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# Practice Requirements



## Diagnostic and therapeutic injections in podiatry

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# Practice requirements for diagnostic and therapeutic injections in podiatry

## 1. Introduction

Injection procedures are a valuable modality in podiatric medicine. They involve the precise administration of medications into soft tissues, joints and skin to support diagnosis, aspiration of fluid for histology, anaesthetise a localised area and as an intervention for pathology. For the purposes of this document, injection procedures do not include vaccinations or intravenous injections, as these require additional training and may fall outside the core scope of podiatric practice. The use of injection skills for cosmetic or aesthetic procedures is considered beyond the professional scope of a podiatrist and is therefore excluded.

When administering, supplying or prescribing any injection the practicing podiatrist needs to have completed the relevant training demonstrating the competencies associated with that method[1]. This document will refer to the considerations and requirements when used by podiatrists as part of their scope of practice in relation to meeting the Health and Care Professions Council (HCPC) regulatory standards[2] and Royal College of Podiatry (RCPod) Clinical Standards[3]. At all times the use of injections should align to these standards and an individual's skills and competencies whilst also reflecting regional and employer specific policies, commissioning boundaries and practice guidelines. Podiatrists at every level of clinical practice and experience must also maintain and evidence ongoing competence through continuing professional development (CPD), reflective practice, and participation in audit or peer review in accordance with HCPC and college standards[2,3].

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Unsafe injection practice can increase the risk of complications, adversely affect outcomes for people, and expose both practitioners and organisations to medico-legal risk. This guide therefore aims to support safe, effective, and professionally accountable injection practice in podiatry.

## Purpose and aim

This document aims to provide guidance for those delivering training, completing training as well as those practicing on safe injection use for podiatrists completing all elements of competency in this area. The expectations once training has been completed is to maintain skills whilst developing knowledge in this area to improve clinical outcomes, care, current research and patient experiences.

The main purposes for this guidance are:

1) To provide direction on obligations to ensure safe, quality care and management with monitoring and evaluation of risk and patient outcomes
2) Set out the knowledge, understanding and skills that a podiatrist must have when they complete injection training, which they must continue to meet once in practice
3) To ensure that patients are at the centre of the injection process, receiving safe, informed, and person-centred care supported by clear communication and shared decision-making.

## 2. Background

Use of local injection anaesthetic administration has been well established in core podiatric care since legislation in 1980[4]. Podiatrists are trained at pre-registration level in the safe administration of local anaesthetic injections, ensuring competence in aseptic technique, anatomical knowledge, and patient safety from the outset of their professional practice. Further injection techniques and their clinical use are currently included in post-registration development.

Diagnostic and therapeutic injections of other medicinal agents beyond anaesthetics are used regularly by those working in advanced and extended practice increasing the scope of podiatry practice and reducing the need for further referrals working towards improving patient experience and outcomes[5,6]. Diagnostic, anaesthetic and therapeutic injections are a vital tool in podiatry,

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improving decision making, offering both localised pain relief and targeted delivery of medications for a range of foot and ankle complaints. Their use reflects broader trends in evidence-based, minimally invasive interventions aimed at improving mobility, reducing pain, and delaying or preventing surgical intervention[7,8,9]. While corticosteroids dominate current intervention practices for musculoskeletal issues, regenerative options for chronic cases are developing. Future documents should focus on comparative effectiveness, safety, and cost-benefit analyses to inform evidence-based clinical guidelines where development has occurred with a robust methodological approach[10,11,12].

## 3. Application to clinical practice

This document covers injection modalities and practices used for differential diagnosis, anaesthetic administration and therapeutic interventions as defined below.

### Diagnostics

Injections are frequently used to differentiate between competing pathologies in the foot and ankle. For example, local anaesthetic infiltration can help confirm the source of pain, whether local or referred[13]. The temporary resolution of symptoms following a diagnostic injection provides clinicians with valuable confirmation of the implicated anatomical structure, guiding further management strategies.

### Therapeutic

Anaesthesia agents may be injected to provide short-term nerve blocks, especially during routine podiatric procedures (e.g., nail surgery, abscess drainage), or in combination with corticosteroids for both diagnostic and therapeutic benefit. Analgesic agents can also be included for pain management with relevant scope and prescribing annotations.

Other therapeutic injections are employed for a wide spectrum of conditions. They can be categorised into the following groups.

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- **Corticosteroids:** The most commonly used pharmacologic agents for injection therapy, with the primary aim to help reduce inflammation and pain. Their efficacy lies in delivering anti-inflammatory action directly to the affected tissue while limiting systemic exposure. However, there are a number of risks such as fat pad atrophy, infection, skin depigmentation, or tendon rupture necessitating judicious use. Methylprednisolone and methylprednisolone with lidocaine are categorised as POM medicines. In 2006, both these medicines were added to the list of exempted POM-A medicines under a separate Statutory Instrument. Members holding POM-A who have not received specific training in the injection of these agents are required to access approved training before administering either steroid to patients.
- **Biologic Therapies:** Regenerative injections are gaining attention for their potential to promote tissue repair in chronic musculoskeletal conditions. Under MHRA guidance podiatrists are not exempt from marketing and manufacturing license requirements to prepare platelet rich plasma (PRP) as a medicinal product and therefore are not currently able to prescribe PRP injections, but can administer under medical supervision[14,15]
- Other prescription only medicinal injections that align to your prescribing annotation, for example botulinum toxin where only those with independent prescribing annotation can prescribe with face-to-face in-person consultations for treatments relating to the foot and associated structures, in line with current evidence e.g. hyperhidrosis, lower limb spasticity[16]

**Medical devices:**

- Under certain conditions visco-supplementation and hydrogels are utilised as injectable therapies often accompanied by other pharmaceutical drugs
- Classification depends on their composition and the regulatory requirements that must be met. They are therapeutical used to lubricate and reduce shock in weightbearing joints. Careful clinical consideration is required for safe administration

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- There is limited evidence on the effectiveness on dermal fillers in the foot for offloading pressure around prominent joints and caution still needs to be taken when considering the immediate and long term benefit of providing this treatment.

There may be occasions where a single injection can satisfy all therapeutic groups defined and the clinical indication for injections should be documented in case notes. Mixing of any of the above can only be carried out under this accredited/ annotated role, unless purchasing pre-mixed.

Where appropriate utilisation of imaging to guide injection placement.

## 4. Safe, quality care and management

Podiatrists administering injections carry an ethical and professional obligation to ensure the provision of safe, evidence-based, and person-centred care. This responsibility extends beyond the technical administration of the injection to encompass comprehensive risk assessment, informed consent, and the clear communication of potential benefits and complications.

**HCPC Standard 13**: draw on appropriate knowledge and skills to inform practice

13.7 conduct appropriate assessment or monitoring procedures, treatment, therapy or other actions safely and effectively.

13.17 carry out the following techniques safely and effectively - apply local anaesthesia techniques (HCPC, 2023).

Whilst remaining as autonomous professionals with their own judgment practitioners must implement robust monitoring strategies, including the timely evaluation of both immediate and longer-term patient outcomes, to detect adverse events, assess treatment effectiveness, and support shared decision-making in follow-up care. It is essential that this is communicated with the patient and there is full understanding of the outcomes[1,2,17,14].

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**HCPC Standard 11**: assure the quality of their practice

**11.5:** evaluate care plans or intervention plans using recognised and appropriate outcome measures, in conjunction with the service user where possible, and revise the plans as necessary.

(HCPC, 2023).

Clinical governance frameworks and professional standards require the systematic documentation of all interventions, outcomes, and risk management measures, thereby facilitating accountability, quality assurance, and opportunities for service improvement. It is considered best practice that all measurable outcomes from administering an injection are recorded and audited regularly. Furthermore, practitioners should engage in continuous professional development and audit activities to maintain competence, align practice with current guidelines, and uphold the highest standards of safety and clinical effectiveness in the management of patients as per HCPC standards 11.1,11.3 and 11.4[2].

## 5. Knowledge, skills and competence

Podiatric practice includes injections as a core skill during pre-registration training in the form of local anaesthetic and methylprednisolone administration and the POM-A annotation allows for this to be continued once qualified in clinical practice (see section 3). Other injection administrations are currently considered an post-registration area of practice and additional training is required. This can extend to a podiatrist on some occasions requiring to have completed their independent prescribing qualification to prescribe the injectable medicine. Medical devices do not need to be prescribed and can be administered by those who have taken post-registration into joint injections. In all scenarios regular continuing CPD is an essential part of practice and includes the professionals' ability to evaluate, update and reflect on knowledge as per HCPC standard 10 and 11[2]. Figure 1 presents the journey of a podiatrist over a career including learning and scope of practice timeframes.

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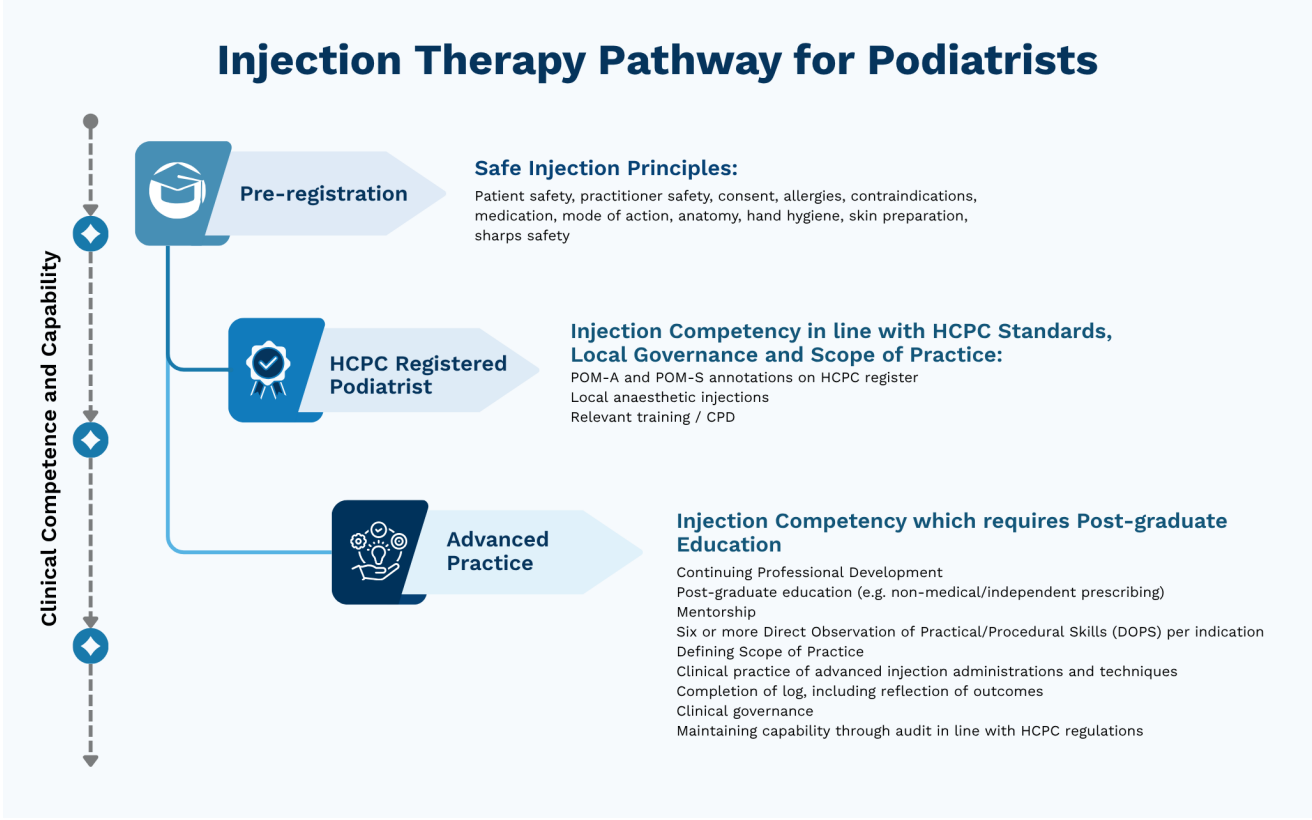



Figure 1 – Diagrammatic example representing where injection training and scope fit within a career.

### 5.1 Capability and Maintenance of Competency

**As per HCPC standard 4.8:**

"active participation in training, supervision and mentoring in supporting high standards of practice, and personal and professional conduct, and the importance of demonstrating this in practice".

It is essential that podiatrists have received relevant training for injections with mentorship to meet appropriate capabilities in the following areas:

1) Medicinal injections should be aligned to the relevant prescribing, annotation of a podiatrist and reflect their capabilities to use said medicine[12,14]
2) Medical devices, although not governed by formal annotations of prescribing are also mandated as per MHRA to be registered products that are clinically evaluated for side effects or undesirable effects and users should comply with regulations[18]

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3) Scope of practice as defined in 5.1.1 should align to the level of training a podiatrist has completed. Capability and competency should include assessment of all areas of practice from clinical reasoning of using an injection, surgical principles, patient consent and outcome discussion to preparation of equipment, patient and clinical area, technique of administration, safety throughout the procedure, communication with patient verbally and in written documentation and evaluation of outcomes. (5.3 Best Practice)
4) Maintaining capability through audit of outcomes, complications and relevant CPD aligned to scope of practice, in line with HCPC regulations of two year renewal as a statement of professional declaration, is required to demonstrate competency and safe practice[19].

### 5.1.1 Scope of practice

The HCPC defines your scope of practice as the limit of your own knowledge, skills, and experience, and you must always work within it. You define your specific scope, referred to in this document as specific indications, using your professional judgment, considering your qualifications, the HCPC Standards of Proficiency for your profession, your job description, employer policies, and legal restrictions, such as prescribing or protected functions. Your scope can change over time with experience and additional training, and you must ensure you can perform any new activities safely and effectively. (HCPC, 2020). In developing your portfolio over time you may wish to define your initial injection scope of practice by using one or more of the indications in Table 1. This table provides an example of the type of injections you would potentially use in your defined scope of practice. If scope of practice changes then further training may be required to meet requirements and standards.

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**Table 1 – Example injection modalities within podiatric scope of practice -** This table provides suggested examples to help define your injection scope of practice by using one or more of the indications.

| Injection category | Target structure/anatomical site | Examples of common clinical indications | Purpose of injection | Typical level of practice |
|---|---|---|---|---|
| **Local anaesthetic injections (Peripheral nerve blocks)** | Digital nerves (hallux/lesser toes) | Nail surgery, ingrown toenail, abscess drainage | Local anaesthesia | Pre-registration/HCPC registered |
| | Tibial nerve | Regional anaesthesia for forefoot procedures | Local anaesthesia | Pre-registration/HCPC registered |
| | Superficial peroneal nerve | Dorsal foot procedures | Local anaesthesia | Pre-registration/HCPC registered |
| | Sural nerve | Lateral foot procedures | Local anaesthesia | Pre-registration/ HCPC registered |
| **Diagnostic injections** | Joint capsule (e.g. 1st MTPJ, STJ) | Diagnostic localisation of pain | Identify symptomatic structure | Advanced/postgraduate |
| | Nerve entrapment sites | Tarsal tunnel syndrome, interdigital neuroma | Diagnostic nerve block | Advanced/postgraduate |
| **Intra-articular therapeutic injections** | Digital and metatarsal | Hallux rigidus, inflammatory arthritis | Pain relief, anti-inflammatory effect | Advanced practice |
| | Rearfoot | Sinus tarsi syndrome, inflammatory arthritis, Osteoarthritis, synovitis | Pain relief, inflammation control | Advanced practice |
| | Midfoot | Midfoot arthritis | Pain relief, inflammation control | Advanced practice |

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| Injection category | Target structure/anatomical site | Examples of common clinical indications | Purpose of injection | Typical level of practice |
|---|---|---|---|---|
| **Soft tissue therapeutic injections** | Plantar fascia | Plantar fasciopathy | Reduce inflammation and pain | Advanced practice |
| | Tendon sheath (e.g. tibialis posterior, peroneal tendons) | Tenosynovitis | Anti-inflammatory treatment | Advanced practice |
| | Interdigital space | Morton's neuroma | Pain reduction, reduce nerve irritation | Advanced practice |
| | Ganglion cyst | Ganglion aspiration ± steroid | Reduce cyst size/ symptoms | Advanced practice |
| **Dermatological injections** | Dermal/subdermal tissues | Hyperhidrosis | Reduce sweat gland activity | Advanced practice /Independent prescribing |
| | Localised skin lesions | Painful IPK/keratotic lesions | Analgesia or lesion management | Advanced practice |
| **Regenerative/ biologic therapies** | Tendon/fascia/ligament | Chronic tendinopathy | Promote tissue repair | Extended/multidisciplinary practice |
| **Medical device injections** | Joint space | Osteoarthritis | Joint lubrication, load distribution | Advanced practice |
| | Subcutaneous tissue | Fat pad augmentation/dermal filler | Mechanical cushioning | Advanced/practice |

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It is the responsibility of the podiatrist to ensure they meet the competency for relevant prescribing annotation and CPD standards. The RCPod POM statement can be found at **https://membersarea.rcpod.org.uk/podiatric-practice/medicines/legislation**

### 5.2 Mentored injections

On completion of a post-registration graduate theoretical injection module or qualification as per the modules requirements, a competence based skills assessment requires a podiatrist to show safe, lawful and effective injection administration within their defined scope of practice.

Where required reasonable adjustments to assessment methods may be considered on an individual basis. The College is committed to support learning environments free from discrimination, bullying, harassment or victimisation, where all members are respected and valued.

Any training that is completed needs to include an element of practical assessment including a log of observed/mentored injections. This log should be completed within 2 years of commencing the skills assessment. If more than two years have lapsed from completing theoretical training a podiatrist should have completed relevant update training prior to commencing their skills assessment. If scope over time changes additional training and observation may be required.

Mentorship of the observed encounters is required to provide a competence based skills assessment which is an integral part of demonstrating capability to administer an injection. A mentor should be secured prior to embarking on any post-registration educational programme, if it is not already provided as part of the training. A mentor's role is to assess and support a podiatrist in demonstrating that they are competent in the area of injection practice from assessment to discharge. Mentors are required to have clinical expertise, strong interpersonal skills and the ability to provide constructive feedback[20]. A mentor with qualifications in "supporting learning" would be desirable, however it is recognised that developing a relationship around supportive practice is also valuable.

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Additionally a mentor should define prior to agreement to observe practice that they have:

1) Relevant knowledge and expertise around the podiatrist's scope of practice
2) Reviewed the environment that the podiatrist is practicing in, understanding levels of support available
3) Reviewed the equipment available to the podiatrist and understand the resources available
4) Assess the annotation level of the podiatrist and therefore confirm the legalities of the practices mentored.

### 5.3 Best practice

It is recommended that within your defined area of practice all members keep abreast of current developments to ensure that the patient receives the most appropriate level of care. This includes adhering to local protocols, College policies on interventions, diagnostics and maintaining relevant CPD records for reflective practice and quality improvements. In all settings it is the member's responsibility to ensure that they are able to deliver injections safely, effectively and that a review of outcomes is recorded and audited.

Prior to considering an injection for a patient, full consent from the patient is required with clear indications of purpose and predicted results.

**As per HCPC standard 2.7:**

"understand the importance of and be able to obtain valid consent, which is voluntary and informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented".

When an injection is provided with ultrasound guidance, to improve accuracy of the injection location, it is essential that the podiatrist has completed the relevant training to utilise ultrasound as part of their scope of practice (US guidance) **(https://membersarea.rcpod.org.uk/podiatric-practice/professional-resources-area/guidelines)**

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If diagnostic testing is required prior to defining if an injection would be of benefit, appropriate requesting, testing or referral should be completed prior to any intervention occurring.

### 5.3.1 Emergency protocols

Depending on the type of injection being provided, it is essential that emergency preparedness is included in all treatment processes. This should include relevant protocols for an adverse event occurring, with the correct availability of emergency equipment in the clinical setting. It is your responsibility to ensure these are in place prior to administering any injection and you have the correct prescribing annotation to administer any drugs.

## 6. Governance

*'Clinical governance' describes the structures, processes and culture needed to ensure that healthcare organisations - and all individuals within them - can assure the quality of the care they provide and are continuously seeking to improve it'*[21].

The main components of a clinical governance framework, include risk management, clinical audit, effectiveness, education, training and CPD, patient and carer experience and involvement, staffing and staff management; the primary focus being that of patient safety and the optimising of their care. Clinical governance procedures help protect the podiatrist by ensuring optimum evidenced-based care pathways are followed, as well as adhere to HCPC Standards of Conduct, Performance and Ethics and Standards of Proficiency for Podiatrists.

Audits of clinical practice relating to injection is essential to demonstrate that indications are satisfactory and in keeping with recommended standards. However, it is acknowledged that there are some injections utilised that form part of a wider intervention and it is difficult to reflect on outcomes, therefore audit measures should include the whole intervention and report on adverse effects of the injection if observed.

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Utilising where relevant national standards around safety in invasive procedures should also be embedded in practice clinical governance[22,23]

Audit should include indication, agent used, anatomical site, complications, and patient-reported outcome measures in addition to broader episode of care outcomes.

## 7. Professional indemnity (Professional Liability Insurance)

The HCPC requires by law that registrants must have a professional indemnity arrangement in place when registered with them[24].

A podiatrist must make sure that their arrangement provides cover appropriate to their practice and take account of the nature and extent of its risks, this will include injections that are within the podiatrist's defined scope of practice.

The following guidance is taken directly from the HCPC professional indemnity and the podiatrist's registration 2014 document[22].

### 7.1 'You must make sure you have a professional indemnity arrangement in place when you practise'.

This could be an arrangement provided:

- Through your employer if you are employed
- As part of membership of a professional body, trade union or defence organisation
- Directly from an insurer
- Or it could be a combination of the above.

### 7.2 'You must make sure that the professional indemnity arrangement you have in place provides appropriate cover'.

This means that the cover needs to be appropriate to the risks involved in your practice so that enough compensation will be paid if successful claim is made against you.

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- If you are employed, your employer's indemnity arrangements are very likely to provide appropriate cover for the activities that you perform as part of your job
- If you are self-employed, you will need to make sure that you have put in place your own arrangements for professional indemnity
- If you carry out both employed and self-employed work, you need to make sure that you have professional indemnity arrangements in place which provide appropriate cover for all parts of your practice.

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# Frequently asked questions

1) **I have been performing interarticular injections of the foot and scope has now changed to the knee, do I have to do more training?**

   Yes, you need to complete a relevant course that supports learning on injecting the knee as this is a change of scope and indication. When looking at a new course, practical and mentoring assessment of ability needs to be included for you to complete the requirements for therapeutic injections.

2) **What type of course after registration should I do that will meet the minimum practice requirements for injections?**

   It is recommended that a suitable injection course delivered by a university is studied to fulfil the requirements of quality assurance for injection therapies.

   The RCPod accreditation process approves modules that have met our CPD standards. Therefore, any course outside of a university that has been approved by the College is also appropriate to complete. All courses should include a method of assessing a mentored portfolio of injections completed.

3) **How many injections do I need to do to fulfil the practice requirements?**

   There is no stipulated minimum number of injections to be completed in order to fulfil the requirements. An assessed mentored portfolio of injections within the defined scope of practice is required. If the scope of practice changes over a period of time, then further training, assessment and mentorship is required to ensure standards are maintained.

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4) **The training I am enrolled on asks me to find my own mentor to support my learning, can the College help me find a mentor?**

   Yes, the College can help locate a suitable mentor for portfolio creation depending on the scope of practice that is being developed. Contact the College on **education@rcpod.org.uk** for more information.

5) **I have previously done an injection course that is not recognised by the college and does not have a practical assessment, do I need to do more training?**

   There is no requirement to do additional training as long as your scope of practice does not change and you maintain relevant CPD aligned to the injections you provide. Always ensure that your prescribing annotation is sufficient to fulfil all elements of a procedure, including emergency care.