Podiatrist interview questions

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What to expect

Podiatry interviews mix clinical competency checks with questions about patient communication and judgement in ambiguous or higher-risk situations. Panels often include a senior podiatrist or practice manager, and for public health or aged care roles, a multidisciplinary team representative may also sit in.

- **Clinical process:** Questions asking you to walk through a specific clinical procedure, such as a gait assessment or wound review, step by step.
- **Behavioural:** Questions about past experience with patients, colleagues or difficult situations, usually answered using a STAR structure.
- **Scenario/judgement:** Hypothetical situations testing how you'd prioritise, escalate or manage risk when a case doesn't go to plan.
- **Client-facing/communication:** Questions probing how you explain diagnoses, treatment plans or self-management advice to patients with varying levels of health literacy.

Expect an opening discussion of your qualifications and registration status, followed by clinical scenario or process questions, then behavioural questions about teamwork and patient interactions. Interviews often close with questions about your availability, caseload preferences and interest in professional development or specific patient populations (e.g. diabetic foot care, sports podiatry, aged care).

1. Can you walk me through how you'd assess a patient presenting with suspected diabetic foot complications?

Why they ask

Diabetic foot care is a core, high-risk task in podiatry and interviewers want to confirm you follow a safe, thorough clinical process.

How to structure your answer

Answer as a step-by-step process: initial history and risk screening, physical and neurovascular assessment (monofilament, vascular checks), wound inspection if present, documentation, and referral or escalation pathway.

Example answer

“I'd start with a history covering diabetes duration, glycaemic control and any prior ulceration. Then I'd do a neurovascular assessment using a monofilament and check pedal pulses, along with a visual skin and nail check for early signs of breakdown. If I find a wound, I'd grade it, clean and dress it appropriately, and document everything in the patient's file. Depending on severity, I'd either manage it within scope or refer promptly to a GP or high-risk foot service to avoid delays that could lead to hospital admission.”

2. Tell me about a time you had to explain a treatment plan to a patient who was anxious or resistant to your recommendations.

Why they ask

Patient education and buy-in are central to podiatry outcomes, especially for chronic conditions requiring ongoing self-management.

How to structure your answer

STAR: situation, task, action, result.

Example answer

“During a placement, I had a patient with a chronic ulcer who was reluctant to offload weight from the affected foot because it disrupted his daily routine. I explained, in plain terms, how continued pressure was slowing healing and increasing infection risk, and worked with him to find a footwear modification that fit his lifestyle rather than insisting on a rigid solution. He agreed to trial it, and at his next review the wound showed clear improvement, which reinforced his confidence in the plan.”

3. A patient's gait assessment doesn't match the symptoms they've described. How do you approach this?

Why they ask

Tests clinical judgement and willingness to investigate discrepancies rather than assume a straightforward diagnosis.

How to structure your answer

Judgement-under-pressure: describe how you'd gather more information, consider alternative explanations, and decide when to escalate or refer.

Example answer

“I wouldn't force the symptoms to fit the assessment. I'd revisit the patient's history for anything I might have missed, ask more specific questions about when and how the pain occurs, and consider whether the issue might be biomechanical elsewhere in the kinetic chain, or non-musculoskeletal entirely. If the picture still doesn't add up, I'd refer for imaging or to a GP for further investigation rather than guess at a treatment plan.”

4. How do you prioritise your caseload when you have both routine reviews and urgent wound care patients booked on the same day?

Why they ask

Podiatrists often manage mixed caseloads and need to demonstrate sound triage and time management.

How to structure your answer

Process walk-through: describe your triage criteria and how you adjust the schedule.

Example answer

“I'd triage based on clinical risk first. A patient with a deteriorating diabetic ulcer takes priority over a routine nail care review, even if the review was booked first. I'd communicate with reception or the practice manager to adjust timing where possible, and if I can't fit everyone in, I'd reschedule lower-risk routine patients rather than delay urgent wound care.”

5. What experience do you have with orthotic prescription software and how do you decide between custom and off-the-shelf orthotics?

Why they ask

Checks familiarity with the tools of the role and clinical reasoning behind a common treatment decision.

How to structure your answer

Direct technical answer with a brief example to demonstrate applied reasoning.

Example answer

“I've used orthotic prescription software during clinical placements to generate custom devices based on gait analysis and foot scans. For decision-making, I weigh up the severity and specificity of the biomechanical issue, the patient's budget, and how quickly they need relief. A patient with mild, generalised discomfort might do well with an off-the-shelf device, while someone with a distinct structural deformity or a return to high-load activity, such as sport, usually needs a custom orthotic tailored to their foot shape and gait pattern.”

6. What draws you to building a long-term career in podiatry rather than treating it as a stepping stone?

Why they ask

Employers investing in training want some assurance of retention, particularly given growth in demand for the role.

How to structure your answer

Personal motivation answer, grounded in specific aspects of the work you value.

Example answer

“I'm drawn to the mix of hands-on clinical work and the direct impact on a patient's daily mobility and independence, especially with older patients or those managing diabetes long-term. I also value that podiatry offers clear pathways into specialisations like sports podiatry or wound care, so I can keep developing without needing to change fields. That combination of steady demand and room to grow is exactly why I see this as a long-term career, not just an entry point.”