

## Communiqué

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April 2017

### Podiatry Board of Australia Forum – Changing the podiatry curriculum, a new pathway to safe prescribing

In October 2016 the Podiatry Board of Australia (the Board) hosted a forum for its key stakeholders in Adelaide. The theme for the day was *Changing the podiatry curriculum: a new pathway to safe prescribing*.

The event complemented the Board's recent consultation on a proposed revised registration standard for endorsement for scheduled medicines. If approved by Ministerial Council the new standard will provide an additional pathway where future graduates of an accredited and approved program of study, that includes an appropriate period of clinically supervised practice, are qualified for endorsement for scheduled medicines. The pathway would encompass entry-level programs as well as post-graduate programs for registered podiatrists and podiatric surgeons.

The aim of the forum was to provide an opportunity to start the discussion about changing the podiatry curriculum so that students will acquire the necessary competencies to safely prescribe scheduled medicines and be qualified for endorsement for scheduled medicines on graduation.

Attendees included representatives from the national and state podiatry associations, podiatry programs of study, podiatric surgery programs of study, the Australian and New Zealand Podiatry Accreditation Council (ANZPAC), Chief Allied Health Officers, health departments and the Podiatrists Board of New Zealand. The collective knowledge that this group brought to the discussion, together with their active participation and enthusiasm contributed to an informative and successful day.

The discussion allowed for a range of perspectives on the opportunities and challenges associated with such a reform of the podiatry curriculum as well as ideas for how to make it happen and what will be necessary for success.

The following is a summary of the key themes that emerged from the presentations and discussion.

#### Opportunities

- better patient care
- public will benefit by improved service efficiency through more timely access to medicines and potentially reduced number of consultations
- the workforce will become more flexible
- will meet international 'best practice'
- increased job satisfaction
- opportunities for inter-professional collaboration, and
- increasing the number of students graduating who are competent to prescribe will increase the number of practitioners available to teach/supervise students in the future.

#### Challenges and barriers

##### 1. Course curriculum

- It will need to be modified and the way the course material is delivered will need to change.
- Integrating prescribing into the curriculum, rather than it being an add on will be a challenge.

- Course units are often shared with other professions -- embedding therapeutics into these units will be a challenge and potentially affect other disciplines.
- With the current curriculum already full and with a lot of core units, it is difficult to fit additional material into the curriculum – concern that if something new is added, such as prescribing, the course may need to be longer or other elements may need to come out of the curriculum.
- There is a significant workload associated with curriculum change.
- Changed curriculum may be very challenging for students.

## 2. Clinical placement capacity and supervisors

- Question of whether the sector has the ability to accommodate changed undergraduate clinical placement requirements.
- Opportunities for clinical training through supervised practice will be a key challenge as exposure to prescribing in clinical placements is very limited and prescribers are usually not embedded within practical placements, particularly private practice placements.
- Current lack of supervisors available to support supervised practice due to low numbers of practitioners with endorsement for scheduled medicines is a key challenge.

## 3. Costs and timing

- Potential increased costs of an undergraduate program that includes prescribing is a barrier.
- Costs to universities of transition to a new curriculum – universities will need extra resources including: individuals who are qualified to develop new curriculum and assessment models; increased number of appropriately qualified clinical staff as well as upskilling current academic and clinical staff; resources to monitor and review changes; and resources to deliver learning through different modalities such as simulation.
- Any changes will take time to plan and implement.
- Universities are at different stages in terms of their readiness/capacity to incorporate prescribing into the curriculum.

## Ideas for how to make it happen - what is needed for success

- For podiatry there is already a good structure in place – many of the prescribing competencies are already covered in the undergraduate podiatry curriculum and prescribing practical training could be done within the existing structure at the university clinic – doesn't necessarily need to be in a hospital.
- Prescribing needs to be considered as another integrated task rather than adding on something else.
- Need to think about doing things differently and allow flexibility for education providers to use different approaches to building prescribing competencies – for example, curriculum and practical training could be delivered by different modalities such as simulated learning, online learning, and telemedicine as well as traditional face to face classes and supervised practice.
- Alternative supervisors/educators/rotations could be utilised – for example pharmacists, with some universities already doing this.
- Training must be effective and provide quality clinically supervised practice to enhance learning.
- Rigorous assessment will be needed to provide assurance of the practitioner's competence.
- Work needs to be done by relevant entities in the background – for example, access to the Pharmaceutical Benefits Scheme (PBS); Medicare rebates; and pathology are critical, noting that this is not the role of the Board.

The Board thanks all who attended and contributed to this first early discussion and hopes that it will provide the impetus for providers of podiatry programs and other stakeholders to continue the conversation about this important reform of the podiatry curriculum.

Cathy Loughry  
 Chair  
**Podiatry Board of Australia**  
 4 April 2017