



ANZPAC

Australian and New Zealand
Podiatry Accreditation Council

ACCREDITATION STANDARDS FOR
PODIATRY PROGRAMS
FOR AUSTRALIA AND NEW ZEALAND

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Executive Summary

Introduction

This document provides details of accreditation standards for universities that 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 5 March 2009, the Australian Health Workforce Ministerial Council announced ANZPAC as the official accreditation council for the podiatry profession. Courses that are accredited by ANZPAC and recognised by the Podiatry Board of Australia, serve as eligible qualifications for the purposes of registration as a podiatrist.

In consideration of the Trans Tasman Mutual Recognition Agreement, representation from New Zealand is included. 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 quality podiatry education.

Principles and Processes for Developing Accreditation Standards

Standards for podiatry accreditation are framed within the broader context of programs providing eligibility for registration and accreditation and are about protecting the health and safety of the public and providing assurance that graduates are competent to practice 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 (COAG) establishing a single national registration board and accreditation system for health professions, including 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 desktop 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. The standards were initially developed in 2009 and reviewed in 2014-2015.

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 indicative 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
- Student Experience
- Program of Study & Assessment
- Educational Resources & Infrastructure
- Quality

Within these broad areas, there are sub areas that represent the accreditation standards:

A. Governance Context

- A1 Governance & Program Administration
- A2 Strategic Directions and Autonomy
- A3 Academic Leadership
- A4 Policies and Procedures
- A5 Financial Sustainability

B. Student Experience

- B1 Student Admissions & Recognition of Prior Learning
- B2 Student Support & Equity
- B3 Student Representation

C. Curriculum & Assessment

- C1 Curriculum Philosophy and Framework
- C2 Learning Outcomes & Curriculum Content
- C3 Clinical Education
- C4 Learning & Teaching
- C5 Assessment of Learning Outcomes
- C6 Research in the Curriculum

D. Educational Resources & Infrastructure

- D1 Staff
- D2 Facilities
- D3 Clinical Training Support

E. Quality

- E1 Quality Monitoring Mechanisms
- E2 Patient Care Services

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. A glossary of terms has been included within the 2015 version of the accreditation standards, followed by an indicative, but not exhaustive, guide to possible curriculum content.

Podiatry Accreditation Procedures Summary

There is also a range of procedures for the accreditation process, 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

Please refer to the document 'Accreditation Procedures for Podiatry Programs for Australia and New Zealand' for details.

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.

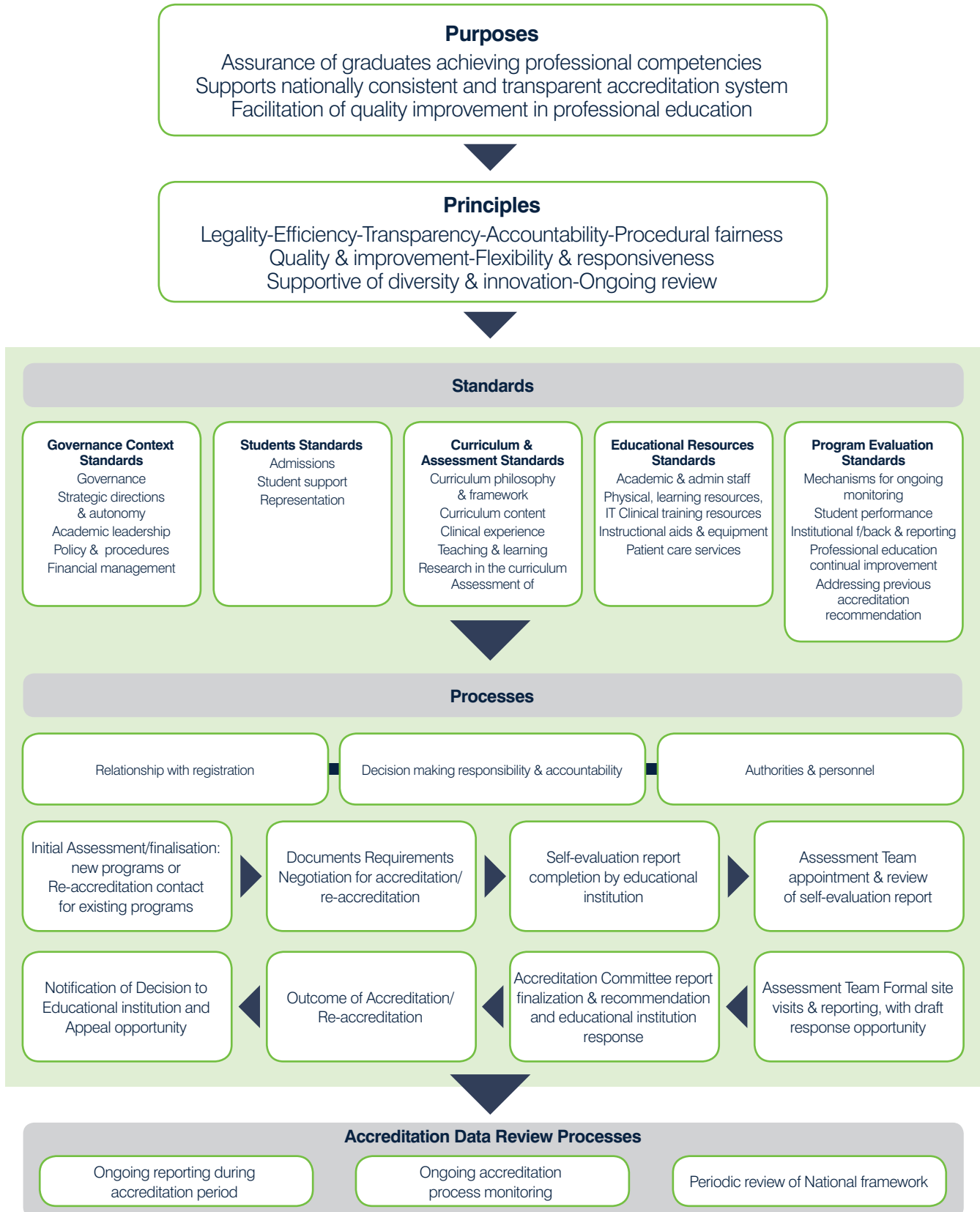


Figure 1: Podiatry National Accreditation Framework

Contact Details

ANZPAC does not assess or advise individual students regarding their programs of study. These standards are applicable from March 2015 following consultation with a variety of stakeholders. More information about the standards and about the procedures for application for accreditation can be obtained from:

Contact:	ANZPAC Secretariat
Address:	12-16 Parker Street, Williamstown, Victoria, 3016
Telephone:	1300 267 687
Outside Australia:	+61 3 8080 2953
E-Mail:	admin@anzpac.org.au

Glossary of Terms

Accreditation Criteria – outcome statements that demonstrate the achievement of respective accreditation standards.

Accreditation Standards – the broad components, or key areas, in the structure and process of accreditation which reflect the minimum standard of education expected of providers of podiatric education.

Clinical Practice – in this context refers to the opportunities to gain exposure to podiatric practice for the purposes of education, in order to integrate theory into practice and develop practical skills and professional competencies. Clinical practice primarily refers to face-to-face consultation and hands on practice of students with patients, however may include a range of activities including observation, assisting and simulated clinical learning experiences.

Competency Standards – may also be known as a competency framework, these are groups of competencies describing the skills, knowledge and professional attributes required to support safe and effective podiatric practice.

Course Outcomes – what a student is expected to know, understand and / or be able to do at the end of a course or program of study, in demonstrable terms.

Curriculum Framework – sets out the organised plan, including standards, goals and / or intended learning outcomes, that defines what is to be learnt and how the learning experiences will occur to achieve the wider goals.

Curriculum Mapping – often presented diagrammatically, is a process by which gaps, misalignments and overall course coherence can be evaluated, in order to assess the alignment between intended learning outcomes, learning activities and assessment and thus gauge curriculum effectiveness.

Indicative Curriculum – a guide of curriculum areas that may be addressed within a program towards meeting ANZPAC's curriculum accreditation standard.

Learning Outcomes – what a student is expected to know, understand and / or be able to do at the end of learning, in demonstrable terms.

Mission Statement – a statement of purpose, core focus and aims / goals. In New Zealand, may also be referred to as graduate outcomes.

Possible Examples of Evidence – a guide of the types of evidence that might be provided to demonstrate that one or more accreditation criteria are met.

Program of Study – also known as a course, refers to a sequence of subjects or units that upon completion lead to the award of a qualification/s.

Subjects – also known as units or papers in New Zealand, refers to the components of study that collectively make up a program of study.

Indicative Curriculum

Accreditation Criterion C2.5 (under Accreditation Standard C2 – Learning Outcomes & Curriculum Content) requires that “The program of study provides a comprehensive coverage of: philosophical concepts, biomedical science, health and human behavior, clinical pathology, human movement studies, assessment, diagnostic and management studies, pre-clinical and clinical studies, professional studies, ethics, evidence-based practice and podiatric therapeutics.”

The following table provides an indication of what might be included in a program’s curriculum towards meeting this requirement.

Podiatry Program - Indicative Curriculum

The program of study provides a comprehensive coverage of:

- Philosophical concepts, understanding positioning and function of podiatry profession in health care system
- Biomedical science, human anatomy, physiology, histology, microbiology and clinically-relevant chemistry, physics, biology, biochemistry, psychology
- 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 and patients requiring foot / ankle surgery
- 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 & procedures, patient safety and quality of health care)
- Professional studies and issues, ethics
- 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
- Health & human behaviour (psychology, sociology, cultural studies)
- Research based subjects, including evidence based practice

Plus for Podiatric Therapeutics (Part A)

- Shared care communications & understanding approaches with a variety of health professionals relevant to integrated care and referral
- Patient communication understanding and approaches with varied groups and individuals
- Scope of practice
- Microbiology related to human illness, modern medicine & theory for response to drugs and immunology, as relevant to foot infection and foot pathologies
- The use of scheduled medicines for foot pathology in the presence of systemic disease
- Pharmacology: anaesthesia, properties of local anaesthetics (LA), common LA techniques used in podiatry, indications & contra-indications, management protocols for safe use of LA & dealing with complications
- General pharmacology: prescribing drugs, knowledge of drug prescription protocols, knowledge of National Podiatry Scheduled Medicines List & state laws in relation to restricted S2, S3, S4 and S8 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, side effects & complications, resistance to antibiotics
- Legislative requirements and relevant codes & practices regarding S2, S3, S4, S8 prescriptions, record keeping, labeling, dispensing, storage
- Diagnosis and treatment of allergic, infective, inflammatory, toxic & traumatic post conditions & circumstances for referral
- Emergencies & serious complications associated with foot conditions, their identification and management & referral circumstances
- Non-invasive first aid for foot conditions
- Clinical knowledge & practices regarding: reviewing pharmacological management and decision making; medical/medication history taking; drugs prescribed and dosage; contra-indications & drug interactions; writing of prescriptions; ethical/legal obligations; commercial implications; communication with other health providers; shared care protocols; National Podiatry Scheduled Medicines List
- Indicative minimum of 50 hours of structured contact in clinical & podiatric pharmacology and personal study equivalent to a minimum of 150 hours (to lead to achievement of ESM competency standards)

Podiatry Accreditation Standards

Introduction

The five overarching accreditation standards representing the broad components in the structure and process of podiatric education are:

- A. Governance Context
- B. Student Experience
- C. Curriculum & Assessment
- D. Educational Resources & Infrastructure
- E. Quality

Each overarching accreditation standard has sub-areas or specific accreditation standards within it. Each specific **accreditation standard** (the left hand column of the standards table) corresponds with **accreditation criteria** (the middle column in the standards table) or outcomes statements that demonstrate the achievement of that **accreditation standard**. Each **accreditation criterion** must be met. The final column (i.e. far right) contains **possible examples of evidence** that could be produced or requested to demonstrate that one or more **accreditation criteria** are met. These **possible examples of evidence** are not exhaustive or prescriptive but serve as a guide of the types of evidence that may be gathered by the university to present to the accreditation assessment team that the **accreditation standards** have been met.

A. Governance Context Standards

Standards	Accreditation Criteria	Possible Examples of Evidence
A1 Governance & Program Administration	<ul style="list-style-type: none"> A1.1 - Podiatry is a distinct entity located in a registered higher education institution in Australia or New Zealand A1.2 - Governance arrangements are in place to support the effective operation of the program of study A1.3 - The education provider has a monitoring process to ensure that the program of study meets national qualification frameworks A1.4 - Results of evaluations are provided to a full range of groups with an interest in graduate outcomes 	<ul style="list-style-type: none"> Registered with the appropriate authority e.g. TEQSA, CUAP, NZQA Education provider documents showing processes, structures and responsibilities for governance as they relate to the podiatry program, including committees and terms of reference, powers and reporting lines Education provider organisational charts Reports from external reviews of the education provider that consider the effectiveness of governance arrangements Details of internal mechanisms to track and monitor compliance to national qualification frameworks such as the AQF Institution and podiatry school newsletters, website reports reporting results of evaluations
A2 Strategic Directions & Autonomy	<ul style="list-style-type: none"> A2.1 - Podiatry has defined, or adopted, and implements an overarching strategic plan and a program specific mission statement which aligns with student achievement of the ANZPAC competencies and education provider defined course outcomes A2.2 - External, autonomous input into the design and ongoing management of the program of study is gained from a range of key stakeholders 	<ul style="list-style-type: none"> Education provider websites, handbooks or other documentation describing strategic plan, including mission / vision statements, course outcomes and operational plans Podiatry specific documents indicating implementation of the strategic plan, such as minutes of relevant meetings, curriculum resources and podiatry operational planning documents Details of relevant key stakeholder consultation and engagement activities Records, minutes of relevant meetings, consultations and decisions arising from key stakeholder consultation which have influenced the program of study
A3 Academic Leadership	<ul style="list-style-type: none"> A3.1 - Responsibilities of the academic leadership position/s for the program of study are clearly defined A3.2 - The academic leader of the podiatry program has a mix of teaching, clinical and / or research qualifications, and higher education experience, required to effectively undertake the responsibilities of the role 	<ul style="list-style-type: none"> Education provider's role statement Academic leader Curriculum Vitae including details of academic qualifications, teaching, clinical and higher education experience and research outputs
A4 Policies & Procedures	<ul style="list-style-type: none"> A4.1 - Relevant written education provider policies and procedures are publicly available and compliant within legal requirements, including workplace health and safety, equity and diversity, anti-discrimination, complaints handling, appeal processes, privacy and confidentiality A4.2 - Education provider policies and procedures are applied by podiatry consistently and fairly 	<ul style="list-style-type: none"> Education provider website for relevant policies and procedures Staff and student information brochures, education provider handbooks Reports from external reviews of the education provider that consider the effectiveness of policies and procedures Anonymous documentation of formal complaints, appeals, allegations of misconduct, breaches of academic integrity and critical incidents lodged within podiatry showing how the issue was managed and outcomes of the process Interviews with staff and students
A5 Financial Sustainability	<ul style="list-style-type: none"> A5.1 - The podiatry program has a commitment to financial support from the education provider, to the order required to sustain the quality achievement of ANZPAC competencies and education provider defined course outcomes for all current student cohorts until their graduation 	<ul style="list-style-type: none"> Letter of commitment of financial support from education provider senior management Records of published financial audits of the education provider Interviews with senior education provider administrators with financial responsibilities, podiatry staff and students Business plan and processes for distribution of funds to podiatry Indicators of resource availability including equipment replacement, staffing, status of facilities

B. Student Experience Standards

Standards	Accreditation Criteria	Possible Examples of Evidence
B1 Student Admissions & Recognition of Prior Learning	<ul style="list-style-type: none"> • B1.1 - Requirements and procedures for admission and progression are readily accessible, applied fairly, equitably and consistently • B1.2 - Information on immigration, English language and health requirements is clear and accessible • B1.3 - Advanced standing / credit awarded in recognition of prior learning does not result in any gaps in student attainment of ANZPAC competencies 	<ul style="list-style-type: none"> • Education provider website and written information made available to prospective students • Reports from external reviews of the education provider that consider the effectiveness of admissions policies and procedures for a range of applicant types • Samples of admission and progression decisions • Samples of assessment of prior learning and advanced standing / credit decisions
B2 Student Support & Equity	<ul style="list-style-type: none"> • B2.1 - Students are informed of, and have adequate access to, support services provided by appropriately qualified personnel including: health services, counselling, financial and legal advice, advocacy, emergency services, accommodation and welfare services • B2.2 - Students have access to effective complaints-handling and appeals processes, including the provision for advocacy and support for the complainant or appellant • B2.3 - Specific mechanisms are in place to accommodate and support student diversity, including cultural and social diversity, and to create equal opportunity for academic success regardless of background • B2.4 - The education provider ensures that students of the program of study are adequately indemnified and insured for all education activities 	<ul style="list-style-type: none"> • Education provider website or written materials detailing academic and personal support services available to students and how to access services • Interviews with students, support staff and student advocacy staff • Details of approaches to support student diversity and equal opportunity, including examples from students within the program of study • Reports from external reviews of the education provider that consider the effectiveness of supports for a range of student groups, including cultural groups, those with disabilities, students with behavioural, physical or mental health needs and those not performing well academically • Indemnity and insurance certificates and policies
B3 Student Representation	<ul style="list-style-type: none"> • B3.1 - There is active student representation and participation in governance and curriculum management, particularly in relation to the program of study 	<ul style="list-style-type: none"> • Details of student representation within the governance and management of the program of study • Information on opportunities for podiatry student representation at higher levels within the education provider's governance structures • Student information, committee details and access processes • Interviews with students

C. Program of Study & Assessment Standards

Standards	Accreditation Criteria	Possible Examples of Evidence
C1 Curriculum Philosophy and Framework	<ul style="list-style-type: none"> C1.1 - A coherent educational philosophy and curriculum framework informs program design and delivery 	<ul style="list-style-type: none"> The educational philosophy, curriculum framework / program design is described for the program of study Documentation showing where and how the educational philosophy is articulated and enacted at each stage, such as student learning guides, detailed program and assessment outlines, program approval documentation Interviews with staff, educational designers and students
C2 Learning Outcomes & Curriculum Content	<ul style="list-style-type: none"> C2.1 - Program learning outcomes are specified and shown to address all of the Elements of the ANZPAC Competency Standards C2.2 - Mechanisms exist, and are used when required, for podiatry to respond within the curriculum to contemporary developments in health care and health education practices C2.3 - Cultural competence is appropriately integrated within the program and clearly articulated as required learning outcomes: this includes Aboriginal, Torres Strait Islander and Maori cultures as relevant to the context of the program of study C2.4 - Graduates understand the importance of inter-professional practice and are able to contribute to teams of health care practitioners in a cooperative, collaborative and integrative manner C2.5 - *The program of study provides a comprehensive coverage of: philosophical concepts, biomedical science, health and human behavior, clinical pathology, human movement studies, assessment, diagnostic and management studies, pre-clinical and clinical studies, professional studies, ethics, evidence-based practice and podiatric therapeutics <p>* Refer to indicative curriculum page 9</p>	<ul style="list-style-type: none"> Articulation of program learning outcomes Documentation showing detailed alignment of the program's learning outcomes to ANZPAC Competency Standards and the respective Elements of the Competency Standards Other curriculum mapping activities / documents Coverage of cultural competency shows that the students are able to acquire a good skill set and knowledge to achieve a better understanding of other cultures in order to produce better health outcomes for that particular culture Documents detailing curriculum content such as subject guides, learning resources and student timetables Information contained in the provider's online Learning Management System (LMS)

C. Program of Study & Assessment Standards

Standards	Accreditation Criteria	Possible Examples of Evidence
<p>C3 Clinical Education</p>	<ul style="list-style-type: none"> • C3.1 - Clinical education within the program of study is sufficient to produce graduates able to practice safely and effectively to all Performance Criteria of the ANZPAC Competency Standards • C3.2 - Students are always supervised by suitably qualified and registered podiatrists and/or health practitioners, with supervisor / student ratios sufficient for patient and student safety • C3.3 - Quality of student supervision in internal and external clinics is assured • C3.4 - A culture of professionalism prevails with students and staff held to high levels of ethical and professional behavior 	<ul style="list-style-type: none"> • Curriculum mapping of clinical practice and associated assessments are aligned with ANZPAC Competency Standards and the respective Performance Criteria of the Competency Standards • Representative sample of student logbooks of clinical, orthotic and surgical practice undertaken, average student contact within each year of the podiatry program regarding variety of clinical settings, diversity of patient types seen, range of competencies developed, experiences in running a clinic, infection control, sterilisation and quality assurance activities • Indicative clinical practice amount per student is a minimum of 1000 hours • Reports from quality assurance activities on clinical education including quality of student supervision experiences • Approaches to identifying and addressing issues around professionalism • Models of clinical education utilised, including details on use of emerging innovations for developing clinical competencies such as simulation • Types and quantity of simulation used for clinical education, plus details of how simulation used leads to progressive attainment of respective competencies • Clinical education assessment criteria, assessment matrix or blueprint • List of supervisors' qualifications and registration • Interviews with staff, students and clinical supervisors
<p>C4 Learning and Teaching</p>	<ul style="list-style-type: none"> • C4.1 - Learning activities are intentionally designed for the progressive and coherent achievement of expected learning outcomes and ANZPAC competencies, throughout the program of study • C4.2 - A range of teaching delivery methods are utilized and well supported by the institution, including contemporary practices in higher education such as emerging technologies, blended, online and simulated learning and flexible learning spaces • C4.3 - Learning and teaching is informed by innovative and evidence based teaching practices • C4.4 - Learning resources are complete, up-to-date, engage with advanced discipline knowledge commensurate with the level of the subject and are accessible by students when needed • C4.5 - Learning and teaching approaches in the program of study accommodate student diversity • C4.6 - Student self-reflection is embedded within learning strategies to encourage critical and independent thought, in preparation for life-long learning 	<ul style="list-style-type: none"> • Curriculum mapping of subject learning & teaching activities to learning outcomes and Elements of ANZPAC Competency Standards • Examples of program learning and teaching materials using a range of delivery methods including; reflective thinking and evidence-based practice, discussion groups, workshops, practice simulation, professional development portfolios, practice placement reviews • Examples of use of digital learning tools and approaches such as the Learning Management System (LMS), use of online communication forums including social media, wikis and blogs • Examples of teaching materials grounded in recent discipline evidence • Examples of staff engagement with institutional learning and teaching unit to support use innovative and evidence based teaching approaches in the program

C. Program of Study & Assessment Standards

Standards	Accreditation Criteria	Possible Examples of Evidence
C5 Assessment of Learning Outcomes	<ul style="list-style-type: none"> • C5.1 - Assessment enables a fair, valid and reliable judgment of student performance • C5.2 - All learning outcomes are assessed, using a variety of modes - formative and summative, as evidence of student achievement of each of the Performance Criteria of the ANZPAC Competency Standards • C5.3 - Subject / program administration, including moderation procedures, ensure consistent and appropriate assessment • C5.4 - Suitably qualified staff assess student performance 	<ul style="list-style-type: none"> • Policies and procedures on assessment, including assessment strategy • Assessment matrices or blueprints • Curriculum mapping of subject assessments to learning outcomes and ANZPAC competencies / Performance Criteria • Program/course approval documentation showing assessment plan, methods, tools, frequency, timetables • Policies on and examples of assessment moderation • Samples of student assessments and feedback • List of assessment staff qualifications and registration status (where applicable)
C6 Research in the Curriculum	<ul style="list-style-type: none"> • C6.1 - The institution actively encourages the conduct of research and scholarly activity by providing opportunities and support for staff and students • C6.2 - Students have a strong understanding of the importance of using evidence to inform clinical practice and are provided with skills to source, critically evaluate, interpret and integrate evidence into clinical practice 	<ul style="list-style-type: none"> • Education provider schemes and support mechanisms to encourage research and scholarly activity • Details of research outputs from podiatry such as grant funding awarded, numbers of publications and impact measures, conference presentations • Curriculum map / documentation showing research, evidence-based practice and enquiry-based learning across overall podiatry program

D. Educational Resources & Infrastructure Standards

Standards	Accreditation Criteria	Possible Examples of Evidence
D1 Staff	<ul style="list-style-type: none"> • D1.1 - There is sufficient academic, clinical, technical and administrative support staff to deliver and service the program of study, including clinical practice requirements • D1.2 - Teaching staff are suitably qualified to deliver the subjects they teach, to at least one qualification standard higher than the program of study being taught or with equivalent professional experience • D1.3 - All staff undergo continuing professional development to support the effective conduct of their role within the program of study 	<ul style="list-style-type: none"> • Detailed staff Curriculum Vitae's • Staffing plan including qualifications, experience and fraction, main teaching and other responsibilities • Staffing policy outlines regarding recruitment, vacancy management, appointment, promotion and performance reviews • Institution workload policy and procedures, workload allocations • Interviews with staff and students • Continuing professional development activities of staff in a range of areas including ongoing teacher training / updating program of study
D2 Facilities	<ul style="list-style-type: none"> • D2.1 - Facilities, teaching resources and equipment, physical or virtual, are fit for purpose, accessible, well maintained and equipped to support the attainment of learning outcomes • D2.2 - Facilities are available to accommodate students and staff with special needs • D2.3 - Where facilities are electronic, digital or using other technologies, access is timely, training is offered and support available • D2.4 - All facilities are compliant with legislative and workplace health and safety requirements 	<ul style="list-style-type: none"> • Description of facilities and equipment used for the program of study • Site visit including; library and computer facilities, lecture theatres, tutorial rooms, orthoses manufacture laboratories, clinical gait analysis laboratory, central sterilisation area, instructional aids and technological facilities • Details of advanced analysis tools such as visual gait analysis equipment, plantar pressure system etc
D3 Clinical Training Support	<ul style="list-style-type: none"> • D3.1 - Clinical training facilities are fit for purpose, accessible, well maintained and equipped to support the attainment of learning outcomes • D3.2 - Sufficient opportunities exist for students to have contact with a broad range of patients to enable program objectives and competency requirements to be achieved • D3.3 - Health services and podiatry practices providing clinical placements have robust quality and safety policies and processes and meet all relevant regulations and standards • D3.4 - All facilities are compliant with legislative and workplace health and safety requirements 	<ul style="list-style-type: none"> • Description of clinical training facilities and clinical experience opportunities for students • Interviews with staff, students, clinical supervisors • Clinic records on patient throughput • Site visit including; 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. • Formal agreements between the institution and external agencies offering clinical education - including how safety and quality assurance matters are set out and handled

E. Quality Standards

Standards	Accreditation Criteria	Possible Examples of Evidence
E1 Quality Monitoring Mechanisms	<ul style="list-style-type: none"> • E1.1 - Arrangements are in place to monitor, review and improve the program of study, for the quality of teaching and learning, curriculum content, student progress and the overall delivery of the program • E1.2 - Systematic monitoring, review and improvement of quality draws from evaluations of students, graduates, employers, academics, clinical educators and key stakeholder groups • E1.3 - Student performance, including scores, pass / fail at exams, completion and attrition rates, are analysed as an indicator of program quality • E1.4 - The education provider tracks quality of its program outcomes post-graduation 	<ul style="list-style-type: none"> • Podiatry self-assessment records identifying strengths and weaknesses • Program evaluation records involving students, graduates, employers, academics, clinical educators and other stakeholder groups; report of outcomes and action taken • Results of education provider student feedback surveys • External referencing against comparable programs of study • Staff performance indicators • Progress of student cohorts, attrition, completion rates and student grades • Samples of use of assessment data to improve program/course outcomes • Minutes of program quality committee meetings with strategic improvement plans to address key quality measures • ANZPAC Annual reports submitted and re-accreditation reports indicate previous accreditation recommendations action
E2 Patient Care Services	<ul style="list-style-type: none"> • E2.1 - For institutional podiatry clinical facilities, formal quality assurance processes are in place to ensure patient-centered standards of care, with ongoing reviews on key issues, including patient confidentiality and privacy, safety, emergency protocols, infection control and workplace health and safety • E2.2 - Patient and practitioner safety is upheld • E2.3 - Sensitivity to patient diversity is demonstrated 	<ul style="list-style-type: none"> • Patient satisfaction surveys, responses and actions taken • Clinical compliance audits such as patient outcome audits, patient record audits • Audits of adherence to infection control protocols and monitoring • Meetings of clinical governance committee, minutes with actions and outcomes • Records of complaints and resolution • Adverse events register