



Podiatry Board
Ahpra

Professional capabilities for podiatrists

Effective: 1 January 2022

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1. Introduction

The Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), established the Podiatry Board of Australia (the Board) to begin national regulation of the profession from 1 July 2010.

Podiatrists and podiatric surgeons in Australia are regulated under the National Law and must be registered with the Board. Only individuals who hold current general registration with the Board are permitted to use the professional title of podiatrist. Registered podiatrists must comply with the Board's standards, codes and guidelines including engaging in professional development and practice to continuously maintain clinical competence and professional practice.

Podiatrists work in a range of public and private settings, including in health, disability and aged care, and across all ages and stages in a person's life. The professional capabilities in this document apply to all contexts of podiatry, irrespective of setting, location, environment, field of practice or workforce role. They apply to practice in clinical as well as non-clinical roles, as defined by the Code of Conduct¹. Like other health professionals, podiatrists continue to respond to new challenges facing the profession within different settings and with new technology. Therefore, it is important for the threshold professional capabilities of podiatrists to be defined as the basis for a shared understanding of the expected knowledge, skills and attributes for safe and effective podiatry practice in Australia.

Purpose of the *Professional capabilities for podiatrists*

The professional capabilities in this document identify the knowledge, skills and professional attributes needed to safely and competently practise as a podiatrist in Australia. They describe the threshold or minimum level of professional capability needed for registration as a podiatrist, and they include the capabilities needed to safely and effectively use a range of medicines to treat podiatric conditions.

Professional capabilities for podiatrists and accreditation of podiatry programs in Australia

The Podiatry Accreditation Committee (the committee) is responsible for developing accreditation standards for approval by the Board and assessing programs of study and education providers against those accreditation standards. Accreditation standards are statements used to assess whether a program of study, and the education provider that provides that program, provide graduating students with the knowledge, skills and professional attributes needed to safely and competently practise as a podiatrist in Australia. The accreditation standards require education providers to design and implement a program where the curriculum maps to the professional capabilities (see Figure 1).

The committee accredits education programs that meet the accreditation standards and monitors approved programs and education providers to ensure they meet and continue to meet the accreditation standards. Graduates of an accredited and approved podiatry program are qualified for general registration to practise as a podiatrist.

Accreditation of a program thus plays a key role in safeguarding the public by:

- assuring that all students graduating from the accredited podiatry program have the knowledge, skills and professional attributes needed to safely and competently practise as a podiatrist in Australia; and
- ensuring that only those practitioners who are suitably trained and qualified to practice are registered.

¹ The Code of Conduct defines practice as "not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that have impact on safe, effective delivery of health services in the health profession." The Code of Conduct is available online at www.podiatryboard.gov.au/Policies-Codes-Guidelines/Code-of-conduct. Accessed 28 July 2021.

Figure 1: Relationship between professional capabilities and accreditation standards



Other uses of the *Professional capabilities for podiatrists*

The Board has statutory functions as a regulator of podiatrists in Australia. In addition to their use in accreditation, the professional capabilities may be used by the Board as a reference point for threshold capability when exercising its statutory functions, including for:

- registration of suitably qualified and competent individuals as podiatrists in Australia,
- re-registration of individuals who were previously registered as a podiatrist in Australia,
- assessment of overseas qualified practitioners seeking registration in Australia, and

evaluation of a registrant whose level of competence to practise may pose a risk of harm to the public, for example if the Board receives a complaint or notification about that registrant.

The professional capabilities may also be used to communicate to the public, consumers, employers, insurance companies and other stakeholders the standards they can expect from podiatrists.

Format of the *Professional capabilities for podiatrists*

The professional capabilities in this document are organised into five integrated domains. Each domain comprises key capabilities and enabling components that cover the knowledge, skills and professional attributes needed to safely and competently practise as a podiatrist in Australia, including the safe and effective use of medicines (see Figure 2).

Domains

The five domains are thematically arranged and describe the essential characteristics of a safe and competent podiatrist in Australia:

Domain 1: Podiatrist

Domain 2: Professional and ethical practitioner

Domain 3: Communicator and collaborator

Domain 4: Lifelong learner

Domain 5: Quality and risk manager

Key capabilities

The key capabilities describe the main features of safe and competent podiatry practice in a range of contexts and situations of varied complexity and uncertainty. During any one consultation involving a patient interaction or treatment, podiatrists are expected to apply key capabilities from various domains. This recognises that safe and competent professional practice needs an ability to draw on and integrate a breadth of capabilities to support overall performance.

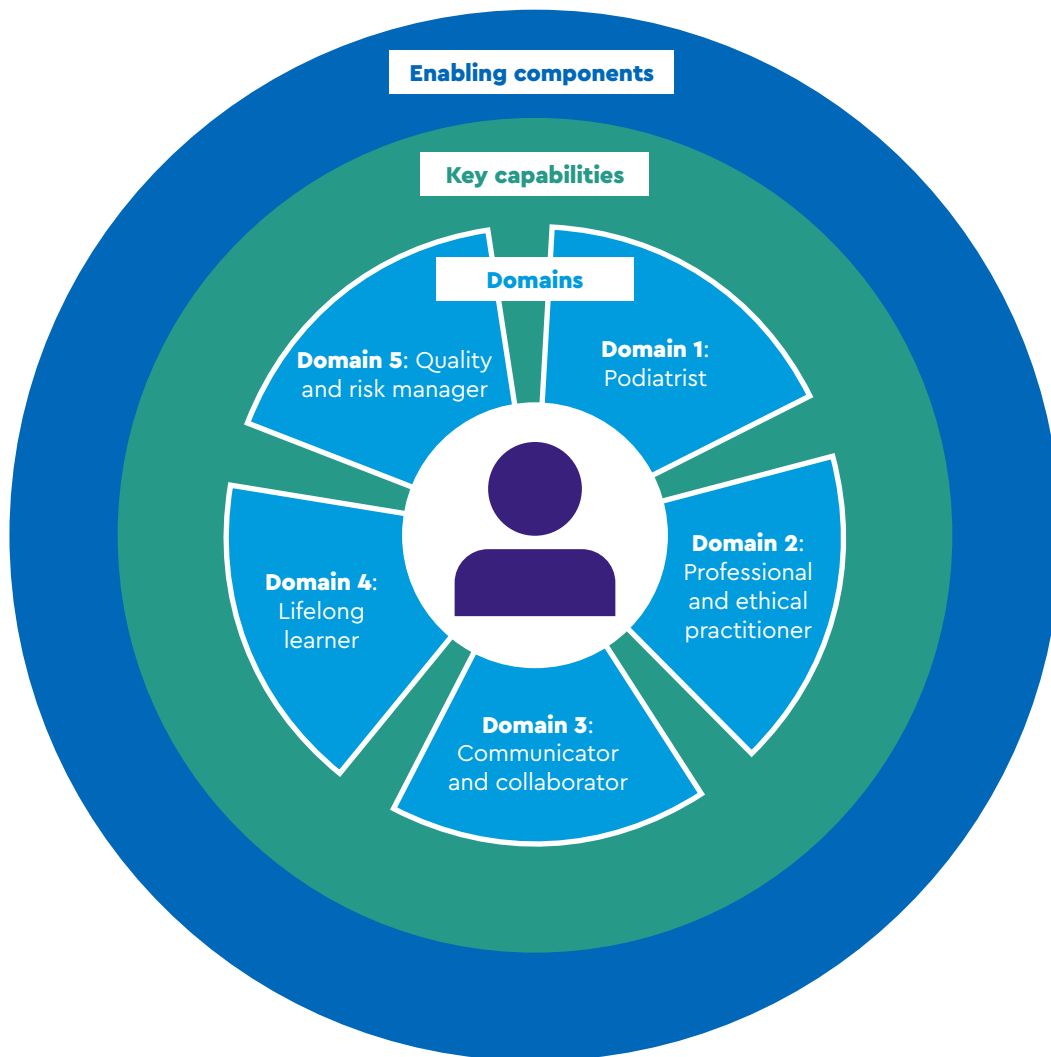
Enabling components

The enabling components describe the essential and measurable characteristics of the corresponding key capabilities and facilitate assessment of performance in the clinical practice setting. Safe and competent podiatrists will apply all enabling components for all the key capabilities in clinical practice. This includes applying, adapting and synthesising new knowledge from experience to continually improve clinical and professional performance.

Explanatory notes

Explanatory notes follow each domain. They give clarification and additional information to support consistent interpretation and implementation of the capabilities.

Figure 2: Safe and effective podiatry practice



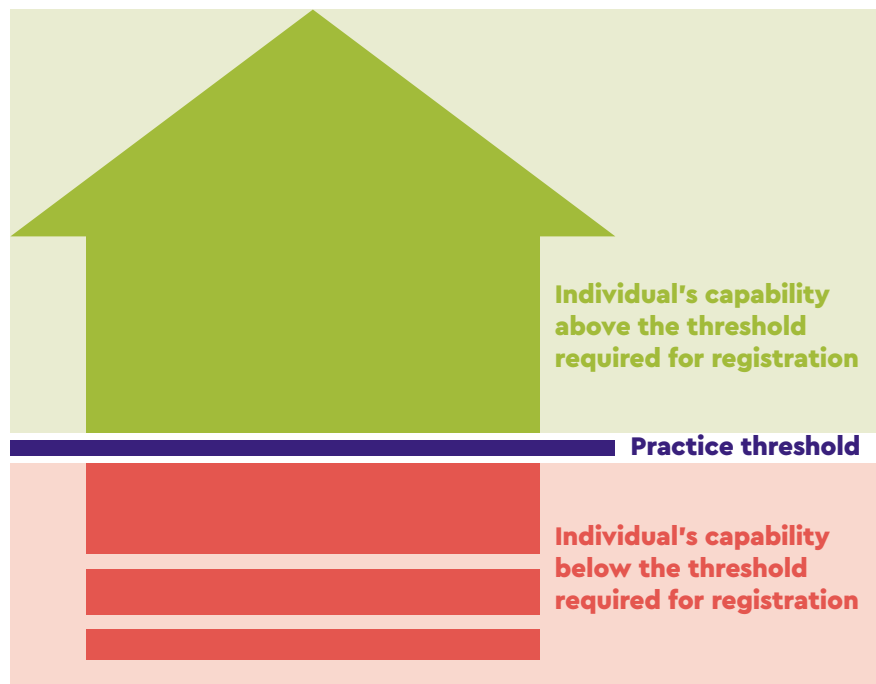
Concept of threshold professional capability and competence

Professional capability is the ability to take appropriate and effective actions to solve problems in both familiar and unfamiliar, complex and changing settings.²

Competence refers to the knowledge and skills being applied consistently to the standard of performance needed in the workplace.^{3,4} The definition of competence needed for the job will change as the role evolves.

'Threshold professional capability' is used here to describe the capability level needed to practise as a registered podiatrist in Australia. This is based on the premise that capability levels can be described on a continuum. The threshold represents the point on the continuum that sets out a minimum acceptable level of capability to practise as a podiatrist. This level is described as 'threshold professional capability' (see Figure 3). This document describes the threshold professional capabilities for podiatrists.

Figure 3: Continuum of threshold professional capability



This document uses key capabilities and enabling components to describe capability at the threshold needed for initial and continuing registration – represented by the “Podiatry practice threshold” line in Figure 3. The key capabilities and enabling components take into account the complex conceptual, analytical and behavioural elements that integrate a range of competencies into each domain.

Maintenance of professional capability

The professional capabilities are relevant throughout a registered podiatrist's career. The Podiatry Board of Australia recognises that each podiatrist's capability and chosen area of practice may change over time. Podiatrists may choose to focus their skills on a particular area of special interest, or only treat people with certain conditions. Podiatrists also may work in roles that do not involve direct patient care, such as research, management, education or government administration.

Regardless of context or setting, registered podiatrists need to maintain at least the threshold level of professional capability in all areas relevant to their practice and maintain the currency of their skills and knowledge through continuing professional education.

² Davis L and Hase S (1999) 'Developing capable employees: the work activity briefing'. *Journal of Workplace Learning*. 8:35–42.

³ Department of Health and Human Services State of Victoria (2016) *Allied health: competency and capability framework (revised edition)*. Melbourne: State of Victoria Department of Health and Human Services.

⁴ Australian Skills Quality Authority (2017). 'Users' guide to the standards for RTOs 2015', Canberra: Australian Government., see www.asqa.gov.au/standards. Accessed 28 July 2021.

Use of medicines

The key capabilities and associated enabling components in this document recognise that all podiatrists are expected to be able to use pharmaceutical products safely and effectively in the context of their practice. This does not mean that all podiatrists will need to seek endorsement of their registration for use of scheduled medicines. Endorsement of registration extends the scope of pharmaceutical products that a podiatrist can use and enables the podiatrist to prescribe medicines listed on the *National podiatry scheduled medicines list*, to the extent they are authorised to do so by state and territory legislation.⁵

For example, all podiatrists can use local anaesthetics in their practice. This does not require any additional qualifications or training and does not require endorsement of registration. However, only podiatrists who have had their registration endorsed for scheduled medicines by the Board can prescribe pain relief or antibacterials and other medicines listed on the *National podiatry scheduled medicines list*.

Review of professional capabilities

Podiatry practice and the ways that podiatrists work in Australia will change as health workforce roles evolve and new roles and new technologies emerge. The professional capabilities will be reviewed from time to time as needed to reflect these changes.

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⁵ The *National podiatry scheduled medicines list* can be found at Attachment A to the Podiatry Board of Australia's *Registration standard: endorsement for scheduled medicines* (2018). Available from www.podiatryboard.gov.au/Registration-Standards. Accessed 28 July 2021.

2. Key capabilities and enabling components

Domain 1: Podiatrist

This domain covers the knowledge, skills and attributes a podiatrist needs to practise independently and to give safe, high quality and culturally responsive person-centred care. Podiatrists give the full range of podiatry procedures to members of the public who consult them. This includes podiatric assessment, differential diagnosis, development and implementation of management strategies specific to the patient's condition and review to assess the efficacy of these management strategies. It also includes the knowledge, skills and attributes a podiatrist needs for the safe and effective use of medicines in podiatry practice.

Key capabilities – registered podiatrists are able to:	Enabling components – registered podiatrists are able to:
1.1 Plan and perform an efficient, effective, culturally responsive and person-centred podiatry assessment to develop a diagnosis	a. Take cultural considerations into account at all stages of the assessment. b. Collect information about the patient's prior function, physical abilities and participation; and identify the patient's goals for their healthcare interaction. c. Obtain the patient's formal informed consent for assessment. d. Review the patient's current, past and family history relevant to their presenting health issue(s), including any diagnostic test results. e. Get relevant information from the patient about their medical, clinical and pharmacological history, and their social and cultural context. f. Get relevant information from the patient to ascertain their level of health literacy and contextualise their medical, clinical and pharmacological history, and their socio-cultural and socio-economic context. g. Plan an assessment drawing on applied knowledge of anatomy, physiology, pathology, pharmacology, biomechanics and other core biomedical sciences relevant to podiatry. h. Explain to the patient and other relevant people the purpose of the assessment and the likelihood of any adverse events and benefits and make sure the patient understands the explanation. i. Conduct a comprehensive and objective assessment of the patient, taking into account patient context and their presenting health issues using an evidence-informed approach. j. Request necessary and appropriate diagnostic tests, such as pathology and medical imaging investigations. k. Identify any signs or symptoms that could indicate more serious pathology and/or unexpected findings and take appropriate action. l. Combine the information from the assessment and apply clinical reasoning to develop provisional and relevant differential clinical diagnoses, where any might be revealed. m. Create a culturally safe environment and deliver care that is patient-centred and free from discrimination including racism, sexism and ageism. n. Understand and acknowledge the impact of own values, beliefs, expectations and cultural practices on the provision of care to patients. o. Explain the clinical diagnosis/presentation and its implications to the patient, other health professionals, carers, aged care and disability support workers and any other relevant people. p. Recognise and evaluate evidence for effective management of the patient's condition, including when it is appropriate to: – 'do nothing', – implement treatments, including any pharmacological treatments if relevant, and/or – make referrals to other health practitioners, including another podiatrist or a specialist, or a different health practitioner.

Key capabilities – registered podiatrists are able to:	Enabling components – registered podiatrists are able to:
1.2 Involve the patient and relevant others in the planning and management of the patient's condition, including the implementation of safe treatment, using evidence-based practice to inform decision-making	a. Identify and facilitate access to the most suitable safe and effective management options, ensuring all management options are evidence-based and include any necessary modifications to make sure they are appropriate for the patient. b. Discuss management options with the patient, other health professionals, carers, aged care and disability support workers and any other relevant people. Consider: – the patient's cultural, social, personal, financial and environmental background and their capacity to give informed consent – the patient's ability to participate in treatment and adhere to the treatment regime – the need for referrals to other health professionals including shared-care arrangements – evidence-based treatment recommendations, including any relevant contraindications or precautions – supports available to the patient, and – the patient's expectations of treatment. c. Engage with the patient and other relevant people to: – establish goals relating to the episode of care – promote health, wellbeing and self-management strategies – develop a collaborative and co-designed management plan – ensure time for the patient to make an informed decision about management options, and – seek informed consent about the management plan from the patient. d. Implement safe and effective treatment options, taking into account the risks associated with the patient context and their presenting health issues using an evidence-informed approach. e. Recognise and respond in an appropriate way if a patient's condition deteriorates. f. Identify when emergency medical care is needed, safely perform first aid and life support procedures if needed and refer the patient to other services if indicated. g. Respect the patient's decision/s about management options.

Key capabilities – registered podiatrists are able to:	Enabling components – registered podiatrists are able to:
1.3 Use pharmaceutical products safely and effectively within own scope of practice	- Understand and comply with relevant Commonwealth, state and territory legislative requirements and guidelines relating to the safe and effective use of pharmaceutical products, including provisions relating to the: - secure storage, labelling, record-keeping, disposal, loss or theft of pharmaceutical products; - reporting of adverse events related to pharmaceutical products; and - advertising of therapeutic goods including scheduled medicines.⁶ - Apply knowledge of pharmaceutical products used for podiatric conditions. - Use contemporary resources to support the best evidence-based use of pharmaceutical products in podiatry practice, including antimicrobial stewardship. - Make prescribing recommendations for the treatment of podiatric conditions safely and effectively, drawing on knowledge of: - pharmacokinetics and pharmacodynamics - the risks, precautions and contraindications associated with the use of pharmaceutical products - the risks, precautions and contraindications associated with the interactions between pharmaceutical products - the risk of pharmaceutical errors and adverse events and implement strategies to reduce these occurring - the patient's socio-cultural and socio-economic background, their preferences, financial position and current pathology - the cost and affordability of pharmaceutical products for the patient - the patient's preferences and goals for treatment.⁷ - Implement strategies to address influences that may bias prescribing decisions. - Give clear instructions to patients who will self-administer pharmaceutical products; check the patient's understanding of the instructions given and their ability to self-administer medications, including advice on appropriate monitoring mechanisms. - Actively monitor the effects of pharmaceutical products and manage any adverse reactions. - Give clear written and/or verbal communication to other relevant health practitioners regarding the use of pharmaceutical products. - Record and give a complete and accurate prescription that is legible and complies with all legal requirements.
1.4 Assess the progress and/or review the patient's management plan and the continuation of treatment	- Engage with the patient, other health professionals in the patient's healthcare team and other relevant people such as carers and aged care and disability support workers to: - develop an agreed plan to review the patient's management plan and the continuation or cessation of any treatment - recognise when the management plan is no longer suitable for the patient and/or the patient's presenting health issue(s), and either: - propose appropriate modifications to the management plan, or - discontinue the management plan. - Document the review plan, the patient's response to treatment and the agreed management plan. - Explain the patient's response to treatment to the patient, other health professionals, carers, and aged care and disability support workers, where appropriate.

⁶ The Therapeutic Goods Administration website includes useful information for health professionals, including reporting adverse events, see www.tga.gov.au/reporting-adverse-events. Accessed 28 July 2021.

⁷ In this document the term 'prescribing' includes the use, supply, administration and prescription of pharmaceutical products. Note that each state and territory may have a different definition of this term. Health practitioners are advised to review the legislation in effect in the state or territory in which they practise to ensure they understand their legal authorisation to prescribe medicines.

Domain 1: Explanatory notes

Informed consent is a person's voluntary decision about their healthcare that is made with knowledge and understanding of the available treatment options, their benefits, side-effects and risks, as well as alternative treatment options available and their likely outcome/s. Good principles in gaining informed consent from patients include:

- giving information to patients in a way they can understand including, for example, written materials given in the patient's first language and the use of professional translators or interpreters where needed,
- giving patients opportunities to clarify and/or confirm their understanding,
- making sure patients are informed about fees and charges, including any additional fees that might be involved in investigations or treatment,
- getting informed consent before undertaking any examination or investigation and before providing any treatment (except in an emergency), or before involving patients in teaching or research,
- when working with a patient whose capacity to give consent is or may be impaired or limited due to their health or cognition, getting the consent of people with legal authority to act on behalf of the patient and attempting to get the consent of the patient as far as practically possible, and
- documenting consent appropriately, including considering the need for written consent for procedures which may result in serious injury or death.

Get relevant information includes but is not limited to seeking needed information about the patient's current, past and family culture and history relevant to their presenting health issue(s) and any known allergies to medications. It also includes consideration of any comorbidities and their treatment, as well as details of prescribed, over-the-counter and/or complementary medicines that the patient may take. Information regarding the patient's social context should also be obtained – for example, their ability to participate in activities of daily living, meeting age appropriate milestones, or use of alcohol or other substances.

Each patient's response to treatment may be influenced by pre-existing physical, physiological or psychological conditions, age, gender, pregnancy, culture, English language skills, psycho-social and socio-economic factors and personal beliefs.

Explaining to the patient, other health professionals, carers, aged care and disability support workers is an important responsibility when a podiatrist makes a diagnosis, identifies a potential management plan and potential treatment options and gives adequate information for an informed decision to be made. Information may be given verbally or in writing and to the appropriate persons who may include other practitioners, support workers, the patient, and their family/carers/guardians, in line with relevant protocols and other guidelines. It is important that the podiatrist checks that the other people involved have understood what has been explained. Communication between podiatrists and other professionals about the clinical status of a patient is expected to be recorded in line with relevant legislative and regulatory requirements, including the Board's code of conduct.

Identifying signs or symptoms that could indicate more serious pathology and/or unexpected findings includes recognising unexpected findings related to the patient's presenting health issue(s) as well as recognising and applying knowledge of serious medical issues such as cardiac disease or malignancy based on the patient's clinical presentation and clinical history.

Clinical diagnosis includes combining information from the patient's presenting issue(s), the podiatric assessment, and the podiatrist's evidence-informed clinical reasoning to form provisional and differential diagnoses. It also includes identifying the problems and goals should a clear diagnosis not be revealed.

Referral to other health practitioners is recommended when it is recognised that the expertise needed is outside a podiatrist's own scope of practice and/or where a multidisciplinary treatment plan or alternative intervention may give a better patient outcome. Podiatrists are expected to give person-centred care and advocate for the patient's equitable access to other health professionals and services that address their needs as a whole person, acknowledging that access broadly includes availability, affordability, acceptability and appropriateness. This could include, for example, disability services or aged care.

Identifying when emergency medical care is needed and safely perform common first aid and life support procedures means contacting emergency medical services and/or mental health crisis assessment teams when needed and providing immediate first aid to the patient including life support procedures.

Antimicrobial stewardship includes considering all issues relating to the emergence of resistance by pathogenic organisms and mechanisms for limiting this. Selecting an antimicrobial agent should always involve considering the risk that microbial resistance could develop. Antimicrobial stewardship resource materials are available from the Australian Commission on Safety and Quality in Health Care.⁸

⁸ Australian Commission on Safety and Quality in Health Care Antimicrobial stewardship available from www.safetyandquality.gov.au/our-work/antimicrobial-stewardship. Accessed 28 July 2021.

Safe and effective use of medicines means using pharmaceutical products safely and effectively, in accordance with relevant Commonwealth, state and territory legislation and regulations, policies and guidelines, and where applicable to the individual's registration, the Podiatry Board of Australia's registration standard for endorsement for scheduled medicines. The enabling components reflect the principles underpinning the Quality Use of Medicines and the National Prescribing Service (NPS) *Prescribing Competencies Framework* and cover all pharmaceutical products used in podiatry.⁹

The principles underpinning the Quality Use of Medicines (QUM) are one of the central objectives of Australia's National Medicines Policy and are applied when prescribing medicines. The term medicines includes prescription, non-prescription and complementary medicines. QUM means:

- a. selecting management options wisely by:
 - considering the place of medicines in treating illness and maintaining health, and
 - recognising there may be better ways than medicine to manage many disorders.
- b. choosing suitable medicines (if a medicine is considered necessary) so that the best available option is selected by taking into account:
 - the individual
 - the clinical condition
 - risks and benefits
 - dosage and length of treatment
 - any coexisting conditions
 - other therapies
 - monitoring considerations, and
 - costs for the individual, the community and the health system as a whole.
- c. using medicines safely and effectively to get the best possible results by:
 - monitoring outcomes
 - minimising misuse, over-use and under-use
 - improving people's ability to solve problems related to medication, such as negative effects, and
 - managing multiple medications.¹⁰

Recognising when the management plan being given is no longer suitable for the patient could include a range of reasons, including adverse reactions to treatment, changes in the patient's condition, and/or further information about the condition becoming available.

⁹ National Prescribing Service (NPS) MedicineWise. *Prescribing competencies framework: embedding quality use of medicines into practice* (2nd Edition). Sydney, 2021 available from www.nps.org.au/prescribing-competencies-framework. Accessed 28 July 2021.

¹⁰ Department of Health *National strategy for Quality Use of Medicines* 2002 available from www1.health.gov.au/internet/main/publishing.nsf/Content/nmp-quality.htm. Accessed 28 July 2021.

Domain 2: Professional and ethical practitioner

This domain covers a podiatrist's responsibility and commitment to the health and well-being of individual patients and society through professional and ethical practice in the Australian health care, aged care and disability care systems and the relevant legal framework, high personal standards of behaviour, maintenance of personal health and accountability to the profession and society. It also addresses the podiatrist's responsibility for making sure that patient confidentiality and privacy is always maintained, while recognising their potential role as a patient advocate.

Key capabilities – registered podiatrists are able to:	Enabling components – registered podiatrists are able to:
2.1 Practice in an ethical and professional manner, consistent with relevant legislative and regulatory requirements	- Comply with legal, regulatory and professional requirements, responsibilities and guidelines, including but not limited to: - all relevant Commonwealth, state and territory legislation, - all relevant codes, standards and guidelines issued by the Podiatry Board of Australia, including the <i>Code of conduct</i>,¹¹ - relevant national safety and quality standards for the health, disability and aged care sectors, including those published by the Australian Commission on Safety and Quality in Health Care, the National Disability Insurance Scheme Quality and Safeguards Commission and the Aged Care Quality and Safety Commission, - safe and effective use of pharmaceutical products, - restrictions on importing and/or exporting and using medicines and medical devices as regulated by the Therapeutic Goods Administration, - data privacy and the ownership, storage, retention and destruction of patient records and other practice documents, and - reporting obligations, including those in the <i>Guidelines: Mandatory notifications about registered health practitioners</i>.¹² - Respect patient confidentiality, privacy and dignity. - Give accurate information to patients and their families/carers about their care and implement appropriate methods for obtaining informed consent. - Inform patients and their families/carers of the likelihood and magnitude of a material risk inherent in any proposed podiatric treatment or care, and any risk mitigation strategies that may be needed. - Apply knowledge and understanding of relevant systems to practice, including the Australian healthcare, disability and aged care systems. - Manage own personal mental and physical health to ensure the ability to practise safely at all times, including recognising the impact of stress and fatigue on physical and mental health. - Apply the basic principles underpinning bioethics within podiatry and recognise and respond appropriately to ethical issues encountered in practice. - Exercise appropriate levels of autonomy and professional judgement. - Show respect and collegiality towards other health practitioners and other members of multi-disciplinary health care teams. - Identify and manage own conflicts of interest including personal, professional and financial interests.

¹¹ The *Code of Conduct* is available online at www.podiatryboard.gov.au/Policies-Codes-Guidelines/Code-of-conduct. Accessed 28 July 2021.

¹² Ahpra (2020) *Guidelines: Mandatory notifications about registered health practitioners* available from www.podiatryboard.gov.au/Policies-Codes-Guidelines. Accessed 28 July 2021.

Key capabilities – registered podiatrists are able to:	Enabling components – registered podiatrists are able to:
2.2 Treat each patient with respect, dignity and care	a. Recognise and evaluate the socio-cultural and socio-economic factors that may influence patient attitudes and responses to treatment. b. Display culturally competent and culturally safe practice. c. Recognise and respect Aboriginal and Torres Strait Islander Peoples' ways of knowing, being and doing in the context of history, culture and diversity and affirm and protect these factors through ongoing learning in health practice. d. Display appropriate professional behaviour in patient interactions. e. Identify and respect appropriate boundaries between patients and health professionals.
2.3 Assume responsibility and accept accountability for professional decisions	a. Reflect on practice and recognise and respond proactively and appropriately to potentially unsafe or unprofessional practice. b. Implement relevant clinic protocols and procedures in accordance with professional standards and apply these to practice. a. Recognise and work within the limits of individual competence and scope of practice.
2.4 Advocate on behalf of the patient when appropriate	a. Support and promote the rights and health interests of patients and support them to represent their own interests, when appropriate. b. Reflect on socio-cultural factors and respond to the rights and cultural needs of the patient and relevant others. c. Consider patient preferences for traditional or alternative treatments when appropriate. d. Advocate for the patient's equitable access to effective treatments, including medicines where appropriate, with members of the patient's healthcare team to address the patient's needs as a whole person, acknowledging that access broadly includes availability, affordability, acceptability and appropriateness. e. Where relevant, advocate for adequate resources to meet service goals and achieve positive outcomes of treatment for patients.
2.5 Seek opportunities to progress the profession for the benefit of the community	a. Participate in peer assessment, standard-setting and mentorship, and give developmental support to other podiatrists and, where relevant, other members of the health care team. b. Use appropriate strategies to effectively supervise and mentor students in the work environment.

Domain 2: Explanatory notes

Legal, regulatory and professional requirements, responsibilities and guidelines include but are not limited to all relevant Commonwealth, state and territory legislation and regulations, including the Health Practitioner Regulation National Law (as in force in each state and territory), health regulatory and funding legislation, medicines and poisons legislation, work health and safety legislation and workplace relations legislation. It also includes specific responsibilities to maintain confidentiality, confirm informed consent and meet the relevant standards, codes and guidelines issued by the Podiatry Board of Australia.

Understand and comply with legal responsibilities and guidelines relating to data privacy, and the ownership, storage, retention and destruction of patient records and other practice documents including, but not limited to, the Board's standards, codes and guidelines as updated from time to time and relevant Commonwealth, state and territory legislation.

Reporting obligations include the obligations addressed in the Board's *Guidelines: Mandatory notifications about registered health practitioners* and making notifications about the health (impairment), conduct or performance of another registered health practitioner that may be placing the public at risk and about the podiatrist's own impairments to practise safely.

Apply knowledge and understanding of relevant systems to practice, including the Australian healthcare, disability and aged care systems includes, but is not limited to, knowledge of the structure and service provision arrangements in each sector, public and private health system funding mechanisms, the role of private health funds and third-party payment systems such as workers compensation and motor accident insurance, and the role of statutory authorities and relevant quality and safety regulatory agencies including the Australian Commission on Safety and Quality in Healthcare, the National Disability Insurance Scheme Quality and Safety Commission, and the Aged Care Quality and Safety Commission.

Principles underpinning bioethics include respecting the rights of the individual, respecting the autonomy of the individual, causing no harm and advancing the common good.

Socio-cultural factors include, but are not limited to, those related to cultural and linguistic diversity, age, gender, disability, religion, socio-economic factors, geographic locations; and identifying as Aboriginal and/or Torres Strait Islander Peoples.

Cultural competence/cultural capability

While there are many professional capabilities necessary to be a competent podiatrist, in Australia's multicultural society, cultural competence (also called cultural capability) is particularly important.

Cultural competence is defined as a set of congruent behaviours, attitudes and policies that come together in a system, agency, or among professionals and enables that system, agency or those professionals to work effectively in cross-cultural situations.

The word culture is used because it implies the integrated pattern of human behaviour that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. The word competence is used because it implies having the capacity to function effectively. A culturally competent system of care acknowledges and incorporates – at all levels:

- the importance of culture,
- the assessment of cross-cultural relations,
- vigilance towards the dynamics that result from cultural differences,
- the expansion of cultural knowledge, and
- the adaptation of services to meet culturally-unique needs.¹³

The Podiatry Board of Australia acknowledges cultural competence is particularly important in Australia's multicultural society.

Podiatrists must be able to work effectively with people from various cultures that may differ from their own. Culture may include, but is not limited to age, gender, sexual orientation, race, socio-economic status (including occupation), religion, physical, mental or other impairments, ethnicity and health service culture. A holistic, patient and family-centred approach to practice requires cultural competence.

Cultural safety for Aboriginal and Torres Strait Islander Peoples

The National Registration and Accreditation Scheme's (the National Scheme's) Aboriginal and Torres Strait Islander Health Strategy Group (the Health Strategy Group) published a Statement of Intent (the Statement) in July 2018¹⁴ and a Health and Cultural Safety Strategy in February 2020¹⁵. These highlight the Health Strategy Group's intent to achieve equity in health

¹³ Cross T, Bazron B, Dennis K, and Isaacs M (1989) *Towards a culturally competent system of care*. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.

¹⁴ Ahpra (2018) *Aboriginal and Torres Strait Islander Health Practice Statement of Intent* available from www.ahpra.gov.au/About-Ahpra/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/Statement-of-intent. Accessed 28 July 2021.

¹⁵ Ahpra (2020) *The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025* available from www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/health-and-cultural-safety-strategy, accessed 28 July 2021.

outcomes between Aboriginal and Torres Strait Islander Peoples and other Australians and to close the gap by 2031. Their vision is that patient safety for Aboriginal and Torres Strait Islander Peoples is the norm.

The definition of cultural safety below has been developed for the National Scheme and adopted by the National Health Leadership Forum. The Aboriginal and Torres Strait Islander Health Strategy Group developed the definition in partnership with a public consultation process.

Definition

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

To ensure culturally safe and respectful practice, health practitioners must:

- a) acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health;
- b) acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism;
- c) recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community; and
- d) foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

All health practitioners in Australia, including podiatrists, need a working knowledge of factors that contribute to and influence the health and wellbeing of Aboriginal and Torres Strait Islander Peoples. These factors include history, spirituality and relationship to land, and other social determinants of health in Aboriginal and Torres Strait Islander communities.

Aboriginal and Torres Strait Islander Peoples' ways of knowing relate to entities of people, land, animals, plants, skies, waterways and climate. Aboriginal and Torres Strait Islander Peoples' ways of being is a concept about how to be respectful, responsible and accountable in relation to self and entities. Aboriginal and Torres Strait Islander Peoples' ways of doing is the lived expression of relatedness.¹⁶

Appropriate professional behaviour includes behaviour that is ethical, non-discriminatory, empathetic, respects socio-cultural differences and is consistent with relevant legislative, regulatory and professional requirements.

Traditional or alternative treatments include bush medicine and other treatments used by Aboriginal and Torres Strait Islander Peoples and people from culturally and linguistically diverse backgrounds. The World Health Organisation defines traditional medicines as "the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness."¹⁷ Alternative or complementary treatments include a broad set of health care practices including, for example, herbal medicines and Traditional Chinese Medicine. The terms traditional and complementary or alternative treatments are sometimes used interchangeably.

The limits of individual competence refers to the skills, knowledge, good character and good mental and physical health of the individual podiatrist. It also includes ensuring that the individual practitioner has effective communication skills and maintains an appropriate work-life balance to ensure they can do their job safely and effectively.

¹⁶ Martin K and Miraboopa B (2003) 'Ways of knowing, being and doing: A theoretical framework and methods for indigenous and indigenist research'. *Journal of Australian Studies*. 27(76):203–214.

¹⁷ World Health Organisation *Traditional, Complementary and Integrative Medicine* available from www.who.int/health-topics/traditional-complementary-and-integrative-medicine#tab=tab_1. Accessed 28 July 2021.

Domain 3: Communicator and collaborator

This domain covers a podiatrist's responsibility to communicate clearly, effectively, empathetically and appropriately with patients, their families or carers, and other members of the patient's healthcare team to ensure effective shared care which is safe, high-quality and person-centred.

Key capabilities – registered podiatrists are able to:	Enabling components – registered podiatrists are able to:
3.1 Communicate clearly, effectively, empathetically and appropriately with the patient and their family or carers	a. Engage in culturally appropriate, safe, empathetic and sensitive communication that facilitates trust and the building of respectful relationships, including with Aboriginal and Torres Strait Islander Peoples and those from culturally and linguistically diverse backgrounds. b. Establish rapport with the patient and/or their family or carers to gain understanding of their issues and perspectives and communicate in ways that engender trust and confidence. c. Identify communication needs specific to individual patients and/or their family or carers and implement strategies to meet these. d. Recognise patients for whom English may not be a first language, including Aboriginal and Torres Strait Islander Peoples and people from culturally and linguistically diverse backgrounds, and make provisions to use qualified language interpreters, cultural interpreters or cultural care coordinators to facilitate effective communication when needed. e. Give clear verbal and written treatment instructions to the patient and/or their family or carers, including details of when and how to use pharmaceutical products. f. Communicate effectively with the patient and relevant others to collect and convey information about the proposed management plan.
3.2 Communicate and collaborate with the patient, members of the patient's healthcare team and relevant others	a. Establish and maintain ethical and respectful working relationships with members of the patient's healthcare team. b. Understand, acknowledge and respect the skills, roles and responsibilities of members of the patient's healthcare team, and work effectively and collaboratively with them in the interests of shared patient care. c. Follow accepted protocols and procedures to clarify responsibilities and transfer information and communication between members of the patient's healthcare team to give relevant and timely verbal and written communication. d. Communicate directly and share information with others in the patient's healthcare team. e. Record exchanges with other members of the patient's healthcare team, including making a record of all advice, care and outcomes and establishing a shared understanding of the patient's management plan among all treating professionals. f. Discuss and clarify with the patient and members of the patient's healthcare team and relevant others to confirm: – who is responsible for their primary health care and when the patient needs to attend reviews with other members of their healthcare team, – whether or not they wish their care to be shared with other members of their healthcare team, and – appropriate monitoring mechanisms for patients, including those involving a medical practitioner, where necessary.

Key capabilities – registered podiatrists are able to:	Enabling components – registered podiatrists are able to:
3.3 Examine and reflect on how one's own culture influences perceptions and interactions with others from different cultures	a. Understand the impact of systemic racism and recognise the influence of one's own cultural identity on perceptions of and interactions with Aboriginal and Torres Strait Islander Peoples and people from other cultures. b. Recognise how the cultural diversity of the patient's healthcare team can influence perceptions of and interactions with the patient and other members of the healthcare team. c. Recognise different forms of cultural bias and associated stereotypes that impact on Aboriginal and Torres Strait Islander health; and practise in a culturally sensitive and inclusive manner. d. Where relevant, recognise the role of history and relationships between Aboriginal and Torres Strait Islander Peoples and white Australian society and how this has affected the inequitable distribution of privileges.

Domain 3: Explanatory notes

Effective communication includes active listening, using appropriate language and detail, using appropriate verbal and non-verbal cues and confirming that the patient understands.

Communication beyond the patient includes but is not limited to the patient's family, significant others, carers, interpreters, legal guardians, medical advocates, aged care and disability support workers and other health professionals in the patient's healthcare team.

Communication needs may arise due to the podiatrist's own culture and experience affecting their interpersonal style, or due to the patient's or family's/carer's/guardian's language skills, health literacy, age, health status or disability, culture, and experience. The patient's or family's/carer's/guardian's capacity to understand may be influenced by English language skills, health literacy, age, gender or health status. Appropriate adjustments may include the podiatrist demonstrating an awareness of the ways that their own culture and experience affect their interpersonal style and having an awareness of strategies to ensure this does not present an impediment, as well as using language interpreters, cultural interpreters and cultural care coordinators where needed. Communication techniques must include active listening, use of appropriate language and detail, use of appropriate verbal and non-verbal cues and language, written skills and confirming that the other person has understood.

Follow accepted protocols and forms may involve standardised forms used by all parties participating in a shared care arrangement to ensure optimal patient care. All practitioners involved in shared patient care should receive a copy of the results of any review appointments the patient attends. In addition, if a podiatrist is initiating use of a pharmaceutical product, communication with the patient's nominated medical practitioner(s) is essential regarding the treatment and expected outcome.

The patient's healthcare team includes the range of health or support professionals who may be involved in the patient's care. This could include, for example, the general practitioner, other specialists, nursing team members, mental health team, aged care or disability support workers, care coordinators, podiatrists and the referring practitioner, if any.

Communicating and collaborating with other health practitioners includes accepting referrals from other practitioners, referring patients to other practitioners and/or engaging in inter-professional collaborative practice, as part of a multidisciplinary team. When referring patients or accepting referred patients, practitioners are expected to communicate verbally and/or in writing.

Domain 4: Lifelong learner

This domain covers a podiatrist's responsibility to engage in evidence-based practice and to critically monitor their actions through a range of reflective processes. It also addresses their responsibility for identifying, planning and implementing their ongoing professional learning needs with the objective of continuous improvement.

Key capabilities – registered podiatrists are able to:	Enabling components – registered podiatrists are able to:
4.1 Apply critical thinking and reflective practice to manage issues and challenges	a. Identify the issue or challenge and the information that is needed to respond. b. Find, appraise, analyse, interpret and apply evidence from the best available research to inform clinical reasoning and professional decision-making. c. Regularly review existing practice – reflecting on professional experiences or challenges– and integrate knowledge and findings into practice. d. Recognise opportunities to contribute to the development of new knowledge through research and enquiry.
4.2 Identify ongoing professional learning needs and opportunities	a. Comply with professional responsibilities to undertake continuing professional development (CPD) and ongoing cultural learning. b. Critically reflect on personal strengths and limitations to identify learning needed to maintain currency of professional practice, including in relation to the safe and effective use of medicines. c. Seek input from peers, supervisors and others to confirm learning needs of self and others to deliver improved patient outcomes. d. Plan and implement steps to address professional development needs.
4.3 Engage in peer learning and mentorship	a. Seek opportunities to engage in peer learning and mentorship. b. Share knowledge, experiences and learnings with students, other podiatrists and other health practitioners to enhance outcomes for patients. c. Where relevant, participate in peer assessment and mentorship. d. Where relevant, give developmental support to students, other podiatrists and other health practitioners. e. Where relevant, use appropriate strategies to participate in the supervision of students in the clinical setting.

Domain 4: Explanatory notes

Issues or challenges are not limited to clinical challenges or questions. Podiatrists are expected to identify and seek a solution to any challenge or question they encounter.

Evidence-based practice is an approach to care that integrates the best available research evidence with clinical expertise and patient values.¹⁸

Professional responsibilities to undertake continuing professional development (CPD) include, but are not limited to, compliance with the Board's *Continuing professional development registration standard*.¹⁹ Professional development may be given by the professional community and the broader healthcare network/practice.

¹⁸ Sackett D et al. 2000, 'Evidence-Based Medicine: How to Practice and Teach' EBM, 2nd edition. Churchill Livingstone, Edinburgh, p1.

¹⁹ The *Podiatry continuing professional development registration standard* is available from www.podiatryboard.gov.au/Registration-Standards. Accessed 28 July 2021.

Domain 5: Quality and risk manager

This domain covers a podiatrist's responsibility to protect patients, others and the environment from harm. Podiatrists are directly responsible for quality assurance, quality improvement and managing and responding to the risks inherent in podiatry practice. This domain also addresses their responsibility for providing safe, effective and high-quality professional services to patients and other service users.

Key capabilities – registered podiatrists are able to:	Enabling components – registered podiatrists are able to:
5.1 Practise podiatry safely	a. Apply principles of quality assurance and quality improvement to enhance the safety and quality of practice, including the safe and effective use of pharmaceutical products and medical devices, in accordance with legislative and regulatory requirements. b. Identify risks and implement effective and appropriate risk management systems and procedures. c. Recognise, report on and manage adverse events or near misses and their consequences, and relevant contributing factors, and implement learnings and/or changes to practice as a result.
5.2 Protect and enhance patient safety	a. Comply with infection prevention, control and sterilisation requirements to provide a safe clinical environment. b. Identify and manage the risk of infection, including during aseptic procedures. c. Manage and dispose of clinical waste in line with appropriate regulation and procedures. d. Review, communicate, record and manage patient information accurately, consistent with health service protocols, procedures, legislative and regulatory requirements for maintaining patient records. e. Contribute to the improvement of policies and procedures for safe practice in the workplace, including the safe and effective use of pharmaceutical products. f. Recognise and raise concerns about other health practitioners and registered students where their practice compromises patient safety and report concerns where there are sufficient grounds to do so.
5.3 Implement quality assurance processes prior to providing treatment to patients	a. Consider any precautions and contraindications prior to providing treatment to identify and mitigate any risks that may arise. b. Check and confirm that all equipment is in good order and condition. Identify and take action to address risks associated with any equipment that is in an unacceptable condition. c. Apply understanding of audit and review principles, including quality control and quality assurance. d. Document effective audit trails and continual improvement processes.
5.4 Maintain safety of the workplace and associated environments	a. Identify safety hazards in the workplace and respond to incidents in a timely and appropriate manner, in line with relevant work health and safety policies, protocols and procedures. b. Report on all incidents and the action taken in line with relevant requirements

Domain 5: Explanatory notes

Risks inherent in podiatry practice include many of the risks inherent in healthcare generally, such as the risks associated with unintentionally causing harm to a patient, the risks associated with overlooking interactions between pharmaceutical products or the risks associated with poor record keeping. Some of the risks that might be particular to podiatry practice include understanding the financial risks associated with operating as a sole practitioner in private practice or the risks of using outmoded treatments if the podiatrist is not participating in peer review or undertaking CPD. Minimising risk to patients is an important component of practice. Good practice involves understanding and applying the key principles of risk minimisation and management in practice.

Identifying and managing risk of infection includes complying with the Board's infection prevention and control resources and the NHMRC *Australian guidelines for the prevention and control of infection in healthcare* (2019)²⁰; managing transmission modes of infections acquired in healthcare facilities (host, agent and environment); preventing transmission including effective hand hygiene; and complying with the *Preventing and controlling healthcare-associated infection standard* within the National Safety and Quality Standards, including cleaning, disinfection and sterilisation of reusable medical devices, equipment and instrumentation.²¹

Clinical waste includes any waste arising from medical, nursing, dental, veterinary, laboratory, pharmaceutical, podiatry, emergency services, blood banks, mortuary practices and other similar practices, and wastes generated in healthcare facilities or other facilities during the investigation or treatment of patients or research projects. In podiatry practice, clinical waste includes but is not limited to needles, scalpel blades and other instruments for the cutting or scraping of skin, dressings, human tissue waste, and sharps containers. As there is currently no national definition of clinical waste in Australia, healthcare facilities, including community healthcare settings, need to conform to relevant state or territory legislation and regulations on the management of clinical and related wastes.²²

Quality frameworks include workplace specific frameworks, relevant jurisdiction publications and frameworks relevant to the context of practice such as the relevant national safety and quality standards and the National Model Clinical Governance Framework as well as the National Strategy for Quality Use of Medicines.²³

Equipment includes any items used in assessing and treating a patient, including all disposable items and equipment used. Items may include but are not limited to disposable items such as scalpel blades, needles, gloves and other instruments as well as personal protective equipment. Equipment also includes related furniture such as a treatment couch and working surfaces.

Good order may be achieved by following storage protocols and cleaning and hygiene protocols. Issues affecting the condition of equipment are expected to be fully resolved prior to providing podiatry services to patients, in line with any relevant protocols, procedures and workplace materials.

Incident reporting requirements may be identified in protocols, procedures and health service materials, and may include legal requirements identified in relevant Commonwealth, state and territory legislation and regulations.

²⁰ NHMRC (2019) *Australian guidelines for the prevention and control of infection in healthcare*, see www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019#block-views-block-file-attachments-content-block-1. Accessed 28 July 2021.

²¹ 'Preventing and Controlling Healthcare-Associated Infection', see www.safetyandquality.gov.au/standards/nsqhs-standards/preventing-and-controlling-healthcare-associated-infection-standard. Accessed 28 July 2021.

²² NHMRC (2019) *Australian guidelines for the prevention and control of infection in healthcare*, see www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019#block-views-block-file-attachments-content-block-1. Accessed 28 July 2021.

²³ Australian Commission on Safety and Quality in Health Care. *National Safety and Quality Health Service Standards*. 2nd ed. Sydney: ACSQHC; 2017. Resources on the standards are available online at: www.safetyandquality.gov.au/standards/national-safety-and-quality-health-service-nsqhs-standards/resources-nsqhs-standards Accessed 28 July 2021. Note that the Commission is developing National Safety and Quality Primary Healthcare Standards which will apply to podiatrists in private practice. See www.safetyandquality.gov.au/standards/national-safety-and-quality-primary-healthcare-nsqph-standards. Accessed 28 July 2021. Department of Health *National strategy for Quality Use of Medicines* 2002 available from www1.health.gov.au/internet/main/publishing.nsf/Content/nmp-quality.htm. Accessed 28 July 2021.

Glossary

Accreditation standards	Used to assess whether a program of study, and the education provider that provides the program, provide persons who complete the program with the knowledge, skills and professional attributes needed to safely and competently practise as a podiatrist in Australia.
Cultural safety	Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism. To ensure culturally safe and respectful practice, health practitioners must: a) Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health; b) Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and give care that is holistic, free of bias and racism; c) Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community; d) Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.
Education provider	The term used by National Law to describe universities; tertiary education institutions or other institutions or organisations that give vocational training; or specialist medical colleges or health professional colleges.
Enabling components	Describe the essential and measurable characteristics of the corresponding key capabilities and facilitate assessment of performance in the practice setting. Podiatrists are expected to apply all enabling components for all key capabilities for safe and competent practice. This includes applying, adapting and synthesising new knowledge and skills gained from experience to continually improve performance.
Impairment	The term 'impairment' has a specific meaning under the National Law in Australia. It refers to a physical or mental impairment, disability, condition or disorder that is linked to a practitioner's capacity to practise or a student's capacity to undertake clinical training. A person's physical or mental impairment, disability, condition or disorder is only a matter of interest to the Podiatry Board of Australia (including its delegated decision-maker) if it detrimentally affects, or is likely to detrimentally affect, a practitioner's capacity to practise or a student's capacity to undertake clinical training. ²⁴
Key capabilities	Key capabilities describe the key features of safe and competent practice in a range of contexts and situations of varied complexity and uncertainty. During any one procedure or treatment, practitioners are expected to apply key capabilities from various domains. This recognises that competent professional practice is more than a sum of each discrete part and requires an ability to draw on and integrate the breadth of capabilities to support overall performance.
Medicines and/or pharmaceutical products	Therapeutic goods that are represented to achieve or are likely to achieve their principal intended action by pharmacological, chemical, immunological or metabolic means in or on the body of a human. In this document, the terms 'medicine', 'medicines' and 'pharmaceutical products' include prescription medicines, non-prescription or over-the-counter products and complementary medicines, including herbs, vitamins, minerals, nutritional supplements, homeopathic medicines and bush and traditional medicines.²⁵
Podiatric surgeon	An individual who is listed on the Podiatry Board of Australia's register as having attained specialist registration as a podiatric surgeon.
Podiatrist	An individual who is listed on the Podiatry Board of Australia's register of podiatrists.

²⁴ Section 143(1) of the National Law.

²⁵ Definition adapted from National Prescribing Service *NPS MedicineWise*. Prescribing Competencies Framework: embedding quality use of medicines into practice (2nd Edition). Sydney, 2021 available from www.nps.org.au/prescribing-competencies-framework. Accessed 28 July 2021.

Podiatry Accreditation Committee	The Podiatry Accreditation Committee (the committee) is established and appointed by the Podiatry Board of Australia (the Board). It exercises accreditation functions for the podiatry profession. Specifically, it develops accreditation standards for podiatry and podiatric surgery programs of study for approval by the Board and assesses and monitors programs of study and education providers against the approved accreditation standards.
Practice	Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a practitioner in their regulated health profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that have an impact on safe, effective delivery of health services in the health profession. ²⁶
Prescribing	Prescribing means the iterative process involving the steps of information gathering, clinical decision making, communication and evaluation which results in the initiation, continuation or cessation of a medicine. For the purpose of this document, it includes the use, supply, administration and prescription of pharmaceutical products. Note that each state and territory may have a different definition of this term. Health practitioners are advised to review the legislation in effect in the state or territory in which they practise to ensure they understand their legal authorisation to prescribe medicines.
Program of study	A program of study consists of a set of structured units or subjects given by an education provider. The term 'course' is used by many education providers.

List of abbreviations and acronyms

CPD	Continuing professional development
NHMRC	National Health and Medical Research Council
NPS	National Prescribing Service

²⁶ Podiatry Board of Australia (2014) *Code of Conduct* for registered health practitioners p2, available from www.podiatryboard.gov.au/Policies-Codes-Guidelines/Code-of-conduct. Accessed 28 July 2021.