Australia and New Zealand Podiatry Competency Standards

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Dr Susanne Owen, Owen Educational Consultancy

Revised for the New Zealand Context by the
Podiatrists Board of New Zealand

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Podiatry Competency Standards for Australia and New Zealand

Introduction
The Podiatry Competency Standards for Australia and New Zealand (2009) document has been prepared by the Australia and New Zealand Podiatry Accreditation Council in collaboration with the Australia and New Zealand podiatry profession. 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 2003) 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 whanau, carers, family and support people. Diversity in relation to age and range of abilities; 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 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.

The updated competencies are set within the broader podiatry and health political agenda. This includes the Council of Australian Government’s (COAG) establishment of a single national registration board and accreditation system for health professions to support national and trans-national approaches (COAG Communique, 2008). In May 2008, the Australian and New Zealand Podiatry Accreditation Council (ANZPAC), a newly-established organisation, consisting of members of the Podiatry Registration Boards of Australia and New Zealand, commissioned a report to evaluate various accreditation models and to outline some future directions. 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.

**Competency Standards Revision Methodology**

In this 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 all 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 involved. 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, were involved in writing the updated competencies. Additional stakeholder consultations were part of the finalisation processes.

**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 provides 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:

<table>
<thead>
<tr>
<th>Competency Standard</th>
<th>Elements</th>
</tr>
</thead>
</table>
| 1. Practise Podiatry in a Professional Manner | 1. Operates within relevant legal and regulatory frameworks  
2. Utilises effective strategies for continually improving knowledge and skills  
3. Practises to accepted standards and within the limitations of the individual and of the profession  
4. Displays efficient organisation to complete administrative responsibilities safely and effectively  
5. Conducts self in a professional manner  
6. Demonstrates ethical behaviour |
| 2. Continue to Acquire & Review Knowledge for Ongoing Clinical & Professional Practice Improvement | 1. Understands and applies relevant podiatry practice principles and theoretical concepts  
2. Acquires, critiques and applies new knowledge and Information & communications technology skills as appropriate to podiatry practice context  
3. Applies an evidence-based approach to practice  
4. Engages in reflective practice, planning and action for ongoing learning |
| 3. Communicate and Interrelate Effectively in Diverse Contexts | 1. Uses effective interpersonal communication skills and adopts appropriate strategies in working with diverse client groups  
2. Utilises reporting and presentation skills at an appropriate level  
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 | 1. Conducts appropriate patient/client interview and collects relevant initial information  
2. Establishes clinical impressions  
3. Safely conducts appropriate physical examination/tests and refers as appropriate |
| 5. Analyse, Interpret and Diagnose | 1. Interprets and evaluates data  
2. Establishes differential diagnosis  
3. Communicates information and involves others as appropriate |
| 6. Develop a Patient/Client-focused Management Plan | 1. Develops rationale for podiatry management plan  
2. Established patient/client-focused short and long term goals  
3. Negotiates appropriate management plan |
| 7. Implement & Evaluate Management Plan | 1. Obtains informed consent through appropriate communication  
2. Implements safe and effective management plan  
3. Implements infection control and other standards within occupational health and safety legislative requirements  
4. Understands and manages adverse events  
5. Utilises preventative and educative strategies  
6. Monitors and evaluates management plan |
| 8. Provide Education and Contribute to an Effective Health Care System | 1. Undertakes podiatry within the broader health care context  
2. Implements/participates in appropriate supervision linked to the skill and complexity of the task being undertaken  
3. Implements health promotion and education activities  
4. Responds to the health needs of the communities in which the podiatrist practises  
5. Identifies the determinants of health for relevant populations  
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.

**PODIATRY FRAMEWORK CONTEXT FOR ENTRY LEVEL COMPETENCIES**

**Purposes**
- Curriculum development & assessment for awarding qualifications by universities
- Overseas trained qualifications assessment by relevant authority
- Continuing professional development identification & action by employee
- Role definition and skills identification for employment
- Regulatory issues & complaint management by registration authorities
- Clinical placement supervisor/student focus areas & feedback

**Podiatry Groups**
- Students & graduates
- Overseas trained
- Returnees to profession
- Currently employed

**Current & Future contextual issues**
- Client- centred approaches
- Diverse needs & population groups (e.g. aged, indigenous)
- Evidence based focus
- Information & Communications Technology focus
- Accountability & quality improvement
- Lifelong learning
- Legislative, ethical, occupational health frameworks
- Primary health care early intervention & prevention
- Interdisciplinary team approaches

### Competency Standards

<table>
<thead>
<tr>
<th>Competency Standard 1</th>
<th>Practise Podiatry in a Professional Manner</th>
</tr>
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<tbody>
<tr>
<td>Competency Standard 2</td>
<td>Continue to Acquire &amp; Review Knowledge for Ongoing Clinical &amp; Professional Practice</td>
</tr>
<tr>
<td>Competency Standard 3</td>
<td>Communicate &amp; Interrelate Effectively in Diverse Contexts</td>
</tr>
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<td>Competency Standard 4:</td>
<td>Conduct Patient/client Interview and Physical Examination</td>
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<td>Provide Education and Contribute to an Effective Health Care System</td>
</tr>
</tbody>
</table>

### Contexts

- **Community & Private Practice**
- **Residential Care Facilities**
- **Recreational Workplace**
- **Educational Hospital**

### Patients/Clients

- **Individual Clients**
- **Whanau/family/carers**

### Other Agencies

- **Other key health providers**
  - Community
  - Workplace Groups
  - Govt departments
  - 3rd Party funders

### Population groups

- **Infants**
- **Child**
- **Adolescent**
- **Adult**
- **Aged**

### Key treatment conditions

- **Musculo-skeletal**
- **Cardiovascular**
- **Developmental**
- **Renal**
- **Dermatological**
- **Neurological**
- **Infections**
- **Endocrornological**
- **Traumatic**

### Client Diversity

- **Indigenous Cultural/language**
- **Rural/Remote**
- **Mental health**
- **Disability**
- **Socio-Economic**

5 yearly review
**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 NZ legislative standards and regulatory & professional body codes of conduct and codes of ethics, with personal organisation & professional attitudes involved. Ongoing analysis of abilities and updating to maintain acceptable standards, with referral to relevant health professionals appropriately occurring is involved.

<table>
<thead>
<tr>
<th>Element</th>
<th>Performance Criteria</th>
<th>Examples of evidence*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1. Operates within relevant legal and regulatory frameworks</td>
<td>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</td>
<td>Observation/documentation of compliance within Registration boards’ Code of Practice, Ethical Principles and Standards of Conduct, NZ health regulatory framework:  - Health Practitioners Competence Assurance Act 2003 (HPCA)  - Health and Safety in Employment Act 1992 (HSE)  - Commerce Act 1986  - Privacy Act 1993  - Injury Prevention Rehabilitation and Compensation Act 2001 (governing legislation for ACC)  - Health and Disability Commissioner Act 1994  - Health and Disability Services (Safety) Act 2001  - Health and Disability Services Standards 2008  - The Code of Health and Disability Consumers' Rights  - Radiation Protection Act 1965 Working within the scope of contextually relevant clinical pathways</td>
</tr>
<tr>
<td>1.2. Utilises effective strategies for continually improving knowledge and skills</td>
<td>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</td>
<td>Documented Records/reflective writing/portfolio materials regarding participation in continuing professional development (PBRFC), mentor programs, audits, higher or further study</td>
</tr>
<tr>
<td>1.3. Practises to accepted standards and within the limitations of the individual and of the profession</td>
<td>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 &amp; services efficiency</td>
<td>Observations/journal writing/client documentation/portfolio notes including referral processes HSE review records, awareness of ergonomic issues.</td>
</tr>
<tr>
<td>1.4. Displays efficient organisation to complete</td>
<td>1.4.1 Self management for efficient practice is shown 1.4.2 Short &amp; long term time management is evident</td>
<td>Observations/documentation regarding:</td>
</tr>
<tr>
<td>administrative responsibilities safely and effectively</td>
<td>1.4.3 Participation in Quality management processes occurs</td>
<td></td>
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<tr>
<td>1.4.4 Quality service using varied and appropriate strategies is evident</td>
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<tr>
<td>1.4.5 Compliance with administrative policies and guidelines of relevant organisations occurs</td>
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<tr>
<td>1.4.6 Caseload responsibilities are managed efficiently and responsibly</td>
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<tr>
<td>• Within session, daily, weekly time management processes, diary notes</td>
<td></td>
<td></td>
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<tr>
<td>• HSE, patient/client protocols compliance</td>
<td></td>
<td></td>
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<tr>
<td>• Quality Improvement records, minutes of meetings</td>
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| 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: |
| • 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 Principles and Standards of Conduct are displayed in practice |
| Observation/documentation regarding Code of ethics applications in practice |

*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.

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<thead>
<tr>
<th>Elements</th>
<th>Performance Criteria</th>
<th>Examples of Evidence*</th>
</tr>
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</table>
| 2.1 Understands & applies relevant podiatry practice principles and theoretical concepts | 2.1.1 Relevant and current theoretical knowledge is applied to podiatry practice 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/documented records/written and oral responses show knowledge of broad theory areas such as:  
- 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 Identification of knowledge & information & communications technology needs  
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/documented records/written and oral responses show knowledge & interpretation skills regarding symptoms of systemic disorders in lower limb and foot with particular reference to:  
- Diabetes mellitus & other endocrine disorders  
- Rheumatological disorders  
- Cardiovascular disorders  
- Dermatological disorders  
- Infectious disorders  
- Neurological disorders  
- Renal disorders  
- Developmental disorders  
- Musculoskeletal |
| 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/documented records/written and oral responses show knowledge, interpretation & application of relevant evidence sources:  
- 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:  
- Verbal or written self evaluation  
- Supervisor/mentor feedback or clinical journal notes; patient/client satisfaction surveys  
- CPD, reflective practice, self directed learning |

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practice demonstrations, workplace observations, & documentation from individual journals, records & surveys may show evidence as appropriate to the individual practitioner.
Competency Standard 3: Communicate & Interrelate Effectively in Diverse Contexts

This competency is about verbal, nonverbal, written & electronic communication and establishing respectful rapport and adjusting to meet the needs of diverse individuals, population groups & interprofessional colleagues, including complying with relevant documentation requirements.

<table>
<thead>
<tr>
<th>Elements</th>
<th>Performance criteria</th>
<th>Examples of evidence*</th>
</tr>
</thead>
</table>
| 3.1 Uses effective interpersonal communication skills and adopts appropriate strategies in working with diverse patient/client groups | 3.1.1 Rapport, trust & respectful therapeutic relationships with patients/clients and whanau/family/carers are developed  
3.1.2 Nonverbal, cultural & situational aspects of communication are understood & adjusted for diverse patient/client needs  
3.1.3 Confidentiality, informed consent, privacy and sensitivity are used in patient/client communications  
3.1.4 Appropriate techniques are used in discussing health information & encouraging shared decision making with patients/clients & whanau/families/carers where appropriate  
3.1.5 Communication supports and relevant strategies & aids are used to supplement information & when communication barriers exist | Observation/documentation/written & oral responses show evidence of:  
- 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 patient/client distress  
- Using technology, multimedia tools  
- Using interpreters/other third party & supports such as whanau/family/carers |
| 3.2 Utilises reporting and presentation skills at an appropriate level     | 3.2.1 Legible, accurate & precise written &/or electronic documentation occurs  
3.2.2 Useful & relevant information is prepared and delivered to meet the needs of the individual or groups  
3.2.3 Documentation meets legal requirements & relevant policy and organisational guidelines  
3.2.4 Appropriate preparation & delivery strategies for individuals and groups or media are used, as relevant | Observations/documentation/written and oral responses show evidence of:  
- 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 | 3.3.1 Various roles and responsibilities of other health care professionals are understood & respected  
3.3.2 Relevant work with other health care providers is effectively undertaken  
3.3.3 Acceptable protocols for inter-professional communication orally & in writing are used  
3.3.4 Negotiation, collaboration and consultation with members of the health care profession, service providers & relevant others occurs  
3.3.5 Implications of medico-legal & confidentiality are understood | Observations / documented records/portfolio notes of:  
- 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 |

*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 & surveys may show evidence as appropriate to the individual practitioner.
## 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.

<table>
<thead>
<tr>
<th>Elements</th>
<th>Performance Criteria</th>
<th>Examples of evidence*</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>Conducts appropriate patient/client interview &amp; collects relevant initial information</td>
<td>4.1.1 Informed consent is obtained using appropriate approach as relevant to the patient/client 4.1.2 Appropriate demographic, presenting complaint &amp; 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 requirements 4.1.5 Information is accurately recorded to support the development of an appropriate assessment plan. 4.1.6 The Code of Health and Disability Consumers’ Rights is displayed in the practice</td>
</tr>
<tr>
<td>4.2</td>
<td>Establishes initial clinical impressions</td>
<td>4.2.1 Collated information is analysed and relevant clinical factors identified 4.2.2 Assessment needs including levels of urgency, priority &amp; expertise required fro the patient/client are considered</td>
</tr>
<tr>
<td>4.3</td>
<td>Safely conducts appropriate physical examination/tests and refers as appropriate.</td>
<td>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 &amp; modified implementation occurs as appropriate 4.3.6 Additional examinations/tests/referrals are carried out as appropriate</td>
</tr>
</tbody>
</table>

*These examples of knowledge, understandings, behaviours, abilities are provided as a guide towards demonstrating achievement of the competency but are not intended as an exhaustive checklist. Formal written responses, practice demonstrations, workplace observations, & documentation from individual journals, records & surveys may show evidence as appropriate to the individual practitioner.
### 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.

<table>
<thead>
<tr>
<th>Element</th>
<th>Performance criteria</th>
<th>Examples of evidence*</th>
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</table>
| 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:  
- Knowledge of normal/abnormal  
- References consulted in evaluating information  
- Professional colleague utilization  
- 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:  
- Diagnostic imaging  
- Musculoskeletal  
- Neurological & vascular  
- Examination against normal, interpret  
- Propose differential diagnosis, interpreting tests/examination results  
- Microbiology  
- Pathology |
| 5.3 Communicates information and involves others as appropriate | 5.3.1 Feedback is provided to patient/client and whanau/family/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 whanau/family/carer impact.

<table>
<thead>
<tr>
<th>Elements</th>
<th>Performance Criteria</th>
<th>Examples of Evidence*</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1</td>
<td>Develops rationale for podiatry management plan</td>
<td>6.1.1 Assessment findings key features are identified and predicted podiatric management plan outcomes are determined with the patient/client and/or whanau/family/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</td>
</tr>
<tr>
<td>6.2</td>
<td>Establishes patient/client-focused short and long term goals</td>
<td>6.2.1 Reasons for presenting symptoms appropriately communicated to patient/client/whanau/family/carer 6.2.2 Patient needs are discussed and considered I managing the symptoms 6.2.3 Consultative approaches are used to determine patient/client/whanau/family/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/whanau/family/carer where appropriate 6.2.5 Consultatively-developed goals are established considering clinical problems, lifestyle and expectations 6.2.6 Modification strategies relevant to implemented goals are consultatively developed</td>
</tr>
<tr>
<td>6.3</td>
<td>Negotiates appropriate management plan</td>
<td>6.3.1 Options for podiatry management plan are clearly presented to patient/client/whanau/family/carer within context of needs, ethics &amp; best practice 6.3.2 Patient/Client/ whanau/family/carer discussion occurs regarding indications &amp; risks 6.3.3 Selected management plan considers information from other health service providers &amp; evidence-based practice 6.3.4 Management plan options and selection are consultatively-developed with the patient/client/ whanau/family/carer considering cost, client profile &amp; alternative funding options</td>
</tr>
</tbody>
</table>

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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.

<table>
<thead>
<tr>
<th>Elements</th>
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</thead>
<tbody>
<tr>
<td>7.1 Obtains informed consent through appropriate communication</td>
<td>7.1.1 Purpose &amp; significance of history and physical examination are explained</td>
<td>Documentation/observations/responses regarding:</td>
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<tr>
<td></td>
<td>7.1.2 Benefits of each form of intervention and non-intervention implications are explained in a culturally appropriate way</td>
<td>• Consent protocols &amp; documentation</td>
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<td></td>
<td>7.1.3 Realistic expectations of outcomes, strategies &amp; costs of interventions are discussed</td>
<td>• Patient/Client-focused &amp; language appropriate Information process</td>
</tr>
<tr>
<td></td>
<td>7.1.4 Informed consent is obtained from relevant person, and recorded and stored appropriately</td>
<td>• Non-intervention reasons</td>
</tr>
<tr>
<td>7.2 Implements safe and effective management</td>
<td>7.2.1 Implementation of appropriate management plan occurs, consistent with agreed intervention program</td>
<td>Observation/documentation/written and oral responses of</td>
</tr>
<tr>
<td></td>
<td>7.2.2 Management plan is implemented safely &amp; effectively in accordance with legal requirements</td>
<td>*Carrying out mechanical debridement of nails &amp; intact &amp; ulcerated skin</td>
</tr>
<tr>
<td></td>
<td>7.2.3 Quality interventions are provided which best meet the management plan requirements</td>
<td>*prescribe foot orthoses</td>
</tr>
<tr>
<td></td>
<td>7.2.4 Awareness of professional &amp; personal limitations is demonstrated &amp; professional advice seeking &amp; appropriate referral occurs where relevant</td>
<td>*making and using chair side foot orthoses</td>
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<tr>
<td></td>
<td></td>
<td>*administering &amp; prescribing relevant prescription-only medicines</td>
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<tr>
<td></td>
<td></td>
<td>*interpreting any relevant pharmacological history &amp; recognizing potential consequences for patient treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*carrying out surgical procedures for skin &amp; nail condition</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*using appropriate physical &amp; chemical therapies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Orthotic therapy, mechanical therapy, electrotherapy, manual therapy, surgery, pharmacology, Understanding of a range of medical conditions, pathomechanical lower limb function</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Referral records for surgery, physical therapeutic modalities, prescription of chemo-therapeutic agents</td>
</tr>
<tr>
<td>Elements</td>
<td>Performance Criteria</td>
<td>Examples of evidence*</td>
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</tbody>
</table>
| 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 HSE requirements | Observation/documentation/written and oral responses of:  
- Continuing education records  
- HSE & sterilisation knowledge & guidelines, dust & fume management, orthotic manufacture  
- Accessing protocols of sterilisation procedures & HSE  
  - Adverse incident reports  
  - Infection control/hazard control practices  
  - Principles of disinfectants, sterilisation methods, dealing with waste & spillage  
- Hazardous Substances and New Organisms Act 1996 (HSNO Act)  
- Policy/standards for infection control exist |

| 7.4 | Understands and manages adverse events | 7.4.1 Adverse events identification, management & documentation occur  
7.4.2 Workplace emergency procedures are documented & implemented as required | Observation/documentation/written and oral responses of:  
- 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  
- Policy procedures for workplace emergencies & adverse events for local settings |

| 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:  
- 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, patient/client status & diagnosis  
7.6.5 Referrals occur as appropriate based on management plan outcomes | Observation/documentation/written and oral responses of:  
- 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.

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| 8.1      | Undertakes podiatry within the broader health care context | 8.1.1 Local & national context knowledge is evident  
8.1.2 Knowledge of Health in the context of Aotearoa is evident  
8.1.3 Service delivery model relevant to the practice setting is used  
8.1.4 Specific & appropriate management plans using relevant timescales are devised | Observations/documentation/written and oral responses regarding application of:  
- Diverse practices for varied physical, social, cultural, psychological needs e.g. marginalised groups, aged and disabled  
- Cultural Competency  
- Concepts of primary, secondary & tertiary prevention in foot health and disease  
- 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:  
- 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:  
- Early identification of disorders/disease  
- Principles of preventive health care/health promotion  
- Specific group interventions & dealing with avoidance behaviours of various groups: 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:  
- Principles of preventive health care/health promotion  
- Specific group interventions & dealing with avoidance behaviours of various groups: indigenous, rural/metropolitan |
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| 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:  
- 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:  
- 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 outcome 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.
| Knows |
|---|---|
| Multiple choice questions |
| Poster presentation |
| Bibliographies |
| Examinations: |
| Short answer questions |
| Quizzes including online |
| Essays/reports |
| Reviews |
| Problem-solving assignments |
| Webcasts |
| Written responses and technology based assessment of Factual Knowledge, interpreting and synthesizing |