

Chiropodists and Podiatrists

This document details suggested changes to the profession-specific standards for chiropodists and podiatrists.

The PLG has considered the following information with specific reference to chiropodists and podiatrists:

- (i) Registration Assessors' questionnaires (page 4)
- (ii) Visitors' questionnaires (PLG papers, 7th March 2006)
- (iii) Professional bodies' questionnaires (the responses of the Society of Chiropodists and Podiatrists and the British Association of Chiropody and Podiatry, pages 13 to 15)
- (iv) Education providers' questionnaires (page 4)

This document incorporates the suggestions made in relation to the chiropodists and podiatrists standards (where possible) and makes recommendations to the PLG for changes, where appropriate.

The profession-specific standards are shown in italics. Where the PLG is required to make a decision in relation to a standard, this shown in the grey shaded areas.

The generic standards incorporate the suggestions made elsewhere.

1a: Professional autonomy and accountability

Registrant chiropodists and podiatrists must:

- 1a.1 be able to practise within the legal and ethical boundaries of their profession
 - understand what is required of them by the Health Professions Council
 - understand the need to respect, and so far as possible uphold, the rights, dignity and autonomy of every patient including their role in the **preventative**, diagnostic and therapeutic process
- 1a.2 be able to practise in a non-discriminatory manner
- 1a.3 be able to maintain confidentiality and obtain informed consent
- 1a.4 be able to exercise a professional duty of care

1a.5: be able to practise as an autonomous professional, exercising their own professional judgement

- be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem
- be able to initiate resolution of problems and be able to exercise personal initiative
- **know the limits of their practice and when to seek advice or refer to another professional**
- **recognise that they are personally responsible for and must be able to justify their decisions**

1a.6 recognise the need for effective self-management of workload **and resources** and be able to practise accordingly

1a.7 understand the obligation to maintain fitness to practise

- understand the importance of maintaining health and care for themselves

1a.8 understand the need for career-long self-directed learning

1b: Professional relationships

Registrant chiropodists and podiatrists must:

1b.1 know the professional and personal scope of their practice and be able to make referrals

1b.2 be able to work, where appropriate, with other professionals, support staff, patients, clients and users, and their relatives and carers

- understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
- understand the need to engage patients, clients, users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals

1b.3 be able to contribute effectively to work undertaken as part of a multi-disciplinary team

1b.4 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, patients, clients, users, their relatives and carers

- be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5
- understand how communications skills affect the assessment of patients, clients and users, and how the means of communication should be modified to address potential barriers such as age, physical and learning disability

- be able to select, move between and use appropriate forms of verbal and non-verbal communication with patients, clients, users and others
- be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status
- understand the need to provide patients, clients and users (or people acting on their behalf) with the information necessary to enable them to make informed decisions
- understand the need to use an appropriate interpreter to assist patients whose first language is not English, wherever possible
- recognise that relationships with patients, clients and users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility

1b.5 understand the need for effective communication throughout the care of the patient, client or user

- recognise the need to use interpersonal skills to encourage the active participation of patients, clients and users
- *understand the need to empower patients to manage their foot health and related issues and recognise the need to provide advice to the patient on self-treatment where appropriate*

The skills required for the application of practice

2a: Identification and assessment of health and social care needs

Registrant chiropodists and podiatrists must:

2a.1 be able to gather appropriate information

2a.2 be able to use appropriate assessment techniques

- be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment

2a.3 be able to undertake or arrange clinical **or scientific** investigations as appropriate

- *be able to conduct neurological, vascular, biomechanical, dermatological and podiatric assessments in the context of chiropody and podiatry*

2a.4 be able to analyse and evaluate the information collected

- *be able to interpret physiological, medical and biomechanical data in the context of chiropody and podiatry*

2b: Formulation and delivery of plans and strategies for meeting health and social care needs

Registrant chiropodists and podiatrists must:

2b.1 be able to use research, **clinical** reasoning and problem solving skills to determine appropriate actions (and in the case of clinical scientists, conduct fundamental research)

- recognise the value of research to the systematic evaluation of practice
- be able to conduct evidence-based practice, evaluate practice systematically, and participate in audit procedures
- be aware of methods commonly used in health care research
- be able to demonstrate a logical and systematic approach to problem solving
- be able to evaluate research and other evidence to inform their own practice

2b.2 be able to draw on appropriate knowledge and skills in order to make professional judgements

- be able to change their practice as needed to take account of new developments
- demonstrate a level of skill in the use of information technology appropriate to their profession

- know and be able to interpret the signs and symptoms of systemic disorders as they manifest in the lower limb and foot with particular reference to:

- *diabetes mellitus*
- *rheumatoid arthritis and other arthropathies*
- *cardiovascular disorders*
- *dermatological disorders*
- *infections*
- *neurological disorders*
- *renal disorders*
- *developmental disorders*
- *malignancy*

2b.3 be able to formulate specific and appropriate management plans including the setting of timescales

- understand the requirement to adapt practice to meet the needs of different client groups distinguished by, for example, physical, physiological, environmental, cultural or socio-economic factors

2b.4 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely, skilfully and **effectively**

- understand the need to maintain the safety of both patients, clients and users, and those involved in their care

- ensure patients, clients and users are positioned (and if necessary immobilised) for safe and effective interventions
- be able to use a systematic approach to formulate and test a preferred diagnosis, including being able to:
 - carry out mechanical debridement of nails and intact and ulcerated skin
 - prescribe and manufacture of foot orthoses
 - make and use chair-side foot orthoses
 - administer relevant prescription-only medicines, interpret any relevant pharmacological history and recognise potential consequences for patient treatment. This standard applies only to registrants who wish to be certified as competent under the Medicines Act 1968 by the HPC
 - apply local anaesthesia techniques. This standard applies only to registrants who wish to be certified as competent under the Medicines Act 1968 by the HPC
 - carry out surgical procedures for skin and nail conditions
 - use appropriate physical and chemical therapies
- be able to use basic life support skills and to deal safely with clinical emergencies
- know and be able to apply the key concepts which are relevant to safe and effective practice as a supplementary prescriber. This standard applies only to registrants who wish to have their name annotated on the register.

Suggestion:

That the 'optional' part of the standards relating to prescription only medicines (POMs) and local anaesthetic (LA) be removed (SCP, professional bodies paper page 15; education providers paper, page 4).

The BCPA disagreed with the suggestion.

Decision:

All UK approved courses for chiropody and podiatry include LA and POMs as an integral part of the course.

The Prescription Only Medicines (Human Use) Order 1997 (and subsequent amendments) allows 'state registered' chiropodists who hold a certificate of competence issued by the chiropodists board of CPSM to administer LA and POMs 'in the course of their professional practice'. This has to be annotated on the register.

Removal of the 'optional' part would not affect those who are registered but who do not hold a certificate of competence. Registrants have to meet the standards which apply to their scope of practice.

However, international applicants are assessed against the standards of proficiency to decide whether they can be registered by HPC. Removing the 'optional' part of these standards would mean that HPC would be unable to register any international applicants who would not be able to meet this standard. (HPC presently approves two 'stand alone' courses which allow registrants who successfully pass it to receive a local anaesthetic certificate).

Suggestion:

be able to place an unconscious patient in the recovery position and carry out any other relevant moving and handling techniques in the event of medical emergency (SCP, professional bodies paper, page 16)

Decision:

The PLG is invited to agree that the addition of this standard is not necessary (professional bodies paper, page 16).

Further, the PLG will wish to note that the existing standards for chiropodists and podiatrists say at 2b.4:

be able to use basic life support skills and to deal safely with clinical emergencies

2b.5 be able to maintain records appropriately

- be able to keep accurate, legible records and recognise the need to handle these records and all other [] information in accordance with applicable legislation, protocols and guidelines
- understand the need to use only accepted terminology (which includes abbreviations) in making [] records

2c: Critical evaluation of the impact of, or response to, the registrant's actions

Registrant chiropodists and podiatrists must:

2c.1 be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly

- be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of patients, clients and users to their care
- be able to evaluate management plans against treatment milestones using recognised health outcome measures and revise the plans as necessary in conjunction with the patient, client or user
- recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes
- be able to make reasoned decisions to initiate, continue, modify, **inform** or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately
- understand that outcomes may not always conform to expectations but may still meet the needs of patients, clients or users

2c.2 be able to audit, reflect on and review practice

- understand the principles of quality control and quality assurance
- be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures
- be able to maintain an effective audit trail and work towards continual improvement
- participate in quality assurance programmes, where appropriate
- understand the value of reflection on clinical practice and the need to record the outcome of such reflection
- recognise the value of case conferences and other methods of review

Knowledge, understanding and skills

3a:

Registrant chiropodists and podiatrists must:

3a.1 know the key concepts of the biological, physical, social, psychological and clinical sciences which are relevant to their profession-specific practice

- understand the structure and function of the human body, relevant to their practice, together with a knowledge of health, disease, disorder and dysfunction
- be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process
- recognise the role of other professions in health and social care
- understand the theoretical basis of, and the variety of approaches to, assessment and intervention

- understand, in the context of chiropody and podiatry:

- *anatomy and human locomotion*
- *histology*
- *physiology*
- *immunology*
- *podiatric orthopaedics and biomechanics*
- *systemic and podiatric pathology*
- *podiatric therapeutic sciences*
- *behavioural sciences*
- *foot health promotion and education*

Suggestion:

An additional profession-specific standard may be needed (in 3a or in 2b?) to cover 'topical dermatological therapeutics and management and dressing of foot ulceration' (CH assessor/ ICP)

No comment was made on this suggestion by the SCP or BCPA.

Decision:

The PLG is invited to consider whether such a standard is necessary.

3a.2 know how professional principles are expressed and translated into action through a number of different assessment, treatment and management approaches and how to select or modify approaches to meet the needs of an individual, **groups or communities**

3a.3 understand the need for, and be able to establish and maintain, a safe practice environment

- be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these
- be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation
- be able to select appropriate personal protective equipment and use it correctly
- be able to establish safe environments for clinical practice, which minimise risks to patients, clients and users, those treating them, and others, including the use of hazard control and particularly infection control

- *know the correct principles and applications of disinfectants, methods for sterilisation and decontamination and dealing with waste and spillages correctly*
- *be aware of immunisation requirements and the role of occupational health*