



Podiatry Competency Standards for Australia and New Zealand

Incorporating Podiatry Endorsement for Scheduled Medicines (ESM) Competency Standards

Adopted 28 August 2009

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Podiatry Competency Standards for Australia and New Zealand

Introduction

The *Podiatry Competency Standards for Australia and New Zealand* (ANZPAC) (2009) document has been prepared by the Australian and New Zealand Podiatry Accreditation Council (ANZPAC). The report has been developed in collaboration with the Australia and New Zealand podiatry profession, podiatric educators, Registration Boards and others, with additional consultation occurring with a range of stakeholder groups. 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).

This updated document (December 2012) also includes supplementary aspects related to the key elements, as relevant to competencies for medicines prescribing for podiatrists.

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) 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 carers, family and support people. Diversity in relation to age and range of abilities; socio-economic, 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 aged 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.

This work is set within the broader podiatry and health political agenda involving a changing context of transition from registration occurring within the legislation of individual states and territories within Australia towards a national approach. Following several years of discussion, in May 2008, the Australian and New Zealand Podiatry Accreditation Council (ANZPAC) commissioned a report to evaluate various accreditation models and to outline some future directions for podiatry. 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. The overall political context for this work is the Council of Australian Government (COAG) intention to establish a single national registration board and accreditation system for health professionals, including a Ministerial Council, national profession-specific boards and committees and supporting offices at the national and state and territory level.

In 2012, the Podiatry Board of Australia approved the Podiatry ESM Accreditation Standards: Part A (Podiatric Therapeutics) and Part B (Supervised Practice, including Web-based Case Studies). Alignment occurred of ESM Accreditation Standards (and podiatry competency standards including some supplementary elements relevant to medicines prescribing), with National Prescribing Services (2012) 'Competencies Required to Prescribe Medicines'.

Competency Standards Revision Methodology

In the original 2008-2009 competency development 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 a variety of 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 utilised. 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, was involved in writing the updated competencies. Additional stakeholder consultations in various Australian locations were part of the processes, with academics, practising podiatrists and registration board and professional body representatives included. Podiatrists working in metropolitan and rural locations, and providing various services were involved.

Additionally all key stakeholders in Australia and New Zealand were informed about the competency standards and opportunities for written comment provided.

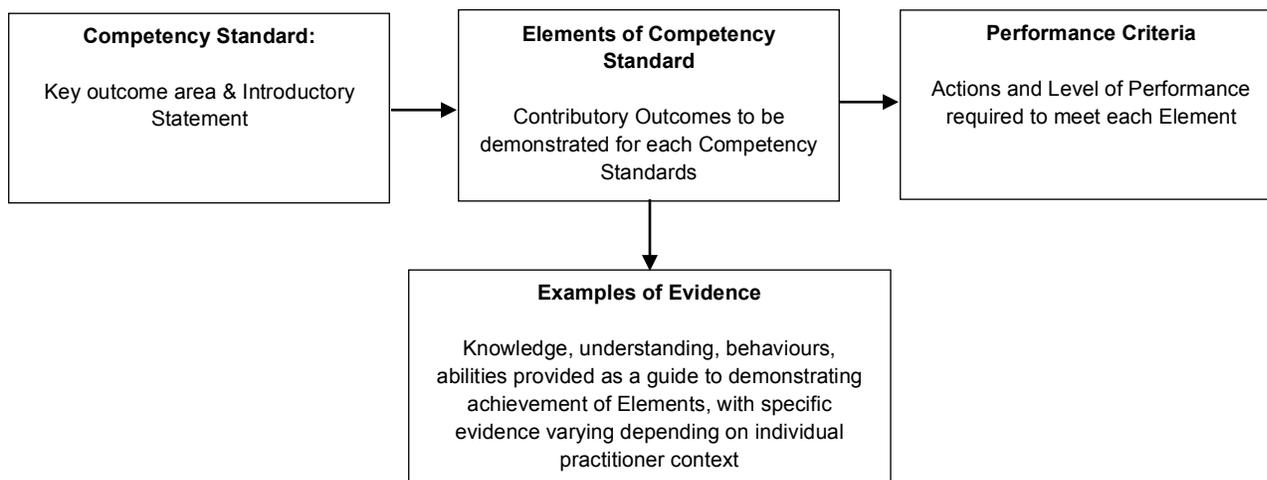
The Competency Standards

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 describes 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.



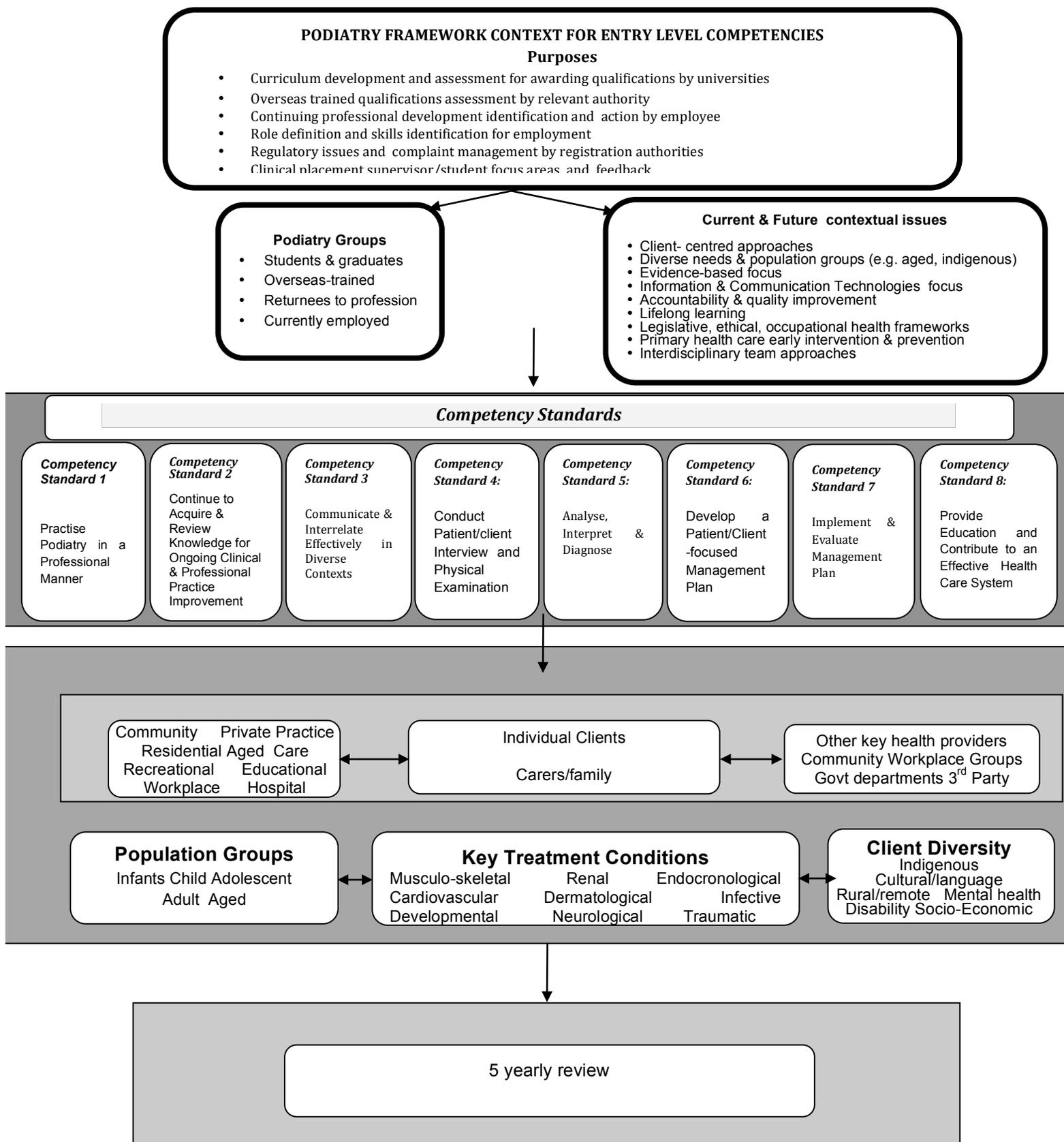
Examples of Evidence (related to the Elements rather than to specific Performance Criteria) will vary with individual practitioner contexts but are based on actual evidence or inferences from behaviours. Evidence may involve notes and other documented information, or observations and feedback from supervisors 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:

Competency Standard	Elements
1. Practise Podiatry in a Professional Manner	1.1 Operates within relevant legal and regulatory frameworks 1.2 Utilises effective strategies for continually improving knowledge and skills 1.3 Practises to accepted standards and within the limitations of the individual and of the profession 1.4 Displays efficient organisation to complete administrative responsibilities safely and effectively 1.5 Conducts self in a professional manner 1.6 Demonstrates ethical behavior 1.7 Practises in a culturally-sensitive and inclusive manner
2. Continue to Acquire & Review Knowledge for Ongoing Clinical & Professional Practice Improvement	2.1 Understands and applies relevant podiatry practice principles and theoretical concepts 2.2 Acquires, critiques and applies new knowledge and Information & communications technology skills as appropriate to podiatry practice context 2.3 Applies an evidence-based approach to practice 2.4 Engages in reflective practice, planning and action for ongoing learning
3. Communicate and Interrelate Effectively in Diverse Contexts	3.1 Uses effective interpersonal communication skills and adopts appropriate strategies in working with diverse client groups 3.2 Utilises reporting and presentation skills at an appropriate level 3.3 Works in partnership with teams, other professionals, support staff, community & government and demonstrates appropriate communication skills
4. Conduct Patient/client Interview and Physical Examination	4.1 Conducts appropriate patient/client interview and collects relevant initial information 4.2 Establishes clinical impressions 4.3 Safely conducts appropriate physical examination/tests and refers as appropriate
5. Analyse, Interpret and Diagnose	5.1 Interprets and evaluates data 5.2 Establishes differential diagnosis 5.3 Communicates information and involves others as appropriate
6. Develop a Patient/Client-focused Management Plan	6.1 Develops rationale for podiatry management plan 6.2 Established patient/client-focused short and long term goals 6.3 Negotiates appropriate management plan
7. Implement & Evaluate Management Plan	7.1 Obtains informed consent through appropriate communication 7.2 Implements safe and effective management plan 7.3 Implements infection control and other standards within occupational health and safety legislative requirements 7.4 Understands and manages adverse events 7.5 Utilises preventative and educative strategies 7.6 Monitors and evaluates management plan
8. Provide Education and Contribute to an Effective Health Care System	8.1 Undertakes podiatry within the broader health care context 8.2 Implements/participates in appropriate supervision linked to the skill and complexity of the task being undertaken 8.3 Implements health promotion and education activities 8.4 Responds to the health needs of the communities in which the podiatrist practises 8.5 Identifies the determinants of health for relevant populations 8.6 Delivers and monitors effective and efficient services and resources

In relation to medicines prescribing for the podiatry profession, this document provides details of the supplementary Elements relevant to medicines prescribing which are aligned to the NPS 'Competencies Required to Prescribe Medicines' (NPS, 2012)

The following diagram summarises the links between various relevant aspects for the podiatry competency standards.



Purposes and Applications for Competency Standards

The review initially undertaken to develop competencies for the podiatry profession 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, including for medicines prescribers. 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 Australian/NZ and State/Territory legislative standards and regulatory and professional body codes of conduct and codes of ethics. Personal organisation and professional attitudes and behaviours are involved. Ongoing reflection and action by the person to ensure he/she is maintaining acceptable standards is a key component.

Element	Performance Criteria	Examples of evidence*
<p>1.1. Operates within relevant legal and regulatory frameworks</p> <p><i>...including relevant practice of using and prescribing scheduled medicines, the issues arising, prescription writing, drug storage and disposal and record keeping (for ESM)</i></p>	<p>1.1.1 Relevant legislation, standards and codes of conduct compliance occurs</p> <p>1.1.2 Legislative requirements in relation to privacy and confidentiality and overall medico-legal aspects including informed consent and confidentiality are met</p> <p>1.1.3 Relationships with patients/clients and colleagues are in accordance with accepted standards of conduct for health professionals</p>	<p>Observation/documentation of compliance within Registration boards' codes of conduct, state and federal legislation and ethical guidelines and OHSW & Trade Practices Act</p> <p>Working within the scope of contextually relevant clinical pathways</p>
<p>1.2. Utilises effective strategies for continually improving knowledge and skills</p>	<p>1.2.1 Ongoing critical reflection occurs to continually build skills and knowledge</p> <p>1.2.2 Supervisor, peer and other feedback on performance is sought and actioned to improve practice</p> <p>1.2.3 Continuous commitment to professional development is demonstrated</p>	<p>Documented Records/reflective writing/portfolio materials regarding participation in continuing professional development (CPD), mentor programs, audits, higher or further study</p>
<p>1.3. Practises to accepted standards and within the limitations of the individual and of the profession</p>	<p>1.3.1 Strengths and weaknesses are identified and acknowledged</p> <p>1.3.2 Personal health factors are managed to ensure safety and effectiveness of services provided</p> <p>1.3.3 Patient/ Client profile and needs are considered in the process of ensuring safe and effective services.</p> <p>1.3.4 Patient/ Client services are provided within defined work roles and personal and professional capacity</p> <p>1.3.5 Assistance and/or client referral to other relevant services occurs to ensure client safety & services efficiency</p>	<p>Observations/journal writing/client documentation/portfolio notes including referral processes</p> <p>OHS review records, awareness of ergonomic issues.</p>
<p>1.4. Displays efficient organisation to complete administrative responsibilities safely and effectively</p>	<p>1.4.1 Self management for efficient practice is shown</p> <p>1.4.2 Short & long term time management is evident</p> <p>1.4.3 Quality management process participation occurs</p> <p>1.4.4 Quality service using varied and appropriate strategies is evident</p> <p>1.4.5 Compliance with administrative policies and guidelines of relevant organisations occurs</p> <p>1.4.6 Caseload responsibilities are managed efficiently and responsibly</p>	<p>Observations/documentation regarding :</p> <ul style="list-style-type: none"> • Within session, daily, weekly time management processes, diary notes • OHS, patient/client protocols compliance • Quality Improvement records, minutes of meetings
<p>1.5. Conducts self in a professional manner</p>	<p>1.5.1 Reliable, responsible and respectful behaviour is demonstrated</p> <p>1.5.2 Professional appearance, language & behaviour appropriate to professional service provision occurs</p> <p>1.5.3 Patient/Client centred & respectful and collaborative care is delivered</p> <p>1.5.4 Holistic approach to services is undertaken</p>	<p>Observations/patient-podiatrist interactions:</p> <ul style="list-style-type: none"> • Regarding dress, behaviour, decision-making processes • Portfolio notes & documentation or reflective writing • Performance review meetings • Client letters
<p>1.6. Demonstrates ethical behavior</p> <p><i>...including in relation to prescribing (for ESM)</i></p>	<p>1.6.1 Core principles underlying ethical behaviour are applied to patient/ client care</p> <p>1.6.2 Ethical values are displayed in practice</p>	<p>Observation/documentation regarding Code of ethics applications in practice</p>
<p>1.7 Practises in a culturally-sensitive and inclusive manner</p>	<p>1.7.1 Culturally-inclusive practices are undertaken</p> <p>1.7.2 Varied approaches meeting the needs of diverse individuals and groups are utilised</p>	<p>Observation/documents show evidence of adjustments for varied client groups (indigenous, age, cultural, mental health)</p>

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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

Elements	Performance Criteria	Examples of Evidence*
<p>2.1 Understands & applies relevant podiatry practice principles and theoretical concepts</p> <p><i>...including knowledge of drug actions and roles and relationships in prescribing, supplying and administering medicines relevant to the National Scheduled Medicines List (for ESM)</i></p>	<p>2.1.1 Relevant and current theoretical knowledge is applied to podiatry practice in context</p> <p>2.1.2 Common clinical presentation strategies & management approaches are applied within podiatry practice</p> <p>2.1.3 Application of podiatry assessment process principles are evident</p>	<p>Observations/documentated records/written and oral responses show knowledge of broad theory areas such as:</p> <ul style="list-style-type: none"> • 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
<p>2.2 Acquires, critiques & applies new knowledge & information & communications technology skills as appropriate to podiatry practice context</p> <p><i>...including pharmacotherapeutics and compliance with practice standards re medication storage and disposal (for ESM)</i></p>	<p>2.2.1 Knowledge & information & communications technology needs are identified</p> <p>2.2.2 Pertinent information is accessed, recorded & stored using various approaches including information and communications technology</p> <p>2.2.3 Information from a range of sources is critically evaluated</p> <p>2.2.4 Knowledge & information & communications technology innovations are incorporated into podiatric practice as appropriate</p>	<p>Observations/documentated records/written and oral responses show knowledge & interpretation skills regarding symptoms of systemic disorders in lower limb and foot with particular reference to :</p> <ul style="list-style-type: none"> • Diabetes mellitus & other endocrine disorders • Rheumatological disorders • Cardiovascular disorders • Dermatological disorders • Infectious disorders • Neurological disorders • Renal disorders • Developmental disorders • Musculoskeletal • Genetic conditions
<p>2.3 Applies an evidence - based approach to practice</p> <p><i>...including in relation to scheduled medicines applications into practice (for ESM)</i></p>	<p>2.3.1 Commonly-used research methodologies including information & communications technology processes are demonstrated</p> <p>2.3.2 Appropriate clinical questions are posed</p> <p>2.3.3 A search for evidence-based materials is conducted</p> <p>2.3.4 Evidence is critically evaluated to address clinical questions</p> <p>2.3.5 Information is systematically documented, integrated and appropriately applied and evaluated</p>	<p>Observations/documentated records/written and oral responses show knowledge, interpretation & application of relevant evidence sources:</p> <ul style="list-style-type: none"> • Desk Research including information & communications technology • Statistics • Epidemiology • Expert opinion • Clinical guidelines • Standard practice
<p>2.4 Engages in reflective practice, planning & action for ongoing learning</p> <p><i>...including in relation to scheduled medicines applications into practice (for ESM)</i></p>	<p>2.4.1 Clinical practice is reflected upon & evaluated against own goals or relevant standards of practice</p> <p>2.4.2 Feedback is sought from supervisors, peers and other health professionals, with action occurring to improve practice</p> <p>2.4.3 Own learning/professional development needs are identified and opportunities structured</p> <p>2.4.4 New learning is integrated into practice & systematically evaluated</p>	<p>Documented records, reflective writing, portfolio notes and observations of areas such as:</p> <ul style="list-style-type: none"> • Verbal or written self-evaluation • Supervisor/mentor feedback or clinical journal notes • CPD, reflective practice, self-directed learning

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Competency Standard 3: Communicate & Interrelate Effectively in Diverse Contexts

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

Elements	Performance criteria	Examples of evidence*
<p>3.1 Uses effective interpersonal communication skills and adopts appropriate strategies in working with diverse patient/client groups</p> <p><i>...including being aware of psycho-social-cultural needs in relation to prescribing or supply of medicines and patient compliance issues (for ESM)</i></p>	<p>3.1.1 Rapport, trust & respectful therapeutic relationships with patients/clients and families/carers are developed</p> <p>3.1.2 Nonverbal, cultural & situational aspects of communication are understood & adjusted for diverse patient/client needs</p> <p>3.1.3 Confidentiality, informed consent, privacy and sensitivity are used in patient/ client communications</p> <p>3.1.4 Appropriate techniques are used in discussing health information & encouraging shared decision-making with patients/clients & families where appropriate</p> <p>3.1.5 Communication supports and relevant strategies & aids are used to supplement information & when communication barriers exist</p>	<p>Observation/documentation/written & oral responses show evidence of:</p> <ul style="list-style-type: none"> • 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 client distress • Using technology, multimedia tools • Using interpreters/other third party & supports such as family/carers
<p>3.2 Utilises reporting and presentation skills at an appropriate level</p>	<p>3.2.1 Legible, accurate & precise written &/or electronic documentation occurs</p> <p>3.2.2 Useful & relevant information is prepared and delivered to meet the needs of the individual or groups</p> <p>3.2.3 Documentation meets legal requirements & relevant policy and organisational guidelines</p> <p>3.2.4 Appropriate preparation & delivery strategies for individuals and groups or media are used, as relevant</p>	<p>Observations/documentation/written and oral responses show evidence of :</p> <ul style="list-style-type: none"> • 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
<p>3.3 Works in partnership with teams, other professionals, support staff, community & government and demonstrates appropriate communication skills</p> <p><i>...including working with a clinical supervisor, discussing case histories and clinical decision making (for ESM)</i></p> <p><i>...including adherence to the communication requirements of the PodBA Clinical Practice Guidelines (for ESM)</i></p>	<p>3.3.1 Various roles and responsibilities of other health care professionals are understood & respected</p> <p>3.3.2 Relevant work with other health care providers is effectively undertaken</p> <p>3.3.3 Acceptable protocols for inter-professional communication orally & in writing are used</p> <p>3.3.4 Negotiation, collaboration and consultation with members of the health care profession, service providers & relevant others occurs</p> <p>3.3.5 Implications of medico-legal, privacy & confidentiality are understood</p>	<p>Observations / documented records/portfolio notes of:</p> <ul style="list-style-type: none"> • 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

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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.

Elements	Performance Criteria	Examples of evidence*
<p>4.1 Conducts appropriate patient/client interview & collects relevant initial information</p> <p><i>.....including medication history and current medication (for ESM)</i></p>	<p>4.1.1 Informed consent is obtained using appropriate approach as relevant to the patient/client</p> <p>4.1.2 Appropriate demographic, presenting complaint & patient/client history information is collected</p> <p>4.1.3 Patient/Clients goals and expectations are identified using culturally appropriate and ethical approaches</p> <p>4.1.4 Relevant data is accessed and documented as appropriate, within privacy and confidentiality requirements</p> <p>4.1.5 Information is accurately recorded to support the development of an appropriate assessment plan.</p>	<p>Observation/documentation indicate:</p> <ul style="list-style-type: none"> • Clear and concise questioning techniques • Patient/Client responses listened to & recorded • Patient/Client presenting /other complaints explored & recorded in narrative form • Relevant work type, current health, medical, social & family history, footwear, recreational interests, medication information recorded • Podiatry reports & information from other health professionals considered & actioned appropriately
<p>4.2 Establishes initial clinical impressions</p>	<p>4.2.1 Collated information is analysed and relevant clinical factors identified</p> <p>4.2.2 Assessment needs including levels of urgency, priority & expertise required for the patient/client are considered</p>	<p>Observation/documentation/written and oral responses show:</p> <ul style="list-style-type: none"> • Understanding of common causes/clinical presentations of disorders • Relevant sources of information & clinical reasoning staging processes • Referral processes
<p>4.3 Safely conducts appropriate physical examination/tests and refers as appropriate</p> <p><i>.....including in relation to medicines review and knowing limitations (for ESM)</i></p>	<p>4.3.1 Appropriate assessment plan is formulated</p> <p>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.</p> <p>4.3.3 Modified assessment process considers patient/client-specific context</p> <p>4.3.4 Contra indications for tests are considered</p> <p>4.3.5 Risk identification occurs & modified implementation occurs as appropriate</p> <p>4.3.6 Additional examinations/tests/referrals are carried out as appropriate</p>	<p>Observation/documentation indicates:</p> <ul style="list-style-type: none"> • Patients are positioned appropriately for the intervention • Use of risk assessment & risk management approaches

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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.

Element	Performance criteria	Examples of evidence*
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: <ul style="list-style-type: none"> • Knowledge of normal/abnormal • References consulted in evaluating information • Professional colleague utilisation • 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: <ul style="list-style-type: none"> • Diagnostic imaging • Musculo skeletal • Neurological & vascular • Examination against normal, • Interpret • Propose differential diagnosis, • Interpreting tests/examination results • Microbiology • Pathology • Radiology/imaging
5.3 Communicates information and involves others as appropriate <i>... including understanding medicines prescribed and CMIs and communicating information which promotes patient understanding, while referring as necessary (for ESM)</i> <i>.....including QUM and selecting most appropriate drug therapy for patient (for ESM)</i>	5.3.1 Feedback is provided to patient/ client/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 carer impact.

Elements	Performance Criteria	Examples of Evidence*
<p>6.1 Develops rationale for podiatry management plan</p> <p><i>...including QUM and selecting most appropriate medication therapy for patient, while referring as appropriate (for ESM)</i></p>	<p>6.1.1 Assessment findings key features are identified and predicted podiatric management plan outcomes are determined with the patient/client and/or carers</p> <p>6.1.2 Culture, values and lifestyle impacts are identified and considered</p> <p>6.1.3 Podiatry management plan rationale is developed</p> <p>6.1.4 Primary health care promotional approach occurs</p>	<p>Observations/documentation/written and oral responses show:</p> <ul style="list-style-type: none"> • CPD including understanding cultural awareness • Management plan assessment and findings to support predicted outcomes • Knowledge regarding principles of primary health care and health promotion
<p>6.2 Establishes patient/ client-focused short and long term goals</p> <p><i>...including shared care responsibilities (for ESM)</i></p>	<p>6.2.1 Reasons for presenting symptoms appropriately communicated to patient/client/carer</p> <p>6.2.2 Patient needs are discussed and considered in managing the symptoms</p> <p>6.2.3 Consultative approaches are used to determine patient/client/carer and referring colleague expectations of the podiatry care plan and its continuity</p> <p>6.2.4 Podiatry non-provision consequences are discussed with the patient/client/carer where appropriate</p> <p>6.2.5 Consultatively-developed goals are developed considering clinical problems, lifestyle and expectations</p> <p>6.2.6 Modification strategies relevant to implemented goals are consultatively developed</p>	<p>Observations/documentation/written and oral responses show:</p> <ul style="list-style-type: none"> • Documentation of patient/client-focused management plans • Referral letters • Varied educational materials used • Language appropriate documentation of management plan & modifications • Patient/client record audit • Patient/client responses including thank you letters, surveys
<p>6.3 Negotiates appropriate management plan</p>	<p>6.3.1 Options for podiatry management plan are clearly presented to patient/client/carer within context of needs, ethics & best practice</p> <p>6.3.2 Patient/Client/carer discussion occurs regarding indications & risks</p> <p>6.3.3 Selected management plan considers information from other health service providers & evidence-based practice</p> <p>6.3.4 Management plan options and selection are consultatively-developed with the patient/ client considering cost, client profile & alternative funding options</p>	<p>Observations/documentation/written and oral responses show:</p> <ul style="list-style-type: none"> • Language-appropriate management plan • Quality Assurance records • Financial information • Communication with relevant health agencies (Workers compensation, Veterans Affairs, other insurance)

* 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 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.

Elements	Performance Criteria	Examples of evidence*
7.1 Obtains informed consent through appropriate communication	7.1.1 Purpose & significance of history and physical examination are explained 7.1.2 Benefits of each form of intervention and non-intervention implications are explained in a culturally appropriate way 7.1.3 Realistic expectations of outcomes, strategies & costs of interventions are discussed 7.1.4 Informed consent is obtained from relevant person, and recorded and stored appropriately	Documentation/observations/responses regarding : <ul style="list-style-type: none"> • Consent protocols & documentation • Patient/client-focused & language -appropriate Information process • Non-intervention reasons
7.2 Implements safe and effective management plan	7.2.1 Implementation of appropriate management plan occurs, consistent with agreed intervention program 7.2.2 Management plan is implemented safely & effectively in accordance with legal requirements 7.2.3 Quality interventions are provided which best meet the management plan requirements 7.2.4 Awareness of professional & personal limitations is demonstrated & professional advice seeking & appropriate referral occurs where relevant	Observation/documentation/written and oral responses of *Carrying out mechanical debridement of nails & intact & ulcerated skin *prescribe foot orthoses *making and using chair side foot orthoses *administering & prescribing relevant prescription-only medicines *interpreting any relevant pharmacological history & recognising potential consequences for patient treatment *carrying out surgical procedures for skin & nail condition *using appropriate physical & chemical therapies *Orthotic therapy, mechanical therapy, electrotherapy, manual therapy, surgery, pharmacology, Understanding of a range of medical conditions, pathomechanical lower limb function *Referral records for surgery, physical therapeutic modalities, prescription of chemo-therapeutic agents

Elements	Performance Criteria	Examples of evidence*
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 OHS requirements	Observation/documentation/written and oral responses of: <ul style="list-style-type: none"> Continuing education records OHS & sterilization knowledge & guidelines, dust & fume management, orthotic manufacture Accessing protocols of sterilisation procedures & OHS <ul style="list-style-type: none"> Adverse incident reports Infection control/hazard control practices Principles of disinfectants, sterilisation methods, dealing with waste & spillage Local policy/standards for infection control exist
7.4 Understands and manages adverse events <i>...including understanding of drugs and a wider range of therapeutic medications (for ESM)</i>	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: <ul style="list-style-type: none"> 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 <i>...including discussing drug therapy and adverse reactions with patient, other health professionals to ensure informed decision making & knowledge about reactions, interactions, storage, disposal (for ESM)</i>	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: <ul style="list-style-type: none"> Knowledge of: footwear & lifestyle implications Clear language-appropriate written information sheets & self management plans
7.6 Monitors and evaluates management plan <i>....including therapeutic treatment and any changes required and referring as appropriate (for ESM)</i>	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, client status & diagnosis 7.6.5 Referrals occur as appropriate based on management plan outcomes	Observation/documentation/written and oral responses of: <ul style="list-style-type: none"> 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.

Elements	Performance Criteria	Examples of Evidence*
<p>8.1 Undertakes podiatry within the broader health care context</p> <p><i>..including the use of QUM to prescribe safely, appropriately and cost effectively, while recognising limitations and the need to refer (for ESM)</i></p>	<p>8.1.1 Local & national context knowledge is evident</p> <p>8.1.2 Service delivery model relevant to the practice setting is used</p> <p>8.1.3 Specific & appropriate management plans using relevant timescales are devised</p>	<p>Observations/documentation/ written and oral responses regarding application of:</p> <ul style="list-style-type: none"> Diverse practices for varied physical, social, cultural, socio-economic, psychological needs Concepts of primary, secondary & tertiary prevention in foot health and disease Australian/NZ health system requirements e.g. reimbursement, fees, underservicing & overservicing problems
<p>8.2 Implements/ participates in appropriate supervision linked to the skill and complexity of the task being undertaken</p>	<p>8.2.1 Mentoring and other relevant forms of supervision are accessed</p> <p>8.2.2 Where required, tasks are delegated to appropriate personnel to take responsibility as relevant</p> <p>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</p> <p>8.2.4 Relevant referrals are made to other services</p>	<p>Observations/documentation/ written and oral responses show:</p> <ul style="list-style-type: none"> Staff/student roles and responsibilities documentation Individual staff meeting records CPD records Support staff training records
<p>8.3 Implements health promotion and education activities</p>	<p>8.3.1 Self management of health and wellbeing is advocated to the client</p> <p>8.3.2 Where appropriate the client is provided with links to the network of existing health resources.</p> <p>8.3.3 Strategies for early identification of disorders or disease and for early intervention for health management are proposed and promoted</p> <p>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</p>	<p>Observations/documentation/ written and oral responses regarding strategies for:</p> <ul style="list-style-type: none"> Early identification of disorders/disease Principles of preventive health care/health promotion Specific group interventions & avoidance: indigenous, rural/metropolitan, cultural groups
<p>8.4 Responds to the health needs of the communities in which the podiatrist practises</p>	<p>8.4.1 Needs of local communities in which they work are understood and responsiveness to opportunities for advocacy occur</p> <p>8.4.2 Contributions to relevant community health education and risk reduction programs occur as appropriate</p>	<p>Observations/documentation/ written and oral responses regarding strategies for:</p> <ul style="list-style-type: none"> Principles of preventive health care/health promotion Specific group interventions & avoidance: indigenous, rural/metropolitan

Elements	Performance Criteria	Examples of Evidence*
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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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 that 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 outcomes 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.

Miller's Competency Assessment (1990)		
	<p>Does</p> <ul style="list-style-type: none"> • Workplace client records • Workplace supervisor skills reports • Workplace reflective writing • Workplace observations • Workplace team working/leadership 	Skills applied and assessed within actual workplace situations
	<p>Shows How</p> <ul style="list-style-type: none"> • Skills simulation using technology • Classroom Practical demonstrations • Objective structured clinical examination (OSCE) • Simulated skills/patients • Role play/performance 	Simulated situation assessment involving carrying out of actual practical tasks within artificial test situations
	<p>Knows How</p> <ul style="list-style-type: none"> • Multimedia for clinical reasoning scenarios • Online discussion groups • Reflective journals • Practically focused Essays/reports • Oral presentations • Viva voce • Group discussion re applications • Problem solving discussion • Case study presentation • Summaries of readings & application to clinical practice 	Problem solving assessment processes using knowledge within classroom assessment situations
	<p>Knows</p> <ul style="list-style-type: none"> • 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

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