



Australian and New Zealand Podiatry  
Accreditation Council (ANZPAC)

**Stage 2 Practical / Competency  
Assessment Candidate  
Information Handbook**

Occupation: Podiatrist (ANZSCO Code 252611)

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## 1. Introduction

This Handbook outlines the structure of process of competency assessment for applicants for registration to the Podiatry Board of Australia (the Board) 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 Board to undertake a practical assessment through the Australian and New Zealand Podiatry Accreditation Council (ANZPAC).

## 2. The Practical Competency Assessment

To successfully complete the Practical Competency Assessment you must meet ANZPAC's *Podiatry Competency Standards for Australia and New Zealand* (revised May 2015), which can be viewed on ANZPAC's website [www.anzpac.org.au](http://www.anzpac.org.au) under "Publications". 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 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 an Effective Health System                                      |

Assessments are required to be undertaken at an ANZPAC accredited education provider in which an undergraduate podiatry program of study is taught. At the time of writing these locations include:

- Central Queensland University (Rockhampton)
- Charles Sturt University (Albury/Wodonga)
- La Trobe University (Melbourne)
- Queensland University of Technology (Brisbane)
- University of Newcastle (Newcastle)
- University of South Australia (Adelaide)
- University of Western Australia (Perth)
- University of Western Sydney (Sydney)

The competency assessment is scheduled twice yearly and the dates are notified on our website and depend on the workload of the education provider and availability of assessors.

### 3. Nature and Coverage of the Practical / Competency Assessment

The examination has four separate components conducted during a single day. The first two components (items 1 and 2 below) should be conducted during a 3.5 hour morning session, and the last two components (items 3 and 4 below) in a 3.5 hour afternoon session. **You must pass all components of the assessment to achieve an overall pass.**

1. **Clinical observation:** This involves both assessors observing the candidate undertake assessment, clinical diagnosis and management of three patients (3 hours).
2. **Patient record audit:** This involves both assessors reviewing the patient record notes generated by the candidate subsequent to the clinical consultations (30 minutes).
3. **Candidate interview:** This interview allows the assessors and the candidate to discuss his/her assessment, diagnosis and management of patients in the clinical assessment. The interview will additionally explore other areas of knowledge relating to podiatry practice requirements in the Australian context (30 minutes).
4. **Four Objective Structured Clinical Examinations (OSCEs):** These four short examinations allow for specific targeting of knowledge and competencies that may not have been tested within the previous assessments. Each OSCE requires up to 30 minutes and each involves a case or scenario with questions relating to the management of that scenario. **The candidate must pass each OSCE to obtain an overall pass.**

Once all 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 assessment. On the day of the assessment, assessors are allowed to provide you with brief feedback on the day's activities, but are not allowed to advise you of your final overall result.

#### 3.1 Format and Objectives for the Clinical Assessment

**(a) Aim of the assessment:**

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 the 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.

### **3.2 Format and Objectives for the Candidate Interview**

**(a) Aim of the assessment:**

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 interview:**

You will be asked a set list of questions relating to the previously conducted Clinical Assessment task that will explore issues related to your 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 and New Zealand context.

**(c) Assessment objectives:**

- Demonstrate an understanding in the management of general foot pathologies to at least the level of an Australian-trained new graduate podiatrist, as outlined in the ANZPAC *Podiatry Competency Standards for Australia and New Zealand (May 2015)*;
- 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 his/her own professional skills and behaviour;
- Identify statutory requirements that influence the practice of podiatry;
- Identify key occupational health and safety issues affecting his/her practice;
- Identify key administrative duties that are necessary for the provision of podiatric care; and
- Identify ways in which podiatry and foot health may be conveyed to the public.

### 3.3 Example Objective Structures Clinical Examination (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 bases practice. Your final patient for the day is a 50-year-old factory worker, who presents to you for the first time. He has been referred to your clinical by his local GP. He has never seen a podiatrist before.

The man reports a 15-year history of Type 2 diabetes mellitus. His most recent HbA1c was 9.4% (79 mmol/l) and his home blood glucose measurements usually vary between 9-15 mmol/l. He is also being managed for hypertension and hypercholesterolaemia. His current medications include metformin, insulin, atorvastatin, aspirin and ramipril. He denies any known allergies and has smoked 15 cigarettes a day for “many years”. His referral documentation mentions a prior history of cardiac artery bypass grafting, impotence and early retinopathy. His chief complaint is a wound under his right forefoot, which he thinks has been present and worsening over the past 3 weeks.

The man has been attending his local GP for assessment of the wound over the past ten days for daily dressing changes and monitoring for infection. His GP indicates in the referral that the wound is slowly worsening.

Below are photographs of the plantar surfaces of his right forefoot and an example of his current footwear.



## **(b) Example Questions**

- Discuss your clinical assessment
- Discuss the key features of this case
- Outline the recommendations you would consider regarding his initial foot management
- Discuss your short and long-term management plans for this patient

## **(c) Example Answers – your answer may include (but not be limited to) the following:**

### **Clinical assessment**

- Neurological and vascular testing: specifically for diabetes complications such as peripheral neuropathy and peripheral arterial disease (eg monofilament, vibration, reflexes; Doppler assessment, ABI/TBI, capillary refill times, subjective questioning related to numbness, tingling, burning sensation)
- Biomechanical and orthopaedic evaluation (deformity, gait disorders, muscle testing, joint ROM, plantar pressure analysis)
- Dermatological with particular attention to other potential pressure lesion sites, any evidence of cutaneous infection
- Wound assessment – aetiology, depth, infection, classification, grading
- Ability to self-care, monitor own feet, reach feet, check plantar surface of feet
- Footwear fit, appropriateness, patterns of wear
- Occupation and exercise – how much weight bearing activity is occurring which may be contributing to the problem

### **Key features of concern**

- The appearance of the wound is consistent with a *mal perforans* or neuropathic ulcer, indicating this man probably has sensory neuropathy as a complication of diabetes
- The location of the lesion under the 1<sup>st</sup> metatarsal head suggests this is probably an area of peak plantar pressure, and his biomechanical assessment should assist in explaining the mechanism for abnormal tissue stress in this area
- The wound is penetrating through the dermis to subcutaneous layers, and will require careful probing to determine if a sinus exists to deeper tissue layers or bone
- The wound does not appear to have any clinical features of infection, however this does not discount the possibility of deeper infection

### **Recommendation regarding his initial management**

- Initial sharp debridement of any non-viable tissue and peripheral hyperkeratosis
- Sterile probe of wound to determine extent
- Selection of appropriate dressing (eg. Foam)
- Selection of initial off-loading materials (eg deflective padding) or products (eg removable cast walker)
- Consider referral for plain x-ray or advanced imaging if 'probe to bone' occurs, evidence of cellulitis, or high index of suspicion for osteomyelitis
- Determine an appropriate subsequent review period
- Communication to referring GP to outline initial findings and treatment plan
- Activity modification, possible medical certificate for work

## **Recommendations regarding short and long term management**

### ***Short Term***

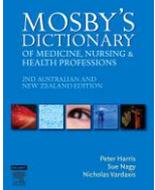
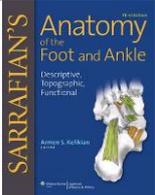
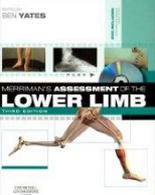
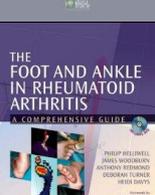
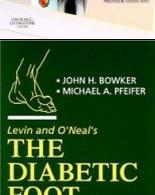
- Ensure appropriate offloading modalities are used (casting, padding, cast walker, healing shoe, etc)
- Periodic wound debridement and dressing changes
- Continuous monitoring for infection (eg further imaging, blood markers if indicated) and arranging/prescribing for antibiotic therapy if required
- Liaison with other relevant health care providers (eg endocrinologist, GP, community nursing etc)

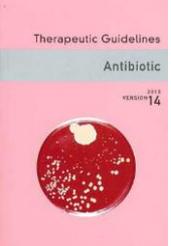
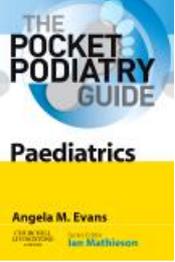
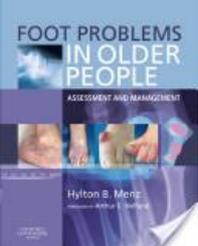
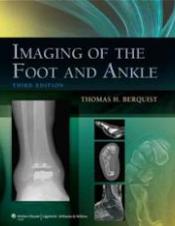
### ***Long term***

- Once healed, appropriate footwear, footwear modifications and orthoses need to be considered and implemented to reduce the risk of recurrent breakdown
- As there is now a history of ulceration affecting the foot, the patient would be considered as 'High Risk' for future problems. Appropriate education strategies will be required to assist the patient to reduce the risk of further problems
- Periodic review will be required to monitor for abnormal hyperkeratosis in this location and sharp debridement may be required when this occurs
- Ongoing reviews of footwear and orthoses will be required
- Recurrent breakdowns, poor compliance or osteomyelitis may necessitate a surgical opinion for curative or emergent procedures

## 4. Reading List

Below is an up-to-date list of recommended texts and guidelines to assist in your preparation for the competency assessment. It is not essential to have studied each and all of these texts, however they may assist in your preparation.

| 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  |    | Kelikian AS (ed). Sarrafian's Anatomy of the Foot & Ankle. 3 <sup>rd</sup> Ed (Rev). (2011). Lippincott, Williams & Wilkins                              |
| General assessment of the foot and lower extremity                 |   | Yates B (ed). Merriman's assessment of the lower limb. 3 <sup>rd</sup> Edition. (2009). Churchill Livingstone Elsevier.                                  |
| General text in podiatric medicine                                 |  | Levy L & Hetherington VJ (ed). Principles and Practice of Podiatric Medicine. 2 <sup>nd</sup> Edition (2007). Data Trace.                                |
| Rheumatology   |  | Helliwell P, et al. The Foot and Ankle in Rheumatoid Arthritis – A Comprehensive Guide (2006). Churchill Livingstone.                                    |
| Diabetes   |  | Levin & O'Neals The Diabetic Foot. 6 <sup>th</sup> Edition (2001).   |
| Diabetes   |  | International consensus on the diabetic foot: practical and specific guidelines (2007). International working group on the diabetic foot [web resource]# |

|  |   |  |
|--|---|--|
| Pharmacology<br>(ideally regionalised to Australia/NZ) |    | Australian Medicines Handbook (AMH) (2012). Australian Medicines Handbook Pty Ltd.   |
| Pharmacology   |    | Therapeutic Guidelines Series ( <i>Rheumatology, Antibiotic, Analgesic, Dermatology, and other relevant titles</i> ). Therapeutics Guidelines Ltd. |
| Paediatrics  |    | Evans AM. Pocket Podiatry: Paediatrics (2010). Churchill Livingstone   |
| Gerontology  |   | Menz HB. Foot Problems in Older People: Assessment & Management (2008). Elsevier Health Sciences.  |
| Radiology  |  | Berquist TH. Imaging of the Foot and Ankle 3 <sup>rd</sup> Ed (2010). Lippincott Williams Wilkins.   |
| Infection control                                      |  | Infection Prevention and Control Guidelines for Podiatrists (2012). Australasian Podiatry Council.*  |

# = [http://www.iwgdf.org/index.php?option=com\\_content&task=view&id=28&Itemid=24](http://www.iwgdf.org/index.php?option=com_content&task=view&id=28&Itemid=24)

\* = <http://www.cpd.apodc.com.au/activity/infection-prevention-and-control-guidelines-and-policies-2012>

## 5. How is the Final Mark Determined?

The final mark (pass/fail) is determined based on your ability to meet all of the eight ANZPAC podiatry competency standards. If all eight competencies are met, you will pass the assessment, as the assessors believe that your professional skills are at least comparable to a new graduate podiatrist trained in Australia and New Zealand.

Substantial malpractice or negligence that places the assessed patient/s at risk will necessitate the assessment being suspended and a fail mark recorded.

If you fail the assessment you will be advised of the competency standard/s you failed to meet. You may re-sit the assessment, however **a maximum of two (2) attempts can be made within a two (2) year period. Resit assessments require candidates to complete and pass all components of the assessment.**

You will be issued with a *Certificate of Completion of Competency Assessment or Practical Assessment* on successful completion of the assessment. This Certificate should be presented to the Australian Health Practitioner Regulation Agency (AHPRA) as part of your application for registration as a podiatrist in Australia.

The Certificate is valid for a period of three (3) years from the date of issue.

## 6. Fees

The cost of the competency assessment is \$2,000 (Australian dollars).

Fees must accompany any application to ANZPAC. Payment can be made by any of the following methods:

- A bank cheque drawn by an Australian bank
- Electronic transfer to ANZPAC's bank account

Account Name: Australian and New Zealand Podiatry Accreditation Council Limited  
Bank: Westpac  
BSB: 033 082  
Account Number: 283534  
Bank Address: 108 Acland Street, St Kilda South, Victoria, 3182, Australia  
SWIFT Code: WPACAU2S (international transfers only)

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 administration 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 the published cut off date before the scheduled date of the assessment.

## **7. 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 appeal or an appeal.

You are encouraged to contact ANZPAC before submitting an application for an administrative review or an appeal, as it may be possible to resolve the matter by communication with the Executive Officer rather than by an administrative 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 of the Certificate

In the case of an appeal, any additional documentation that you believe supports your application should also be submitted.

### **(a) Administrative Review**

There is no cost associated with an administrative review.

For an administrative review of a competency assessment, an ANZPAC representative 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 unsuccessful as a result of the review, you will be offered telephone counselling by the assessor/s who undertook your competency assessment.

Counselling is compulsory before progression to an appeal. Counselling can provide feedback on performance in the competency assessment to assist you in identifying or rectifying any weaknesses with a view to re-sitting at a later stage.

### **(b) Appeal**

The cost of an appeal is \$300 (Australian dollars).

For an appeal of a competency assessment, the assessment result is reconsidered and any new information you have provided is taken into account. The Qualifications and Skills Assessment Committee (QSAC) will appoint one of its members to assess each appeal. This person will not have previously been involved in your assessment.

The ANZPAC 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 reason/s the administrative review was rejected.

You will be notified of the result of the appeal within eight (8) weeks of the date ANZPAC receives the appeal application. The notification will include ANZPAC's reasons for assessing you as successful or unsuccessful in your competency assessment. If you are still found to be unsuccessful as a result of the appeal, you will be offered telephone counselling by the Chairperson of the QSAC.

## **8. Further Information**

For further information about the assessment process, please contact ANZPAC via any of the following methods:

Email: [gsa@anzpac.org.au](mailto:gsa@anzpac.org.au)

Website: [www.anzpac.org.au](http://www.anzpac.org.au)