Accreditation Standards - for Aotearoa New Zealand training providers of podiatry prescribing qualifications

Introduction

Accreditation standards are a set of defined criteria used to evaluate and formally recognise the competence, quality, performance and outcomes of an institution and their programmes. Meeting these standards provides assurance to the public, funders, and stakeholders that an organisation operates with strong, safe, and effective processes and practices.

Te Poari Tiaki Waewae o Aotearoa | Podiatrists Board of New Zealand (the Board) is required by Section 118(a) of the Health Practitioners Competence Assurance Act 2003 to *'prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes'*

Education institutions that offer training programmes for prescribing podiatry qualifications must gain accreditation with the Board by meeting the Accreditation Standards for Aotearoa New Zealand training providers of prescribing training programmes.

Individuals must complete accredited and approved podiatry prescribing training programmes to be eligible for registration as a podiatrist prescriber in Aotearoa New Zealand.

Accreditation standards help ensure that education providers provide graduates with the knowledge, skills and professional attributes to competently practise independently in the profession.

Overview of the accreditation standards for prescribing

This document describes the accreditation standards (**the Standards**) that any programme providing training for Aotearoa New Zealand-registered podiatrists to become prescribers must meet to attain and maintain accreditation. A programme is defined as a purposeful and structured set of learning experiences that leads to a qualification.

The Standards have been developed using the key principles of programme accreditation, focusing on ensuring the quality, relevance, and effectiveness of an educational programme to meet established standards and stakeholder needs.

The Standards comprise six discrete standards:

1: Academic Governance

2: Quality Assurance

3: Assuring Safe Practice

4: Programme Design, Implementation and Resourcing

5: Student Experience

6: Assessment

Each standard includes:

- a statement outlining the scope of the particular standard
- criteria against which education providers will provide evidence of compliance

The Accreditation Standards also include examples of the expected information to be included in the response with the accreditation application.

Accreditation process

The accreditation process includes accreditation applications, site evaluations as required, audit reports and ongoing monitoring to assess and provide assurance of compliance. Changes to programmes must be notified in advance of their implementation to allow for an assessment of any possible impact on accreditation status.

Podiatry prescribing education programmes must meet all accreditation standards to achieve unconditional accreditation. A programme may be accredited with conditions if it substantially meets the accreditation standards and the Board has good reason to believe that the programme will meet all accreditation standards within a reasonable (and specified) time frame.

Accreditation may be granted for a maximum period equal to the accreditation cycle determined by the Podiatrists Board. Accredited programmes are subject to regular monitoring to ensure they continue to comply with all accreditation standards throughout their accreditation period. Provisions exist for conditions to be imposed or the accreditation of a programme to be revoked at any stage if there is evidence that the programme is no longer compliant.

STANDARD 1: ACADEMIC GOVERNANCE

The academic governance of the programme ensures appropriate and sufficient oversight to enable effective curriculum delivery. The educational institution and the programme comply with legislated requirements and the Podiatrists Board's professional standards, policies and guidance.

	Criteria	Expected information for inclusion in the response with accreditation application
1.1	The education provider is currently registered with the New Zealand Qualifications Authority (NZQA).	Evidence of registration.
1.2	The postgraduate programme is approved by the provider as a Certificate of Proficiency: a 30-point level 8 course. (HEALXX Allied Health Prescribing).	Evidence of course approval.
1.3	The programme is delivered by a clearly identifiable operational unit (Department of Podiatry) within the provider organisation (University, Polytechnic). This unit has the appropriate autonomy, authority and responsibility for designing, implementing, evaluating and resourcing the programme.	• Evidence (e.g. organisational chart) that the unit directly responsible for delivery and quality assurance/improvement of the programme is clearly identifiable (e.g. School of Podiatry, Faculty, Division, etc). • Evidence that the unit holds the appropriate autonomy, authority and responsibility, e.g. programme/curriculum approval policies and procedures of relevance to the programme (from the provider organisation to the unit).
1.4	There is an identifiable podiatry and prescribing - rich management structure that: 1. ensures podiatry and prescribing expertise is central to decision-making relating to the design, content and delivery of the podiatry prescribing programme. 2. manages the use of financial resources and makes appointments of relevant staff.	• Evidence of key roles and responsibilities of podiatrists and/or prescribers in the design, content and delivery of a podiatry prescribing programme. • Where senior management roles are not held by podiatrists and/or prescribers, identify how appropriate expertise is integrated into the design, content and delivery of the programme.
1.5	The programme provider supports the development and delivery of the programme by ensuring that quality resources (financial, infrastructure, technological capacity, and information resources) are current, fit-for-purpose, and sufficient for the needs of the learner cohort, enabling learners to meet the requirements of the Podiatrist Prescriber Standards. These should be systematically reviewed and updated regularly.	• Evidence how required resources are identified, obtained and allocated to achieve programme learning outcomes on an ongoing basis. • Description of, and examples that show, the facilities and equipment used by the programme provider for teaching and learning in the

		programme enable students to achieve all the podiatry prescriber competency standards, including culturally safe practice.
		• Evidence of planning and budget processes to ensure the capability to deliver sufficient resources for ongoing sustainability and viability of programmes that are fit-for-purpose.
1.6	The unit delivering the programme has a clearly defined strategic plan, aligned with that of the provider organisation, that is systematically reviewed and updated to ensure fitness-for-purpose and currency with contemporary podiatry prescribing practice.	• Evidence of a specific (tailored) strategic plan which may differ significantly from that of the provider organisation but should be consistent with the relevant elements of it; AND • Evidence that demonstrates how the strategic plan is implemented, evaluated and reviewed, and how this contributes to the ongoing fitness-for-purpose of the programme.
1.7	The programme provider has robust governance structures and processes that lead and support the design, implementation, evaluation, and quality improvement of the programme, ensuring that graduates can demonstrate the required performance outcomes that meet the needs of the podiatry profession and the health workforce.	• Overview of how the governance structures and processes of the provider are implemented at the programme delivery level • Examples of how structures, processes and relationships provide appropriate oversight by the university and allow autonomy of the programme provider. to ensure the programme's quality and that graduates can demonstrate the required performance outcomes.
1.8	The programme must implement and monitor equality and diversity policies in relation to learners. The educational institution has a plan for improving equity for tangata whenua and other minority equity groups, such as Pacific staff, staff with disabilities, gender-diverse people, lesbian, gay, transgender, bisexual, and intersex Takatāpui.	• Evidence of equity plan/s and examples of how they are implemented at the programme level. • Evidence of how entry criteria and/or prerequisite requirements are applied.

STANDARD 2: QUALITY ASSURANCE

Governance of the programme ensures quality assurance and quality improvement structures and systems are effective in developing and delivering sustainable, high-quality podiatry prescribing programmes.

	Criteria	Expected information for inclusion in the response with accreditation application
2.1	The programme has and implements policies and procedures to allow the systematic monitoring, review and continuous improvement processes that ensure the programme remains current with contemporary podiatry prescribing practice, fit for purpose and responsive to developments and trends relevant to clinical and culturally safe practice and education.	• Examples of the implementation of policies and procedures used to anticipate and respond to contemporary developments in podiatric prescribing and the education of students and health practitioners within the curriculum of the programme.
2.2	The programme uses formalised and regular external stakeholder feedback (including from representatives of the podiatry profession, other health professions, prospective employers, health consumers and graduates of the programme), and other assessment data to improve the design, implementation, educational outcomes and overall quality of the programme.	• Evidence of internal and external stakeholder engagement.
2.3	Risks to the sustainable delivery of the programme are regularly monitored, actively managed, and appropriate mitigation strategies are clearly documented.	Examples of: • the development and implementation of a risk management plan. • the implementation of formal mechanisms for assessing, mitigating and addressing risks to each unit and/or subject and programme outcomes.

STANDARD 3: ASSURING SAFE PRACTICE

Assuring safe and effective professional prescribing practice is essential in programme design, implementation and monitoring. The promotion and maintenance of safe professional prescribing practice should be the foundation of the programme.

This standard is designed to ensure that learners are equipped with the relevant knowledge, skills, behaviours, and attitudes to interact safely with the public, both clinically and culturally, in the delivery of professional podiatry prescribing services. This requires an understanding and application of the clinical, professional, legal, and ethical frameworks and responsibilities at the appropriate level, as defined in the *Competency Framework – Principles and Standards for Podiatrist Prescribers (link to be added)*.

This includes not only adhering to professional standards and ethical guidelines, but also actively promoting a culture of safety and continuous improvement.

	Criteria	Expected information for inclusion in the response with accreditation application

3.1	Graduates of the prescribing programme are equipped and able to demonstrate appropriate understanding of their legal, ethical and clinical and cultural professional responsibilities.	• Policies. • Curriculum and assessment map.
3.2	Safe practice, including culturally safe practice and specifically the application of the intentions of Te Tiriti o Waitangi, is identified in the programme's learning outcomes, incorporating any work-integrated elements.	• Programme materials and course guidelines that show protection of the public and safe practice, including ethical and culturally safe practice, are addressed in the curriculum. • A range of different assessment tools or modalities which show that safe practice, including culturally safe practice, is being taught and assessed across the curriculum, including the clinical setting. For each tool or modality, give a range of de-identified examples of student assessment. Where possible, give an example of a satisfactory or pass, and an example of an unsatisfactory pass, or where the benchmark is not yet met. • Examples that support best practice in order to achieve health equity for Māori. • Examples of a commitment to Te Tiriti o Waitangi in the curriculum.
3.3	The programme provider fosters a learning environment that enables learners to understand and achieve high levels of ethical and professional conduct.	• Examples of how ethical considerations are integrated into the curriculum. • Examples of opportunities for reflection for learners to critically examine their own values and how they relate to professional practice. • Examples of how guidance and support is offered to learners as they navigate ethical challenges.
3.4	Students are provided with relevant cultural safety training before interacting with patients and their whānau.	• Examples from the curriculum documenting how and when students are provided with cultural safety training.

STANDARD 4: PROGRAMME DESIGN and IMPLEMENTATION

The design and implementation of the programme allow students to achieve the professional competencies required for the contemporary professional practice of podiatry prescribing in a dynamic healthcare environment that requires interprofessional collaboration and professional accountability for quality patient-centred care.

The programme has a structured curriculum that enables students to achieve the programme outcomes and meet the Podiatrists Board's *Competency Framework – Principles and Standards for Podiatrist Prescribers (link to be added).*

	Criteria	Expected information for inclusion in the response with accreditation application
4.1	A coherent educational philosophy, based on contemporary educational theories and/or practice, informs programme design and implementation, as reflected in the programme objectives, curriculum, learning and teaching approaches, and assessment methodology.	• Description of the educational rationale for the design and delivery of the programme and how it has influenced the objectives, curriculum, learning and teaching approaches, and assessment methodology. The focus should be on how the philosophy/rationale is implemented across the programme, and on demonstrating alignment between the philosophy, the overall programme goals or objectives, the curriculum design, and the approaches to learning, teaching, and assessment. A detailed breakdown of individual activities is not required. e.g. • statement of overarching philosophy/strategy. • Summary of programme structure illustrating alignment • Programme assessment mapping
4.2	Programme learning outcomes address all the Competency Framework – Principles and Standards for Podiatrist Prescribers and Ethical Codes and Standards of Conduct at the appropriate level.	• Curriculum map that shows alignment and mapping of course learning outcomes to all podiatry prescribing competency standards. • Guidelines for all courses taught in the programme
4.3	Programme design, content, delivery and assessment reflect contemporary evidence-based practice in podiatry, health and education, and are designed to facilitate the achievement and demonstration of the required competence outcomes	• Examples of mechanisms that provide assurance that curriculum content, delivery and assessment remain current. • Examples of mechanisms for identifying emerging developments and how these are integrated into the curriculum. • Explanation of how and how often curriculum design, review and revision are undertaken, including reference to contemporary evidence-based practice and emerging changes in the profession.

		e.g. internal/external programme reviews and evaluations; stakeholder (including student) feedback; student outcomes (progression and completion rates)
4.4	The learning, teaching and assessment methods used must be appropriate to the effective delivery of the learning outcomes and must support and develop autonomous and reflective thinking.	• Examples of learning, teaching and assessment methods used to demonstrate how learning outcomes are achieved. • Examples of learning, teaching and assessment methods used that enable the development of autonomous and reflective thinking.
4.5	Culturally safe practice is integrated into the design and implementation of the programme and is articulated in learning outcomes.	• Explanation of how culturally safe practice is integrated in the design and implementation of the programme. • Details of learning outcomes that articulate how culturally safe practice is integrated in the programme. • Examples of how concepts such as whanaungatanga, cultural humility, management of power imbalances are taught and demonstrated
4.6	Course learning outcomes in the programme address contemporary principles of interprofessional education, collaborative practice and reflective practice	• Programme materials and course guidelines that show where the principles of interprofessional education, collaborative practice and reflective practice are included and reflected in programme learning outcomes.

4.7	The programme provider ensures sufficient, appropriately qualified and experienced staff are appointed, adequately resourced, and supported to deliver the prescribing programme, with regular opportunities for professional review and development, including educational approaches and technologies.	• Staffing profile for staff responsible for programme provision and support (including administrative, technical, IT) identifying:
		  o academic level of appointment
		  o role in implementation of the programme.
		  o fraction (full-time, part-time) and type of appointment (ongoing, contract, casual)
		  o qualifications, experience and expertise relevant to their responsibilities.
		  o relevant registration status where required (for health practitioners), and
		  o engagement in further learning related to their role and responsibilities.

		• Evidence of how all staff can access appropriate support and resources including regular opportunities for professional review and development and details of staff engagement in these.

4.8	Specialist subject areas must be delivered by educators with relevant specialist expertise and knowledge.
	
	The prescribing educator must be a registered prescriber, hold a current APC with their Responsible Authority and have the relevant skills, knowledge and experience to support safe and effective learning.
		• Staffing profile for staff responsible for specialist subject areas provision
		    o APC for each staff member
		    o Summary of relevant skills, knowledge and experience

STANDARD 5: STUDENT EXPERIENCE

Students have equitable and timely access to facilities, resources, information and learning support, promoting student success, resilience, and well-being. The learning environment should foster and support equity, diversity, inclusivity, justice, fairness and non-discrimination.

	Criteria	Expected information for inclusion in the response with accreditation application
5.1	Programme information is complete, accurate, clear, accessible, and up to date.	• Programme information and/or links to website pages provided to prospective students and enrolled students about the programme, including information on recognition of prior learning. • Description of mechanisms by which students can access inherent requirements and how students with a disability can access information about reasonable adjustments to allow them to complete their studies. • Explanation about when and how prospective and enrolled students are provided with full details about registration requirements, programme fees, refunds and any other costs involved in the programme.
5.2	Admission, progression, and learner support requirements and processes are fair, transparent, culturally safe, and do not present any unreasonable barriers to entry or progress, including for priority learner groups.	• Evidence of how entry criteria and/or prerequisite requirements are applied. • Criteria for modification of standard admission requirements (including recognition of prior learning (RPL), if offered) must be explicit and applied consistently.

5.3	There are specific strategies to address the recruitment, admission, participation, and completion of the programme by Māori and Pasifika.	Examples of the implementation of formal mechanisms for: • the recruitment and admission to the programme Māori. • supporting the retention of Māori and Pasifika.
5.4	The programme provider assesses and actively manages risks to students enrolled in the programme.	Examples of: • the development and implementation of a risk management plan. • the implementation of formal mechanisms for assessing, mitigating and addressing risks to students enrolled in the programme.

5.5	The programme provider has mechanisms in place to ensure student physical, psychological, and cultural safety and provides support services, including cultural support services, that allow students to access relevant resources and support in a timely way to facilitate their achievement of programme requirements.	Examples of:
		
		• the implementation of formal mechanisms used to ensure that staff and students work and learn in an environment that is physically, psychologically and culturally safe, including in face-to-face and online environments.
		
		• feedback from students about the safety of the environment.
		
		• Examples of the range, implementation and availability of adequate support services to meet the needs of students in the programme.
		
		• resolution of any issues that compromised the physical, psychological and/or cultural safety of the environment for students.
		
		• Evidence of robust procedures that address specific concerns around racism, harassment, bullying and discrimination.
		
		    o Evidence of implementation of formal mechanisms used to ensure that the learning environment is physically, mentally and culturally safe.
		
		    o Formal and informal mechanisms exist for students to report inappropriate conduct.
		
		    o Examples of the resolution of any issues that compromised the physical, mental and/or cultural safety of the student learning environment.

5.6	The programme provider ensures that the principles of equity and diversity are embedded in the programme and that policies are in place to prevent discrimination.	• Evidence of policies, structures and processes that facilitate equitable participation in the programmes by learners from diverse backgrounds (including reasonable adjustments in the case of disability). • Evidence of how staff and students are informed about their obligations under anti-discrimination legislation.
5.7	Learners have access to and are aware of effective grievance and appeals processes and can be assured that any objection is treated with appropriate impartiality and confidentiality to ensure justice.	• Examples of appropriate policies and processes in place for learners who wish to raise concerns or grievances, or appeal against a decision affecting their progress through the programme. • Examples of how these policies and processes are actively and clearly communicated. • Examples of how processes are managed consistently, fairly and with appropriate impartiality and confidentiality.
5.9	Provision is made for students to participate in cross-cultural environments.	• Examples of student and staff involvement in cross-cultural environments.
5.10	The programme provider has formal and informal mechanisms that enable students to safely provide feedback on programme governance, content, delivery and teaching/learning effectiveness in a way that will not affect their ability to progress through the course.	• Examples of procedures that exist to enable students to provide feedback, including any integrated safety mechanisms that assure valid and authentic feedback from students. • Summary of actions taken, and changes made to improve the design, implementation and quality of the programme in response to student feedback.

STANDARD 6:- ASSESSMENT

Programme graduates can demonstrate achievement of all the required learning outcomes for the level of qualification awarded and to a standard enabling competent and safe professional practice.

Assessment data should be used for continuous quality improvement of the program.

	Criteria	Expected information for inclusion in the response with accreditation application

6.1	The programme has an assessment strategy that describes the purpose and range of assessments and ensures all learning and performance outcomes are assessed in relevant contexts.	• Evidence of Assessment Strategy that describes the purpose and range of assessments, and the rationale for the timing and choice of assessments.
6.2	Formal mechanisms exist and are applied with the aim of ensuring assessment of student learning outcomes reflects the principles of contemporary, evidence informed, valid and reliable assessment.	Examples of: • the implementation of formal assessment mechanisms used to determine student competence, including formative and summative assessment. • Moderation of assessment methods including the outcomes.
6.3	There are clear assessment processes for the programme that demonstrate a staged progression toward the achievement of the *Competency Framework – Principles and Standards for Podiatrist Prescribers* and *Ethical Codes and Standards of Conduct* at the appropriate level.	• Detailed guidelines for each course in the entire programme, including details of the assessment tasks for the relevant course. • Examples of clear relationship and alignment between learning and performance outcomes and assessment strategies e.g. mapping of all the programme learning and performance outcomes to all the professional competencies, and to the assessment (and assessment type) of these outcomes.
6.4	A range of valid and reliable assessment tools are used progressively throughout the course to provide evidence of student competency and safety.	• Description of the range of different assessment tools used that show how students attain the podiatry prescribing competency standards. o for each assessment tool provide a range of de-identified examples from students across the range of performance. Where possible provide an example of a satisfactory or pass, and an example of unsatisfactory pass; or where the benchmark is not yet met. • Examples of implementation of formal mechanisms used to evaluate student capability. • Examples of assessment mechanisms used to accommodate barriers and provide flexibility and that provide evidence that the learner meets the performance outcomes.
6.5	All assessments carried out in the academic environment are fair and undertaken against clear criteria.	• Examples of how students are prepared for assessment. • Evidence of process for developing and reviewing assessments and assessment criteria.

	To ensure adequate preparation for assessment, the criteria and expected standard of performance for assessments is explicit and clearly communicated to both students and staff before the assessment process.	• Examples of assessment guidelines (including level of expected performance) is provided and communicated to students and staff.

6.6	Staff assessing students in the programme are suitably experienced, qualified (holding appropriate qualifications and registration where required), prepared for the role.	• Profile for academic staff responsible for assessment of students in the programme identifying:
		   o qualifications relevant to their responsibilities, and at least one level higher than the programme, or equivalent relevant academic or professional or practice-based experience and expertise.
		   o relevant registration status where required (for health practitioners.)
		   o skills in contemporary assessment principles and practice relevant to their responsibilities.
		   o engagement in further learning related to their role and teaching and assessment responsibilities, including culturally safe practice.
		   o Description of and examples that show the mechanisms by which the education provider ensures staff demonstrate culturally safe practice in the assessment of students.
		• Examples of how staff accountability for assessment is managed.

6.7	Programme management and co-ordination, including moderation procedures, ensure consistent and appropriate assessment, providing assurance that graduates are safe and competent to practise on successful completion of all programme assessments.	• Examples of programme assessment moderation and benchmarking, including peer validation. This should include the outcomes, and responses to those outcomes. • assessment review processes and their use in quality improvement outcomes.
6.8	Students are provided with appropriate, timely and sufficient feedback to enable them to improve future performance.	• Examples of mechanisms for enabling or providing learners with formal and informal constructive feedback on their performance and progress through the programme.
6.9	Policies and processes for appeals and re-sit policies are explicit.	• Policies for assessment appeals and re-sits. • Example of how these are actively and clearly communicated.to staff and students.

6.10	Processes for academic integrity issues surrounding assessment are explicit for both students and staff. To ensure the credibility of the qualification awarded, the validity of individual student assessments, and the integrity of student work, the programme provider must ensure that all assessments take place in a way that minimises opportunities for academic misconduct.	• Evidence of processes. • Evidence of policy statement about the use of Artificial Intelligence and how this is managed in assessment.