



Clinical Training Profile: *Podiatry*

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Enquiries concerning this report and its reproduction should be directed to:

Health Workforce Australia
GPO Box 2098
Adelaide SA 5001

Telephone: 1800 707 351
Email: hwa@hwa.gov.au
Internet: www.hwa.gov.au

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Podiatry context

Podiatry is a registered health profession with the Australian Health Practitioner Regulation Agency (AHPRA) through the National Registration and Accreditation Scheme (NRAS). Practising podiatrists must be registered with the Podiatry Board of Australia. In June 2012, there were 3,783 podiatrists registered in Australia, with 96 per cent in the podiatry workforce actively working or looking for work¹.

Podiatry is a clinically based profession and practitioners are primary care providers who undertake clinical activities related to the assessment, diagnosis, treatment and prevention of foot conditions.

Podiatrists often work as part of the health care team, consulting with other health care practitioners, requesting diagnostic tests and providing referrals to specialists as required. Podiatrists work in a variety of settings including private practice, community health centres, hospital and sports medicine clinics and nursing homes. The demand for podiatrists is likely to increase with the incidence of chronic diseases such as diabetes and obesity and an aging population.

In 2012, there were a total number of 1,552² students enrolled in accredited podiatry programs across all years of training³.

Accreditation

The Australian and New Zealand Podiatry Accreditation Council (ANZPAC) is the official accreditation council for the podiatry profession. ANZPAC assesses and accredits podiatric education programs that provide eligibility for registration as a podiatrist under the NRAS.

The Board ensures that only podiatrists who are suitably trained and qualified to practice in a competent and ethical manner are registered. On successful completion of any ANZPAC accredited podiatry program of study, graduates are eligible for registration with the Board.

Based on broad principles related to legislation, transparency, diversity of curriculum approaches and responsiveness to change, the ANZPAC standards were framed in the context of recognising academic independence of universities but also ensuring quality assurance, continuous improvement and institutions adhering to a set of minimum quality education standards⁴.

Standards for podiatry accreditation are framed within the broader context of programs which provide eligibility for registration. Accreditation offers assurance that graduates are competent to practise podiatry and helps to protect the health and safety of the community.

¹ The National Health Workforce data set combines data from National Registration and Accreditation Scheme (NRAS) with the podiatry workforce survey data collected at the time of annual registration renewal.

² The student headcount was chosen to display the actual number of students aiming at becoming a podiatrist rather than the equivalent fulltime student load which is the measure used to determine a student's enrolled load.

³ Australian Health Practitioner Regulation Agency (AHPRA), *Regulating health practitioners in the public interest - Annual Report 2011-2012*.

⁴ Podiatry Board of Australia: sourced <http://podiatryboard.gov.au/accreditation>

Podiatry education pathway in Australia

Figure 1 shows the education pathway for podiatry students in Australia. To become a podiatrist, students need to complete an accredited program of study in higher education.

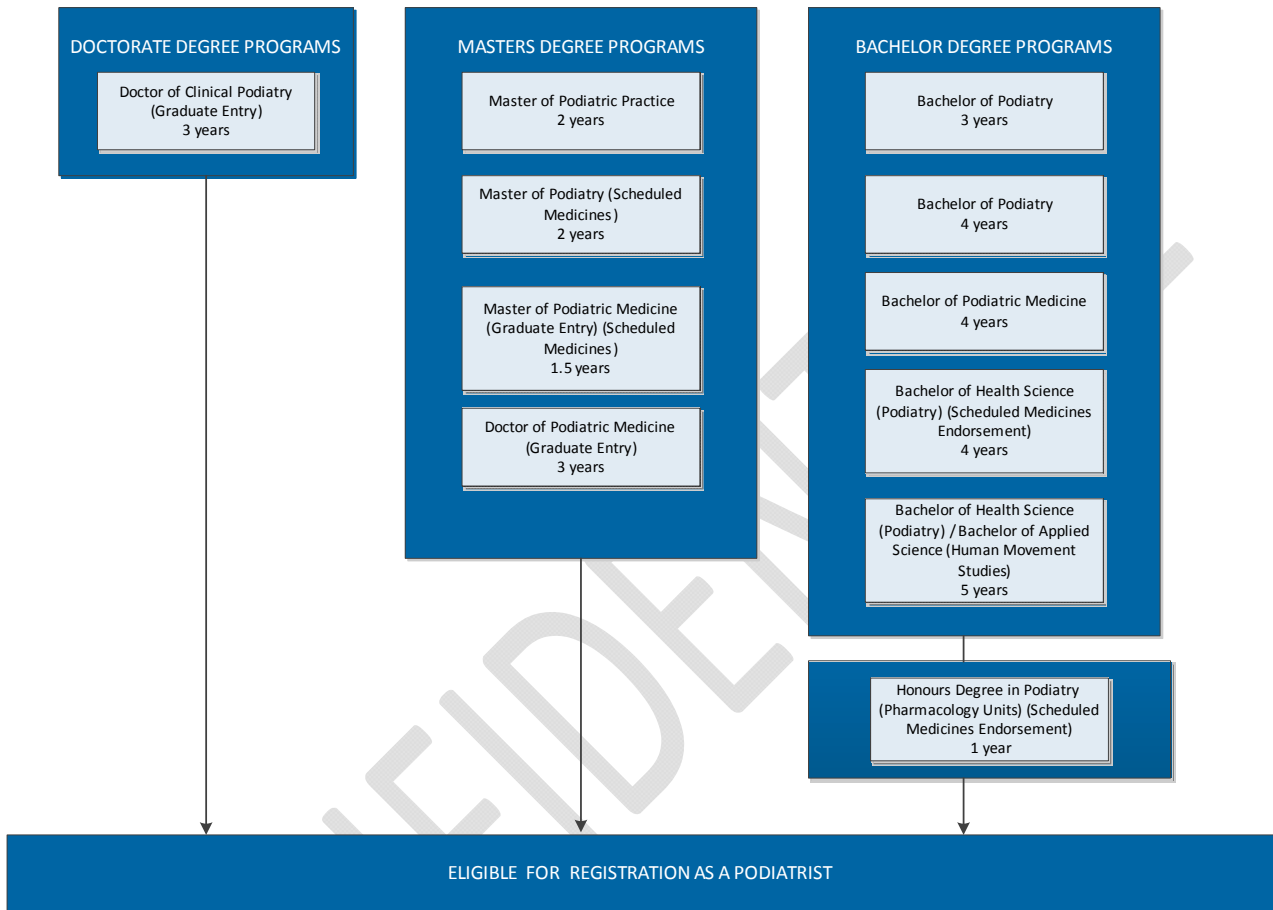


Figure 1: Education pathway for podiatry 2012

Source: Australian Health Practitioner Regulation Agency (AHPRA) website and Australian New Zealand Podiatry Accreditation Council (ANZPAC) December 2013.

The *Health Practitioner Regulation National Law Act 2009* (National Law) in each state and territory requires that a program of study is both accredited by ANZPAC and subsequently approved by the Board before it can be accepted as a qualification suitable for the purpose of registration as a podiatrist in Australia.

The profile includes all accredited programs from higher education facilities that have provided data for the Health Workforce Australia survey of 2012 clinical training placements.

The training pathway includes bachelor programs, dual degrees,⁵ one honours degree, masters and a doctorate program. The duration of bachelor programs for podiatry vary between three and four years; dual degree and masters programs which exclusively lead to registration as a podiatrist run for the duration of between one and a half to three years.

Podiatry programs

Podiatry competency standards developed by ANZPAC (2009) identify the eight standards that state the minimum requirements and performance criteria.⁶ The teaching and learning activities provide a range of technological, clinical and inquiry based approaches to develop student skills, experience and responsibility with both formative and summative assessments. The coursework and research activities are complemented by clinical placement experiences which enable students to demonstrate competence in their final year of their bachelor, masters or doctorate programs and to meet registration requirements as a podiatrist.

ANZPAC accreditation standards require podiatry programs to have an educational philosophy and curriculum framework which provides contemporary content, diverse learning approaches and sequencing linked to competency standards, which involves a balance of core topics and electives with a graduated increase in clinical practice opportunities⁷.

Assessment documentation of clinical, behavioural and basic science components of sufficient depth and sequencing regarding the knowledge, skills and attitudes is expected at each phase of the program contributing towards the achievement of the curriculum's overall defined competencies.

Recent developments in scope and complexity of practice for the podiatry profession have seen the inclusion of the Endorsement of Scheduled Medicines (ESM) that impacts positively on the provision of podiatry services. This enables podiatrists holding this qualification to administer, prescribe and supply Schedule 2, 3, 4 or 8 medicines for the treatment of podiatric conditions from the list of scheduled medicines approved by the Board (the National Podiatry Scheduled Medicines List)⁸.

⁵ Dual degree programs: Bachelor of Health Sciences / Master of Podiatric Medicine; Bachelor of Health Sciences / Master of Podiatric Practice; Bachelor of Health Sciences / Master of Podiatric Practice (Honours); Bachelor of Health Sciences (Podiatry) / Bachelor of Applied Science (Human Movement Studies.)

⁶ Australian New Zealand Podiatry Accreditation Council Podiatry Competency Standards for Australia and New Zealand August 2009.

⁷ Accreditation Standards for Podiatry Programs for Australia and New Zealand August 2009

⁸ op. cit. Australian Health Practitioner Regulation Agency, *Annual Report 2011-2012*

Clinical training

All universities offering podiatry programs are required to provide clinical training and experiential learning across a variety of settings. The ANZPAC recommended clinical training hours to meet the podiatry competencies is 1000 hours, with 60 per cent of clinical practice currently conducted in internal clinical facilities⁹.

Appropriately supervised clinical experiences progressively provide students with an increasingly wide range of patients, in various internal clinic and external placements to develop their skills, knowledge, experience and competency¹⁰. Internal and external clinical settings include the local community, hospitals, and private practice, with a variety of patients of differing ages, cultural/ethnic, socio-economic, health profiles, and levels of physical and mental health impairment¹¹.

The Australian Podiatry Council, in their response to *Health Workforce 2025 - Selected Health Occupations Podiatrists* report, revealed that there is restricted clinical placement capacity in the currently predominantly private workforce, which in turn influences the number of available clinical training places in higher education.¹²

The number of Australian podiatry programs and the tertiary level at which programs are offered has increased (some from diploma to bachelor and bachelor to graduate entry masters level). The increase of programs will influence student enrolments, which will inevitably impact on clinical education capacity and place further demands on the system.

⁹ Accreditation Standards for Podiatry Programs for Australia and New Zealand, August 2009

¹⁰ Ibid.

¹¹ Ibid.

¹² Health Workforce Australia 2013, *Health Workforce 2025 - Selected Health Occupations – Podiatrists*

Clinical training hours

Figure 2 demonstrates the range of clinical training hours in 2012 across programs. In 2012, there were eight universities offering 15 programs leading to registration as a podiatrist.¹³ The clinical training hours determined by individual higher education providers varied widely and ranged from 487 to 1,122 in bachelor programs; 665 to 1,029 in dual degree bachelor/masters programs and 770 to 819 in masters programs. The average hours of these programs was reported as 854 hours¹⁴. Four of the seven bachelor programs reached or exceeded the recommended 1000 clinical training hours. One program was only offered to continuing students to enable them to complete the selected program of study.

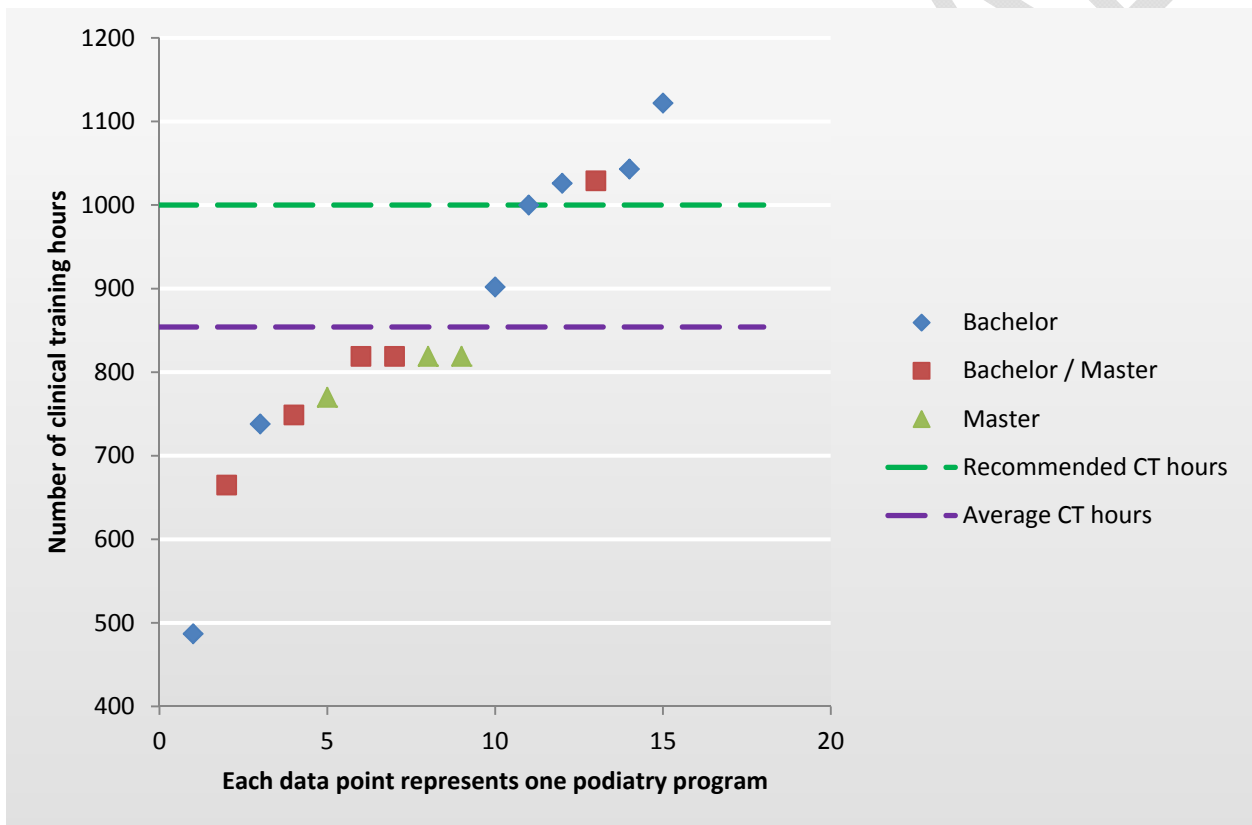


Figure 2: Range of clinical training hours across programs, 2012

Source: Health Workforce Australia survey of 2012 clinical training placements.

¹³ For the data analysis, 'program' was defined as training delivered in Australia that on completion leads to eligibility for registration.

¹⁴ The average in this clinical training profile is the simple average of all clinical training hours of all podiatry programs that were taken into account for the analysis.

The clinical training requirements reported by individual higher education providers do not include hours spent on undertaking a research project.

Figure 3 demonstrates the range of clinical training hours across podiatry programs in 2012. Programs have been divided into four groups based on the amount of clinical training hours required in comparison to the recommended 1000 hours. Students completed 1000 clinical hours or greater in five programs (100-112% of recommended hours), 819 to 902 hours in 3 programs (81-90%), 665 to 770 hours in four programs (67-77%) and 487 hours (49%) in one program. Two honours programs that required 819 hours were excluded as there were no eligible students in 2012.

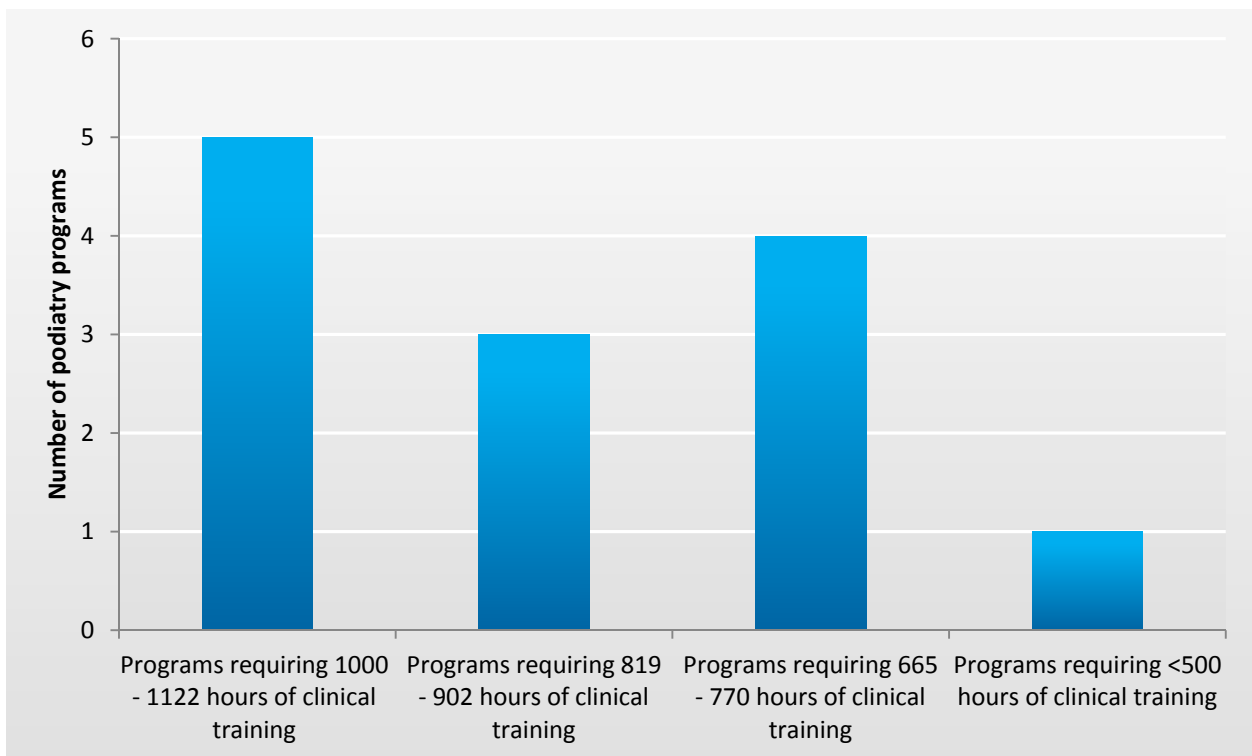


Figure 3: The number of higher education programs within different ranges of clinical training hours, 2012

Source: Health Workforce Australia survey of 2012 clinical training placements.

Student numbers

The clinical training component of these programs is spread across all years with the majority of clinical time in the final two years¹⁵.

The number of equivalent full time student load (EFTSL) varied greatly across programs with a range from 4 to 338 with the total number of EFTSL at 1,135. Low numbers of students in some programs was attributed to transitioning programs that were not taking enrolment of new students, or no eligible students in two honours programs for the 2012 year.

Figure 4 demonstrates the proportion of student load relative to the clinical training hours required in higher education programs. The graph compares the variation in clinical training hours in each program category with the equivalent fulltime student load undertaking the program.

The graph shows 28 per cent of the student load was in programs that required 1,000 - 1,122 clinical training hours, 45 per cent in programs that required 819 - 902 hours; the remaining 27 per cent of the student load was in programs that required less than 770 hours.

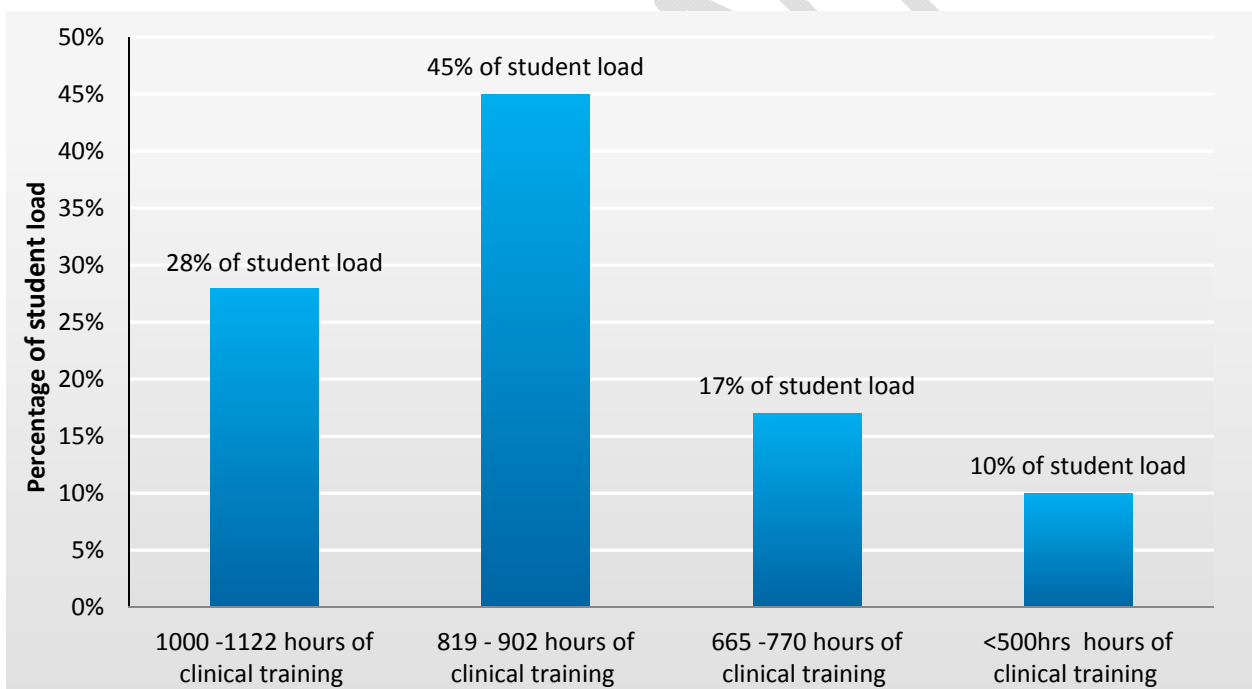


Figure 4: The proportion of student load in podiatry programs, 2012

Source: Health Workforce Australia survey of 2012 clinical training placements.

¹⁵ Health Workforce Australia 2013, *Clinical training 2012*.
Clinical Training Profile: *Podiatry*

Characteristics of clinical training

More than 500 facilities provided clinical training placements for students in podiatry programs in 2012. The total clinical training activity recorded for podiatry students was 154,467 hours of training. In contrast to many health professions, 60 per cent of all clinical training activity took place in private and non government organisation training facilities and 40 per cent in public settings.

Figure 5 reflects the proportion of clinical training hours in podiatry by placement setting.

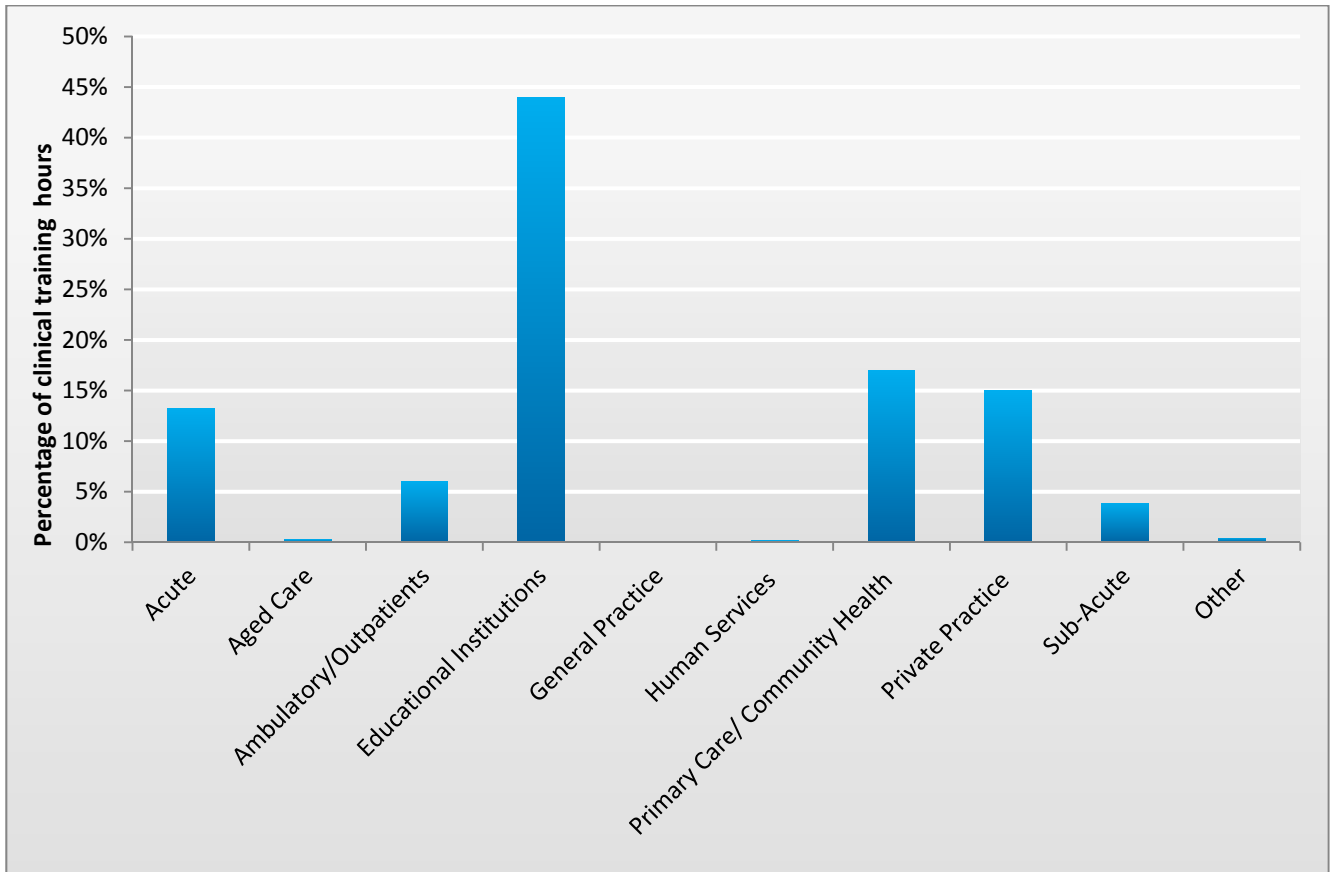


Figure 5: The proportion of podiatry clinical training by placement setting 2012

Source: Health Workforce Australia 2013, *Clinical training 2012*.

Educational institutions provided almost half of all podiatry clinical training hours through on site clinical podiatry clinics, with the remainder mainly divided between primary care/community health, private practice, acute care, ambulatory outpatients and sub acute care.

Metropolitan, regional and remote locations

Most podiatrists are located in major cities or inner regional areas with very few working in regional and remote settings. This limits opportunities for clinical training placement opportunities in rural and remote settings.

With increased life expectancy of Australia’s population and the escalation in chronic diseases, planning for the future podiatry workforce will need to consider the health requirements of the community, expanding clinical training in non traditional placements and developing capacity in the podiatry training pathway¹⁶.

Figure 6 represents the proportion of student clinical training hours by geographical location. The majority of clinical training opportunities for students occurs in the metropolitan area (85 per cent) with the remaining occurring in regional (14 per cent) and remote (one per cent) locations.

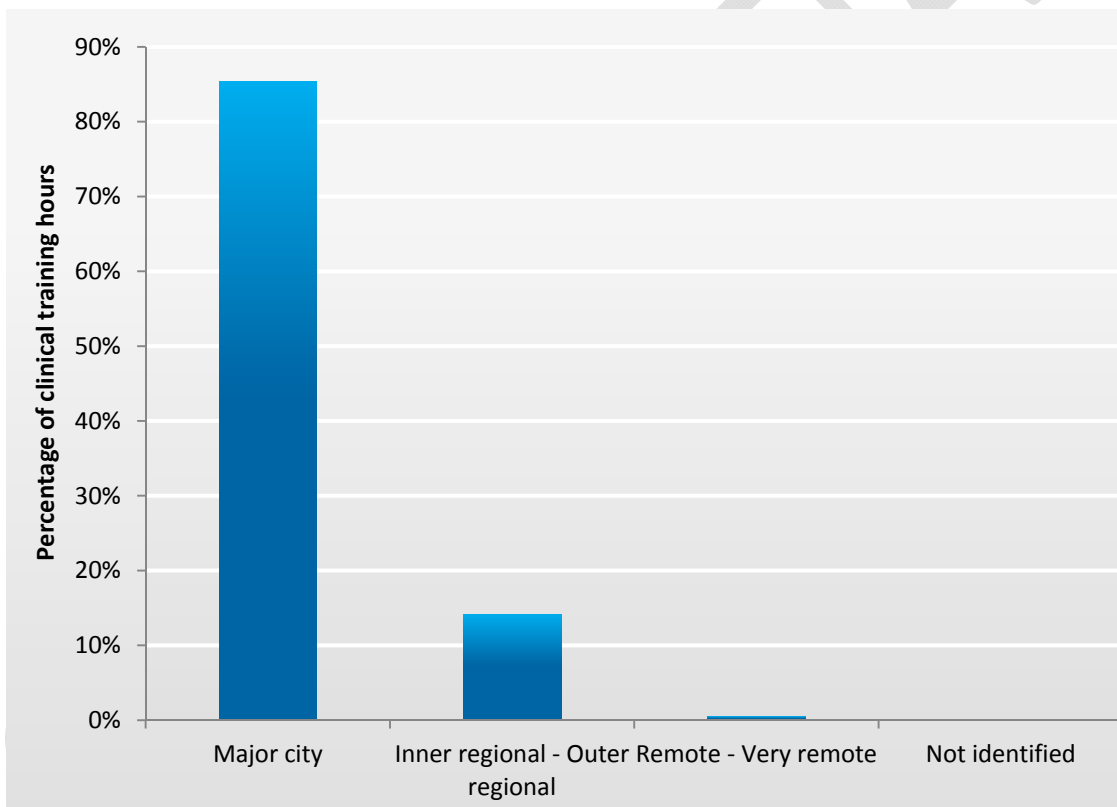


Figure 6: Clinical training hours in metropolitan and rural locations, 2012

Source: Health Workforce Australia 2013, *Clinical training 2012*.

Higher education providers have found clinical placements very competitive in a predominantly private sector workforce. There is a need to provide adequate services to rural and remote and Aboriginal and Torres Strait Islander communities to address the increased incidence of chronic disease especially in diabetes, renal disease and obesity which all impact on foot health¹⁷.

¹⁶ Health Workforce Australia 2013, *Health Workforce 2025 - Selected Health Occupations - Podiatrists*

¹⁷ Ibid.

Clinical training supervision

Clinical education includes all experiences that contribute to a student's clinical learning. Whether or not clinical learning occurs during a supervised clinical placement may depend on the quality of clinical supervision and the placement. In the early stages of planning for a new program, universities must establish a plan to ensure there will be a sufficient number of clinical educators who are, or who will be, appropriately trained and supported in their clinical education role.

Appropriately-supervised clinical experiences provide an increasingly wide range of patients in various internal clinic and external placement situations to develop student skills, professional dispositions and understandings to develop the required competencies and safe practice.

Supervision of students has been determined at a ratio between one supervisor to four students increasing up to one supervisor to ten students dependent on the risk and requirements of the task and considerations of patient safety¹⁸. The clinical supervision model takes into consideration service delivery requirements, workplace capacity, location and availability of clinical supervisors.

Simulated learning environments

Simulation has emerged as an innovative technique for supplementing the traditional education of professional entry level students that integrates well with established curricula to strengthen the experiential learning experience.¹⁹

The podiatry accreditation standards identify simulation as a valid component of teaching and learning activities²⁰. Learning through the use of simulated based education techniques has the potential to enhance clinical education training by equipping students with the knowledge, capability, attributes and understanding to reach clinical objectives earlier.

In 2012, ANZPAC provided support for the use of simulation in clinical placements if the activities were pedagogically sound, flexible and met with the high quality of accreditation standards.

Simulation based education techniques are used across the content areas of biomechanics, paediatrics, minor surgery, diabetes and podiatric medicine. The most commonly used simulation technique was role play across programs. Other methods include low, medium and high fidelity mannequins and simulated patients.

Other examples of simulation in podiatry programs includes the foot ulcer simulation training, the use of simulation for local anaesthesia and simulation for supervised practice of Endorsement of Scheduled Medicines²¹.

Disclaimer:

Please note that the survey of clinical placements is a young collection and as such has data constraints which limit interpretation of the results. With time and investment, this type of data will be progressively standardised and analysis of the collection should become more accurate. The data has been reported by the participant HEPs. Training providers were not required to validate the data in 2012.

¹⁸ Accreditation Standards for Podiatry Programs for Australia and New Zealand, August 2009

¹⁹ Health Workforce 2012, *Australia National Simulation Learning Project Report for Podiatry*

²⁰ op. cit. Accreditation Standards for Podiatry Programs

²¹ Ibid.

Appendix A – Definition of 2012 clinical placement settings

Setting name	Definition	Examples
Acute (medical/surgical/ maternity/emergency)	Includes all hospital placements in wards, theatres and other specialty programs excluding sub-acute, mental health and ambulatory/outpatients	Emergency, ICU, HDU, peri-operative, maternity, paediatric, hospital pharmacy, day surgery, etc. – not psychiatric wards
Sub-acute	Includes placements in rehabilitation, palliative care, geriatric evaluation & management units	
Ambulatory/outpatients	Includes all hospital placements involving outpatient and non-admitted patient care and home delivered services provided by hospital staff	Specialist clinics, outpatient clinics, hospital in the home, antenatal clinics
Aged care	Placements in residential and community aged care facilities and day programs	Low and high care facilities, independent living units, respite programs
Primary care and community health (excluding GP)	Placements in community health centres or government managed health services that involve direct patient care	Community health centre, superclinic, community pharmacy, HACC, health promotion, maternal and child health centres – unless covered by another setting
Diagnostic services	Placements in diagnostic laboratories and medical imaging organisations	Pathology laboratories, medical imaging, sonography
General practice	Includes general practice whether in a private clinic, community health centre, superclinic or other setting	
Private/professional Practice (excluding GP and diagnostic)	Placements in non-hospital based professional practices including specialist medical clinics and excluding GP and community health centres	Audiology, allied health, retail pharmacy, paramedics
Mental health/alcohol and other drugs	Includes all placements in mental health programs. This also includes alcohol and other drugs services	Psychiatric/mental health wards, day programs, community mental health services and programs
Dental and oral health	Includes placements in school dental clinics, private or public clinics or laboratories	

Educational institutions	Includes all university administered clinics and other secondary and tertiary education provider clinics	University clinics, primary and secondary schools, specialist schools
Human services	Includes placements with organisations that are involved in human service related industries	Child protection, public health, disability support, correctional facilities, relevant state, federal and local government departments, special interest organisations e.g. Red Cross, Heart Foundation etc. – unless covered by another setting
Other	If the placement does not correspond to any of the listed settings	

Source: Health Workforce Australia 2013, *Clinical Training 2012* (Appendix C)

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