full program and of the financial, physical and staff resources available to design and implement all years of the program and to support the program when fully established. The school's documentation must be submitted sufficiently in advance of student selection and of the program commencement or re-accreditation timeline to allow the podiatry school to respond to any requirements of ANZPAC.

- Initial Accreditation is granted following successful completion of processes prior to the commencement of the course.
- Further accreditation processes are required after the first group of student has completed the first year of the program, with Preliminary Accreditation being achieved.

- Full Accreditation can be applied for and granted one year after the first group of student has graduated from the program, with a five year timeframe until Re-accreditation Processes are required.

Details of the processes, responsibilities and timelines prior to course commencement or timeframe for re-accreditation are indicated as follows:

Accreditation and Re-Accreditation Processes

Activity	Responsibility	Timeline
Initial Assessment finalisation for new programs /Re-accreditation contact for existing programs <ul style="list-style-type: none"> • Contact as needed 	University administration	24 mths prior
Documentation negotiation for accreditation/re-accreditation <ul style="list-style-type: none"> • ANZPAC advises school of program/curriculum documentation required • Negotiation occurs regarding timelines, site visit dates 	University admin/head ANZPAC	12 mths prior
Self-evaluation report completion <ul style="list-style-type: none"> • Provides comprehensive self-evaluation of how course meets accreditation standards: Governance Context, Students, Curriculum and Assessment, Educational Resources, Program Evaluation 	Podiatry Head	6-12 mths prior
Assessment team appointment/review of institutional self-evaluation <ul style="list-style-type: none"> • Assessment team training & appointment; notification to educational institution • Conflict of Interest notification opportunity (if needed by educational institution) • Assessment team reviews self-evaluation materials • Response prepared noting matters requiring additional information or not meeting required criteria, with sufficient response time provided (about 2-4 weeks) • Initial brief site visits (if needed to confirm or provide additional information regarding facilities and other aspects, and providing opportunity for response to self-evaluation) • Initial report recommendations: <ul style="list-style-type: none"> ○ Satisfactory report: proceed to formal on-site inspection ○ Unsatisfactory report: self-evaluation format aspects/additional information required ○ Unsatisfactory content: institution not ready for formal inspection, deficiencies outlined and recommendations made 	Accreditation Com	6-12 mths prior
Formal Site Visits and Reporting <ul style="list-style-type: none"> • Assessment team several days on-campus studying all aspects of program • Facilities inspection, staff/management interviews, financial/ corporate records, student credentials/grading/promotion/graduation records • Site team assist with suggestions for improvement • Exit interview with Institution/podiatry leadership re initial findings • First draft report • Educational institution/podiatry leader obtains report and forwards amended version (corrected for factual errors) to Assessment Team leader in timely manner (with about 2 weeks for response) • Assessment team completes report and indicates recommendations and reasons 	Assessment team	6 mth
Report finalisation and recommendation <ul style="list-style-type: none"> • Assessment team report distributed to members of Accreditation Com. • Accreditation Com. finalises report and makes recommendations to ANZPAC 	Accreditation Com	4 mths prior

- Report sent to Educational Institution leadership seeking review & written response
- Educational Institution leadership forwards additional evidence, response to any concerns

Outcome of Accreditation/Re-Accreditation

Accreditation Com

3 mths prior

- Grant Initial Accreditation (prior to course commencement),
- Grant Full Accreditation for five years (available only one year after first group of graduates has completed course: all criteria met)
- Grant Preliminary Accreditation (available after first group of students have completed first year of program) or
- Grant Conditional Accreditation (all criteria not met completely but only minor inadequacies for monitoring
 - ❖ With recommendations based on timetable for implementation/without timetable, requirement for progress reports
 - ❖ Without recommendations
 - ❖ Conditional on meeting certain requirements
- Denial, deferment or withdrawal of accreditation: essential criteria not met and students cannot attain required graduate outcomes
 - ❖ Deferment of decision to re-accredit
 - Deferment of decision will be for no more than one year, then decide to accredit/reaccredit or not
 - Decision based on written evidence consideration such as special report indicating compliance with recommendations made at time of deferral, supplementary visit by appointees of Committee, consultation report, meeting with institution representatives, other specified conditions
 - May include the recommendation to assist institution to meet accreditation criteria, a recommendation re appointment of consultant/advisory committee, meeting with representatives of institution, other specified conditions
 - Decision not to reaccredit
 - Follows one calendar year notice period
 - Must apply for accreditation through Initial Assessment process

Notification of Outcome to Educational Institution

ANZPAC

3 mths prior

Appeal/Review of Accreditation Process

- Review available if accreditation committee not following appropriate processes

Annual Reporting during accreditation period

Podiatry school/institution

Annual

- Annual report on each accredited course made to ANZPAC including staff profiles, study demographics, any changes

Ongoing Accreditation process Monitoring

ANZPAC

Ongoing

- Monitored and evaluated including whether burdensome, timelines and modifications made

Periodic review of National accreditation Framework

ANZPAC

5 yearly

- At least every five years, all individual evaluations of accreditation processes should undergo meta-accreditation and examine framework review

Standardisation and national management of data

ANZPAC

- Accreditation reports and annual course reports prepared according to standard format, available to relevant people on electronic database, with publicly-available list of accredited courses



Accreditation Standards for Podiatric Surgery Programs

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Executive Summary

This document provides details of Accreditation Standards and Procedures for education providers which are seeking accreditation of podiatric surgery programs with the Australian and New Zealand Podiatry Accreditation Council (ANZPAC).

The primary purpose of ANZPAC is to assess and accredit podiatric education programs of study for the podiatry profession.

Five broad areas of standards are documented in relation to Governance Context, Post-graduate Students/Trainees, Curriculum and Assessment, Educational Resources and Program Evaluation. The *Accreditation Procedures for Podiatric Surgery Programs* document outlines the relevant processes.

Section A: Introduction

Background

ANZPAC was established in 2008; the Board of Management included nominated representatives from registration boards of states and territories of Australia and also of New Zealand, the professional organisations, podiatry program educators and consumers.

On 5th March 2009, the Australian Health Workforce Ministerial Council announced that it had assigned the accreditation functions for the Podiatry Board of Australia to ANZPAC. This means that under the National Law, ANZPAC is the external accreditation authority for the podiatry profession.

From July 1 2010, ANZPAC's role as the designated accreditation authority for the Podiatry Board of Australia is to exercise the accreditation functions as defined in the *Health Practitioner Regulation National Law Act* (National Law) as in force in each state and territory. The accreditation functions include developing accreditation standards for approval by the Podiatry Board of Australia and assessing programs of study and the education providers that provide the programs of study to determine whether the programs meet approved accreditation standards. If ANZPAC decides to accredit a program of study it must give the Podiatry Board of Australia a report about the accreditation of the program and the Board may then approve or refuse to approve the accredited program of study as providing qualification for the purposes of registration in the podiatry profession.

Education providers in the context of the National Law (s5) means:

- (a) a university; or
- (b) a tertiary education institution, or another institution or organisation that provides vocational training; or
- (c) a specialist medical college or other health profession college.

In 2011, the Podiatry Board of Australia (PodBA) requested the Australian and New Zealand Podiatry Accreditation Council (ANZPAC) to develop an Accreditation Standard for the training of podiatric surgeons. The Accreditation Standard was developed within the context of the *Procedures for the Development of Accreditation Standards* (AHPRA, 2011). These procedures relate to broader national registration and accreditation scheme objectives of protecting the public through ensuring that registered health practitioners are suitably trained and qualified, facilitating provision of high quality education and training for health practitioners and building a flexible and sustainable Australian health workforce (AHPRA, 2011).

Scope of Practice

Podiatric surgeons may be granted specialist registration with the Podiatry Board of Australia, after completing extensive specialised postgraduate training and education in podiatric medicine and surgery. Podiatric surgeons are competent in the diagnosis and treatment of disease, injuries and defects of the human foot and related structures, and use surgical and non-surgical processes to care for bone, joint and soft tissue pathology. Examples include, but are not limited to:

- 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.

A key role for podiatric surgeons is contributing to safe, effective and cost-efficient clinical care within multi-disciplinary healthcare teams involving general practitioners, specialists and other health professionals, with appropriate referrals undertaken to support improved quality, safety and healthcare standards and practice.

Principles for Developing Accreditation Standards

Standards for podiatric surgery accreditation have been framed within the broader context of programs providing eligibility for registration as a podiatric surgeon and accreditation being about protecting the health and safety of the public. Additionally, the Standards provide assurance that graduates are competent to practise podiatric surgery. The principles of these accreditation standards include operating within legislative frameworks, being acceptable to various stakeholders, transparency and procedural fairness, and quality and improvement. Other principles relate to provision of valid and reliable assessment including training of the assessment team, supporting diversity of curriculum approaches and responsiveness to changing times.

Process for Developing Standards

Development of accreditation standards has occurred within the context of the Council of Australian Governments establishing a single national registration board and accreditation system for 14 health professions.

These Accreditation Standards have been developed in accordance with procedures established by the Australian Health Practitioner Regulation Agency (AHPRA) under section 25 of the National Law. These procedures are outlined in the document *Procedures for the Development of Accreditation Standards* which is published on the AHPRA website at www.ahpra.gov.au.

The podiatric surgery accreditation standards were established following a review of previous work undertaken in regard to podiatry specialisations and special interest areas, also considering the Australian Medical Council (AMC) context. The AMC context reflects best practice education and training standards for specialisations and comparative education and training standards for various health specialisations within Australia and overseas.

Essentially, the Accreditation Standards for podiatric surgery are broadly aligned to the best practice standards, as well as to other podiatry accreditation standards. Specific details of Accreditation Standards and Examples of Evidence have been developed appropriate to podiatric surgery. A

consultation document was developed and widely disseminated for comment, with responses closely considered and further discussions undertaken.

Links Between Education Providers and ANZPAC

In framing the Standards, ANZPAC recognises the academic and professional independence of education providers. ANZPAC seeks to provide quality assurance, with all institutions adhering to a set of minimum standards of quality education and training. There is an emphasis on podiatric surgery education and training programs having equivalence of structure and process but also focusing on continuous improvement and associated planning. The intended outcome is all podiatric surgery practitioners from various programs of study being competent, safe and responsive to the health needs of individual citizens and communities.

Core podiatric curriculum consists of knowledge and skills which are sequentially developed and acknowledges various stages from assistance to independence. Key areas are related to various components for basic and advanced surgical science and techniques, peri-operative medicine, basic and advanced life support and principles of osteosynthesis, foot and ankle surgery. Additionally, professional attributes, technical and podiatric medical expertise, clinical decision making, professionalism/ethics, collaboration, communication including within interprofessional teams, scholarship and teaching, health advocacy and leadership and management are areas needing to be incorporated into programs offered by education providers. Well-recognised and accepted principles of learning are other expectations.

The Standards are also intended to support educational providers in their autonomy and uniqueness through encouraging innovative and experimental programs and enabling variations in curriculum and teaching methods.

Accreditation Standards Summary

Podiatry standards are organised under five broad areas as follows:

These broad areas of standards are:

- A. Governance Context
- B. Post-graduate students/Trainees
- C. Curriculum and Assessment
- D. Educational Resources
- E. Program Evaluation.

Within these broad areas, there are sub areas which represent the Accreditation Standards.

Further details are provided in Section B of this document.

Podiatric Surgery Competencies/Outcomes

Accreditation standards in relation to curriculum content, teaching and learning activities, clinical experience, assessment and other aspects are focused on achieving competencies/outcomes. Consistent with other health specialisations, each education provider must show evidence that their competencies/outcomes are documented and the program of study is aligned to achievement of these aspects.

Additional Information

ANZPAC does not assess or advise individual students regarding their programs of study. The Podiatric Surgery Accreditation Standards are applicable as approved by the Podiatry Board of Australia in mid 2012. The document review date is June 2017.

More information about the Podiatric Surgery Accreditation Standards for application for accreditation can be obtained from:

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Section B: Accreditation Standards

Introduction

In considering appropriate Accreditation Standards, a statement of goals for podiatric surgery is as follows:

1. To produce podiatric surgeons who:
 - have demonstrated the requisite knowledge, skills and professional attributes necessary for independent practice through a broad range of clinical experience and training in podiatric surgery
 - can practise unsupervised in the podiatric surgical specialty, providing comprehensive, safe and high quality care, including in the general roles and multifaceted competencies inherent in health practice and within the ethical standards of the podiatry profession and the community they serve.
2. To produce podiatric surgery specialists with a high level of understanding of the scientific and evidence base of the discipline.
3. To produce podiatric surgery specialists able to provide leadership in the complex health care environments in which they practice; who work collaboratively with patients and their families from diverse backgrounds and with the range of health professionals and administrators; and who accept responsibility for the education of junior colleagues.
4. To produce podiatric surgery specialists with knowledge and understanding of the issues associated with the delivery of safe, high quality and cost effective health care within the Australian health system.
5. To prepare specialists able to assess and maintain their competence and performance through continuing professional education, the maintenance of skills and the development of new skills.

Five broad areas of standards have been approved for specialist podiatric surgery education and training consistent with the following documents:

- *Podiatry Specialisations Education and Training Accreditation Standards Project* (Owen, 2010);
- *Accreditation Standards and Procedures for Podiatry Programs for Australia and New Zealand* (ANZPAC, 2009);
- *Accreditation of Specialist Medical Education and Training and Professional Development Programs. Standards and Procedures* (AMC, 2010) , and
- *Procedures for the Development of Accreditation Standards* (AHPRA, 2011).

The broad areas of standards for podiatric surgery are:

- A Governance Context
- B Post-graduate Students/Trainees
- C Curriculum and Assessment
- D Educational Resources
- E Program Evaluation.

Within these broad areas, there are sub areas which represent the Accreditation Standards.

A Governance Context

- A1 Governance
- A2 Strategic Directions and Philosophy
- A3 Post-graduate/Trainee Program Outcomes
- A4 Educational Expertise Leadership and Collaboration
- A5 Policies and Procedures within Broader Health Context
- A6 Financial Management

B Post-graduate Students/Trainees

- B1 Admissions
- B2 Communication and Support
- B3 Representation

C Curriculum and Assessment

- C1 Curriculum Philosophy and Framework
- C2 Curriculum Content
- C3 Clinical Experience
- C4 Teaching and Learning Activities
- C5 Research in the Curriculum
- C6 Assessment
- C7 Continuing Professional Development

D Educational Resources

- D1 Clinical and other Specialist Staff and Support
- D2 Education and Clinical Training Resources and Quality
- D3 Patient Care Services within Overall Health System Context

E. Program Evaluation

- E1 Mechanisms for Ongoing Monitoring
- E2 Post-graduate Student/Trainee Performance and Outcomes
- E3 Institutional Feedback, Reporting and Continual Improvement

The focus of the Accreditation Standards for podiatric surgery is about the relevant education providers supplying evidence that their programs meet the Standards. Each broad Accreditation Standard area has sub-areas which are specific aspects comprising the Accreditation Standards which must be met. The 'Examples of Evidence' column provides some examples of the types of evidence which may be gathered by the education providers to present to the Assessment Team to indicate that the Accreditation Standards have been met. Strengths, challenges and improvement strategies are aspects to be addressed by education providers within the self-assessment documentation in supplying evidence against the standards.

A. Governance Context

Accreditation Standards for the podiatric surgery specialisation in relation to Governance Context include Governance; Strategic Directions, Philosophy and Purpose; Postgraduate/Trainee Program Outcomes; Educational Expertise Leadership and Collaboration; Policies and Procedures within Broader Health Context; and Financial Management, as outlined in Table 1.

Table 1: Governance Context Standards

A. Governance Context	Accreditation Standards	Examples of Evidence
<p>A1 Governance</p>	<p>The education and training organisation's governance structures and committees are representative of key stakeholder groups, clearly defining the terms of reference, powers and reporting lines, with education and training and assessment being priority focus areas.</p>	<p><i>Quality governance includes diverse committee representation and links to relevant professional and educational expertise to support decision-making regarding curriculum directions, policies and CPD.</i></p> <p>Describe and provide documentation/ website details regarding:</p> <ul style="list-style-type: none"> • Overall committee structure • Terms of Reference • Broad stakeholder representation on each relevant committee (education & training) eg consumer, trainee/student, industry representation and links with other professions/health departments • Communication flow charts • Strengths, challenges, strategies to address

A. Governance Context	Accreditation Standards	Examples of Evidence
<p>A2 Strategic Directions, Philosophy and Purpose</p>	<p>A consultatively-developed philosophy and strategic plan are developed focused on the organisation's purpose involving post-graduate/trainee education and training and assessment, research, continuing professional development and also reflecting broader health, social and community needs</p>	<p><i>Diverse interest group representatives including consumers, trainees, government agencies, training providers and relevant health practitioners and employers are involved in developing strategic directions</i></p> <p>Describe and provide documentation/ website details regarding:</p> <ul style="list-style-type: none"> • Overall institutional history, philosophy, purpose & strategic plan & detailed podiatric surgery information • Stakeholder & wider network lists & consultation/decision making contributions & processes • Strengths, challenges, strategies to address
<p>A3 Post-graduate/Trainee Program Outcomes</p>	<p>Published outcomes are developed for each program and component, addressing technical and clinical expertise, and with formal certification provided on successful completion of podiatric surgery requirements</p>	<p><i>Outcomes aligned to clear goals for podiatric surgery education and training and documented competencies/outcomes regarding knowledge, skills and attributes (including cultural competencies) provide a structure for developing quality program components.</i></p> <p>Describe and provide documentation/ website details regarding:</p> <ul style="list-style-type: none"> • Objectives/outcomes for each program • Detailed information relating to individual course components • Strengths, challenges, strategies to address

A. Governance Context	Accreditation Standards	Examples of Evidence
A4 Educational Expertise Leadership and Collaboration	Educational expertise is used in the development, management and continuous improvement of education and training and assessment activities, with collaboration occurring with relevant institutional and clinical personnel and also with other organisations to ensure comparability with relevant programs	<p><i>Educational expertise including relevant clinical persons support the development of quality learning and assessment processes.</i></p> <p>Describe and provide documentation/ website details regarding:</p> <ul style="list-style-type: none"> • Institutional/Program Leadership chart & details of responsibilities • Program leaders' CVs, qualifications • Wider network lists, program connections, communications, purposes, formal agreements • Strengths, challenges, strategies to address
A5 Policies and Procedures within Broader Health Context	Educational policies and procedures are available and are compliant with legal requirements, also addressing broader health context requirements, including Occupational Health Safety Welfare (OHSW), Equal Opportunity (EO), anti-bullying, anti-discrimination, appeal processes and confidentiality	<p><i>Broader legislative frameworks are complied with in the education and training programs context.</i></p> <p>Describe and provide documentation/ website details regarding:</p> <ul style="list-style-type: none"> • Policy/protocols for safe work including appeal processes eg OHSW, anti-bullying • Confidentiality & student record security processes • Strengths, challenges, strategies to address
A6 Financial Management	Accounting complies with accepted standards, with adequate and stable financial resources to support program goals	<p><i>Quality education and training are supported through appropriate financial planning, resources and staffing.</i></p> <p>Describe and provide documentation/ website details regarding:</p> <ul style="list-style-type: none"> • Accounting standards & major features • Business plan for podiatric surgery program • Strengths, challenges, strategies to address

B. Post-graduate Student/Trainees

Accreditation Standards for the podiatric surgery specialisation in relation to Post-graduate Student/Trainees include Admissions, Communication and Support and Representation as shown in Table 2.

Table 2: Post-graduate Students/Trainee standards

B. Post-graduate Students/ Trainees	Accreditation Standards	Examples of Evidence
B1 Admissions	Clearly defined and consistent admission procedures and criteria are outlined, published, and equitably applied, in regard to education and training, mandatory clinical experience rotation requirements, recognition of prior learning, part-time and flexible studies and program costs, with alignment also occurring within Podiatry Board of Australia registration standards and the Australian Government immigration requirements.	<p><i>A consultatively-developed and clearly outlined framework of selection principles and criteria, and admissions processes for student/trainees from various circumstances is provided.</i></p> <p>Describe and provide documentation/ website details regarding:</p> <ul style="list-style-type: none"> • Admissions body responsible, domestic and international student quotas selection policy & processes and induction procedures (including appeals, transfer credits, processes for recognition of prior learning for Australian/overseas persons including program update arrangements, part-time and flexible studies, review processes) • Enrolment trends for 3 years, attrition, withdrawal reasons for different categories including domestic, overseas
B2 Communication and Support	Clear and accessible information and communication structures exist, with support services available and reviewed including academic and advisory services	<p><i>Quality programs require transparent communication structures regarding the training program, any changes and support systems.</i></p> <p>Describe and provide documentation/ website details regarding:</p> <ul style="list-style-type: none"> • Orientation program • Organisation's support services, functions & access processes • Other support services, functions & access processes • Communication processes • Strengths, challenges, strategies

B. Post-graduate Students/ Trainees	Accreditation Standards	Examples of Evidence
<p>B3 Representation</p>	<p>Mechanisms are in place which encourage and support post-graduate / trainee representation and active participation in governance and curriculum management aspects, with rights and privileges comparable with other relevant cohorts</p>	<p><i>Ensuring post-graduate student/trainee contributions to decision-making through various models is essential in ensuring that policies work in practice, are responsive to issues and recognise and expand the use of successful approaches.</i></p> <p>Describe and provide documentation/ website details regarding:</p> <ul style="list-style-type: none"> • Numbers and representation on each relevant committee • Active encouragement for participation • Consultation processes for decision making

C. Curriculum and Assessment

Accreditation Standards for podiatric surgery specialisation in relation to Curriculum and Assessment include Curriculum Philosophy and Instructional Framework, Curriculum Content, Clinical Experiences, Teaching and Learning Activities, Research in the Curriculum, Assessment and Continuing Professional Development. These standards are outlined in Table 3.

Table 3: Curriculum and Assessment Standards

C Curriculum and Assessment	Accreditation Standards	Examples of Evidence
C1 Curriculum Philosophy and Instructional Framework	The education and training provider has a publicly-available educational philosophy, curriculum framework and review processes which provide contemporary and community-responsive content, diverse learning approaches and sequencing linked to the educational outcomes	<p><i>Quality outcomes are supported by consultatively-developed and reviewed up-to-date curriculum content and appropriately sequenced learning approaches.</i></p> <p>Describe and provide documentation/ website details regarding:</p> <ul style="list-style-type: none"> • Curriculum development, review processes & stakeholders involved • Terms of reference, composition of relevant curriculum committees • Enrolments & completions at various stages for past 6 years • Organisation's policies & principles related to guiding curriculum design & teaching and learning methods & building active responsibility for lifelong learning • Summary of components, length, various teaching & learning methods, sequencing & integration
C2 Curriculum Content	Educational objectives and outcomes are outlined and details for each component and stage are provided regarding the syllabus of knowledge, skills and professional qualities to be acquired, including strategies to support development of skills from assistance to independence	<p><i>Quality programs include formal education and training covering basic and advanced scientific knowledge and clinical and diagnostic skill building, linked to contemporary and community-responsive health and podiatric surgery needs.</i></p> <p>Curriculum mapping program handbooks and details course outlines to programs of study building knowledge, skills & wider professional attributes over various stages from assistance to independence regarding various components of:</p>

C Curriculum and Assessment	Accreditation Standards	Examples of Evidence
		<p>Knowledge: *basic science-cellular injury, wound healing, inflammation, thrombosis, embolism & infarction, neoplasia, immunology, microbiology & infection, pharmacology *basic principles of osteosynthesis, diagnostic & laboratory *foot and ankle surgical theory relevant to procedures including digital, first ray (hallux valgus, hallux rigidus), soft tissue foot, other osseous foot, reconstructive rear foot and ankle electives (soft tissue & osseous) & non elective soft tissue & osseous *Case studies: 1st ray procedures & a range of multiple digital arthrodesis & neurona excision; lesser metatarsal osteotomy & midfoot osteotomy or isolated joint arthrodesis; Rearfoot osteotomy or isolated joint arthrodesis *case based discussion – history & physical pre operative consideration, peri operative management & follow up</p> <p>Skills: *basic & advanced surgical skills & selection including dissection & instrumentation relevant to digital, first ray (hallux valgus, hallux rigidus), soft tissue foot, other osseous foot, reconstructive rear foot and ankle electives (soft tissue & osseous) & non elective soft tissue & osseous *peri-operative medicine & pharmacology and basic & advanced life support *surgical assessment, treatment and management of pathologies of the forefoot, mid-foot and rearfoot conditions *clinical record keeping *clinical decision making & procedural selection *post-operative care & management of complications in multi-disciplinary contexts *system review & discharge planning</p> <p>Professional Attributes: *technical expertise, podiatric medical expertise, clinical decision making, professionalism/ethics and patient safety, collaboration, communication/cultural competence & interprofessionalism, scholarship & teaching, health advocacy & leadership, management & patient satisfaction & consent</p>

C Curriculum and Assessment	Accreditation Standards	Examples of Evidence
C3 Clinical Experience	Appropriately-supervised and broad medical and surgical rotations and clinical placements are available, with strategies documented to support the development of skills from assistance to independence and mechanisms in place to ensure achievement of program outcomes in relation to independent practice	<p><i>Quality training involves trainer demonstration, simulation opportunities and specific procedural skills practice for varied surgical/medical situations and in varying clinical contexts.</i></p> <p>Describe documentation/ website details regarding:</p> <ul style="list-style-type: none"> • Appropriately supervised clinical rotations with emphasis on relevant medical and surgical disciplines eg general medicine, orthopaedic, plastics, emergency, endocrinology, rheumatology, vascular, high risk foot, infectious disease, radiology, dermatology, laboratory, neurology, sports, paediatrics • Outcomes/competencies • Length/experiences provided for clinical involvement at observation, assistance, independent practice levels • Processes for assistance to independence & verifying independence of practice
C4 Teaching and Learning Activities	Education and training activities are contributing to achievement of relevant post-graduate /trainee outcomes involving integration of practical and theoretical aspects and using a range of pedagogies in preparation for lifelong learning	<p><i>Quality programs include varied learning such as self-directed activities, trainer demonstrations and structured theoretical and clinical skill-building opportunities.</i></p> <p>Describe and provide documentation/ website details regarding:</p> <ul style="list-style-type: none"> • Program components & activities, hours involved including aspects such as : Reflective practice skills building; integration of evidence based practice; lectures; case studies; practical skill building courses including progressive development of preoperative, perioperative, postoperative skills; clinical rotations; peer review activities; research • Strengths, challenges, strategies to address

C Curriculum and Assessment	Accreditation Standards	Examples of Evidence
<p>C5 Research in the Curriculum</p>	<p>Extended scholarly activity meetings and research publications which advance podiatry knowledge and practice are a substantial and credentialed component of the education and training program, with formal instruction/skill-building being provided in scientific methods, evidence-based practice, research methodology and ethical conduct</p>	<p><i>Research involving building skills of research methodology, critical appraisal of literature and building problem-solving and data analysis supports evidence-based practice.</i></p> <p>Describe and provide documentation/ website details regarding:</p> <ul style="list-style-type: none"> • Research policy, supports, resources, links to overall curriculum & research requirements, ethics • Requirements for preparation & presentation of thesis/research report • List of publication for past 5 years • Initiatives engaging staff & postgraduate/trainees in research • Strengths, challenges, strategies to address
<p>C6 Assessment</p>	<p>A documented assessment policy exists which includes formative and summative assessment, varied task requirements such as clinical examinations and observation of performance, a focus on feedback linked to educational objectives criteria, support and remediation processes and explicit mechanisms for gathering various rotational supervisor information to determine candidate readiness to practise independently</p>	<p><i>Varied and reliable formative and summative assessment methods matching the goals of the training program and measuring skill-building over time (including direct observation of trainer performance), supports quality education and training programs.</i></p> <p>Describe and provide documentation/ website details regarding:</p> <ul style="list-style-type: none"> • Overall assessment policy within organisational framework, including supplementary exams • Formative & summative assessment methods for each program including minimum numbers of aspects involved at each of observation, assistance, independent levels such as logbooks, DOPS, DOCs, clinical theoretical exams, case studies • Selection & training of examiners & assessors • Involvement of specialist bodies & various supervisors in assessment of students & processes for communicating with others about skills demonstrated • Support services and management of poor performance • Strengths, challenges, strategies to address • Validity, Reliability, review

C Curriculum and Assessment	Accreditation Standards	Examples of Evidence
C7 Continuing Professional Development Program	Continuing Professional Development programs to support and maintain specific knowledge, skills and attitudes are outlined and reviewed to ensure ongoing responsiveness to changing patient/health system needs and to medical and societal developments and expectations	<p><i>Education and training providers with support professionals in maintaining and broadening their knowledge, expertise and professional qualities relevant to changing health contexts through providing varying learning activities and approaches.</i></p> <p>Documentation of CPD program and reviews, forward planning information</p>

D. Educational Resources

Accreditation Standards for podiatric surgery in relation to Educational Resources including Clinical and other Staff and Support, Education and Clinical Training Resources and Quality and Patient Care Services within Overall Health System Context. Table 4 outlines the Standards.

Table 4: Educational Resources Standards

D Educational Resources	Accreditation Standards	Examples of Evidence
D1 Clinical and other Specialist Staff and Support	Responsibilities of clinical supervisors and relevant others are defined, with qualifications, and experience being appropriate and systematically reviewed and with training/PD and processes available to ensure quality clinical placements and trainees/post-graduate students achieving educational and training outcomes	<p><i>Clear roles for clinical trainers, assessors and mentors and professional development in regard to adult learning, motivation, feedback and assessment support the provision of quality training for post-graduate students/trainees.</i></p> <p>Describe and provide documentation/ website details regarding:</p> <ul style="list-style-type: none"> • Clinical & Specialist staffing experience and qualifications matching range & balance of skills required to ensure quality and range of clinical placements and curriculum • Organisational policies & processes for selection and ensuring quality of placements and curriculum • Staffing numbers for each rotation/program component • Staff PD opportunities, quality assurance processes, encouragement to participate • Links to other organizations / departments for specific training/subjects • Strengths, challenges, strategies
D2 Education and Clinical Training Resources and Quality	High quality physical/learning resource/ICT and equipment resources and clinical training facilities opportunities are available and providing experiences with a broad range of patients in varied clinical settings, with alignment to educational objectives/outcomes and processes in place to ensure quality clinical placements and experiences	<p><i>Ensuring quality processes for education, training and assessment in all locations supports student/trainee skill building and self learning</i></p> <p>Describe and provide documentation/ website details regarding:</p> <ul style="list-style-type: none"> • Organisation of teaching facilities & shared arrangements with other programs/organisations • Outplacement facilities & formal relationships & agreements with various organisations regarding supervisors, facilities and quality assurance processes • Strengths, challenges, strategies

D Educational Resources	Accreditation Standards	Examples of Evidence
<p>D3 Patient Care Services within Overall Health System Context</p>	<p>The education and training organisation works with relevant health care institutions to communicate the post-graduate student/training organisation accreditation standards and selection process while ensuring quality experiences and patient-centred standards of care, operating within OHSW guidelines</p>	<p><i>Effective training programs depend on supportive and consultative communication and resources including in the clinical situation, with formal agreements clarifying expectations of parties and links to other relevant groups.</i></p> <p>Describe and provide documentation/ website details regarding:</p> <ul style="list-style-type: none"> • Functional relationships, processes, MoU with groups such as: <ul style="list-style-type: none"> a. podiatric authorities b. hospitals c. institutional health care facilities d. specialist societies e. other education provider departments f. podiatry professional bodies & specialist academies/societies g. specialty areas at interstate/overseas institutions. • Review process • OHSW policies and protocols including privacy, confidentiality, safety eg Australian Commission on Safety and Quality in Healthcare

E. Program Evaluation

Program Evaluation standards under the categories of Mechanisms for Ongoing Monitoring, Post-graduate Student/Trainee Performance and Outcomes, Institutional Feedback, Reporting and Continual Improvement as shown in Table 5.

Table 5: Program Evaluation Standards

E Program Evaluation	Standards	Examples of Evidence
E1 Mechanisms for Ongoing Monitoring	Course and evaluation mechanisms involving post-graduate / trainees, administrators, consumers & supervisors, are available to monitor policies, curriculum content, quality of teaching and supervision, assessment, and individual progress and to ensure concerns are systematically identified and addressed	<p><i>An evaluation plan and mechanism for monitoring and evaluation, including outlining the purpose for data collection processes and reporting and follow-up action, supports quality programs.</i></p> <p>Describe and provide documentation/ website details regarding:</p> <ul style="list-style-type: none"> • Processes for evaluation of outcomes • Evaluation tools for various stakeholder groups • Action taken for each program & current status • Strengths, challenges, strategies
E2 Post-graduate Student/ Trainee Performance and Outcomes	Education and training outputs and overall outcomes including qualitative data is collected and action occurs as appropriate including in regard to non-performers	<p><i>Monitoring outcomes including in relation to practicing specialists self-assessment and current and recent graduates, supports quality programs.</i></p> <p>Describe and provide documentation / website details regarding:</p> <ul style="list-style-type: none"> • Pass / fail records • Completion rates for various cohorts • Policies and documentation regarding non-performers
E3 Institutional Feedback, Reporting & Continual Improvement	Previous accreditation reports and education and training, and assessment outcomes are systematically collected and analysed to determine if specific objectives are being met, with results published and action planning occurring	<p><i>Overall monitoring regarding evaluations conducted and actions taken supports quality education and training programs.</i></p> <p>Describe and provide documentation/ website details regarding:</p> <ul style="list-style-type: none"> • Re-accreditation reports indicate previous accreditation action

**Accreditation Status of Australian and New Zealand Podiatry Programs of Study
at 30 June 2012**

University	Program	Accreditation Status	Accreditation Expiry Date
Auckland University of Technology – North Shore Campus	B H Sc (Pod)	Accredited *	Site Visit 1 – 3 October 2012
Central Queensland University (Rockhampton Campus)	B Pod (Pass & Hons)	New program of study	Site visit 22 – 24 February 2012
Charles Sturt University (Albury/Wodonga Campus)	B Pod (Pass & Hons)	Accredited **	Site Visit 21 – 23 May 2012
La Trobe University – Bendigo Campus	B H Sc (Pass & Hons) / M Pod Prac	Accredited with conditions	TBC
	M Pod Prac		
La Trobe University – Bundoora Campus	B Pod (Pass & Hons)		
Queensland University of Technology – Brisbane Campus	B H Sc (Pod)	Accredited **	Site visit scheduled May 2013
Southern Cross University – Gold Campus	TBC	New program of study	Site visit scheduled November 2012
University of Newcastle – Central Coast Campus	B Pod	Accredited **	Site visit 24 – 27 October 2011
University of South Australia (City East Campus)	B Pod (Pass Hons)	Accredited	31 May 2016
University of Western Australia – Crawley Campus	B Pod Med (Pass & Hons)	Accredited	31 July 2016
	DPM	New program of study	Site visit scheduled September 2012
University of Western Sydney – Campbelltown Campus	B H Sc (Pass & Hons) / M Pod Med	Accredited with conditions	TBC
	M Pod Med		

* Denotes a program of study previously accredited by the Podiatrists Board of New Zealand and is currently being accredited by ANZPAC

** Denotes a program of study that transitioned under the National Law as an approved program of study and is currently being accredited by ANZPAC



Accreditation Committee

HANDBOOK

for

ASSESSMENT TEAMS

November 2009

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Acknowledgement

ANZPAC would like to acknowledge the Council on Chiropractic Education Australasia (CCEA) for allowing it to use its "Handbook for Accreditation Teams" as a base document.

1 – Assessment Teams

a) Purpose of this Handbook

The Australian and New Zealand Podiatry Accreditation Council (ANZPAC) accreditation process generally has two main lead-in components:

1. Self-evaluation by the relevant university;
2. On-site review/inspection by an Assessment Team appointed by the Accreditation Committee of ANZPAC.

The Self-evaluation and the On-site review cover not just the individual academic programs, but also the context in which the programs are designed and delivered; thus the policies, structure, and resources of both the educational unit and university are also relevant.

This Handbook is designed to assist Assessment Team members plan and conduct an on-site accreditation visit related to the ANZPAC's Accreditation and Competency Standards. Using the Standards documents, the Team evaluates the university's capacity to effectively deliver its programs, and the quality of the programs.

Areas addressed in this Handbook include:

- Appointment of Team members
- Team member roles and responsibilities
- Performance expectations
- Code of Conduct.
- Planning and managing the Visit

An Assessment Tool has also been prepared to assist Team members in their preparations for On-site visits. Data collection through interviews, scrutiny of documents and observations in lectures, workshops and clinics are also discussed. Finally, an outline of the Team's Report to the Accreditation Committee of ANZPAC is included.

b) Accreditation Process

ANZPAC has developed accreditation standards and processes to assess the suitability and quality of podiatry courses and to judge the success of provider universities in ongoing development, implementation and evaluation of those course goals and outcomes. These accreditation procedures are described in full in ANZPAC's Accreditation Standards and Procedures document.

In summary, the process for accreditation follows the six steps outlined below:

Step 1 - Application for Accreditation

- i. A university makes a written application to ANZPAC seeking accreditation for a specific program or ANZPAC may notify a university that they wish to accredit a particular program.

Step 2 - Development of a Self Evaluation Report (SER)

- i. A Self Evaluation Report (SER) addressing ANZPAC standards is completed by the university and submitted to the Accreditation Committee who will forward the report to the Assessment Team for consideration.
- ii. In preparing the self-evaluation document and in conducting the subsequent on-site visit, the following aspects of the university and its program must be addressed:

Governance, Context
Students
Curriculum and Assessment
Educational Resources
Program Evaluation

The most important section of the SER is an analysis by the university of its perceived deficiencies and projected solutions.

Step 3 - Review of the SER

- i. After consideration of the report the Assessment Team may require a brief on-campus visit to verify matters of fact.
- ii. A full on-site visit of the university shall take place only when the SER is judged acceptable to the Assessment Team.

Step 4 - On-site Visitation

- i. The Assessment Team conducts an on site evaluation, studying all aspects of the university and its program.
- ii. An exit interview is conducted by the Assessment Team Leader with the Head of the Podiatry Program being assessed.
- iii. A draft copy of the report is forwarded to the Head of the Podiatry Program for correction of factual errors and returned to the Assessment Team leader within 14 days.
- iv. On completion, the team prepares and submits a report with recommendations directly to the Accreditation Committee.

Step 5 - Review of the Assessment Team's Report

- i. The Accreditation Committee finalises the report. A decision to accredit or reaccredit is taken by the Committee and then forwarded as a recommendation to ANZPAC, in writing. One of the following decisions would be made by the Committee.
 - Grant Initial Accreditation (prior to course commencement);
 - Grant Full Accreditation for five years (available only one year after first group of graduates has completed course: all criteria met);
 - Grant Preliminary Accreditation (available after first group of students have completed first year of program) or;
 - Grant Conditional Accreditation (all criteria not met completely but only minor inadequacies for monitoring)
 - ❖ With recommendations based on timetable for implementation/without timetable, requirement for progress reports
 - ❖ Without recommendations
 - ❖ Conditional on meeting certain requirements
 - Denial, deferment or withdrawal of accreditation: essential criteria not met and students cannot attain required graduate outcomes.
- ii. ANZPAC writes to the university inviting review and written response within 30 days.

Step 6 - Accreditation (or Re-Accreditation) Determination

- i. The Council receives the Committee's recommendation regarding (re-) accreditation, with associated summary of reasons in support of the finding, along with the University's written response.
- ii. The Council will take a decision based on this input, and can either accept the recommendation or vary the outcome within the alternatives outlined above.

c) Appointment of the Inspection Team

A four person team conducts the on-site accreditation inspection on behalf of ANZPAC. Teams are appointed by the Accreditation Committee.

Team composition is very important, and membership should be constituted so as to provide appropriate knowledge and expertise in key areas pertinent to the Standards. Teams must include an academic from another State / Territory university, a member of ANZPAC Board of Management, a registered podiatrist and a professional body representative.

ANZPAC sends the name of the team members to the University approximately eight weeks before the scheduled visit. A team member will be replaced in the team at the University's request only if the University can demonstrate that potential conflict of interest or bias may exist.

d) Team Members

Team members are drawn from a "pool" of personnel identified by the Accreditation Committee through sources such as professional podiatry associations, universities and the community at large. These personnel are recognised for their skills, knowledge and expertise in academic leadership, professional education, research, clinical practice, business management, and/or evaluation. Individuals should have:

- demonstrated expertise in the field of academic leadership, professional education, research, clinical practice;
- business management, and/or evaluation skills, such as the interpretation of quantified data, interviewing and observation techniques, and analysis of written information;
- good writing skills: the ability to convey clearly and concisely observations and judgments in writing;
- the ability to make unbiased professional judgments about education units based on the application of the Standards;
- good interpersonal skills: the ability to interact with team members and university personnel in a courteous and collegial manner and the ability to work toward consensus in team deliberations;
- word processing skills and e-mail access;
- the capacity to work quickly and efficiently within concentrated timeframes, as on-site visits are usually intensive with extended working hours.

Team members must be familiar with the relevant ANZPAC Standards and their application, as well as being briefed in the conduct of an accreditation visit.

Team members are expected to:

- work effectively and expeditiously as a team;
- use multiple evaluation tools effectively;
- have in-depth knowledge of the ANZPAC standards;
- conduct on-site visits appropriately;
- be professional in all aspects of their work; and
- maintain confidentiality at all times

Team leaders have a record of high performance and leadership skills, and should:

- have a thorough understanding of the ANZPAC processes and standards;
- assist less experienced team members;
- conscientiously follow ANZPAC guidelines and timelines;
- ask questions when uncertain and keep in touch with the Accreditation Committee when problems arise;
- be quietly authoritative—exercise leadership without being overbearing or inflexible;
- be willing to hear all sides yet able to keep discussions focused;
- be organised, good managers, able to coordinate activities and meet given timeframes.

e) Code of Conduct for Team Members

The accreditation process is by its nature a sensitive one; objectivity and credibility are essential. The purpose of this Code of Conduct is to prevent conflict of interest and unethical behaviour by ANZPAC representatives.

To assure universities and the public that ANZPAC reviews are impartial and objective, to avoid conflicts of interest, and to promote equity and high ethical standards in the accreditation system, team members shall follow this Code of Conduct. Violation of any part of the Code will result in the team member's removal from the team. Team members should exclude themselves from ANZPAC activities for any other reasons not listed in the Code that may represent an actual or perceived conflict of interest.

i) Bias

Team members shall:

- not advance either personal agendas, or the agendas of organisations with which they may be affiliated, in the conduct of accreditation visits by attempting to apply personal or partisan interpretations of standards;
- examine the facts as they exist and not be influenced by past reputation, media accounts, etc., about university or programs being reviewed;
- exclude themselves from participating in ANZPAC activities if, to their knowledge, there is some predisposing factor that could prejudice them with respect to the accreditation of a university or its program under review;

ii) Gifts/Gratuities

Team members shall not request or accept any gifts of substance from the university being reviewed or anyone affiliated with the university. (Gifts of substance would include briefcases, tickets to athletic or entertainment events, etc.) If the giving of small tokens is important to a university's culture, team members may accept these tokens from the university. (Tokens might include, for example, coffee mugs, key chains, ties, scarves, tee shirts...) If unsure, the team member should err on the side of declining gifts of any kind.

Team members shall not expect elaborate hospitality during visits. It is appropriate for a university to provide snacks and non-alcoholic beverages for teams as they conduct their work on campus. The team leader shall make arrangements in advance with the university for team meals while on campus. Team members shall use restraint in any expenditures and shall abide by the guidelines set forth in ANZPAC's Remuneration Policy.

iii) Conflict of Interest

Team members shall not participate in an accreditation visit to a university if they:

- have been a member of the faculty or staff or a student at the university within the past five years ("student" includes persons having been enrolled in a significant course of study or being a graduate of the university);
- are participating (on an individual basis) in a common consortium or special research relationship with the University or a faculty member;
- have been a member of a relevant course advisory committee at the university within the last five years;
- have an immediate family member attending or employed by the Podiatry Department of the university;
- have served as a commencement speaker, received an honorary degree from the university, or otherwise profited or appeared to profit from service to the university.

iv) Confidentiality

Confidentiality is an integral part of the accreditation process. The team members must have access to much sensitive information in order to conduct reviews of professional education units, curriculum guidelines, and internal program approval systems. On-site assessment teams must protect the confidentiality of this information. Confidentiality has no expiration date—it lasts forever. Unless indicated otherwise,

- team members shall treat as confidential all elements of the ANZPAC accreditation process and information gathered as part of the process—documents, interviews, discussions, interpretations, and analyses—related to the inspection of professional education units;
- team members shall not openly discuss in public places the particulars of an on-site accreditation visit or the specifics of any case;
- team members shall not discuss details about a university related to an accreditation visit with anyone other than members of their assessment team before, during, or after the visit.

v) Consulting

Once a person has been a member of an assessment team, the following principles shall apply in the event of that person subsequently considering or accepting a consulting or similar arrangement with a University:

- be clear that they are not serving as ANZPAC’s agent but are providing their own professional expertise for consulting purposes;
- inform the university that their advice and recommendations do not guarantee accreditation outcomes;
- not solicit consultation arrangements with university’s preparing for accreditation visits;
- not advertise their status as team members for the purpose of building a consulting clientele;
- not accept a consulting arrangement at a university for which the member served on the assessment team for at least two years following the accreditation decision;
- refrain from voicing an opinion about the university to other ANZPAC members;
- advise ANZPAC of the proposed engagement, its nature and timing, to ensure any “conflict of interest” aspects can be taken into account.

f) Principles for Conducting Inspections

Key principles underpinning the effective work of visiting teams include understanding the importance of:

- university missions,
- multiple data sources,
- collective perspectives toward reaching consensus, and
- continuous university improvement and changes.

i) Recognising University Missions

There are many ways to meet the ANZPAC standards; the way they are met often depends on the mission of the university and unit. Thus, team members must guard against applying independent measures of quality that may be based on their other experiences in a research, academic, or clinical setting. Familiarity with one's own approach to addressing standards sometimes limits the ability to accept other approaches as valid. Effective team members are able to set aside their own educational preferences in order to make objective judgements about whether the ANZPAC standards are met. Team members must develop an understanding of the university's culture, mission, goals, and vision to apply ANZPAC's standards objectively.

ii) Depending on Multiple Data Sources

Teams depend on multiple data sources in determining whether standards are met. They should seldom depend on a single source as the determining factor that is reported in their findings. They seek information in interviews, documents, web sites, and observations. If a concern is identified in one of these sources, team members should systematically seek other data—both written and oral—to refute or confirm a finding.

The report indicates all persons interviewed, documents reviewed, classes observed, and buildings viewed during the on-site visit. Teams should identify multiple types of assessments used by the unit to demonstrate student knowledge and abilities. Different types of assessments that may be presented include surveys of graduates and students, examination papers and practicals, examination results, student portfolios, and evaluations of clinical experiences.

iii) Valuing the Collective Perspective in Reaching Consensus

Both first-time and continuing review processes value the professional judgement of team members. Individual judgements are based on data from the self-evaluation report, catalogues, interviews, observations, and reviews of documents. The data are shared and debated among team members during their team meetings. The process is designed to allow team members to report their observations, reflect on them after hearing the perspectives of others, and reach consensus on the observations and areas for improvement to be included in the team report. The perceptions that team members bring to the first meeting are frequently altered after collecting additional data and listening to other team members. Although team members are generally assigned to prepare the written text for specific standards, all collect data for numerous standards, discuss each standard, and collectively determine the findings of the team.

iv) Supporting Continuous University Improvement and Change

Team members should understand that university programs are regularly changing. At the time of the visit a university may be in the midst of changing from quarter to semester hours or revising a program to meet new standards. Newly admitted students may be entering a program that is different from the one that other students are finishing. In this scenario, both existing and new programs/procedures should be reviewed, in the context of what program is under assessment for accreditation, what are the changes, and why, and will they improve existing weaknesses etc.

While assuring that the ANZPAC standards are met at a level to gain or maintain accreditation, teams should interact with university representatives in a way that is supportive of continuous self-renewal. Teams should set a tone of professional collegiality that encourages self-assessment and feedback. During the visit, team members should ask for information that cannot be located. The team leader should communicate concerns to the unit head on a daily basis to allow university representatives the opportunity to provide additional data. Team members should be approachable and professional.

2 - Before the Visit

a) Preparation for the Visit

As an integral part of the accrediting process, a university seeking accreditation is required to complete a self-evaluation report that describes how the unit is meeting the ANZPAC standards. This report is the team's introduction to the university, its unit and programs. It is the source of preliminary judgments about how adequately standards have been addressed.



Team members should receive the self-evaluation report and supporting material approximately 30 days prior to the on-site visit.

Team members are expected to conduct a careful examination of the self-evaluation report and other information sent to them before the visit, keeping notes on the assessment tool. They should also spend some time reviewing the unit's web site, particularly if exhibits are at that location. The assessment tool allows them to note questions to be pursued and evidence to check during the on-site visit. It also allows them to keep notes that can be transferred to the written report. It is designed to focus team discussions on the standards and determine additional data needed during the team's work sessions of the on-site visit. It should also help the team plan what information needs to be sought on-site.



It is critical that ALL team members complete the assessment tool before the first meeting.

Team members should receive communications from the team leader beginning a few weeks before the visit. Team Leaders should contact team members with necessary details about the visit, assignments, and logistical arrangements. If team members have not heard from the team leader or ANZPAC's Executive Officer about travel arrangements, they should contact the Leader directly for guidance. In many cases, inspection and writing assignments for specific standards are made before the visit. However, all team members should attend to each of the standards prior to the visit and be ready to identify necessary follow-up to validate strengths and check areas of concern.

The following items should be in place before the visit:

- roles of the team members;
- organisation and contents of the exhibit room;
- interviews, class observations, and clinic (on and off-campus) visits to be scheduled;
- supplementary materials to be sent to the team before the visit;
- logistical arrangements for travel, hotel requirements, meals and refreshments, and the team workroom on campus; and
- technology expectations and requirements on the part of the university and team members.

b) First Team Meeting

At the first team meeting, the team leader will:

1. Provide an orientation for team members that includes:

- a reminder to team members about the confidentiality of their work;
- a review of issues and recommendations from the most recent accreditation report and other correspondence received from ANZPAC;
- a discussion of the format, content, and writing style of the team's report; and
- the plan for systematic collection and recording of data.

2. Review preliminary data and make plans for the conduct of the visit; this includes:

- assigning writing, interview, and data collection responsibilities;
- discussing third-party testimony received, as well as any university response, to determine needed follow-up;
- identifying areas of concern related to standards that need to be validated or investigated.

3 - Conducting the Inspection

During the on-site visitation

The team leader:	Team members:
<ul style="list-style-type: none">• checks with team members periodically about the status of their data collection activities to determine what information cannot be found;• asks the university's visit coordinator and/or unit head for documentation that cannot be located by the team.	<ul style="list-style-type: none">• Determine characteristics, including strengths and areas of concern, that should be described in the narrative of the report;• Identify areas for improvement; and determine - by consensus, if possible - the team's recommendation on whether each standard is met or not met. (If consensus cannot be reached, the team should vote, with the majority prevailing.)

Team members should plan to spend time reviewing evidence on-site before beginning interviews. The information gleaned from a comprehensive review of the evidence not only helps team members contribute effectively to team discussions, it also allows them to ask questions in interviews that build on the data or validate them. In addition, the extent to which team members have conducted a comprehensive review of the evidence assures the university that the team has done its work and is prepared to perform a careful and thorough inspection.

a) The Exhibit Room

The exhibit room is the centralised location in which the unit organises and displays documents and other evidence that demonstrate the unit meets standards.

Units may display some or all of their exhibits on the university web sites, which should be accessible to team members before they arrive on campus.

Where possible, the unit should clearly label and key to the standards where practicable all evidence on-line and in the exhibit room. The unit should compile a list of all evidence in the exhibit room to distribute to the team. If evidence is located somewhere other than the exhibit room, the list should indicate where to find it. The unit should clearly mark evidence that demonstrates the correction of previously cited weaknesses or areas for improvement to facilitate the work of the team.

The unit should compile, aggregate, and summarise student performance data for review by team members. Assessments, scoring rubrics/ criteria, and samples of student work should be available to the team during the on-site visit. The unit should select samples of student work (e.g., portfolios) that demonstrate proficiencies at different levels (e.g., unacceptable, acceptable, and accomplished).

i) Scrutiny of Student Work

When university policy permits team members should also randomly select student work examples in addition to those supplied by the Unit, to ensure openness, visibility and transparency. The objectives of the scrutiny of student work are:

- to assess the match between student output and curriculum aims i.e. the indications which examination papers, assignments, patient files, clinic records and other forms of output can give of the extent of achievement of curriculum aims, including those relating to personal transferable skills;
- to assess the adequacy of feedback to students. Return of coursework with teachers' comments is a crucial aspect of the learning process. Student work should indicate whether these comments are helpful, comprehensive, encouraging, perceptive and legible, or illegible, inadequate, etc.

ii) Types of Evidence

The types of evidence related to ANZPAC's standards that the unit might make available in its exhibit room include the following:

- Reports (program leaders annual reports, quality assurance reports, external audits, etc.);
- Staff process and teaching matrices (including service teaching);
- Staff research and publications;
- Meeting documents (Program Advisory Committee, Student/Staff Consultative Committee, Clinic Competency Board, Clinics Management Committee, Selection Committee, Curriculum Review Committee, etc.);
- Teaching and Learning Information (Course Guides, Assessment and Moderation Procedures, Flexible Delivery courseware, Student Progress, samples of student work, etc.);
- Examination papers and assessment frameworks (e.g. practical assessments);
- Completion and Qualification Information;
- Program Brochures and Marketing Information;
- Program performance indicators;
- Strategic Plan.

NOTE

This list is not meant to be exhaustive, nor is the unit required to include each of these items in its exhibit room. The list provides examples of the types of evidence that the unit can present to demonstrate that it meets the standards. The quality and coverage of evidence provided also reflects the Unit's state of preparedness and readiness to be assessed. Team members should feel free to request additional items/exhibits where relevant and pertinent; such requests should be co-ordinated via the Team Leader.

b) Interviews

Most of a team's time in the early part of the visit is spent interviewing individuals and groups. The types of people and groups with whom the team should meet are outlined below. However, the individuals to be interviewed may vary from university to university depending on the weaknesses or areas for improvement cited in the previous visit, results of internal program reviews, new initiatives undertaken, and/or concerns identified by third-party testimony. In a continuing accreditation visit, interviews focus on activities since the previous ANZPAC visit that show that the unit continues to meet ANZPAC standards.

The team leader and university representatives should develop a preliminary schedule of interviews before the visit.

The team will need to conduct some interviews to validate information in the self-evaluation report. Other interviewees are selected to provide additional data related to the standards.

At least one open meeting should be scheduled to provide opportunities for students to talk to team members. This should include a cross-section of students from each year of the program, and the unit should ensure that information regarding the time and location of these interviews is posted and disseminated to applicable parties.

During the visit, team members may be talking with individuals not on the schedule. They may schedule follow-up interviews with individuals from group discussions, and they may need to conduct follow-up interviews with some individuals to clarify issues or concerns raised during the team's deliberations. Unless the university is small, team members will not have the opportunity to interview all faculty members and administrators. However, opportunity should be provided for any member of staff (academic, technical or administrative) to request a confidential discussion with the team.

The team leader should also meet with a senior administrator (Vice Chancellor or Dean of Faculty) at the start of the visit to provide an overview of the visit, answer questions about ANZPAC and the review process, and determine what he/she would like to learn from the visit.

i) Individual Interviews

During the on-site visit, team members interview a number of individuals who can describe the ways in which the unit meets standards. The questions asked should clarify and expand on information read in the self-evaluation report, on the web site, and in exhibit room documents. They should be related to the standards.

Key individuals who should be interviewed include:

- The Dean of the Faculty,
- The Head of School,
- The head of the unit,
- The director of clinical experiences,
- The person in charge of admission to the unit,
- Counsellors and advisors to students,
- The financial officer,
- Selected faculty and administrators in the unit,
- Deans or Heads of Schools of other units involved in preparing students,
- Selected clinical supervisors,
- The librarian or chief information officer.

If the unit does not have persons working in one or more of the roles listed above, then the team leader should schedule interviews with persons in the unit whose responsibilities most closely match those of the listed positions. Individual interviews are normally scheduled for 30 minutes.

ii) Group Interviews

In addition to individual interviews, the team conducts group interviews with students and faculty. The number of persons in a group interview should not exceed eight to ten in order to allow everyone the opportunity to participate. Group interviews usually are scheduled for 45 to 60 minutes.

The participants should be of similar status within the university (*i.e.*, students, faculty members, department and/or program heads) to reduce power struggles among participants.

Students

There should be arrangements in place for one or several meetings with a representative sample of students, without staff being present. These interviews give team members an opportunity to check the effectiveness, from the student point of view, of pastoral care, student representation on committees, responsiveness of staff to student problems, diligence of teachers, coherence of course structure, appropriateness of curriculum, adequacy of library, IT, laboratory, recreational, social, catering, and accommodation facilities.

Faculty

Types of questions that the team may ask faculty during the group interviews are outlined below.

- ⇒ What links do you see between your courses? Between courses and clinical experiences?
- ⇒ In what ways do you integrate critical thinking into your courses?
- ⇒ How are assessments used in your program?
- ⇒ What aspects of your unit were developed as a result of collaborative work with faculty members from other programs and departments on campus? With clinical faculty?
- ⇒ How do you identify students who are not meeting program requirements? What strategies do you use in working with these students?
- ⇒ To what extent are students adequately prepared by this program to be effective podiatrists? What are the strengths and challenges?
- ⇒ To what extent do you help to plan and evaluate the clinical experiences component of the program? Can you provide an example of when the unit was responsive to suggestions for improvement?
- ⇒ How is the unit fostering collaborative efforts within the professional community? What have been the opportunities for collaborative effort?
- ⇒ How has the faculty benefited from professional development activities provided by the unit? What training is provided for clinical faculty?
- ⇒ How are student proficiencies assessed during clinical practice?
- ⇒ In what areas would the students benefit from more instruction? In what ways is the unit responsive to suggestions for improvement?

c) Facilities

The physical environment is a significant aspect of the whole student experience. It is worth commenting, therefore, on such matters as:

- attractiveness or otherwise of the situation of the unit;
- distances between facilities, or teaching rooms;
- state of decor, and standard of maintenance of buildings and plant;
- location of refectories or student union facilities; and
- adequacy of these facilities for the numbers of students (and staff) to be accommodated.

i) Observing the Learning Settings

The following aspects of learning sessions should be observed:

- adequacy of accommodation (lighting, heating, ventilation, acoustics, comfort of seating, etc.);
- student attendance, attentiveness, enthusiasm;
- teacher's management strategies (learning aids and resources, communication, lesson planning, etc.);
- teacher's teaching strategies (lesson content sequencing, questioning techniques, explanations, learning activities such as problem-solving exercises, demonstrations, class discussions, etc.);
- teacher's mastery of the subject, interest and enthusiasm.
- Team members' visits to any learning setting (classrooms, laboratories, clinics, etc.) should be as unobtrusive as possible
- Team members should not take an active part in the class

Team members should:	Team members should not:
<ul style="list-style-type: none">• inform the teacher that they are there purely as observers;• discuss their entry and exit with the teacher before the class;• arrive at the class on time and as arranged; and if possible• remain in the same place throughout the session.	<ul style="list-style-type: none">• make multiple entry and exits during the session;• interfere with any of the activities of the class;• express boredom, incredulity, disagreement or contempt; or anything except polite interest;• arrive late or depart early (an exception may be in large lecture theatres with a back exit; lab or workshop situations where no distraction would be caused by arrivals and departures).

ii) Libraries

Both the central facility and any departmental libraries or reading rooms should be visited. Determine whether the library holdings relating to podiatry and other health disciplines, including periodicals, textbooks and audio-visual materials, are adequate to meet the needs of the program.

A meeting with the library representative should be arranged. Some issues which may be discussed include:

- induction for students in the use of databases, and other available resources;
- the process for suggesting library acquisitions;
- student representation on the library committee;
- funding and budgetary provisions.

iii) Clinics

Before the clinic visit, clinical assessors should familiarise themselves with the ANZPAC's Competency Standards. These should be kept in mind when judging whether the clinical experience prepares the students as competent primary contact practitioners.

Clinical assessors will visit the main clinic(s) in order to:

- assess the facilities, resources and equipment, records, systems, etc.;
- assess clinical equipment (are they operational etc.);
- interview and observe clinical educators;
- interview and observe students.

There should be at least two clinical assessors present at an on-site visit to a clinic.

Records chosen for assessment must be current (there must have been a patient visit within the previous 3 months). Assessors must select the records themselves. At least 20 records should be selected at random.

Ten to fifteen student record books should also be sighted. These record books should include a representative sample from all student groups in clinic and contain evidence of:

- performance indicators such as numbers of patient visits, insole manufacture, in-shoe device manufacture, etc.;
- descriptions of case mix (or at minimum the patients' presenting complaints);
- observations by supervisors.

d) Exit Conference

The team meets with the Head of School and Unit Head to present a summary of the team's findings and to describe the next steps of the accreditation process.

The summary of the team's findings is compiled by the team prior to the exit conference; it draws on their conclusions from the assessments made during the visit, and should focus on the main aspects identified; both favourable and unfavourable aspects should be highlighted.

In the exit conference, the team leader should reiterate the purpose of accreditation and the expectation that the unit and its programs remain current, continuously assess themselves, and improve over time. The leader provides a general overview of the findings, including its perspective regarding whether or not standards are met, and the areas for improvement that will be cited.

The summary of team findings at the exit conference must be consistent with the subsequent written report which is given to the university by ANZPAC.

The team leader should let the unit head know when he/she should expect to receive a copy of the final draft of the report to check for factual errors. The team leader should also remind university representatives of the importance of submitting a rejoinder to the areas for improvement cited in the team's report.

The exit conference is usually brief, (60 minutes). It is not appropriate for the university representatives to ask expansive questions of the team representatives or engage in prolonged argument against the team's findings. Taping of exit conferences is discouraged, and the Team should not provide copies of their findings at that stage.

3 – Report to ANZPAC’s Accreditation Committee

Each team member is required to make notes which provide full details of their observations and activities during the visit. The notes should enable the team member to provide a thorough justification of judgments made in their report.

Team members’ reports should be given to the team leader prior to the Exit Conference.

Within 60 Days of the Visit

After the visit is completed, the team leader edits the team members’ reports, compiles a draft of the report and sends copies of the draft to each team member. Recommendations from team members are incorporated into the final draft report which is then sent to the University for correction of factual errors with a response received within 14 days. The final report is then sent to the Accreditation Committee of ANZPAC within 60 days of the Exit Interview.

a) Outline of Report

The report to the Accreditation Committee should generally follow the outline below.

Title page

- Report to -----
- Report by -----
- name of university
- name of program
- date of visitation

Table of Contents

Introduction

- Team Leader (and qualifications)
- Team Members (and qualifications)
- Outline of the conduct of the visit (including who was interviewed, facilities viewed, types of evidence scrutinised or made available by the unit)
- Acknowledgements

Body of Report:

- Standards: see “Findings for Each Standard” below.
- Strengths and Concerns: may be laid out under the following (or similar) headings :
 - Curriculum
 - Clinic
 - Staff
 - Services and Facilities
 - Research
 - Policies and Procedures
 - Planning and Management
 - Students
- Recommendations: should include recommendations for improvement, and points the unit should address specifically in their next annual report.
- The Team may provide recommendations for consideration in regards to the Committee's accreditation determination (in a separate document)

Appendices:

- Visit timetable
- List of all documents viewed
- List of people interviewed
- Any other relevant documents

b) Findings for Each Standard

The team’s findings for each standard must include a rationale—the reasons, facts, evidence, quantitative data, and observations that support the team’s decision of whether the standard is met or not met. The findings address everything the team found, the positive and the negative, strengths and concerns or challenges, regardless of whether the standard is met or not met.

When writing this narrative, teams should follow these guidelines:

- The findings should use the headings that correspond to ANZPAC’s Standards document. Each element must be addressed in its own section.
- The narrative should be as descriptive and provide as many details as possible to help the reader understand the team’s decision.
- Summaries of data such as pass rates, faculty publications, and student diversity should be presented in the report.

- The findings must support any areas for improvement cited. When the narrative identifies concerns that are not of a critical enough nature to be formally cited as an area for improvement, the team must indicate the mitigating circumstances for not citing these concerns as areas for improvement (for example, “the issue was resolved through an agreement between the faculty union and the university,” etc.). At the same time, the rationale should not attempt to justify the unit’s inability to meet the standard by making excuses for the unit (for example, “the university is located in a rural area where there is little diversity, which impacts the unit’s ability to recruit a diverse student body”; “it is a small university with very limited resources that are more urgently needed in areas other than technology”).

At times, teams may be unable to locate evidence related to a particular standard and will simply avoid addressing that element because very little detail can be provided. However, it is critical that the Accreditation Committee knows that the lack of description about a particular standard or part of a standard is due to the lack of evidence available rather than an oversight on the part of the team.

When the unit has not provided documentation and evidence in relation to a standard or part of a standard, it is very important that teams:

- communicate in the report findings section that documentation was not available;
- cite areas for improvement related to the standard or element.

The accreditation report is not a “consultant’s” report. The report must avoid giving advice or telling the unit how to correct problems and should avoid editorializing or preaching to the unit. Teams must avoid statements such as “the unit should...,” “the unit ought to...,” and “If the unit does not do ABC, then XYZ will happen.”

In describing findings for the standards, it is not necessary to cite processes and procedures used by the team, nor should sources of evidence be cited in detail in the rationale (for example, do not write “The team interviewed 20 students and five teachers and observed 4 classes and concludes that ...” or, “The self-evaluation report, p. 24, indicates that the unit...”). The full listing of sources of evidence should be provided in the Outline of the Conduct of the Visit (introduction) and list of documents viewed (Appendix).



University Guidelines for Completion of Self-Evaluation Report

June 2010

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INTRODUCTION

This Guide is to assist Universities teaching podiatry to review their educational program against the ANZPAC accreditation standards.

The data collections, based on the areas and sub-areas in the standards, should result in a document providing comprehensive answers to all the topics. Answers should, if possible, be referenced to published documents, which could be appended.

The institution is encouraged also to provide an outline of its strategies for the maintenance and further development of quality podiatric education, and to identify its main current problems and the proposed solutions to them. Information on the processes by which decisions are made and the reasons for decisions may be just as important as the decisions themselves.

The ability of an institution to present a critical study of its total activity is an indication of its institutional quality.

NOTE:

For formatting of the self evaluation review please follow the headings and sub-headings as detailed in the table of contents.

A. GOVERNANCE CONTEXT

A.1 GOVERNANCE

- Basic:*
- Describe the relationships between the 'unit' and the University, if the podiatry unit/department/school is part of or affiliated to a University.
 - Describe the podiatry department/school's legal status and governance structure, its components and their functions. (For example: describe the composition of the board of control or equivalent, its size, members' terms of office, and relationship to other boards exercising some measure of control over the department/school).
- Quality:*
- Describe the representation and functions of academic staff, students and other stakeholders in the various governance structures and committees.

A.2 STRATEGIC DIRECTIONS & AUTONOMY

- Basic:*
- Provide a copy of the published general mission and objectives of the podiatry department/school. The detailed objectives of the podiatry program should be described.
- Quality:*
- Specify how social responsibility, research attainment, community involvement and readiness for lifelong learning are reflected in the objectives.
 - List groups other than the above principal stakeholders with which the department/school consults, and describe how these groups are involved in ongoing refinement to the mission and objectives statements.

A.3 ACADEMIC LEADERSHIP

- Basic:*
- Describe the academic management structure of the department/school indicating the line of responsibility for individual areas of the podiatry program.
 - Provide curriculum vitae of all teaching staff and list the courses/subjects they teach.
- Quality:*
- Specify the qualifications of the head of the podiatry department/school (including experience and qualifications relevant to podiatry).
 - Provide a list of all non-award podiatric or related courses presented or sponsored by the institution and list the staff member(s) responsible for their direction and administration.

A.4 POLICIES AND PROCEDURES

- Basic:*
- Specify where the policies relating to Institutional/Unit Disclosure, Instructional Program Management, Academic and General Staff Conditions of Service and Students are published.
 - Outline avenues of appeal and due process provided.
 - Describe how the confidentiality and security of student records are ensured.

A.5 FINANCIAL MANAGEMENT

- Basic:*
- Outline standards and their major features applied in the accounting methods utilized by the unit and institution.

B. STUDENTS

B.1 STUDENT ADMISSION

B.1.1 ADMISSION POLICY

- Basic:*
- Specify the body responsible for selection policy.
 - Describe the selection methods.
 - Describe the mechanisms for appeal.
 - Describe enrolment trends over the last three years and distribution on different categories of students (eg: transfer, overseas, interstate).
 - Describe any limitations on intake and how the intake is determined in relation to the capacity of the podiatry department/school.
 - Provide data on student attrition and reasons for withdrawal from the institution.

- Quality:*
- Describe how the methods used to select students test their suitability and capability to practice podiatry.
 - Specify how the methods comply with the social responsibilities of the institutions and health needs of the community.
 - Describe the mechanisms for adjusting the intake and any quotas that apply.
 - List those consulted concerning changes in the size and composition of the student intake.
 - Provide data to illustrate the diversity among applicants.

B.1.2 APPLICANTS

- Basic:*
- List the academic criteria for admission to the podiatry course.
 - List any additional requirements at institutional or government levels.
 - Specify how credentials of applicants from countries outside of Australia and New Zealand are assessed.
 - Provide applicant numbers for the last three years.

B.1.3 TRANSFER STUDENTS

- Basic:*
- List the policies relating to transfer credits and advanced standing.
 - Indicate where the responsibility is for assessing and deciding requests for transfer credits and advanced standing.

B.1.4 OVERSEAS STUDENTS

- Basic:*
- List any special admission requirements for overseas students.
 - Indicate where the responsibility is for checking overseas students' compliance with requirements. What is the process?

B.2 STUDENT SUPPORT AND COUNSELLING

- Basic:*
- Describe the provisions for student orientation.
 - List counseling services and support programs (including provisions for financial assistance) available in the podiatry department/school and who provides them.
 - List additional support programs, provided by other organisations that the students can access.
- Quality:*
- Describe the mechanisms used to identify students in need of pastoral, psychological, social and/or academic support.

B.3 ASSESSMENT OF STUDENTS

- Basic:*
- Outline the assessment procedures in use.
 - Provide the general policy on assessment including the documents provided to students that specify timing, weighting and criteria for progression.
 - Describe the composition of involved committees and their terms of reference.
 - Describe how assessment practices are made compatible with educational objectives and learning methods.
- Quality:*
- Specify how the department/school monitors the reliability and validity of assessments.
 - Describe how new assessment methods are researched, tested and introduced.
 - Specify how the department/school monitors assessment to manage and balance curriculum load and encourage integrated learning.
 - Provide examples of integrated assessment of various curricular elements.

B.4 STUDENT REPRESENTATION

Basic: - Specify how students have contributed to the development of these policies and their actual involvement in relevant processes, committees etc.

Quality: - Describe how the department/school encourages student self-government and participation in the activities of the department/school's governing bodies.

C. CURRICULUM & ASSESSMENT

C.1 CURRICULUM PHILOSOPHY AND FRAMEWORK

C.1.1 CURRICULUM DEVELOPMENT

- Basic:**
- Outline the curriculum development and review process and the stakeholders involved.
 - Describe or provide copies of institutional and government policies that confer responsibility for the curriculum and allocation of resources.
 - Describe the terms of reference and composition of the Curriculum Committee and Course Advisory Board (or their equivalents).
 - State whether the committee has authority to resolve conflicts of educational principle and to determine the contributions of specific disciplines to the podiatry program.
 - Describe how its decisions are implemented.
- Quality:**
- Describe the policies and practices the department/school has that ensure teaching by individual staff and by departments appropriately addresses the design of the curriculum.
 - State how these policies and practices are evaluated and, if necessary, redressed/improved.
 - Outline the department/school's process for reviewing resource allocation in support of an evolving curriculum.

C.1.2 CURRICULUM MODELS AND INSTRUCTIONAL METHODS

- Basic:**
- State the principles guiding the design of the curriculum and describe the types of teaching and learning methods used to deliver it.
- Quality:**
- Specify how curriculum and instructional methods encourage students to take active responsibility for their learning.
 - Specify how the department/school envisages that these methods prepare students for life long learning.

C.1.3 CURRICULUM STRUCTURE

- Basic:**
- For the compulsory elements of the curriculum, provide a summary in terms of topics/subjects taught and length (hours/weeks) by Semester/Year. Indicate balance between lectures, small group teaching, seminars, laboratory sessions, clerkships etc.
 - For optional elements provide a similar summary.
 - State whether there are reciprocal representations between the committees responsible for the basic podiatry program and the subsequent clinical program.
- Quality:**
- Describe the policies that guide integration (horizontal/vertical and basic/clinical sciences) of the curriculum.
 - Describe the mechanisms that ensure that integration occurs.

C.2 CURRICULUM CONTENT

C.2.1 PRINCIPLES AND PRACTICE OF PODIATRY

- Basic:**
- Outline how, where and which relevant topics are addressed in the curriculum.
- Quality:**
- Describe the mechanisms that ensure integration of the principles and practice into appropriate elements of the curriculum.

Examples of evidence:

Curriculum mapping program handbooks and detailed course outlines:

- History of podiatry profession
- Principles of case management
- Role of podiatrist
- Profession's relationship to other professions and organisations relevant to physical and mental health problems

C.2.2 BASIC SCIENCES

- Basic:**
- Specify which basic sciences contribute to the podiatry program.
 - Describe how their contribution is integrated with clinical sciences at the different stages of the curriculum.
- Quality:**
- Describe the process by which the department/school adapts the curricular contributions of the various basic sciences to developments in the science, practice and delivery of health care.

Examples of evidence:

Curriculum mapping program handbooks and detailed course outlines for:

- Functional, regional and systems human anatomy for lower limb and foot anatomy
- Physiology of tissues/organs of body in context of regulated functioning organism (cardio-vascular, nervous, renal, endocrine, immune, musculoskeletal, respiratory, digestive, reproductive, homeostasis, inflammation, lifespan physiological changes)
- Anatomy and function of human cellular elements
- Microbiology related to human illness and modern medicine (classification of microorganisms, nature and diagnosis of infectious microorganisms and theory for response to drugs, immunity and immunology)
- Clinically-relevant physics, chemistry, biochemistry, psychology or other applied science

C.2.3 CLINICAL SCIENCES

- Basic:**
- List the specific objectives (knowledge, skills and attitudes) defined to ensure clinical competence on graduation.
 - List the specific clinical disciplines and levels of involvement in which this experience (knowledge, skills and attitudes) is to be acquired.
 - Describe how these disciplines are integrated at different stages of the curriculum.
 - Describe the forms of practice (teaching clinic, private practice, community outreach, etc) in which this experience is to be acquired.

- Quality:**
- Describe the opportunities students have for early and ongoing direct participation in patient care.
 - Describe the opportunities student have for relevant community experience and for working with other health professionals.

Examples of evidence:

- Curriculum mapping program handbooks and detailed course outlines for:

A) Dermatology, cutaneous science, cardio-vascular pathology, neurology, rheumatology/arthropathies, endocrinology, diabetes mellitus, orthopedics/musculoskeletal disorders, infection/infectious diseases, neoplastic disorders

B) Pediatrics, sports medicine, gerontology: normal presentations, common anomalies, specific approaches to assessment and management and foot wounds and post traumatic limb assessment and patient care

- Curriculum mapping program handbooks and detailed course outlines for:

C) Principles of mechanics applied to human movement, normal gait cycle & biomechanical principles: kinematics, kinetics, theories & models on normal/abnormal function of foot & possible clinical sequelae, approaches to instrumental & clinical/observational gait analysis

- Curriculum mapping program handbooks and detailed course outlines for:

D) Foot pathology treatment modalities within clinical context related to current podiatric practice: therapies, theories on mechanism of action, uses & precautions

Foundation treatment modalities of:

- Debridement/management of skin lesions/nails, topical therapy, medicaments, wound dressings
- Mechanical therapy: orthotic therapy: materials, devices, theoretical rationale, prescription, issuing & reviewing orthoses, other mechanical therapies (padding, trapping, she modifications)
- Role of footwear: function, fitting, uses
- Pharmacology: anaesthesia, properties of local anaesthetics (L.A.), common L.A techniques used in podiatry, indications & contra-indications, management protocols for safe use of L.A & dealing with complications

- General pharmacology: prescribing drugs, awareness of drug prescription protocols, knowledge of the restricted S2/3/4 drug formularies accessible to podiatrists, minimising drug abuse, management and processes related to adverse drug reactions, pharmacological principles of pharmacokinetics, pharmacodynamics, classification of drugs, pharmacological principles of drugs & effects, polypharmacy, adverse drug reactions
 - Surgical therapy: common foot & lower limb procedures (partial nail avulsion), issues of patient selection, theatre protocol, pre/peri and post operative care of patient, medico-legal requirements
 - **Curriculum mapping program handbooks and detailed course outlines for:**
- E) Podiatrist clinical assessment procedures of interpretation of assessment findings and normal parameters
- Formulation of differential/provisional & definitive diagnosis in clinical setting
 - Assessment procedures of clinical examination (patient questioning, observation, palpation), vascular, neurological, dermatological, musculoskeletal, biomechanical assessments of lower limb
 - Use of diagnostic techniques such as radiology/imaging & laboratory tests including theory of each modality, indicators,
 - Use of contra-indications/precautions including radiation safety & considerations for clinical use, normal findings and how to integrate test results with clinical examinations
- **Curriculum mapping program handbooks and detailed course outlines for:**
- F) Theory of preparing students for workplace (clinic/workshop)
- G) Topics of sterilisation, infection control, OHSW, emergency procedures (e.g. CPR)
- H) Clinical systems & procedures: medical records/documentation, IT, stocking, storage, maintenance
- **Curriculum mapping program handbooks and detailed course outlines for:**
- I) Professional association and registration body, scope of practice, health care system (public & private), professional indemnity insurance, equity & equal opportunity access, clinical decision making, health, law and ethics, professionalism and ethical conduct, hygiene and public health, personal & professional development and lifelong learning, critical thinking, evidence-based practice

C.2.4 BEHAVIOURAL AND SOCIAL SCIENCES AND ETHICS

- Basic:*
- Specify which of the behavioural and social sciences contribute to the podiatry program.
 - Describe how the curriculum provides for contributions of these sciences and disciplines to foster effective communication, clinical decision making and ethical practices.
- Quality:*
- Describe the process by which the department/school adapts the curricular contributions of the behavioural and social sciences to developments in the science, practice and delivery of health care.

C.2.5 CLINICAL EXPERIENCE

- Quality:*
- Refer to Appendix 1 for details of evidence required

C.3 TEACHING & LEARNING

- Basic:*
- Provide evidence of reflective practice and self appraisal is structured within course teaching.
 - Provide evidence of integration of evidence based practice within the curriculum
 - Provide program materials such as reflective journals, professional development portfolios and professional placement reviews.
- Quality:*
- Provide evidence that learning activities are consistent with the mission/vision and appropriate for developing the competency standards and evidence-based practice, with a range of pedagogies utilised including didactic, technological, clinical and inquiry based approaches and developing student responsibility in preparation for lifelong learning

C.4 RESEARCH & ETHICS IN THE CURRICULUM

- Basic:**
- Specify the research program objectives and where they are documented.
 - Provide a brief description of the research facilities, resources and programs of the department/school.
 - Describe how the department/school ensures that research activities are reflected in the curriculum and teaching.
 - Provide a statement of the policies and practices concerning ethics in research involving human or animal subjects.
- Quality:**
- Provide evidence that research program outcomes are documented and tested against objectives.
 - State how the department/school fosters interaction between its research and educational activities.
 - List any initiatives at the podiatry department/school to engage staff and students in research.

C.5 ASSESSMENT OF STUDENTS

- Basic:**
- Provide evidence of year by year formative and summative assessments
 - Provide evidence of assessment policy, assessment tasks and link to competencies and/or graduate profile
 - Provide evidence supplementary exam processes and appeal mechanisms
 - Provide evidence of support mechanisms for students of concern
 - Detail moderation processes for all forms of assessment

D. EDUCATIONAL RESOURCES

D.1A ACADEMIC STAFF

- Basic:**
- Describe how the department/school ensures that the staffing profile matches the range and balance of teaching skills required to deliver the curriculum.
 - List the requirements related to the qualifications for appointment.
 - Describe the process of selection for an appointment.
 - State whether there are institutional or government policies or requirements that affect the podiatry department/school's staffing decisions.
 - Describe the balance between podiatric and non-podiatric staff and between full-time and part-time staff. (append curriculum vitae for all academic staff)
 - List the teaching loads for full-time and part-time academic staff including those supervising clinical experiences.
 - List staff movements for the last three years (ie. new appointments, resignations etc).
 - What office space and support services are available for academic staff?
- Quality:**
- Describe staff development programs that enable teaching staff to upgrade their skills and to obtain appraisals of their teaching performance (include clinic supervisors). Include promotion and review processes also.
 - Describe how participation in staff development programs is encouraged.
 - Describe the provisions for sabbatical and other leave of absence.

D.1B ADMINISTRATIVE STAFF

- Basic:*
- List the administrative support functions provided by staff of the Department/school, the Department, the University or elsewhere.
 - Describe the administrative staffing structure and staff numbers/administrative function (with names).
 - Describe how the size and composition of the administration staff is determined in relation to the program and other activities.
- Quality:*
- Specify whether the administrative and management component of the department/department/school have a quality assurance program and describe it.

D.2A PHYSICAL FACILITIES

- Basic:*
- Provide a brief description of the physical plant and facilities utilized for the delivery of the curriculum.
 - Outline the policies regarding maintenance, access and use of the facilities.
 - Describe the mechanisms for gathering feedback from students and staff on the facilities.
 - State the planning process and whether the department/department/school has authority to direct resources to respond to deficiencies.
- Quality:*
- Indicate what plans exist for improving these facilities in relation to developments in educational practices.

D.2B INFORMATION TECHNOLOGY

- Basic:*
- Describe the podiatry department/department/school's policy on the use of information technology in its teaching program.
 - Specify the committee or body responsible for formulating the podiatry department/department/school's policy on information technology and state whether there are additional institutional or governmental policies.
 - State whether the podiatry department/department/school has authority to direct resources to the use of information and communication technology.

- Quality:**
- Briefly describe how the podiatry department/department/school is enhancing delivery of the curriculum by the use of information technology.
 - What information technology resources are provided for staff and students?
 - State the extent to which information and communication technologies are used by teaching staff and students for self-learning, accessing patients, managing patients and working in health care systems.
 - Outline the training available to staff and students in the use of information and communication technologies.

D.2C LEARNING RESOURCE CENTRES

- Basic:**
- Provide a brief description of the learning resource centre(s), including staff, their education and experience. Provide data on the use of the learning resources by students and staff.
 - Specify the number and distribution of relevant volumes, non-print media and periodicals to which the institution currently subscribes. List other relevant material held in the library for student reference.
 - Describe the provisions for instructing students in the use of the learning resources.
 - Indicate the department/department/school's budget for learning resources for the last three years.
- Quality:**
- Describe how academic staff and students are afforded opportunities to provide input into a library committee (or equivalent).

D.2D FINANCIAL RESOURCES

- Basic:**
- Describe the budgetary practice, controls and responsibilities of the department/department/school.
 - Provide a current operating statement, educational and general income and expenditure for the past three years.
- Quality:**
- Specify how appropriate resource allocation is assured to achieve the objectives of the department/school.

D.3 CLINICAL TRAINING RESOURCES

- Basic:*
- Provide a brief description of the resources and facilities available for clinical training at the podiatry department/department/school, including community clinics, primary health care settings, skills laboratories etc.
 - Provide details about the degree of supervision of the students in the clinical training facilities and patient numbers/variety.
 - Describe how the podiatry department/department/school reviews the adequacy of the facilities and patients available for clinical teaching.
 - Describe the mechanisms used to deal with deficiencies (both patients and facilities).
- Quality:*
- Describe how the department/department/school is adjusting and improving its use of clinical training facilities, including skills laboratories and affiliated institutions, in relation to changing needs.

D.4 INSTRUCTIONAL AIDS AND EQUIPMENT

- Basic:*
- List the diagnostic and therapeutic equipment currently in use in the classrooms and clinical training facilities.
 - Describe the department/department/school's policies and procedures on the use of ionizing radiation.
 - Describe the policies and practice on maintenance and use of diagnostic and therapeutic equipment.
- Quality:*
- Specify how students are given opportunities to learn about advanced imaging and other special diagnostic procedures.

D.5 PATIENT CARE SERVICES

- Basic:*
- List the standards of care currently in use at the department/school's clinical training facilities.
 - Specify how appropriateness, necessity and quality of patient care is ensured.
 - Describe the mechanisms in place to address any deficiencies in patient care.
- Quality:*
- Provide the written statement of patients' rights and list the groups who have received a copy.

E. PROGRAM EVALUATION

E.1 MECHANISMS FOR ONGOING MONITORING

- Basic:**
- Describe the mechanisms for course evaluation, including monitoring of the curriculum and student progress.
 - Provide reports for the past two years relating to internal program review evaluations.
 - Provide examples of how identified concerns were addressed.
- Quality:**
- Indicate how the wider components and context of the program are included in the evaluation.
 - Provide relevant data relating to surveys of recent graduates (eg. first destination).

E.2 STUDENT PERFORMANCE

- Basic:**
- Specify what statistical data on student performance is collected and analysed and how they are used in relation to the curriculum and the Mission and Objectives of the department/school.
 - Provide evidence that the department/school ensures that candidates for graduation have completed the tasks specified under Standard 5.4.
 - Provide data on student progression and graduation for the last three years (eg: pass/fail rates etc).
- Quality:**
- List the individual student parameters that are monitored in relation to performance during the course and describe how this is fed back into student selection, curriculum planning and student counselling.

E.3 INSTITUTIONAL FEEDBACK AND REPORTING

- Basic:**
- Specify how the institution measures the effectiveness of its program in relation to its Mission, Goals and Objectives.
- Quality:**
- State how and to what degree the program objectives are aligned with the basic competencies required by an entry level Podiatrist as detailed in the document titled "Competency Based Standards for Entry Level Podiatrists".

E.4 STUDENT COMPETENCIES

- Basic:*
- List the broad competencies (knowledge, skills and attitudes) required of students at graduation.
 - Describe how these requirements are advised to students and how they relate to the existing and emergent needs of the society in which the students will practice.
- Quality:*
- Specify how the department/school collects and measures information about the competencies of its graduates.
 - Describe how the department/school feeds back this information into program development.

E.5 PROFESSIONAL EDUCATION CONTINUAL IMPROVEMENT

E.5.1 INSTITUTIONAL RESPONSIBILITY FOR RESEARCH AND COMMUNITY SERVICE

- Basic:*
- Provide a brief summary of the department/school's recent community service initiatives.
 - Describe how the department/school determines and responds to the needs of the profession and the community in relation to its service program.
 - Provide data in relation to staff (and/or student) contributions to the body of research and scholarship for the profession.

E.5.2 EVALUATION AND INSTITUTIONAL PLANNING

- Basic:*
- Describe the department/school's self-evaluation process including how results are fed into planning considerations.
 - State who is responsible for monitoring performance and outcomes data and ensuring that identified concerns are addressed by the appropriate body.
 - Specify what evaluation data is being collected, the frequency and timing etc.
 - Describe how the department/school samples, analyses and uses the opinions of staff and students about its educational program.
 - Provide examples to show the linkage and co-ordination between self-evaluation, assessment outcomes and institutional planning in determining unit/institutional effectiveness.

- Quality:*
- Describe how evaluation activities are being enhanced and refined to cover all important components of the podiatry program.
 - Specify how the department/school encourages individual staff and students to participate in its evaluation activities and in subsequent program development.
 - Describe how the wider range of stakeholders are involved in evaluation activities including program evaluation etc.
 - Specify how the department/school communicates the outcomes of program evaluation to stakeholders.

APPENDIX 1 - CLINICAL EXPERIENCE EXAMPLES OF EVIDENCE REQUIRED

Clinical course mapping and handbook documentation and treatment records including:

- Clinical practice, orthotic practice and surgical practice and show evidence of average amount of student contact with consumers within each year of the podiatry program regarding
- Variety of internal and external clinical settings including local community, hospitals, private practice, other institutions
- Variety of types of patients of differing ages, cultural/ethnic, socio-economic, health profiles, and levels of physical and mental health impairment
- opportunity to develop competencies related to patient contact, clinical assessment, diagnosis and patient management, communication skills including interdisciplinary, preventative measures, professionalism and ethics
- Range of diagnostic and management presentations including access to relevant equipment and technology
- Specialist podiatry services and clinics: diabetes & wound care, rheumatology, paediatrics, sports medicine, gait analysis, & observation of clinical research
- Orthotic consultations including prescription, manufacture (for ordering, fitting, issue and review)
- Surgical clinics including local anaesthesia administration and nail procedure performance
- Hands on experience in running clinical facility including clinical record keeping & documentation, clinical support services (appointment booking & filing, stock control, infection), working with other health professions
- Control/sterilisation, quality assurance, time management, emergency & accident procedures including needle stick injury, occupational health and safety requirements.
- Indicative 1000 hours and 60% of clinical practice conducted in the internal clinical facilities, with staff student ratios reflective of patient safety at 1:4 to 1:10 dependent on risk and requirements of the task



Assessment Tool

For

Accreditation Team Members

Internal Use Only

Assessment Tool

Accreditation/Assessment team members and team leaders should complete the following planning instrument as they read the institution's self-evaluation report and review exhibits (if available) prior to the on-site visit. The instrument allows team members to note questions to be pursued and evidence to check during the on-site visit. It also allows them to keep notes that can be transferred to the written report. It is designed to focus team discussions on the standards and determine additional data needed during the team's work sessions. It should also help the team plan what information needs to be sought on-site.



The instrument must be completed before the first team meeting of the visit.

Team members are asked to rate how adequately each area of evidence is being addressed based on the information (*i.e.*, self-evaluation report and exhibits) available prior to the on-site visit, using the following scale:

Evidence Rating	
3	Satisfied
2	Satisfied subject to recommendations
1	Not satisfied

If data are not available for making an initial judgement, the appropriate space on the planning instrument is simply left blank.

A.2 - Strategic Directions and Autonomy	Page in S.E.R.	Evidence Rating
<p>The podiatry school's mission and objectives for research, teaching and social areas have been defined by a representative and autonomous committee, with strategic directions and educational processes linked to the achievement of agreed podiatry competencies.</p> <p><u>Examples of Evidence</u></p> <p>Website, Handbooks, Newsletters committee membership outlines and documentation regarding curriculum/strategic directions/other decisions.</p> <p>Staff/student information package & stakeholder interview information.</p>		<p>3</p> <p>2</p> <p>1</p>
<p>Questions or evidence to pursue on-site</p> <hr/>	<p>Notes for report</p> <hr/>	

A.3 – Academic Leadership	Page in S.E.R.	Evidence Rating
<p>The designated podiatry program leader has relevant research, clinical, teaching and management qualifications and experience, with the responsibilities and autonomy of the academic leadership position being clearly outlined.</p> <p><u>Examples of Evidence</u></p> <p>Institutional role statement.</p> <p>Leader Curriculum Vitae and research output documentation including details of academic qualifications, professional and managerial experience.</p>		<p>3</p> <p>2</p> <p>1</p>
<p>Questions or evidence to pursue on-site</p> <hr/>	<p>Notes for report</p> <hr/>	

A.5 - Financial Management	Page in S.E.R.	Evidence Rating
<p>Accounting complies with accepted standards for higher education institutions, with adequate and stable financial resources to support podiatry program goals and to cater for the most recently entering class through to graduation.</p> <p><i>Examples of Evidence</i></p> <p>AUQA/other external institutional report and flow-chart of business plan and structures for financial management of teaching resources, clinics, research, and equipment for each year of the podiatry program.</p>		<p style="text-align: center;">3</p> <p style="text-align: center;">2</p> <p style="text-align: center;">1</p>
<p>Questions or evidence to pursue on-site</p> <hr/>	<p>Notes for report</p> <hr/>	

B. STUDENTS

B.1 - Student Admissions	Page in S.E.R.	Evidence Rating
<p>Clearly defined and consistent student admission standards and qualifications are outlined and regularly evaluated as appropriate to the school's educational mission and objectives and academic/professional entry and consistent with immigration, English language, visa and health requirements.</p> <p><i>Examples of Evidence</i></p> <p>Australian Universities Quality Agency (AUQA)/other external institutional report including admissions policies for school leavers, transfer students, overseas applicants.</p> <p>Student information handbooks.</p>		<p>3</p> <p>2</p> <p>1</p>
<p>Questions or evidence to pursue on-site</p> <hr/>	<p>Notes for report</p> <hr/>	

B.2 - Student Support & Counselling	Page in S.E.R.	Evidence Rating
<p>The school and institution offers appropriate student support including counselling, health and academic advisory services, and students with a range of special needs are provided with adequate and accessible services.</p> <p><i>Examples of Evidence</i></p> <p>AUQA/other external or institutional documentation and reports regarding student counselling/psychiatric/financial aid and academic advisory/language support, health services, also administration of admissions processes for transfer and overseas students.</p> <p>Student interview information and information handbook outlines of services for various cultural groups, those with disabilities, those not performing well academically, students with behavioural issues, individuals with physical and mental health needs.</p>		<p>3</p> <p>2</p> <p>1</p>
<p>Questions or evidence to pursue on-site</p> <hr/>	<p>Notes for report</p> <hr/>	

C. CURRICULUM AND ASSESSMENT

C.1 - Curriculum Philosophy and Framework	Page in S.E.R.	Evidence Rating
<p>The podiatry school has an educational philosophy and curriculum framework which provides contemporary content, diverse learning approaches and sequencing linked to competency standards, and involves a balance of core/electives with graduated increase in clinical practice opportunities, also continually evaluating to ensure an integrated and effective student-centred curriculum approach within a coherent program.</p> <p>Total curriculum provides sufficient learning opportunities for students to meet minimum competency standards.</p> <p><i>Examples of Evidence</i></p> <p>Staff/student interviews.</p> <p>Curriculum handbooks and detailed course outlines, include documentation regarding educational philosophy, involvement of stakeholders and evaluation processes.</p> <p>Curriculum mapping program outlines justification for total number of semesters involved. Indicative timeframes: 8 semesters for full-time undergraduate programs and 4 semesters for graduate Masters (or other timeframes dependent on sufficient justification being provided).</p>		<p>3</p> <p>2</p> <p>1</p>
<p>Questions or evidence to pursue on-site</p> <hr/> <hr/> <hr/>	<p>Notes for report</p> <hr/> <hr/> <hr/>	

C.2 - Curriculum Content	Page in S.E.R.	Evidence Rating
<p>The podiatry school has documentation of clinical, behavioural and basic science components of sufficient depth and sequencing regarding the knowledge, skills and attitudes expected at each phase of the program towards achievement of the curriculum's overall defined competencies.</p> <p><u>Examples of Evidence</u></p> <p>Staff/student curriculum handbooks and detailed course outlines.</p>		<p style="text-align: center;">3</p> <p style="text-align: center;">2</p> <p style="text-align: center;">1</p>
<p>Questions or evidence to pursue on-site</p> <hr/>	<p>Notes for report</p> <hr/>	

C.2.2 - Basic Sciences	Page in S.E.R.	Evidence Rating
<p>*Basic biomedical science, human anatomy, physiology, histology, microbiology and clinically-relevant chemistry, physics, biology, biochemistry, psychology.</p> <p><i>Examples of Evidence</i></p> <p>Curriculum mapping program handbooks and detailed course outlines for:</p> <p>*Functional, regional and systems human anatomy for lower limb and foot anatomy *Physiology of tissues/organs of body in context of regulated functioning organism (cardio-vascular, nervous, renal, endocrine, immune, musculoskeletal, respiratory, digestive, reproductive, homeostasis, inflammation, lifespan physiological changes) *Anatomy and function of human cellular elements *Microbiology related to human illness and modern medicine (classification of microorganisms, nature and diagnosis of infectious microorganisms and theory for response to drugs, immunity and immunology) *Clinically-relevant physics, chemistry, biochemistry, psychology or other applied science</p>		<p>3</p> <p>2</p> <p>1</p>
<p>Questions or evidence to pursue on-site</p> <hr/>	<p>Notes for report</p> <hr/>	

C.2.3 - Clinical Sciences

*Clinical Pathology (general medicine, podiatric medicine) including systemic and local disease processes affecting foot and general path physiological principles, aetiology and pathogenesis, clinical presentation, assessment, diagnosis and management of specific disorders and specific populations including paediatrics, sports medicine, gerontology.

*Human Movement Studies (biomechanics of the lower limb and foot pathomechanics)

*Management studies including treatment modalities and management planning

*Assessment and diagnostic studies (medical history construction, physical examination, assessment techniques, formulation of diagnoses, construction of patient management plans)

*Pre-clinical and Clinical Studies (clinical practice, clinical systems and procedures, patient safety and quality of health care)

*Professional Studies and Issues

Examples of Evidence

Curriculum mapping program handbooks and detailed course outlines for:

*Dermatology, cutaneous science

*Cardio-vascular pathology

*Neurology

*Rheumatology/Arthropathies

*Endocrinology: Diabetes Mellitus

*Orthopedics/Musculoskeletal disorders

*Infection/Infectious diseases

*Neoplastic disorders

Paediatrics, sports medicine, gerontology: normal presentations, common anomalies, specific approaches to assessment and management and foot wounds and post traumatic limb assessment and patient care

Curriculum mapping program handbooks and detailed course outlines for:

*Principles of mechanics applied to human movement

*Normal gait cycle & biomechanical principles: kinematics, kinetics, energetics

*Theories & models on normal/abnormal function of foot & possible clinical sequelae

*Approaches to instrumental & clinical/observational gait Analysis

Curriculum mapping program handbooks and detailed course outlines for:

*Foot pathology treatment modalities within clinical context related to current podiatric practice: therapies, theories on mechanism of action, uses & precautions

*Formulation & implementation of comprehensive management plan: holistic care, patient communication/education, referral, multidisciplinary care/team management, follow up, expected outcomes, troubleshooting, patient compliance

*Foundation treatment modalities of:

- Debridement/management of skin lesions/nails
- Topical therapy: medicaments, wound dressings
- Physical therapies: cold/heat therapy, ultrasound, trigger point therapy, immobilisation & manipulation, massage, muscle rehabilitation
- Mechanical therapy: orthotic therapy: materials, devices, theoretical rationale, prescription, issuing & reviewing orthoses, other mechanical therapies (padding, trapping, shoe modifications)
- Role of footwear: function, fitting, uses
- Immobilisation: casting, braces
- Pain management: pain theories, treatment strategies
- Pharmacology: anaesthesia, properties of local anaesthetics (L.A.), common L.A techniques used in podiatry, indications & contra-indications, management protocols for safe use of L.A & dealing with complications
- General pharmacology: prescribing drugs, awareness of drug prescription protocols, knowledge of the restricted S2/3/4 drug formularies accessible to podiatrists, minimising drug abuse, management and processes related to adverse drug reactions, pharmacological principles of pharmacokinetics, pharmacodynamics, classification of drugs, pharmacological principles of drugs & effects, polypharmacy, adverse drug reactions
- Surgical therapy: common foot & lower limb procedures (partial nail avulsion), issues of patient selection, theatre protocol, pre/peri and post operative care of patient, medico-legal requirements

Curriculum mapping program handbooks and detailed course outlines for:

*Podiatrist clinical assessment procedures of interpretation of assessment findings and normal parameters

*Formulation of differential/provisional & definitive diagnosis in clinical setting

*Assessment procedures of clinical examination (patient questioning, observation, palpation), vascular, neurological, dermatological, musculoskeletal, biomechanical assessments of lower limb

*Use of diagnostic techniques such as radiology/imaging & laboratory tests including theory of each modality, indicators,

*Use of contra-indications/precautions including radiation safety & considerations for clinical use, normal findings and how to integrate test results with clinical examinations

Curriculum mapping program handbooks and detailed course outlines for:

*Theory of preparing students for workplace (clinic/workshop)

*Topics of sterilization, infection control, OHSW, emergency procedures (e.g. CPR)

*Clinical systems & procedures: medical records/documentation, IT, stocking, storage, maintenance

*Other issues:

- communication (verbal, non-verbal, written)

- informed consent
- patient confidentiality
- Freedom of Information Act
- equipment & layout of clinical environment instrumentation in podiatry & uses

Curriculum mapping program handbooks and detailed course outlines for:

*Issues including:

- professional association and registration body
- scope of practice
- health care system (public & private)
- professional indemnity insurance
- equity & equal opportunity access
- clinical decision making
- health, law and ethics
- professionalism and ethical conduct
- hygiene and public health
- personal & professional development and lifelong learning
- critical thinking
- evidence-based practice

C.2.4 - Behavioural, Social Sciences & Ethics	Page in S.E.R.	Evidence Rating
<p>*Principles of professional enquiry related to the health care practitioner including research methods and biostatistics and evidence-based health care, with analytical and critical thinking taught throughout the curriculum.</p> <p>*Health and Human Behaviour (psychology, sociology, cultural studies)</p> <p><u>Examples of Evidence</u></p> <p>Curriculum mapping program handbooks and detailed course outlines for:</p> <ul style="list-style-type: none"> *Relevant principles & processes of enquiry regarding epidemiology and public health topics *Various research techniques (quantitative/qualitative) *Importance & role of research in clinical practice *Basic statistical techniques *Research ethics *Approaches to critically evaluate and interpret clinical research <p>Curriculum mapping program handbooks and detailed course outlines for:</p> <ul style="list-style-type: none"> *Foundation principles for human behaviour and sociology in context of their role in health, illness and delivery of physical and mental health care 		<p>3</p> <p>2</p> <p>1</p>
<p>Questions or evidence to pursue on-site</p> <hr/> <hr/> <hr/> <hr/>	<p>Notes for report</p> <hr/> <hr/> <hr/> <hr/>	

C.2.5 - Clinical Experience	Page in S.E.R.	Evidence Rating
<p>*Appropriately-supervised clinical experiences progressively providing an increasingly wide range of patients in various internal clinic and external placement situations to develop their skills, professional dispositions and understandings such that they achieve course outcomes and develop the required competencies and safe practice.</p> <p>Clinical course mapping and handbook documentation and treatment records includes clinical practice, orthotic practice and surgical practice and show evidence of average amount of student contact with consumers within each year of the podiatry program regarding</p> <ul style="list-style-type: none"> *variety of internal and external clinical settings including local community, hospitals, private practice, other institutions *variety of types of patients of differing ages, cultural/ethnic, socio-economic, health profiles, and levels of physical and mental health impairment *opportunity to develop competencies related to patient contact, clinical assessment, diagnosis and patient management, communication skills including interdisciplinary, preventative measures, professionalism and ethics *range of diagnostic and management presentations including access to relevant equipment and technology *specialist podiatry services and clinics: diabetes & wound care, rheumatology, paediatrics, sports medicine, gait analysis, & observation of clinical research *orthotic consultations including prescription, manufacture (for ordering, fitting, issue and review) *surgical clinics including local anaesthesia administration and nail procedure performance *hands on experience in running clinical facility including clinical record keeping & documentation, clinical support services (appointment booking & filing, stock control, infection), working with other health professions *control/sterilisation, quality assurance, time management, emergency & accident procedures including needle stick injury, occupational health and safety requirements. <p>Indicative 1000 hours and 60% of clinical practice conducted in the internal clinical facilities, with staff student ratios reflective of patient safety at 1:4 to 1:10 dependent on risk and requirements of the task</p>		<p>3</p> <p>2</p> <p>1</p>

C.3 - Teaching and Learning Activities	Page in S.E.R.	Evidence Rating
<p>The teaching and learning activities are consistent with the mission/vision and appropriate for developing the competency standards and evidence-based practice, with a range of pedagogies utilised including didactic, technological, clinical and inquiry based approaches and developing student responsibility in preparation for lifelong learning.</p> <p><u>Examples of Evidence</u></p> <p>Course teaching and learning program materials include reflective thinking and evidence-based practice involving self-appraisal and student action plans, discussion groups, workshops, practice simulation, reflective diaries, professional development portfolios, practice placement reviews.</p>		3 2 1
<p>Questions or evidence to pursue on-site</p> <hr/>	<p>Notes for report</p> <hr/>	

C.5 - Assessment of Students	Page in S.E.R.	Evidence Rating
<p>The podiatry school has a defined and documented assessment policy regarding transparent success criteria for progression compatibility with educational objectives and promotion of learning, with a range of formative and summative assessment methods linked to competencies being used.</p> <p><i>Examples of Evidence</i></p> <p>Assessment policy and assessment tasks documentation and results records and staff/student interviews show year-by-year formative & summative task range, pass/fail criteria & progression, self –assessment opportunities, supplementary exam processes, appeal mechanisms, support for individual students of concern, links to competencies, evaluation and moderation processes</p>		<p>3</p> <p>2</p> <p>1</p>
<p>Questions or evidence to pursue on-site</p> <hr/>	<p>Notes for report</p> <hr/>	

D. EDUCATIONAL RESOURCES

D.1a - Academic Staff D.1b - Administration Staff	Page in S.E.R.	Evidence Rating
<p>The school has a detailed staff plan (including professional development opportunities) indicating sufficient academic and administration support staff to cover curriculum and clinical practice requirements, with varied background and qualifications, beyond the years they are teaching.</p> <p><i>Examples of Evidence</i></p> <p>Staffing list breakdown including qualifications, experience and aptitude/ full-time/part-time, and main teaching /other responsibilities, with Curriculum Vitae's providing detailed Information Staffing policy outlines regarding recruitment, vacancy management, appointment and promotion, performance reviews, staff development processes and opportunities</p>		3 2 1
<p>Questions or evidence to pursue on-site</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>Notes for report</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

D.2a - Physical Facilities D.2b - Information Technology D.2c - Learning Resource Centre D.2d - Financial Resources	Page in S.E.R.	Evidence Rating
<p>The school has sufficient Occupational Health and Safety-compliant physical/ICT/Learning Resource facilities for staff and students to meet program objectives and ensure competencies are developed.</p> <p><i>Examples of Evidence</i></p> <p>2a,b and c - Facilities documentation and staff/student interviews and on-site evidence including library and computer facilities, lecture theatres, tutorial rooms, orthoses manufacture laboratories, clinical gait analysis laboratory, central sterilisation area and area for imaging and radiographic activities, also noting areas for improvement.</p> <p>2d – Financial statements of Income and expenditure for last 3 years</p>		<p style="text-align: center;">3</p> <p style="text-align: center;">2</p> <p style="text-align: center;">1</p>
<p>Questions or evidence to pursue on-site</p> <hr/>	<p>Notes for report</p> <hr/>	

E.2 - Student Performance	Page in S.E.R.	Evidence Rating
<p>Student performance including scores, pass/fail at exams, attrition rates is analysed in relations to the curriculum and competency standards and to various student cohort groups and policies and action occurs for non-performing students.</p> <p><u>Examples of Evidence</u></p> <p>Student results, pass/fail records, completion rates for various cohorts, policies and documentation regarding non-performers & stakeholder interview information</p>		<p>3</p> <p>2</p> <p>1</p>
<p>Questions or evidence to pursue on-site</p> <hr/>	<p>Notes for report</p> <hr/>	

E.5 - Professional Education Continual Improvement	Page in S.E.R.	Evidence Rating
<p>The school provides annual report to ANZPAC and addresses recommendations made at previous accreditation visits, demonstrating awareness of the need for continual improvement.</p> <p>E.5.1 – Evidence of research and service to the community is provided</p> <p>E.5.2 – Evidence of institutional planning is provided</p> <p><i>Examples of Evidence</i></p> <p>Annual reports submitted and reaccreditation reports indicate previous accreditation recommendations action.</p> <p>Evidence of service to the community</p> <p>Evidence of performance monitoring and response to feedback of monitoring</p>		<p style="text-align: center;">3</p> <p style="text-align: center;">2</p> <p style="text-align: center;">1</p>
<p>Questions or evidence to pursue on-site</p> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>Notes for report</p> <hr/> <hr/> <hr/> <hr/> <hr/>	

Accreditation Committee

Appeals Process

The Australian and New Zealand Podiatry Accreditation Council (ANZPAC) has in place a process of internal review of accreditation decisions. There are two types of review – a Review of Process or a Review of Decision.

An application for a Review of Process would be lodged if a university believed there was evidence that the manner in which the accreditation process was conducted was procedurally unfair. The Review of Process is limited to review of the procedures related to the accreditation process of the program and may include consideration of matters such as the sequence and timing of the accreditation process, the process of review and evaluation of documentation and the conduct of the site visit.

An application for Review of Decision would be lodged if a university believed there was evidence that the decision of the ANZPAC Board of Management was unjustified or patently unreasonable in the circumstances. The onus is on the university to prove that the decision was not supported by substantial evidence on the record or that the decision was made on capricious or arbitrary grounds and not the application of objective standards.

The university applying for a Review of Process or Review of Decision will be required to pay for the cost of the review. The fee will be refunded in full if the outcome of the review is in favour of the university.

An application for a Review must be lodged in writing within 30 days from the date of the letter advising the university of the decision made by the Board of Management. The application must set out the precise grounds for the request and include the necessary evidence.

Upon receipt of an application for a Review, a Review Panel will be nominated by the Accreditation Committee and ratified by ANZPAC. The University may only object to the nominations on the grounds of bias.

The Review Panel shall comprise -

- One Head of a School of Podiatry
- One senior academic of another School of Podiatry
- One person with experience in the practice of podiatry.

The people selected for the review Panel must not have been involved in the accreditation of the program that is the subject of the review, in accordance with procedural fairness. The Review Panel shall be provided with a complete record of the accreditation process of the program including submissions by the university, all correspondence and the accreditation reports.

Although the Panel will predominately make its decision based on documentary material, it has the discretion to make any such inquiries as it feels necessary, to review the decision before coming to its conclusions.

The outcome of the review by the Panel will be conveyed in writing within 90 days of their appointment to the Executive Officer of ANZPAC and will include the reasons for the outcome.

The University will be given opportunity to respond to any issues raised in the report before ANZPAC makes a final decision on accreditation status.

ANZPAC PODIATRY COMPETENCIES

Report to ANZPAC

February 2009



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Owen Educational Consultancy

Introduction

Project Background

This paper summarises initial phases of the podiatry competencies project. The purpose of the Podiatry Competencies project has been to review the existing Australian and New Zealand competencies for podiatry and to establish a unified and updated competencies package for the profession.

This work is set within the broader podiatry and health political agenda involving a changing context of transition from registration occurring within the legislation of individual states and territories within Australia towards a national approach. Following several years of discussion, in May 2008, the Australian and New Zealand Podiatry Accreditation Council (ANZPAC), commissioned a report to evaluate various accreditation models and to outline some future directions for podiatry. ANZPAC has been supported in this work by academics and other stakeholders. This occurred within the political context of the Council of Australian Government (COAG) intention to establish a single national registration board and accreditation system for health professions, including a Ministerial Council, national profession-specific boards and committees and supporting offices at the national, state and territory level.

The podiatry accreditation work was undertaken such that podiatry processes were aligned to the directions of other health professions and national and international frameworks regarding quality accreditation. Another driver was to ensure consistency in the podiatry accreditation standards with other health groups, with standards for podiatry subsequently being grouped under various areas including Governance Context Standards, Student Standards, Curriculum and Assessment Standards, Educational Resources Standards and Program Evaluation Standards. The August 2008 meeting of ANZPAC accepted the report recommendations for podiatry accreditation processes and standards. The Curriculum and Assessment podiatry accreditation standards were cognisant of the existing podiatry competencies and frameworks in Australia and New Zealand, although the report highlighted the need for further consideration of curriculum standards and updating the competencies of the profession to reflect emergent health directions.

Historical background to Australia and New Zealand competency standards

The 'Competency Standards and Related Assessment Methods for the Australian Podiatry Profession' were published in 1994 through the Australian Podiatry Council following a two year development phase, with funding provided by the National Office of Overseas Skill Recognition (NOOSR). The Commonwealth Government microeconomic reform agenda, reviewing the relevance of the NOOSR podiatry examination for overseas-trained podiatrists and developing competency standards in industry were key drivers. The National Training Board framework described the concept of competency in terms of expectations of an employee in the workplace: 'a competency comprises the specification of knowledge and skills and the application of that knowledge and skill within an occupation or industry level to the standard of performance required in employment' (NTB, 1991: 18).

Based on research (by Benner, 1984; Gonczi, Hager & Oliver, 1990) as outlined in the final report prepared for the Australian Podiatry Council (1994: 17), a competent professional has the skills, knowledge and attributes for job performance which involves:

..a complex interaction and integration of manual skills, knowledge, judgement, higher-order reasoning, personal qualities, intuition, values and beliefs. In their everyday work competent professionals will recall and apply facts, skills, evaluate evidence, create explanation from available facts, formulate hypotheses and synthesise knowledge for a rich and highly organized knowledge base. Professional competency also embodies the ability to generalise competence or transfer and apply skills and knowledge from one situation and environment to another.

The 1990s Australian competencies podiatry project involved three stages of identification and validation of entry level competency standards and identification and testing of assessment strategies and further competency standards validation. Workshops involving members of the profession, academics and consultants were utilised, together with additional consultation with other key stakeholders including registration bodies and employers and pilot study testing with entry level practitioners from a range of states. The podiatry standards conformed to a consistent framework developed for Australian industry and commerce, including broad Units of competency, sub-divided into Elements of competency, with Performance Criteria for each element describing the minimum standard expected and with optional Range Indicators and cues outlining various contexts and conditions. Key areas for the Australian podiatry competency standards published in 1994 included: Initial patient contact, Patient assessment, Analysis and diagnosis, Patient management plan, Treatment implementation, Practice management and Professional development.

In New Zealand, a competency standards document was developed and published in 1998, with the Podiatrists Board of New Zealand outlining minimum competencies, learning outcomes and performance criteria for the purpose of meeting Registration requirements. In 2003, the *Health Practitioners Competency Assurance Act* was passed through the New Zealand Parliament, with some updating of the competencies occurring in July 2005, and with revision intended on a four-yearly basis. The scoping of the competencies covers minimum standards for entry to the profession and skills needed for registration. Processes for developing the competencies included scanning the domain of podiatry and identifying links and boundaries with other allied health professions; identifying key stakeholders; verifying podiatry roles; confirming national levels of competency for registration; identifying core, optional and specialist areas and future training needs and agreeing priorities for standards development for registration purposes. Expert panels; a two day workshop to develop the competencies; past, present and future scanning and wider consultation were processes involved in the development of the competencies.

Nine competencies for entry to the podiatry profession were identified as follows: Demonstrate an understanding and application of core knowledge; practice as a professional, communicate; diagnose; effect treatments; educate; manage; administrate; and ensure quality assurance. Underpinning each of the nine competencies were various skills and these are further defined in a Skills Development Profile. The skill level in the Skills Development Profile reflected the level of ability required to achieve or demonstrate the skill being described at various levels from inactive to total supervision, some supervision, no supervision and minimal competency level. There were also higher skill levels described for the experienced practitioner such as learning to lead others in the field and in addition, higher level skills for the mentor/master podiatrist.

Methodology

In the current work, a three stage process for developing the Australia and New Zealand Competency Standards has been utilised:

1. Working Group Competency Standards review

Purpose: Establish a Working Group to undertake a review of the *Competency Standards and Related Assessment for the Australian Podiatry Profession* document and the Podiatrists Board of New Zealand *Registration Requirements: Minimum Competencies, Learning Outcomes, Performance Criteria* framework.

Methodologies included literature review and preliminary preparatory work prior to a Review Day event. Facilitated by a consultant, this project has involved a working group with membership including stakeholders from a range of locations across Australia and New Zealand. Academics, practitioners, accreditation panel members and professional body and registration board representatives, especially those who have worked closely with the competency standards, have been involved.

2. Competency Standards Development Workshop

Purpose: Presentation of Review Report regarding Competency Standards and development of new Competency Standards for the podiatry profession in Australia and New Zealand.

Methodologies included presentation of the review day report, reflection and writing of updated competency standards. Members of the working party were involved, as well as other stakeholders from a range of locations across Australia and New Zealand such as academics, practitioners, accreditation panel members and professional body and registration board representatives.

3. Working Group Competency Standards and Accreditation Standards Finalisation of draft and wider Consultation

Purpose: Finalisation of draft competency standards by the working group and implementation of consultation processes towards completion.

Working Group Competency Standards Review

The review day occurred on 24th November, involving seven representatives. Additional teleconferencing with other members of the Working Group was also involved. Academics, practitioners, professional body and registration board members from various states and from New Zealand were involved. Preliminary reading prior to the day was forwarded including information regarding the nature of competencies and providing access to the current Australian competencies and the New Zealand podiatry competencies.

The review process involved exploring the nature of competencies; presentations regarding the Australian and New Zealand historical contexts for existing podiatry competencies; identifying the purposes of

competencies from various government, university and employer perspectives; also consideration of the current and future health contexts. Considering past, present and future contexts, a functional analysis of the role and skills of podiatrists within a framework of expertise, collaboration, communication, scholar, health advocate, professionalism and manager was undertaken. Following these processes, identification of the strengths, weakness and gaps of the current Australian and New Zealand podiatry competencies was considered. Competency frameworks from other health professions within Australia and overseas were examined. Individual reflection, pairs work, small teams and whole group processes were utilised.

Purposes of Competencies

Consideration of specific competencies requires understanding the purposes of competencies from various groups involved with the profession. The following purposes of competencies from student, employer, government, university and patient/consumer perspectives were identified (* indicates key purposes):

- Ensuring public safety
- Establishing and maintaining standards of care
- Informing university curriculum
- Providing a basis for building sound practice
- Supporting future workforce planning
- Providing clinical governance
- Ensuring a basis for individuals writing a personalised scope of practice
- Supporting employee improvement
- Evaluating the skills of an incoming or returning practitioner
- Supporting feedback and assessment during student supervision processes

Past and Current Health Contexts

In reviewing the current podiatry competencies, the environment in the 1990s when the New Zealand and also the Australian competencies were developed was considered in relation to the current health context. Key aspects identified were as follows:

- Focus on holistic approaches
- Increased working with support staff
- Evidence-based practice
- Interprofessionalism
- Cultural considerations importance
- Clinical settings focus
- Site-specific contexts
- Reflective practice focus
- Practice measurements
- Funding significance
- Political awareness
- Workforce shortages and issues
- Demographic issues
- Health affluence
- Medico-legal issues
- Technology
- Patient-centred approaches
- Diagnostic scope
- National registration

Functional Analysis

Given the changing health context and considering the current roles and skill requirements for podiatrists, a framework was presented within the review process. This framework facilitated the identification of specific aspects in relation to expanding roles in terms of communicator, collaborator, health advocate, professional, manager, scholar and expert. Identification under these heading occurred as follows:

Professional

- Clinical practice
- Scope of practice
- Outcome projections
- Working with support staff
- Ethics
- Medico-legal
- Applying evidence-based practice
- Interdisciplinary work
- Cultural/social/demographic understanding
- Quality improvement

Scholar

- Reflective research
- Understand and interpret evidence-based practice
- Quality improvement
- Educators/public/other health profession
- Clinical research
- Broadening studies
- Continuing Professional Education
- Copyright
- Publications
- Presentations
- Applications

Health Advocate

- Health promotion
- Promoting the profession to the public
- Funding threats
- Goal setting
- Public health
- Understanding of other services available
- Client need
- Cultural issues

Manager

- Time
- Financial
- Staff issues
- Quality improvement
- Funding
- Clinical governance development/growth
- Workforce issues
- Risk management

Expert

- Clinical skills
- Attitude
- Interdisciplinarity
- Transdisciplinarity
- Safety
- Patient assessment
- Diagnosis and analysis
- Treatment planning
- Implementation of treatment plan
- Core knowledge
- Academic literacy
- Business skills
- Continuing Professional Education
- Reflective practice
- Medico-legal

Collaborator

- Teams
- Health care system
- Professional scope of practice knowledge
- Interpersonal skills
- Conflict resolution skills
- Negotiation
- Professional

Communicator

- Care plan
- Health professional aspects
- Written reports
- Oral language (1:1, group, media, patient)
- Information Technology skills
- Continuing Professional Education: discussion forums
- Learners style
- Cultural sensitivity
- Professional communication & collaboration
- Theory aspects

Future Health Context

The future context for health which needs consideration within competencies includes:

- 3 tier: specialists, generalists, podiatry assistants
- Rise of the podiatry assistant assuming more care management, with podiatrist having consultant role
- Expanded scope: S4, extended diagnostic: imaging, pathology
- Consultant podiatrist role develops, also generalist or specialist aspects
- Direct reference
- Maintaining/monitoring professional standard
- Interprofessional teams (triage)
- Information Technology development- implications for practice
- Technological developments in equipment
- Changing population demographics: ageing
- Transdisciplinary practice (blurring scope delineation)
- Patient-centred
- Education: delivery systems, structure, flexible modes: time in clinic

Current Australian/NZ Podiatry Competencies Strengths and Weaknesses

The current NZ and Australian Podiatry competencies documentation reveals considerable consistency, although there are some specific differences between the countries. Areas of commonality at the level of units and elements are evident such as Patient assessment, Analysis and diagnosis, Patient management plan, Treatment implementation including education, Practice Management including communication and quality assurance, Professional development incorporating ethics. A significant difference is that the New Zealand competencies identify core knowledge in detail.

In relation to Australian and New Zealand Podiatry competency comparative documentation for units and elements in regard to initial patient contact, patient assessment, analysis and diagnosis, and patient management plan for Australia and New Zealand, this may be summarised as shown in Table 1:

Table 1: Comparison of Australia and NZ Podiatry Competencies: 4 areas

Australian Podiatry Competency Standards Units & NZ key areas	Elements of Australian Podiatry + perf criteria, range indicators & cues	NZ Minimum competencies Alignment
1 Initial patient contact	1.1 Establishes patient rapport	4.1 Interview & consult
	1.2 Elicits relevant initial & demographic information	
	1.3 Modifies assessment & management protocol according to patient needs	
2 Patient assessment	2.1 Elicits subjective history/ information/symptoms	
	2.2 Obtains patient history	
	2.3 Conducts physical examination	4.2 Examine
	2.4 Conducts examinations & tests	4.3 Test
3 Analysis & Diagnosis	3.1 Interprets & evaluates	4.4 Differentiate
NZ Diagnose	3.2 Integrates appropriate information	
	3.3 Establishes diagnosis	
4 Patient management plan	4.1 Develops management plan	
	4.2 Negotiates appropriate treatment regime	4.5 Communicate results 5.4 Predict patient outcomes 5.5 Provides options & negotiate

Strengths noted in relation to the existing competencies for patient contact, patient assessment, analysis/diagnosis and patient management plan are that the basic unit headings reflect current practice and articulate key areas, with the units, elements and evidence criteria for the Australian competencies which were part of the NOOSR framework being considered as having continuing relevance. Combining initial patient contact and patient assessment as in the New Zealand competencies was suggested. The review team was concerned that the competencies tend to be repetitive, wordy and not user-friendly, without sufficient application to a range of workplace contexts, with reordering being required. An introductory statement to each unit area was suggested to provide a context. Key aspects for patient assessment for the future and the order suggested included establishing the purpose for consultation, obtaining patient details, conducting assessment, and assessing safely and effectively.

Table 2 below summarises competencies information for Treatment Implementation and Practice Management, showing areas of commonality between Australia and New Zealand and those which are special to New Zealand. Regarding treatment implementation, the elements in the Australian/NZ competency statement in terms of implementing appropriate treatment, reviewing treatment plan and educative strategies were positively viewed as well as the NZ competency aspect in terms of obtaining informed consent. However the specificity of the NZ competencies relating to very discrete steps (6.1 train staff, advise on footwear etc.) were viewed as too prescriptive and it was suggested that these could become evidence guide examples or Standard Operating Principles. Referral for Australian/NZ competencies needed to reflect the broader context of hospitals as well as private practice. Resuscitative and medical emergencies aspects were considered inappropriate within a competency context. Practice management aspects in the Australian and New Zealand competency statements were considered important although with the New Zealand details needing to be expressed in broader terms. It was suggested that safety and Occupational Health and Safety aspects in both competency frameworks needed to be stated within risk management and infection control terminology. The Australian competency element in relation to facilitating student learning (6.3) was considered inappropriately expressed within this particular context.

Table 2: Comparison of Australian and New Zealand competencies for Treatment Implementation and Practice Management

Australian Podiatry Competency Standards Units & NZ key areas	Elements of Australian Podiatry + perf criteria, range indicators & cues	NZ Minimum competencies Alignment	NZ only
5 Treatment Implementation	5.1 Implements appropriate treatment	5.6 Implement approp treatment 5.7 obtain informed consent	5.10 Prescribe as required
NZ Effect treatments	5.2 Reviews treatment plan	5.11 Follow-up as required	
	5.3 Refers interprofessionally	5.12 Refer appropriately	6.4 Inform other health professionals
	5.4 Undertakes resuscitative measures as required	5.1 Manages medical emergencies	
NZ Educate	5.5 Utilises preventative & educative strategies	5.9 Provide written instructions when necessary	6.1 Train staff 6.2 Advise on footwear 6.3 Advise on foot health & related disorders 6.5 Recommend preventative care 6.6 Counsel
	5.6 Appreciates the need to seek further advice and/or assistance	5.12 Refer appropriately	
6 Practice management	6.1 Manages administrative aspects	8.1 Maintain supplies & stock 8.2 Implement contracts 8.3 Prepare & pay wages 8.4 Complete documentation 8.5 Bank 8.6 Keep records 8.7 Correspond 8.8 Observe legal requirements 7.1 Maintain plant 7.2 Maintain premises 7.3 Access reference material 7.5 Manage staff 7.11 Implement accounting system 7.612 Keep records 7.13 Plan finances or seek financial advice 7.14 Manage patients	
NZ Manage	6.2 Demonstrates appropriate time management skills	7.4 Manage time	
NZ Adminstrate	6.3 Facilitates student learning		
	6.4 Acquires & maintains equipment	5.3 Demonstrate appropriate use of equipment 7.1 Upgrade equipment when necessary	
	6.5 Maintains practice environment in a hygienic manner 6.6 Implements OHS practices	5.2 Ensure safe practices	

Table 3 shows comparative information regarding communication, quality assurance and professional development. Communication, which is a separate competency within the NZ competencies (including appropriate information technology) and which is identified as an element of practice management in the Australian podiatry competencies, was seen as a strength requiring considerable additional focus and a wider context beyond report writing. Maintaining current registration and maintaining insurance as

outlined in the Australian document were not considered appropriate within a competency statement although perhaps being relevant within some opening remarks to the competency documentation.

Professional development and quality assurance as outlined in the Australian and New Zealand documents were viewed as strengths although needing rewording within a lifelong learning and quality improvement context.

Table 3: Comparison of Australia and New Zealand competencies for Communication, Quality Assurance and Professional Development

Australian Podiatry Competency Standards Units & NZ key areas	Elements of Australian Podiatry + perf criteria, range indicators & cues	NZ Minimum competencies Alignment	NZ only
NZ Communication	6.7 Maintains professional communication	3.1 Exhibit written & oral communication skills 3.4 Demonstrate interpersonal comm. Skills 3.6 Maintain intra & interprofessional relationships. 7.7 Demonstrate an understanding of partnership 7.8 Negotiate contracts 7.9 Communicate with practitioners 7.10 Liaise with allied professionals	
	6.8 Maintains current registration		3.2 Use appropriate Information Technology in Communications
	6.9 Maintains insurance		
NZ Ensure Quality Assurance	6.10 Undertakes evaluation processes	9.1 Demonstrate an understanding of QA & TQM	
	6.11 Documents comprehensive patient records	3.3 Establish & maintain records 3.4 Report	
7 Professional Development	7.1 Demonstrates commitment to further education	2.10 Develop professionally	2.9 Undertake Peer Review
NZ Practice as a Professional	7.2 Promotes the profession	2.2 Recognises the role of professional organisations	2.8 Promote a professional image, market advertising, public relations
	7.3 Works cooperatively in the health care system	2.1 Demonstrate understanding of the health care system	2.3 Respect social & culture values
	7.4 Demonstrates professional and ethical practice	2.6 Maintains ethical standards	2.4 Recognise professional limitations 2.7 Apply the Board's Code of Practice
	7.5 Critical reasoning and research skills		

Australian Podiatry Competency Standards Units & NZ key areas	Elements of Australian Podiatry + perf criteria, range indicators & cues	NZ Minimum competencies Alignment	NZ only
NZ Core knowledge: demonstrate an understanding and application of			1.1 Applied sciences 1.1.1 microbiology 1.1.2 clinical chemistry 1.1.3 pharmacology
			1.2 Anatomy & physiology
			1.2 Medicine 1.3.1 general medicine 1.3.2 pathology 1.3.3 orthopaedics 1.3.4 dermatology 1.3.5 psychology & behavioural sciences
			1.4 Surgery 1.4.1 general surgery 1.4.2 vascular surgery 1.4.3 orthopedic surgery 1.4.4 neurological surgery 1.4.5 podiatric surgery
			1.5 Primary podiatric surgery 1.4.6 podiatric theory 1.4.7 functional anatomy 1.4.8 physical therapy 1.4.9 radiotherapy 1.5.5 podiatric therapeutics
			1.5 Research 1.5.1 Statistics 1.5.2 Epidemiology
			1.7 Information technology
			1.8 Practice management

It was believed that the New Zealand core knowledge aspects were more appropriately outlined as part of evidence guides or used in a more integrated manner rather than being separately described.

Ways Forward

The Australian and New Zealand podiatry competencies review has considered the past, present and future health contexts and undertaken a functional analysis in regard to the podiatry profession. Strengths, weaknesses and gaps of the current podiatry competency standards have been identified.

Components of Competencies

The review team noted considerable consistency between the Australian and New Zealand competency standards but highlighted the need for a greater focus on communication, collaboration, health advocate, professional, managerial and scholar roles. Areas for focus in the updated competency standards which were considered as important are as follows:

- Patient interview and assessment
- Analysis and diagnosis
- Patient management planning
- Treatment implementation
- Manager
- Communicator
- Collaborator
- Scholar
- Health advocate
- Professional

In addition to these aspects, based on future directions of health and podiatry, concepts and language use needing to be highlighted include aspects such as evidence-based practice, patient-centred, accountability, cultural competence, reflection and lifelong learning, interprofessionalism, information and communication technology skills, critical thinking, education and health promotion.

Structure and Formats

The current Australian competency structure was identified as having consistency and transparency with other health professions and industries, with its basis being the Australian Qualifications Framework and National Training Board, and with the New Zealand competencies having some consistency. Units; elements, criteria, and examples of evidence provide a useful structural framework. Flowchart diagrammatic representations from the NZ podiatry competency standards were of interest. An introductory statement introducing each competency standard and providing a context in terms of current and future aspects for specific population groups and health priority directions, also covering the scope was recommended.

Purposes of Competency Standards

A statement regarding the purposes of competency standards was identified as an important component of the documentation. This review highlighted various purposes for competency standards including key aspects such as benchmarking individuals and ensuring public safety and standards of care and for designing university-based entry level curriculum. Other purposes identified were about supporting continuing professional development, supporting employee improvement in the workplace, identifying registration requirements, evaluating the skills of incoming overseas or returning practitioners, supporting feedback and assessment during student supervision processes, and facilitating higher level competencies.

Review Cycle

The 1994 podiatry competencies in Australia were intended to be reviewed about every five years and while they were reissued in 2001, it would seem that a formal review did not occur. The New Zealand competencies from 1998 were reviewed in a minimalist manner within the context of legislative change

and reissued in 2005. While reviews will vary in complexity and breadth depending on the contextual situation at the time, a documented review cycle has been recommended.

Competency Definition

Clarity regarding the focus of the competency standards in relation to 'competent' as a description of minimally acceptable performance standards versus higher levels or excellence; and whether the focus is general practice or specialty practice has been identified as a requirement.

Podiatry Competency Standards Development and Consultation

Based on this review, the second stage of the process occurred, with a two day workshop involving a range of stakeholders. Competency standards were developed under the following areas:

Competency Standard 1: Practise Podiatry in a Professional Manner

Competency Standard 2: Continue to Acquire and Review Knowledge for Ongoing Clinical and Professional Practice Improvement

Competency Standard 3: Communicate and Interrelate Effectively in Diverse Contexts

Competency Standard 4: Conduct Patient/client Interview and Physical Examination

Competency Standard 5: Analyse, Interpret and Diagnose

Competency Standard 6: Develop a Patient/Client-focused Management Plan

Competency Standard 7: Implement Safe and Effective Management and Evaluate

Competency Standard 8: Provide Education and Contribute to a Safe and Effective Health System

The final step involved a series of consultations with a wider group of stakeholders and in various states.

The competency standards developed are outlined in a separate document *Podiatry Competency Standards for Australia and New Zealand*.

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Podiatry Competency Standards for Australia and New Zealand

Adopted 28 August 2009

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Revision date: by September 2014

Podiatry Competency Standards for Australia and New Zealand

Introduction

The *Podiatry Competency Standards for Australia and New Zealand* (ANZPAC) (2009) document has been prepared by the Australian and New Zealand Podiatry Accreditation Council (ANZPAC). The report has been developed in collaboration with the Australia and New Zealand podiatry profession, podiatric educators, Registration Boards and others, with additional consultation occurring with a range of stakeholder groups. The competency standards document outlines the generic and occupation-specific competencies required to ensure safe and effective podiatry services. It is based on knowledge, skills and professional qualities and relates to entry-level requirements for graduates from university programs, overseas-trained entrants, qualified returnees to the profession and to currently-employed professionals.

The podiatry competency standards are focused on the functions of the podiatry role which is concerned with assessing, diagnosing, treating and preventing disorders of the lower leg and foot which have resulted from developmental abnormalities, disease or injury. Podiatrists also have responsibility for educating and promoting health care issues associated with prevention (AIHW, 2006).

Background to the Podiatry Competency Standards

Since the 1990s, entry to the Australian and New Zealand podiatry profession has involved meeting competency standards highlighting skills, knowledge and attributes for job performance (Benner, 1984; Gonczi, Hager & Oliver, 1990). Competency standards are defined as 'the competencies required for effective performance in employment. A competency comprises the specification of knowledge and skill and the application of that knowledge and skill within an occupation or industry level, to the standard of performance required in employment' (NOOSR). Professional competence is also about being able to transfer and apply skills and knowledge in varying situations.

The 1994 Australian competencies podiatry project and 1998 New Zealand project (and 2005 amendment under the Health Practitioners Competency Assurance Act) involved various stakeholder committees, expert panels and workshops. *Competency Standards and Related Assessment Methods of the Australian Podiatry Profession* (APodC, 1994) for Australia and *Registration Requirements: Minimum Competencies, Learning Outcomes, Performance Criteria* (NZ, 2005) for New Zealand have previously outlined core requirements.

Given the ever-changing health context and accountability and public safety considerations, competency standards need regular reviews to support podiatrists in remaining up-to-date. Podiatry in the twenty-first century in Australia and New Zealand involves a significant focus on holistic and partnership approaches which consider the overall context of individuals and their diverse needs, including in relation to carers, family and support people. Diversity in relation to age and range of abilities; socio-economic, culture and language; indigenous aspects; locations such as rural, remote and metropolitan; mental state; and physical and cognitive ability are part of the patient/client-centred considerations. Workplace contexts for podiatrists are also important aspects and this includes whether the podiatrist is working in hospitals, schools, residential aged care facilities, community, sole or team private practice and also the nature of individual roles and whether supervision is involved.

Emergent considerations in relation to the health care system include the focus on evidence-based practice; increasing collaborative work between health professionals and the integrated services emphasis. Quality improvement and resources accountability, and legislative, ethical and other occupational health and safety frameworks are also involved. Other key aspects include accommodating

change through reflection and lifelong learning; updating information and communication technology skills; the importance of critical thinking and increased focus on education and health promotion roles.

This work is set within the broader podiatry and health political agenda involving a changing context of transition from registration occurring within the legislation of individual states and territories within Australia towards a national approach. Following several years of discussion, in May 2008, the Australian and New Zealand Podiatry Accreditation Council (ANZPAC) commissioned a report to evaluate various accreditation models and to outline some future directions for podiatry. The importance of having up-to-date podiatry competency standards as a basis for Curriculum and Assessment Standards for university course accreditation purposes and for guiding universities in curriculum development was emphasised. The overall political context for this work is the Council of Australian Government (COAG) intention to establish a single national registration board and accreditation system for health professionals, including a Ministerial Council, national profession-specific boards and committees and supporting offices at the national and state and territory level.

Competency Standards Revision Methodology

In this 2008-2009 competencies revision work, a three stage process for updating the Australia and New Zealand Competency Standards was utilised. This included a Working Group Competency Standards review, Competency Standards Development workshop and wider consultation processes with podiatrists working in a variety of settings. Trialing, ratification and finalisation are other processes.

In the initial process a review of the Australian and the New Zealand competencies was undertaken. This involved a consultant and a working group consisting of stakeholders from a range of locations across Australia and New Zealand. Academics, practitioners, accreditation panel members and professional body and registration board representatives were involved. Exploring the nature of competencies; historical contexts for existing Australian and New Zealand podiatry competencies; and identifying the purposes of competencies from various perspectives were processes utilised. A functional analysis of the role and skills of podiatrists was undertaken and strengths, weaknesses and gaps identified within the context of past, present and future needs and competency frameworks from other health professions within Australia and overseas. Beyond occupation-specific skills, various generic skills and roles of podiatrists including communicator, collaborator, health advocate, scholar, manager, and professional were considered.

Following the review report presentation, a working party with wide stakeholder representation from various locations across Australia and New Zealand, was involved in writing the updated competencies. Additional stakeholder consultations in various Australian locations were part of the processes, with academics, practising podiatrists and registration board and professional body representatives included. Podiatrists working in metropolitan and rural locations, and providing various services were involved. Additionally all key stakeholders in Australia and New Zealand were informed about the competency standards and opportunities for written comment provided.

The Competency Standards

There are eight Competency standards representing minimum requirements in key outcome areas for all podiatrists in Australia and New Zealand. These are:

Competency Standard 1: Practise Podiatry in a Professional Manner

Competency Standard 2: Continue to Acquire & Review Knowledge for Ongoing Clinical & Professional Practice Improvement

Competency Standard 3: Communicate and Interrelate Effectively in Diverse Contexts

Competency Standard 4: Conduct Patient/client Interview and Physical Examination

Competency Standard 5: Analyse, Interpret and Diagnose

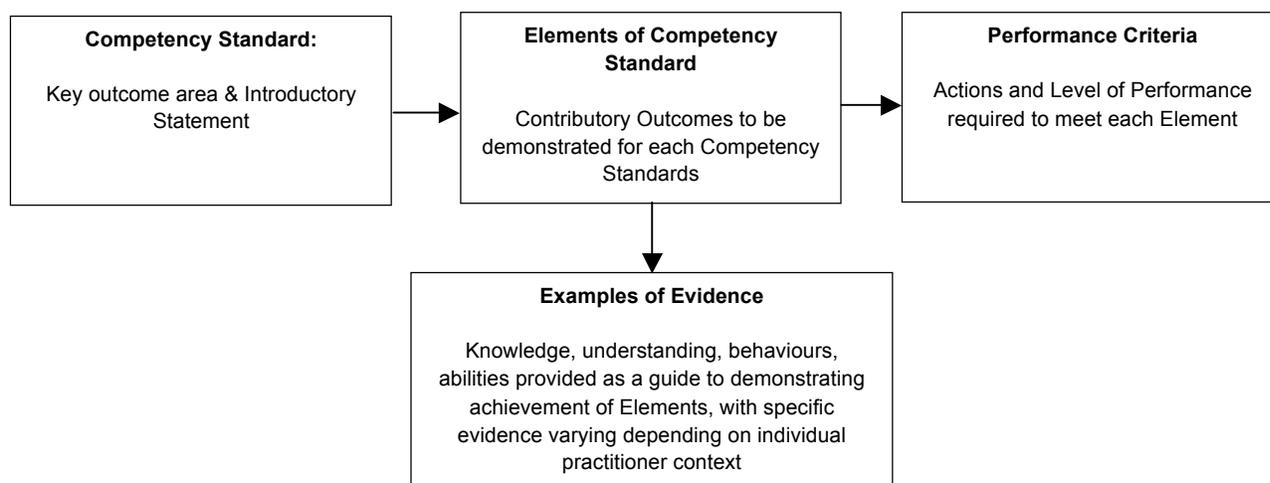
Competency Standard 6: Develop a Patient/Client-focused Management Plan

Competency Standard 7: Implement and Evaluate Management Plan

Competency Standard 8: Provide Education and Contribute to an Effective Health System

Structure and Formats

The updated *Podiatry Competency Standards for Australia and New Zealand* (2009) has consistency with the previous models for podiatry in Australia and New Zealand. Competency Standards, Elements, Performance Criteria and Examples of Evidence provide a structural framework. An introductory statement describes a broad outline for each competency standard and a context in terms of current and future aspects for specific population groups and health priority directions. The Elements of each Competency Standard outline the contributory outcomes to be developed. Performance Criteria provide details of the Actions and level of Performance required to meet each Element, with interconnectedness of some aspects such as communication and interpersonal skills evident.



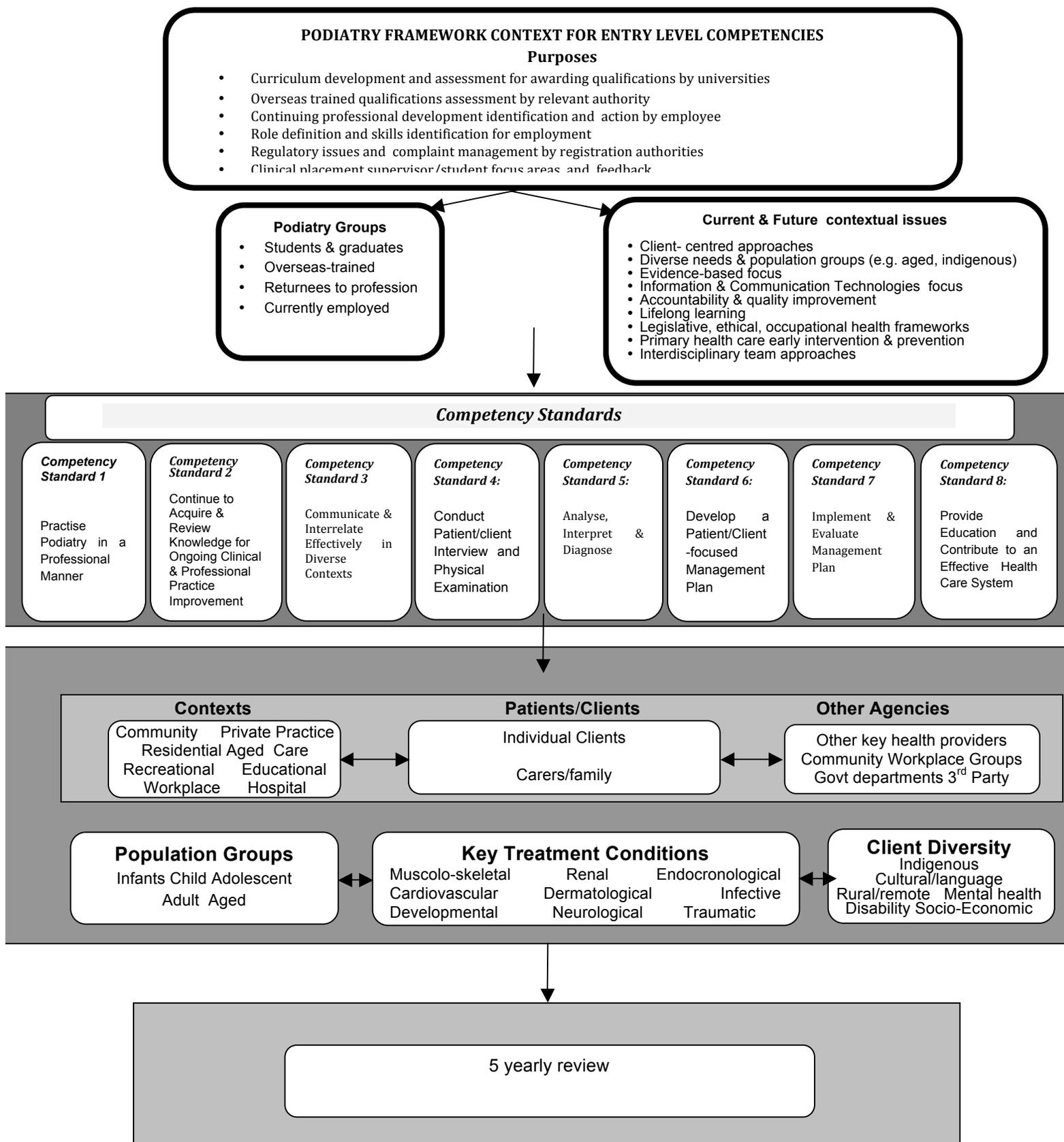
Examples of Evidence (related to the Elements rather than to specific Performance Criteria) will vary with individual practitioner contexts but are based on actual evidence or inferences from behaviours. Evidence may involve notes and other documented information, or observations and feedback from supervisors or mentors, or written or oral responses. For example, for students providing evidence of competencies to meet entry requirement for the profession, evidence may arise from written essays/tests/exams or verbal responses regarding knowledge and understandings or from actions demonstrated during clinical placements. For overseas-trained professionals, examination results or workplace references may

provide evidence. For currently-employed or qualified returnees, workplace references or portfolio documentation may be used.

The Podiatry Competency Standards and Elements are as follows:

Competency Standard	Elements
1. Practise Podiatry in a Professional Manner	1.1 Operates within relevant legal and regulatory frameworks 1.2 Utilises effective strategies for continually improving knowledge and skills 1.3 Practises to accepted standards and within the limitations of the individual and of the profession 1.4 Displays efficient organisation to complete administrative responsibilities safely and effectively 1.5 Conducts self in a professional manner 1.6 Demonstrates ethical behavior 1.7 Practises in a culturally-sensitive and inclusive manner
2. Continue to Acquire & Review Knowledge for Ongoing Clinical & Professional Practice Improvement	2.1 Understands and applies relevant podiatry practice principles and theoretical concepts 2.2 Acquires, critiques and applies new knowledge and Information & communications technology skills as appropriate to podiatry practice context 2.3 Applies an evidence-based approach to practice 2.4 Engages in reflective practice, planning and action for ongoing learning
3. Communicate and Interrelate Effectively in Diverse Contexts	3.1 Uses effective interpersonal communication skills and adopts appropriate strategies in working with diverse client groups 3.2 Utilises reporting and presentation skills at an appropriate level 3.3 Works in partnership with teams, other professionals, support staff, community & government and demonstrates appropriate communication skills
4 .Conduct Patient/client Interview and Physical Examination	4.1 Conducts appropriate patient/client interview and collects relevant initial information 4.2 Establishes clinical impressions 4.3 Safely conducts appropriate physical examination/tests and refers as appropriate
5. Analyse, Interpret and Diagnose	5.1 Interprets and evaluates data 5.2 Establishes differential diagnosis 5.3 Communicates information and involves others as appropriate
6. Develop a Patient/Client-focused Management Plan	6.1 Develops rationale for podiatry management plan 6.2 Established patient/client-focused short and long term goals 6.3 Negotiates appropriate management plan
7. Implement & Evaluate Management Plan	7.1 Obtains informed consent through appropriate communication 7.2 Implements safe and effective management plan 7.3 Implements infection control and other standards within occupational health and safety legislative requirements 7.4 Understands and manages adverse events 7.5 Utilises preventative and educative strategies 7.6 Monitors and evaluates management plan
8. Provide Education and Contribute to an Effective Health Care System	8.1 Undertakes podiatry within the broader health care context 8.2 Implements/participates in appropriate supervision linked to the skill and complexity of the task being undertaken 8.3 Implements health promotion and education activities 8.4 Responds to the health needs of the communities in which the podiatrist practises 8.5 Identifies the determinants of health for relevant populations 8.6 Delivers and monitors effective and efficient services and resources

The following diagram summarises the links between various relevant aspects for the podiatry competency standards.



Purposes and Applications for Competency Standards

The review highlighted various purposes for competency standards including key aspects such as benchmarking individuals and ensuring public safety and standards of care and for designing university-based entry level curriculum. Other purposes are supporting continuing professional development, supporting employee improvement in the workplace, identifying registration requirements, evaluating the skills of incoming overseas or returning practitioners, supporting feedback and assessment during student supervision processes, and facilitating higher level competencies.

This document has been prepared to be flexibly applied by a range of possible users and for application within diverse situations, with differing levels of responsibility and/or expertise. It has the scope to describe the level of performance required by a majority of podiatrists and may be the basis for developing competencies for more specialist podiatry roles and for proficient and expert levels.

Review

Given changing health contexts and the importance of up-to-date competency standards, a review will be undertaken in five years in 2014.

Competency Standard 1: Practise Podiatry in a Professional Manner

This competency requires podiatrists to operate within Australian/NZ and State/Territory legislative standards and regulatory and professional body codes of conduct and codes of ethics. Personal organisation and professional attitudes and behaviours are involved. Ongoing reflection and action by the person to ensure he/she is maintaining acceptable standards is a key component.

Element	Performance Criteria	Examples of evidence*
1.1. Operates within relevant legal and regulatory frameworks	1.1.1 Relevant legislation, standards and codes of conduct compliance occurs 1.1.2 Legislative requirements in relation to privacy and confidentiality and overall medico-legal aspects including informed consent and confidentiality are met 1.1.3 Relationships with patients/clients and colleagues are in accordance with accepted standards of conduct for health professionals	Observation/documentation of compliance within Registration boards' codes of conduct, state and federal legislation and ethical guidelines and OHSW & Trade Practices Act Working within the scope of contextually relevant clinical pathways
1.2. Utilises effective strategies for continually improving knowledge and skills	1.2.1 Ongoing critical reflection occurs to continually build skills and knowledge 1.2.2 Supervisor, peer and other feedback on performance is sought and actioned to improve practice 1.2.3 Continuous commitment to professional development is demonstrated	Documented Records/reflective writing/portfolio materials regarding participation in continuing professional development (CPD), mentor programs, audits, higher or further study
1.3. Practises to accepted standards and within the limitations of the individual and of the profession	1.3.1 Strengths and weaknesses are identified and acknowledged 1.3.2 Personal health factors are managed to ensure safety and effectiveness of services provided 1.3.3 Patient/ Client profile and needs are considered in the process of ensuring safe and effective services. 1.3.4 Patient/ Client services are provided within defined work roles and personal and professional capacity 1.3.5 Assistance and/or client referral to other relevant services occurs to ensure client safety & services efficiency	Observations/journal writing/client documentation/portfolio notes including referral processes OHS review records, awareness of ergonomic issues.
1.4. Displays efficient organisation to complete administrative responsibilities safely and effectively	1.4.1 Self management for efficient practice is shown 1.4.2 Short & long term time management is evident 1.4.3 Quality management process participation occurs 1.4.4 Quality service using varied and appropriate strategies is evident 1.4.5 Compliance with administrative policies and guidelines of relevant organisations occurs 1.4.6 Caseload responsibilities are managed efficiently and responsibly	Observations/documentation regarding : <ul style="list-style-type: none"> • Within session, daily, weekly time management processes, diary notes • OHS, patient/client protocols compliance • Quality Improvement records, minutes of meetings
1.5. Conducts self in a professional manner	1.5.1 Reliable, responsible and respectful behaviour is demonstrated 1.5.2 Professional appearance, language & behaviour appropriate to professional service provision occurs 1.5.3 Patient/Client centred & respectful and collaborative care is delivered 1.5.4 Holistic approach to services is undertaken	Observations/patient-podiatrist interactions: <ul style="list-style-type: none"> • Regarding dress, behaviour, decision-making processes • Portfolio notes & documentation or reflective writing • Performance review meetings Client letters
1.6. Demonstrates ethical behaviour	1.6.1 Core principles underlying ethical behaviour are applied to patient/ client care 1.6.2 Ethical values are displayed in practice	Observation/documentation regarding Code of ethics applications in practice
1.7 Practises in a culturally-sensitive and inclusive manner	1.7.1 Culturally-inclusive practices are undertaken 1.7.2 Varied approaches meeting the needs of diverse individuals and groups are utilised	Observation/documents show evidence of adjustments for varied client groups (indigenous, age, cultural, mental health)

* These examples of knowledge, understandings, behaviours, abilities are provided as a guide towards demonstrating achievement of Elements of the competency but are not intended as an exhaustive checklist. Formal written responses, practice demonstrations, workplace observations, & documentation from individual journals, records and surveys may show evidence as appropriate to the individual practitioner.

Competency Standard 2: Continue to Acquire and Review Knowledge for Ongoing Clinical & Professional Practice Improvement

This competency requires podiatrists to demonstrate a lifelong commitment to reflective learning including continuously identifying their knowledge and information technology needs and using a range of research processes to gather, critique and apply health knowledge within podiatry practice contexts

Elements	Performance Criteria	Examples of Evidence*
2.1 Understands & applies relevant podiatry practice principles and theoretical concepts	2.1.1 Relevant and current theoretical knowledge is applied to podiatry practice in context 2.1.2 Common clinical presentation strategies & management approaches are applied within podiatry practice 2.1.3 Application of podiatry assessment process principles are evident	Observations/documentated records/written and oral responses show knowledge of broad theory areas such as: <ul style="list-style-type: none"> Applied science: Biomedical science, pharmacology, anatomy & physiology, general medicine, pathology, orthopaedics, dermatology, microbiology Psychology & behavioural science, social science Common clinical presenting conditions Clinical assessment & diagnosis Common clinical management
2.2 Acquires, critiques & applies new knowledge & information & communications technology skills as appropriate to podiatry practice context	2.2.1 Knowledge & information & communications technology needs are identified 2.2.2 Pertinent information is accessed, recorded & stored using various approaches including information and communications technology 2.2.3 Information from a range of sources is critically evaluated 2.2.4 Knowledge & information & communications technology innovations are incorporated into podiatric practice as appropriate	Observations/documentated records/written and oral responses show knowledge & interpretation skills regarding symptoms of systemic disorders in lower limb and foot with particular reference to : <ul style="list-style-type: none"> Diabetes mellitus & other endocrine disorders Rheumatological disorders Cardiovascular disorders Dermatological disorders Infectious disorders Neurological disorders Renal disorders Developmental disorders Musculoskeletal Genetic conditions
2.3 Applies an evidence - based approach to practice	2.3.1 Commonly-used research methodologies including information & communications technology processes are demonstrated 2.3.2 Appropriate clinical questions are posed 2.3.3 A search for evidence-based materials is conducted 2.3.4 Evidence is critically evaluated to address clinical questions 2.3.5 Information is systematically documented, integrated and appropriately applied and evaluated	Observations/documentated records/written and oral responses show knowledge, interpretation & application of relevant evidence sources: <ul style="list-style-type: none"> Desk Research including information & communications technology Statistics Epidemiology Expert opinion Clinical guidelines Standard practice
2.4 Engages in reflective practice, planning & action for ongoing learning	2.4.1 Clinical practice is reflected upon & evaluated against own goals or relevant standards of practice 2.4.2 Feedback is sought from supervisors, peers and other health professionals, with action occurring to improve practice 2.4.3 Own learning/professional development needs are identified and opportunities structured 2.4.4 New learning is integrated into practice & systematically evaluated	Documented records, reflective writing, portfolio notes and observations of areas such as: <ul style="list-style-type: none"> Verbal or written self-evaluation Supervisor/mentor feedback or clinical journal notes CPD, reflective practice, self-directed learning

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Competency Standard 3: Communicate & Interrelate Effectively in Diverse Contexts

This competency is about verbal, nonverbal, written and electronic communication and establishing respectful rapport and adjusting to meet the needs of diverse individuals, population groups and inter-professional colleagues, including complying with relevant documentation requirements

Elements	Performance criteria	Examples of evidence*
3.1 Uses effective interpersonal communication skills and adopts appropriate strategies in working with diverse patient/client groups	<p>3.1.1 Rapport, trust & respectful therapeutic relationships with patients/clients and families/carers are developed</p> <p>3.1.2 Nonverbal, cultural & situational aspects of communication are understood & adjusted for diverse patient/client needs</p> <p>3.1.3 Confidentiality, informed consent, privacy and sensitivity are used in patient/ client communications</p> <p>3.1.4 Appropriate techniques are used in discussing health information & encouraging shared decision-making with patients/clients & families where appropriate</p> <p>3.1.5 Communication supports and relevant strategies & aids are used to supplement information & when communication barriers exist</p>	<p>Observation/documentation/written & oral responses show evidence of:</p> <ul style="list-style-type: none"> • Conflict resolution strategies • Monitoring impact of communication such as feedback, cueing, reinforcement, reframing • Establishing appropriate communication boundaries • Positive assertiveness • Active listening • Using nonverbal components such as eye contact, body position • Making communication adjustments for specific patient/ clients needs & groups (indigenous, culture, age, mental health) • Responding appropriately to client distress • Using technology, multimedia tools • Using interpreters/other third party & supports such as family/carers
3.2 Utilises reporting and presentation skills at an appropriate level	<p>3.2.1 Legible, accurate & precise written &/or electronic documentation occurs</p> <p>3.2.2 Useful & relevant information is prepared and delivered to meet the needs of the individual or groups</p> <p>3.2.3 Documentation meets legal requirements & relevant policy and organisational guidelines</p> <p>3. 2.4 Appropriate preparation & delivery strategies for individuals and groups or media are used, as relevant</p>	<p>Observations/documentation/written and oral responses show evidence of :</p> <ul style="list-style-type: none"> • Varied methods to engage audiences • Adjustments for different learning styles and groups • Understanding of legal & statutory record keeping requirements, common documentation formats, organisational requirements for documentation • Electronic communication & various presentation formats
3.3 Works in partnership with teams, other professionals, support staff, community & government and demonstrates appropriate communication skills	<p>3.3.1 Various roles and responsibilities of other health care professionals are understood & respected</p> <p>3.3.2 Relevant work with other health care providers is effectively undertaken</p> <p>3.3.3 Acceptable protocols for inter-professional communication orally & in writing are used</p> <p>3.3.4 Negotiation, collaboration and consultation with members of the health care profession, service providers & relevant others occurs</p> <p>3.3.5 Implications of medico-legal, privacy & confidentiality are understood</p>	<p>Observations / documented records/portfolio notes of:</p> <ul style="list-style-type: none"> • Adapting oral & written communication for podiatry colleagues, other health professions, community groups, team leaders, support staff, students, government department representatives • Team meeting participation • Collegial consultation using special expertise & provision of adequate referral notes

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Competency Standard 4: Conduct Patient/client Interview and Physical Examination

This competency standard relates to conducting appropriate history-taking and diagnostic examinations to assess the patient/client's podiatric situation, considering the context and using a partnership approach.

Elements	Performance Criteria	Examples of evidence*
4.1 Conducts appropriate patient/client interview & collects relevant initial information	4.1.1 Informed consent is obtained using appropriate approach as relevant to the patient/client 4.1.2 Appropriate demographic, presenting complaint & patient/client history information is collected 4.1.3 Patient/Clients goals and expectations are identified using culturally appropriate and ethical approaches 4.1.4 Relevant data is accessed and documented as appropriate, within privacy and confidentiality requirements 4.1.5 Information is accurately recorded to support the development of an appropriate assessment plan.	Observation/documentation indicate: <ul style="list-style-type: none"> • Clear and concise questioning techniques • Patient/Client responses listened to & recorded • Patient/Client presenting /other complaints explored & recorded in narrative form • Relevant work type, current health, medical, social & family history, footwear, recreational interests, medication information recorded • Podiatry reports & information from other health professionals considered & actioned appropriately
4.2 Establishes initial clinical impressions	4.2.1 Collated information is analysed and relevant clinical factors identified 4.2.2 Assessment needs including levels of urgency, priority & expertise required for the patient/client are considered	Observation/documentation/written and oral responses show: <ul style="list-style-type: none"> • Understanding of common causes/clinical presentations of disorders • Relevant sources of information & clinical reasoning staging processes • Referral processes
4.3 Safely conducts appropriate physical examination/tests and refers as appropriate.	4.3.1 Appropriate assessment plan is formulated 4.3.2 Relevant physical, and clinically-appropriate and diagnostic examinations are conducted within the framework of ethical, financial and legal considerations and an evidence-based context. 4.3.3 Modified assessment process considers patient/client-specific context 4.3.4 Contra indications for tests are considered 4.3.5 Risk identification occurs & modified implementation occurs as appropriate 4.3.6 Additional examinations/tests/referrals are carried out as appropriate	Observation/documentation indicates: <ul style="list-style-type: none"> • Patients are positioned appropriately for the intervention • Use of risk assessment & risk management approaches

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Competency Standard 5: Interpret, Diagnose & Analyse

This competency relates to the skills required by the podiatrist in considering the presenting symptoms, diagnostic test results and holistic clinical aspects and the communication processes involving the patient/client and other health professionals.

Element	Performance criteria	Examples of evidence*
5.1 Interprets and evaluates data	5.1.1 Validity & accuracy of elicited data is critically appraised 5.1.2 Normal status is established with patient/ client & assessment findings are compared 5.1.3 Extent of condition is established & shared with patient/client in determining a course of action	Observation/documentation/written and oral responses show: <ul style="list-style-type: none"> • Knowledge of normal/abnormal • References consulted in evaluating information • Professional colleague utilisation • Patient/client consultation comments
5.2 Establishes differential diagnosis	5.2.1 Priority patient/client needs are established 5.2.2 Clinical impression is developed based on evidence of symptoms related to the condition 5.2.3 Additional information about the patient/ client is evaluated 5.2.4 Differential diagnosis occurs considering actual findings compared with expected findings 5.2.5 Range of investigative tools are used as appropriate 5.2.6 Diagnostic tests are modified based on the information reviewed	Observation/documentation/written and oral responses show knowledge of a range of diagnostic tests and has interpretative skills in areas such as: <ul style="list-style-type: none"> • Diagnostic imaging • Musculo skeletal • Neurological & vascular • Examination against normal, • Interpret • Propose differential diagnosis, • Interpreting tests/examination results • Microbiology • Pathology • Radiology/imaging
5.3 Communicates information and involves others as appropriate	5.3.1 Feedback is provided to patient/ client/carers regarding assessments 5.3.2 Other health professions are contacted/referred to/feedback provided, as relevant 5.3.3 Case conferences are conducted with other professionals as appropriate	Observations/Documentation shows: Patient/client letters and interactions, referral/case conference notes

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Competency Standard 6: Develop a Patient/Client-focused Management Plan

This competency area is concerned with developing a management plan and education for patients/clients that is appropriate for various targeted groups and individuals, including children, people requiring supported care such as those with mental illness, disabled and the aged and considering various contextual settings. Management plans require consideration of cultural backgrounds and beliefs, cultural attitudes to health and well-being and extended family and carer impact.

Elements	Performance Criteria	Examples of Evidence*
6.1 Develops rationale for podiatry management plan	6.1.1 Assessment findings key features are identified and predicted podiatric management plan outcomes are determined with the patient/client and/or carers 6.1.2 Culture, values and lifestyle impacts are identified and considered 6.1.3 Podiatry management plan rationale is developed 6.1.4 Primary health care promotional approach occurs	Observations/documentation/written and oral responses show: <ul style="list-style-type: none"> • CPD including understanding cultural awareness • Management plan assessment and findings to support predicted outcomes • Knowledge regarding principles of primary health care and health promotion
6.2 Establishes patient/ client-focused short and long term goals	6.2.1 Reasons for presenting symptoms appropriately communicated to patient/client/carer 6.2.2 Patient needs are discussed and considered in managing the symptoms 6.2.3 Consultative approaches are used to determine patient/client/carer and referring colleague expectations of the podiatry care plan and its continuity 6.2.4 Podiatry non-provision consequences are discussed with the patient/client/carer where appropriate 6.2.5 Consultatively-developed goals are developed considering clinical problems, lifestyle and expectations 6.2.6 Modification strategies relevant to implemented goals are consultatively developed	Observations/documentation/written and oral responses show: <ul style="list-style-type: none"> • Documentation of patient/client-focused management plans • Referral letters • Varied educational materials used • Language appropriate documentation of management plan & modifications • Patient/client record audit • Patient/client responses including thank you letters, surveys
6.3 Negotiates appropriate management plan	6.3.1 Options for podiatry management plan are clearly presented to patient/client/carer within context of needs, ethics & best practice 6.3.2 Patient/Client/carer discussion occurs regarding indications & risks 6.3.3 Selected management plan considers information from other health service providers & evidence-based practice 6.3.4 Management plan options and selection are consultatively-developed with the patient/ client considering cost, client profile & alternative funding options	Observations/documentation/written and oral responses show: <ul style="list-style-type: none"> • Language-appropriate management plan • Quality Assurance records • Financial information • Communication with relevant health agencies (Workers compensation, Veterans Affairs, other insurance)

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Competency Standard 7: Implement & Evaluate Management Plan

This competency standard is about providing an appropriate primary health care service matched to client needs and within ethical and occupational health and safety frameworks and using effective evaluation methods. It involves a partnerships approach and gaining informed consent, with provision of relevant communications about benefits and risks as well as managing adverse events.

Elements	Performance Criteria	Examples of evidence*
7.1 Obtains informed consent through appropriate communication	7.1.1 Purpose & significance of history and physical examination are explained 7.1.2 Benefits of each form of intervention and non-intervention implications are explained in a culturally appropriate way 7.1.3 Realistic expectations of outcomes, strategies & costs of interventions are discussed 7.1.4 Informed consent is obtained from relevant person, and recorded and stored appropriately	Documentation/observations/responses regarding : <ul style="list-style-type: none"> • Consent protocols & documentation • Patient/client-focused & language -appropriate Information process • Non-intervention reasons
7.2 Implements safe and effective management plan	7.2.1 Implementation of appropriate management plan occurs, consistent with agreed intervention program 7.2.2 Management plan is implemented safely & effectively in accordance with legal requirements 7.2.3 Quality interventions are provided which best meet the management plan requirements 7.2.4 Awareness of professional & personal limitations is demonstrated & professional advice seeking & appropriate referral occurs where relevant	Observation/documentation/written and oral responses of <ul style="list-style-type: none"> *Carrying out mechanical debridement of nails & intact & ulcerated skin *prescribe foot orthoses *making and using chair side foot orthoses *administering & prescribing relevant prescription-only medicines *interpreting any relevant pharmacological history & recognising potential consequences for patient treatment *carrying out surgical procedures for skin & nail condition *using appropriate physical & chemical therapies <ul style="list-style-type: none"> *Orthotic therapy, mechanical therapy, electrotherapy, manual therapy, surgery, pharmacology, Understanding of a range of medical conditions, pathomechanical lower limb function *Referral records for surgery, physical therapeutic modalities, prescription of chemo-therapeutic agents
7.3 Implements infection control and other standards within occupational health and safety legislative requirements	7.3. 3 Current knowledge of infection control guidelines is evident 7.3.2 Sterilisation standards at a National standards level are implemented 7.3.3 Current knowledge of other relevant OHS requirements	Observation/documentation/written and oral responses of: <ul style="list-style-type: none"> • Continuing education records • OHS & sterilization knowledge & guidelines, dust & fume management, orthotic manufacture • Accessing protocols of sterilisation procedures & OHS <ul style="list-style-type: none"> • Adverse incident reports • Infection control/hazard control practices • Principles of disinfectants, sterilisation methods, dealing with waste & spillage • Local policy/standards for infection control exist
7.4 Understands and manages	7.4.1 Adverse events identification, management &	Observation/documentation/written and

Elements	Performance Criteria	Examples of evidence*
adverse events	documentation occur 7.4.2 Workplace emergency procedures are documented & implemented as required	oral responses of: <ul style="list-style-type: none"> • Current CPR certificate • Emergency medicine and first aid protocols demonstrated: diabetic emergency, care of unconscious patient, CPR, adverse drug reaction, management of anaphylaxis • Staff education/CPD records <p>Policy procedures for workplace emergencies & adverse events for local settings</p>
7.5 Utilises preventative and educative strategies	7.5.1 Instructions are provided for ongoing management and appropriate communication occurs prior to and during management plan implementation 7.5.2 Self management regarding factors affecting foot health & well being and consistent with management plan is advocated 7.5.3 Consultatively-developed self managed plan documented including tools & outcomes measures for self assessment & support networks	Observation/documentation/written and oral responses show: <ul style="list-style-type: none"> • Knowledge of: footwear & lifestyle implications • Clear language-appropriate written information sheets & self management plans
7.6 Monitors and evaluates management plan	7.6.1 Appropriate quantitative and qualitative evaluation methods are identified 7.6.2 Supporting and limiting factors for effectiveness are identified 7.6.3 Patient/Client consultation considers evidence regarding effectiveness of management plan outcomes 7.6.4 Management plan models are consultatively developed considering comparative evidence, client status & diagnosis 7.6.5 Referrals occur as appropriate based on management plan outcomes	Observation/documentation/written and oral responses of: <ul style="list-style-type: none"> • Documentation of referrals, labs • Outcomes measure, discharge summary • Peer review • Supervisor report/observation records

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Competency Standard 8: Provide Education and Contribute to an Effective Health Care System

This competency standard relates to the delivery of safe and effective podiatry practice within the evolving health care context locally, nationally and Trans Tasman. This will ensure the appropriate and timely deployment of resources to meet the podiatry health needs of diverse service users within the health care system, including a broader role in prevention and education programs on specific issues.

Elements	Performance Criteria	Examples of Evidence*
8.1 Undertakes podiatry within the broader health care context	8.1.1 Local & national context knowledge is evident 8.1.2 Service delivery model relevant to the practice setting is used 8.1.3 Specific & appropriate management plans using relevant timescales are devised	Observations/documentation/ written and oral responses regarding application of: <ul style="list-style-type: none"> Diverse practices for varied physical, social, cultural, socio-economic, psychological needs Concepts of primary, secondary & tertiary prevention in foot health and disease Australian/NZ health system requirements e.g. reimbursement, fees, underservicing & overservicing problems
8.2 Implements/ participates in appropriate supervision linked to the skill and complexity of the task being undertaken	8.2.1 Mentoring and other relevant forms of supervision are accessed 8.2.2 Where required, tasks are delegated to appropriate personnel to take responsibility as relevant 8.2.3 Those with delegated tasks are provided with effective supervision as relevant to ensure services are delivered safely and to the required standard 8.2.4 Relevant referrals are made to other services	Observations/documentation/ written and oral responses show: <ul style="list-style-type: none"> Staff/student roles and responsibilities documentation Individual staff meeting records CPD records Support staff training records
8.3 Implements health promotion and education activities	8.3.1 Self management of health and wellbeing is advocated to the client 8.3.2 Where appropriate the client is provided with links to the network of existing health resources. 8.3.3 Strategies for early identification of disorders or disease and for early intervention for health management are proposed and promoted 8.3.4 Contributions are made to the development and implementation of health education and risk reduction programmes to meet identified needs within the community as relevant	Observations/documentation/ written and oral responses regarding strategies for: <ul style="list-style-type: none"> Early identification of disorders/disease Principles of preventive health care/health promotion Specific group interventions & avoidance: indigenous, rural/metropolitan, cultural groups
8.4 Responds to the health needs of the communities in which the podiatrist practises	8.4.1 Needs of local communities in which they work are understood and responsiveness to opportunities for advocacy occur 8.4.2 Contributions to relevant community health education and risk reduction programs occur as appropriate	Observations/documentation/ written and oral responses regarding strategies for: <ul style="list-style-type: none"> Principles of preventive health care/health promotion Specific group interventions & avoidance: indigenous, rural/metropolitan

Elements	Performance Criteria	Examples of Evidence*
8.5 Identifies the determinants of health for relevant populations	8.5.1 Determinants of health of various populations, including barriers to access care and resources are identified 8.5.2 Relevant vulnerable and marginalised population health care issue needs are responded to as appropriate	Observations/documentation/ written and oral responses regarding strategies for: <ul style="list-style-type: none"> • Principles of preventive health care/health promotion • Specific group interventions & avoidance: indigenous, rural/metropolitan, cultural groups
8.6 Delivers & monitors effective & efficient services & resources	8.6.1 Principles of quality control & quality assurance are understood 8.6.2 Audit and review principles of quality control and quality assurance are understood and used 8.6.3 Effective audit trails & continual improvement processes are documented 8.6.4 Monitoring & review processes regarding the effectiveness of planned activities are implemented 8.6.5 Reflection on practice principles are understood and applied	Observations/documentation/ written and oral responses regarding strategies for: <ul style="list-style-type: none"> • Service user surveys/interviews • Self-reflection documentation • Audit trail records

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Assessment of Competency Standards

This section provides a brief overview of some assessment principles which are relevant to Competency Standards.

Assessment of individuals regarding meeting of the competency standards is of interest to some significant groups:

- University staff involved with curriculum development and assessment processes regarding meeting requirements for Australia and New Zealand Accreditation Standards
- Accreditation team members evaluating university programs in accordance with Australia and New Zealand Accreditation Standards
- Assessors and examiners assessing qualifications of overseas-trained podiatrists seeking registration in Australian and New Zealand
- Registration boards in states and territories in Australia and in New Zealand in regard to evaluating performance of podiatrists in particular circumstances

Assessment is the systematic gathering of evidence to judge learning in regard to knowledge, skills, and attitudes.

Key Assessment principles relate to:

- Validity and reliability: Validity is about the degree to which a test measures what it's intended to measure, with reliability considering the consistency of assessment
- Formative and summative: Formative is about providing feedback to improve performance and learning, with summative being used to quantify the actual level of achievement attained
- Linking program outcomes and assessment: Measuring the extent that learning outcomes have been achieved through various assessment tools
- Inclusivity and equity: Using a variety of assessment approaches to reduce disadvantage to individuals and groups and undertaking special measures if required
- Range of Methods of Assessment: Using a range of methods of assessment as appropriate including written documentation such as reports, essays or examinations practical demonstrations; orals; workplace observations; technology based approaches.

Miller's (1990) competency assessment tools highlight that various methods of assessment are appropriate dependent on the purpose. This links to Miller's framework (1990) for assessing clinical competence. This framework progresses from 'Knows: knowledge' (essays, tests, written simulations) to 'Knows how' (problem solving activities) to experiential learning, with the highest level of the pyramid being focused on what occurs in practice (Does) rather than in artificial test performance situations (Shows how) (Beck, Boh & O'Sullivan, 1995; Norcini, 2003). Assessment of students in the clinical situation provides the most reliable evidence of competency.

Miller's Competency Assessment (1990)	
	<p>Does</p> <ul style="list-style-type: none"> • Workplace client records • Workplace supervisor skills reports • Workplace reflective writing • Workplace observations • Workplace team working/leadership <p>Skills applied and assessed within actual workplace situations</p>
	<p>Shows How</p> <ul style="list-style-type: none"> • Skills simulation using technology • Classroom Practical demonstrations • Objective structured clinical examination (OSCE) • Simulated skills/patients • Role play/performance <p>Simulated situation assessment involving carrying out of actual practical tasks within artificial test situations</p>
	<p>Knows How</p> <ul style="list-style-type: none"> • Multimedia for clinical reasoning scenarios • Online discussion groups • Reflective journals • Practically focused Essays/reports • Oral presentations • Viva voce • Group discussion re applications • Problem solving discussion • Case study presentation • Summaries of readings & application to clinical practice <p>Problem solving assessment processes using knowledge within classroom assessment situations</p>
	<p>Knows</p> <ul style="list-style-type: none"> • Multiple choice questions • Poster presentation • Bibliographies • Examinations: • Short answer questions • Quizzes including online • Essays/reports • Reviews • Problem-solving assignments • Webcasts <p>Written responses and technology based assessment of factual knowledge, interpreting and synthesizing</p>

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Assessment of Qualifications and Skills in Podiatry for Migration Purposes

Occupation: Podiatrist (ANZSCO Code 252611)

March 2010

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Appendix 1 Schedule of Fees

Appendix 2 Applicant Referee Proforma

1. Purpose of a Migration Skills Assessment

Individuals who wish to apply for migration to Australia under the occupation Podiatrist (ANZSCO Code – 252611) under the General Skilled Migration program must gain a migration skills assessment from the Australian and New Zealand Podiatry Accreditation Council (ANZPAC). All such individuals must complete ANZPAC's migration skills assessment process, whether they have qualifications gained in Australia or overseas.

ANZPAC will assess a person's skills as "suitable" or "not suitable" for the occupation Podiatrist against the criteria it has established.

The skills assessment ANZPAC issues to successful applicants must be included with any visa application to the Department of Immigration and Citizenship (DIAC). Applicants should keep a certified copy of their skills assessment and all other relevant documentation for their own records. ***A skills assessment remains valid for three years from the date of issue.***

Successfully migrating to Australia as a podiatrist is no guarantee of registration or employment in Australia. Requirements additional to those for migration may need to be met to become registered with the Podiatry Board of Australia.

ANZPAC cannot provide advice on migration issues. All questions relating to the migration process should be directed to DIAC - visit www.immi.gov.au for information and contact details.

2. Podiatry in Australia

A podiatrist is a registered health professional who deals with the prevention, diagnosis, treatment and rehabilitation of medical and surgical conditions of the feet and lower limbs.

The conditions podiatrists treat include those resulting from bone and joint disorders such as arthritis and soft-tissue and muscular pathologies, as well as neurological and circulatory diseases. Podiatrists are also able to diagnose and treat any complications of the above which affect the lower limb, including skin and nail disorders, corns, calluses and in-growing toe nails. Foot injuries and infections gained through sport or other activities are also diagnosed and treated by podiatrists.

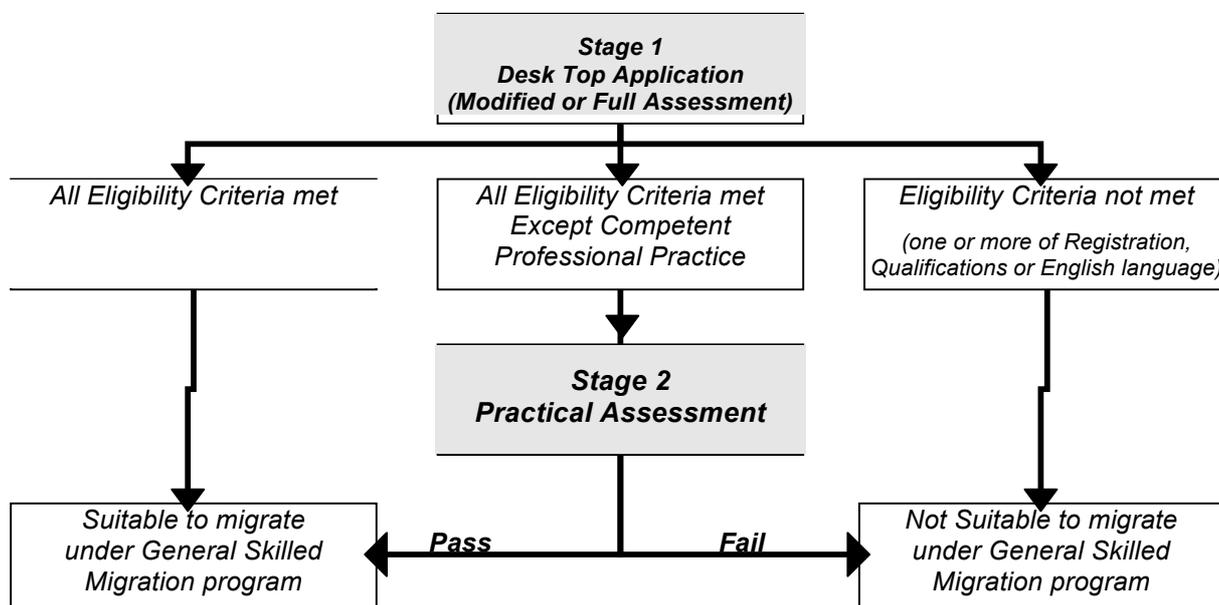
Podiatrists in Australia must by law be registered in order to practise as a podiatrist.

Further information can be obtained from the Podiatry Board of Australia at www.podiatryboard.gov.au.

3. Migration Skills Assessment - Flowchart

Stage 1 Desktop Application (compulsory)

Stage 2 Practical Assessment



4. Migration Skills Assessment - Stage 1 Desk Top Assessment

The Stage 1 Desktop Assessment is a paper-based assessment of applicants' qualifications and skills against ANZPAC's eligibility criteria. Applicants who meet all eligibility criteria of the Stage 1 Desktop Assessment appropriate to their circumstances will be assessed as suitable for migration. Applicants who are not assessed as suitable for migration at the conclusion of the Stage 1 Desktop Assessment can, in some circumstances, advance to the Stage 2 Practical Assessment (see **section 6**).

Modified Assessment

You should apply for a Modified Assessment if you either:

- hold current registration as a podiatrist in Australia, regardless of country of training; *or*
- completed an ANZPAC-accredited program within the two years prior to applying for a migration skills assessment.

To be assessed as suitable for migration, Modified Assessment applicants must demonstrate that they:

- are currently registered as a podiatrist in Australia; *or*
- completed an ANZPAC-accredited program within the two years prior to the date of their application to ANZPAC; *and*
- are currently registered or eligible for registration as a podiatrist in Australia.

The list of ANZPAC-accredited programs is available at www.anzpac.org.au under "Course Accreditation".

Full Assessment

You should apply for a Full Assessment if you:

- are **not** currently registered as a podiatrist in Australia; *or*
- did **not** complete an ANZPAC-accredited program within the two years prior to applying for a migration skills assessment.

To be assessed as suitable for migration, Full Assessment applicants must demonstrate that they:

- are registered and in good standing as a podiatrist with the relevant authority, or otherwise officially recognised as a podiatrist, in the country in which they are currently practising;
- hold a podiatry qualification that is comparable to an ANZPAC accredited entry level podiatry program in Australia in terms of :
 - the educational level being comparable to an Australian Bachelor Degree or higher;
 - the duration being a minimum of six semesters full- time equivalent study for an undergraduate program, with prior studies taken into consideration for a graduate entry program;
 - supervised clinical practice within the course curriculum including a range of placements and patient situations to develop relevant skills, competencies and show evidence of application of theory to practice;
 - the course curriculum including clinical, behavioural and basic sciences, and relevant and sufficiently-detailed theoretical and practical content;
 - the course curriculum including research and scholarly activity to build evidence-based practices, and develop student skills and responsibility for lifelong learning;
- have practised as a competent professional podiatrist within the last three years or are recent graduates; and
- have the required English language skills, as demonstrated by:
 - achieving an overall pass with grades of A or B only in each of the four sub-tests in the Occupational English Test (OET); *or*
 - achieving a minimum score of seven (7) in each of the four modules (listening, reading, writing and speaking) in the International English Language Testing System (IELTS) test (Academic version); *or*
 - completing secondary school education *and* a podiatry qualification in English in one of the following countries:
 - Australia;
 - Canada;
 - New Zealand;
 - Republic of Ireland;
 - South Africa;
 - United Kingdom;
 - United States of America.

If Full Assessment applicants are assessed as meeting all criteria but the competent professional practice criterion, they will be offered the opportunity to sit the Stage 2 Practical Assessment. If they do not meet the registration, qualification or English language skills criteria, they will be assessed as not suitable for migration.

5. Documentation required for the Stage 1 Desktop Assessment

You must submit documentary evidence that you meet ANZPAC's eligibility criteria for the Stage 1 Desktop Assessment. The documentation you must submit varies according to the type of assessment.

All documents submitted in support of an application must be certified copies of the originals. Do not send original documents. Documents in languages other than English must be accompanied by English translations. See **section 12** for information on certification and translation of documents.

All applicants must submit certified copies of the following documentation.

Personal details

- Personal information page of your passport or your birth certificate.
- Marriage certificate or other document verifying change of name if your name varies between the documents relied upon in your application.

Registration

- Evidence of registration/licensure from all countries where you have been registered as a podiatrist.
- Certificate of professional status from any authority(ies) with which you are currently or have previously been registered as a podiatrist. This evidence must be forwarded directly to ANZPAC by the relevant registering authority. Certificates greater than three months (90 days) old will not be accepted.
- If registration is not required for employment as a podiatrist in countries in which you are currently or have previously been employed within the last three (3) years, evidence of professional practice as a podiatrist during this period must be submitted. A formal letter (signed, dated and on letterhead) from your employer, supervisor or colleague indicating the dates of your employment, your job title and your duties is required.

Modified Assessment (ANZPAC-accredited program) and **Full Assessment applicants** must also submit certified copies of the following documentation:

Education

- Degree award certificate;
- Transcripts of qualifications completed which show:
 - subjects;
 - credits/hours;
 - marks; and
 - details of practical and clinical education (where practicable).
- If you have completed your qualification but have not yet had the award conferred, you must produce a letter from the Head of the School of Podiatry confirming that you have completed all course requirements and are eligible to have the award conferred.
- Full Assessment applicants must submit evidence of course content, including the course book and syllabus for each subject and evidence of any practical and clinical training completed. Modified Assessment applicants do not need to submit evidence of course content.

Modified Assessment applicants who are currently registered as a podiatrist in Australia do **not** need to submit documentation on their education.

Full Assessment applicants must **also** submit certified copies of the following documentation:

Competent professional practice

- Applicant Referee Proforma (see **Appendix 2**) completed and signed by your employer, supervisor or colleague to cover the three (3) year period prior to applying for a migration skills assessment. More than one proforma may be used. A podiatrist must have been engaged in professional practice for at least 12 months in the three-year period.
- Your signed professional curriculum vitae for the last three years, detailing:
 - the dates of each period of your employment or self-employment;
 - your employer's name, address and the nature of their business;
 - your job title and job description; and
 - the nature of your employment or self-employment, including the most important tasks you performed or major projects you completed.

Professional practice means any role in which the podiatrist uses their podiatric knowledge and skills. It includes clinical podiatry, clinical education and placement, administration, study, teaching or research in the field of podiatry.

Competent professional practice as a podiatrist in Australia is based on the *ANZPAC Podiatry Competency Standards in Australia and New Zealand – August 2009*. The eight Competency Standards are:

- Competency Standard 1: Practise Podiatry in a Professional Manner
- Competency Standard 2: Continue to Acquire and Review Knowledge for Ongoing Clinical and Professional Practice Improvement
- Competency Standard 3: Communicate and Interrelate Effectively in Diverse Contexts
- Competency Standard 4: Conduct Patient/client Interview and Physical Examination
- Competency Standard 5: Analyse, Interpret and Diagnose
- Competency Standard 6: Develop a Patient/Client-focused Management Plan
- Competency Standard 7: Implement and Evaluate Management Plan
- Competency Standard 8: Provide Education and Contribute to a Safe and Effective Health System

Further details are provided at: <http://www.anzpac.org.au/publications.htm>.

English language skills

- Your test report form demonstrating that you achieved an overall pass with grades of A or B only in each of the four sub-tests in the Occupational English Test (OET), within the two (2) years prior to applying for a migration skills assessment.

OR

- Your test report form demonstrating that you achieved a minimum score of seven (7) in each of the four modules (listening, reading, writing and speaking) in the International English Language Testing System (IELTS) test (Academic version), within the two (2) years prior to applying for a migration skills assessment.

OR

- Your secondary school certificate from one of the countries listed below **and** evidence from the tertiary institution from which your podiatry qualification was obtained confirming that the qualification was taught and assessed in English in one of the countries listed below:
 - Australia;
 - Canada;
 - New Zealand;
 - Republic of Ireland;
 - South Africa;
 - United Kingdom;
 - United States of America.

OET and IELTS test results must have been obtained within the two (2) years prior to applying for assessment. However, test results more than two years old will be accepted as current if accompanied by evidence that an applicant has actively maintained employment as a podiatrist using English as the primary language of practice in a country listed above.

Results from the English language tests must be obtained in one sitting. The applicant is responsible for the cost involved.

6. Migration Skills Assessment - Stage 2 Practical Assessment

The Stage 2 Practical Assessment is an assessment of applicants' professional competence in the practice of podiatry in accordance with the *ANZPAC Podiatry Competency Standards for Australia and New Zealand - August 2009*. It is only open to candidates who met the qualification, registration and English language skills criteria, but not the competent professional practice criterion, of the Stage 1 Desktop Assessment (Full Assessment). Candidates who successfully complete the Stage 2 Practical Assessment will be assessed as suitable for migration.

Applicants must make a separate application, accompanied by the correct fee, to sit the Stage 2 Practical Assessment.

The Stage 2 Practical Assessment is offered twice per year, in June/July and November/December. It is conducted at one of Australia's Schools of Podiatry by university examiners.

The assessment is conducted in two stages over a full day.

First stage (3-4.5 hours):

- Clinical Observation - three hours of direct patient care by the candidate;
- Clinical Record Audit of documentation completed by the candidate during Clinical Observation.

Second stage (4 hours):

- interview;
- four Objective Structured Clinical Examinations.

ANZPAC's Candidate Information Handbook, which includes preparatory material, competency standards and a recommended reading list, is available at www.anzpac.org.au under "Overseas Assessment".

A maximum of five (5) attempts may be made.

7. Notification

ANZPAC will notify you in writing after each stage of the assessment process of the outcome of your assessment. Reasons for assessment decisions and details of applicable counselling, review and appeal processes will be given to unsuccessful applicants.

A migration skills assessment remains valid for three (3) years from the date of issue.

8. Reviews and Appeals

If an applicant has been unsuccessful in the Stage 1 or Stage 2 assessment, the notification will state which eligibility criteria have not been met and will describe what further action can be taken, including applying for an administrative review or an appeal.

Applicants are encouraged to contact ANZPAC before submitting an application for a review or an appeal, as it may be possible to resolve the matter by communication with the Executive Officer rather than by a review or an appeal.

All applications for an administrative review or an appeal must be:

- in writing;
- clearly state why a review of or an appeal against the decision is being sought; *and*
- lodged within ten (10) weeks of the date on which the result was posted by ANZPAC.

In the case of an appeal, any additional documentation that the applicant believes supports their application should be submitted as well. Administrative review and appeal fees are listed in Appendix 1 - Schedule of Fees. Half the fee will be refunded if the review or appeal is successful.

Administrative Review – Stage 1 & 2 Assessments

For an administrative review of Stage 1 and Stage 2 assessments, an ANZPAC officer who was not involved in the original assessment checks whether any processing errors have been made and ensures that all relevant information has been collected and considered. The applicant will be notified of the result of the review within four weeks of the date ANZPAC receives the application. The notification will include ANZPAC's reasons for assessing the applicant as suitable or not suitable for migration as a result of the review. If the applicant is still assessed as not suitable as a result of the review, they will be offered telephone counselling by the Executive Officer (Stage 1 Desktop Assessment) or university examiners (Stage 2 Practical Assessment).

Counselling is compulsory before progression to an appeal. Counselling can clarify factors considered in the Stage 1 assessment and explain why the applicant was assessed as not meeting specific criteria. It can also provide feedback on examination performance in the Stage 2 assessment to assist the applicant in identifying or rectifying any weaknesses with a view to re-sitting at a later stage.

Appeal – Stage 1 & 2 Assessments

For an appeal of Stage 1 and Stage 2 assessments, the assessment result is reconsidered and any new information provided by the applicant taken into account. The Overseas Qualifications Assessment Committee (OQAC) appoints one of its members to assess each appeal. This person will not have previously been involved in assessing the applicant.

The Executive Officer will provide a written report to the appeal assessor describing the outcome of the applicant's assessment, including all documentation submitted in support of the original application and appeal, all communication with the applicant and the reasons the administrative review was rejected.

The applicant will be notified of the result within eight weeks of the date ANZPAC receives the appeal application. The notification will include ANZPAC's reasons for assessing the applicant as suitable or not suitable for migration as a result of the appeal. If the applicant is still found not suitable as a result of the appeal, they will be offered telephone counselling by the Chairperson of OQAC.

9. Application Process

To apply for a migration skills assessment, you must send the following to ANZPAC via post:

- your completed and signed application form;
- your supporting documents; and
- the assessment fee.

ANZPAC will:

- process your assessment fee and issue a receipt;
- assess you against its eligibility criteria;
- request any additional information required;
- finalise assessments on the basis of the evidence provided; and
- send you the results of your migration skills assessments stating whether you have been found suitable or not suitable as a podiatrist for the purposes of migration to Australia.

It is your responsibility to provide all relevant information to ANZPAC and keep ANZPAC informed of:

- your current contact details; and
- any new information which has the potential to affect your skills assessment.

ANZPAC will not process applications until the application fee has been received and all the requested information and documentation has been provided. In some circumstances, further information may be sought from the applicant, their educational institution, their referees or certifying officers in other countries.

ANZPAC aims to finalise assessments within ten (10) weeks of the receipt of an application for a Stage 1 Desktop Assessment or within five (5) weeks of a candidate sitting the Stage 2 Practical Assessment. If further information needs to be sought, the assessment may take longer.

10. Using an Agent

Australia's privacy legislation prohibits ANZPAC from discussing applications with other people unless authorised to do so. If you would like someone, such as a family member or migration agent, to deal with ANZPAC on your behalf, you must complete the relevant section of the application form authorising a specific individual to act as your agent.

11. English Language Testing Organisations

Further information about these English language tests can be obtained as follows:

The OET Centre

GPO Box 372

MELBOURNE VIC 3001

Tel: +61 3 9825 3800

Fax: +61 3 9825 3899

E-mail: public enquiry form available under "Contact Us" on the website below

Web: <http://www.occupationalenglishtest.org>

IELTS Australia

GPO Box 2006

CANBERRA ACT 2601

Tel: +61 2 6285 8222

Fax: +61 2 6285 3233

E-mail: ielts@idp.edu.au

Web: <http://www.ielts.org>

12. Certification and Translation of Documents

All copies of original documents must be clearly certified as true copies of the original. ANZPAC will accept documents certified by the following individuals:

- Justice of the Peace (JP);
- Peace Commissioner;
- Commissioner of Oaths;
- Notary Public;
- Legal Practitioner;
- Judge or Magistrate;
- Registrars or Admissions Officers of universities;
- Authorised officers from an Australian Embassy, High Commission or Consulate.

To have your copies certified you must present both the original and the copy to the person carrying out the certification. Each copy of the document must be certified separately and must show clearly:

- The words *“certified true copy of the original”*;
- The signature of the certifying officer; and
- The name, address, or provider/registration number (where applicable) of the certifying officer legibly printed below the signature. It must be possible, from the details provided, for ANZPAC to contact the certifying officer if necessary.

All documents submitted in support of an application must be certified copies of the originals.

Original documents should not be submitted and will not be returned. Any application accompanied by documents that are not properly certified or lacking a significant number of required documents will be returned to the applicant.

Documents in languages other than English must be accompanied by English translations. If documents are translated in a country other than Australia, the translator must be approved by the authorities in the country where the translation was made.

If documents are translated in Australia, the translator must be accredited by the National Accreditation Authority for Translators and Interpreters (NAATI) - see www.naati.com.au for more information.

If the authenticity of documents cannot be verified, ANZPAC reserves the right to decline to assess an application and will inform the Department of Immigration and Citizenship. The assessment fee will not be refunded in these circumstances.

If you cannot obtain the required documents, you should attach a letter to the application form identifying which documents you cannot obtain and why.

13. Fees

The fees for application for Stage 1 and Stage 2 assessments and for Reviews and Appeals appear in Appendix 1. Fees in Australian dollars must accompany any application to ANZPAC by one of the following methods:

- A bank cheque drawn by a bank outside Australia that has bank clearance arrangements with an Australian bank;
- A foreign draft on an Australian bank;
- A money order issued by Australia Post;
- A bank cheque drawn by an Australian bank;
- A personal cheque drawn on an Australian bank account;
- Electronic transfer to ANZPAC's bank account. You must contact the office of ANZPAC to obtain the relevant bank account details.

Please do not send cash via post.

If you wish to withdraw your application, ANZPAC reserves the right to retain an administrative fee of 20% if the application has been processed.

The cut-off date for Stage 2 applicants to withdraw their application and apply for a refund is no later than two (2) weeks before the scheduled date of the Practical Assessment.

14. Contact Details

All applications should be sent to ANZPAC via registered post using the following address:

ANZPAC
PO Box 18053
Collins Street East
Melbourne VIC 8003
AUSTRALIA

Office Location:

Australian & New Zealand Podiatry Accreditation Council
Level 31, 120 Collins Street Melbourne

Enquiries: *E-mail is ANZPAC's preferred mode of communication.*

E-mail: admin@anzpac.org.au

Phone: 1300 267 687 (local call within Australia)
+ 61 3 8080 2953 (from outside Australia)

For more information about the assessment process, Please contact ANZPAC or read the information available on its website – www.anzpac.org.au.

OVERSEAS QUALIFICATION ASSESSMENT COMMITTEE

SCHEDULE OF FEES

1.	<u>Stage 1 - Desk Top Assessment</u>	
	Modified Assessment	\$400
	Full Assessment	\$650
2.	<u>Stage 2 - Practical Assessment</u>	
	Examination	\$1300
3.	<u>Reviews/Appeals</u>	
	Administrative Review	-
	Appeal	\$250

- All amounts are in Australian Dollars.
- The above fees are GST-free under Section 38-110 of *A New Tax System (Goods and Services Tax) Act 1999*.
- If you wish to withdraw your application, ANZPAC reserves the right to retain an administrative fee.
- If a review or appeal is successful, half the fee will be refunded.

Applicant Referee Proforma

The following has been provided as a guide for the information ANZPAC is seeking to establish the professional competence of the applicant podiatrist. The referee should provide as much detail as possible.

Applicants name		
Referees name		
Address :		
Email Address:		
Contact phone Numbers	(BH)	(AH)
Referee's Position		
Referee's place of employment		
Referee's relationship to the applicant podiatrist		
Length of time working with the applicant podiatrist		
Communication	Please describe the applicant podiatrist's standards of verbal and written communication.	
Professional Relationships	Please describe the applicant podiatrist's standards of professional relationships with colleagues and patients.	
Standards of care	Please describe the applicant podiatrist's standards of podiatric care.	

Competency	Please provide a description of your experience of the applicant podiatrist's competency in practice.
Additional comments	Please provide any additional comments
Signature and Date of Referee	* Note – Referee must also provide a Certificate of current registration from their registration/licensing authority to establish identity.

Please consider summary aspects of ANZPAC's Competency Standards as a guide:

Competency Standard 1: Practise Podiatry in a Professional Manner

- *(Working within legislative and professional codes of ethics and standards, displaying an organised and professional manner and continually updating skills)*

Competency Standard 2: Continue to Acquire and Review Knowledge for Ongoing Clinical and Professional Practice Improvement

- *(Applying theory to practice, acquiring and critiquing new knowledge and being committed to lifelong learning and reflective practice)*

Competency Standard 3: Communicate and Interrelate Effectively in Diverse Contexts

- *(Using a range of relevant verbal, written and interpersonal skills to work in partnership with diverse clients/groups and interprofessional colleagues and organisations)*

Competency Standard 4: Conduct Patient/client Interview and Physical Examination

- *(Conducting appropriate history-taking and diagnostic examinations and making referrals as appropriate)*

Competency Standard 5: Interpret, Diagnose and Analyse

- *(Interpreting and evaluating data considering presenting symptoms, diagnostic test results and communicating with patients and other health professionals)*

Competency Standard 6: Develop a Patient/Client-focused Management Plan

- *(Developing a management plan and providing education for patients that is appropriate for various targeted groups and individuals)*

Competency Standard 7: Implement & Evaluate Management Plan

- *(Providing an appropriate primary health care service matched to client needs and operating within ethical and occupational health and safety frameworks)*

Competency Standard 8: Provide Education and Contribute to an Effective Health Care System

- *(Delivering effective and efficient services and resources and operating safely within the broader health care context, while providing education)*

Further details are provided at: <http://www.anzpac.org.au/publications.htm>.



Candidate Information Handbook for Stage 2 Practical Assessment

Occupation: Podiatrist (ANZSCO Code 252611)

April 2010

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Appendix 1 Schedule of Fees

1. Introduction

This handbook outlines the structure and process of the Stage 2 Practical Assessment for overseas trained podiatrists migrating to Australia under the General Skilled Migration program.

Candidates presenting for this practical assessment must have already completed the Stage 1 Desk Top Assessment but have not met the Competent Professional Practice criteria.

ANZPAC will assess your skills as “suitable” or “not suitable” for the occupation Podiatrist against ANZPAC’s Podiatry Competency Standards for Australia and New Zealand outlined in Section 2 below.

If you are found to be suitable, your skills assessment from ANZPAC must be included with your visa application to the Department of Immigration and Citizenship (DIAC). You should keep a certified copy of your skills assessment and all other relevant documentation for your own records.

A skills assessment remains valid for three years from the date of issue.

Successfully migrating to Australia as a podiatrist is no guarantee of registration or employment in Australia. Requirements additional to those for migration may need to be met to become registered with the Podiatry Board of Australia.

ANZPAC cannot provide advice on migration issues. All questions relating to the migration process should be directed to DIAC - visit www.immi.gov.au for information and contact details.

2. The Stage 2 Practical Assessment

To successfully complete the Stage 2 Practical Assessment you must meet ANZPAC’s Podiatry Competency Standards for Australia and New Zealand. A summary of the standards are as follows –

Competency Standard 1: Practise Podiatry in a Professional Manner

- *(Working within legislative and professional codes of ethics and standards, displaying an organised and professional manner and continually updating skills)*

Competency Standard 2: Continue to Acquire and Review Knowledge for Ongoing Clinical and Professional Practice Improvement

- *(Applying theory to practice, acquiring and critiquing new knowledge and being committed to lifelong learning and reflective practice)*

Competency Standard 3: Communicate and Interrelate Effectively in Diverse Contexts

- *(Using a range of relevant verbal, written and interpersonal skills to work in partnership with diverse clients/groups and interprofessional colleagues and organisations)*

Competency Standard 4: Conduct Patient/client Interview and Physical Examination

- *(Conducting appropriate history-taking and diagnostic examinations and making referrals as appropriate)*

Competency Standard 5: Interpret, Diagnose and Analyse

- *(Interpreting and evaluating data considering presenting symptoms, diagnostic test results and communicating with patients and other health professionals)*

Competency Standard 6: Develop a Patient/Client-focused Management Plan

- *(Developing a management plan and providing education for patients that is appropriate for various targeted groups and individuals)*

Competency Standard 7: Implement & Evaluate Management Plan

- *(Providing an appropriate primary health care service matched to client needs and operating within ethical and occupational health and safety frameworks)*

Competency Standard 8: Provide Education and Contribute to an Effective Health Care System

- *(Delivering effective and efficient services and resources and operating safely within the broader health care context, while providing education)*

Further details are provided at: <http://www.anzpac.org.au/publications.htm>.

The assessment may be undertaken in either June/July or November/December and is conducted at one of the Australian or New Zealand schools of podiatry by University examiners using an Assessment Instrument developed by ANZPAC.

Table 1: List of Australian schools of Podiatry that offer the Stage 2 assessment:

<p>Queensland University of Technology (Brisbane) Charles Sturt University (Albury/Wodonga) La Trobe University (Melbourne) University of Western Sydney (Sydney) University of South Australia (Adelaide) University of Western Australia (Perth)</p>

The assessment is conducted in two stages over a full day. The first stage comprises supervised clinical assessment and management of three patients. The second stage of the assessment is designed to assess your knowledge in areas of clinical practice, which may not have been assessed during the patient treatment session.

An interview and four Objective Structured Clinical Examinations (OSCE's) are conducted during the second half of the day.

The applicant is responsible for any expenses incurred in attending the examination.

A maximum of five (5) attempts may be made.

3. Nature and Coverage of Assessments/Examinations

The examination has four separate components of assessment conducted during a single day. The first two components (items 1 and 2 below) are conducted in a 3.5 hour morning session, and the last two components (items 3 and 4 below) are conducted in a 3.5 hour afternoon session:

1. **Clinical assessment:** This involves two assessors observing you undertake assessment, clinical diagnosis and management of one new patient and two continuing patients (3 hours total time allowed).
2. **Clinical review:** This involves both assessors reviewing the patient record notes with you following completion of the clinical consultations (30 minutes).

3. **Candidate interview:** This interview allows the assessors and you to discuss the assessment, diagnosis and management of patients in the clinical assessment. It is undertaken without the patients being present, allowing for an exploration of the underpinning knowledge and assumptions of your approach to each patient. This session also will allow questioning on other areas of clinical practice not covered in the clinical assessment session (30 minutes).
4. **Four Objective Structured Clinical Examinations (OSCEs):** These comprise four clinical case scenarios with questions relating to clinical procedures, processes and outcomes. They are designed to assess your clinical reasoning ability and clinical knowledge. Each OSCE is allocated a total of 30 minutes for completion.

Once the four components have been completed, the assessors will compile final results, and generate a report that will be forwarded to ANZPAC within one week of the examination.

4. Format and Objectives for the Clinical Assessment and Clinical Record Assessment

a) Aim:

The aim of the clinical assessment is to establish your competence in assessment, diagnosis and management of patients in a clinical setting. Evaluation of your ability to demonstrate appropriate communication, patient interactions and professional behaviours in a clinical setting will also occur. Assessment of your ability to appropriately record and present patient information in a written format will also be undertaken.

b) Description of the assessment:

You will undertake three patient consultations. One of these patients will be considered as a “new” patient, where there are no available patient records. The other two patient consultations will require ongoing management. In order to establish your ability to safely and effectively manage a range of patients, at least two of the three should require treatment involving the use of podiatry instruments.

c) Assessment Objectives:

It is expected that you will be able to:

- demonstrate competencies in all aspects of patient communication skills;
- demonstrate the selection of appropriate assessment techniques;
- modify assessment and management strategies according to the requirements of the patient;
- demonstrate an understanding of common foot pathologies;
- demonstrate skills necessary in the management of patients with foot pathologies;
- apply and maintain the principles of infection control;
- demonstrate appropriate levels of documentation; and
- provide evidence and information in a manner which is understandable to the assessors.

5. Format and Objectives for the Candidate Interview

a) Aim:

The aim of the interview is to allow you and the assessors to reflect upon your assessment, diagnosis and management of patients in the Clinical Assessment. In addition, the interview provides the assessors with an opportunity to evaluate your knowledge in regard to a range of professional practice issues.

b) Description of the Task:

You will be asked a set list of questions relating to the previously conducted Clinical Assessment task which will explore issues related to their treatment choices and diagnosis. In addition to this, there will be a series of questions relating to podiatry practice and the roles and responsibilities of the practitioner in the Australian context.

c) Assessment Objectives:

It is expected that you will:

- demonstrate an understanding in the management of general foot pathologies to at least at the level of an Australian-trained new graduate podiatrist, as outlined within the ANZPAC Competency Standards documentation;
- provide a rationale for the selection of appropriate assessment techniques;
- demonstrate a systematic approach to evaluating and critically appraising information gathered in a clinical assessment;
- demonstrate a systematic approach to evaluating and critically appraising the literature;
- demonstrate reflective practice around your own professional skills and behaviour;
- identify statutory requirements which influence the practice of podiatry;
- identify key occupational, health and safety issues affecting your practice;
- identify key administrative duties which are necessary for the provision of podiatric care, and
- identify ways in which podiatry and foot health education may be conveyed to the public.

6. Example Objective Structured Clinical Examinations (OSCE) – Questions and Answers

An example OSCE is described below, that is typical of the type of presentation, questions asked, and answers expected.

a) Example OSCE Case study: Candidate Handout

You are a clinician working in a community based practice. Your final patient for the day is a 70 year old man, who presents to you for the first time. He has been referred to your clinic by his local GP. He has never seen a podiatrist before.

He wishes to undertake an exercise program that is being organised by a support group run by the Arthritis Foundation and has been referred to you for a foot check before commencing the program.

He has Rheumatoid Arthritis and has been taking Methotrexate for “many years”. He was diagnosed with RA approximately 15 years ago and has noticed a slowly progressive deterioration in his feet over the past 8 years or so. He is hoping that the exercise program will help increase the flexibility of his feet.

He reports no history of foot lesions and there are no active lesions evident to you on initial examination.

His only foot related complaint relates to difficulty in managing his toenails, as both hallux nails are gryphotic as a result of sporting injuries as a young man. He manages these with a pair of electrical cutters (side cutters) but is finding this difficult now.

He also reports occasional bouts of I/D tinea between the 4th and 5th toes of both feet.

Below are photographs of the plantar surfaces of his feet and an example of his current footwear.



b) Example Questions

What would you assess on this man in your clinical assessment?

What key features would be of concern?

What recommendations would you make regarding his general foot management?

What recommendations would you make regarding commencement of an exercise program?

c) Example answers – your answer may include (but not be limited to) the following:

Clinical assessment

- Sensory and vascular testing
- Biomechanical evaluation – including in both stance and gait
- Dermatological with particular attention to potential lesion sites, any evidence of fungal or bacterial infection
- Ability to self care, monitor own feet, reach feet, check plantar surface of feet
- Details of medication history, use, any adverse events
- Footwear fit, appropriateness, patterns of wear

What key features would be of concern?

- potential for mechanical overload and skin breakdown
- fibrofatty pad atrophy sub metatarsals 1-5 on both feet
- limitations in joint ROM
- joint deformities dorsally and plantarly due to RA progression
- availability and suitability of current footwear to undertake an exercise program
- risk of self harm due to nail treatment techniques

What recommendations would you make regarding his general foot management?

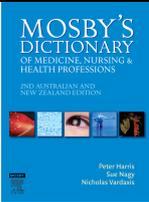
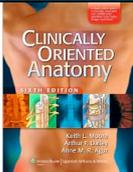
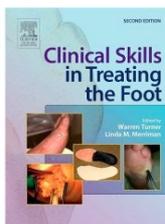
- Routine nail care appointments due to onychogryphosis
- Regular monitoring by podiatrist given history of RA and medications in use
- Consider manufacture of pressure deflecting insole or orthoses to reduce risk of plantar breakdown in the future.
- Daily foot checks at home by self
- Attention to foot care ID, given history of tinea, recommend appropriate topical treatments for use
- To contact podiatry or GP if any problems arise

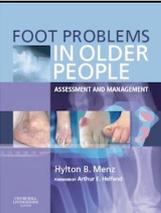
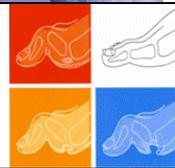
What recommendations would you make regarding commencement of an exercise program?

- Appropriate footwear is required – no evidence of this at this appointment. (Details should be given of the ideal shoe for this patient's needs)
- Footwear needs to be reviewed by podiatry prior to commencement of program (including socks) Care needs to be taken with choice of closure systems on shoes, given that RA may also affect hands (issues in tying laces appropriately) Consider elastic closures or Velcro.
- Feet must be checked before and after the exercise program for any signs of rubbing, redness or blistering. If any problems are detected, they should be treated. If the problems don't start to resolve within 24 hours, should contact podiatrist or GP
- If any foot problems arise during the exercise session, he should stop immediately and check his feet
- Toes should be checked for any signs of development of tinea due to increased sweating

7. Reading List

Below is an up-to-date list of references to assist in your preparation for the Stage 2 assessment.

Type of reference	Example	
A recent medical dictionary (ideally regionalised to Australia/NZ)		Mosby's Dictionary of Medicine, Nursing and Health Professions - Australian & New Zealand Edition, 2nd Edition. (2010) Elsevier.
A recent anatomy text		Moore KL et al. Clinically Oriented Anatomy 6 th Edition. (2009) Lippincott Williams & Wilkins
General assessment of the foot and lower extremity		Yates B (ed). Merriman's assessment of the lower limb. 3 rd Edition. (2009). Churchill Livingstone Elsevier.
General management of the foot and lower extremity		Turner W, Merriman L. (ed). Clinical Skills in treating the foot. 2 nd Edition. (2005). Churchill Livingstone Elsevier.

Gerontology		Menz H. Foot problems in older people. (2008). Churchill Livingstone Elsevier.
Diabetes		International consensus on the diabetic foot: practical and specific guidelines (2007). International working group on the diabetic foot [web resource]#
Pharmacology (ideally regionalised to Australia/NZ)		Bryant B, Knight K. Pharmacology for Health Professionals. 2 nd Edition (2007) Elsevier.
Infection control		National Infection Control Standards for Podiatrists (2005) [web resource]*

= http://www.iwgdf.org/index.php?option=com_content&task=view&id=28&Itemid=24

* = http://www.apodc.com.au/infection/nat_infection_control.pdf

8. How is the Final Mark Determined?

The final mark (pass/fail) is determined based on your ability to meet the eight ANZPAC podiatry competency standards. If all eight competencies are met, you will pass the exam as the assessors believe that your professional skills are at least comparable to a new graduate podiatrist trained in Australia. Substantial malpractice or negligence that places the assessed patient(s) at risk will necessitate the exam being suspended and a fail mark recorded. Candidates who fail the practical assessment will be advised of the competency standards they failed to meet.

A maximum of 5 attempts can be made at the Stage 2 assessment.

You will be formally advised (in writing) of your final results by the office of ANZPAC. If you found to be suitable, this letter will serve as your positive skills assessment to present to DIAC.

9. Processing Time for Assessment

Your assessment will be undertaken by the university examiners and completed within five (5) weeks of the day of the practical assessment.

10. Fees

The application fees for Stage 2 assessments and the Review and Appeal fees appear in **Appendix 1**. Fees in Australian dollars must accompany any application to ANZPAC by one of the following methods:

- A bank cheque drawn by a bank outside Australia that has bank clearance arrangements with an Australian bank;
- A foreign draft on an Australian bank;
- A money order issued by Australia Post;
- A bank cheque drawn by an Australian bank;
- A personal cheque drawn on an Australian bank account;
- Electronic transfer to ANZPAC's bank account. The applicant must contact the office of ANZPAC to obtain the relevant bank account details; OR
- Pay Pal online.

Please do not send cash via post.

A receipt will be issued to acknowledge that ANZPAC has received your application and fee.

If you wish to withdraw your application ANZPAC reserves the right to retain an administrative fee of 20% if the application has been processed.

The cut off date for Stage 2 applicants to withdraw their application and apply for a refund is no later than two (2) weeks before the scheduled date of the practical assessment.

11. Review/Appeals Process

If you are unsuccessful in the Stage 2 assessment, you will receive a notification stating which competencies have not been met and will describe what further action can be taken, including applying for an administrative review or an appeal.

You are encouraged to contact ANZPAC before submitting an application for a review or an appeal, as it may be possible to resolve the matter by communication with the Executive Officer rather than by a review or an appeal.

All applications for an administrative review or an appeal must be:

- in writing;
- clearly state why a review of or an appeal against the decision is being sought; *and*

- lodged within ten (10) weeks of the date on which the result was posted by ANZPAC.

In the case of an appeal, any additional documentation that you believe supports your application should be submitted as well. Administrative review and appeal fees are listed in **Appendix 1 - Schedule of Fees**. Half the fee will be refunded if the review or appeal is successful.

Administrative Review

For an administrative review of a Stage 2 assessment, an ANZPAC officer who was not involved in the original assessment will check whether any processing errors have been made and ensure that all relevant information has been collected and considered. You will be notified of the result of the review within four (4) weeks of the date ANZPAC receives the application. The notification will include ANZPAC's reasons for assessing you as suitable or not suitable for migration as a result of the review. If you are still assessed as not suitable as a result of the review, you will be offered telephone counselling by the university examiners.

Counselling is compulsory before progression to an appeal. Counselling can feedback on examination performance in the Stage 2 assessment to assist the applicant in identifying or rectifying any weaknesses with a view to re-sitting at a later stage.

Appeal

For an appeal of a Stage 2 assessment, the assessment result is reconsidered and any new information you have provided is taken into account. The Overseas Qualifications Assessment Committee (OQAC) appoints one of its members to assess each appeal. This person will not have previously been involved in your assessment.

The Executive Officer will provide a written report to the appeal assessor describing the outcome of your assessment, including all documentation submitted in support of the original application and appeal, all communication with you and the reasons the administrative review was rejected.

You will be notified of the result within eight (8) weeks of the date ANZPAC receives the appeal application. The notification will include ANZPAC's reasons for assessing you as suitable or not suitable for migration as a result of the appeal. If you are still found not suitable as a result of the appeal, you will be offered telephone counselling by the Chairperson of OQAC.

12. Contact

Postal Address:

ANZPAC
PO Box 18053
Collins Street East
Melbourne VIC 8003
AUSTRALIA

Office Location:

Australian & New Zealand Podiatry Accreditation Council
Level 31, 120 Collins Street Melbourne

Enquiries: [E-mail is ANZPAC's preferred mode of communication.](#)

E-mail: admin@anzpac.org.au

Phone: 1300 267 687 (local call within Australia)
+ 61 3 8080 2953 (from outside Australia)

For more information about the assessment process, Please contact ANZPAC or read the information available on its website – www.anzpac.org.au.

OVERSEAS QUALIFICATION ASSESSMENT COMMITTEE

SCHEDULE OF FEES

1.	<u>Stage 1 - Desk Top Assessment</u>	
	Modified Assessment	\$400
	Full Assessment	\$650
2.	<u>Stage 2 - Practical Assessment</u>	
	Examination	\$1300
3.	<u>Reviews/Appeals</u>	
	Administrative Review	-
	Appeal	\$250

- All amounts are in Australian Dollars.
- The above fees are GST-free under Section 38-110 of *A New Tax System (Goods and Services Tax) Act 1999*.
- If you wish to withdraw your application, ANZPAC reserves the right to retain an administrative fee.
- If a review or appeal is successful, half the fee will be refunded.



Competency Assessment Candidate Information Handbook

July 2011

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Appendix 1 Schedule of Fees

1. Introduction

This handbook outlines the structure and process of the Competency Assessment for applicants for registration to the Podiatry Board of Australia (Pod BA) who hold approved qualifications for registration as a Podiatrist but have been absent from the practice of podiatry for a period of time and have been asked by the Pod BA to undertake a clinical competency assessment through ANZPAC.

A Certificate of Completion of Competency Assessment will be issued to successful applicants and the Certificate should be presented to the Australian Health Practitioners Regulation Agency (AHPRA) as part of your application for registration process as a podiatrist in Australia.

The assessment Certificate is valid for a period of three (3) years from the date of issue.

2. The Competency Assessment

To successfully complete the Competency Assessment you must meet ANZPAC's Podiatry Competency Standards for Australia and New Zealand. A summary of the standards are as follows –

Competency Standard 1: Practise Podiatry in a Professional Manner

- *(Working within legislative and professional codes of ethics and standards, displaying an organised and professional manner and continually updating skills)*

Competency Standard 2: Continue to Acquire and Review Knowledge for Ongoing Clinical and Professional Practice Improvement

- *(Applying theory to practice, acquiring and critiquing new knowledge and being committed to lifelong learning and reflective practice)*

Competency Standard 3: Communicate and Interrelate Effectively in Diverse Contexts

- *(Using a range of relevant verbal, written and interpersonal skills to work in partnership with diverse clients/groups and interprofessional colleagues and organisations)*

Competency Standard 4: Conduct Patient/client Interview and Physical Examination

- *(Conducting appropriate history-taking and diagnostic examinations and making referrals as appropriate)*

Competency Standard 5: Interpret, Diagnose and Analyse

- *(Interpreting and evaluating data considering presenting symptoms, diagnostic test results and communicating with patients and other health professionals)*

Competency Standard 6: Develop a Patient/Client-focused Management Plan

- *(Developing a management plan and providing education for patients that is appropriate for various targeted groups and individuals)*

Competency Standard 7: Implement & Evaluate Management Plan

- *(Providing an appropriate primary health care service matched to client needs and operating within ethical and occupational health and safety frameworks)*

Competency Standard 8: Provide Education and Contribute to an Effective Health Care System

- *(Delivering effective and efficient services and resources and operating safely within the broader health care context, while providing education)*

Further details are provided at: <http://www.anzpac.org.au/publications.htm>.

The competency assessment will normally be scheduled at the closest participating University within 6-8 weeks from the time of application for assessment depending on the workload of the University and availability of assessors.

Table 1: List of participating Universities/schools of Podiatry that offer the Competency assessment:

<p>Queensland University of Technology (Brisbane) Charles Sturt University (Albury/Wodonga) La Trobe University (Melbourne) University of Western Sydney (Sydney) University of South Australia (Adelaide) University of Western Australia (Perth)</p>

The assessment is conducted in two stages over a full day. The first stage comprises supervised clinical assessment and management of three patients. The second stage of the assessment is designed to assess your knowledge in areas of clinical practice, which may not have been assessed during the patient treatment session.

An interview and four Objective Structured Clinical Examinations (OSCE's) are conducted during the second half of the day.

The applicant is responsible for any expenses incurred in attending the examination.

A maximum of five (5) attempts may be made.

3. Nature and Coverage of Assessments/Examinations

The examination has four separate components of assessment conducted during a single day. The first two components (items 1 and 2 below) are conducted in a 3.5 hour morning session, and the last two components (items 3 and 4 below) are conducted in a 3.5 hour afternoon session:

1. **Clinical assessment:** This involves two assessors observing you undertake assessment, clinical diagnosis and management of one new patient and two continuing patients (3 hours total time allowed).
2. **Clinical review:** This involves both assessors reviewing the patient record notes with you following completion of the clinical consultations (30 minutes).

3. **Candidate interview:** This interview allows the assessors and you to discuss the assessment, diagnosis and management of patients in the clinical assessment. It is undertaken without the patients being present, allowing for an exploration of the underpinning knowledge and assumptions of your approach to each patient. This session also will allow questioning on other areas of clinical practice not covered in the clinical assessment session (30 minutes).
4. **Four Objective Structured Clinical Examinations (OSCEs):** These comprise four clinical case scenarios with questions relating to clinical procedures, processes and outcomes. They are designed to assess your clinical reasoning ability and clinical knowledge. Each OSCE is allocated a total of 30 minutes for completion.

Once the four components have been completed, the assessors will compile final results, and generate a report that will be forwarded to ANZPAC.

4. Format and Objectives for the Clinical Assessment and Clinical Record Assessment

a) Aim:

The aim of the clinical assessment is to establish your competence in assessment, diagnosis and management of patients in a clinical setting. Evaluation of your ability to demonstrate appropriate communication, patient interactions and professional behaviours in a clinical setting will also occur. Assessment of your ability to appropriately record and present patient information in a written format will also be undertaken.

b) Description of the assessment:

You will undertake three patient consultations. One of these patients will be considered as a “new” patient, where there are no available patient records. The other two patient consultations will require ongoing management. In order to establish your ability to safely and effectively manage a range of patients, at least two of the three should require treatment involving the use of podiatry instruments.

c) Assessment Objectives:

It is expected that you will be able to:

- demonstrate competencies in all aspects of patient communication skills;
- demonstrate the selection of appropriate assessment techniques;
- modify assessment and management strategies according to the requirements of the patient;
- demonstrate an understanding of common foot pathologies;
- demonstrate skills necessary in the management of patients with foot pathologies;
- apply and maintain the principles of infection control;
- demonstrate appropriate levels of documentation; and
- provide evidence and information in a manner which is understandable to the assessors.

5. Format and Objectives for the Candidate Interview

a) Aim:

The aim of the interview is to allow you and the assessors to reflect upon your assessment, diagnosis and management of patients in the Clinical Assessment. In addition, the interview provides the assessors with an opportunity to evaluate your knowledge in regard to a range of professional practice issues.

b) Description of the Task:

You will be asked a set list of questions relating to the previously conducted Clinical Assessment task which will explore issues related to their treatment choices and diagnosis. In addition to this, there will be a series of questions relating to podiatry practice and the roles and responsibilities of the practitioner in the Australian context.

c) Assessment Objectives:

It is expected that you will:

- demonstrate an understanding in the management of general foot pathologies to at least at the level of an Australian-trained new graduate podiatrist, as outlined within the ANZPAC Competency Standards documentation;
- provide a rationale for the selection of appropriate assessment techniques;
- demonstrate a systematic approach to evaluating and critically appraising information gathered in a clinical assessment;
- demonstrate a systematic approach to evaluating and critically appraising the literature;
- demonstrate reflective practice around your own professional skills and behaviour;
- identify statutory requirements which influence the practice of podiatry;
- identify key occupational, health and safety issues affecting your practice;
- identify key administrative duties which are necessary for the provision of podiatric care, and
- identify ways in which podiatry and foot health education may be conveyed to the public.

6. Example Objective Structured Clinical Examinations (OSCE) – Questions and Answers

An example OSCE is described below, that is typical of the type of presentation, questions asked, and answers expected.

a) Example OSCE Case study: Candidate Handout

You are a clinician working in a community based practice. Your final patient for the day is a 70 year old man, who presents to you for the first time. He has been referred to your clinic by his local GP. He has never seen a podiatrist before.

He wishes to undertake an exercise program that is being organised by a support group run by the Arthritis Foundation and has been referred to you for a foot check before commencing the program.

He has Rheumatoid Arthritis and has been taking Methotrexate for “many years”. He was diagnosed with RA approximately 15 years ago and has noticed a slowly progressive deterioration in his feet over the past 8 years or so. He is hoping that the exercise program will help increase the flexibility of his feet.

He reports no history of foot lesions and there are no active lesions evident to you on initial examination.

His only foot related complaint relates to difficulty in managing his toenails, as both hallux nails are gryphotic as a result of sporting injuries as a young man. He manages these with a pair of electrical cutters (side cutters) but is finding this difficult now.

He also reports occasional bouts of I/D tinea between the 4th and 5th toes of both feet.

Below are photographs of the plantar surfaces of his feet and an example of his current footwear.



b) Example Questions

What would you assess on this man in your clinical assessment?

What key features would be of concern?

What recommendations would you make regarding his general foot management?

What recommendations would you make regarding commencement of an exercise program?

c) Example answers – your answer may include (but not be limited to) the following:

Clinical assessment

- Sensory and vascular testing
- Biomechanical evaluation – including in both stance and gait
- Dermatological with particular attention to potential lesion sites, any evidence of fungal or bacterial infection
- Ability to self care, monitor own feet, reach feet, check plantar surface of feet
- Details of medication history, use, any adverse events
- Footwear fit, appropriateness, patterns of wear

What key features would be of concern?

- potential for mechanical overload and skin breakdown
- fibrofatty pad atrophy sub metatarsals 1-5 on both feet
- limitations in joint ROM
- joint deformities dorsally and plantarly due to RA progression
- availability and suitability of current footwear to undertake an exercise program
- risk of self harm due to nail treatment techniques

What recommendations would you make regarding his general foot management?

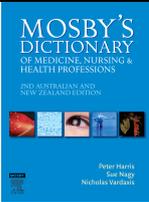
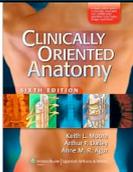
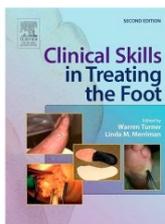
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- To contact podiatry or GP if any problems arise

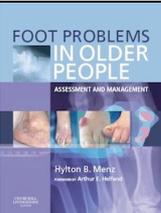
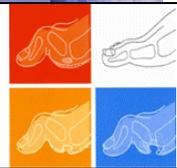
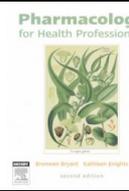
What recommendations would you make regarding commencement of an exercise program?

- Appropriate footwear is required – no evidence of this at this appointment. (Details should be given of the ideal shoe for this patient's needs)
- Footwear needs to be reviewed by podiatry prior to commencement of program (including socks) Care needs to be taken with choice of closure systems on shoes, given that RA may also affect hands (issues in tying laces appropriately) Consider elastic closures or Velcro.
- Feet must be checked before and after the exercise program for any signs of rubbing, redness or blistering. If any problems are detected, they should be treated. If the problems don't start to resolve within 24 hours, should contact podiatrist or GP
- If any foot problems arise during the exercise session, he should stop immediately and check his feet
- Toes should be checked for any signs of development of tinea due to increased sweating

7. Reading List

Below is an up-to-date list of references to assist in your preparation for the Stage 2 assessment.

Type of reference	Example	
A recent medical dictionary (ideally regionalised to Australia/NZ)		Mosby's Dictionary of Medicine, Nursing and Health Professions - Australian & New Zealand Edition, 2nd Edition. (2010) Elsevier.
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Diabetes		International consensus on the diabetic foot: practical and specific guidelines (2007). International working group on the diabetic foot [web resource]#
Pharmacology (ideally regionalised to Australia/NZ)		Bryant B, Knight K. Pharmacology for Health Professionals. 2 nd Edition (2007) Elsevier.
Infection control		National Infection Control Standards for Podiatrists (2005) [web resource]*

= http://www.iwgdf.org/index.php?option=com_content&task=view&id=28&Itemid=24

* = http://www.apodc.com.au/infection/nat_infection_control.pdf

8. How is the Final Mark Determined?

The final mark (pass/fail) is determined based on your ability to meet the eight ANZPAC podiatry competency standards. If all eight competencies are met, you will pass the exam as the assessors believe that your professional skills are at least comparable to a new graduate podiatrist trained in Australia. Substantial malpractice or negligence that places the assessed patient(s) at risk will necessitate the exam being suspended and a fail mark recorded. Candidates who fail the practical assessment will be advised of the competency standards they failed to meet.

You will be formally advised (in writing) of your final results by the office of ANZPAC. A certificate of Completion of Competency Assessment will be issued to successful applicants which should be submitted to AHPRA as part of the registration process.

9. Results of the Competency Assessment

The results of the assessment will be available within five (5) weeks of the day of the competency assessment.

10. Fees

The application fees for competency assessments and the Review and Appeal fees appear in **Appendix 1**. Fees in Australian dollars must accompany any application to ANZPAC by one of the following methods:

- A bank cheque drawn by a bank outside Australia that has bank clearance arrangements with an Australian bank;
- A foreign draft on an Australian bank;
- A money order issued by Australia Post;
- A bank cheque drawn by an Australian bank;
- A personal cheque drawn on an Australian bank account;
- Electronic transfer to ANZPAC's bank account. The applicant must contact the office of ANZPAC to obtain the relevant bank account details.

Please do not send cash via post.

A receipt will be issued to acknowledge that ANZPAC has received your application and fee.

If you wish to withdraw your application ANZPAC reserves the right to retain an administrative fee of 20% if the application has been processed.

The cut off date for applicants to withdraw their application and apply for a refund is no later than two (2) weeks before the scheduled date of the competency assessment.

11. Review/Appeals Process

If you are unsuccessful in the competency assessment, you will receive a notification stating which competencies have not been met and will describe what further action can be taken, including applying for an administrative review or an appeal.

You are encouraged to contact ANZPAC before submitting an application for a review or an appeal, as it may be possible to resolve the matter by communication with the Executive Officer rather than by a review or an appeal.

All applications for an administrative review or an appeal must be:

- in writing;
- clearly state why a review of or an appeal against the decision is being sought; *and*
- lodged within ten (10) weeks of the date on which the result was issued to you by ANZPAC.

In the case of an appeal, any additional documentation that you believe supports your application should be submitted as well. Administrative review and appeal fees are listed in **Appendix 1 - Schedule of Fees**. Half the fee will be refunded if the review or appeal is successful.

Administrative Review

For an administrative review of a competency assessment, an ANZPAC officer who was not involved in the original assessment will check whether any processing errors have been made and ensure that all relevant information has been collected and considered. You will be notified of the result of the review within four (4) weeks of the date ANZPAC receives the application. If you are still assessed as not unsuccessful as a result of the review, you will be offered telephone counselling by the university examiners.

Counselling is compulsory before progression to an appeal. Counselling can feedback on examination performance in the assessment to assist the applicant in identifying or rectifying any weaknesses with a view to re-sitting at a later stage.

Appeal

For an appeal of a competency assessment, the assessment result is reconsidered and any new information you have provided is taken into account. ANZPAC will appoint one of its members to assess each appeal. This person will not have previously been involved in your assessment.

The Executive Officer will provide a written report to the appeal assessor describing the outcome of your assessment, including all documentation submitted in support of the original application and appeal, all communication with you and the reasons the administrative review was rejected.

You will be notified of the result within eight (8) weeks of the date ANZPAC receives the appeal application. If you are still found not suitable as a result of the appeal, you will be offered telephone counselling by the Chairperson of ANZPAC.

12. Contact

All applications should be sent to ANZPAC via registered post using the following address:

ANZPAC
PO Box 18053
Collins Street East
Melbourne VIC 8003
AUSTRALIA

Office Location:

Australian & New Zealand Podiatry Accreditation Council
Level 31, 120 Collins Street Melbourne

Enquiries: [E-mail is ANZPAC's preferred mode of communication.](#)

E-mail: admin@anzpac.org.au

Phone: 1300 267 687 (local call within Australia)
+ 61 3 8080 2953 (from outside Australia)

For more information about the assessment process, Please contact ANZPAC or read the information available on its website – www.anzpac.org.au.

SCHEDULE OF FEES

1.	<u>Stage 1 - Desk Top Assessment</u>	
	Modified Assessment	\$400
	Full Assessment	\$650
2.	<u>Stage 2 - Practical Assessment and Competency Assessment</u>	
	Examination	\$1300
3.	<u>Reviews/Appeals</u>	
	Administrative Review	-
	Appeal	\$250

- All amounts are in Australian Dollars.
- The above fees are GST-free under Section 38-110 of *A New Tax System (Goods and Services Tax) Act 1999*.
- If you wish to withdraw your application, ANZPAC reserves the right to retain an administrative fee.
- If a review or appeal is successful, half the fee will be refunded.

Qualifications and Skills Assessments Undertaken 1 July 2010 – 30 June 2012

	Full Assessment	Modified Assessment	Practical Assessment	Competency Assessment	Qualification Checks	ESM
1/7/10 - 31/12/10	19	2	0	0	0	Since 2012
2011	32	6	2	2	0	
1/1/12 - 30/6/12	23	17	0	2	1	3
Total	74	25	2	4	1	3

Assessment types

Assessment for Skilled Migration to Australia

1. *Modified Assessment* - To be eligible for a modified skills assessment candidates must either;
 - a) hold registration as a podiatrist from the Podiatry Board of Australia; or
 - b) have completed a recognised, registrable, entry-level qualification in podiatry at a university in Australia or New Zealand within the two years immediately prior to the date they are applying for a migration skills assessment.
2. *Full Assessment* – All candidates who do not satisfy 1(a) or 1(b) are required to complete a full assessment.

Practical Assessment

Candidates who do not satisfy the competent professional practice criterion will be offered the opportunity to sit the Stage 2 Practical Examination.

Competency Assessment

Podiatrists who hold a qualification from an approved program of study but have been absent from practice for a period of 3 years or greater may be asked by the Podiatry Board of Australia to undertake a competency assessment.

Qualifications Check

An assessment of a candidates overseas qualifications equivalency to an Australian bachelor level podiatry qualification.

Endorsement for scheduled medicines (ESM)

An assessment by ANZPAC of a candidates qualifications in podiatric therapeutics that are not on the Board's list of approved qualifications for ESM.



ANZPAC PODIATRY MUTUAL RECOGNITION PROJECT MAPPING

Report to DEEWR

June 2011

Dr Susanne Owen

**Steering Group:
Dr Adam Bird/Dr Rolf Scharfbillig**

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EXECUTIVE SUMMARY

In early 2011, the Australian and New Zealand Podiatry Accreditation Council (ANZPAC) was successful in gaining a Professional Services Development Program (PSDP) grant from the Australian Government Educational and Professional Recognition Unit (EPRU) International Group.

This paper represents the first deliverable for the PSDP funding. This has involved desktop research to map the comparability of programs and also to include information indicating networking undertaken in preparation for a Phase 2 funding application involving face-to-face discussion with relevant parties. The paper examines programs of study for acquiring qualifications in various countries and their comparability. There is a particular focus on accreditation standards and processes in Australia/New Zealand and the United Kingdom and an analysis of competencies/outcomes and standards of proficiency is provided. A separate document, a discussion paper, has also been written to summarise key aspects of comparability of accreditation standards and processes and also competency standards, as the basis for future Phase 2 negotiations with the Health Professions Council, United Kingdom.

The outcome of the project work in Phase 1 is that the accreditation standards and also the accreditation processes for the United Kingdom and Australia/New Zealand have been analysed and demonstrated to be highly comparable. Similarly, Australia/New Zealand competencies and the United Kingdom standards of proficiency were comparable.

Given the comparability, it is noted that formally establishing mutual recognition between ANZPAC and HPC-UK would streamline overseas assessment processes for the United Kingdom and Australia/New Zealand podiatrists seeking to work in each other's jurisdictions and this would support these countries to more efficiently overcome occupational shortages.

The recommendation is that ANZPAC seek further PSDP funding for Phase 2 of the three phase project, so that face-to-face negotiations can occur with relevant overseas assessment authorities to explore mutual recognition further.

Background

The Australian and New Zealand Podiatry Accreditation Council (ANZPAC) is the national body responsible for accreditation and competency standards for Australia and New Zealand. This work is undertaken on behalf of the Australian and New Zealand Boards, the Podiatry Board of Australia (PodBA) and the Podiatrists Board of New Zealand (PBNZ). ANZPAC also carries out the assessment of qualifications and skills for skilled migration purposes and the assessment process is recognised by PodBA for registration and suitability to practise in Australia. The Podiatrists Board of New Zealand also uses the ANZPAC accreditation and competency standards and has responsibility for overseas assessment for registration purposes, with minor variations occurring, particularly in relation to cultural competence (PBNZ, 2010). The TransTasman Mutual Recognition Agreement supports podiatrists in working between Australia and New Zealand without significant additional processes.

In early 2011, the Australian and New Zealand Podiatry Accreditation Council (ANZPAC), the assessing authority for qualifications and skills of overseas-trained podiatrists, was successful in gaining a Professional Services Development Program (PSDP) grant from the Educational and Professional Recognition Unit (EPRU) International Group within the Australian Government. Financial assistance was provided to explore the possibility of reciprocal recognition of podiatry qualifications with counterpart organisations' overseas assessment processes in the United Kingdom and South Africa.

The context for the PSDP grant request concerns approximately 60-70 overseas-trained podiatry applicants who annually seek to migrate and work in Australia and New Zealand and providing an efficient and cost-effective qualifications assessment process. Approximately 75-80% of applicants for ANZPAC assessment hold United Kingdom (UK) diplomas and degrees, although 5 or 6 are graduates of each of Canadian, South African or United States programs. The other contextual aspect is that prior to the last five to ten years, there seemed to be understandings across these countries that there was comparability of programs. Australian and New Zealand trained podiatrists seeking to work overseas and also graduates of the listed countries seemed to have their qualifications accepted without additional detailed documentation and other processes.

This paper represents the first deliverable for the PSDP funding, mapping the comparability of programs and indicating networking undertaken in preparation for a Phase 2 funding application involving face-to-face discussion with relevant parties. This paper provides considerable detail in connection with overseas assessment processes, in terms of accreditation standards and processes and standards of proficiency/competency and their comparability from the various jurisdictions. The other deliverable, the discussion paper, provides a general overview of the comparability and is a basis for further communications between jurisdictional counterparts in Phase 2 and 3 of the project.

It is important to note that the main focus countries for this mapping paper are Australia/New Zealand and the United Kingdom. Mr David Waddle, the Customer Services Manager with whom there have been various communications over several years, has indicated in his November 2010 email that, 'I would be more than happy to meet with you next year if you are visiting the UK'. His recent (May 31 email) similarly expresses interest in meeting in November 2011, 'Many thanks for your email. I have forwarded this to some colleagues and I will get back to you as soon as we are able to make arrangements'.

The funding application also included South Africa as a supplementary country. However, although there were earlier indications that South Africa was willing to be a part of the mapping work, a reconsideration of the South African podiatry accreditation standards and competency standards was commenced by the Health Professions Council South Africa (HPCSA). As a result of this, Mr Danie Kotze (Professional Board Manager) indicated in an email on 2 March 2011 that 'we will be hesitant to provide existing documentation which would, in our view, first require some revision'. He also indicated about it being 'essential that we interact with role players internationally', with the

project request being presented to the HPCSA Board. Subsequently, HPCSA was unable to provide further details or support for the Australia/New Zealand project, with online information also unavailable. Therefore only some reference will be made to South Africa in this paper, based on University of Johannesburg course information (as the only podiatry program provider) and online application details for overseas applicants seeking South African assessment.

Overseas-trained assessment processes

ANZPAC as the Australia/New Zealand assessment authority, Health Professions Council UK (HPC-UK) and Health Professions Council South Africa (HPCSA) all have similar processes in terms of assessing overseas applications.

Essentially, the first stage for each jurisdiction when applicant qualifications have been obtained overseas involves a documentation check regarding comparability in the details of the program of study, professional experiences including employer references, registration evidence, clinical references, identity and character checks, health and English language. For all applicants in these various countries, academic comparability includes providing certified copies of transcripts and course outlines showing theoretical education and clinical/practical training. For those seeking an assessment in the United Kingdom, applicants are required to provide detailed documentary evidence that they meet the standards of proficiency, with each applicant individually considered and additional information sometimes being required to demonstrate meeting of the proficiency standards. Additional documentation may involve submitting case studies in a particular area or a daily log of procedures for dealing with patients. For the United Kingdom, additional written/oral or clinical examinations may be involved. For Australia, additional practical assessments are sometimes involved for those needing to demonstrate professional competence. For South African registration, additional practical and theory examinations or supervised practice may be required (HPCSA, 2011; HPC-UK, 2011; ANZPAC, 2010).

In addition to other processes described above, all overseas-trained applicants seeking to work in New Zealand are required by the Podiatrists Board of New Zealand to complete an open book exam relating to cultural competence. This requirement relates to significant health inequalities for the Maori population and positive discrimination agreements which have been enacted (PBNZ, 2010).

A key objective relevant to this project regarding mutual recognition is whether the program of study for acquiring qualification in the various countries is comparable through conducting desk top research to map aspects of programs. Examining accreditation standards and processes and also analysing the competencies/outcomes/standards of proficiency provides some information which is relevant and this detailed mapping will now be outlined.

ANZPAC Accreditation Standards

Standards for podiatry accreditation for Australia and New Zealand are framed within the broader context of programs providing eligibility for registration, protecting the health and safety of the public and providing assurance that graduates are competent to practise podiatry.

Based on broad principles related to legislation, transparency, diversity of curriculum approaches and responsiveness to change, the ANZPAC standards were framed in the context of recognising academic independence of universities but also ensuring quality assurance, continuous improvement and institutions adhering to a set of minimum quality education standards. All new podiatry graduates from Australian and New Zealand institutions being competent and safe practitioners and responsive to the health needs of individual citizens and communities were established as expected outcomes from programs of study. Basic, behavioural and social sciences; general clinical and

clinical decision making skills; and communication abilities and ethics, were curriculum areas needing to be addressed by all institutions within their podiatry programs of study.

Accreditation Standards and Procedures for Podiatry Programs for Australia and New Zealand (ANZPAC, 2009) is the document which outlines the Australian and New Zealand accreditation standards. These accreditation standards were devised in recent years through a detailed mapping process across overseas podiatry standards and those of other Australian health professions and they reflect best practice.

The ANZPAC accreditation standards are shown in Figure 1 as follows

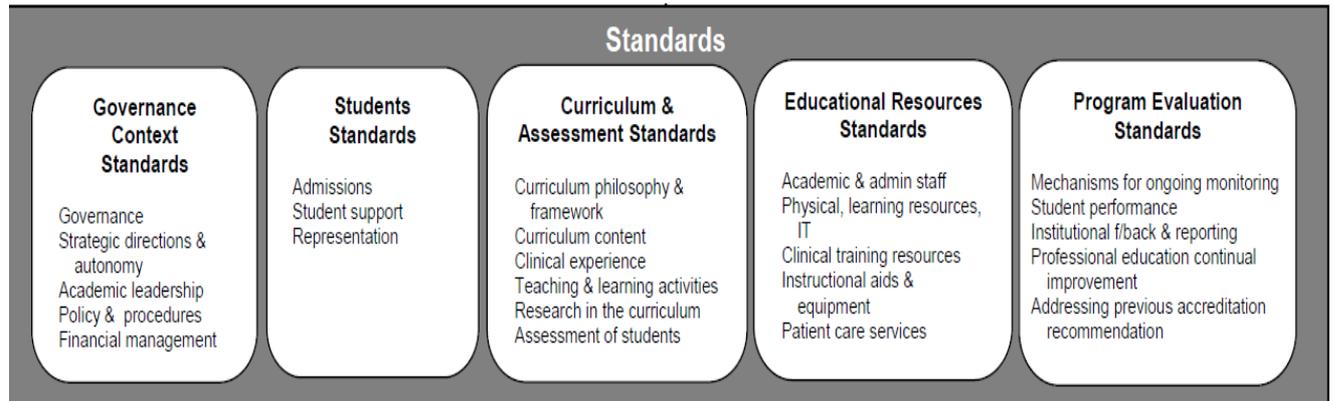


Figure 1: ANZPAC Accreditation Standards

Each of the five ANZPAC accreditation standards of Governance Context, Students, Curriculum & Assessment, Educational Resources, Program Evaluation, has descriptors and this information is provided in Figure 1. There are also Examples of Evidence which are a guide to the types of evidence needing to be presented which indicate that standards have been met.

Accreditation Standards for HPC-UK

The Health Professions Council, United Kingdom (HPC-UK), is the body responsible for the regulation of fifteen health professions including physiotherapists, dieticians, radiographers and podiatrists. The *Standards of Education and Training Guidance* (2009) document provides generic information about standards for approval processes for education programs in relation to the fifteen professions. In regard to podiatry programs, Appendix A outlines approved programs in the United Kingdom.

There are six sections to the standards as outlined in Table 1. Each standard has a title, a summary of the areas the standard relates to and Guidance which provides guidance about the standard including information about the type of evidence which can be produced as indicative of the standard being met.

Table 1: UK Accreditation Standards

Set 1: Level of qualificat'n for entry to the Register	Set 2: Programme admissions	Set 3: Programme management and resource standards	Set 4: Curriculum standards	Set 5: Practice placement standards	Set 6: Assessment standards
Threshold entry routes to the Register	Provision of sufficient information for informed choice about programme commencement; selection and entry criteria- language, criminal conviction check, health, academic, prior learning, EO/anti-discriminatory policies	Secure place in business plan; programme managed effectively, named and qualified programme leader; adequate & appropriately qualified staff; subjects taught by staff with relevant specialist expertise; ongoing staff development; resources available and used effectively; adequate & accessible support facilities; appropriate protocols for patients in clinical settings; academic/pastoral student support; clear attendance policies; resources providing adequate support; appropriate & accessible curriculum resources	Learning outcomes ensuring Standards of Proficiency are met; programme reflecting philosophy, values, skills & knowledge; theory/practice integrated to enable safe practice; curriculum relevant to current practice; programme assisting autonomous and reflective thinking and evidence-based practice; range of learning and teaching approaches; inter-professional learning still ensuring individual discipline knowledge & skills	Practice placements integral; qualified/experienced staff; placement settings safe/providing safe & effective practice/encouraging safe practice& independent learning/professional conduct; number/duration/range of placements appropriate for learning outcomes; placements approved and monitoring of placement; students prepared for placement; clinical placement educators qualified/registered/trained/collaborative with placement providers; sufficient and accessible information for practice providers/students; range of teaching and learning strategies respecting rights of patients & colleagues EO & anti-discriminatory policies	Assessment design & procedures assuring that students have fitness to practice; assessment methods measuring learning outcomes and skills to practise safely and effectively; rigorous assessment; monitoring & evaluation.

Accreditation Standards comparison

The next section provides detailed mapping of the Accreditation Standards for Australia/New Zealand (ANZPAC, 2009) and those for the United Kingdom (HPC, 2009), also including some comments regarding the University of Johannesburg course in South Africa (University of Johannesburg, 2011) or other remarks as relevant.

Governance Context

ANZPAC Accreditation Standards for podiatry in relation to Governance Context include Governance, Strategic Directions and Autonomy, Academic Leadership, Policies and Procedures, and Financial Management.

Details are presented, and comparability with the United Kingdom and other comments indicated in Table 2 as follows:

Table 2: Governance Context

ANZPAC	HPC-UK	Uni Johannesburg: South Africa/ Other comment
<p>Governance: The Podiatry Unit is a distinct entity located in an accredited Higher Education Institution in Australia/NZ, with administrative responsibility and status similar to comparable units such as other health professional schools.</p> <p>Governance structures and functions are defined, including terms of reference, powers and reporting lines.</p>		<p>*****see list of approved UK programs in Appendix A</p>
<p>Strategic Directions & Autonomy: The podiatry school's mission and objectives for research, teaching and social areas have been defined by a representative and autonomous committee, with strategic directions and educational processes linked to the achievement of agreed podiatry competencies</p>		
<p>Academic Leadership: The designated podiatry program leader has relevant research, clinical, teaching and management qualifications and experience, with the responsibilities and autonomy of the academic leadership position being clearly outlined</p>	<p>3 Programme management & resources 3.3 There must be a named person who has overall professional responsibility for the programme who must be appropriately qualified and experienced and, unless other arrangements are agreed, be on the relevant part of the Register.</p>	<p>Comparable</p>
<p>Policies & Procedures: Relevant written policies and procedures are publicly available and compliant within legal requirements, including Occupational Health Safety Welfare (OHSW), Equal Opportunity (EO), anti-discrimination, appeal processes, privacy and confidentiality</p>	<p>6 Assessment Standards 6.10 Assessment regulations must clearly specify requirements for a procedure for the right of appeal for students.</p>	<p>UK has some specific procedures but Australia/New Zealand list has a wider range of policy framework areas</p>
<p>Financial management: Accounting complies with accepted standards for higher education institutions, with adequate and stable financial resources to support podiatry and to cater for the most recently entering class through to graduation</p>	<p>3 Programme management & resources 3.1 The programme must have a secure place in the education provider's business plan. 3.2 The programme must be effectively managed</p>	<p>Comparable</p>

Overall there is a high degree of comparability between ANZPAC Governance Context Standards and UK Program Management and Resource Standards. The Australia/New Zealand standards are more specific in relation to governance and strategic directions and also a wider range of policy framework requirements including Equal Opportunity and anti-discrimination.

Students

ANZPAC Accreditation Standards for podiatry in relation to Students include Student Admissions, Student Support and Student Representation.

Details are presented, and comparability with United Kingdom and other comments indicated in Table 3 as follows:

Table 3: Students

ANZPAC	HPC-UK	Uni Johannesburg: South Africa/ Other comment
<p>Student Admissions: Clearly defined and consistent student admission standards and qualifications are outlined and regularly evaluated as appropriate to the school's educational mission and objectives and academic/ professional entry and consistent with immigration, English language, visa and health requirements.</p>	<p>2 Programme Admissions 2.1 The admissions procedures must give both the applicant and the education provider the information they require to make an informed choice about whether to take up or make an offer of a place on a programme. 2.2 The admissions procedures must apply selection and entry criteria, including evidence of a good command of reading, writing and spoken English. 2.3 The admissions procedures must apply selection and entry criteria, including criminal convictions checks. 2.4 The admissions procedures must apply selection and entry criteria, including compliance with any health requirements. 2.5 The admissions procedures must apply selection and entry criteria, including appropriate academic and/or professional entry standards. 2.6 The admissions procedures must apply selection and entry criteria, including accreditation of prior (experiential) learning and other inclusion mechanisms. 2.7 The admissions procedures must ensure that the education provider has equality and diversity policies in relation to applicants and students, together with an indication of how these will be implemented and monitored.</p>	<p>High Degree of Comparability</p>
<p>Student Support: The school and institution offers appropriate student support including counselling, health and academic advisory services, and students with a range of special needs are provided with adequate and accessible services</p>	<p>3 Programme management & resources 3.11 There must be adequate and accessible facilities to support the welfare and wellbeing of students in all settings. 3.12 There must be a system of academic and pastoral student support in place.</p>	<p>High degree of comparability</p>
<p>Student Representation: The podiatry school encourages and supports student representation and active participation in governance and curriculum management aspects</p>		<p>ANZPAC standards include student representation in decision making</p>

Overall, there is high comparability in the ANZPAC Student Standards and the HPC-UK Program Admission Standards although the ANZPAC standards also include standards in relation to student representation in decision-making.

Curriculum Content & Assessment

ANZPAC Accreditation Standards for podiatry in relation to Curriculum and Assessment include Curriculum Philosophy and Framework, Curriculum Content, Clinical Experience, Teaching and Learning Activities, Research in the Curriculum, and Assessment of Students. Details are presented, and comparability with United Kingdom and other comments, particularly in relation to the University of Johannesburg course are also indicated in Table 4 as follows:

Table 4: Curriculum and Assessment

ANZPAC	HPC-UK	Uni Johannesburg: South Africa/ Other comment
<p>Curriculum Philosophy & Framework The podiatry school has an educational philosophy and curriculum framework which provides contemporary content, diverse learning approaches and sequencing linked to competency standards, and involves a balance of core/electives with graduated increase in clinical practice opportunities, also continually evaluating to ensure an integrated and effective student-centred curriculum approach within a coherent program</p> <p>Total curriculum provides sufficient learning opportunities for students to meet minimum competency standards</p>	<p>1 Level of Qualification The Council normally expects that the threshold entry routes to the register will be Bachelor degree with honours</p> <p>4 Curriculum 4.1 The learning outcomes must ensure that those who successfully complete the programme meet the standards of proficiency for their part of the Register. 4.2 The programme must reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance.</p>	<p>4 yrs at University of Johannesburg in South Africa.</p>
<p>Curriculum Content: Principles & Practice of Podiatry : The podiatry school has documentation of clinical, behavioural and basic science components of sufficient depth and sequencing regarding the knowledge, skills and attitudes expected at each phase of the program towards achievement of the curriculum's overall defined competencies.</p> <p>The course provides a comprehensive coverage of: *Philosophical concepts, understanding positioning and function of podiatry profession in health care system *Basic Sciences: *Basic biomedical science, human anatomy, physiology, histology, microbiology and clinically-relevant chemistry, physics, biology, biochemistry, psychology</p> <p>*Clinical Sciences; *Clinical Pathology (general medicine, podiatric medicine) including systemic & local disease processes affecting foot and general pathophysiological principles, aetiology & pathogenesis, clinical presentation, assessment, diagnosis and management of specific disorders and specific populations including paediatrics, sports medicine, gerontology *Human Movement Studies (biomechanics of the lower limb and foot, pathomechanics)</p> <p>*Management studies including treatment modalities and management planning</p> <p>*Assessment and diagnostic studies (medical history construction, physical examination, assessment techniques, formulation of diagnoses, construction of patient management plans)</p> <p>*Pre-clinical and Clinical Studies (clinical practice, clinical systems & procedures, patient safety and quality of health care)</p> <p>*Professional Studies and Issues Behavioural Social Sciences & Ethics</p> <p>*Principles of professional enquiry related to the health</p>	<p>4.3 Integration of theory and practice must be central to the curriculum. 4.4 The curriculum must remain relevant to current practice</p> <p>4.5 The curriculum must make sure that students understand the implications of the HPC's standards of conduct,</p>	<p>Uni Johannesburg: 1st year subjects: Chemistry, Social Studies, Anatomy, Physiology & Podiatric Medicine 1</p> <p>2nd year: Anatomy, Physiology, Podiatric Medicine 2, Clinical Studies (incl. orthotic theory and manufacture). *3rd year: Pharmacology, Research Methods, Surgery, Podiatric Medicine 3, & Clinical Studies 2</p> <p>4th Year: specialise in podopaediatrics, podogeriatrics & podiatric sports medicine. Clinical studies specialising in sport, paediatric, geriatric, chronic disease and primary health care.</p> <p>3rd/4th yr: Lectures on specialised clinical subjects: pathology, medicine, surgery, orthopaedics, biomechanics, radiology</p> <p>Final year: trained to perform skin and nail surgery under local anaesthesia.4</p> <p>Health Management Systems: includes private practice management and ethics.</p> <p>4th yr (honours) research project:</p>

ANZPAC	HPC-UK	Uni Johannesburg: South Africa/ Other comment
<p>care practitioner including research methods and biostatistics and evidence-based health care, with analytical and critical thinking taught throughout the curriculum</p> <p>*Health & Human Behaviour (psychology, sociology, cultural studies)</p>	<p>Performance and ethics. 4.6 The delivery of the programme must support and develop autonomous and reflective thinking.</p>	<p>3rd/4th yr:Diagnosis and treatment skills, including minor surgery</p>
<p>Clinical Experience *Appropriately-supervised clinical experiences progressively providing an increasingly wide range of patients in various internal clinic and external placement situations to develop their skills, professional dispositions and understandings such that they achieve course outcomes and develop the required competencies and safe practice</p> <p><i>Indicative 1000 hours and 60% of clinical practice conducted in the internal clinical facilities, with staff student ratios reflective of patient safety at 1:4 to 1:10 dependent on risk and requirements of the task+++ (from ANZPAC 2010 University Guidelines for Completion of Self Evaluation Report)</i></p>	<p>Practice placement 5.1 Practice placements must be integral to the programme. 5.2 The number, duration and range of practice placements must be appropriate to support the delivery of the programme and the achievement of the learning outcomes. 5.5 The placement providers must have equality and diversity policies in relation to students, together with an indication of how these will be implemented and monitored. 5.6 There must be an adequate number of appropriately qualified and experienced staff at the practice placement setting. 5.7 Practice placement educators must have relevant knowledge, skills and experience. 5.8 Practice placement educators must undertake appropriate practice placement educator training. 5.9 Practice placement educators must be appropriately registered, unless other arrangements are agreed. 5.10 There must be regular and effective collaboration between the education provider and the practice placement provider. 5.11 Students, practice placement providers and practice placement educators must be fully prepared for placement which will include information about an understanding of: – the learning outcomes to be achieved; – the timings and the duration of any placement experience and associated records to be maintained; – expectations of professional conduct; – the assessment procedures including the implications of, and any action to be taken in the case of, failure to progress; and – communication and lines of responsibility.</p>	<p>Uni Johannesburg Balance between academic education and clinical practice</p>
<p>Teaching & Learning Activities The teaching and learning activities are consistent with the mission/vision and appropriate for developing the competency standards and evidence-based practice, with a range of pedagogies utilised including didactic, technological, clinical and inquiry based approaches and developing student responsibility in preparation for lifelong learning</p>	<p>Curriculum 4.8 The range of learning and teaching approaches used must be appropriate to the effective delivery of the curriculum.</p>	<p><i>UK standard not specifically addressed in ANZPAC standards</i> 4.9 When there is interprofessional learning the profession-specific skills and knowledge of each professional group must be adequately addressed</p>
<p>Research in the Curriculum The podiatry school emphasises the importance of research and scholarly activity in advancing relevant</p>	<p>4.7 The delivery of the programme must encourage evidence based practice</p>	

ANZPAC	HPC-UK	Uni Johannesburg: South Africa/ Other comment
knowledge, with mechanisms in place to facilitate opportunities for staff and students and with active involvement occurring, including honours programs and post graduate studies		
<p>Assessment of Students: The podiatry school has a defined and documented assessment policy regarding transparent success criteria for progression, compatibility with educational objectives and promotion of learning, with a range of formative and summative assessment methods linked to competencies being used</p>	<p>Assessment</p> <p>6.1 The assessment strategy and design must ensure that student who successfully completes the programme has met the standards of proficiency for their part of the Register.</p> <p>6.2 All assessments must provide a rigorous and effective process by which compliance with external-reference frameworks can be measured.</p> <p>6.3 Professional aspects of practice must be integral to the assessment procedures in both the education setting and practice placement setting.</p> <p>6.5 The measurement of student performance must be objective and ensure fitness to practise.</p> <p>6.6 There must be effective monitoring and evaluation mechanisms in place to ensure appropriate standards in the assessment.</p> <p>6.7 Assessment regulations must clearly specify requirements for student progression and achievement within the programme.</p>	<p><i>UK standards not specifically addressed in ANZPAC standards</i></p> <p>6.8 Assessment regulations, or other relevant policies, must clearly specify requirements for approved programmes being the only programmes which contain any reference to an HPC protected title or part of the Register in their named award.</p> <p>6.9 Assessment regulations must clearly specify requirements for an aegrotat award not to provide eligibility for admission to the Register</p> <p>6.11 Assessment regulations must clearly specify requirements for the appointment of at least one external examiner who must be appropriately experienced and qualified and, unless other arrangements are agreed, be from the relevant part of the Register</p>

Overall, while there are some differences, there is high comparability between the UK, Australia/New Zealand and some aspects of the University of Johannesburg curriculum and Assessment Standards /Outcomes. However the UK has less specific curriculum content than the other countries, but is more specific in some aspects in relation to Assessment. The UK is very specific in terms of Clinical Experience while ANZPAC standards cover aspects such as Health and Human Behaviour and some of the social context areas in relation to health care, which are further highlighted in the competency standards.

Educational Resources

ANZPAC Accreditation Standards for podiatry in relation to Educational Resources include Academic and Administration Staff, Physical/Learning Resource and Information and Communication Technologies (ICT) facilities, Clinical Training Resources, Instructional Aids and Equipment, and Patient Care Services.

Details are presented, and comparability with United Kingdom and other comments are indicated in Table 5 as follows:

Table 5: Educational Resources

ANZPAC	HPC-UK	Uni Johannesburg: South Africa/ Other comment
Academic & Administration Staff The school has a detailed staff plan (including professional development opportunities) indicating sufficient academic and administration support staff to cover curriculum and clinical practice requirements, with varied background and qualifications, beyond the years they are teaching	Programme management & resources 3.5 There must be an adequate number of appropriately qualified and experienced staff in place to deliver an effective programme. 3.6 Subject areas must be taught by staff with relevant specialist expertise and knowledge. 3.7 A programme for staff development must be in place to ensure continuing professional and research development.	High comparability
Physical/Learning Resource & ICT Facilities The school has sufficient Occupational Health & Safety-compliant physical/ICT/Learning Resource facilities for staff and students to meet program objectives and ensure competencies are developed	3.8 The resources to support student learning in all settings must be effectively used. 3.9 The resources to support student learning in all settings must effectively support the required learning and teaching activities of the programme. 3.10 The learning resources, including IT facilities, must be appropriate to the curriculum and must be readily available to students and staff.	High comparability
Clinical Training Resources The school has sufficient resources, clinical training facilities and opportunities for students to have contact with a broad range of patients to enable program objectives and competency requirements to be achieved	Practice Placement 5.3 The practice placement settings must provide a safe and supportive environment. 5.4 The education provider must maintain a thorough and effective system for approving and monitoring all placements.	High comparability
Instructional Aids & Equipment Classroom and clinical equipment is adequate to provide students with opportunities to gain knowledge and skills including advanced analysis tools		High comparability
Patient Care Services The school has formal quality assurance processes to show evidence of patient-centred standards of care with ongoing review including patient confidentiality/privacy, safety and emergency issues and clinic meeting infection control & OHSW guidelines	Program Management & Resources 3.14 Where students participate as service users in practical and clinical teaching, appropriate protocols must be used to obtain their consent 3.16 There must be a process in place throughout the programme for dealing with concerns about students' profession-related conduct. Practice Placement 5.12 Learning, teaching and supervision must encourage safe and effective practice, independent learning and professional conduct. 5.13 A range of learning and teaching methods that respect the rights and needs of service users and colleagues must be in place throughout practice placements	High comparability although UK practice placement standards are more specific

Overall, there is high comparability between ANZPAC Education Resource Standards and some of the HPC-UK Program Management and Resource standards and practice placement standards. Some of the UK Standards are more specific, particularly in terms of clinical placements and teaching and learning, as well as the educational provider approval process.

Program Evaluation

ANZPAC Program Evaluation standards under the categories of Mechanisms for Ongoing Monitoring, Student Performance, Institutional Feedback and Reporting and Professional Education Continual Improvement are outlined.

Details are presented, and comparability with United Kingdom and comments as shown in Table 6 as follows:

Table 6: Program Evaluation

ANZPAC	HPC-UK	Uni Johannesburg: South Africa/ Other comment
Mechanisms for Ongoing Monitoring Staff performance and Course and evaluation mechanisms involving students, graduates, employers, academics, clinical educators (as relevant) are available to monitor curriculum content, quality of teaching, assessment and student progress and to ensure concerns are identified and addressed	Program Management & resources 3.3 The programme must have regular monitoring and evaluation systems in place. 3.15 Throughout the course of the programme, the education provider must have identified where attendance is mandatory and must have associated monitoring mechanisms in place. 3.13 There must be a student complaints process in place.	High comparability
Student performance Student performance including scores, pass/fail at exams, attrition rates is analysed in relation to the curriculum and competency standards and to various student cohort groups and policies and action occurs for non-performing students	Assessment 6.4 Assessment methods must be employed that measure the learning outcomes.	Some comparability
Institutional Feedback & Reporting Outcomes of evaluations are reported through the governance and administration mechanisms of the podiatry school and to academic staff and students, with access provided to a full range of groups with an interest in graduate outcomes		
Professional Education Continual Improvement The school provides annual report to ANZPAC and addresses recommendations made at previous accreditation visits, demonstrating awareness of the need for continual improvement.		

Overall, the HPC-UK Standards are comparable in some aspects with the program evaluation standards within ANZPAC, although the Australia/New Zealand standards are more specific particularly in terms of continual improvement and institutional feedback and reporting.

ANZPAC Accreditation Processes

Beyond the accreditation standards themselves, comparability of various country's accreditation processes needs consideration in helping to determine comparability of the qualifications for overseas assessment.

ANZPAC's Accreditation Committee appoints an Assessment team consisting of four people including an academic from another state/territory institution, a member of the ANZPAC Board of Management, a registered podiatrist and a professional body representative). The Assessment Team conducts the accreditation and makes a report to the Accreditation Committee, before then making recommendations to ANZPAC. ANZPAC has the decision-making responsibility.

In terms of the processes, ANZPAC Accreditation processes for preparatory podiatry programs may be summarised as follows (ANZPAC, 2009):

- Initial Assessment finalisation for new programs/re-accreditation contact for existing programs
- Documentation negotiation for accreditation/re-accreditation

ANZPAC Accreditation process	Who/timeline	UK accreditation process	Who/timeline
<p>facilities and other aspects, and providing opportunity for response to self-evaluation)</p> <p>Initial report recommendations:</p> <ul style="list-style-type: none"> o Satisfactory report: proceed to formal on-site inspection o Unsatisfactory report: self-evaluation format aspects/additional information required o Unsatisfactory content: institution not ready for formal inspection, deficiencies outlined and recommendations made 			
<p>Formal Site Visits and Reporting</p> <ul style="list-style-type: none"> • Assessment team several days on-campus studying all aspects of program • Facilities inspection, staff/management interviews, financial/corporate records, student credentials/grading/promotion/graduation record • Site team assist with suggestions for improvement • Exit interview with Institution/podiatry leadership re initial findings • First draft report • Educational institution/podiatry leader obtains report and forwards amended version (corrected for factual errors) to Assessment Team leader in timely manner (with about 2 weeks for response) • Assessment team completes report and indicates recommendations and reasons <p>Report finalisation and recommendation</p> <ul style="list-style-type: none"> • Accreditation Com. finalises report and makes recommendations to ANZPAC • Report sent to Educational Institution leadership seeking review & written response • Educational Institution leadership forwards additional evidence, response to any concerns 	<p>Assessment team 6 months prior</p> <p>Accreditation Committee 4 months prior</p>	<p>The agenda for an HPC approval visit includes:</p> <ul style="list-style-type: none"> – meetings of the joint panel to confirm agendas for individual meetings throughout the visit; – a meeting with the senior staff who are responsible for programme resources; – a meeting with the programme team; – a meeting with students (past or present as appropriate); – a meeting with the placement providers and educators; – our own private meetings; – a tour of learning resources, including the library, IT and specialist teaching areas. <p>Post-visit Visitors' report completion & forwarding, including visitors' recommended outcome and detail any conditions, recommendations or commendations.</p> <p>Observations provide any observations, if appropriate.</p> <p>ETC decision – approve or reconfirm ongoing approval subject to conditions being met agree to accept the visitors' report or make changes. If changes made, university informed. Process then adjourned to allow conditions to be met.</p>	<p>14-28 days after visit</p> <p>Within 28 days</p>
<p>Outcome of Accreditation/Re-Accreditation</p> <p>Grant <u>Initial Accreditation</u> (prior to course commencement),</p> <p>Grant <u>Full Accreditation</u> for five years (available only one year after first group of graduates has completed course: all criteria met)</p>	<p>Accreditation Committee 3 months prior</p>	<p>Post-visit Visitors' recommended outcome to ETC</p> <p>The visitors' report is sent to the next available ETC for them to make a decision based on the recommended outcome provided by the visitors.</p> <p>ETC decision – approve or reconfirm ongoing approval</p>	

ANZPAC Accreditation process	Who/timeline	UK accreditation process	Who/timeline
<p>Grant <u>Preliminary Accreditation</u> (available after first group of students have completed first year of program) or</p> <p>Grant <u>Conditional Accreditation</u> (all criteria not met completely but only minor inadequacies for monitoring)</p> <p>With recommendations based on timetable for implementation/ without timetable, requirement for progress reports</p> <ul style="list-style-type: none"> ❖ Without recommendations ❖ Conditional on meeting certain requirements <ul style="list-style-type: none"> • Denial, deferment or withdrawal of accreditation: essential criteria not met and students cannot attain required graduate outcomes <p>❖ Deferment of decision to re-accredit</p> <p>Decision not to reaccredit</p> <ul style="list-style-type: none"> ○ Follows one calendar year notice period ○ Must apply for accreditation through Initial Assessment process 		<p>ETC agree to approve or reconfirm ongoing approval as there were no conditions set or the conditions which were set have now been met.</p> <p>ETC decision – to not approve or withdraw approval</p> <p>ETC agree to consider whether to not approve or withdraw approval from an already approved programme.</p>	
<p>Notification of Outcome to Educational Institution</p> <p>Appeal/Review of Accreditation Process</p> <p>Review available if accreditation committee not following appropriate processes</p>	<p>ANZPAC</p> <p>3 months prior</p>	<p>Informed of outcome</p> <p>Informed of the possibility of non approval or withdrawal of approval and have 28 days to respond.</p> <p>Response, if provided, to ETC for final decision</p> <p>ETC make the final decision on whether to not approve or withdraw approval.</p> <p>Informed of the decision reached by ETC and the website is updated.</p> <p>Documents to meet conditions</p> <p>Two attempts to meet any conditions. Based on their assessment of the documentation, the visitors' will make a second recommended outcome to ETC.</p>	

The HPC-UK accreditation processes were highly comparable involving pre-visit processes including self evaluation documentation completed against the core standards; formal site visit meetings including document check, interviews and observations, and post-visit report writing and recommendations (HPC, 2009a).

Competency Standards and Standards of Proficiency

Accreditation standards provide a framework for programs in achieving outcomes which indicate that intending registrants have the required skills, knowledge and professional dispositions to safely carry out their role in the profession.

The ANZPAC competency standards are outlined in *Podiatry Competency Standards for Australia and New Zealand* (ANZPAC, 2009a). The UK *Standards of Proficiency Chiropodists/podiatrists* (HPC-UK, 2009) are based on the generic standards for the fifteen health professions under the HPC-UK, related to knowledge, skills and understandings; skills required and expectations, but with additional aspects relevant to podiatry.

Mapping of the key aspects of the UK and ANZPAC standards indicates considerable comparability and there is also alignment to University of Johannesburg outcomes (University of Johannesburg, 2011) as shown in Table 8 as follows:

Table 8: Comparability of Competencies and Standards of Proficiency

ANZPAC Competencies	HPC UK Standards of Proficiency (generic & specific)	Uni of Johannesburg Outcomes
<p>Competency Standard 1: Practise Podiatry in a Professional Manner</p> <p><i>(Working within legislative and professional codes of ethics and standards, displaying an organised and professional manner and continually updating skills)</i></p>	<p>Expectations Professional autonomy and accountability</p> <p><i>(Practise within legal & ethical boundaries, non-discriminatory, confidentiality, informed consent, exercise professional duty of care, practise as autonomous professionals, exercise professional judgement, self managing workload, maintain fitness to practice)</i></p>	<p>5. To contribute to the development of the profession, continuing life-long education and becoming a reflective practitioner.</p> <p>7. Successful completion of this qualification will entitle the student to register with the Health Professions Council of South Africa as a Podiatrist.</p> <p>2. Manage a clinical practice for both the public and private sectors.</p> <p>3. Apply health and safety regulations, guidelines and codes of practice in the performance of podiatric services ensuring personal safety and safety of others..</p>
<p>Competency Standard 2: Continue to Acquire and Review Knowledge for Ongoing Clinical and Professional Practice Improvement</p> <p><i>(Applying theory to practice, acquiring and critiquing new knowledge and being committed to lifelong learning and reflective practice)</i></p>	<p>Knowledge, Understanding & Skills Know & understand key competencies relevant to profession</p> <p><i>(Know key concepts of body of knowledge and how professional principles are expressed and translated for various groups)</i></p>	<p>4. Conduct research in order to advance professional development.</p>
<p>Competency Standard 3: Communicate and Interrelate Effectively in Diverse Contexts</p> <p><i>(Using a range of relevant verbal, written and interpersonal skills to work in partnership with diverse clients/groups and interprofessional colleagues and organisations)</i></p>	<p>Professional Relationships</p> <p><i>(Work in partnership with other professionals, contribute to multidisciplinary teams, appropriate communication skills and understand its importance)</i></p>	<p>4. To work as an autonomous practitioner or as part of a team to assess specialist clinical conditions, consider a range of management options and make informed clinical decisions</p>
<p>Competency Standard 4: Conduct Patient/client Interview and Physical Examination</p> <p><i>(Conducting appropriate history-taking and diagnostic examinations and making referrals as appropriate)</i></p>	<p>Identification and Skills required Assessment of health & social care needs</p> <p><i>(Gather information, select and use appropriate assessment techniques, arrange investigation)</i></p>	
<p>Competency Standard 5: Interpret, Diagnose and Analyse</p> <p><i>(Interpreting and evaluating data considering presenting symptoms, diagnostic test results and communicating with patients)</i></p>	<p>Skills Required Analyse, critically evaluate information</p> <p><i>(Interpret physiological, medical and biomechanical data in context of podiatry)</i></p>	

ANZPAC Competencies <i>and other health professionals)</i>	HPC UK Standards of Proficiency (generic & specific)	Uni of Johannesburg Outcomes
Competency Standard 6: Develop a Patient/Client- focused Management Plan <i>(Developing a management plan and providing education for patients that is appropriate for various targeted groups and individuals)</i>	Skills Required Formulate delivery of strategy <i>(Use research and problem-solving for action, draw on knowledge and skills for professional judgements, able to formulate appropriate management plan)</i>	3. To act as a specialist information and advice resource to patients, colleagues, carers, Other Health Care Professionals within a multidisciplinary team in order to provide patient centred care and ensure best practice.
Competency Standard 7: Implement & Evaluate Management Plan <i>(Providing an appropriate primary health care service matched to client needs and operating within ethical and occupational health and safety frameworks)</i>	Skills Required Conduct diagnostic or monitoring process Critical evaluation of impact <i>(monitor and review ongoing effectiveness, audit and reflect on and review practice)</i>	2. To provide holistic patient assessment, diagnosis and treatment plans and refer appropriately to other professional disciplines
Competency Standard 8: Provide Education and Contribute to an Effective Health Care System <i>(Delivering effective and efficient services and resources, including referrals and health education, within overall health system)</i>	Skills Required Able to maintain records <i>(Establish and maintain safe practice environment)</i>	To devise and deliver planned evidence based podiatry programmes of care to patients who have a Podiatric/medical need both in the private and public health sector 6. Demonstrate skills in research and management allowing the holder of this qualification to work in a supervisory capacity within the Podiatry profession 5. Provide podiatric health education to individuals, families, groups and communities 1. Institute a comprehensive podiatric service to all sectors of the community

Considerable comparability exists between HPC-UK and ANZPAC competency standards/ Standards of Proficiency, and there is also alignment with many aspects of the University of Johannesburg outcomes.

Networking and Liaison with United Kingdom leaders

A range of contacts have been made in preparation for Phase 2 of the project where it is intended to hold face-to-face meetings in the United Kingdom to discuss comparability of programs and to hold further discussions towards mutual recognition. It is intended that three people from Australia will be involved: (1) the Chair of the Board, (2) ANZPAC Deputy Chair/Chair of the Overseas Qualifications Assessment Committee and (3) the Project Manager/Consultant who is also the community representative on the Overseas Qualifications Assessment Committee.

Various meetings negotiated include those which will occur during the course of a large podiatry conference in Harrogate, the 'Society of Chiropractors and Podiatrists 2011' event which involves registration from approximately 1200 people (See Attachment 1). This annual conference from 24-26 November attracts professional body representatives and practitioners from the United Kingdom and from across the world. Through these meetings with leaders from various groups who are linked to a range of committees within the Health Professions Council, and through general networking within the conference forum, it is anticipated that strategic links will be established to

build towards longer term outcomes over the next few years in terms of mutual recognition. In addition, meetings with the Health Professions Council in London have been negotiated and are being supported by other network groups.

The initial program project plan submitted to DEEWR for funding also indicated a 3rd phase to occur during 2012 and 2013 involving ongoing teleconferences and email communications and opportunity for face-to-face contact where possible. These communications would ultimately result in planned face-to-face meetings and further links within an international podiatry conference in 2013, with the eventual outcome being signing of a mutual recognition agreement between HPC-UK and ANZPAC.

Meetings negotiated for Phase 2 are shown in Table 9:

Table 9: Meetings for Phase 2

UK Personnel	Representation	Mtg Context	Proposed Outcomes	Comment/contact
Mr Ivan Bristow Dr Wilfred Foxe Ms Joanna Brown Prof Stuart Baird Dr Alan Borthwick	Soc of Chir & Pod & Dean of Podiatric Medicine Director of Education & Dev CEO Chair of Council of Society Chair of Medicines Committee	Harrogate Conference Or London in SOCAP Office	SOCAP indicating willingness to support reciprocal approach to podiatry registration in UK & Australia and to discussions further understanding about comparative accreditation curricula between the two countries	Email/letter of support will be attached from SOCAP in regard to Phase 2 PSDP
Dr Alan Borthwick Mr Matthew Fitzpatrick Mr Conrad Jones Dr Wilfred Foxe	Dept Of Health AHP prescribing project	Harrogate conference Or in SOCAP London office	Greater understanding of Dept of Health AHP prescribing project re evolving nature of independent prescribing and comparative work with Australia's changing context and implications for a reciprocal approach to registration processes	Email letter of support will be attached from Alan Borthwick In regard to Phase 2 PSDP Medicines prescribing relevance is that one aspect of overseas qualifications check relates to the changing situation in Australia and the UK in relation to Podiatrists having prescribing rights
Mr David Waddle & HPC personnel such as Charlotte Irwin (policy officer)	Customer Services manager	HPC offices London	ANZPAC/HPC-UK Network built and understanding improved regarding support for reciprocal approach to podiatry registration in UK & Australia, with a focus on comparative accreditation curricula between the two countries	Email of support will be attached from HPC-UK in regard to Phase 2 PSDP
Mrs Alison Barlow	Dean of Faculty of Undergraduate Education for SOCAP	Harrogate Conference	Build understanding of academics in terms of comparative accreditation curriculum between the countries	
Ms Sheila Morris & Ms Karen Middleton	Dept of Health Professions Officer Chief Allied Health Professions Officer & chair of Project Board	HPC offices London	Building of the Society's Willingness & health department to support reciprocal approach and to discuss the comparison of accreditation curriculum between the countries	Email/ letter of support – will be Attached to Phase 2 PSDP These personnel work directly with Health Minister.
Ms. Alison Hart	Education session	Harrogate conference	Build understanding of academics in terms of comparative accreditation curriculum between the countries	alisonhart@scpod.org

The outcome of the project work in Phase 1 is that the accreditation standards and also the accreditation processes for the United Kingdom and Australia/New Zealand have been analysed and highlighted as highly comparable. Similarly, Australia/New Zealand competencies and the United Kingdom standards of proficiency are comparable in the majority of areas.

Given the comparability, it is noted that formally establishing mutual recognition between ANZPAC and HPC-UK would streamline overseas assessment processes for the United Kingdom and Australia/New Zealand podiatrists seeking to work in each other's jurisdictions and this would support these countries to more efficiently overcome occupational shortages.

The recommendation is that ANZPAC seek further PSDP funding for Phase 2 of the three phase project, so that face-to-face negotiations can occur with relevant overseas bodies to explore mutual recognition further.

Summary

This mapping paper outlines the processes and findings of the desk top research undertaken, including comparative work and networking, with this mapping documentation and the accompanying discussion paper being the deliverables for Phase 1 of the PSDP funding. The mapping materials and discussion paper, the Phase 2 meetings negotiated within Phase 1 and the report developed at that time will provide a strong basis for future and ongoing networking with HPC-UK, including within the proposed Phase 3 work in 2012-2013. The overall outcome of the three phase project is that, based on the comparability evident, overseas accreditation processes can be streamlined, thereby developing efficiencies to support movement of podiatrists across countries and to help in the management of occupational shortages.

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APPENDIX A: UK APPROVED PODIATRY PROGRAMS

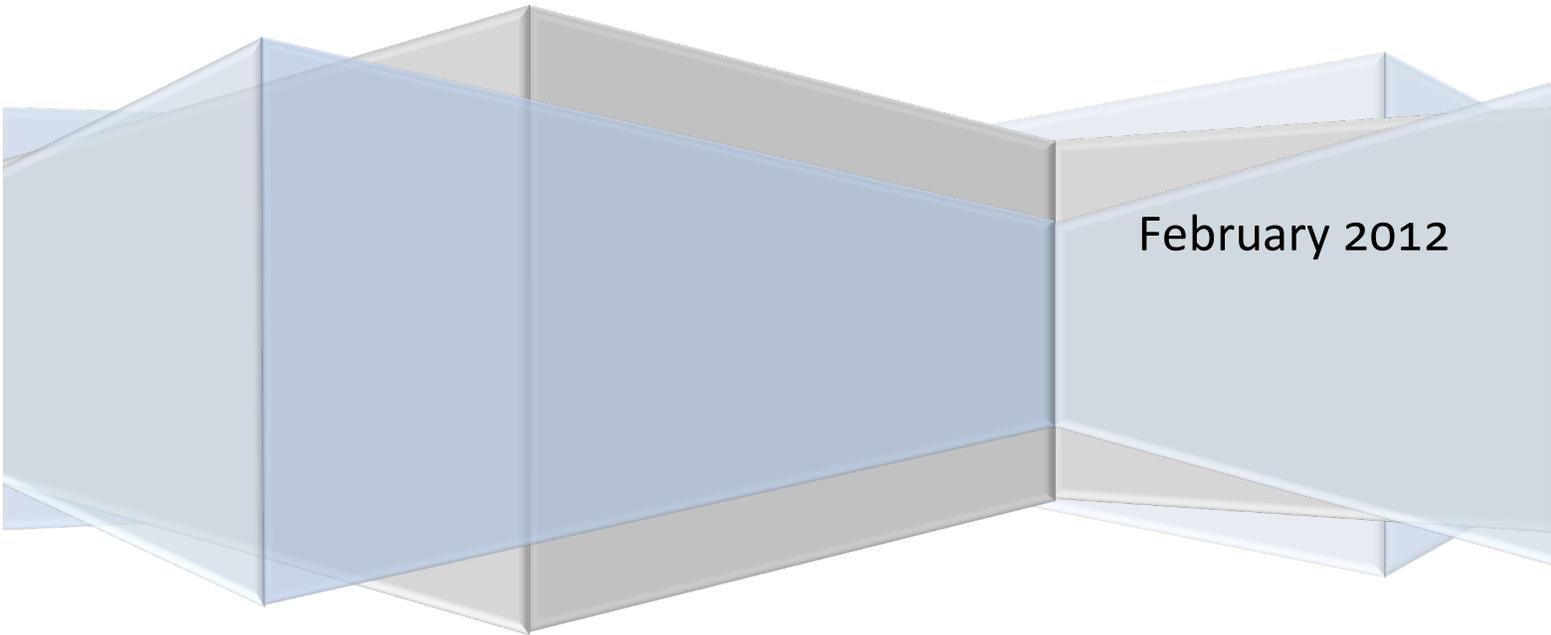
****Register of approved courses - Chiropodists / podiatrists

Institution of Delivery	Mode of Study	Title of Programme	Validating Institution	Date of Commencement for First Cohort	Date of Commencement for Final Cohort	Date of Graduation of Final Cohort
Glasgow Caledonian University	FT	BSc (Hons) Podiatry	Glasgow Caledonian University	.	N/A	N/A
Birmingham Metropolitan College (formerly Matthew Boulton College)	FT	BSc (Hons) Podiatry	Aston University	.	N/A	N/A
New College Durham	FT	BSc (Hons) Podiatry	Leeds Metropolitan University	01/09/2006	N/A	N/A
Queen Margaret University (formerly Queen Margaret University College)	FT	BSc (Hons) Podiatry	Queen Margaret University (formerly Queen Margaret University College)	01/10/1994	N/A	N/A
Queen Margaret University (formerly Queen Margaret University College)	FT	BSc Podiatry	Queen Margaret University (formerly Queen Margaret University College)	11/10/1994	N/A	N/A
University of Brighton	FT	BSc (Hons) Podiatry	University of Brighton	01/09/1993	N/A	N/A
University of East London	FT	BSc (Hons) Podiatric Medicine	University of East London	01/09/2005	N/A	N/A
University of East London	PT	BSc (Hons) Podiatric Medicine	University of East London	01/09/2005	N/A	N/A
University of Huddersfield	FT	BSc (Hons) Podiatry	University of Huddersfield	01/09/1993	N/A	N/A
University of Huddersfield	PT	BSc (Hons) Podiatry	University of Huddersfield	01/09/2003	N/A	N/A
The University of Northampton (formerly University College Northampton)	FT	BSc (Hons) Podiatry	The University of Northampton (formerly University College Northampton)	.	N/A	N/A
University of Plymouth	FT	BSc (Hons) Podiatry	University of Plymouth	01/09/2005	N/A	N/A
University of Salford	FT	BSc (Hons) Podiatry	University of Salford	01/09/2002	N/A	N/A
University of Salford	PT	BSc (Hons) Podiatry	University of Salford	01/09/2002	N/A	N/A
University of Southampton	FT	BSc (Hons) Podiatry	University of Southampton	.	N/A	N/A
University of Southampton	FT	MSc Podiatry (Pre-Registration)	University of Southampton	01/10/2009	N/A	N/A
University of Southampton	FT	Pg Dip Podiatry (Pre-Registration)	University of Southampton	01/10/2009	N/A	N/A
University of Ulster	FT	BSc (Hons) Podiatry	University of Ulster	01/09/1997	N/A	N/A
University of Wales Institute Cardiff (formerly known as Cardiff Institute of Higher Education)	FT	BSc (Hons) Podiatry	University of Wales	01/09/1992	N/A	N/A

<http://www.hpc-uk.org>

ANZPAC Podiatry Mutual Recognition Project: Phase 2 Report

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Scharfbillig**



February 2012

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Executive Summary

During 2011, the Professional Services Development Program (PSDP), grant scheme, administered through the Educational and Professional Recognition Unit (EPRU) International Group within the Department of Education, Employment, and Workplace Relations (DEEWR), provided the Australian and New Zealand Podiatry Accreditation Council (ANZPAC) with two funding grants for exploring mutual recognition for podiatry with various countries. This report provides information in regard to the Phase 2 funding for further liaison with the Health Professions Council, United Kingdom (HPC-UK).

Following Phase 1 mapping of comparable ANZPAC/HPC-UK accreditation standards and processes and competency standards, the outcomes for Phase 2 were about holding face-to-face meetings to establish closer links between ANZPAC and HPC-UK and other key professional bodies. These meetings were about building improved understanding about comparability of accreditation and competency standards and identifying any barriers and challenges to mutual recognition. The second outcome related to developing a mutual recognition discussion paper to capture issues and future action towards formalising mutual recognition arrangements as the outcome sought in the future in a proposed Phase 3 application.

Strategies to work towards mutual recognition formalisation involved building stronger networks with key professional bodies through various meetings held in the United Kingdom, so that their knowledge and influence could have a positive impact on the ultimate goal.

Outcomes of the meetings were positive responses to acknowledging the comparability of the UK and Australia/New Zealand accreditation and competency standards as the basis for working towards future mutual recognition agreements. Following the UK meetings, further more detailed materials were forwarded by ANZPAC for consideration by HPC-UK. A timeline and action has been agreed.

A future options paper for mutual recognition has also been prepared and considered by ANZPAC.

This report contains five key sections aligned to key Phase 2 deliverables:

Section 1: Project Overview Report and Meetings

Section 2: Mutual Recognition Discussion Paper

Section 3: Mutual Recognition Post-UK Visits Detailed Follow-up Paper

Section 4: ANZPAC and HPC-UK Mutual Recognition Future Options Paper

Section 5: Next Steps and Conclusion

A key recommendation is that, as per the agreed timeline with HPC-UK, there are further ANZPAC/HPC-UK discussions and communications during 2012 with a view towards establishing a mutual recognition agreement later in 2012.

It is also recommended that a Phase 3 PSDP application for funding be made in 2012 to support the additional negotiations and further research regarding potential mutual recognition models and in preparation for discussions with HPC-UK about the specific components of a mutual recognition agreement. It is also proposed that the Phase 3 PSDP application includes undertaking further discussions with South Africa who were approached in the Phase 1 PSDP and are now in a position to begin mutual recognition negotiations.

Introduction

During 2011, the Professional Services Development Program (PSDP), grant scheme, administered through the Educational and Professional Recognition Unit (EPRU) International Group within the Department of Education, Employment, and Workplace Relations (DEEWR), provided the Australian and New Zealand Podiatry Accreditation Council (ANZPAC) with two funding grants for exploring mutual recognition for podiatry with various countries. Reporting on Phase 1 occurred in June 2011. This report provides information in regard to the Phase 2 funding.

The report contains five key sections aligned to key Phase 2 deliverables:

Section 1: Project Overview Report and Meetings

Section 2: Mutual Recognition Discussion Paper

Section 3: Mutual Recognition Post-UK Visits Detailed Follow-up Paper

Section 4: ANZPAC and HPC-UK Mutual Recognition Future Options Paper

Section 5: Next Steps and Conclusion.

Section 1: Project Overview Report and Meetings

Project History

Phase 1 funding was focused on comparative mapping processes, developing a discussion paper and establishing networks, particularly in relation to the United Kingdom where there had been previous understandings regarding comparability of programs of study. Since the European Union and establishment of the Health Professions Council United Kingdom (HPC-UK), detailed course documentation had become a requirement of each individual podiatrist requesting an assessment, and additional and time consuming checking and administration was involved.

Given the comparability shown in the Phase 1 mapping, the focus of the subsequently-funded Phase 2 project was about moving towards formalisation of mutual recognition arrangements between Australia and the UK in regard to podiatrists. This involved building relationships further in the United Kingdom context through face-to-face meetings with the Health Professions Council and networking with a range of leaders from key professional organisations and within the government health context. Formalised meetings were held at HPC-UK and Department of Health offices and also within an international podiatry conference, exploring accreditation/competency standards similarities and differences. Preliminary discussions about mutual recognition and the opportunities and challenges were the focus, building towards more focused mutual recognition agreements formalisation within a potential Phase 3 funding request.

Key personnel involved were Dr Susanne Owen as the Consultant/Project Manager, with the Steering Committee including Dr Adam Bird as the chair of the Overseas Qualifications Assessment Committee (also ANZPAC Deputy Chair) and Dr Rolf Scharfbillig as the ANZPAC chair.

Reporting and Outcomes

The outcomes for Phase 2 were about holding face-to-face meetings to establish closer links between ANZPAC and HPC-UK and other key professional bodies, while also building improved understanding about comparability of accreditation and competency standards and identifying any barriers and challenges. The second outcome related to developing a mutual recognition discussion paper to capture issues and future action towards formalising mutual recognition arrangements as the outcome sought in the future in a proposed Phase 3 application.

Strategies to work towards mutual recognition formalisation involved building stronger networks with key professional bodies through the various meetings outlined in this application, so that their knowledge and influence could have a positive impact on the ultimate goal.

Phase 2 preparatory and follow-up project activities and success indicators included:

- Discussion paper finalised and forwarded and meeting arrangements confirmed prior to UK visit
- Travel and accommodation arrangements confirmed
- Meetings undertaken and documented, with agreements and timelines for future work outlined
- Presentation of materials and outcomes to ANZPAC Board and positive response and timelines.

Reporting areas, as outlined in the funding agreement between EPRU (DEEWR) and ANZPAC, were as follows:

- 1 Meeting Report summary and description of preparations, consultations, meetings and follow up work undertaken.
2. Mutual recognition models discussion paper for consideration by ANZPAC and for further negotiation with HPC-UK prior to and during other contacts and proposed meetings with them in 2012-13 (subsequently leading to signing of a mutual recognition agreement within a face-to-face meeting with them in 2013).
3. Presentation of meetings report summary and mutual recognition models discussion paper to the ANZPAC Board and identification of issues to overcome and recommendations for further action.
4. Agreements documentation and timelines for future action.
5. Tax invoices, boarding passes for air travel and receipts for expenditure, post-project evaluation report and certificate and audit statement.

Meeting Report Summary and Description of Work Undertaken

Five face-to-face meetings were held in the United Kingdom, the purpose being to build links with key professional organisations and their committees and with the Department of Health and HPC-UK, thereby furthering understanding of comparability of programs and leading towards mutual recognition formalisation. Meeting groups were as follows:

- Department of Health
- Society of Chiropodists and Podiatrists (SOCAP) Education representatives
- Society of Chiropodists and Podiatrists (SOCAP) Executive
- Society of Chiropodists and Podiatrists (SOCAP) Medicines Prescribing Committee
- HPC-UK.

Meeting 1: Department of Health meeting

Details: Thursday 24th November 2.30-3.30 Richmond House, Whitehall, London

Attendees:

- Sheila Morris Department of Health, Health Professions Officer
- Dr Alan Borthwick Chair of Council of SOCAP, Faculty of Health, University of Southampton
- Dr Adam Bird Chair of OQAC, ANZPAC deputy chair
- Dr Rolf Scharfbillig, chair of ANZPAC
- Dr Susanne Owen, ANZPAC consultant/project manager



Dept of Health Meeting Attendees: Back row: Dr Alan Borthwick, Sheila Morris, Dr Rolf Scharfbillig, Front row: Dr Susanne Owen, Dr Adam Bird

Overview and outcomes

The Department of Health provides the legislative context for all health professions and issues relevant to health services. A key outcome sought from the meeting was to build willingness of the health department to support a reciprocal approach for mutual recognition and to discuss the comparison of curriculum and accreditation processes between the countries.

Meeting context and issues

ANZPAC initiated the meeting within the context of the PSDP grant regarding establishing formalised arrangements for mutual recognition to reduce paperwork and time involved for podiatrists seeking to work and be registered across Australia/New Zealand and the United Kingdom. Currently about 50-60 UK podiatrists annually apply to ANZPAC for assessment for registration purposes, with about 20 Australia/NZ applicants seeking an assessment from HPC-UK for registration as a podiatrist. Extensive paperwork providing detailed course descriptions is currently required for each individual seeking registration, even though UK and Australia/NZ authorities recognise that the educational preparatory programs and processes are comparable.

The UK meeting context is that the Department of Health is interested in the overall health context, common competencies and medicines prescribing frameworks across health professions, multidisciplinary training and shared undergraduate degrees for some health professions including in regard to pharmacology.

Key discussion points

The UK context was discussed in a wider sense regarding the National Health Service situation, medicines prescribing and competencies and the Australian context of self-referral to some private professional health services. The UK Promoting Quality, Innovation, Prevention and Productivity direction has a significant focus on prevention and redesigning care pathways to demonstrate quality improvement and savings and to attract funding, with patients self referring, seeking treatment earlier and coming off medication sooner.

HPC-UK is a separate organisation from the Department of Health, with the Department providing a regulatory context in regard to protection of the public. The Department of Health is guided by HPC-UK in relation to podiatry issues, with HPC-UK being established out of the Council of Professions and currently overseeing registration issues for 15 allied health professions. HPC-UK is considered to be a good model for registration, with individuals being registered who are competent in the context of their role. There is a need to remain up-to-date in skills, with

individuals recording Continuing Professional Development (CPD) and a random sample of 5-10% being undertaken regarding documentation within a portfolio.

Challenges and opportunities

Australian/NZ prior history of free flow of podiatrists to the UK in the past has been recognised and it is understood that Australian authorities are actively recruiting UK podiatrists due to shortages. The UK Health Department is not concerned about workforce issues and the flow of Australian/NZ podiatrists seeking to work in the UK. However podiatric surgeons in the UK (about 150 in number as annotated on registration database) are concerned about the potential for Australian/NZ trained persons to take training places away from UK trained. Despite this concern from some UK groups, Australia/New Zealand podiatric surgeons are not seeking internships but undertaking about one month's observation as part of their podiatric surgery training.

The Department of Health noted that HPC-UK may wish to look into mutual recognition for other health professions, not just podiatry. However there may be legislative issues for other allied health professions such as psychology or social workers, with consistency needing to be applied across the HPC-UK professions group. The Council of Healthcare Regulatory Excellence framework relates to consistency across regulators and monitors the regulations. From April 2013, doctors will have a re-validation process with a responsible officer, and this will involve formal assessment.

Legislative frameworks in the European Union (EU) may be another issue. HPC-UK must treat people from the EU in the same way as UK persons.

Action arising plans, timeline, personnel for progressing action

There were no specific actions but the Department of Health seemed supportive and essentially identified no significant barriers to mutual recognition formalisation.

Meeting 2: Society of Chiropodists and Podiatrists (SOCAP) Executive meeting

Details: Friday, 25th November 11-12.30, SOCAP conference, Conference Centre, Harrogate.

Attendees:

- Dr Wilfred Foxe, Director of Education and Development, SOCAP
- Mr Stuart Baird, Chair of Council of Society
Mr Ivan Barlow, SOCAP
- Ms Joanna Brown, Chief Executive Officer, SOCAP
- Alison Barlow, Dean of Faculty of Undergraduate Education for SOCAP
- Dr Alan Borthwick Chair of Council of SOCAP, Faculty of Health, University of Southampton
- Dr Adam Bird Chair of OQAC, ANZPAC deputy chair
- Dr Rolf Scharfbillig, chair of ANZPAC
- Dr Susanne Owen, ANZPAC consultant/project manager.



Meeting attendees from: Front row: Ivan Barlow, Susanne Owen, Stuart Baird. Middle row: Joanna Brown, Alison Barlow, Adam Bird. Back row: Wilfred Foxe, Rolf Scharbillig Absent from photo: Alan Borthwick

Overview and outcomes

The Society of Chiropodists and Podiatrists is the peak professional body for the UK for the podiatry profession.

The key outcome sought from the meeting was for SOCAP to indicate willingness to support a reciprocal approach to podiatry registration in the UK and Australia/NZ and to discuss and build further understanding about comparative accreditation curricula between the countries.

Meeting context and issues

ANZPAC initiated the meeting within the context of the PSDP grant regarding establishing formalised arrangements for mutual recognition to reduce paperwork and time involved for podiatrists seeking to work and be registered across Australia/New Zealand and the United Kingdom.

SOCAP as the key UK professional body for podiatrists supports HPC-UK in its work across 15 health professions including through provision of specialist advice and in practical tasks relevant to podiatry including overseas assessments.

Key discussion points

SOCAP indicated that HPC-UK wants to protect the public and look at skills and knowledge on an individual basis so UK Statements of Proficiency are used to determine if individuals have achieved the competencies. If persons also come from similar courses to the UK graduates, a smoother assessment process occurs. Europeans (EU) can work in the UK and have freedom of movement and laws support residency and easier processes in regard to work opportunities, even though programs of study are sometimes not highly comparable.

SOCAP and HPC-UK are now separate organisations but there are joint meetings and SOCAP is prepared to provide a letter of support to ANZPAC in regard to mutual recognition.

It was noted at the meeting that 90% of UK people coming to Australia/NZ are recent graduates and would easily obtain registration through ANZPAC. There are a minimal number of mid career people with earlier qualifications and these professionals may need a closer examination of their qualifications.

Challenges and opportunities

Workforce issues exist in the UK, including in Scotland, Wales and England, with the NHS not currently employing many additional people due to budget issues. There may be increasing numbers of UK graduates and others seeking to register in Australia/NZ where there is still demand for newcomers. The NHS has bursaries and may be unhappy with graduates being lost to other countries.

HPC-UK is the governing organisation overseeing registration across 15 health professions, and SOCAP members often provide advice and examine podiatry specific issues and assessments.

Action arising plans, timeline, personnel for progressing action

SOCAP as a professional body for the UK podiatry profession is prepared to provide a letter of support regarding comparability and its support for mutual recognition.

Meeting 3: SOCAP education/ANZPAC Meeting

Details: Friday 2th November 2011, 12.30-1pm, at SOCAP conference, Harrogate

Attendees:

- Ms Alison Hart, Undergraduate Education Officer **
- Dr Adam Bird Chair of OQAC, ANZPAC deputy chair
- Dr Rolf Scharfbillig, chair of ANZPAC
- Dr Susanne Owen, ANZPAC consultant/project manager

**Alison Barlow and Dr Wilfred Foxe were initially due to attend this meeting but participated in the SOCAP Executive meeting instead.

Overview and outcomes

The SOCAP education committee is a key group within the SOCAP organisation regarding undergraduate education. Objectives of the meeting were to build the understanding of academics in terms of comparative accreditation curriculum content and processes between HPC-UK and ANZPAC

Meeting context and issues

ANZPAC initiated the meeting within context of the PSDP grant regarding establishing formalized arrangements for mutual recognition, thereby reducing paperwork and time involved for podiatrists seeking to work and be registered across Australia/New Zealand and the United Kingdom.

Key discussion points

- Comparability noted between HPC-UK and ANZPAC standards, processes, competency standards and there was acknowledgement of previous informal understandings which had resulted in streamlined overseas assessment processes
- 80%+ applicants are recent graduates and there is clear comparability; the current discussions do not relate to podiatric surgery applicants
- The education committee representative indicated that Stuart Baird had undertaken a mapping exercise of the UK courses in around 2003 and there was an understanding of the comparability including with Australian/NZ programs of study. Even though this is known, HPC-UK is trying to be fair to all allied health professions and this may be problematic

- There is a possibility of HPC-UK and ANZPAC recognising each other as comparable bodies, rather than having each student produce all detailed curriculum information.



Attendees: Adam Bird, Alison Hart, Rolf Scharfillig (Absent from photo: Susanne Owen)

Challenges and Opportunities

- Possibility of HPC-UK also examining comparability in other health professions.

Action arising plans, timeline, personnel for progressing action

No action but support from education group for ANZPAC mutual recognition project.

Meeting 4: Medicines Prescribing Meeting

Details: 25 November, 5.30-6.30 pm, SOCAP conference.

Attendees: SOCAP members, including representatives for the Dept of Health AHP Independent Prescribing project.

- Dr Alan Borthwick
- Matthew Fitzpatrick
- Conrad Jones
- Dr Wilfred Foxe
- Kevin Cole
- Jean Mooney
- +
- Dr Adam Bird Chair of OQAC, ANZPAC deputy chair
- Dr Rolf Scharbillig, chair of ANZPAC
- Dr Susanne Owen, ANZPAC consultant/project manager

Overview and outcomes

A UK Department of Health AHP prescribing project is underway to establish independent prescribing rights across various health professions.

A key outcome sought from the meeting was to examine comparative work in Australia's changing context in terms of podiatrists as independent prescribers and to explore the re evolving nature of independent prescribing and comparative work with Australia's changing context and to explore the implications for a potential reciprocal approach to registration.

Meeting context and issues

ANZPAC initiated a meeting within the context of PSDP grant regarding establishing formalised arrangements for mutual recognition to reduce paperwork and time involved for podiatrists seeking to work and be registered across Australia/New Zealand and the United Kingdom.

The UK is currently reconsidering supplementary prescribing and examining independent prescribing for podiatrists. Similarly Australia is developing standards for podiatrists as independent prescribers. While in both countries the issues for prescribing are still evolving, this could be an issue in the future in terms of mutual recognition.

Key discussion points

Australia is introducing medicines prescribing standards for independent prescribing with a limited formulary, with separate formularies for podiatric surgeons and podiatrists. Currently only 30-40 allied health professionals in Australia are independent prescribers, including some podiatrists mostly in Victoria and Western Australia. Australia will have an easier process than the UK for adding additional drugs to the formulary through the Podiatry Board of Australia. It was noted that there seem to be very few issues relevant to medicines prescribing which will impede mutual recognition

It was believed that HPC-UK need to recognise ANZPAC as being a comparable organization to themselves although there may be a need for some additional work in medicines prescribing, with Australian or UK applicants needing to do update programs of study etc.

HPC-UK work across the 15 health professions involved, with podiatry specific aspects being referred to profession-specific persons and groups such as those in the SOCAP medicines prescribing committee.

Challenges and opportunities

HPC-UK may be concerned about legislation and may need a common document about each UK and Australia/NZ podiatry program to show comparability.

Action arising plans, timeline, personnel for progressing action

Possibility of Australia/New Zealand and UK professional organisations working together in the future



*Attendees: Back: Susanne Owen, Adam Bird, Rolf Scharbillig, Alan Borthwick
Front: Kevin Cole, Matthew Fitzpatrick, Conrad Jones, Jean Mooney Absent from photo: Wilfred Foxe*

Meeting 5: HPC-UK /ANZPAC Meeting

Details: Monday 28th November 10.30-12.30 Park House, London

Attendees:

- Mr David Waddle, Customer Services Manager
- Ms Anna Lubasinska, Customer Services Manager (European area)
- Ms Ruth Cooper (for Greg Ross-Sampson, Director of Operations)
- Dr Adam Bird Chair of OQAC, ANZPAC deputy chair
- Mr Rolf Scharbillig, chair of ANZPAC
- Dr Susanne Owen, ANZPAC Consultant/project manager



HPC-UK meeting place: Rolf Scharbillig, Adam Bird

Overview and outcomes

HPC-UK is responsible for registration across fifteen allied health professions.

The meeting objective was to build the: ANZPAC/HPC-UK network and understanding and to gain support for a reciprocal approach to podiatry registration in UK and & Australia, with a focus on comparative accreditation curricula between the countries

The outcome was establishment of a timeline and processes towards exchange of further detailed information and further contact towards mutual recognition arrangements within a 12 month timeframe.

Meeting context and issues

ANZPAC initiated the meeting within context of PSDP grant regarding establishing formalized arrangements for mutual recognition to reduce paperwork and time involved for podiatrists seeking to work and be registered across Australia/New Zealand (including in relation to skilled migration) and the United Kingdom.

Key discussion points

HPC-UK has begun research regarding comparability within European countries for various professions. Standards and comparable education systems are not widely evident so HPC-UK has adopted an approach of examining individual persons seeking registration. ANZPAC mapping work will precipitate a further look at this information.

The previously-forwarded ANZPAC discussion paper was positively received and it was acknowledged that ANZPAC provides a comparable system for accreditation to that used by HPC-UK. Australians/New Zealanders and UK trained podiatrists are all gaining registration in each other's context but the current process is overly time consuming and mutual recognition should overcome this. Ninety percent of those from overseas who are seeking registration (and assessment for skilled migration purposes) in Australia/New Zealand are from the UK. Comparability was also noted in that Australia has had 3 year bachelor degrees for podiatry for around 20 years or 2 year Masters for those with background in various allied health areas. The TransTasman mutual recognition agreement also exists.

ANZPAC recognizes the comparability of the Australia/NZ and UK accreditation standards, processes and competency standards but it must be mutual. Given the comparability of HPC-UK and ANZPAC, organizational comparability can be established which will support mutual recognition and enable a shift from examining comparability on an individual candidate basis when there are applications for overseas assessments.

There are other allied health professions under the HPC-UK umbrella for whom there are also significant similarities with Australia such as physiotherapists and dieticians. Speech language, radiographer, dietician, physiotherapists are key groups who seek employment in the UK. Psychology and Occupational Therapy are different.

Workforce planning issues were discussed and these are not problematic in the HPC-UK context although there may be National Health Service issues, particularly given economic conditions and shortage of health positions, with pressures from other EU countries for employment opportunities.

Regarding Continuing Professional Development: HPC-UK expects practitioners to record CPD and there is a random audit of about 2 ½%. Those returning to practice are required to undertake private study and supervised practice of 30 days for a 2 year absence and 60 days for a 5 year absence. ANZPAC operates similarly.

Regarding students, students are registered in Australia/NZ but not in the UK

Challenges and opportunities

Medicines prescribing aspects may be a challenge in the future. The UK is currently exploring and consulting regarding podiatrists moving beyond the current situation of being supplementary prescribers to one in which they may undertake additional theoretical studies and practice such that they can become independent prescribers. In Australia, only a limited number of podiatrists are independent prescribers, but current consultations and establishment of standards indicate that this situation will change and once additional study has been undertaken and supervised practice, an additional notation on the registration paperwork may be provided for podiatrists to indicate that the individual is also an independent prescriber. The different ways in which this issue evolves in Australia and in the UK may be a challenge for mutual recognition in the future. However this should not disrupt negotiations regarding mutual recognition and may be overcome through additional study requirements.

HPC-UK/ANZPAC Approaches and Timelines

HPC-UK/ANZPAC Approaches and Timelines discussed are as follows:

*By mid December 2011

Susanne Owen to forward website links and copies of accreditation standards and competency standards from ANZPAC site

Susanne Owen to forward website links and copies of CPD materials from AHPRA site

Susanne Owen to forward detailed mapping materials re comparability of HPC-UK and ANZPAC accreditation standards, processes and competency standards/Standards of Proficiency for more detailed examination by relevant HPC-UK personnel

*By March 2012

HPC-UK to forward mapping documents

*Emails and teleconferences to occur as relevant throughout January to September 2012.

*September-December 2012

Work towards finalisation of Memorandum of Understanding re mutual recognition if deemed achievable after additional research by HPC-UK and ANZPAC.

Follow up Work Undertaken

Following the 28 November 2011 meeting with HPC-UK, a series of follow-up actions occurred, involving email contact as follows:

- a) 29 November: Email forwarded by Dr Susanne Owen to Mr David Waddle, expressing thanks and documenting agreements about timelines and actions from the meeting on 28 November and seeking confirmation
- b) 29 November: Email forwarded by Mr David Waddle to Dr Susanne Owen indicating confirmation of timelines and actions
- c) 12 December: Email from Dr Susanne Owen to Mr David Waddle including forwarding of additional material showing more detailed comparison of ANZPAC and HPC-UK accreditation standards and processes, also competencies
- d) 12 December: Email from Mr David Waddle to Dr Susanne Owen indicating receipt of additional materials.

Emails confirming these arrangements are provided as follows:

Email a)

From: Susanne Owen <Susanne.Owen@unisa.edu.au>
To: "david.waddle@hpc-uk.org" <david.waddle@hpc-uk.org>
Cc: Rolf Scharfbillig <Rolf.Scharfbillig@unisa.edu.au>, "a.bird@latrobe.edu.au" <a.bird@latrobe.edu.au>
Date: 29/11/2011 06:15
Subject: HPC-UK and ANZPAC

Dear David

Thanks for taking the time for yourself and your team's representatives to meet with us. We really appreciated this.

It was agreed to further explore the comparability of our accreditation standards, processes and competency standards/standards of proficiency, with strong indications at this early stage that further contact towards possibly reaching some agreements about mutual recognition would be beneficial.

Approaches and timelines from here, as discussed, are as follows:

By mid December 2011

Susanne Owen to forward website links and copies of accreditation standards and competency standards from ANZPAC site

Susanne Owen to forward website links and copies of CPD materials from AHPRA site

Susanne Owen to forward detailed mapping materials re comparability of HPC-UK and ANZPAC accreditation standards, processes and competency standards/Standards of Proficiency for more detailed examination by relevant HPC-UK personnel

By March 2012

HPC-UK to forward mapping documents

Emails and teleconferences to occur as relevant throughout January to September 2012.

September-December 2012

Work towards finalisation of Memorandum of Understanding re mutual recognition if deemed achievable after additional research by HPC-UK and ANZPAC

We would appreciate a return email indicating that this accurately reflects our discussions.

Again, thanks for your support and time.

Kind regards Susanne

Email b)

Email, 29 Nov

Dear Susanne, Rolf and Adam

Many thanks for the meeting yesterday. It is always a valuable experience for us to meet with colleagues from around the world, and we were all very grateful to you for coming to see us.

Anna and I have agreed that this email accurately reflects our discussions and the action points we agreed, along with the estimated timescales. As I mentioned, next year is likely to be the busiest we have ever experienced, so we may need a little flexibility, especially in the second half of the year.

I will follow this up with colleagues from our Policy department as well as our Stakeholder Communications Manager, and we look forward to receiving your material.

If we can be of any further assistance to you, please do not hesitate to get in touch.

Best wishes

David Waddle
Customer Services Manager
Health Professions Council

Email c)

From: Susanne Owen <Susanne.Owen@unisa.edu.au>
To: "david.waddle@hpc-uk.org" <david.waddle@hpc-uk.org>
Cc: "a.bird@latrobe.edu.au" <a.bird@latrobe.edu.au>, Rolf Scharfbillig <Rolf.Scharfbillig@unisa.edu.au>
Date: 12/12/2011 10:46
Subject:

Dear David

Hi David, Many thanks again for the meeting during our recent visit to the UK. Here are the materials we agreed that I would forward:

1. Links to the podiatry accreditation standards and competency standards

<http://www.anzpac.org.au/intropolicy.htm>

2. CPD materials from the AHPRA site (see attached Podiatry-Continuing-Prof)

3. Further details regarding comparability of accreditation standards, processes and competency standards (see paper attached)

Please let me know if you need any additional details.

We look forward to further contact during early 2012.

Kind regards Susanne

Dr Susanne Owen
ANZPAC Mutual Recognition project
Mob 0412532107Hi Dav

Email d)

29 November

Dear Suzanne

Many thanks for these, and I hope you all had a safe journey back to Australia

I will forward these to colleagues in HPC for discussion and I'm sure we can talk again early next year

Best wishes

David Waddle
Customer Services Manager
Health Professions Council

Written communications and discussions were also held with the Podiatry Board of Australia about any potential impediments to ANZPAC establishing mutual recognition agreements with HPC-UK. No issues were raised.

Summary

Section 1 of this report provides the general background and summarises the face-to-face meetings held in the United Kingdom and timelines and pathways forward. Section 2 provides a copy of the initial mutual recognition discussion paper prepared at the conclusion of the Phase 1 project and forwarded prior to the United Kingdom meetings.

Section 2: Mutual Recognition Discussion Paper

The purpose of this discussion paper is to provide a background document for face-to-face discussions between United Kingdom and Australian/New Zealand representatives in relation to mutual recognition.

Background Information

The Australian and New Zealand Podiatry Accreditation Council (ANZPAC) is the national body responsible for accreditation and competency standards for Australia and New Zealand. This work is undertaken on behalf of the Australian and New Zealand Boards, the Podiatry Board of Australia (PodBA) and the Podiatrists Board of New Zealand (PBNZ). ANZPAC also carries out the assessment of qualifications and skills for skilled migration purposes and the assessment process is recognised by PodBA for registration and suitability to practise in Australia. The Podiatrists Board of New Zealand also uses the ANZPAC accreditation and competency standards and has responsibility for overseas assessment for registration purposes, with minor variations occurring, particularly in relation to cultural competence (PBNZ, 2010). The TransTasman Mutual Recognition Agreement supports podiatrists in working between Australia and New Zealand without significant additional processes.

In early 2011, ANZPAC was successful in gaining a Professional Services Development Program (PSDP) grant from the Educational and Professional Recognition Unit (EPRU) International Group within the Australian Government. Financial assistance was provided to explore the possibility of reciprocal recognition of podiatry qualifications with counterpart organisations such as the United Kingdom. A key objective for the project was to conduct desk top research to map and compare entry-level competencies and podiatry accreditation standards and processes between Australia and the United Kingdom. A further objective was to produce a discussion paper and to begin networking towards establishing face-to-face meetings and furthering negotiations for reciprocal recognition of qualifications between jurisdictions over a period of time.

The context for the PSDP grant request is that approximately 60-70 overseas-trained podiatry applicants annually seek to migrate and work in Australia and New Zealand. There are workforce shortages of podiatrists in Australia and podiatry is listed on the Skilled Occupations List (National Visas, 2011). An efficient and cost-effective qualifications assessment process is needed to support more streamlined movement of podiatrists between Australia/New Zealand and various other countries, particularly where qualifications are comparable. Currently the majority of applicants seeking an assessment hold United Kingdom (UK) diplomas and degrees, although there are also some graduates from Canadian, South African or United States (US) programs.

Historically during the 1990s, given the lack of an international federation or authority providing a coordination focus for podiatry preparatory programs, an Approved Overseas Podiatry Schools list was used as a reference point regarding comparable programs in podiatry from the UK, South Africa, Canada and the US. Overseas-trained applicants seeking to work in Australia or New Zealand submitted relevant documentation regarding their qualifications and experience. Generally the applicant's preparatory program was listed. Therefore, many applicants were exempted from the additional documentation processes regarding their course of study and also potentially involving written and clinical practical examinations. While there seemed to be no formalised agreements, there were generalised understandings about comparability of programs and Australian and New Zealand trained podiatrists seeking to work overseas also seemed to have their qualifications accepted without additional processes (Owen, 2009).

Changing UK contexts for mutual recognition

In the past five to ten years, there have been changing global contexts for working overseas as a podiatrist and generally in health professions. While the preparatory courses for Australia/New Zealand and many other countries are essentially unchanged and continue to be quite comparable, the international requirements for working and

migration are very different (Schafheutle & Hassell, 2009). However, health workers are included on the National Shortage Occupation List, with podiatrists classified as 'therapists not elsewhere classified' (Work Permit, 2011).

The global context has resulted in a reconsideration of comparable podiatry program mutual recognition arrangements. For example, in terms of the United Kingdom and the European Union context and establishment of the Health Professions Council (HPC-UK) for managing overseas assessment process for 15 health professions, the understanding in relation to a list reflecting comparable programs no longer exists. International applicants, including Australians and New Zealanders seeking to work in the United Kingdom, are required to provide detailed documentary evidence that they meet the standards of proficiency; identity; and academic comparability including providing certified copies of transcripts and course outlines. Work experience, employer/colleague references and registration evidence and clinical references, are the other types of documentary evidence required. Each applicant is individually considered and additional information is sometimes required to demonstrate meeting of some of the proficiency standards. Additional documentation may involve submitting case studies in a particular area or a daily log of procedures for dealing with patients. There may be some additional written/oral or clinical examinations involved (HPC-UK, 2011; HPC-UK, 2006).

In addition to other processes described above, all overseas-trained applicants seeking to work in New Zealand are required by the Podiatrists Board of New Zealand to complete an open book exam relating to cultural competence. This requirement relates to significant health inequalities for the Maori population and positive discrimination agreements which have been enacted (PBNZ, 2010).

ANZPAC overseas-trained qualifications assessment processes

In the absence of a formalised Memorandum of Understanding for mutual recognition, ANZPAC's revamped processes for assessing overseas-trained podiatry applicants, overseen by the Overseas Qualifications Assessment Committee (OQAC), have also been devised to consider each applicant's background individually. This essentially means a two-stage process involving a desk top application and practical assessment (ANZPAC, 2010).

In the desk top application process, a modified assessment is used for some applicants who hold current registration as a podiatrist in Australia (regardless of country of training) or for those who completed an ANZPAC accredited program within the two years prior to applying for a migration skills assessment.

However, most applicants are trained overseas and require a full desk top assessment which involves a detailed examination that their podiatry qualification is comparable to an ANZPAC accredited entry level podiatry program in Australia and other documentation check. This relates to comparable educational level to an Australian Bachelor Degree or higher, with the duration being a minimum of six semesters of fulltime study equivalent to an undergraduate program or as relevant for graduate entry; supervised clinical practice within the course curriculum including various placements and patient situations to develop relevant skills, competencies and show evidence of application of theory to practice; and the course curriculum including clinical, behavioural and basic sciences. In addition, relevant and sufficiently-detailed theoretical and practical content and also including research and developing student skills and responsibility for lifelong learning, are requirements.

Additional desk top documentation includes evidence of recency of practice, English language skills, and completing secondary schooling or podiatry qualifications in Australia, Canada, New Zealand, Ireland, South Africa, the United Kingdom or the United States of America (ANZPAC, 2010).

In assessing overseas qualifications (see Figure 1), ANZPAC requirements are that, apart from those applicants involved in modified assessment (qualifications obtained through ANZPAC approved program), full desktop assessment applicants need to submit detailed documentation including in regard to their program of study. If assessed as meeting all criteria except the competent professional practice criterion, they are offered the opportunity to sit the Stage 2 Practical Assessment. If they do not meet the registration, qualification or English language skills criteria, they will be assessed as not suitable for migration (ANZPAC, 2010: 2).

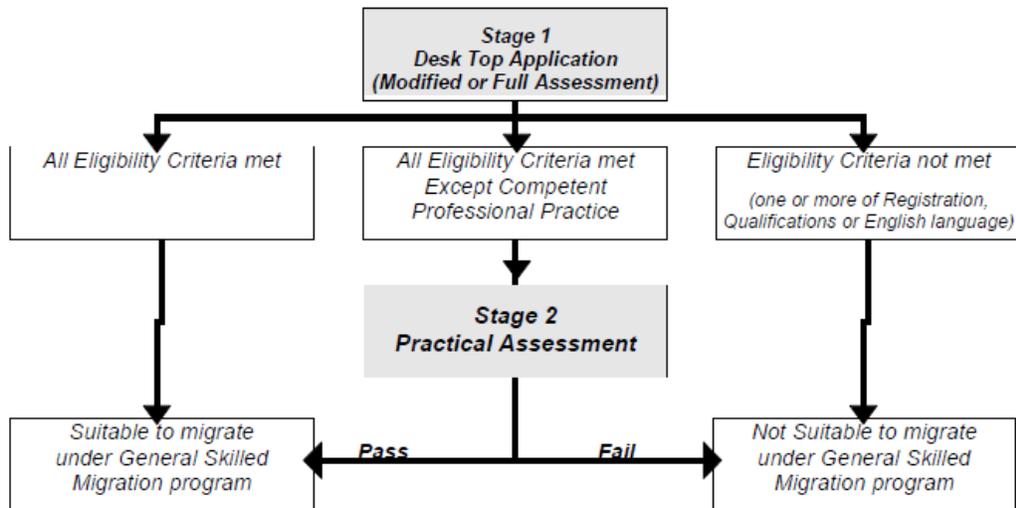


Figure 1: ANZPAC overseas assessment processes

Project Focus & Rationale

Given that about 75-80% of applicants for ANZPAC overseas assessment each year are from the UK, this current project has been concerned with mapping the comparability of various overseas programs towards re-establishing networks and formalising mutual recognition arrangements, particularly in relation to Australia and the United Kingdom. The ultimate objective has been that of streamlining of the processes and reducing the amount of paperwork and time involved for applicants and for ANZPAC in preparing and in processing these applications. Streamlining through mutual recognition with UK counterparts is the ultimate outcome so that there are two-way benefits for those seeking qualifications assessments.

This discussion paper represents the mapping which demonstrates the comparability of podiatry preparatory programs in preparation for liaison with the HPC-UK key personnel towards exploring mutual recognition formalisation between ANZPAC and HPC-UK.

ANZPAC Accreditation Standards

To consider the comparability of Australia/New Zealand and United Kingdom podiatry programs of study, accreditation standards were examined. ANZPAC accreditation standards are framed within the broader context of programs providing eligibility for registration and accreditation being about protecting the health and safety of the public and providing assurance that graduates are competent to practise podiatry.

The document, *Accreditation Standards and Procedures for Podiatry Programs for Australia and New Zealand* (ANZPAC, 2009), outlines the Australian and New Zealand accreditation standards. These accreditation standards reflect best practice accreditation guidelines (Professions Australia, 2008) and were devised in recent years through a detailed mapping process related to overseas podiatry standards and those of other Australian health professions.

The ANZPAC accreditation standards are shown in Figure 2 as follows:

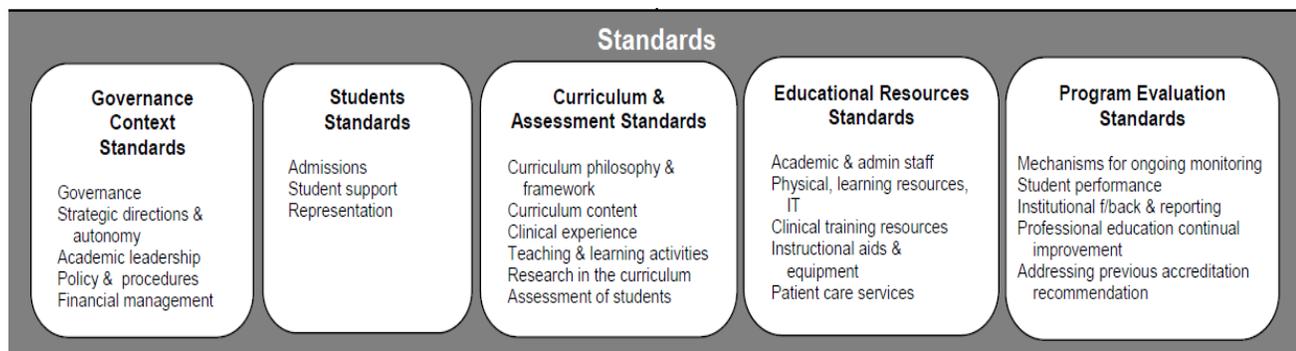


Figure 2: ANZPAC Accreditation Standards

Each of the five ANZPAC accreditation standards of Governance Context, Students, Curriculum & Assessment, Educational Resources, and Program Evaluation, has descriptors. There are also Examples of Evidence that are a guide to the types of evidence needing to be presented which indicate that standards have been met.

Accreditation Standards for HPC-UK

The UK authority responsible for the regulation of fifteen health professions including physiotherapists, dietitians, radiographers and podiatrists is the Health Professions Council, United Kingdom (HPC-UK). The *Standards of Education and Training Guidance* (2009) document provides generic information regarding standards for approval processes for education programs in relation to the fifteen professions.

There are six sections to the standards. Similar to the ANZPAC, each of the UK standards has a title, a summary of the areas that the standard relates to and Guidance that provides guidance about the standard including information about the type of evidence which can be produced as indicative of the standard being met.

The sections to the standards (HPC-UK, 2009) are related to level of qualification, programme admissions, program management and resources, curriculum, practice placement and assessment standards. Details are indicated in Table 1:

Table 1: UK Accreditation Standards

Set 1: Level of qualification for entry to the Register	Set 2: Programme admissions	Set 3: Programme management and resource standards	Set 4: Curriculum standards	Set 5: Practice placement standards	Set 6: Assessment standards
Threshold entry routes to the Register	Provision of sufficient information for informed choice about programme commencement; selection and entry criteria- language, criminal conviction check, health, academic, prior learning, EO/anti-discriminatory policies	Secure place in business plan; programme managed effectively, named and qualified programme leader; adequate & appropriately qualified staff; subjects taught by staff with relevant specialist expertise; ongoing staff development; resources available and used effectively; adequate & accessible support facilities; appropriate protocols for patients in clinical settings; academic/pastoral student support; clear attendance policies; resources providing adequate support; appropriate & accessible curriculum resources	Learning outcomes ensuring standards of Proficiency are met; programme reflecting philosophy, values, skills & knowledge; theory/practice integrated to enable safe practice; curriculum relevant to current practice; programme assisting autonomous and reflective thinking and evidence-based practice; range of learning and teaching approaches; interprofessional learning still ensuring individual discipline knowledge & skills	Practice placements integral; qualified/experienced staff; placement settings safe/providing safe & effective practice/encouraging safe practice & independent learning/professional conduct; number/duration/range of placements appropriate for learning outcomes; placements approved and monitoring of placement; students prepared for placement; clinical placement educators qualified/registered/trained/ collaborative with placement providers; sufficient and accessible information for practice providers/students; range of teaching and learning strategies respecting rights of patients & colleagues EO & antidiscriminatory policies	Assessment design & procedures assuring that students have fitness to practice; assessment methods measuring learning outcomes and skills to practise safely and effectively; rigorous assessment; monitoring & evaluation.

In this ANZPAC project, a detailed mapping of the ANZPAC and UK accreditation standards was undertaken. Considerable comparability was indicated for:

- Students (ANZPAC) and Program Admissions (UK);
- Curriculum and Assessment (ANZPAC) and Curriculum Standards and Assessment Standards (UK), although the ANZPAC standards seem to provide more detail regarding curriculum content and the HPC-

UK standards provide more specific detail regarding inclusion of external examiners within the Assessment standard;

- Educational Resources (ANZPAC) and Program Management and Resource Standards (UK).

The UK Practice Placement Standards are essentially captured within ANZPAC Curriculum Standards (Clinical Experience) and Educational Resources (Clinical) Standards, although the UK standards are more detailed in terms of the nature of contacts between the university and placement personnel and their qualifications. It should also be noted that national projects regarding improving clinical placements access, quality and data management are currently at the consultation stage within the Australian context.

ANZPAC Program Evaluation and Governance Context Standards seem to be more detailed than the UK Standards although evaluation is an aspect contained within many of the UK Standards. The ANZPAC Governance Context Standards include financial management and academic leadership which are aspects of the UK Program Management and Resource Standards.

In summary, the accreditation standards for the UK and Australia/New Zealand are highly comparable.

ANZPAC Accreditation Processes

Beyond the accreditation standards themselves, comparability of the accreditation processes was evident and is relevant in terms of quality assurance and the broader issues regarding qualifications and programs.

ANZPAC's Accreditation Committee appoints an Assessment team consisting of four people including an academic from another state/territory institution or New Zealand, a member of the ANZPAC Board of Management, a registered podiatrist and a professional body representative). The Assessment Team conducts the accreditation and makes a report to the Accreditation Committee, before then making recommendations to ANZPAC. ANZPAC has the decision-making responsibility (ANZPAC, 2009).

In terms of the processes, ANZPAC Accreditation processes for preparatory podiatry programs may be summarised as follows (ANZPAC, 2009):

- Initial Assessment finalisation for new programs/re-accreditation contact for existing programs
- Documentation negotiation for accreditation/re-accreditation
- Self-evaluation report completion
- Assessment team appointment/review of institutional self-evaluation
- Formal site visits and reporting
- Report finalisation and recommendation
- Outcome of accreditation/re-accreditation
- Notification of outcome to educational institution
- Annual reporting during accreditation period
- Ongoing accreditation process monitoring
- Standardisation and national management of data.

If granted, full accreditation of programs is provided for five years. Minor changes within that timeframe require additional documentation about those aspects for consideration and approval by ANZPAC's accreditation committee.

The HPC-UK accreditation processes were highly comparable involving pre-visit processes including self evaluation documentation completed against the core standards; formal site visit meetings including document check, interviews and observations, and post-visit report writing and recommendations (HPC, 2009a).

Competency Standards and Standards of Proficiency

Accreditation standards provide a framework for programs in achieving outcomes which indicate that intending registrants have the required skills, knowledge and professional dispositions to safely carry out their role in the profession.

The ANZPAC competency standards are outlined in *Podiatry Competency Standards for Australia and New Zealand* (ANZPAC, 2009a). The UK *Standards of Proficiency Chiropodists/podiatrists* (HPC-UK, 2009) are based on the generic standards for the fifteen health professions under the HPC-UK, related to knowledge, skills and understandings; skills required and expectations, but with additional aspects relevant to podiatry.

Mapping of the key aspects of the UK and ANZPAC standards indicates considerable comparability as shown in Table 2:

Table 2: Comparability of ANZPAC Competencies and HPC Standards of Proficiency Key Elements

ANZPAC Competencies	HPC UK Standards of Proficiency (generic & specific)	HPC-UK Standards of Proficiency (generic) following review
<p>Competency Standard 1: Practise Podiatry in a Professional Manner</p> <p><i>(Working within legislative and professional codes of ethics and standards, displaying an organised and professional manner and continually updating skills)</i></p>	<p>Expectations Professional autonomy and accountability</p> <p><i>(Practise within legal & ethical boundaries, non-discriminatory, confidentiality, informed consent, exercise professional duty of care, practise as autonomous professionals, exercise professional judgement, , self managing workload, maintain fitness to practice)</i></p>	<p>1 Be able to practise safely and effectively within their scope of practice 2 Be able to practise within the legal and ethical boundaries of their professions 3 To be able to maintain fitness to practise 4 Be able to practise as an autonomous professional, exercising their own professional judgement 5. Be aware of the impact of culture, equality and diversity of practice 6.Be able to practise in a non-discriminatory manner 7.Be able to maintain confidentiality</p>
<p>Competency Standard 2: Continue to Acquire and Review Knowledge for Ongoing Clinical and Professional Practice Improvement</p> <p><i>(Applying theory to practice, acquiring and critiquing new knowledge and being committed to lifelong learning and reflective practice)</i></p>	<p>Knowledge, Understanding & Skills Know & understand key competencies relevant to profession</p> <p><i>(Know key concepts of body of knowledge and how professional principles are expressed and translated for various groups)</i></p>	<p>13. Understand the key concepts of the knowledge base relevant to their profession 14. Be able to draw on appropriate knowledge and skills to inform practice</p>
<p>Competency Standard 3: Communicate and Interrelate Effectively in Diverse Contexts</p> <p><i>(Using a range of relevant verbal, written and interpersonal skills to work in partnership with diverse clients/groups and interprofessional colleagues)</i></p>	<p>Professional Relationships</p> <p><i>(Work in partnership with other professionals, contribute to multidisciplinary teams, appropriate communication skills and understand its importance)</i></p>	<p>8. Be able to communicate effectively 9. Be able to work appropriately with others 10. Be able to maintain records appropriately</p>

ANZPAC Competencies	HPC UK Standards of Proficiency (generic & specific)	HPC-UK Standards of Proficiency (generic) following review
<i>and organisations)</i>		
<p>Competency Standard 4: Conduct Patient/client Interview and Physical Examination</p> <p><i>(Conducting appropriate history-taking and diagnostic examinations and making referrals as appropriate)</i></p>	<p>Identification and Skills required Assessment of health & social care needs</p> <p><i>(Gather information, select and use appropriate assessment techniques, arrange investigation)</i></p>	
<p>Competency Standard 5: Interpret, Diagnose and Analyse</p> <p><i>(Interpreting and evaluating data considering presenting symptoms, diagnostic test results and communicating with patients and other health professionals)</i></p>	<p>Skills Required Analyse, critically evaluate information</p> <p><i>(Interpret physiological, medical and biomechanical data in context of podiatry)</i></p>	
<p>Competency Standard 6: Develop a Patient/Client-focused Management Plan</p> <p><i>(Developing a management plan and providing education for patients that is appropriate for various targeted groups and individuals)</i></p>	<p>Skills Required Formulate delivery of strategy</p> <p><i>(Use research and problem-solving for action, draw on knowledge and skills for professional judgements, able to formulate appropriate management plan)</i></p>	
<p>Competency Standard 7: Implement & Evaluate Management Plan</p> <p><i>(Providing an appropriate primary health care service matched to client needs and operating within ethical and occupational health and safety frameworks)</i></p>	<p>Skills Required Conduct diagnostic or monitoring process</p> <p>Critical evaluation of impact</p> <p><i>(monitor and review ongoing effectiveness, audit and reflect on and review practice)</i></p>	<p>11. Be able to reflect on and review practice 12. Be able to assure the quality of their practice</p>
<p>Competency Standard 8: Provide Education and Contribute to an Effective Health Care System</p>	<p>Skills Required Able to maintain records</p> <p><i>(Establish and maintain safe practice environment)</i></p>	<p>15. Understand the need to establish and maintain a safe practice environment</p>

ANZPAC Competencies	HPC UK Standards of Proficiency (generic & specific)	HPC-UK Standards of Proficiency (generic) following review
<i>(Delivering effective and efficient services and resources, including referrals and health education, within overall health system)</i>		

While further profession-specific details are under development in the UK for the podiatry competencies, it is evident that considerable comparability exists between HPC-UK and ANZPAC competency standards/Standards of Proficiency.

Summary

In recent years, United Kingdom and Australia/New Zealand podiatrists seeking to work in each other's jurisdiction are usually required to participate in very detailed, costly and time-consuming processes to gain an overseas assessment. The ANZPAC and HPC-UK Accreditation Standards and process and Competency/Standards of Proficiency have been mapped in detail and this paper provides a summary of key aspects. Extensive comparability has been shown.

Formally establishing mutual recognition between ANZPAC and HPC-UK would streamline overseas assessment processes for UK and Australia/New Zealand podiatrists seeking to work in each other's jurisdictions and this would support these countries to more efficiently overcome occupational shortages.

This paper provides a discussion focus for the face-to-face meetings with various relevant bodies in the United Kingdom to enable further exploration of mutual recognition.

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Section 3: Mutual Recognition Post-UK Visits Detailed Follow-up Paper

Following a November meeting with HPC-UK and ANZPAC representatives to discuss mutual recognition and the potential for more formal agreements in the future, it was agreed that further details would be provided to HPC-UK in regard to the mapping work undertaken by ANZPAC, with funding support from the Australian Government. This paper supplements the previously supplied summary discussion paper, providing further detail for HPC-UK consideration and for other discussions and action during 2012.

The context for this work relates to approximately 50-60 overseas-trained podiatry applicants who annually seek to migrate and work in Australia and New Zealand and providing an efficient and cost-effective qualifications assessment process, with approximately 80% of applicants holding United Kingdom (UK) diplomas and degrees. Approximately 20 podiatrists from Australia and New Zealand also seek registration in the UK. The other context is that prior to the last five to ten years, there seemed to be understandings across these countries that there was comparability of programs. Australian and New Zealand trained podiatrists seeking to work overseas seemed to have their qualifications accepted without additional detailed documentation and other processes.

Background

The Australian and New Zealand Podiatry Accreditation Council (ANZPAC) is the national body responsible for accreditation and competency standards for Australia and New Zealand, The mutual recognition project work is undertaken on behalf of the Australian and New Zealand Boards, the Podiatry Board of Australia (PodBA) and the Podiatrists Board of New Zealand (PBNZ). ANZPAC also carries out the assessment of qualifications and skills for skilled migration purposes and the assessment process is recognised by PodBA for registration and suitability to practise in Australia. The Podiatrists Board of New Zealand also uses the ANZPAC accreditation and competency standards and has responsibility for overseas assessment for registration purposes, with minor variations occurring, particularly in relation to cultural competence (PBNZ, 2010). The TransTasman Mutual Recognition Agreement supports podiatrists in working between Australia and New Zealand without significant additional processes.

Accreditation Processes

ANZPAC as the Australia/New Zealand assessment authority and the Health Professions Council UK (HPC-UK) all have similar processes in terms of assessing overseas applications.

Essentially, the first stage for each jurisdiction when applicant qualifications have been obtained overseas involves a documentation check regarding comparability in the details of the program of study, professional experiences including employer references, registration evidence, clinical references, identity and character checks, health and English language. For all applicants in these various countries, academic comparability includes providing certified copies of transcripts and course outlines showing theoretical education and clinical/practical training. For those seeking an assessment in the United Kingdom, applicants are required to provide detailed documentary evidence that they meet the standards of proficiency, with each applicant individually considered and additional information sometimes being required to demonstrate meeting of the proficiency standards. Additional documentation may involve submitting case studies in a particular area or a daily log of procedures for dealing with patients. For the United Kingdom, additional written/oral or clinical examinations may be involved. For Australia, additional practical assessments are sometimes involved for those needing to demonstrate professional competence. For South African registration, additional practical and theory examinations or supervised practice may be required (HPC-UK, 2011; ANZPAC, 2010).

In addition to other processes described above, all overseas-trained applicants seeking to work in New Zealand are required by the Podiatrists Board of New Zealand to complete an open book exam relating to cultural competence.

This requirement relates to significant health inequalities for the Maori population and positive discrimination agreements which have been enacted (PBNZ, 2010).

A key objective relevant to this project regarding mutual recognition is whether the program of study for acquiring qualification in the various countries is comparable through conducting desk top research to map aspects of programs and engaging in further discussions. Examining accreditation standards and processes and also analysing the competencies/outcomes/standards of proficiency provides some information which is relevant and this detailed mapping will now be outlined.

ANZPAC Accreditation Standards

Standards for podiatry accreditation for Australia and New Zealand are framed within the broader context of programs providing eligibility for registration, protecting the health and safety of the public and providing assurance that graduates are competent to practise podiatry.

Based on broad principles related to legislation, transparency, diversity of curriculum approaches and responsiveness to change, the ANZPAC standards were framed in the context of recognising academic independence of universities but also ensuring quality assurance, continuous improvement and institutions adhering to a set of minimum quality education standards. All new podiatry graduates from Australian and New Zealand institutions being competent and safe practitioners and responsive to the health needs of individual citizens and communities were established as expected outcomes from programs of study. Basic, behavioural and social sciences; general clinical and clinical decision making skills; and communication abilities and ethics, were curriculum areas needing to be addressed by all institutions within their podiatry programs of study.

Accreditation Standards and Procedures for Podiatry Programs for Australia and New Zealand (ANZPAC, 2009) is the document which outlines the Australian and New Zealand accreditation standards. These accreditation standards were devised in recent years through a detailed mapping process across overseas podiatry standards and those of other Australian health professions and they reflect best practice.

The ANZPAC accreditation standards are shown in Figure 1 as follows

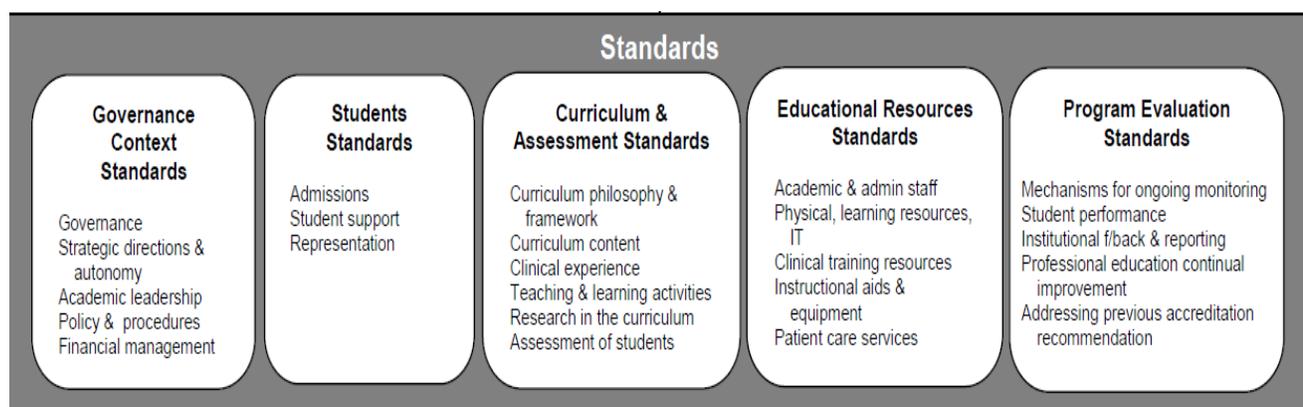


Figure 1: ANZPAC Accreditation Standards

Each of the five ANZPAC accreditation standards of Governance Context, Students, Curriculum & Assessment, Educational Resources, Program Evaluation, has descriptors and this information is provided in Figure 1. There are also Examples of Evidence which are a guide to the types of evidence needing to be presented which indicate that standards have been met.

Accreditation Standards for HPC-UK

The Health Professions Council, United Kingdom (HPC-UK), is the body responsible for the regulation of fifteen health professions including physiotherapists, dieticians, radiographers and podiatrists. The *Standards of Education and Training Guidance* (2009) document provides generic information about standards for approval processes for education programs in relation to the fifteen professions

There are six sections to the standards as outlined in Table 1. Each standard has a title, a summary of the areas the standard relates to and Guidance which provides guidance about the standard including information about the type of evidence which can be produced as indicative of the standard being met.

Table 1: UK Accreditation Standards

Set 1: Level of qualificat'n for entry to the Register	Set 2: Programme admissions	Set 3: Programme management and resource standards	Set 4: Curriculum standards	Set 5: Practice placement standards	Set 6: Assessment standards
Threshold entry routes to the Register	Provision of sufficient information for informed choice about programme commencement; selection and entry criteria- language, criminal conviction check, health, academic, prior learning, EO/anti-discriminatory policies	Secure place in business plan; programme managed effectively, named and qualified programme leader; adequate & appropriately qualified staff; subjects taught by staff with relevant specialist expertise; ongoing staff development; resources available and used effectively; adequate & accessible support facilities; appropriate protocols for patients in clinical settings; academic/pastoral student support; clear attendance policies; resources providing adequate support; appropriate & accessible curriculum resources	Learning outcomes ensuring Standards of Proficiency are met; programme reflecting philosophy, values, skills & knowledge; theory/practice integrated to enable safe practice; curriculum relevant to current practice; programme assisting autonomous and reflective thinking and evidence-based practice; range of learning and teaching approaches; inter-professional learning still ensuring individual discipline knowledge & skills	Practice placements integral; qualified/experienced staff; placement settings safe/providing safe & effective practice/encouraging safe practice& independent learning/professional conduct; number/duration/range of placements appropriate for learning outcomes; placements approved and monitoring of placement; students prepared for placement; clinical placement educators qualified/registered/trained/collaborative with placement providers; sufficient and accessible information for practice providers/students; range of teaching and learning strategies respecting rights of patients & colleagues EO & anti-discriminatory policies	Assessment design & procedures assuring that students have fitness to practice; assessment methods measuring learning outcomes and skills to practise safely and effectively; rigorous assessment; monitoring & evaluation.

Accreditation Standards comparison

The next section provides detailed mapping of the Accreditation Standards for Australia/New Zealand (ANZPAC, 2009) and those for the United Kingdom (HPC, 2009).

Governance Context

ANZPAC Accreditation Standards for podiatry in relation to Governance Context include Governance, Strategic Directions and Autonomy, Academic Leadership, Policies and Procedures, and Financial Management.

Details are presented in Table 2 as follows:

Table 2: Governance Context

ANZPAC	HPC-UK	Other comment
<p>Governance: The Podiatry Unit is a distinct entity located in an accredited Higher Education Institution in Australia/NZ, with administrative responsibility and status similar to comparable units such as other health professional schools.</p> <p>Governance structures and functions are defined, including terms of reference, powers and reporting lines.</p>		
<p>Strategic Directions & Autonomy: The podiatry school's mission and objectives for research, teaching and social areas have been defined by a representative and autonomous committee, with strategic directions and educational processes linked to the achievement of agreed podiatry competencies</p>		
<p>Academic Leadership: The designated podiatry program leader has relevant research, clinical, teaching and management qualifications and experience, with the responsibilities and autonomy of the academic leadership position being clearly outlined</p>	<p>3 Programme management & resources</p> <p>3.3 There must be a named person who has overall professional responsibility for the programme who must be appropriately qualified and experienced and, unless other arrangements are agreed, be on the relevant part of the Register.</p>	<p>Comparable</p>
<p>Policies & Procedures: Relevant written policies and procedures are publicly available and compliant within legal requirements, including Occupational Health Safety Welfare (OHSW), Equal Opportunity (EO), anti-discrimination, appeal processes, privacy and confidentiality</p>	<p>6 Assessment Standards</p> <p>6.10 Assessment regulations must clearly specify requirements for a procedure for the right of appeal for students.</p>	<p>UK has some specific procedures but Australia/New Zealand list has a wider range of policy framework areas</p>

ANZPAC	HPC-UK	Other comment
<p>Financial management: Accounting complies with accepted standards for higher education institutions, with adequate and stable financial resources to support podiatry program goals and to cater for the most recently entering class through to graduation</p>	<p>3 Programme management & resources</p> <p>3.1 The programme must have a secure place in the education provider's business plan.</p> <p>3.2 The programme must be effectively managed</p>	<p>Comparable</p>

Overall there is a high degree of comparability between ANZPAC Governance Context Standards and UK Program Management and Resource Standards. The Australia/New Zealand standards are more specific in relation to governance and strategic directions and also a wider range of policy framework requirements including Equal Opportunity and anti-discrimination.

Students

ANZPAC Accreditation Standards for podiatry in relation to Students include Student Admissions, Student Support and Student Representation.

Details are presented, and comparability with United Kingdom and other comments indicated in Table 3 as follows:

Table 3: Students

ANZPAC	HPC-UK	Other comment
<p>Student Admissions: Clearly defined and consistent student admission standards and qualifications are outlined and regularly evaluated as appropriate to the school's educational mission and objectives and academic/ professional entry and consistent with immigration, English language, visa and health requirements.</p>	<p>2 Programme Admissions</p> <p>2.1 The admissions procedures must give both the applicant and the education provider the information they require to make an informed choice about whether to take up or make an offer of a place on a programme.</p> <p>2.2 The admissions procedures must apply selection and entry criteria, including evidence of a good command of reading, writing and spoken English.</p> <p>2.3 The admissions procedures must apply selection and entry criteria, including criminal convictions checks.</p> <p>2.4 The admissions procedures must apply selection and entry criteria, including compliance with any health requirements.</p> <p>2.5 The admissions procedures must apply selection and entry criteria, including appropriate academic and/or professional entry standards.</p>	<p>High Degree of Comparability</p>

ANZPAC	HPC-UK	Other comment
	<p>2.6 The admissions procedures must apply selection and entry criteria, including accreditation of prior (experiential) learning and other inclusion mechanisms.</p> <p>2.7 The admissions procedures must ensure that the education provider has equality and diversity policies in relation to applicants and students, together with an indication of how these will be implemented and monitored.</p>	
<p>Student Support: The school and institution offers appropriate student support including counselling, health and academic advisory services, and students with a range of special needs are provided with adequate and accessible services</p>	<p>3 Programme management & resources</p> <p>3.11 There must be adequate and accessible facilities to support the welfare and wellbeing of students in all settings.</p> <p>3.12 There must be a system of academic and pastoral student support in place.</p>	<p>High degree of comparability</p>
<p>Student Representation: The podiatry school encourages and supports student representation and active participation in governance and curriculum management aspects</p>		<p>ANZPAC standards include student representation in decision making</p>

Overall, there is high comparability in the ANZPAC Student Standards and the HPC-UK Program Admission Standards although the ANZPAC standards also include standards in relation to student representation in decision-making.

Curriculum Content & Assessment

ANZPAC Accreditation Standards for podiatry in relation to Curriculum and Assessment include Curriculum Philosophy and Framework, Curriculum Content, Clinical Experience, Teaching and Learning Activities, Research in the Curriculum, and Assessment of Students. Details are presented, and comparability with United Kingdom is indicated in Table 4 as follows:

Table 4: Curriculum and Assessment

ANZPAC	HPC-UK	Other comment
<p>Curriculum Philosophy & Framework The podiatry school has an educational philosophy and curriculum framework which provides contemporary content, diverse learning approaches and sequencing linked to competency standards, and involves a balance of core/electives with graduated increase in clinical practice opportunities, also continually evaluating to ensure an integrated and effective student-centred curriculum approach within a coherent program</p> <p>Total curriculum provides sufficient learning opportunities for students to meet minimum competency standards</p>	<p>1 Level of Qualification</p> <p>The Council normally expects that the threshold entry routes to the register will be Bachelor degree with honours</p> <p>4 Curriculum</p> <p>4.1 The learning outcomes must ensure that those who successfully complete the programme meet the standards of proficiency for their part of the Register.</p> <p>4.2 The programme must reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance.</p>	
<p>Curriculum Content: Principles & Practice of Podiatry : The podiatry school has documentation of clinical, behavioural and basic science components of sufficient depth and sequencing regarding the knowledge, skills and attitudes expected at each phase of the program towards achievement of the curriculum's overall defined competencies.</p> <p>The course provides a comprehensive coverage of:</p> <p>*Philosophical concepts, understanding positioning and function of podiatry profession in health care system</p> <p>*Basic Sciences:</p> <p>*Basic biomedical science, human anatomy, physiology, histology, microbiology and clinically-relevant chemistry, physics, biology, biochemistry, psychology</p> <p>*Clinical Sciences;</p> <p>*Clinical Pathology (general medicine, podiatric medicine) including systemic & local disease processes affecting foot and general pathophysiological principles, aetiology & pathogenesis, clinical presentation, assessment, diagnosis and management of specific disorders and specific populations including paediatrics, sports medicine, gerontology</p>	<p>4.3 Integration of theory and practice must be central to the curriculum.</p> <p>4.4 The curriculum must remain relevant to current practice</p>	

ANZPAC	HPC-UK	Other comment
<p>*Human Movement Studies (biomechanics of the lower limb and foot, pathomechanics)</p> <p>*Management studies including treatment modalities and management planning</p> <p>*Assessment and diagnostic studies (medical history construction, physical examination, assessment techniques, formulation of diagnoses, construction of patient management plans)</p> <p>*Pre-clinical and Clinical Studies (clinical practice, clinical systems & procedures, patient safety and quality of health care)</p> <p>*Professional Studies and Issues Behavioural Social Sciences & Ethics</p> <p>*Principles of professional enquiry related to the health care practitioner including research methods and biostatistics and evidence-based health care, with analytical and critical thinking taught throughout the curriculum</p> <p>*Health & Human Behaviour (psychology, sociology, cultural studies)</p>	<p>4.5 The curriculum must make sure that students understand the implications of the HPC's standards of conduct, Performance and ethics.</p> <p>4.6 The delivery of the programme must support and develop autonomous and reflective thinking.</p>	
<p>Clinical Experience</p> <p>*Appropriately-supervised clinical experiences progressively providing an increasingly wide range of patients in various internal clinic and external placement situations to develop their skills, professional dispositions and understandings such that they achieve course outcomes and develop the required competencies and safe practice</p>	<p>Practice placement</p> <p>5.1 Practice placements must be integral to the programme.</p> <p>5.2 The number, duration and range of practice placements must be appropriate to support the delivery of the programme and the achievement of the learning outcomes.</p> <p>5.5 The placement providers must have</p>	

ANZPAC	HPC-UK	Other comment
<p><i>Indicative 1000 hours and 60% of clinical practice conducted in the internal clinical facilities, with staff student ratios reflective of patient safety at 1:4 to 1:10 dependent on risk and requirements of the task+++</i></p> <p><i>(from ANZPAC 2010 University Guidelines for Completion of Self Evaluation Report)</i></p>	<p>equality and diversity policies in relation to students, together with an indication of how these will be implemented and monitored.</p> <p>5.6 There must be an adequate number of appropriately qualified and experienced staff at the practice placement setting.</p> <p>5.7 Practice placement educators must have relevant knowledge, skills and experience.</p> <p>5.8 Practice placement educators must undertake appropriate practice placement educator training.</p> <p>5.9 Practice placement educators must be appropriately registered, unless other arrangements are agreed.</p> <p>5.10 There must be regular and effective collaboration between the education provider and the practice placement provider.</p> <p>5.11 Students, practice placement providers and practice placement educators must be fully prepared for placement which will include information about an understanding of:</p> <ul style="list-style-type: none"> – the learning outcomes to be achieved; – the timings and the duration of any placement experience and associated records to be maintained; – expectations of professional conduct; – the assessment procedures including the implications of, and any action to be taken in the case of, failure to progress; and – communication and lines of responsibility. 	
<p>Teaching & Learning Activities</p> <p>The teaching and learning activities are consistent with the mission/vision and appropriate for developing the competency standards and evidence-based practice, with a range of pedagogies utilised including didactic, technological, clinical and inquiry based approaches and developing student responsibility in preparation for</p>	<p>Curriculum</p> <p>4.8 The range of learning and teaching approaches used must be appropriate to the effective delivery of the curriculum.</p>	<p><i>UK standard not specifically addressed in ANZPAC standards</i></p>

ANZPAC	HPC-UK	Other comment
lifelong learning		4.9 When there is interprofessional learning the profession-specific skills and knowledge of each professional group must be adequately addressed
<p>Research in the Curriculum</p> <p>The podiatry school emphasises the importance of research and scholarly activity in advancing relevant knowledge, with mechanisms in place to facilitate opportunities for staff and students and with active involvement occurring, including honours programs and post graduate studies</p>	4.7 The delivery of the programme must encourage evidence based practice	
<p>Assessment of Students: The podiatry school has a defined and documented assessment policy regarding transparent success criteria for progression, compatibility with educational objectives and promotion of learning, with a range of formative and summative assessment methods linked to competencies being used</p>	<p>Assessment</p> <p>6.1 The assessment strategy and design must ensure that student who successfully completes the programme has met the standards of proficiency for their part of the Register.</p> <p>6.2 All assessments must provide a rigorous and effective process by which compliance with external-reference frameworks can be measured.</p> <p>6.3 Professional aspects of practice must be integral to the assessment procedures in both the education setting and practice placement setting.</p> <p>6.5 The measurement of student performance must be objective and ensure fitness to practise.</p> <p>6.6 There must be effective monitoring and evaluation mechanisms in place to ensure appropriate standards in the assessment.</p> <p>6.7 Assessment regulations must clearly specify requirements for student progression and achievement within the programme.</p>	<p><i>UK standards not specifically addressed in ANZPAC standards</i></p> <p>6.8 Assessment regulations, or other relevant policies, must clearly specify requirements for approved programmes being the only programmes which contain any reference to an HPC protected title or part of the Register in their named award.</p> <p>6.9 Assessment regulations must clearly specify requirements for an aegrotat award not to provide eligibility for admission to the Register</p> <p>6.11 Assessment regulations must clearly specify requirements for the appointment of at least one external examiner who must</p>

ANZPAC	HPC-UK	Other comment
		be appropriately experienced and qualified and, unless other arrangements are agreed, be from the relevant part of the Register

Overall, while there are some differences, there is high comparability between the UK, Australia/New Zealand . However the UK has less specific curriculum content than the other countries, but is more specific in some aspects in relation to Assessment. The UK is very specific in terms of Clinical Experience while ANZPAC standards cover aspects such as Health and Human Behaviour and some of the social context areas in relation to health care, which are further highlighted in the competency standards.

Educational Resources

ANZPAC Accreditation Standards for podiatry in relation to Educational Resources include Academic and Administration Staff, Physical/Learning Resource and Information and Communication Technologies (ICT) facilities, Clinical Training Resources, Instructional Aids and Equipment, and Patient Care Services.

Details are presented, and comparability with United Kingdom and other comments are indicated in Table 5 as follows:

Table 5: Educational Resources

ANZPAC	HPC-UK	Other comment
<p>Academic & Administration Staff The school has a detailed staff plan (including professional development opportunities) indicating sufficient academic and administration support staff to cover curriculum and clinical practice requirements, with varied background and qualifications, beyond the years they are teaching</p>	<p>Programme management & resources</p> <p>3.5 There must be an adequate number of appropriately qualified and experienced staff in place to deliver an effective programme.</p> <p>3.6 Subject areas must be taught by staff with relevant specialist expertise and knowledge.</p> <p>3.7 A programme for staff development must be in place to ensure continuing professional and research development.</p>	High comparability
<p>Physical/Learning Resource & ICT Facilities</p> <p>The school has sufficient Occupational Health & Safety-compliant physical/ICT/Learning Resource facilities for staff and students to meet program objectives and ensure competencies are</p>	<p>3.8 The resources to support student learning in all settings must be effectively used.</p> <p>3.9 The resources to support student learning in all settings must effectively support the required learning and teaching activities of the programme.</p> <p>3.10 The learning resources, including IT facilities, must be</p>	High comparability

developed	appropriate to the curriculum and must be readily available to students and staff.	
Clinical Training Resources The school has sufficient resources, clinical training facilities and opportunities for students to have contact with a broad range of patients to enable program objectives and competency requirements to be achieved	Practice Placement 5.3 The practice placement settings must provide a safe and supportive environment. 5.4 The education provider must maintain a thorough and effective system for approving and monitoring all placements.	High comparability
Instructional Aids & Equipment Classroom and clinical equipment is adequate to provide students with opportunities to gain knowledge and skills including advanced analysis tools		High comparability
Patient Care Services The school has formal quality assurance processes to show evidence of patient-centred standards of care with ongoing review including patient confidentiality/privacy, safety and emergency issues and clinic meeting infection control & OHSW guidelines	Program Management & Resources 3.14 Where students participate as service users in practical and clinical teaching, appropriate protocols must be used to obtain their consent 3.16 There must be a process in place throughout the programme for dealing with concerns about students' profession-related conduct. Practice Placement 5.12 Learning, teaching and supervision must encourage safe and effective practice, independent learning and professional conduct. 5.13 A range of learning and teaching methods that respect the rights and needs of service users and colleagues must be in place throughout practice placements	High comparability although UK practice placement standards are more specific

Overall, there is high comparability between ANZPAC Education Resource Standards and some of the HPC-UK Program Management and Resource standards and practice placement standards. Some of the UK Standards are more specific, particularly in terms of clinical placements and teaching and learning, as well as the educational provider approval process.

Program Evaluation

ANZPAC Program Evaluation standards under the categories of Mechanisms for Ongoing Monitoring, Student Performance, Institutional Feedback and Reporting and Professional Education Continual Improvement are outlined.

Details are presented, and comparability with United Kingdom and comments as shown in Table 6 as follows:

Table 6: Program Evaluation

ANZPAC	HPC-UK	Other comment
<p>Mechanisms for Ongoing Monitoring Staff performance and Course and evaluation mechanisms involving students, graduates, employers, academics, clinical educators (as relevant) are available to monitor curriculum content, quality of teaching, assessment and student progress and to ensure concerns are identified and addressed</p>	<p>Program Management & resources</p> <p>3.3 The programme must have regular monitoring and evaluation systems in place.</p> <p>3.15 Throughout the course of the programme, the education provider must have identified where attendance is mandatory and must have associated monitoring mechanisms in place.</p> <p>3.13 There must be a student complaints process in place.</p>	<p>High comparability</p>
<p>Student performance Student performance including scores, pass/fail at exams, attrition rates is analysed in relation to the curriculum and competency standards and to various student cohort groups and policies and action occurs for non-performing students</p>	<p>Assessment</p> <p>6.4 Assessment methods must be employed that measure the learning outcomes.</p>	<p>Some comparability</p>
<p>Institutional Feedback & Reporting Outcomes of evaluations are reported through the governance and administration mechanisms of the podiatry school and to academic staff and students, with access provided to a full range of groups with an interest in graduate outcomes</p>		
<p>Professional Education Continual Improvement</p> <p>The school provides annual report to ANZPAC and addresses recommendations made at previous accreditation visits, demonstrating awareness of the need for continual improvement.</p>		

Overall, the HPC-UK Standards are comparable in some aspects with the program evaluation standards within ANZPAC, although the Australia/New Zealand standards are more specific particularly in terms of continual improvement and institutional feedback and reporting.

ANZPAC Accreditation Processes

Beyond the accreditation standards themselves, comparability of various country's accreditation processes needs consideration in helping to determine comparability of the qualifications for overseas assessment.

ANZPAC's Accreditation Committee appoints an Assessment team consisting of four people including an academic from another state/territory institution, a member of the ANZPAC Board of Management, a registered podiatrist and a professional body representative). The Assessment Team conducts the

accreditation and makes a report to the Accreditation Committee, before then making recommendations to ANZPAC. ANZPAC has the decision-making responsibility.

In terms of the processes, ANZPAC Accreditation processes for preparatory podiatry programs may be summarised as follows (ANZPAC, 2009):

- Initial Assessment finalisation for new programs/re-accreditation contact for existing programs
- Documentation negotiation for accreditation/re-accreditation
- Self-evaluation report completion
- Assessment team appointment/review of institutional self-evaluation
- Formal site visits and reporting
- Report finalisation and recommendation
- Outcome of accreditation/re-accreditation
- Notification of outcome to educational institution
- Annual reporting during accreditation period
- Ongoing accreditation process monitoring
- Standardisation and national management of data.

If granted, full accreditation of programs is provided for five years. Minor changes within that timeframe require additional documentation about those aspects for consideration and approval by ANZPAC's accreditation committee.

Table 7 provides outlines the ANZPAC program accreditation approval process in further detail and maps this against the HPC-UK process (Health Professions Council, 2009a) as follows:

Table 7: Comparative Accreditation Processes

ANZPAC Accreditation process	Who/timeline	UK accreditation process	Who/timeline
<p>Initial Assessment finalisation for new programs/Re-accreditation contact for existing programs</p> <p>Contact as needed</p>	<p>University admin</p> <p>24 months prior</p>	<p>Pre-visit for new programs</p> <p>Approval visit request form</p> <p>Request form lodged</p>	<p>Initial accreditation</p> <p>Uni admin</p> <p>Not less than 6 mths prior or</p> <p>Reaccreditation</p>
<p>Documentation negotiation for accreditation/re-accreditation</p> <p>ANZPAC advises school of program/curriculum documentation required</p> <p>Negotiation & Communication occur regarding timelines, site visit dates</p>	<p>University admin/ head</p>	<p>For already approved programmes, HPC makes contact giving reason and timescales for the visit.</p> <p>Agreement on a visit date & format to work towards -</p>	<p>HPC makes contact</p> <p>Visit - no less than three months before the start date of programme/ next cohort</p>

ANZPAC Accreditation process	Who/timeline	UK accreditation process	Who/timeline
<p>Self-evaluation report completion</p> <ul style="list-style-type: none"> Provides comprehensive self-evaluation of how course meets accreditation standards: Governance Context, Students, Curriculum and Assessment, Educational Resources, Program Evaluation <p>Assessment team appointment/review of institutional self-evaluation</p> <p>Assessment team training & appointment; notification to educational institution</p> <ul style="list-style-type: none"> Conflict of Interest notification opportunity (if needed by educational institution) Assessment team reviews self-evaluation materials Response prepared noting matters requiring additional information or not meeting required criteria, with sufficient response time provided (about 2-4 weeks) <p>Initial brief site visits (if needed to confirm or provide additional information regarding facilities and other aspects, and providing opportunity for response to self-evaluation)</p> <p>Initial report recommendations:</p> <ul style="list-style-type: none"> Satisfactory report: proceed to formal on-site inspection Unsatisfactory report: self-evaluation format aspects/additional information required Unsatisfactory content: institution not ready for formal inspection, deficiencies outlined and recommendations made 	<p>ANZPAC</p> <p>12 months prior</p> <p>Podiatry Head</p> <p>6-12 months prior</p> <p>Accreditation Com</p> <p>6-12 months prior</p>	<p>Documentation received</p> <p>Documentation forwarded to the visitors by HPC.</p> <p>Visit proceeds as planned.</p> <p>If Documentation not received: for new programmes the visit is Cancelled & new approval visit request form must be submitted.</p> <p>For already approved programmes, new timescales developed for a rearranged visit or possible withdrawal of approval.</p> <p>Visitors chosen</p> <p>Conflict of interest procedure occurs.</p> <p>Visit date confirmed.</p> <p>All Documentation reviewed by visitors</p>	<p>University forwards 8 weeks prior to visit – may be additional 2 weeks</p>
<p>Formal Site Visits and Reporting</p> <ul style="list-style-type: none"> Assessment team several days on- 	<p>Assessment team</p> <p>6 months prior</p>	<p>The agenda for an HPC approval</p>	

ANZPAC Accreditation process	Who/timeline	UK accreditation process	Who/timeline
<p>campus studying all aspects of program</p> <ul style="list-style-type: none"> Facilities inspection, staff/management interviews, financial/corporate records, student credentials/grading/promotion/graduation record Site team assist with suggestions for improvement Exit interview with Institution/podiatry leadership re initial findings First draft report Educational institution/podiatry leader obtains report and forwards amended version (corrected for factual errors) to Assessment Team leader in timely manner (with about 2 weeks for response) Assessment team completes report and indicates recommendations and reasons <p>Report finalisation and recommendation</p> <ul style="list-style-type: none"> Accreditation Com. finalises report and makes recommendations to ANZPAC Report sent to Educational Institution leadership seeking review & written response Educational Institution leadership forwards additional evidence, response to any concerns 	<p>Accreditation Committee</p> <p>4 months prior</p>	<p>visit includes:</p> <ul style="list-style-type: none"> meetings of the joint panel to confirm agendas for individual meetings throughout the visit; a meeting with the senior staff who are responsible for programme resources; a meeting with the programme team; a meeting with students (past or present as appropriate); a meeting with the placement providers and educators; our own private meetings; a tour of learning resources, including the library, IT and specialist teaching areas. <p>Post-visit</p> <p>Visitors' report completion & forwarding, including visitors' recommended outcome and detail any conditions, recommendations or commendations.</p> <p>Observations</p> <p>Provide any observations, if appropriate.</p> <p>ETC decision – approve or reconfirm ongoing approval subject to conditions being met</p> <p>agree to accept the visitors' report or make changes. If changes made, university informed. Process then adjourned to allow conditions to be met.</p>	<p>14-28 days after visit</p> <p>Within 28 days</p>
<p>Outcome of Accreditation/Re-Accreditation</p>	<p>Accreditation</p>	<p>Post-visit</p> <p>Visitors' recommended outcome</p>	

ANZPAC Accreditation process	Who/timeline	UK accreditation process	Who/timeline
<p>Grant <u>Initial Accreditation</u> (prior to course commencement), Grant <u>Full Accreditation</u> for five years (available only one year after first group of graduates has completed course: all criteria met)</p> <p>Grant <u>Preliminary Accreditation</u> (available after first group of students have completed first year of program) or</p> <p>Grant <u>Conditional Accreditation</u> (all criteria not met completely but only minor inadequacies for monitoring With recommendations based on timetable for implementation/ without timetable, requirement for progress reports ❖ Without recommendations ❖ Conditional on meeting certain requirements • Denial, deferment or withdrawal of accreditation: essential criteria not met and students cannot attain required graduate outcomes</p> <p>❖ Deferment of decision to re-accredit</p> <p>Decision not to reaccredit</p> <ul style="list-style-type: none"> ○ Follows one calendar year notice period ○ Must apply for accreditation through Initial Assessment process 	<p>Committee</p> <p>3 months prior</p>	<p>to ETC</p> <p>The visitors' report is sent to the next available ETC for them to make a decision based on the recommended outcome provided by the visitors.</p> <p>ETC decision – approve or reconfirm ongoing approval</p> <p>ETC agree to approve or reconfirm ongoing approval as there were no conditions set or the conditions which were set have now been met.</p> <p>ETC decision – to not approve or withdraw approval</p> <p>ETC agree to consider whether to not approve or withdraw approval from an already approved programme.</p>	
<p>Notification of Outcome to Educational Institution</p> <p>Appeal/Review of Accreditation Process</p> <p>Review available if accreditation committee not following appropriate processes</p>	<p>ANZPAC</p> <p>3 months prior</p>	<p>Informed of outcome</p> <p>Informed of the possibility of non approval or withdrawal of approval and have 28 days to respond.</p> <p>Response, if provided, to ETC for final decision</p> <p>ETC make the final decision on whether to not approve or withdraw approval.</p> <p>Informed of the decision reached by ETC and the website is updated.</p> <p>Documents to meet conditions</p> <p>Two attempts to meet any conditions. Based on their</p>	

ANZPAC Accreditation process	Who/timeline	UK accreditation process	Who/timeline
		assessment of the documentation, the visitors' will make a second recommended outcome to ETC.	

The HPC-UK accreditation processes were highly comparable involving pre-visit processes including self evaluation documentation completed against the core standards; formal site visit meetings including document check, interviews and observations, and post-visit report writing and recommendations (HPC, 2009a).

Competency Standards and Standards of Proficiency

Accreditation standards provide a framework for programs in achieving outcomes which indicate that intending registrants have the required skills, knowledge and professional dispositions to safely carry out their role in the profession.

The ANZPAC competency standards are outlined in *Podiatry Competency Standards for Australia and New Zealand* (ANZPAC, 2009a). The UK *Standards of Proficiency Chiropodists/podiatrists* (HPC-UK, 2009) are based on the generic standards for the fifteen health professions under the HPC-UK, related to knowledge, skills and understandings; skills required and expectations, but with additional aspects relevant to podiatry. A consultation has recently occurred regarding updating the generic standards ,with profession-specific areas to be updated in the future (HPC-UK, 2011).

Mapping of the key aspects of the UK and ANZPAC standards indicates considerable comparability as shown in Table 8 as follows:

Table 8: Comparability of ANPZAC Competencies and HPC Standards of Proficiency Key Elements

ANZPAC Competencies	HPC UK Standards of Proficiency (generic & specific)	HPC-UK Standards of Proficiency (generic) following review
<p>Competency Standard 1: Practise Podiatry in a Professional Manner</p> <p><i>(Working within legislative and professional codes of ethics and standards, displaying an organised and professional manner and continually updating skills)</i></p>	<p>Expectations</p> <p>Professional autonomy and accountability</p> <p><i>(Practise within legal & ethical boundaries, non-discriminatory, confidentiality, informed consent, exercise professional duty of care, practise as autonomous professionals, exercise professional judgement, self managing workload, maintain fitness to practice)</i></p>	<ol style="list-style-type: none"> 1 Be able to practise safely and effectively within their scope of practice 2 Be able to practise within the legal and ethical boundaries of their professions 3 To be able to maintain fitness to practise 4 Be able to practise as an autonomous professional, exercising their own professional judgement 5. Be aware of the impact of culture, equality and diversity of practice 6.Be able to practise in a non-discriminatory manner

ANZPAC Competencies	HPC UK Standards of Proficiency (generic & specific)	HPC-UK Standards of Proficiency (generic) following review
		7. Be able to maintain confidentiality
<p>Competency Standard 2: Continue to Acquire and Review Knowledge for Ongoing Clinical and Professional Practice Improvement</p> <p><i>(Applying theory to practice, acquiring and critiquing new knowledge and being committed to lifelong learning and reflective practice)</i></p>	<p>Knowledge, Understanding & Skills</p> <p>Know & understand key competencies relevant to profession</p> <p><i>(Know key concepts of body of knowledge and how professional principles are expressed and translated for various groups)</i></p>	<p>13. Understand the key concepts of the knowledge base relevant to their profession</p> <p>14. Be able to draw on appropriate knowledge and skills to inform practice</p>
<p>Competency Standard 3: Communicate and Interrelate Effectively in Diverse Contexts</p> <p><i>(Using a range of relevant verbal, written and interpersonal skills to work in partnership with diverse clients/groups and interprofessional colleagues and organisations)</i></p>	<p>Professional Relationships</p> <p><i>(Work in partnership with other professionals, contribute to multidisciplinary teams, appropriate communication skills and understand its importance)</i></p>	<p>8. Be able to communicate effectively</p> <p>9. Be able to work appropriately with others</p> <p>10. Be able to maintain records appropriately</p>
<p>Competency Standard 4: Conduct Patient/client Interview and Physical Examination</p> <p><i>(Conducting appropriate history-taking and diagnostic examinations and making referrals as appropriate)</i></p>	<p>Identification and Skills required</p> <p>Assessment of health & social care needs</p> <p><i>(Gather information, select and use appropriate assessment techniques, arrange investigation)</i></p>	
<p>Competency Standard 5: Interpret, Diagnose and Analyse</p>	<p>Skills Required</p> <p>Analyse, critically evaluate</p>	

ANZPAC Competencies	HPC UK Standards of Proficiency (generic & specific)	HPC-UK Standards of Proficiency (generic) following review
<p><i>(Interpreting and evaluating data considering presenting symptoms, diagnostic test results and communicating with patients and other health professionals)</i></p>	<p>information</p> <p><i>(Interpret physiological, medical and biomechanical data in context of podiatry)</i></p>	
<p>Competency Standard 6: Develop a Patient/Client-focused Management Plan</p> <p><i>(Developing a management plan and providing education for patients that is appropriate for various targeted groups and individuals)</i></p>	<p>Skills Required</p> <p>Formulate delivery of strategy</p> <p><i>(Use research and problem-solving for action, draw on knowledge and skills for professional judgements, able to formulate appropriate management plan)</i></p>	
<p>Competency Standard 7: Implement & Evaluate Management Plan</p> <p><i>(Providing an appropriate primary health care service matched to client needs and operating within ethical and occupational health and safety frameworks)</i></p>	<p>Skills Required</p> <p>Conduct diagnostic or monitoring process</p> <p>Critical evaluation of impact</p> <p><i>(monitor and review ongoing effectiveness, audit and reflect on and review practice)</i></p>	<p>11. Be able to reflect on and review practice</p> <p>12. Be able to assure the quality of their practice</p>
<p>Competency Standard 8: Provide Education and Contribute to an Effective Health Care System</p> <p><i>(Delivering effective and efficient services and resources, including referrals and health education, within overall health system)</i></p>	<p>Skills Required</p> <p>Able to maintain records</p> <p><i>(Establish and maintain safe practice environment)</i></p>	<p>15. Understand the need to establish and maintain a safe practice environment</p>

While further profession-specific details are under development in the UK for the podiatry competencies, it is evident that considerable comparability exists between HPC-UK and ANZPAC competency standards/Standards of Proficiency.

Summary

In recent years, United Kingdom and Australia/New Zealand podiatrists seeking to work in each other's jurisdiction are usually required to participate in very detailed, costly and time-consuming processes to gain an overseas assessment. The ANZPAC and HPC-UK Accreditation Standards and process and Competency/Standards of Proficiency have been mapped in detail and this paper provides a summary of key aspects. Extensive comparability has been shown.

Formally establishing mutual recognition between ANZPAC and HPC-UK would streamline overseas assessment processes for UK and Australia/New Zealand podiatrists seeking to work in each other's jurisdictions and this would support these countries to more efficiently overcome occupational shortages.

This paper provides more detailed material following face-to-face meetings and it is anticipated that further discussions leading to more formalized mutual recognition agreements will occur during 2012.

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Section 4: ANZPAC and HPC-UK Mutual Recognition Future Options Paper

This paper was prepared for the Australian and New Zealand Podiatry Accreditation Council members to summarise the Phase 2 project and its outcomes and to provide some initial ideas regarding ways forward in terms of mutual recognition. The final part of this paper provides responses from ANZPAC after consideration of this information.

Introduction

During 2011, the Professional Services Development Program (PSDP), grant scheme, administered through the Educational and Professional Recognition Unit (EPRU) International Group, within the Department of Education, Employment, and Workplace Relations (DEEWR), provided the Australian and New Zealand Podiatry Accreditation Council (ANZPAC) with two funding grants for exploring mutual recognition for podiatry with various countries. Phase 1 funding was focused on mapping processes, developing a discussion paper and establishing networks, particularly in relation to the United Kingdom where there had been previously understandings regarding comparability of programs of study. However, since the European Union and establishment of the Health Professions Council United Kingdom (HPC-UK), detailed course documentation had become a requirement of each individual requesting an assessment, with additional and time consuming checking and administration being involved.

The focus of the subsequently-funded Phase 2 project was about moving towards formalisation of mutual recognition arrangements between Australia and the United Kingdom particularly in regard to podiatrists. This involved building relationships further in the United Kingdom context through face-to-face meetings with the Health Professions Council and networking with a range of leaders from key professional organisations and within the government health context. Formalised meetings were held in HPC-UK and Department of Health offices and also within an international podiatry conference, exploring accreditation/competency standards similarities and differences. Preliminary discussions about mutual recognition and the opportunities and challenges were the focus, building towards more focused mutual recognition agreements formalisation within a potential Phase 3 funding request.

Key personnel involved were Dr Susanne Owen as the Consultant/Project Manager, with the Steering Committee including Dr Adam Bird as the chair of the Overseas Qualifications Assessment Committee (also ANZPAC Deputy Chair) and Dr Rolf Scharfbillig as the ANZPAC chair.

The phase 2 work included five face-to-face meetings in the United Kingdom, with representatives from groups and organisations as follows:

- Department of Health
- Society of Chiropodists and Podiatrists (SOCAP) Education
- Society of Chiropodists and Podiatrists (SOCAP) Executive
- Society of Chiropodists and Podiatrists (SOCAP) Medicines Prescribing Committee
- HPC-UK.

The meeting context was about ANZPAC establishing formalised arrangements for mutual recognition to reduce paperwork and time involved for podiatrists seeking to work and be registered across Australia/New Zealand and the United Kingdom. Currently about 50-60 UK podiatrists annually apply to ANZPAC for assessment for registration purposes, with about 20 Australia/NZ applicants seeking an assessment from HPC-UK for registration as a podiatrist. Extensive paperwork providing detailed course descriptions is currently required for each individual seeking registration, even though UK and Australia/NZ authorities recognise at an informal level that the educational preparatory programs and processes are comparable.

The outcomes of the meetings, including those with the Health Professions Council United Kingdom were general recognition of the comparability of accreditation standards and processes and competencies/standards of proficiency,

also continuing professional development. An agreement was reached to undertake closer examination of materials, with a timeline established towards possible mutual recognition in the future.

Mutual Recognition Background

The world is changing and economic globalisation, reduced transportation and communication costs, permanent and temporary migration flow and the need for highly-skilled persons, especially in the health industry, has led to the demand for streamlining of processes involved in recognition of overseas qualifications.

Mutual recognition is a process which allows professional qualifications in one country to be recognised in another, thereby supporting the mobility of professionals. Mutual recognition is a:

...contractual norm between governments or bodies within delegated authority, mandating the transfer of regulatory authority from the host country (or jurisdiction) where a transaction takes place to the home country (or jurisdiction) ...if a professional can operate,a service provided lawfully in one jurisdiction, they can operate....in any other participating jurisdiction.. The 'recognition' involved here is one of the 'equivalence', 'compatibility' or at least 'acceptability' of the counterpart's regulatory system'. (Nicolaidis, 2007).

Mutual recognition agreements in relation to professions may be formalised at a bigger picture level across governments and across multiple countries. Similarly reciprocity agreements may be established between a limited number of professional or similar associations across a few countries and based on similarity of the education and training underlying qualifications and the similarity of the professional activities involved. Mutual recognition/reciprocity determines if there is sufficient similarity. While some professions have established international councils involving a commitment to common accreditation standards and competencies, there is often no requirement to change the structure or processes underlying the qualifications (Plimmer, 2007).

The process of establishing reciprocity agreements between professional organisations usually involves the following (DAA, 2008):

- dialogue and exchange of information by both professional organisations;
- detailed investigation to establish the nature and level of the professional education and the process for achieving the qualification; and
- further dialogue to develop formal agreements.

Thereafter, any changes in the processes are communicated to the other organisation involved and the agreement may be terminated by notification.

Mutual recognition/reciprocity agreements can be applied to individual applicants, with each individual providing details of their qualifications and studies and also evidence of their meeting of competencies. The agreement may also be applied at an organisational level. Where comparability is at the organisational level, each of the professional bodies from the countries involved investigates whether there is a sufficient professional activities in common in the host and home countries to indicate a 'corresponding profession', and whether the duration and nature of the professional education and training is comparable. If there is sufficient comparability but some deficiencies there may be a need for an adaptation mechanism such as work-based supervised experience and/or an aptitude test.

Mutual recognition agreements between various countries or globally have been or are being established by professions including accountancy, engineering, architects, surveyors, dietitians, speech pathologists and nurses (Plummer, 2007; DAA, 2008).

Establishing Mutual Recognition Agreements HPC-UK and ANZPAC

ANZPAC representatives, supported by Department for Education, Employment and Workforce Relations (DEEWR) Phase 1 funding, has undertaken desk-top research and established that reasonable comparability

exists between HPC-UK and ANZPAC accreditation standards and processes and the competency standards/standards of proficiency. In November 2011, Phase 2 face-to-face meetings with various UK professional organisations, and the Department of Health indicated further acknowledgement of the comparability and support for mutual recognition agreements to be established. Additional details indicating comparability have now been provided by ANZPAC to HPC-UK (see Section 3 paper).

Aligned with the reciprocity agreement process outlined above, HPC-UK and ANZPAC are now conducting further investigations regarding the option of establishing a mutual recognition agreement. A timeline has been agreed as follows:

By mid December 2011

Susanne Owen to forward website links and copies of accreditation standards and competency standards from ANZPAC site
Susanne Owen to forward website links and copies of CPD materials from AHPRA site
Susanne Owen to forward detailed mapping materials re comparability of HPC-UK and ANZPAC accreditation standards, processes and competency standards/Standards of Proficiency for more detailed examination by relevant HPC-UK personnel

By March 2012

HPC-UK to forward mapping documents

Emails and teleconferences to occur as relevant throughout January to December 2012.

September-December 2012

Work towards finalisation of Memorandum of Understanding re mutual recognition if deemed achievable after additional research by HPC-UK and ANZPAC

As per the agreement, ANZPAC has now provided additional information to HPC-UK. HPC-UK has indicated that it will formally respond by March 2012.

Components of Mutual Recognition Voluntary Relationship Charter

Various components may be involved in a mutual recognition agreement. These include details such as identifying the agreement parties; purpose; scope including qualifications and coverage for temporary or permanent access to the profession; level of equivalence agreed; eligibility for qualifications, recognition such as minimum level of education required and subjects/supervised professional practice prior to licensing; registration and eligibility for recognition and additional requirements such as examinations, aptitude; documentation required of applicants, fees; proof of good conduct, means of ongoing verification of competence, compliance with host country's ethics (Plimmer, 2007):

It is proposed at this early stage that, given the seeming comparability of the activities of a podiatrist and comparability of ANZPAC and HPC-UK accreditation standards, processes and competency standards/standards of proficiency, that an agreement regarding recognition be developed.

Similar to a 2007 agreement (revised 2008) between the Dietitians Association of Australia and the Dietitians Board of New Zealand, it is proposed that a mutual recognition voluntary relationship charter be established between ANZPAC and HPC-UK, with areas covered by the agreement being relevant to:

- the podiatry qualifications, accreditation of educational institutions and accreditation processes;
- the scope of practice for podiatrists holding generalist registration;
- the competencies and standards of proficiency for entry into the profession; and
- maintenance of continuing professional competency.

HPC-UK and ANZPAC recognise that there may be differences in cultural competency requirements and these differences may be addressed by completion of additional study or activities for applicants for mutual recognition.

No podiatrist with any restriction or limitation regarding their practice in their country of registration is eligible to apply for mutual recognition. Confirmation by ANZPAC/ HPC-UK to the other that an applicant has good standing suffices to identify that the podiatrist complies with requirements, along with information contained on the application form.

One area for special consideration is whether podiatrists need to have been registered for one year with either HPC-UK or ANZPAC, before being eligible to apply using the mutual recognition process. An advantage of requiring one year's registration is that this means the podiatrist has potentially practised for one year, allowing this timeframe in case of any issues. However many podiatrists seeking to travel may be exit students from entry-level programs and they would therefore be discouraged by this requirement.

Proposed Procedure For Individuals Making Application For Overseas Registration under Mutual Recognition Agreements

Given mutual recognition agreements between HPC-UK and ANZPAC which recognise at an organisational level the comparability of accreditation standards and processes, competencies/standards of proficiency and continuing professional competency, individual podiatrists seeking registration need not provide detailed information about their qualifications and studies. Instead it is proposed that the following procedures may apply:

- applicant completes and submits registration application form (personal and contact details, current registration number and dates, statement about disciplinary or impending disciplinary, no court and impending court processes, no health restrictions), and signs statement indicating they have read and will abide by the other country's code of ethics and have familiarised themselves with the legislative requirements;
- applicant completes any cultural competence or other requirements (if required);
- HPC-UK or ANZPAC checks status of registration and good standing of the applicant;
- applicant agrees to undertake ongoing CPD program and is then granted registration status;
- finalisation and payment.

Summary

This paper outlines some ways forward and options for mutual recognition which require further discussion and follow up with the various groups involved.

References

Dietitians Association of Australia (DAA). (2008). *Mutual Recognition Voluntary Relationship Charter*. Retrieved from http://daa.collaborative.net.au/files/Recognition_of_Overseas/MR_Voluntary_Relationship_Charter_Jan08.pdf? (Accessed 27/1/2012)

Nicolaidis, K. (2007). *Managed Mutual Recognition: The New Approach to the Liberalisation of Professional Services*. Retrieved from <http://users.ox.ac.uk/~ssfc0041/managemr.htm> (Accessed 6/1/2012).

Plimmer, F. (2007). Mutual Recognition of Professional Qualifications. Retrieved from http://www.fig.net/pub/fig2007/papers/ts_5e/ts05e_02_plimmer_1382.pdf. (Accessed 6/1/2012)

ANZPAC Response

A presentation about the Phase 2 project was made to ANZPAC in October 2011 prior to the face-to-face meetings in the United Kingdom.

Following the UK meetings, the draft report and a paper regarding future options was written and forwarded to ANZPAC members. The Future Options paper sought individual responses in relation to four key areas:

1. Regarding Components of the Mutual Recognition Voluntary Relationship Charter (page 3 of this paper), while it is early days, do you believe this section covers the main components needed in an agreement?
2. Re Components of the Mutual Recognition Voluntary Relationship Charter (page 3 of this paper), do you believe that podiatrists seeking overseas recognition (HPC-UK/ANZPAC) should have been registered for one year in their home country before being eligible for application for registration under mutual recognition. Or can graduates apply under mutual recognition?
3. Do the Proposed Procedures for Making Application for Mutual Recognition as outlined on page 4 of this paper, seem appropriate?
4. Any other Comments?

General Responses

About 80% of ANZPAC members provided responses in regards to the overall project report and the future options paper, with highly positive comments being made such as:

'I would like to congratulate those involved in this project'

'I have carefully read both documents and thank the team for their thorough report on the UK trip'.

'I think that both (papers) are very clear and it is clear to me that this was a very productive trip for ANZPAC'.

Specific Responses

There were very positive comments about the Components and Procedures outlined in the paper. Some ANZPAC members believed that National police checks rather than statements about court proceedings and any disciplinary action should be part of the process. Evidence of Continuing Professional Development (CPD) and holding a current and valid CPR/resuscitation certificate were other components suggested by individual ANZPAC members.

There were varying views about whether new graduates should be able to apply for overseas assessment using mutual recognition processes. Some ANZPAC members believed that a period of registration and practice was important and this is captured in one comment that 'from a public safety perspective a period of practice should be a requirement'. Another similar comment was: 'my feeling is that it would be preferable that any applying podiatrist has some practice experience under their belts, just so that there is an opportunity for any early problems to be revealed. Perhaps a six month practice experience requirement might strike a useful middle ground'. There was a concern that just registering in the home country rather than actually practising may be insufficient as this 'allows the loophole of people just registering and then transferring without practising and thus defeating the purpose of it'.

Other respondents believed that requiring graduates to register and practice before being able to use the mutual recognition pathway for an overseas assessment was discriminative with comments such as:

'mutual recognition should mean that graduates from the UK are entitled to be treated the same as Australian graduates. Of course it would be an advantage to have a mandatory period of post-graduation practice during which the UK professional quality framework could 'run the ruler over' a new graduate but to write this into the agreement is to immediately introduce an inequality'.

'I think graduates should be able to apply under mutual recognition. If we recognize their course as being equivalent to ours, and our graduates are allowed to practice immediately after qualifying, I feel their graduates should be able to apply. Currently new graduates from overseas can apply so I don't see why mutual recognition should restrict them'.

One further comment was made about the paper in terms of clarifying a statement in the paper to ensure that it was clear that ANZPAC is not a registration authority. The comment refers to the statement as follows:

One area for special consideration is whether podiatrists need to have been registered for one year with either HPC-UK or ANZPAC, before being eligible to apply using the mutual recognition process. An advantage of requiring one year's registration is that this means the podiatrist has potentially practised for one year, allowing this timeframe in case of any issues. However many podiatrists seeking to travel may be exit students from entry-level programs and they would therefore be discouraged by this requirement.

This opening statement needs correction to:

One area for special consideration is whether podiatrists need to have been registered for one year **with the relevant authority in their home countries**, before being eligible to apply using the mutual recognition process.

It should be noted that any mutual recognition agreements are about assessment form ANZPAC for both registration and for skilled migration purposes.

Final Remarks and Recommendations

There was a positive response from ANZPAC and no significant challenges raised in terms of proceeding further with mutual recognition discussions with HPC-UK. Some specific points raised will need further discussion with HPC-UK in terms of their context.

The recommendation is that as per the agreed timeline with HPC-UK, there are further ANZPAC-HPC-UK discussions during 2012 with a view towards establishing a mutual recognition later in 2012.

It is also recommended that a Phase 3 PSDP application for funding be made to support the additional negotiations and further research regarding potential mutual recognition models in preparation for discussions with HPC-UK about the specific components of a mutual recognition agreement.

Section 5: Next Steps and Conclusion

The outcomes for Phase 2 project were about holding face-to-face meetings to establish closer links between ANZPAC and HPC-UK and other key professional bodies, while also building improved understanding about comparability of accreditation and competency standards and identifying any barriers and challenges. The second outcome related to developing a mutual recognition discussion paper to capture issues and future action towards formalising mutual recognition arrangements as the outcome sought in the future in a proposed Phase 3 application.

This five part report covers these key project outcomes.

Reporting areas, as outlined in the funding agreement between EPRU (DEEWR) and ANZPAC, included a report summary about the preparations, meetings, follow up action and agreements documentation and timelines for future action (Section 1 of this report); a discussion paper for the face-to-face meetings in the UK (Section 2); a paper for further negotiations with HPC-UK (Section 3 more detailed paper); preparation of a mutual recognition discussion options paper for presentation to ANZPAC and recommendation for further action (Section 4).

Other deliverables such as tax invoices, boarding passes for air travel and receipts for expenditure, post-project evaluation report and certificate and audit statement are provided separately.

Timelines and Action

Given that ANZPAC has already provided HPC-UK with additional materials (Section 3 paper provided in this report), timelines and next steps as agreed with HPC-UK are:

*By March 2012

HPC-UK to forward mapping documents

*Emails and teleconferences to occur as relevant throughout January to September 2012.

*September-December 2012

Work towards finalisation of Memorandum of Understanding re mutual recognition if deemed achievable after additional research by HPC-UK and ANZPAC.

Recommendations

A key recommendation is that, as per the agreed timeline with HPC-UK, there are further ANZPAC/HPC-UK discussions and communications during 2012 with a view towards establishing a mutual recognition agreement later in 2012.

It is also recommended that a Phase 3 PSDP application for funding be made in 2012 to support the additional negotiations and further research regarding potential mutual recognition models and in preparation for discussions with HPC-UK about the specific components of a mutual recognition agreement. It is also proposed that the Phase 3 PSDP application includes undertaking further discussions with South Africa who were approached in the Phase 1 PSDP and are now in a position to begin mutual recognition negotiations.

Consultation Guidelines (August 2012)

1 Introduction

- 1.1 These guidelines have been produced by ANZPAC to assist stakeholders to understand how consultation will occur and the opportunities for input into the work of ANZPAC.
- 1.2 ANZPAC may consult with relevant stakeholders as appropriate in the context of particular projects. This consultation may be in the nature of soliciting views on a matter under consideration by ANZPAC, or may take another form of interaction or consultation considered to be appropriate.

2 Approach

- 2.1 ANZPAC will consider all submissions made in a consultation in detail and values the important perspectives provided through this process. The feedback received will shape the final content agreed by ANZPAC.
- 2.2 The final content of any material circulated for consultation must reflect ANZPAC's responsibilities under the National Law and as such, ANZPAC reserves the right to accept or reject submissions wholly or in part.
- 2.3 As appropriate, ANZPAC may also issue explanatory material to provide background information to accompany any request for submissions.

3 Process

- 3.1 The consultation process will involve:
 - development;
 - public consultation;
 - consideration of respondents' comments;
 - approval;
 - implementation; and
 - publication.

4 Development

- 4.1 Under the National Law, ANZPAC is required to undertake public consultation for a number of its accreditation functions.
- 4.2 The document will address the purpose and desired outcomes of the proposed content of the document, an outline of the implementation plan and any transitional requirements and an assessment of the likely impact of the proposal.

5 Public consultation

- 5.1 ANZPAC will open the consultation process to extensive public comment from the profession, professional associations, regulatory authorities and other identified key stakeholders.
- 5.2 The draft document will be published on the ANZPAC website and electronically distributed to all stakeholders.
- 5.3 Each draft is to be accompanied by an invitation to comment that highlights the purpose of the draft document and any significant proposals contained therein.

- 5.4 Draft documents will open for comment for 30 days.
- 5.5 Submissions received will be acknowledged in writing electronically.
- 5.6 All submissions received will be managed in accordance with the *ANZPAC Privacy Policy*

6 Consideration of respondents comments

- 6.1 The ANZPAC Executive Officer or the Committee delegated with the task of overseeing the consultation, will provide the Board with a series of documents including:
 - a summary of the consultation process and any meetings held with respondents
 - an analysis of the general and specific issues raised by respondents, summarising their proposed views, and, as appropriate, an explanation of the reason(s) significant changes recommended by a respondent were, or were not, accepted; and
 - a “marked up” and “clean” version of the proposed document subsequent to the consultation.
- 6.2 These documents will be considered and discussed at meetings of the Board.
- 6.3 The consideration of responses and resolution of issues may lead to approval of further changes to the proposed document by the Board. Significant decisions of the Board are recorded in the minutes.
- 6.4 The Board will also consider developing and publishing additional guidance and/or transitional arrangements to support the implementation of the final document.

7 Approval

- 7.1 After following the due process above, the Board may:
 - approve the proposed document together with any approved changes for issue and distribution; or
 - approve the draft under consideration together with any approved changes for repeat public consultation, in which case the procedures outlined above for public consultation are repeated; or
 - withdraw the draft document under consideration

8 Implementation and publication

- 8.1 Once approved the Board will publish the document on its website including any transitional arrangements.
- 8.2 Respondents will be notified of the outcome in writing electronically.