



**Second consultation
paper**

**Draft National Competency Framework
and Standards for Podiatric Surgeons**

Version 6.2

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Part 1 – Introduction and Background

INTRODUCTION

The regulation of the podiatry profession in Australia is part of a national registration and accreditation scheme (NRAS) under the *Health Practitioner Regulation National Law* as in force in each state and territory (National Law). The profession is regulated by the Podiatry Board of Australia. The Australian Health Practitioner Regulation Authority (AHPRA) administers the NRAS on behalf of the 15 National Boards, one of which is the Podiatry Board of Australia.

The Podiatry Board of Australia has an important role in setting the minimum standards for podiatry practice and podiatric surgery in Australia.

This competency framework and the competency standards were commissioned by the Podiatry Board of Australia. The development of the competency framework and competencies was undertaken by the Australian and New Zealand Podiatry Accreditation Council (ANZPAC) on behalf of the Podiatry Board of Australia.

These Podiatric Surgery Competency Standards are complementary and interlinked with the *Podiatry Competency Standards for Australia and New Zealand*¹, the competency standards for beginning podiatry practitioners.

COMPETENCY FRAMEWORK AND STANDARDS

Competency Standards

Competency standards outline the measurable levels of knowledge, skills, attitudes, values and professional capabilities required by graduates to begin independent, unsupervised podiatric surgical practice. They are used in an education curriculum for assessment purposes and should be able to be mapped to the curriculum content in the teaching and learning, simulated learning opportunities and clinical experience. They are also used for the assessment of internationally qualified practitioners; and provide guidance for assessing/monitoring the performance of health professionals in practice. They may also be used for examining the standard of practice of a health professional in legal proceedings and coronial matters.

Competencies are observable and measurable behaviours that are multi-dimensional, dynamic, and evolve over time. Assessment of students using the competency standards is a fundamental mechanism for assuring the competence of those students across all areas of the professional practice in which they are seeking qualifications that should lead to registration or specialty registration in their profession.

A notable meta-analysis on competency frameworks was published in the consultation paper *Background research and consultation to inform the review of pharmacy competency standards: Consultation Paper for the Pharmacy Practitioner Development Committee*². This work focuses on the use of competencies beyond the entry-level practitioner and provides a useful introduction to the current research and complexities of this area of learning outcomes and competencies. The findings include a warning that:

*A review of the literature around competence, competencies and performance is complicated by the use of varied definitions and underlying concepts. The existence of such variation is no surprise given the multiple contexts in which the terms are used.*³

Model for the Competency Standards

The research also indicates that when selecting a model for the **form** of the competency standards, there is no one model that is superior to others. Selection of a competency standards model essentially must 'make sense' to the profession and users of the standards.

The *Surgical Competence and Performance*⁴ model used by the Royal Australasian College of Surgeons, based on the CanMEDs *Physician Competency Framework*⁵ provide the foundation used for the development of the competency standards for podiatric surgery. The first round of consultation identified a preference for this model to be used as the basis for the Framework going forward.

However, it is also the **content** of these competency standards that is a key focus of this paper. We are also not working in a vacuum here as far as content goes as there is previous relevant work to draw from in relation to surgery more generally and podiatric surgery specifically, including:

- Royal Australasian College of Surgeons (RACS) (2011) *Surgical Competence and Performance: A guide to aid the assessment and development of Surgeons*⁶
- Royal College of Physicians and Surgeons of Canada (2015) *CanMeds 2015 Physician Competency Framework*⁷
- Australasian College of Podiatric Surgeons (ACPS) (2010) *Competency Standards*⁸
- Health and Care Professions Council (UK- HCPC) (2015) *Standards for podiatric surgery*⁹
- The University of Western Australia (UWA) (2016) *Defining the Competencies of the Doctor of Clinical Podiatry*¹⁰.

Also, the entry-level ANZPAC *Podiatry Competency Standards for Australia and New Zealand*¹¹ provide the foundation for the specialist competency standards to be built and it is essential to reinforce the assumption that there must be ongoing demonstration of these baseline competencies, even in specialist practice.

The expert surgical competencies of RACS particularly build on these entry level competencies and have provided guidance in the content of the specialist standards required of the competent surgeon.¹²

The draft competency standards for podiatric surgeons have ‘key competencies’ supported by ‘enabling competencies’.

The draft competency standards are based upon the assumption that the education program preparing podiatric surgeons is provided under the Australian Qualifications Framework (AQF)¹³ at a minimum of level 9. The AQF level 9 criteria are outline in Box 2 below. The New Zealand Qualifications Framework (NZQF)¹⁴ provides a similar framework of qualifications.

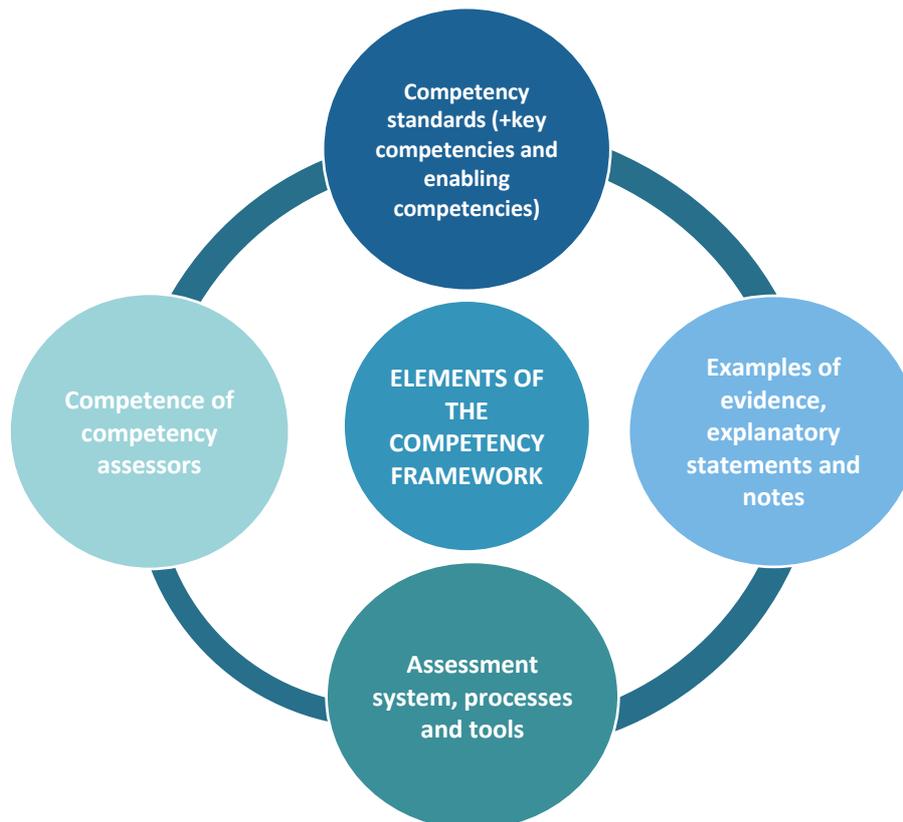
Box 1 – AQF Level 9 Criteria

Summary	<i>Graduates at this level will have specialised knowledge and skills for research, and/or professional practice and/or further learning</i>
Knowledge	<i>Graduates at this level will have advanced and integrated understanding of a complex body of knowledge in one or more disciplines or areas of practice</i>
Skills	<p><i>Graduates at this level will have expert, specialised cognitive and technical skills in a body of knowledge or practice to independently:</i></p> <ul style="list-style-type: none"> • <i>analyse critically, reflect on and synthesise complex information, problems, concepts and theories</i> • <i>research and apply established theories to a body of knowledge or practice</i> • <i>interpret and transmit knowledge, skills and ideas to specialist and non-specialist audiences</i>
Application of knowledge and skills	<i>Graduates at this level will apply knowledge and skills to demonstrate autonomy, expert judgement, adaptability and responsibility as a practitioner or learner.</i> ¹⁵

Competency Framework

It should be noted that the competency standards, elements and performance criteria are only one part of the competence framework and that it is the whole that provides the robustness of the system. The standards and descriptors themselves cannot be relied upon to achieve this in isolation. Figure 1 below identifies the four key components of the broader competency framework providing the infrastructure of the system.

Figure 1 – Components of a competency framework



- **The competency standards (including the key competencies and enabling competencies)** – these provide the statements of:
 - **Competency Standards** – These Standards are organised into nine thematic groups of competencies. These are clearly synergistic and interrelated, but they are also unique.¹⁶
 - **Key competencies** - broad statements of principles (the competency) outlining essential professional knowledge, skills and attitudes that go to the attributes and, capabilities required of the health professional that must be developed to achieve competence.¹⁷
 - **Enabling competencies and behavioural markers** - essential components of a key competency - breaking the elements down into observable patterns of behaviours, skills or other outcomes expected of competent practitioners with 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.¹⁸

- **The examples of evidence, explanatory statements and notes to the standards** – this can involve describing the cues for assessing ‘knowledge, skills and attributes’ that underpin the standards; or evidence of examples to support education providers and assessors in other circumstances in the teaching and assessment of them.
- **The assessment system, processes and tools** – the design of the competency assessment system: the guidelines for assessors and those being assessed; timelines and mapping to curriculum content; assessment tools; availability of competent assessors; and the administration of the system are critical to validity and veracity of assessment of competency. The assessment system and processes provide the infrastructure for the system of assessment using the standards by capable and competent assessors.
- **The competence of assessors** - is a vital ingredient in the assessment system. It is recognised that assessors require introductory and ongoing education and training and performance management in this important role. Inter-rater reliability across assessors is vital for the credibility of the system.

All other aspects of the competency framework must also be reviewed regularly and further developed alongside the development and future revision of the competency standards and are part of the implementation when the standards have been approved by the relevant registration authorities.

Examples of evidence 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 to practice, workplace references or portfolio documentation may be used.¹⁹

A note on competence and performance

It should be noted there is an important distinction between competence and performance.

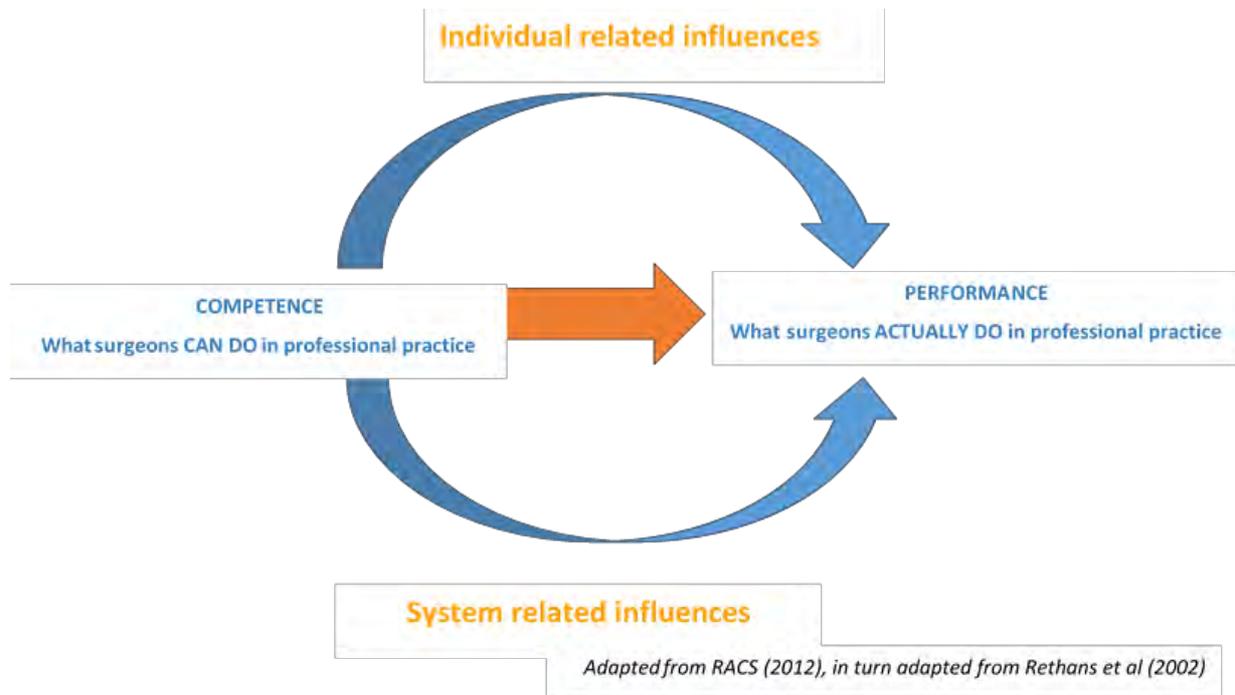
Competence is what podiatric surgeons are taught to do, encompassing what they learn and demonstrate on assessment they can do. This involves acquiring and maintaining technical and non-technical knowledge, skills and attitudes.

Performance is what podiatric surgeons actually do in day to day practice. How podiatric surgeons perform depends on competence but is also influenced by individual and system related factors.

Figure 2 below illustrates the relationship between competence and performance and shows how podiatric surgical performance in practice is affected by system related and individual influences.²⁰

The competency standards for podiatric surgeons are in the former area and provide the framework for assessment of performance.

Figure 2 – relationship between competence and performance



At a minimum, the competency framework and standards should meet the objectives outlined in Box 2 below.

Box 2 – Objectives of the competency framework and standards

- ◆ Contemporary and aligned with current best practice and emerging research, policy and relevant industry and professional guidance – across Australia and New Zealand, and internationally.
- ◆ Designed to ensure that podiatric surgeons are suitably educated and qualified to practise in a competent, safe and ethical manner.
- ◆ Supportive of the continuous development of flexible, responsive and sustainable Australian and New Zealand health workforces.
- ◆ Acceptable to the community in supporting safe, accessible, quality treatment and care.
- ◆ Acceptable to the profession and relevant stakeholders.
- ◆ Consistent with relevant regulation in Australia and New Zealand.

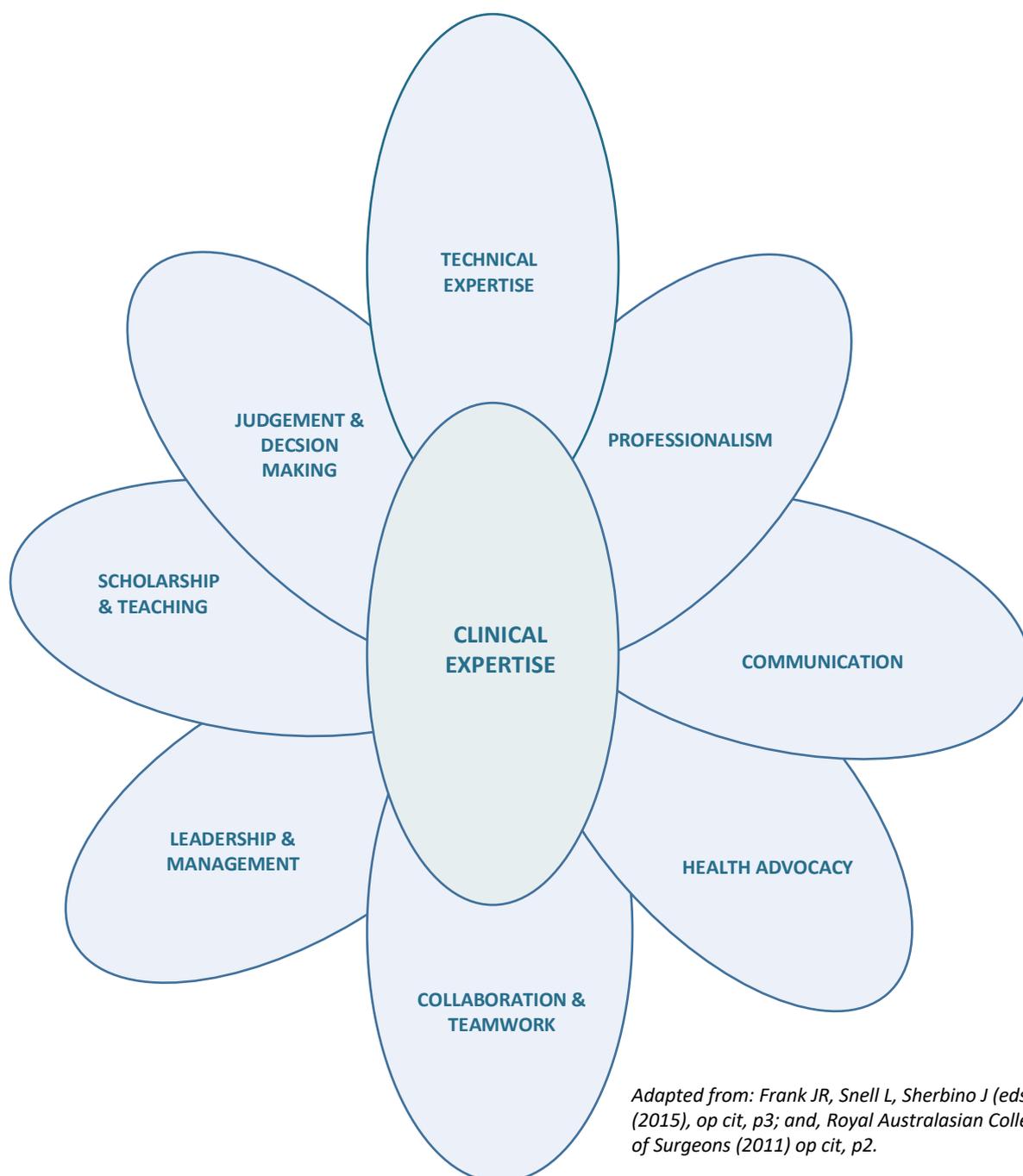
- ◆ Able to retain currency and relevance over the period designated before next review.
- ◆ Written and presented in a manner that is logically coherent, factually correct, consistent with other related standards, and able to be clearly understood without further explanation.
- ◆ Inclusive of the range of indicators required to assure the community that the accredited post-graduate program of study will produce graduates who meet or exceed the relevant competency standards.
- ◆ Meaningful for post-graduate students, particularly in relation to the expectations on them to graduate as competent, safe and ethical podiatric surgeons.
- ◆ Discriminatory, in that they distinguish between students and others being assessed who meet the standard(s) and those who do not.
- ◆ Objective, meaningful and measurable against for assessors.

Part 2 – COMPETENCY STANDARDS FOR PODIATRIC SURGEONS

DRAFT COMPETENCY STANDARDS FOR PODIATRIC SURGEONS IN AUSTRALIA
AND NEW ZEALAND

Competency Standards Model²¹

Figure 4 – Competency Standards model



Competency Standards for Podiatric Surgeons

Box 4 – Summary of Competency Standards for Podiatric Surgeons

CLINICAL EXPERTISE

Integrating and applying health sciences, podiatric medical and surgical knowledge, clinical skills and professional values and attitudes in the provision of high quality and safe patient centred care.

TECHNICAL EXPERTISE

Performing podiatric surgical procedures safely and effectively, applying evidence-based surgical and scientific knowledge, judgement and skill to all aspects of podiatric surgical practice.

PROFESSIONALISM

Practising professionally – ethically, legally, safely and efficaciously, demonstrating high personal standards of behaviour, accountability to the profession and community and maintenance of personal health.

COMMUNICATION

Communicating effectively with patients, families, carers, colleagues and others¹ involved in health services in order to facilitate the provision of high quality health care.

HEALTH ADVOCACY

Working with individual patients, families, carers and communities recognising and understanding needs and supporting the mobilisation of resources to influence change.

COLLABORATION AND TEAMWORK

Working cooperatively with peers, other health professionals, students and others to develop a shared picture of the clinical situation and facilitating appropriate task sharing and delegation to ensure the delivery of safe, effective and efficient podiatric surgery and perioperative management and care.

¹ 'Others' also includes any agencies and individuals relevant to practising professionally such as students, other health professionals, judicial officers and courts, regulatory agencies and the community.

LEADERSHIP AND MANAGEMENT

Engaging with others to contribute to a vision of a high-quality health care system taking responsibility for the delivery of safe, high quality patient centred clinical care as podiatric surgeons; matching resources to demand for services and showing consideration for all members of the health service team.

SCHOLARSHIP AND TEACHING

Demonstrating a lifelong commitment to excellence in practice through continuous learning and by teaching others; evaluating, translating and disseminating evidence; and contributing to scholarship.

JUDGEMENT AND DECISION MAKING

Making informed and timely decisions in relation to clinical assessment and diagnosis; planning and coordinating effective podiatric surgical management and perioperative care; monitoring and evaluating podiatric treatment and care; and health maintenance and promotion.

The *Podiatry Competency Standards for Australia and New Zealand* also have a direct relationship to the Competency Standards for Podiatric Surgeons. The assumption is that the *Podiatry Competency Standards for Australia and New Zealand* provide the baseline for all podiatric surgeons and the competency standards for podiatric surgeons provide details of the higher-level competencies required of a podiatric surgeon working as a podiatric surgeon.

The Standards that follow include key competencies, enabling competencies and behavioural markers to further extrapolate the meaning of the Standards. It should be noted that the enabling competencies and behavioural markers are provided as guidance and are not exclusive.

As noted above, the form and content of the Standards have been largely based on the competencies and standards developed by the *CanMEDS 2015 Physician Competency Framework*, of the Royal College of Physicians and Surgeons of Canada²² and the *Nine RACS Competencies*, of the Royal Australasian College of Surgeons.²³

The expert surgical competencies of RACS particularly build on the entry level competencies and have provided particular guidance in the content of the specialist standards required of the competent surgeon and this is acknowledged.²⁴

It should be noted that the numbering of the Standards does not imply a hierarchy, but is used as a device to identify individual Standards and the associated key competencies, enabling competencies and behavioural markers. As the diagram indicates, the Standards are interrelated and overlapping in their content and should be seen as a holistic framework.

1. CLINICAL EXPERTISE

Integrating and applying health sciences, podiatric medical and surgical knowledge, clinical skills and professional values and attitudes in the provision of high quality and safe patient centred care.

KEY COMPETENCIES	ENABLING COMPETENCIES AND BEHAVIOURAL MARKERS
Podiatric surgeons are able to:	
1.1. Demonstrate podiatric medical, surgical and scientific knowledge, skill and professional behaviour	<ul style="list-style-type: none"> ● Consistently demonstrating the highest standards of podiatric medical, surgical and scientific knowledge, skill and professional behaviour including: <ul style="list-style-type: none"> ○ Providing a consistently high standard of peri-operative care ○ Ensuring appropriate pain management is instituted in a timely manner ○ Considering the impact of co- morbidities on presentation of a podiatric condition or recovery from a podiatric surgical intervention ○ Ensuring the appropriate use of fluids, electrolytes and blood products including their adjustment according to patient progress.
1.2. Understand patients' health status and related circumstances; critically analysing these and form a diagnosis	<ul style="list-style-type: none"> ● Integrating knowledge of the classification, epidemiology, aetiology, anatomy, pathophysiology, clinical and pathological manifestations, diagnostic and therapeutic strategies with core presentations in podiatry. ● Understanding anatomy and physiology in the context of podiatric surgery and how surgical intervention can impact on human health and wellbeing in the circumstances of the presenting patient. ● Recognising the most common foot and ankle disorders and differentiating those not amenable to or appropriate for podiatric surgical treatment.

KEY COMPETENCIES	ENABLING COMPETENCIES AND BEHAVIOURAL MARKERS
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Podiatric surgeons are able to:

<p>1.3. Work in collaboration with patients, exploring the care options available and developing agreed, evidence-based podiatric treatment, care and management plans</p>	<ul style="list-style-type: none"> • Obtaining, interpreting and applying current available perioperative evidence and information to inform decisions about podiatric treatment, care and management options. • Reviewing and interpreting diagnostic imaging and results of other investigations undertaken for the presenting patient to inform decisions about podiatric treatment, care and management options. • Integrating knowledge of podiatry, podiatric medicine, podiatric surgery and other health sciences to inform decisions about podiatric treatment, care and management options. • Using critical analytical skills, logic and clinical judgement to identify podiatric treatment, care and management options likely to be therapeutically effective and safe for patient. • Adapting practice according to varying patient needs across the human lifespan, including need for podiatric treatment, care and management options to be tailored for patients. • Considering opportunities to enhance a patient’s treatment, care and management through the involvement of other health professionals. • Discussing purpose, nature, benefits, risks and expected outcomes of treatment, care and management with patients and others. • Discussing and seeking agreement with patients and others on patients’ goals and priorities. • Formulating a care plan in collaboration with patients, recognising personal and professional limitations. • Reaching agreement on patient-centred, evidence-based treatment and care plan, including podiatric surgery, co-management or referral. • Establishing plans for review of podiatric treatment, care and management.
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KEY COMPETENCIES	ENABLING COMPETENCIES AND BEHAVIOURAL MARKERS
Podiatric surgeons are able to:	
	<ul style="list-style-type: none"> • Describing areas of practice of other health professions and explaining inter-professional approaches to patients and others who may be involved.
1.4. Coordinate the safe and effective implementation of podiatric treatment and care	<ul style="list-style-type: none"> • Ensuring patient safety by understanding and appropriately managing clinical risk including: <ul style="list-style-type: none"> ○ Identifying and explaining potential material risks and complications of podiatric treatment and care ○ Applying the principles of aseptic technique in perioperative treatment and care at all times including regular hand washing, to minimise the risk of infection ○ Demonstrating proficiency in prescribing, meeting the competencies required to prescribe medicines²⁵ ○ Demonstrating awareness of unlikely but serious potential problems and preparing accordingly ○ Safely managing perioperative emergencies and use of life support protocols and systems ○ Promoting and participating in and adherence to surgical safety checklists and other risk reduction strategies.
1.5. Monitor and evaluate podiatric treatment and care	<ul style="list-style-type: none"> • Regularly reviewing and evaluating clinical practice, podiatric surgical outcomes, complications, morbidity and mortality. • Monitoring patients' progress towards achieving planned health outcomes using valid and reliable measures where available. • Monitoring management and care for adverse events and changes in patients' lives that may affect care. • Considering alternative options when indicated. • Collaborating with patients and other health professionals, where indicated, to address issues arising from monitoring and evaluation.

2. TECHNICAL EXPERTISE

Performing podiatric surgical procedures safely and effectively, applying evidence-based surgical and scientific knowledge, judgement and skill to all aspects of podiatric surgical practice.

KEY COMPETENCIES	ENABLING COMPETENCIES AND BEHAVIOURAL MARKERS
Podiatric Surgeons are able to:	
2.1. Recognise conditions for which podiatric surgery may be necessary	<ul style="list-style-type: none"> ● Demonstrating understanding of when podiatric surgical intervention is or is not indicated: <ul style="list-style-type: none"> ○ Consulting with peers and colleagues about complex cases and difficult judgements ○ Routinely questioning and justifying approaches to podiatric surgical problems and all aspects of practice ○ Prioritising need and time for podiatric surgery appropriately in emergency and elective situations ○ Recognising when further assessment, observation or investigation is preferable to immediate podiatric surgery.
2.2. Develop, maintain and improve dexterity and technical skills and other aspects of technical podiatric surgical expertise to perform safe effective podiatric surgical procedures	<ul style="list-style-type: none"> ● Undertaking podiatric surgery commensurate to training and expertise, available facilities, staffing and conditions. Consistently demonstrating dexterity and technical skills in podiatric surgical practice. ● Preparing for and performing safe and effective podiatric surgical procedure(s) demonstrating knowledge and the necessary skills of effective perioperative podiatric surgical and podiatric medical treatment and care. ● Adapting interventions accounting for factors such as age, condition, health status, response to care and patients' preferences. ● Effectively managing patients presenting with foot trauma.

KEY COMPETENCIES	ENABLING COMPETENCIES AND BEHAVIOURAL MARKERS
Podiatric Surgeons are able to:	
	<ul style="list-style-type: none"> • Identifying recognised complications of the podiatric surgical procedures being undertaken and takes active steps to minimise the risk of these occurring. • Continuously working on improving technical skills and dexterity.
<p>2.3. Define the podiatric surgery scope of practice</p>	<ul style="list-style-type: none"> • Undertaking podiatric surgery appropriate to the podiatric surgeon’s training and expertise as well as the available facilities, conditions staffing and local credentialing: <ul style="list-style-type: none"> ○ Taking into account local hospital conditions and support services in defining scope of practice ○ Being aware of professional and personal limitations, seeking professional advice, support, supervision and referral where required. ○ Calling on advice and support through appropriate clinical networks when dealing with matters outside customary practice experience ○ Ensuring practice is within personal scope of practice and capabilities in accordance with current experience and local credentialing requirements.

3. PROFESSIONALISM

Practising professionally – ethically, legally, safely and efficaciously; demonstrating high personal standards of behaviour, accountability to patients, the profession and community; and maintenance of personal health.

KEY COMPETENCIES	ENABLING COMPETENCIES AND BEHAVIOURAL MARKERS
Podiatric Surgeons are able to:	
3.1 Demonstrate awareness and insight in all aspects of practice	<ul style="list-style-type: none"> ● Reflecting upon one’s podiatric surgical practice and having insight into its implications for patients, colleagues, students and the community: <ul style="list-style-type: none"> ○ Adopting a courteous approach to other staff and patients ○ Responding positively to questioning, suggestion and objective criticism ○ Admitting to errors ○ Acknowledging poor outcomes and takes opportunities to reflect and improve. ● Demonstrating skill in self-assessment and critical evaluation of personal knowledge, skills and expertise, including awareness of personal bias and beliefs and how these might influence podiatric treatment and care in the perioperative settings for patients; and having appropriate strategies in place to deal with this. ● Working within the bounds of professional expertise and competence, seeking professional support and participating in clinical review routinely.
3.2 Operate within relevant legal and regulatory frameworks	<ul style="list-style-type: none"> ● Ensuring any operation, procedure or treatment is undertaken only with the consent of the patient. ● Conscientiously providing patients with sufficient information about their condition, investigation options, treatment options, benefits, possible adverse effects or complications, and the likely result if treatment is not undertaken, in order to be able to make their own decision about undergoing an operation, procedure or treatment.

KEY COMPETENCIES	ENABLING COMPETENCIES AND BEHAVIOURAL MARKERS
Podiatric Surgeons are able to:	
	<ul style="list-style-type: none"> • Understanding the legal duty to warn a patient of a material risk inherent in any proposed podiatric treatment or care.
3.3 Practise ethically and with integrity	<ul style="list-style-type: none"> • Maintaining standards of ethics, probity and confidentiality and respecting the rights of patients, families and carers: <ul style="list-style-type: none"> ○ Ensuring all research projects are reviewed and approved by a research and ethics committees ○ Identifying and managing any conflicts of interest ○ Providing an ethical role-model for students and others ○ Maintaining appropriate personal and sexual boundaries with patients at all times.
3.4 Maintain personal health and well-being	<ul style="list-style-type: none"> • Demonstrating awareness of factors affecting their own health and wellbeing, including fatigue, stress management, infection control and disease prevention, to mitigate health risks of professional podiatric surgical practice.²⁶ • Maintaining personal health and well-being and considering the health and safety needs of colleagues, staff and team members.

4. COMMUNICATION

Communicating effectively with patients, families, carers, colleagues and others² involved in health services in order to facilitate the provision of high quality health care.

KEY COMPETENCIES	ENABLING COMPETENCIES AND BEHAVIOURAL MARKERS
Podiatric Surgeons are able to:	
4.1 Gather and understand information	<ul style="list-style-type: none"> ● Seeking timely and accurate information during the consultation, in the ward or clinic and in the operating room: <ul style="list-style-type: none"> ○ Ensuring all relevant documentation, including notes, results and consent, are available and have been reviewed ○ Reflecting on and discussing significance of information ○ Liaising with anaesthetist regarding anaesthetic plan and asking for regular updates during podiatric surgery ○ Ensuring patient condition is monitored throughout the procedure and post operatively and that changes and challenges are responded to appropriately
4.2 Discuss and communicate options	<ul style="list-style-type: none"> ● Discussing options with patients and communicating decisions clearly and effectively: <ul style="list-style-type: none"> ○ Reaching a decision and clearly communicating this ○ Making provision for and communicates other options and potential outcomes ○ Informing patient, family and relevant staff about the expected clinical course for each patient ● Being decisive and having clear goals and plans of management.
4.3 Communicate effectively	<ul style="list-style-type: none"> ● Demonstrating rapport, active listening, mutual respect and trust in developing professional relationships with patients and others

² 'Others' also includes any agencies and individuals relevant to practising professionally such as students, other health professionals, judicial officers and courts, regulatory agencies and the community.

KEY COMPETENCIES	ENABLING COMPETENCIES AND BEHAVIOURAL MARKERS
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Podiatric Surgeons are able to:

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| | <ul style="list-style-type: none"> • Demonstrating advanced communication skills in providing patients with all necessary information to enable them to make an informed choice about available podiatric operative and other treatment options appropriate to their condition, lifestyle and circumstances • Providing information and advice to patients for immediate postoperative management and follow-up. • Expressing professional opinions competently, confidently and respectfully, avoiding discipline-specific language when necessary. • Exchanging information with patients, families, carers, colleagues and other staff: <ul style="list-style-type: none"> ○ Following up test results and communicating these appropriately with the patient and other team members ○ Demonstrating empathy and compassion when breaking bad news ○ Showing awareness and sensitivity to patients from different cultural backgrounds and using interpreters appropriately ○ Understanding the roles, responsibilities and work of other staff working in the podiatric surgical team. ○ Encouraging the podiatric surgical team to be involved and to ask questions and making them feel their input is valued ○ Is clear what activities can be delegated to nursing, administrative or other staff. |
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| 4.4 Comprehensively document all aspects of advice, care and outcomes | <ul style="list-style-type: none"> • Ensuring records specific to podiatric surgical procedures undertaken that may be documented by other members of the team are endorsed as correct records • Documenting outcomes and recording risks and risk management strategies, routinely discussing these with patients. |
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5. HEALTH ADVOCACY

Working with individual patients, families, carers and communities recognising and understanding needs and supporting the mobilisation of resources to influence change.

KEY COMPETENCIES	ENABLING COMPETENCIES AND BEHAVIOURAL MARKERS
Podiatric Surgeons are able to:	
5.1 Provide podiatric care with compassion and respect for patient rights	<ul style="list-style-type: none"> • Providing optimum podiatric care while respecting patients’ rights, choice, dignity, privacy and confidentiality: <ul style="list-style-type: none"> ○ Encouraging patients to seek different views or opinions and to exercise choice ○ Treating patients courteously and compassionately, engaging them in decision-making and respecting their choices ○ Demonstrating concern and respect for patients' privacy ○ Willing to spend further time with a distressed patient to actively listen to their concerns.
5.2 Meet patient, carer and family needs	<ul style="list-style-type: none"> • Engaging patients and, where appropriate, families or carers in planning and decision- making in order to best meet their needs and expectations: <ul style="list-style-type: none"> ○ Planning investigations and treatment taking into account the needs of the patient and carers ○ Ensuring appropriate communication with family members regarding plans and expectations of podiatric surgery ○ Following up referred patients and seeks reports on progress ○ Allowing sufficient time and seeks patient concerns or misgivings regarding treatment.
5.3 Respond to cultural and community needs	<ul style="list-style-type: none"> • Demonstrating understanding of the impact of culture, ethnicity and spirituality on podiatric surgical care and considering the broader health, social and economic needs of the community. <ul style="list-style-type: none"> ○ Striving to improve access to health care services

KEY COMPETENCIES	ENABLING COMPETENCIES AND BEHAVIOURAL MARKERS
Podiatric Surgeons are able to:	
	<ul style="list-style-type: none"> ○ Recognising the wider health needs of the community in a health system with finite resources ○ Contributing to community education and development ○ Addressing issues raised by people’s cultural and linguistic backgrounds.
<p>5.4 Implement health promotion and disease prevention strategies</p>	<ul style="list-style-type: none"> ● Protecting and advancing the health and wellbeing of individuals, communities and populations: <ul style="list-style-type: none"> ○ Participating in evidence-based health education and risk reduction programs to meet identified needs within the community ○ Integrating prevention, early detection, health maintenance and chronic condition management, where relevant, into practice ○ Placing the needs and safety of patients at the centre of the care process, demonstrating safety skills including infection control, adverse event reporting and effective co-management and referral.

6. COLLABORATION AND TEAMWORK

Working cooperatively with peers, other health professionals, students and others to develop a shared picture of the clinical situation and facilitating appropriate task sharing and delegation to ensure the delivery of safe, effective and efficient podiatric surgery and perioperative management and care.

KEY COMPETENCIES	ENABLING COMPETENCIES AND BEHAVIOURAL MARKERS
Podiatric Surgeons are able to:	
6.1 Exchange information with members of the clinical team and record all advice, care and outcomes	<ul style="list-style-type: none"> • Giving and receiving knowledge and information in a timely manner to aid establishment of a shared understanding amongst team members to provide continuity of care: <ul style="list-style-type: none"> ○ Collegially and professionally dealing with members of department and in private practice ○ Listening to, discussing and appropriately acting upon concerns of team and staff members ○ Communicating directly and conveying critical information to others involved in management (eg GP, other specialists, nursing team members) ○ Recording contemporaneous, comprehensive and legible notes regarding patient care.
6.2 Establish a shared understanding	<ul style="list-style-type: none"> • Ensuring the team has all necessary and relevant clinical information, understands it and an acceptable shared 'big picture' view is held by members: <ul style="list-style-type: none"> ○ Providing briefing, clarifying objectives and ensuring team understands the operative plan before commencing the procedure ○ Ensuring relevant staff know the projected management plan ○ Encouraging input from members of the team including nurses and more junior staff ○ Debriefing relevant team members, discussing what went well and problems that occurred.

KEY COMPETENCIES**ENABLING COMPETENCIES
AND BEHAVIOURAL MARKERS**

Podiatric Surgeons are able to:

6.3 Play an active role in the clinical team

- Working with other team members to gain an understanding of the clinical situation and to ensure all management issues are addressed, both for the individual patient and for the service provided:
 - Discussing anticipated admissions with management team
 - Responding to advice by anaesthetist or scrub nurse
 - Informing podiatric surgical team of changes in management
 - Arriving reliably on time to facilitate commencement of the procedure.
- Recognising potential for disagreement and conflict in relation to podiatric treatment, care and management in the perioperative situation, and responding to resolve issues.
- Demonstrating ability to work effectively as a member of an inter-professional team or other professional group, including through delegation, supervision, consultation and referrals.
- Appreciating and using to advantage the diverse capabilities of the individual members of the podiatric surgical team to promote effective, collaborative effort.

7. LEADERSHIP AND MANAGEMENT

Engaging with others to contribute to a vision of a high-quality health care system taking responsibility for the delivery of safe, high quality patient centred clinical care as podiatric surgeons; matching resources to demand for services and showing consideration for all members of the health service team.

KEY COMPETENCIES	ENABLING COMPETENCIES AND BEHAVIOURAL MARKERS
Podiatric Surgeons are able to:	
7.1 Set and maintain standards	<ul style="list-style-type: none"> • Ensuring quality and safety by adhering to accepted principles of podiatric surgery, complying with codes of professional conduct, and following clinical and operating room protocols: <ul style="list-style-type: none"> ○ Introducing themselves to new or unfamiliar members of the podiatric surgical or practice team ○ Following health service, hospital, operating theatre and ward and practice protocols ○ Requiring all team members to observe standards (eg aseptic technique and infection prevention, professionalism of staff in clinic or practice) ○ Always giving a considered opinion on podiatric surgical, podiatric medical and clinical aspects of management issues. • Understanding the values and routinely applying the principles of clinical governance, risk management and quality improvement to podiatric surgical practice, using tools such as clinical audit.
7.2 Demonstrate leadership that inspires	<ul style="list-style-type: none"> • Retaining control when under pressure by showing effective leadership and supporting team members: <ul style="list-style-type: none"> ○ Remaining calm under pressure, working methodically towards effective resolution of difficult situations ○ Resolving team conflicts quickly and appropriately ○ Acting as a role-model to others in both technical and non-technical areas of podiatric surgery ○ Continuing to provide leadership in critical situations.

KEY COMPETENCIES	ENABLING COMPETENCIES AND BEHAVIOURAL MARKERS
Podiatric Surgeons are able to:	
7.3 Support team members	<ul style="list-style-type: none"> ● Providing cognitive and emotional help to team members, assessing their abilities and tailoring one’s style of leadership accordingly: <ul style="list-style-type: none"> ○ Organising operation lists to ensure that there is time for trainees and junior staff to have supervised hands on experience ○ Ensuring delegation of tasks is appropriate ○ Encouraging and facilitating briefing and debriefing procedures involving the entire team ○ Providing constructive feedback to team members.
7.4 Show leadership as a specialist	<ul style="list-style-type: none"> ● Demonstrating capacity to practise in a dynamic environment, applying high level knowledge, judgement and skills across a range of stable, unpredictable and complex situations. ● Accepting responsibility and accountability as a specialist professional and member of the broader health community and specifically the podiatric surgical specialty. ● Actively participating in development and review of health policy, health education and regulation, providing prudent advice from a podiatric surgical perspective.

8. SCHOLARSHIP AND TEACHING

Demonstrating a lifelong commitment to excellence in practice through continuous learning and by teaching others; evaluating, translating and disseminating evidence; and contributing to scholarship and podiatric medical knowledge.

KEY COMPETENCIES	ENABLING COMPETENCIES AND BEHAVIOURAL MARKERS
Podiatric Surgeons are able to:	
8.1 Demonstrate commitment to lifelong learning	<ul style="list-style-type: none">• Engaging in lifelong reflective learning, assimilating knowledge and imparting it to others:<ul style="list-style-type: none">○ Participating regularly in conferences, courses and other continuing professional development (CPD) activities○ Willingly reconsidering current practice and embracing change when based on sound evidence○ Engaging with staff and encouraging their learning, development and career planning○ Demonstrating awareness of the recent literature and considering implications for clinical and office practice.• Applying research skills to support professional development and lifelong learning in podiatric surgery and associated knowledge areas.
8.2 Improve podiatric surgical practice	<ul style="list-style-type: none">• Evaluating and researching podiatric surgical practice, identifying opportunities for improvement and implementing change at individual, organisational and health system levels:<ul style="list-style-type: none">○ Striving to improve podiatric surgical practice through research, innovation and routinely reviewing podiatric surgical outcomes and benchmarking these for the purpose of quality improvement○ Actively promoting best practice and evidence-based podiatric surgery principles○ Changing clinical practice when audit and peer review suggests performance is suboptimal or there are opportunities to improve○ Always looking for opportunities to improve quality of care.

KEY COMPETENCIES**ENABLING COMPETENCIES
AND BEHAVIOURAL MARKERS**

Podiatric Surgeons are able to:

8.3 Teach, supervise and assess others

- Facilitating education of students, patients, trainees, colleagues, other health professionals and the community:
 - Providing continuous, constructive feedback without personalising the issues
 - Providing adequate supervision to more junior staff
 - Using clinical encounters as an opportunity for teaching
 - Taking responsibility for education and training, preparing for and allocating sufficient time for teaching and tutorials.

9. JUDGEMENT AND DECISION MAKING

Making informed and timely decisions in relation to clinical assessment and diagnosis; planning and coordinating effective podiatric surgical management and perioperative care; monitoring and evaluating treatment and care; and health maintenance and promotion.

KEY COMPETENCIES	ENABLING COMPETENCIES AND BEHAVIOURAL MARKERS
Podiatric Surgeons are able to:	
9.1 Consider options	<ul style="list-style-type: none"> ● Generating alternative possibilities or courses of action to solve a problem. Assessing the hazards and weighing up the risks and benefits of potential options: <ul style="list-style-type: none"> ○ Recognising and articulating problems to be addressed ○ Performing examinations relevant to patients' presentation ○ Identifying and interpreting existing investigation results and reports ○ Initiating a balanced discussion of options with patient and relevant team members ○ Seeking a second opinion when appropriate ○ Respecting the patient's right to self-determination.
9.2 Plan	<ul style="list-style-type: none"> ● Predicting what may happen in the near future as a result of possible actions, interventions or non-intervention: <ul style="list-style-type: none"> ○ Planning operating lists taking into account potential delays due to podiatric surgical or anaesthetic challenges ○ Demonstrating evidence of having a contingency plan eg by identifying and asking for equipment that may be required ○ Is decisive and making decisions in a timely manner ○ Identifying the level of post-operative care that will be required and ensures that facilities are appropriate.
9.3 Implement and review decisions	<ul style="list-style-type: none"> ● Undertaking the chosen course of action and continually reviewing its suitability in light of changes in the patient's condition:

KEY COMPETENCIES**ENABLING COMPETENCIES
AND BEHAVIOURAL MARKERS**

Podiatric Surgeons are able to:

- Implementing decisions within an appropriate timeframe
- Reconsidering plans in the light of changes in patient condition or when problems occur
- Calling for assistance if required
- Routinely following up investigation results and surgical specimen pathology.
- Demonstrating capacity to practise in a dynamic environment, applying high level knowledge, judgement and skills across a range of stable, unpredictable and complex situations.

Part 4 – References and resources

ABBREVIATIONS AND ACRONYMS

ACPS	Australasian College of Podiatric Surgeons
AHPRA	Australian Health Practitioner Regulation Agency
AMC	Australian Medical Council
ANZPAC	Australian and New Zealand Podiatry Accreditation Council
AQF	Australian Qualifications Framework
CANMEDS	The term given to the Physician Competency Framework developed for the Royal College of Physicians and Surgeons of Canada
COAG	Council of Australian Governments
CPD	Continuing professional development
HPAC	Health Professions Accreditation Councils' Forum
NPS	National Prescribing Service
NRAS	National registration and accreditation scheme
NSQHS	National Safety and Quality Health Services Standards
NZQA	New Zealand Qualifications Authority
NZQF	New Zealand Qualifications Framework - Te Taura Here Tohu Mātauranga o Aotearoa
PBNZ	Podiatrists Board of New Zealand
RACS	Royal Australasian College of Surgeons
TEQSA	Tertiary Education Quality and Standards Agency
UWA	University of Western Australia

GLOSSARY

Podiatry Board of Australia—(the Board) is the national regulator for the podiatry profession in Australia. It is established under the Health Practitioner Regulation National Law, as in force in each state and territory. Its primary role is to protect the public and set standards and policies that all podiatrists and podiatric surgeons registered within Australia must meet.

Australia and New Zealand Podiatry Accreditation Council (ANZPAC) —ANZPAC is the independent accreditation authority for podiatry under the National Registration and Accreditation Scheme in Australia and the Podiatry Board of New Zealand. ANZPAC develops accreditation standards for approval by the Podiatry Board of Australia and assesses podiatry and podiatric surgery programs and the education provider against those approved standards for the purpose of making a decision about accreditation of those programs. The assessment of internationally qualified podiatrists and podiatric surgeons seeking to be registered in Australia, New Zealand is also undertaken by ANZPAC.

Competence—the combination of skills, knowledge, attitudes, values and capabilities underpinning effective and/or superior performance in a profession or occupational area.

Competencies—the knowledge, skills, attitudes, values and behaviours needed to adequately perform a function. Observable, measurable and assessable behaviours that are multi-dimensional, dynamic, and evolve over time. Competencies may be assessed to ensure acquisition. Usually written as statements describing the levels of knowledge, skills, attitudes, values and capabilities expected of graduates.

Competency—an observable and measurable behaviour that integrates and displays multiple components such as knowledge, skills, attitudes, values and capabilities.

Competent—the levels of knowledge, skills, attitudes, values and capabilities required by the new graduates to begin independent, unsupervised podiatric practice.

Cultural competence—A set of congruent behaviours, attitudes, and policies that enable an individual to work effectively in cross-cultural situations.

Education provider—university, or other higher education provider, recognised by government, responsible for a program of study.. It is the education provider who has control of what qualification can be awarded, has to sign off on the structure, assessment methods used etc (through an academic board or council, teaching and learning specialists etc).

Evidence based practice—is the integration of clinical expertise, patient values, and the best research evidence into the decision making process for patient care. Clinical expertise refers to the clinician's cumulated experience, education and clinical skills. The patient brings to the encounter their own personal and unique concerns, expectations, and values. The best evidence is usually found in clinically relevant research that has been conducted using sound methodology.³

Evidence informed practice—is used synonymously with evidence based practice.

Governance—encompasses the system by which an organisation is controlled and operates, and the mechanisms by which it, and its people, are held to account. Ethics, risk management, compliance and administration are all elements of governance.

Health Practitioners Competence Assurance Act 2003 (NZ)—The New Zealand legislation regulating the conduct, health and competence of health professionals.

Section 3 - Purpose of Act

³ Sackett DL, Straus SE, Richardson WS et al. (2000) *Evidence-Based Medicine. How to practice and teach EBM*. Edinburgh: Churchill Livingstone, 1.

- 1) *The principal purpose of this Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions.*
- 2) *This Act seeks to attain its principal purpose by providing, among other things,—*
 - a) *for a consistent accountability regime for all health professions; and*
 - b) *for the determination for each health practitioner of the scope of practice within which he or she is competent to practise; and*
 - c) *for systems to ensure that no health practitioner practises in that capacity outside his or her scope of practice; and*
 - d) *for power to restrict specified activities to particular classes of health practitioner to protect members of the public from the risk of serious or permanent harm; and*
 - e) *for certain protections for health practitioners who take part in protected quality assurance activities; and*
 - f) *for additional health professions to become subject to this Act.*

Higher education provider—tertiary education provider who meets the Higher Education Standards Framework (Threshold Standards) as prescribed by the Tertiary Education Quality and Standards Agency Act 2011 and is currently registered with TEQSA or NZQA (or equivalent).

Informed consent—Informed consent is a person’s voluntary decision about healthcare that is made with knowledge and understanding of the benefits and risks involved. A useful guide to the information that podiatrists need to give to patients is available in the National Health and Medical Research Council (NHMRC) publication *General guidelines for medical practitioners in providing information to patients*.

Interprofessional learning—occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care.

New Zealand Qualifications Framework—(NZQF) is the definitive source for accurate and current information on quality assured qualifications in New Zealand. It covers senior secondary school qualifications and tertiary education qualifications. The NZQF is designed to:

- provide information about the skills, knowledge and attributes a graduate gains by completing a qualification
- provide a clear education pathway, to establish what further education the qualification leads to
- enable and support the development of integrated and coherent qualifications
- give confidence in the quality and international comparability of New Zealand qualifications
- contribute to the strengthening of Māori as a people by enhancing and advancing Mātauranga Māori (Māori knowledge)
- be sustainable and robust.

Patient—refers to the person requiring or receiving health care, treatment, advice or other related services. It includes the full range of alternative terms such as client, resident and health consumer.

Primary health care—is the first level of contact individuals, families and communities have with the health care system.⁴

Program or program of study—the full program of study and experiences that must be completed before a qualification recognised such as a Bachelor or Masters Degree under the AQF or NZQF (in the case of Australia and New Zealand), can be awarded.

Provider— is used in Standards for consistency and includes education provider, higher education provider and program provider.

Research—comprises:

- Creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications.
- Any activity classified as research which is characterised by originality; it should have investigation as a primary objective and should have the potential to produce results that are sufficiently general for humanity’s stock of knowledge (theoretical and/or practical) to be recognisably increased. Most higher education research work would qualify as research.
- Pure basic research, strategic basic research, applied research and experimental development⁵

Scholarship—application of systematic approaches to acquiring knowledge through intellectual inquiry. Includes disseminating this knowledge through various means such as publications, presentations (verbal and audio-visual), professional practice and the application of this new knowledge to the enrichment of the life of society.

School—organisational entity of an education provider responsible for the design and delivery of a program of study in podiatry. Where the school of podiatry is part of a larger faculty, the school is regarded as the program provider for the purposes of these standards. This may be the school, department or faculty of an education provider responsible for the design and delivery of a program of study in podiatry or podiatric surgery leading to the award of a Bachelor Degree in podiatry or a post-graduate degree in podiatric surgery as a minimum. However, it is the education provider who has control of what qualification can be awarded, and has to sign off on matters including the structure, assessment methods used etc (through an academic board or council, teaching and learning specialists and/or other mechanisms).

Student assessment—formative and summative processes used to determine a student’s achievement of expected learning outcomes. May include written and oral methods and practice or demonstration.

Tertiary Education Quality and Standards Agency—(TEQSA) regulates and assures the quality of Australia’s large, diverse and complex higher education sector. Its function is to register and evaluate the performance of higher education providers against the Higher Education Standards Framework and to undertake compliance and quality assessments.

⁴ Primary Health Care Research and Information Service (2015). PHCRIS Getting Started Guides: Introduction to... Primary Health Care. From http://www.phcris.org.au/guides/about_phc.php (accessed 8 Dec 2015)

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