

# Accreditation of individual support workers

## Clinical portfolio

## Application guide 2022

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### Glossary

|      |   |
|------|---|
| FHP  | Foot Health Practitioner                  |
| FCA  | Foot Care Assistant                       |
| AP   | Assistant Practitioner                    |
| NHS  | National Health Service                   |
| HEE  | Health Education England                  |
| GDPR | General Data Protection Regulation        |
| SNOB | Strengths, Needs, Opportunities, Barriers |
| ACG  | Academic Clinical Group                   |
| MSK  | Musculoskeletal                           |

## 1.0 Introduction

The HEE [Standards for the Foot Health Workforce \(also referred to as the Foot Health Standards\)](#) have been created to expand the role of the foot health support workforce. The key objective of the standards is to ensure that the NHS recognises the knowledge and skills of the wider foot health support workforce. The standards provide thresholds at each level of practice for safe and effective patient care. By standardising foot health practice, the public and employers can build assurances regarding the level of care provided. Currently, not all of the foot health support workforce is able to work in the NHS due to variation in training and practice levels. Provision of accredited pathways that align training to the Standards for the Foot Health Workforce will provide a recognised threshold of practice.

An accreditation pathway for education providers offering training for the foot health workforce (Foot / Podiatry Care Assistants (FCAs) Foot Health Practitioners (FHPs), and Assistant Practitioners in podiatry (APs) has been established. Newly qualified practitioners completing an accredited programme will now be able to directly apply for roles in the NHS. However, practitioners working in the foot health workforce, who are either in independent practice or NHS wishing to be accredited, will need to demonstrate at which level of practice they work at by mapping their skills to the Standards for the Foot Health Workforce.

This portfolio handbook provides a process that existing independent practitioners will be able to apply for retrospective accreditation by developing a collection of evidence in the form of a Clinical Portfolio. Similarly, individuals who currently work in the NHS support workforce, having been mentored through their training by a registered professional, are able to be accredited for their level of work.

This portfolio handbook is a personal guide for those individuals already working in the foot health support workforce wishing to have their individual practice accredited to the Standards for the Foot Health Workforce. Following successful accreditation, individuals will be able to apply for a support worker role within a NHS setting ([NHS England, AHP support worker framework](#))

## 2.0 Purpose

The individual accreditation process will provide the existing foot health workforce the opportunity to demonstrate that they work at, or above, the threshold of the Standards for the Foot Health Workforce and are therefore eligible to apply for a role in the NHS. The portfolio process enables you as a practitioner to be recognised for the skills obtained in the key themes set out in the standards. The portfolio process allows you to map your current experiences and skills to the set standards based on the themes of practice.

## 3.0 Aims

The key aim for developing a portfolio route for accreditation is to recognise those support workers who have already completed educational programmes relevant to the foot health workforce and who are already working at or above the Standards for the Foot Health Workforce threshold.

By completing the portfolio accreditation process, you will be demonstrating that you have developed a threshold skill set that underpins your daily work. You will be expected to meet the following three sections which are defined in the standards:

- Common Themes
- Educational Standards

- Clinical Domains

## 4.0 Eligibility Criteria

To be eligible to apply for individual accreditation you must have completed your foot health support workforce training and be actively working, or employed, as an FCA, FHP or PA.

### 4.1 Levels of Practice

As part of the foot health support workforce, there are recognised educational levels of practice based on initial training and continued professional development, (Level 3, 4 and 5). There are themes of practice that are general across all levels of practice. Then for each level of education and clinical practice there are specific criteria that are associated with the skills and standards at that level of practice. The Standards for the Foot Health Workforce define the professional levels of practice within the foot health care map (Figure 1). You should define, with mentor or peer support, which level of practice accreditation you are applying for. Reflect on what practice you provide and align this to the defined level of practice in the Standards for the Foot Health Workforce.

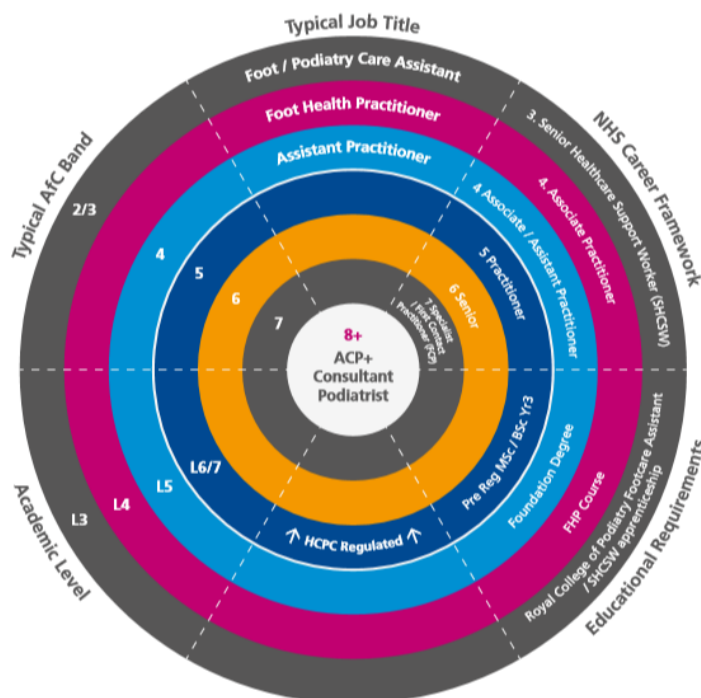


Figure 1. Foot Health Care Map, from the Standards for the Foot Health Workforce, indicating the levels of education/NHS banding and job role.

## 5.0 Guidance and Mapping

This portfolio handbook is designed to provide guidance for any individual wishing to gain accreditation as a foot health worker by the Royal College of Podiatry (RCPod). The process of gathering relevant evidence is the responsibility of the individual and should be relevant to your

individual level of practice. At all times, the evidence that you provide to support your application should remain compliant with all aspects of data protection law, and no information identifying a person should be made without relevant consent. The evidence you provide to support each of the standards should be supplied as part of your portfolio as an appendix with cross referencing to the relevant reflection section. (Appendix 4, Portfolio Proforma)

The Standards for the Foot Health Workforce are segmented into two areas – “You will be able to” and “You will know and understand” – both of which are relevant to the portfolio. The action of “you will be able to” are consolidated in the Portfolio Mapping Matrix document (Appendix 7) for ease of reference. When constructing your portfolio, it is essential to refer to the completed Standards for the Foot Health Workforce document and address all the standards for both areas.

The standards cover three sections, with each section focusing on a different area (Appendix 1). Each section addresses different practices, which will require you to consider and reflect on the area and describe how you meet that standard of practice. From this exercise a reflective piece of writing for each standard, supported by evidence of your work, will be the content for you to build your portfolio. This handbook provides some examples to show you how you could support your work in the most relevant way but is not an exhaustive list (see Table 1 and Appendix 7).

All elements of the portfolio should be completed before the document can be uploaded into the RCPod e-platform TALUS in pdf format. It is acknowledged that one piece of supportive evidence may be relevant to more than one of the themes and therefore a cross referencing model using codes, related to the standards, is recommended (see Case Study Exemplar, Appendix 6). For example, a patient case history could demonstrate skill levels for several of the defined standards: you can cite these by a numerical referencing system highlighting which standard the work relates to. Additionally, it should be noted that the examples included in this handbook are not exhaustive and are provided to indicate types of evidence. Individual applicants can provide other relevant evidence that would demonstrate that the standard has been met.

The accreditation process is based on you demonstrating, in a portfolio format, which level of practice you work at, with evidence to support this practice mapped against the defined standards set out in the Standards for the Foot Health Workforce document. The outcome of your accreditation application will be based on the evidence that you submit in your portfolio. The assessor can only assess what you submit, and it is therefore vital that you include as much evidence as possible, mapped accordingly to all relevant areas.

Detailed description of the standards for the general and specific themes for each level of practice can be found here

[[https://www.hee.nhs.uk/sites/default/files/HEE\\_Foot\\_Health\\_Standards\\_2021.pdf](https://www.hee.nhs.uk/sites/default/files/HEE_Foot_Health_Standards_2021.pdf)], with the overview document and portfolio mapping matrix (Appendices 1 and 6) providing a concise summary of each standard with suggested modes of evidence.

## 6.0 Application Process

RCPod accepts applications for portfolio accreditation via its e-platform TALUS. Within the platform you will find relevant support and guidance documents to assist your portfolio construction. It is advisable to seek support and feedback from peers and line managers as to the relevance and suitability of your evidence included into the portfolio. It is advisable to seek the support of a clinical mentors, or a peer, who would support you with defining areas of strength and development when creating the portfolio. (See Appendix 2, Learning needs analysis – Strengths, Needs, Opportunities, Barriers SNOB). A mentor could be a colleague, supervisor or peer who would be able to direct you in your development and reflection.

The structure of the portfolio should adhere to the proforma in Appendices 3 and 4 of this guide, where the following sections will be required:

- Personal details – This standard form identifies the applicant with a clear indication of what level of practice they are applying for.
- Common clinical standards – These eight themes are common across all levels of practice and provide a generic level of skills. Supportive evidence is required to demonstrate the applicant has met these standards.
- Educational standards – These standards vary between each level of care with additional skills present as the level of practice increases. Reflective statements as well as academic documents can support this section of the portfolio
- Clinical standards – These standards vary between each level of care with additional skills present as the level of practice increases. Supportive evidence is required to demonstrate the applicant has met these standards.

## 7.0 Timeframe

There will initially be a defined **open access** period of two years to apply for accreditation with the RCPod. This initial open access period will allow those individuals currently in a foot health support work role to apply free of charge to be accredited in the first cohort. In the first instance there will be an **expression of interest** form (Appendix 3), that will allow the RCPod to complete an assessment of the levels of interest. This will be followed by an invitation to apply for accreditation.

Upon your initial application being accepted, you will then gain access to the e-platform, TALUS, where all the necessary resources will be available to you. From your accepted application you will have a period of 12 months to upload your completed portfolio. This timeframe will give you the necessary time to gather the evidence and construct your portfolio.

After a period of two years, the open access period will end and any further applications will be accepted on an annual call from the RCPod with an application fee (yet to be defined). Similarly, on applying for accreditation in the future you will have a period of 12 months to upload your completed portfolio.

## 8.0 Feedback and Approval

Applications will be individually assessed against the portfolio mapping matrix (Appendix 7). Assessors will be appropriately qualified to assess whether the portfolio has met the Standards for the Foot Health Workforce. Once assessed individually, the portfolios will be reviewed by a lead assessor who will then report the outcomes of the portfolios to the Royal College of Podiatry Academic Clinical Group (ACG), which will then decide whether accreditation is granted. Feedback and approval status will occur within eight weeks of the initial application and the portfolio will be classified as one of the following:

- 1) Approved – applicant accredited
- 2) Approved with conditions – applicant to provide further evidence based on feedback. The revised portfolio will be resubmitted at the next date for applications and must be accompanied by a detailed response to feedback, demonstrating where they have improved and altered their work. There will be no additional cost for re-submission.
- 3) Not approved – applicant's portfolio fails to meet the standards and needs considerable work. Feedback will be given to the applicant on where they have failed to meet the standards and the applicant will have a period of two years to address the feedback before reapplying. On resubmission a further document should be submitted to indicate

where they have improved and altered their work to meet the feedback. There will be no fee for re-submission.

### 8.1 Appeals

In the event of an applicant being unsatisfied with the outcome from ACG they have the right to appeal this decision with a supported letter from a senior colleague, mentor, peer or manager, indicating where they feel that there has been an oversight by the examiners. An individual can appeal on the following grounds:

- The approval procedure has been incorrectly followed
- There have been circumstances that affected performance of the individual that had not been divulged at submission of the portfolio

All appeals will be considered by the RCPod and internally reviewed by the ACG. All decisions from this group are final and if unsuccessful individuals will have to reapply.

## 9.0 Constructing the Portfolio

The clinical portfolio is a collection of supporting evidence that demonstrates how you meet the defined Standards for the Foot Health Workforce. The key sections to be completed can be viewed in the overview of Standards for the Foot Health Workforce (Appendix 1). When building your portfolio, you must work with the Standards for the Foot Health Workforce documents from HEE as well as the portfolio mapping matrix (Appendix 7) to ensure that you have met all criteria. Your portfolio should use the proforma starting with the personal information front sheet (Appendix 3) and then follow with a critical narrative of 4000-4500 words maximum that demonstrates you meet the standards (proforma Appendix 4). The personal construction of a portfolio allows you to showcase your skills and knowledge with relevant examples of the level of practice you work to. The document is a narrative of your experiences and will heavily rely on reflective practice and case study examples.



### 9.1 Reflective practice

The main body of your portfolio will include a reflection on the current practices you undertake in your role that meet the Standards for the Foot Health Workforce. Reflective practice includes a narrative on learning from the experiences you have had. Most reflective practice follows a cyclic notion of continued learning, where we learn from our experiences and make decisions based on that learning. It includes a description of what has happened (in this case a standard to meet), how you feel you meet that standard with evaluation of evidence, and material that supports the standard. As you go through the cycle you will become more analytical of how you meet the standard with a concluding plan to complete the cycle. This then provides a new



experience to reflect upon and so the cycle starts again (see Figure 2). Reflective clinical practice mapped to the Standards for the Foot Health Workforce will allow you to express and demonstrate a level of skill at your defined level of practice.

Figure 2. Reflective Cycle, applying the Foot Health Standards to clinical practices and practitioner

You can describe an event or standard in detail and highlight with evidence of what happened, how you addressed the situation, what the impact was, and how that influenced your plan and progression. When looking at clinical reflection, the application of this practice can be easily applied to a patient history or case study with descriptions of the presenting problem, how the patient felt and interpreted the problem, what actions were taken and what was the impact of that, then reviewing and planning based on outcomes and experiences.

Examples of reflective clinical practice can be seen in Appendix 5 and additional information can be found from the following article (Koshy et al., (2017)):

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5673148/>

## 9.2 Case Study

Presenting a case study is another way to demonstrate how a standard has been met and at what level of practice you work to. Case studies are not specific guides for treatment but a factual record of clinical interactions. When writing a case study, all identifiable information should be removed and the third person used, giving a broader, non-personalised presentation of the case. Consent from the patient should be taken with knowledge that all data about them will be anonymised. Prior to writing your case study, all information about the case should be gathered, including medical history and medication, diagnostic testing, social care plans etc.

A normal format for writing a case study includes the following:

- History of the case – including information of the presenting problem and medical background
- Observations made – any details on assessment or initial perceptions
- Diagnosis and aims – an indication of a diagnosis with differential diagnosis thoughts
- Action to the problem
- Review or plan with suggestion for prognosis
- Conclusion

An example of a case study can be seen in Appendix 6

## 9.3 Other forms of evidence

Other forms of clinical and professional evidence can be used to support the descriptions in the portfolio. Although not exhaustive, Table 1 highlights other suitable forms of evidence that will help you map the standards to your clinical practice. The Portfolio Mapping Matrix document in Appendix 7 will help you see all the standards that need to be met with a suggestion on the type of evidence that could be used to demonstrate how the standards have been met. Where you work in independent practice without a supervisor or mentor, evidence of your work or how you meet the Standards for the Foot Health Workforce can be provided by a professional within your

community healthcare network – e.g. GP, practice nurse, peer review, carer or other member of the multidisciplinary team

| Evidence                 | Example  | Evidence                    | Example   |
|--------------------------|--|-----------------------------|---|
| Advice sheets            | Patient information from the clinic or charity organisations | Working practice procedures | Clinical set up and practices                           |
| Assessment sheets        | Patient consent and other assessment proformas               | Team working                | Arrangements and set up of team working                 |
| Testimonials             | Patient and peer testimonials on your work                   | Diary systems               | Mechanisms for time management and patient appointments |
| Referral mechanism       | Pathways of referral   | Photographs                 | Demonstration of practice and clinical set up           |
| Guidelines and policies  | Department policies, national and regional guidelines,       | Flow diagrams               | Demonstration of pathways, policies and procedures      |
| Professional development | Courses and seminars attended for CPD                        | Care plans                  | Agreed care plans for patient management                |
| Membership               | Groups and professional memberships                          | Support groups              | Patient and professional support groups                 |

Table 1 – Examples of evidence that can support each standard of practice.

## 10.0 Submission

On agreement with peers and mentors, your final portfolio can be submitted through the e-platform. A PDF version of your portfolio is required allowing for a collection of multimedia to be combined. On submission of your work, you will receive feedback after marking and accreditation status within one month of your deadline.

## 11.0 Accreditation

Upon your portfolio being successfully accredited by the RCPod, you will be able to apply for roles in the NHS that match the level of practice that you have been approved for. The accreditation given is aligned to your level of practice and should only be used to demonstrate this.

## 12.0 Further reading

To help you build your portfolio you may find the additional information of use.

Koshy et al., (2017) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5673148/>

What Is Third Person Point of View in Writing? How to Write in Third Person Narrative Voice With Examples. <https://www.masterclass.com/articles/what-is-third-person-point-of-view-in-writing-how-to-write-in-third-person-narrative-voice-with-examples>



Allied Health Professions' Support Worker Competency, Education and Career Development Framework

[https://www.hee.nhs.uk/sites/default/files/documents/AHP\\_Framework%20Final\\_0.pdf](https://www.hee.nhs.uk/sites/default/files/documents/AHP_Framework%20Final_0.pdf)

## **Appendix 1. Overview of Foot Health Standards**

Portfolio construction should be developed in conjunction with the Portfolio Mapping Matrix Document and the HEE Standards for the Foot Health Workforce. The standards are split into three sections as stated below and all sections need to be addressed in your portfolio reflecting the level of practice you work at. For each of the standards, a short description should be provided on how you address and maintain the level of practice defined in the Standards for the Foot Health Workforce and, where relevant, support this with evidence.

### **Section 1**

#### **Common themes**

The following themes are common across all levels of practice and all individuals completing the portfolio should map evidence against each of the themes.

- Health and wellbeing
- Person centred care, treatment and support
- Communication
- Team working
- Personal, people and quality improvement
- Health, safety and security
- Duty of care and candour, safeguarding, equality and diversity
- Basic life support

### **Section 2**

#### **Educational standards**

The following educational standards vary across all levels of practice and all individuals completing the portfolio should map evidence against each of the themes relevant to the level of practice for which they are applying.

#### **Academic Level 3**

Key and transferable skills (1–9)

Practical skills (10–17)

Knowledge and understanding (19–23)

#### **Academic Level 4**

Key and transferable skills (1–9)

Practical skills (10–17)

Knowledge and understanding (19–28)

#### **Academic Level 5**

Key and transferable skills (1–9)

Practical skills (10–18)

Knowledge and understanding (19–33)

### **Section 3**

#### **Clinical domains**

The following clinical standards vary across all levels of practice and all individuals completing the portfolio should map evidence against each of the domains relevant to the level of practice they are applying for.

- Health check
- Nail care
- Dermatology
- Musculoskeletal (MSK)
- Wound management
- Assisting in theatre

## Appendix 2. SNOB Analysis

What is it?

SNOB analysis is a method of self-assessment, which allows you to identify your strengths, needs (areas of improvement), opportunities and barriers (things that might hinder your development, for example, time, resources etc.).

In order to get the most from this exercise, you need to be honest with yourself. Honesty will allow you to identify your goals, which will then enable you to formulate a personal development plan.

### Strengths/Skills

- What do you do well?
- What are you confident about?
- What are your good qualities?

### Needs

- What would you like to do better?
- Do you perceive any problems in yourself?
- Is there anything holding you back?

### Opportunities

- How can you improve?
- Are there any learning opportunities available?
- What is happening in your part of the profession?

### Barriers

- What might stop you developing?
- Does anything worry you about the profession and your part in it?
- Does anything worry you about your employer organisation and your part in it?

### SNOB Analysis activity

Use this SNOB tool to assist you in identifying your learning and development needs.

You should discuss this with peers and any supervisors or mentors.


Don't forget, you need only share what you feel happy about someone else seeing

| Initial Needs    |          |
|------------------|----------|
| Strengths/Skills | Needs    |
| Opportunities    | Barriers |

| Review 1 (if required) |          |
|------------------------|----------|
| Strengths/Skills       | Needs    |
| Opportunities          | Barriers |

| Review 2 (if required) |          |
|------------------------|----------|
| Strengths/Skills       | Needs    |
| Opportunities          | Barriers |

### Appendix 3. Draft Portfolio Front Sheet/Expression of interest

|   |                                  |
|---|----------------------------------|
| <b>Portfolio Application</b><br> <b>ROYAL COLLEGE</b><br><i>of</i> <b>PODIATRY</b>   |                                  |
| <b>Name:</b>  |                                  |
| <b>Address:</b>   | <b>Phone:</b>                    |
|   | <b>Email:</b>                    |
|   | <b>Work Email:</b>               |
| <b>Place(s) of Work:</b>  |                                  |
| <b>Level of Practice:</b> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Level 5 <input type="checkbox"/>  |                                  |
| <b>Training Course Completed:</b>   |                                  |
| <b>Summary of Current Role (100 words – including hours of work and key role)</b>   |                                  |
| By attaching this cover sheet to your work, you declare that you have read the Portfolio handbook and understand the Royal College of Podiatry accreditation process for individual approval of the foot health workforce. Additionally, you declare that all evidence provided associated with this work is related to your own work and that there is no evidence of professional misconduct or plagiarism. |                                  |
| <b>Signed:</b>  | <b>Name:</b><br><br><b>Date:</b> |



## Appendix 4. Draft Portfolio Proforma

| Section 1 Common themes   |
|---|
| <p><b>Introduction</b> <i>a short introduction to your current role and how overall you meet the common themes in your practice.</i></p> <p><i>For each theme you should demonstrate with a short narrative how you meet each of the standards defined</i></p> <p><b>Health and wellbeing</b></p> <p><b>Person centred care, treatment and support</b></p> <p><b>Communication</b></p> <p><b>Team working</b></p> <p><b>Personal, people and quality improvement</b></p> <p><b>Health, safety and security</b></p> <p><b>Duty of care and candour, safeguarding, equality and diversity</b></p> <p><b>Basic life support</b></p> <p><b>Conclusion</b> <i>a summary of your work</i></p> |
| Section 2 Educational standards   |

**Introduction** *a short introduction to your current role and how overall you meet the educational standards in your practice*

*For each educational area you should demonstrate with a short narrative how you meet each of the standards defined*

**Key and transferable skills**

**Practical skills**

**Knowledge and understanding**

**Conclusion** *a summary of your work*

### Section 3 Clinical Domains

**Introduction** *a short introduction to your current role and how overall you meet the clinical domains in your practice*

*For each clinical domain you should demonstrate with a short narrative how you meet each of the standards defined*

**Health check**

**Nail care**

**Dermatology**

**MSK**

**Wound management**

**Assisting in theatre**

**Conclusion** *summary of your work*

### **Appendix**

*All supporting evidence can be placed in an appendix and cross referenced in the statements for each section.*

## **Appendix 5 Reflective clinical practice examples**

A review of your clinical practice whilst applying the Standards for the Foot Health Workforce will enable you to demonstrate how you are practising at the defined level. The examples below are based on the Standards for the Foot Health Workforce and follow the themes created.

The cyclic notion (as per the example of Figure 2 page 7 of the handbook) of continued learning will aid your career development and growth as well as assist you in evaluation of your current skills. Below are examples of reflective writing aligned to the defined sections of the Standards. Appendices should be utilised to support the evidence provided enhancing the reflective part of the portfolio.

### **Section 1 Example**

#### **Common Themes Health and Wellbeing**

When considering the health and wellbeing of the patients I attend to, I pride myself in providing a safe and effective treatment for them. When looking at implementing a treatment plan, I endeavour to review information changes that may have occurred since the last intervention. Communicating with the patient is essential to ensure that practice is current and relevant. [Appendix 5.1. Patient testimonial] This was evident on a recent occasion when the patient I was treating spoke throughout the treatment about her brother and how he supported her. She indicated that he applied cream to her feet as she couldn't do it anymore as previously defined on treatment plan. On leaving the appointment, in conversation with the patient's daughter, it became apparent that the brother had recently passed away and that the patient was distressed about the situation. This broader communication with family members made me mindful of the impact this had had on the patient [Appendix 5.2. Support statement] and her care. At the next appointment the patient indicated that her brother had recently died and she was struggling to apply the cream we had previously suggested to her feet. By having wider discussions with patients and their family I can signpost and provide effective measures to assist their wellbeing.

### **Section 2 Example**

#### **Educational Standards Practical Skills**

The patient is at the centre of all decisions made for their care. It is vital to provide them with a safe effective treatment that will keep them informed of their foot health status. [Appendix 5.3. Referral pathways] On reviewing a regular domiciliary patient, it was evident that there were some hygiene changes in their foot health. After a short discussion the patient indicated that she had experienced a different carer who was less attentive to her. This led onto wider discussions with the care provider who altered the care package provided with the issue resolved. Creating a wider holistic approach to patient care encompasses all elements of the patient's foot health needs. The changes were recorded in the patients notes with a short correspondence to the new care team about hygiene changes [Appendix 5.4. Patient records]. Continued domiciliary care for the patient included assessment of foot health as well as social wellbeing. I was able to escalate a concern for the patient, change a

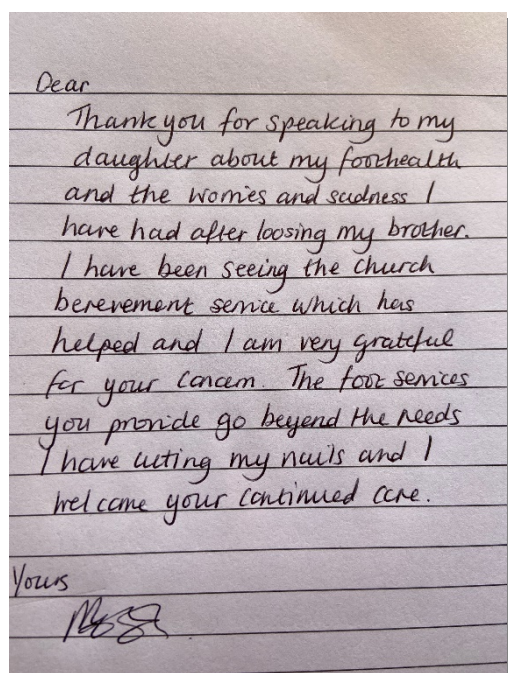
service for them as well as review the needs of the patient showing how I am able to identify, respond and refer patients who have altered needs.

### **Section 3 Example**


#### **Clinical Domains** **Nail Care**


On reviewing a routine patient for care of thickened nails it was evident that there had been trauma to the right first nail with dried blood on the apex of the toe. The patient recalled that the toe was sore since stubbing it on the bed. On examination the toenail had fractured in the medial sulcus and was avulsed from the nail bed. There were no signs of infection, only trauma. This was confirmed on escalating to the supervisor who directed a new treatment pathway to manage the nail. [Appendix 5.5. Care plan] The nail was clipped back filed and the nail bed wound was cleansed and dressed with an appropriate dressing. The patient returned 4 days later for a dressing check where the wound had healed and routine care continued. Being able to provide responsive care to patients allows me to implement the relevant training that I have received and is rewarding to see patients recover from trauma due to the care I have given. I can identify nail disorders and implement the relevant care defined. Reviewing the outcomes after a few days completes the cycle of care ensuring a safe and effective treatment is utilised [Appendix 5.6. Example of working practice]. By attending to these conditions, I can build skills and confidence in the care I provide enabling me to become a more effective practitioner.

#### **Appendix 5.1. Patient testimonial**



## Appendix 5.2. Support statement

From: [REDACTED] 

To: [REDACTED]  Cc & Bcc

support statement

Dear XX

I am happy to provide a support statement for you accreditation portfolio that corresponds to the rest care you showed my mother. We were aware that she had not taken the news well about her brother passing away but did not know that it had such an impact on her. By you raising the concerns we were able to talk more openly to my mother about her loss and got her some support offered for bereavement from the local church. We appreciate the support and care that you have shown to her and feel that you provide a high level of care.

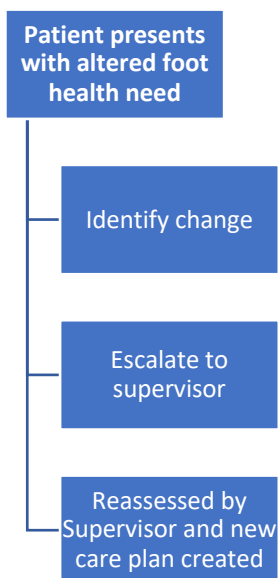
We support your continued service

Mrs xxxx

## Appendix 5.3. Referral pathways

### Referral Pathway

### Foot Health Changes





## Appendix 5.4. Patient records

| Patient Record  | Medical History      | Consent | Treatments           | Appointment Diary |                      |          |                      |
|---|----------------------|---------|----------------------|-------------------|----------------------|----------|----------------------|
| Record No.  | <input type="text"/> | Title   | <input type="text"/> | Surname           | <input type="text"/> | 1st Name | <input type="text"/> |
| <h3>Treatment History</h3> <p><b>Treatment Notes</b></p> <p>SUBJECTIVE:<br/>No problems reported</p> <p>OBJECTIVE:<br/>Long nails, altered foot hygiene. Pt is unaware of the changes but highlights that the care team have altered</p> <p>ACTION:<br/>Foot cleansed and areas that required washed. Both nails cut and filed.</p> <p>PLAN:<br/>Altered care team on the needs and changes that had occurred review in 8 weeks</p> |                      |         |                      |                   |                      |          |                      |

## Appendix 5.5. Care plan

PLAN: Continue with care of regular nail cutting until there are any changes observed which should be highlighted to the relevant supervisor. (Where work is not supervised and changes beyond scope are observed then referral to the relevant member of the community healthcare network are followed)

## Appendix 5.6. Example of working practice

Patients nail after treatment, evidence of nail thickening but the wound has healed and nail cut back, consent received from patient.



## **Appendix 6. Case study examples**

When looking at a case study to describe a patient's story there are certain factors to consider. The following will help you describe your chosen "story" with a proforma to creating a written case study. By including the details advised here you will be able to map the foot health standards directly to the skills you have.

- 1) History of the case – including information of the presenting problem and medical background
- 2) Observations made – any details on assessment or initial perceptions
- 3) Diagnosis and aims – an indication of a diagnosis with differential diagnosis thought
- 4) Action to the problem
- 5) Review or plan with suggestion for prognosis
- 6) Conclusion

Writing in the third person improves the quality of the presentation. Cross referencing your work to the Standards for the Foot Health Workforce will demonstrate where and how you have met the criteria. In the examples below the standards have been cited by CT (common themes), ES (educational standard), CD (clinical domain) and then the number of which standard the content refers to. There are other methods to indicate where the case study fits into the portfolio including a small introduction and mapping paragraph highlighting which standards the work maps to.

The following case history/studies are examples written at each level education, which may be of use for you to build your own work:

### **Level 3**

**History.** A 75-year-old male presented to the service with long standing challenges in self-management of nail care. Care had previously been given by a family member but that was now difficult and a detailed conversation with the patient's daughter highlighted the challenges she had with attending to his nails [CT 3.2 & 5.1, ES 1, CD 1.1.1]. Work history revealed the patient had sustained a chronic back injury whilst working as a manual labourer and was unable to bend comfortably. Now retired, activity was a low level with restrictions in walking but able to take part in activities of daily living [CT 2.1, ES 12]. There were no other underlying medical complaints, the patient did smoke and depended on support for shopping. These were checked with the patient as being current and relevant and consent was gained for observations to be made [CD1.1.2 and 1.1.3].

**Observations.** On examination the nails on both feet were long in length with some damage observed to the lesser digit nails. The patient commented on how the nails were long and pulling on bedding as well as some soreness in the first nail on the left foot [CD 1.1.5]. Both first nails were thickened and discoloured with a brittle presentation in keeping with onychomycosis, this had been previously diagnosed and persisted [CD 2.1.3]. There was anhydrosis of the skin, which the patient was aware of and had been using an emollient. This was harder to use more recently due to mobility issues. [CD 3.1.3, 3.1.4] As the skin condition had deteriorated a report was made to the lead supervisor indicating a risk of cracking from the skin and difficulty in self-management. [CT 5.3, ES 20, CD 1.1.6]

**Diagnosis.** Long nail length with both first nail previously diagnosed onychomycosis. Advancing anhydrosis which is not being self-managed.

**Action.** After careful preparation of the foot the treatment plan was followed of nail care with reduction of first nail with a nail file only. Nail care was required to prevent cutaneous injury and possible infection. [CD 2.1.6 – 2.1.10] Emollient was applied to the skin as previously indicated in the care plan. However, as this had deteriorated and there were defined issues with self-management further supervisory input was requested. [CT 2.3, 2.6, ES 14, CD3.1.9, 3.1.10] A discussion about the patient smoking habit and the potential issues that can be associated including peripheral arterial disease. [1.4] All treatment and advice were recorded, and a discussion was had with the patient's daughter to advise about the changes in the skin condition. This was communicated with the patients consent. [CD 1.1.12, 1.1.13, 2.1.13]

**Review.** After supervisory input and communication with the patient's daughter a long handled emollient applicator was purchased to enable the patient to apply emollient to the feet after bathing. [CT 1.2.3.2] This assisted the patient in maintaining a healthy skin condition and helped prevention of deterioration and fissures forming. On visiting for a third treatment 3 months later [CD 1.1.14] there was marked improvement of the skin quality and brittle appearance of the nails. The patient was encouraged to continue with the emollient and the improvement was noted in the records. [CT 3.5, CD 2.1.15]

**Conclusion.** After consulting with the supervisory team patient and family members, the needs were reviewed and assessed, a continuous care plan agreed and adhered set to improve the foot health of the patient.

#### **Level 4**

**History.** A 78-year-old female retired maths teacher presented to the service with a recurrent callus on the plantar aspect of the right 4<sup>th</sup> and 5<sup>th</sup> metatarsal head. At initial contact, after confirming details in care pathway, consent was taken from the patient for assessment and treatment to be completed. [CT 1.1] The patient had recently bought new shoes as there was a hole in her trainers, the new shoes were not as comfortable. [CT 2.1, ES 12,] The patient associated the painful lesion with this change in footwear and had attempted to self-manage the issue by filing the area. The patient remained on her current medication of omeprazole and naproxen for management of her lower back complaint, of which she was awaiting a further opinion from the orthopaedic surgeons.

**Observations.** On examination there was callus on the right 4<sup>th</sup> and 5<sup>th</sup> plantar metatarsal head. [ES 19,20 & 25] The surrounding tissue on the lateral aspect of the 5<sup>th</sup> metatarsal was more inflamed than usual, in keeping with footwear irritation. [CD1.2.1, 2.1.3]. This change in presentation was escalated to the supervising team [CT 5.6] Assessment of the footwear worn to clinic showed a thin sole to the shoe with a narrow toe width. [CD 1.1.7]

**Diagnosis.** Plantar callus from fat pad atrophy due to the change in footwear, additionally irritation from the shoe to the lateral border of the foot [ES3].

**Action.** The lesions and surrounding areas were prepared with antiseptic solution and precautions were taken to maintain a clean environment around the lesion. [ES 26] The

lesion was debrided removing all callus as per the treatment plan. [CD 2.3.3] There was evidence of superficial localised infection which was flagged to the supervising clinician who directed the correct use of topical dressing to be applied. It was checked with the patient that they had no allergies to components in the dressing and then the lesion was bathed with cleansing solution and the dressing applied. [CD 5.1.7] Additionally, an offloading pad with cushioning was used for pain relief around the area. [CD 4.2.4] A template was taken of the shoe for a simple insole to be made as a longer term intervention. [CD 4.2.5]

**Review.** The patient was given instructions from the supervisor on how to monitor the lesion for progression of the superficial infection. The dressing was reviewed 1 week later as per the treatment plan, where on removal of the dressing the area had healed with no swelling present and the skin returning to normal appearance. [5.1.10] Footwear advice was provided for the patient to help prevent a further recurrence of the lesion. [5.1.8] Advice was given about self-management with a file and the cushioned insole was fitted to help prevent further problems. [CD 4.7.2] On review 6 weeks later the patient reported that the callus no longer bothered her and that the insole was comfortable to wear with suitable shoes being worn. [CD 4.7.3]

**Conclusion.** Self-management of the callus with a file and inappropriate footwear had led to superficial infection of the surrounding tissue. This was rectified by debriding the callus, application of the appropriate medicated dressing and advice for the patient. Footwear styling was discussed and a simple insole with cushioning solved the problem from reoccurring.

## **Level 5**

**History.** A 64-year-old female, who works as a full-time carer, presented with pain posterior to the right medial malleolus radiating along the medial border of the foot, onto the navicular. Pain was worse when raising on to the toes and walking over 3 km. Pain was described as a dull throbbing pain and there was no pain at night. A clinical history revealed an injury some 4 months ago when taking on a long walk challenge. There have been peaks and troughs in the presenting symptoms, which were not improving. [CT 2.1, CD 1.1.5]. Medical history highlighted that the patient has been treated for rheumatoid arthritis for the last 15 years with methotrexate and steroid management. [CT 1.3.1]

**Observations.** Anatomically, the region of pain corresponded to the route of the tibialis posterior tendon as it wraps around the medial malleolus. There was swelling around the medial malleolus and pain at the insertion of tibialis posterior on the navicular. [CD 1.4.1] When asked about the level of pain at present a visual analogue scale produced a pain level of 4. Other significant history included an increase in BMI to 30, which accompanied with flat foot posture which has been highlighted as a contributing factor in developing tibialis posterior dysfunction (Arai et al, 2007). [ES 32]. From the supervisory assessment it was noted that in weight bearing examination the right foot was markedly more pronated than the left and the patient was unable to elevate weight on to the forefoot in a heel raise test. [CD 4.3.1]

**Diagnosis.** Grade II tibialis posterior tendon dysfunction (Johnson and Strom, 1989)

**Action.** Working with the advanced musculoskeletal (MSK) podiatrist through a full biomechanical assessment a bespoke orthoses had been made to support the foot and

reduce the load on the tendon. The patient was given advice on how to use the orthoses at the fitting appointment with specific instructions on footwear choices. [CD 4.3.3 & 4.7.2,] Advice was also given about the potential issues that could occur from wearing the orthoses including arch irritation and other lower limb pain.

**Review.** After 8 weeks the patient was reviewed to assess the effectiveness of the device. Although the pain had significantly reduced there had been some problems with the shape of the device with arch irritation present over the navicular [CD 4.7.4] This was referred to the supervisory for modification and adaptation of the prescription which resolved this issue.

**Conclusion.** Increased walking in a medically compromised patient caused injury to the posterior tibial tendon. This was effectively treated with bespoke orthoses and footwear advice which resolved the presenting complaint when modifications had been made.

## References

Arai, K., Ringleb, S.I., Zhao, K.D., Berglund, L.J., Kitaoka, H.B. and Kaufman, K.R., 2007. The effect of flatfoot deformity and tendon loading on the work of friction measured in the posterior tibial tendon. *Clinical Biomechanics*, 22(5), pp.592-598.

Johnson KA, Strom DE. Tibialis posterior tendon dysfunction. *Clin Orthop Rel Res* 1989;239: 196-206.

## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

#### Appendix 7

The following tables are extracted from The Standards for the Foot Health Workforce and represent the “You will be able to” actions for each level of practice. The content related to “You will know and understand” should be referred to in the full standards and the evidence provided in the portfolio should support both components of the standards.

Where the level box is filled black for the standard it is not relevant for the level of practice.

The examples of evidence are suggestions of how the standard might best be represented and are not fixed in form or complete in anyway, other types of evidence could be relevant.

In the following standards where it is indicated that an individual should refer to a supervisor it is acknowledged that those working in independent practice would not necessarily have a supervisor and evidence of work can be provided by a professional within your community healthcare network. Eg: GP, practice nurse, peer review, carer or other member of the multidisciplinary team.

| Foot Health Standard “You will be able to:”   | Applicable level |     |    | Examples of Evidence |
|---|------------------|-----|----|----------------------|
| Foot Care Assistant / Foot Health Practitioner / Podiatry Assistant will demonstrate the following: | FCA/FHP          | FHP | AP |                      |



## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

|  | LV3 | LV4 | LV5 |   |
|--|-----|-----|-----|---|
| Common Themes  |     |     |     |   |
| <b>1 Health and Wellbeing</b>  |     |     |     |   |
| <b>1.1 Demonstrate what it means in practice to promote and provide person centred care, treatment and support by obtaining valid consent, and carrying out risk assessments</b> |     |     |     | <ul style="list-style-type: none"> <li>• Case notes</li> <li>• Advice sheets</li> <li>• New Patient assessment</li> <li>• Risk assessment sheet</li> <li>• Patient Testimonial</li> </ul> |
| <b>1.2 Work in partnership with the patient, their carer, families and the wider health and social care team.</b>  |     |     |     | <ul style="list-style-type: none"> <li>• Support statement of partnership working</li> <li>• Patient testimonial</li> </ul>   |
| <b>1.3 Demonstrate clinical effectiveness, safety and a good experience for the patient</b>  |     |     |     | <ul style="list-style-type: none"> <li>• Patient testimonial</li> <li>• Personal reflection</li> </ul>  |
| <b>1.4 Promote the impact of effective health promotion, patient empowerment, and healthy lifestyles</b>   |     |     |     | <ul style="list-style-type: none"> <li>• Case Study</li> <li>• Personal Reflection</li> <li>• Advice information</li> </ul>   |
| <b>2. Person centred care, treatment and support</b>   |     |     |     |   |
| <b>2.1. Gather evidence to assist in obtaining or updating a patient history, review health-related data and information</b>   |     |     |     | <ul style="list-style-type: none"> <li>• Case Study</li> <li>• New Patient assessment proforma</li> <li>• Case notes/records</li> <li>• Personal Reflection</li> </ul>                    |

## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

|   |  |  |  |  |
|---|--|--|--|--|
| 2.2. Provide appropriate examinations of patients within your role boundaries and scope of practice   |  |  |  | <ul style="list-style-type: none"> <li>Referral mechanisms</li> <li>Examination examples</li> <li>Self-Reflection</li> <li>Examples of local protocols</li> </ul>                          |
| 2.3. Provide care for patients that follows a treatment plan that has been developed or approved by a podiatrist/registered health care professional  |  |  |  | <ul style="list-style-type: none"> <li>Treatment plan example</li> <li>Podiatrist /healthcare professional testimonial</li> </ul>  |
| 2.4. Undertake defined clinical or therapeutic interventions incorporating relevant legislation and guidance within your role boundaries and scope of practice, as appropriately delegated by your supervisor |  |  |  | <ul style="list-style-type: none"> <li>Self-reflection</li> <li>Podiatrist /healthcare professional testimonial</li> </ul>   |
| 2.5. Implement interventions in line with current evidence, taking action relative to a patient's health and care needs   |  |  |  | <ul style="list-style-type: none"> <li>CPD seminars/webinars/course/working groups</li> <li>Lectures around patient health and care needs</li> <li>Regional and national groups</li> </ul> |
| 2.6. Undertake foot health screening as part of an assessment of a patient's healthcare status. Report changes to your supervisor   |  |  |  | <ul style="list-style-type: none"> <li>Case Study</li> <li>Self-Reflection</li> <li>Podiatrist /healthcare professional testimonial</li> </ul>   |
| <b>3. Communication</b>   |  |  |  |  |
| 3.1 Demonstrate and promote effective communication using a range of techniques   |  |  |  | <ul style="list-style-type: none"> <li>Case Study</li> <li>Self-reflection</li> <li>Resources for patients</li> <li>Examples of different modes of communication</li> </ul>                |

## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

|   |  |  |  |  |
|---|--|--|--|--|
| <b>3.2 Communicate effectively and ethically with and about patients, their representatives and carers, supervisor and other health and social care professionals, observing confidentiality and consent</b>  |  |  |  | <ul style="list-style-type: none"> <li>Local Guidelines for abusive behaviour</li> <li>Working examples of different modes of communication</li> <li>Case reports</li> </ul> |
| <b>3.3 Demonstrate written and verbal effectiveness and accurate record keeping</b>   |  |  |  | <ul style="list-style-type: none"> <li>Case records and notes</li> <li>Patient testimonials</li> <li>Peer testimonials</li> </ul>  |
| <b>3.4 Demonstrate appropriate language and pathway for referral writing/communication with a range of professionals</b>  |  |  |  | <ul style="list-style-type: none"> <li>Podiatrist /healthcare professional testimonial</li> <li>Referral letter</li> <li>Case meetings</li> </ul>                            |
| <b>3.5 Handle information (record, report and store information) in line with local and national policies, keep information confidential and support others to do so; take part in clinical review of caseloads</b>   |  |  |  | <ul style="list-style-type: none"> <li>Policies</li> <li>Self- reflection</li> <li>Practice policies</li> </ul>  |
| <b>4. Team Working</b>  |  |  |  |  |
| <b>4.1 Promote effective inter-professional and multi-disciplinary team working with peers, colleagues and staff from other agencies and provide appropriate leadership within the scope of your role manage your caseload safely and effectively through referral and triage processes both through accepting patients from senior clinicians and referring patients on to senior clinicians when needed</b> |  |  |  | <ul style="list-style-type: none"> <li>Local groups</li> <li>Referral pathways</li> <li>Peer support</li> <li>Team working</li> </ul>  |
| <b>5. Personal, people and quality improvement</b>  |  |  |  |  |
| <b>5.1 Demonstrate ethical practice and professionalism</b>   |  |  |  | <ul style="list-style-type: none"> <li>Clinical Processes</li> </ul>   |

## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

|   |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  | <ul style="list-style-type: none"> <li>• Patient Testimonial</li> <li>• Support Statement</li> <li>• Self-Reflection</li> </ul>          |
| <b>5.2 Act within the limits of your role boundaries and scope of practice and authority referring on as necessary with appropriate public liability and malpractice insurance</b>  |  |  |  | <ul style="list-style-type: none"> <li>• Referral pathways</li> <li>• Insurance certificates and memberships</li> </ul>                  |
| <b>5.3 Escalate concerns signposting to your supervisor as necessary</b>  |  |  |  | <ul style="list-style-type: none"> <li>• Referral pathways</li> </ul>  |
| <b>5.4 Be proactive in your own development, willing to commit to lifelong learning by engaging with critical colleague support, the use of a professional portfolio, personal development planning, personal reflection and continuous improvement</b> |  |  |  | <ul style="list-style-type: none"> <li>• Membership</li> <li>• CPD courses lectures and seminars</li> <li>• Self-reflection</li> </ul>   |
| <b>5.5 Manage your own time, resources and personal behaviour</b>   |  |  |  | <ul style="list-style-type: none"> <li>• Self-reflection</li> <li>• Diary entries and systems</li> <li>• Patient testimonials</li> </ul> |
| <b>5.6 Escalate concerns signposting to your supervisor as necessary</b>  |  |  |  | <ul style="list-style-type: none"> <li>• Referral pathways</li> <li>• Podiatrist /healthcare professional testimonial</li> </ul>         |
| <b>5.7 Act as a role model; mentor peers; provide leadership appropriate to your role; deliver training through demonstration and instruction in line with your role boundaries and scope of practice</b>   |  |  |  | <ul style="list-style-type: none"> <li>• Patient self-support groups</li> <li>• Self-reflection</li> </ul>                               |
| <b>6. Health, safety and security</b>   |  |  |  |  |

## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

|   |  |  |  |  |
|---|--|--|--|--|
| 6.1 Maintain a safe and healthy working environment, take appropriate action in response to incidents or emergencies, following relevant legislation and any local guidelines   |  |  |  | <ul style="list-style-type: none"> <li>• Risk assessment proforma</li> <li>• Local policy and guidelines</li> </ul>  |
| 6.2 Undertake risk assessments in line with your role boundaries and scope of practice  |  |  |  | <ul style="list-style-type: none"> <li>• Risk assessment proforma</li> </ul>   |
| 6.3 Prepare the clinical area, including in a domiciliary situation, ensuring the environment where clinical treatment is undertaken does not compromise patient safety unnecessarily, using a range of techniques for infection prevention and control, eg. waste management, spillage, hand washing, use of Personal Protective Equipment (PPE) |  |  |  | <ul style="list-style-type: none"> <li>• Podiatrist /healthcare professional testimonial</li> <li>• Self-reflection</li> <li>• Local procedures</li> <li>• Photo evidence</li> </ul> |
| 6.4 Undertake mandatory training such as basic life support, GDPR, safeguarding as appropriate to your role   |  |  |  | <ul style="list-style-type: none"> <li>• CPD courses lectures and seminars</li> </ul>  |
| 6.5 Be able to safely use an autoclave and ultrasonic cleaners use equipment which has been sterilised or single use equipment packs in accordance with patient safety and plan of care   |  |  |  | <ul style="list-style-type: none"> <li>• Self-reflection</li> </ul>  |
| 6.6 Move and position patients, equipment and other items safely, protecting yourself, patients and carers  |  |  |  | <ul style="list-style-type: none"> <li>• Manual handling policy/procedures</li> <li>• Self-reflection</li> </ul>   |
| 6.7 Dispose of waste materials in an appropriate manner and place in accordance with health and safety guidelines   |  |  |  | <ul style="list-style-type: none"> <li>• Self-reflection</li> <li>• Clinic policies and procedures</li> <li>• Agreements and service provision</li> </ul>                            |
| 6.8 Support the safeguarding of patients  |  |  |  | <ul style="list-style-type: none"> <li>• Local safeguarding policies</li> <li>• Self- reflection</li> </ul>  |

## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

|   |                        |                    |                   |  |
|---|------------------------|--------------------|-------------------|--|
|   |                        |                    |                   |  |
| <b>7. Duty of care and candour, safeguarding, equality and diversity</b>  |                        |                    |                   |  |
| <b>7.1 Follow the principles for equality, diversity and inclusion</b>  |                        |                    |                   | <ul style="list-style-type: none"> <li>Self-reflection</li> <li>Clinic policies and procedures</li> </ul>                              |
| <b>7.2 Implement a duty of care and candour</b>   |                        |                    |                   | <ul style="list-style-type: none"> <li>Self-reflection</li> </ul>  |
| <b>7.3 Safeguard and protect adults and children; promote the principles to others</b>                                    |                        |                    |                   | <ul style="list-style-type: none"> <li>Local safeguarding policies</li> <li>Self-reflection</li> </ul>                                 |
| <b>8. Basic life support</b>  |                        |                    |                   |  |
| <b>8.1 Recognise and manage common medical emergencies provide first aid</b>  |                        |                    |                   | <ul style="list-style-type: none"> <li>Self-reflection</li> <li>CPD courses lectures and seminars</li> </ul>                           |
|   |                        |                    |                   |  |
| <b>Foot Care Assistant / Foot Health Practitioner / Podiatry Assistant will demonstrate the following:</b>                | <b>FCA/FHP<br/>LV3</b> | <b>FHP<br/>LV4</b> | <b>AP<br/>LV5</b> |  |
| <b>Educational Standards</b>  |                        |                    |                   |  |
| <b>Key and Transferable skills</b>  |                        |                    |                   |  |
| <b>1. Have a commitment to quality and care for patients and their relatives ensuring patient-outcomes are maximised</b>  |                        |                    |                   | <ul style="list-style-type: none"> <li>Self-reflection</li> <li>Supervisor testimonial</li> <li>Qualifications</li> <li>CPD</li> </ul> |
| <b>2. Adhere to relevant professional standards for conduct and ethics, such as those provided by professional bodies</b> |                        |                    |                   |  |



## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

|   |  |  |  |   |
|---|--|--|--|---|
|   |  |  |  |   |
| 3. Apply problem-solving skills in practice settings  |  |  |  | <ul style="list-style-type: none"><li>• Self-reflection</li><li>• Supervisor testimonial</li></ul>                        |
| 4. Promote equality of opportunity  |  |  |  |   |
| 5. Be open and honest with individuals choosing the most appropriate way of communicating   |  |  |  |   |
| 6. Respect confidentiality and personal information about patients and others   |  |  |  | <ul style="list-style-type: none"><li>• Patient Testimonial</li></ul>   |
| 7. Work closely and collaboratively in an open/honest and supportive way, acting in the best interest of patients and others  |  |  |  | <ul style="list-style-type: none"><li>• Self-reflection</li><li>• Supervisor testimonial</li></ul>                        |
| 8. Take a personal responsibility for the quality of care they provide within their own role boundaries and scope of practice   |  |  |  |   |
| 9. Maintain and further develop own skills and knowledge through reflective practice and recognised continued professional development activities within a structured and managed framework |  |  |  |   |
| Practical Skills  |  |  |  |   |
| 10. Provide and promote holistic patient/person-centred care and support, demonstrating duty of care and safeguarding of individuals  |  |  |  | <ul style="list-style-type: none"><li>• Self-reflection</li><li>• Patient testimonial</li></ul>                           |
| 11. Demonstrate competence in a range of relevant technical and administrative procedures relevant to their role boundaries and scope of practice   |  |  |  | <ul style="list-style-type: none"><li>• Qualifications</li><li>• Peer observations</li><li>• Supervisor reports</li></ul> |
| 12. Take a detailed patient history   |  |  |  | <ul style="list-style-type: none"><li>• Case Study</li></ul>  |

## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

|  |  |  |  |  |
|--|--|--|--|--|
| 13. Follow a stepwise and holistic approach to patient assessment undertaking relevant physiological measurements using appropriate equipment in a safe and effective manner |  |  |  | <ul style="list-style-type: none"> <li>Assessment proforma</li> <li>Self-reflection</li> </ul>         |
| 14. Safely and effectively provide a defined range of footcare interventions that fall within their own role boundaries and scope of practice                                |  |  |  |  |
| 15. Communicate clinical findings accurately and reliably to patients, carers and health care professionals, using structured protocols and maintain accurate records        |  |  |  | <ul style="list-style-type: none"> <li>Recording keeping policies</li> <li>Self-reflection</li> </ul>  |
| 16. Provide patients with information about how to maintain their foot health  |  |  |  | <ul style="list-style-type: none"> <li>Information leaflets</li> <li>Self-management guides</li> </ul> |
| 17. Maintain accurate and detailed patient records about all aspects of a patient's history assessment, treatment and ongoing advice   |  |  |  | <ul style="list-style-type: none"> <li>Treatment plans</li> <li>Patient notes</li> </ul>               |
| 18. Appropriately, refer patients to members of the wider healthcare team in order to maximise outcomes for patients   |  |  |  | <ul style="list-style-type: none"> <li>Referral pathways</li> <li>Peer observations</li> </ul>         |
| 19. Maintain a safe clinical environment in clinical and domiciliary settings  |  |  |  | <ul style="list-style-type: none"> <li>Risk assessments</li> <li>Working environment policy</li> </ul> |
| 20. Keep information confidential and make appropriate use of technology.  |  |  |  | <ul style="list-style-type: none"> <li>Recording keeping policies</li> <li>Self-reflection</li> </ul>  |

## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

| Knowledge and Understanding  |  |  |  |  |
|--|--|--|--|--|
| 21. The basic structure and function of the healthy foot and lower limb  |  |  |  | <ul style="list-style-type: none"> <li>• Case Study</li> <li>• Self-reflection</li> </ul>  |
| 22. The common disorders affecting skin and nails of the foot and lower limb   |  |  |  |  |
| 23. The different forms of communication used with patients, carers and the wider healthcare team                                      |  |  |  | <ul style="list-style-type: none"> <li>• Communication examples</li> <li>• Patient testimonials</li> <li>• Patient information sheets</li> </ul> |
| 24. Infection control and how to prevent cross-infection and the importance of health and safety                                       |  |  |  | <ul style="list-style-type: none"> <li>• Local/regional and national policy and guidance</li> <li>• Risk Assessments</li> </ul>                  |
| 25. The legal and ethical frameworks in which patient care is provided   |  |  |  |  |
| 26. How to integrate theory and practice in the context of health and social care utilising information from a wide variety of sources |  |  |  | <ul style="list-style-type: none"> <li>• Case Study</li> <li>• Self-reflection</li> <li>• Writing style</li> </ul>                               |
| 27. The common localised and systemic health conditions that affect the foot and lower limb  |  |  |  |  |
| 28. The concepts that underpin infection control and how to prevent cross-infection and the importance of health and safety            |  |  |  | <ul style="list-style-type: none"> <li>• Self-reflection</li> <li>• Care pathways</li> <li>• Protocols</li> </ul>                                |
| 27. How to evaluate the effectiveness of the care provided   |  |  |  | <ul style="list-style-type: none"> <li>• Outcome measures</li> <li>• Clinical Guidance</li> </ul>  |
| 28. How to use clinical guidance to inform patient care  |  |  |  |  |

## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

|  |                |            |           |  |
|--|----------------|------------|-----------|--|
|  |                |            |           | <ul style="list-style-type: none"> <li>• Proformas</li> <li>• Peer observations</li> </ul>   |
| 29. Apply interdisciplinary skills for both straightforward and complex work, in one to-one and in group and team situations in order to plan, organise, allocate, review and evaluate their own practice. |                |            |           | <ul style="list-style-type: none"> <li>• Team working</li> <li>• Self-reflection</li> </ul>  |
| 30. The physiology, organisation and function of the human body and healthcare needs across the lifespan in health and disease.  |                |            |           | <ul style="list-style-type: none"> <li>• Case Study</li> <li>• Reflective practice</li> <li>• Qualifications</li> <li>• CPD</li> </ul>     |
| 31. How to present qualitative and quantitative data when making referrals   |                |            |           | <ul style="list-style-type: none"> <li>• Referral pathways</li> <li>• Data Presentation</li> </ul>   |
| 32. How to critically analyse current practice-based evidence to improve the quality of patient care   |                |            |           | <ul style="list-style-type: none"> <li>• Writing style</li> <li>• Referencing work presented</li> <li>• Application of research</li> </ul> |
| 33. How to integrate principles, theory and practice in the context of health and social care utilising information from a wide variety of sources including current research                              |                |            |           |  |
|  |                |            |           |  |
| Foot Care Assistant / Foot Health Practitioner / Podiatry Assistant will demonstrate the following:  | FCA/FHP<br>LV3 | FHP<br>LV4 | AP<br>LV5 |  |
| Clinical Domains   |                |            |           |  |

## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

| 1. Health check: Healthy Patient   |  |  |  |  |
|--|--|--|--|--|
| 1.1.1 Communicate with patients and carers throughout the discussion and examination in a manner which is appropriate to them and which encourages an open exchange of views and information   |  |  |  | <ul style="list-style-type: none"> <li>• Patient testimonial</li> <li>• Case Study</li> <li>• Patient assessment sheets/proforma</li> <li>• Case notes</li> <li>• Consent letter/form</li> <li>• Self-reflection</li> <li>• Referral pathways</li> <li>• Care plans</li> </ul> <p><i>The clinical domain of Health Check: Healthy patient will be met by demonstrating the care for patients in the forms of examination and assessment, ensuring that the patient is informed and understands with given consent throughout the process. This is best demonstrated with the evidence suggestions above which will showcase the skills in this domain.</i></p> |
| 1.1.2 Confirm that the patient understands the purpose and nature of any examinations which need to be carried out, and gives consent  |  |  |  |  |
| 1.1.3 review the patient's history since their last attendance   |  |  |  |  |
| 1.1.4 Gather information on subjective symptoms through discussion with the patient  |  |  |  |  |
| 1.1.5 Identify the main factors that are likely to limit the patient's ability to care for their feet  |  |  |  |  |
| 1.1.6 Examine the patient's footwear and assess its suitability for foot type and risk status  |  |  |  |  |
| 1.1.7 Conduct an examination of the foot including key bony landmarks  |  |  |  |  |
| 1.1.8 Carry out tests to assess vascular function by palpating pedal pulses and when appropriate using a Doppler   |  |  |  |  |
| 1.1.8b Carry out tests to assess vascular function by palpating pedal pulses and when appropriate using a Doppler determine an ankle brachial pressure index and a toe brachial pressure index |  |  |  |  |
| 1.1.9 Carry out tests to assess neurological function using appropriate tools  |  |  |  |  |

## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

|  |  |  |  |  |
|--|--|--|--|--|
| 1.1.10 Provide the results of the examination with the patient and carer in an appropriate manner, and at a suitable level and pace  |  |  |  |  |
| 1.1.11 Offer information on foot care in a suitable form for the patient and carer, to reinforce their understanding   |  |  |  |  |
| 1.1.12 Make a record of the examination and communicate findings to the patient, carer and where appropriate, your supervisor  |  |  |  |  |
| 1.1.13 Agree when the patient will next attend, leaving an interval appropriate to the risks you have identified   |  |  |  |  |
| <b>1.2. Health check: Non compromised patient</b>  |  |  |  |  |
| 1.2.1 Healthy patient health check plus: Identify a. Gross foot deformities and conditions b. Evidence of trauma   |  |  |  | <ul style="list-style-type: none"> <li>• Patient assessment proforma</li> <li>• Case notes</li> <li>• Self-reflection</li> </ul> <p><i>To reflect on how skills are aligned to the standard, case notes and assessment procedures will indicate how you screen for deformity and trauma. Examples with photos will help you describe your process.</i></p> |
| <b>1.3 Health check: Medically compromised patient</b>   |  |  |  |  |
| 1.3.1 As for non-compromised patient plus: take a full patient history including all relevant details of their general health e.g. Normal HBA1c and diabetes control, medical and surgical conditions and any previous acute episodes affecting the foot |  |  |  | <ul style="list-style-type: none"> <li>• Patient assessment sheets/proforma</li> <li>• Case notes</li> <li>• Consent letter/form</li> <li>• Self-reflection</li> </ul>   |

## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

|  |  |  |  |
|--|--|--|--|
| and/or lower limb with impact/ risk to foot health and general health  |  |  | <ul style="list-style-type: none"> <li>Referral pathways</li> <li>Care plans</li> </ul>  |
| 1.3.2 Conduct relevant vascular and neurological tests including ABPI, TBPI, BP, irregular heart rhythm, venous leg disease and escalate for appropriate referral pathway for detected disease |  |  | <p><i>The clinical domain of Health Check: Medically compromised patient will be met by demonstrating the care for patients in the forms of examination and assessment, ensuring that the patient is informed and understands with given consent throughout the process. This is best demonstrated with the evidence suggestions above which will showcase the skills in this domain.</i></p>                        |
| 1.3.3 Conduct a meticulous examination of the foot and lower limb in order to determine the presence of hidden ulceration  |  |  |  |
| 1.3.4 Check vital signs and recognise deteriorating patient eg. sepsis   |  |  |  |
| 1.3.5 Appropriately escalate concerns about foot structure and/or function to your supervisor in a timely manner   |  |  |  |
| 1.3.6 Offer detailed and specific information on foot care and footwear in a suitable form for the patient and carer, to reinforce their understanding   |  |  |  |
| <b>1.4. Health check: Severe Systemic Disease</b>  |  |  |  |
| 1.4.1 As for compromised patient plus: Identify a. Gross foot deformities b. Evidence of trauma in the context of a patient's medical and surgical history                                     |  |  | <ul style="list-style-type: none"> <li>Patient assessment sheets/proforma</li> <li>Case notes</li> <li>Consent letter/form</li> <li>Self-reflection</li> <li>Referral pathways</li> <li>Care plans</li> </ul> <p><i>The clinical domain of Health Check: Severe Systemic Disease will be met by demonstrating the care for patients in the forms of examination and assessment, ensuring that the patient is</i></p> |
| 1.4.2 Offer information on foot care and footwear appropriate to the presenting foot condition(s) in a suitable form for the patient and carer, to reinforce their understanding               |  |  |  |

## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

|   |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  | <i>informed and understands with given consent throughout the process. This is best demonstrated with the evidence suggestions above which will showcase the skills in this domain.</i>  |
| <b>2.1. Nail Care: Healthy Patient</b>  |  |  |  |  |
| <b>2.1.1 As healthy patient health check plus: Identify the specific causes of concern, ensuring the presenting problem is within your role boundaries and scope of practice</b>  |  |  |  | <ul style="list-style-type: none"> <li>• Patient assessment sheets/proforma</li> <li>• Case notes</li> <li>• Consent letter/form</li> <li>• Self-reflection</li> <li>• Referral pathways</li> <li>• Care plans</li> <li>• Patient testimonials</li> <li>• Examples of working practices</li> <li>• Photographs of cases and management</li> <li>• Clinical policies and services</li> </ul> <p><i>The clinical domain of Nail Care: Healthy patient will be met by demonstrating the care for patients in the forms of examination and assessment, ensuring that the patient is informed and understands with given consent throughout the process. Nail care skills and outcomes are best demonstrated with the evidence suggestions above which will showcase the skills in this domain.</i></p> |
| <b>2.1.2 Take a detailed history about the presenting complaint</b>   |  |  |  |  |
| <b>2.1.3 Conduct an appropriate foot examination and identify any signs of deterioration, infection or abnormality</b>  |  |  |  |  |
| <b>2.1.4 In accordance with local protocols and within your role boundaries and scope of practice, explain the management and treatment protocol to the patient and or carer; include the benefits and risks, along with any potential side effects and accurately answer any questions, at a pace and level which is appropriate to their: • emotional state • level of understanding • culture and background • preferred ways of communicating • needs</b> |  |  |  |  |
| <b>2.1.5 Seek advice and support from an appropriate source such as your supervisor when the needs of the patient and the complexity of the case are beyond your role boundaries and scope of practice or capability</b>  |  |  |  |  |
| <b>2.1.6 Follow an agreed treatment plan / process and record any modifications with reasons for variance</b>   |  |  |  |  |



## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

|   |  |  |  |  |
|---|--|--|--|--|
| 2.1.7 Prepare the patient's feet in a manner consistent with the care to be provided  |  |  |  |  |
| 2.1.8 Use equipment appropriate for the patient, their condition, the treatment plan and the care being given   |  |  |  |  |
| 2.1.9 Handle and operate instruments and equipment in a manner which reduces the likelihood of risk   |  |  |  |  |
| 2.1.10 Use nail clippers and cut and file healthy toenails straight across and file the cut edge so that the nail is smooth in a manner which is consistent with patient's plan of care, condition and safety, where appropriate use a nail drill to reduce the thickness of the toenails |  |  |  |  |
| 2.1.11 How to safely employ a nail drill to reduce thickness, ensuring no damage to surrounding soft tissue   |  |  |  |  |
| 2.1.12 apply medicaments and dressings according to the prescription of care appropriate to the patient's condition choosing from those available to you within your role boundaries and scope of practice  |  |  |  |  |
| 2.1.13 document the treatment provided in line with the care plan that is agreed with the patient and if appropriate, their carer   |  |  |  |  |
| 2.1.14 recognise and escalate appropriately to your supervisor any nail and skin pathologies or trauma related nail and skin problems   |  |  |  |  |
| 2.1.15 advise your patient on toenail self-care and general foot care   |  |  |  |  |

## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

|   |  |  |  |   |
|---|--|--|--|---|
| 2.1.16 record any modifications which are made to the agreed treatment process and document the reasons for the variance  |  |  |  |   |
| 2.1.17 dispose of waste materials in an appropriate manner and place in accordance with health and safety guidelines  |  |  |  |   |
| <b>2.2 Nail and skin care: Healthy Patient</b>  |  |  |  |   |
| 2.2.1 As nail care for a healthy patient plus: conservatively manage an ingrowing toenail, recognising signs and symptoms of developing or spreading infection  |  |  |  | <ul style="list-style-type: none"> <li>• Case notes</li> <li>• Self-reflection</li> <li>• Referral pathways</li> <li>• Care plans</li> <li>• Patient testimonials</li> <li>• Examples of working practices</li> <li>• Photographs of cases and management</li> <li>• Clinical policies and services</li> </ul>  |
| 2.2.2 In line with care plan carry out reduction of callus via appropriate means  |  |  |  |   |
| 2.2.3 Select an appropriate scalpel blade and use a safe technique that protects the patient and the clinician from sharps injury, remove areas of superficial callus from an intact and healthy foot |  |  |  |   |
| 2.2.4 Be able to perform a non-touch dressing technique, if a haemorrhage or existing maceration present  |  |  |  |   |
|   |  |  |  | <p><i>The clinical domain of Nail and skin care: Healthy patient will be met by demonstrating the care for patients in the forms of examination, assessment and intervention ensuring that the patient is informed and understands with given consent throughout the process. Nail and skin care skills and outcomes are best demonstrated with the evidence suggestions above which will showcase the skills in this domain.</i></p> |
| <b>2.3 Nail and Skin care: Non compromised patient</b>  |  |  |  |   |
| 2.3.1 As nail and skin care for a healthy patient plus: reduce pathological nails with file or nail drill safely and effectively  |  |  |  | <ul style="list-style-type: none"> <li>• Case notes</li> <li>• Self-reflection</li> </ul>   |

## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

|  |  |  |  |  |
|--|--|--|--|--|
| 2.3.2 Recognise new nail trauma or pathology and refer on when appropriate   |  |  |  | <ul style="list-style-type: none"> <li>Referral pathways</li> <li>Care plans</li> <li>Patient testimonials</li> <li>Examples of working practices</li> <li>Photographs of cases and management</li> <li>Clinical policies and services</li> </ul>  |
| 2.3.3 Select an appropriate scalpel and use a safe technique that protects the patient and the clinician from sharps injury, remove areas of callus from an intact foot  |  |  |  |  |
| 2.3.3b Select an appropriate scalpel and use a safe technique that protects the patient and the clinician from sharps injury, enucleate corns located on the toes or the sole of the intact foot                       |  |  |  |  |
| 2.3.4 Safely use a mandrill to reduce callus   |  |  |  |  |
| 2.3.5 Be able to perform simple offloading technique with appropriate padding and strapping  |  |  |  |  |
| <b>2.4 Nail and skin care: Medically compromised patient (such as patient with stable non limb threatening peripheral arterial disease)</b>  |  |  |  |  |
| 2.4.1 As for non-compromised patient plus: know when to escalate ulcerated patient e.g. vascular, diabetic, inflammatory, pressure ulcer, dermatology to your supervisor in a timely manner                            |  |  |  | <ul style="list-style-type: none"> <li>Case notes</li> <li>Self-reflection</li> <li>Referral pathways</li> <li>Care plans</li> <li>Patient testimonials</li> <li>Examples of working practices</li> <li>Photographs of cases and management</li> <li>Clinical policies and services</li> </ul> |
| 2.4.2 Exercise appropriate caution in the management of nails and/or callus in the context of the patient's ongoing medical and/or surgical pathology, referring to another member of the healthcare team if necessary |  |  |  |  |

## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

|  |  |  |  |   |
|--|--|--|--|---|
| 2.4.3 If a sharps injury occurs, use a formal risk assessment approach for referral to your supervisor   |  |  |  | <p><i>The clinical domain of Nail and skin care: Medically compromised patient will be met by demonstrating the care for patients in the forms of examination, assessment and intervention, ensuring that the patient is informed and understands with given consent throughout the process. Nail and skin care skills and outcomes are best demonstrated with the evidence suggestions above which will showcase the skills in this domain.</i></p>  |
| 2.4.4 Provide detailed and specific advice for self-management, including the management of a sharps injury, following the treatment and including how to seek emergency treatment   |  |  |  |   |
| <b>3.1. Dermatology: Healthy Patient</b>   |  |  |  |   |
| 3.1.1 As healthy patient health check plus: in accordance with local protocols and within your role boundaries and scope of practice, explain the treatment alternatives and their risks and benefits to the patient and/or carer together with any potential side effects and their management and accurately answer any questions at a pace and level which is appropriate to their: • emotional state • level of understanding • culture and background • preferred ways of communicating • needs |  |  |  | <ul style="list-style-type: none"> <li>• Case notes</li> <li>• Self-reflection</li> <li>• Observations</li> <li>• Referral pathways</li> <li>• Care plans</li> <li>• Patient testimonials</li> <li>• Examples of working practices</li> <li>• Photographs of cases and management</li> <li>• Clinical policies and services</li> </ul> <p><i>The clinical domain of Dermatology: Healthy patient will be met by demonstrating the care for patients in the forms of examination, assessment and intervention, ensuring that the patient is informed and understands with given consent throughout the process. Nail and skin care skills and outcomes</i></p> |
| 3.1.2 Identify the specific causes of concern, ensuring the presenting problem is within your role boundaries and scope of practice referring to another member of the healthcare team if not  |  |  |  |   |
| 3.1.3 Take a detailed history about the presenting complaint   |  |  |  |   |
| 3.1.4 Conduct an examination of the presenting complaint and the feet  |  |  |  |   |

## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

|  |  |  |  |   |
|--|--|--|--|---|
| 3.1.5 Observe any lesions/wound for change in appearance and if a deterioration escalate to a podiatrist / registered health care professional:  |  |  |  | <i>are best demonstrated with the evidence suggestions above which will showcase the skills in this domain.</i> |
| 3.1.6 Prepare the patient's feet in a manner consistent with the agreed care to be provided and identify any signs of deterioration, infection or abnormality  |  |  |  |   |
| 3.1.7 Use equipment appropriate for the patient, their condition, the treatment plan and the care being given  |  |  |  |   |
| 3.1.8 Handle and operate instruments and equipment in a manner which reduces the likelihood of risk, discomfort and injury to patient and worker, and in accordance with health and safety guidelines  |  |  |  |   |
| 3.1.9 Carry out the treatments, apply medicaments and dressings: at an appropriate time according to the patients agreed treatment plan, use appropriate techniques in line with manufacturer's instructions and in manner which optimises the patient's comfort and dignity and minimises pain and trauma according to the prescription of care appropriate to the patient's condition choosing from those available to you |  |  |  |   |
| 3.1.10 Seek advice and support from your supervisor when the needs of the patient and the complexity of the case are beyond your role boundaries and scope of practice and capability.   |  |  |  |   |
| 3.1.11 Recognise and report any signs of infection or deterioration in the patient's condition to your supervisor without delay  |  |  |  |   |

## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

|   |  |  |  |  |
|---|--|--|--|--|
| 3.1.12 Record any modifications which are made to the agreed treatment process and document the reasons for the variance  |  |  |  |  |
| 3.1.13 Dispose of waste materials in an appropriate manner and place in accordance with health and safety guidelines  |  |  |  |  |
| <b>3.2 Dermatology: Non compromised patient</b>   |  |  |  |  |
| 3.2.1 As healthy dermatology patient plus: conduct a detailed history, including lifestyle, and examination of the affected nails or skin including size and site of the lesion(s) in order to determine a second line treatment plan with a podiatrist/ registered health care professional in consultation with the patient   |  |  |  | <ul style="list-style-type: none"> <li>• Case notes</li> <li>• Self-reflection</li> <li>• Observations</li> <li>• Referral pathways</li> <li>• Care plans</li> <li>• Patient testimonials</li> <li>• Examples of working practices</li> <li>• Photographs of cases and management</li> <li>• Clinical policies and services</li> </ul> <p><i>The clinical domain of Dermatology: Non compromised patient will be met by demonstrating the care for patients in the forms of examination, assessment and intervention, ensuring that the patient is informed and understands with given consent throughout the process. Nail and skin care skills and outcomes are best demonstrated with the evidence suggestions above which will showcase the skills in this domain.</i></p> |
| 3.2.2 Initiate first-line treatment by providing the patient with advice regarding the use of over-the-counter self-treatment for onychomycosis or skin pathology   |  |  |  |  |
| 3.2.3 If first-line treatment is not progressing either refer the patient in accordance with the agreed second-line treatment plan obtain separate consent for treatment or procedures outside that of routine treatment, checking that the patient and/or carer understands the treatment choices being offered, the implications of this choice and any potential side effects together with their management |  |  |  |  |
| 3.2.4 Within your role boundaries and scope of practice, carry out the treatments, apply medicaments and dressings at an appropriate time according to the patient's plan of care, using appropriate techniques in line with the manufacturer's   |  |  |  |  |

## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

|   |  |  |  |  |
|---|--|--|--|--|
| instructions and in a manner which optimises the patient's comfort and dignity and minimises pain and trauma, according to the patient's defined treatment plan   |  |  |  |  |
| 3.2.5 provide the patient, and if appropriate their carer, with advice about self-management between appointments, including how to seek urgent advice or treatment if there is pain, discomfort or other complication  |  |  |  |  |
| 3.2.6 arrange to review the patient in accordance with the treatment plan, reviewing the progress of the treatment in accordance with the treatment plan, pausing treatment if pain or signs of tissue breakdown or infection are present and if necessary referring to your supervisor |  |  |  |  |
| 3.2.7 document in detail the progress of the treatment, referring back to the podiatrist/registered health care professional as necessary   |  |  |  |  |
| <b>3.3. Dermatology: Medically compromised patient</b>  |  |  |  |  |
| 3.3.1 As for non-compromised patient plus: offer detailed and specific information on foot care and footwear relevant to activities of daily living, work related considerations and sporting activity in a suitable form for the patient and carer, to reinforce their understanding   |  |  |  | <ul style="list-style-type: none"> <li>• Case notes</li> <li>• Self-reflection</li> <li>• Observations</li> <li>• Referral pathways</li> <li>• Care plans</li> <li>• Patient testimonials</li> <li>• Examples of working practices</li> <li>• Photographs of cases and management</li> <li>• Clinical policies and services</li> </ul> |
| 3.3.2 provide specific advice on how to avoid common foot injuries and trauma including the use of over-the counter topical applications, relevant to activities of daily living, work related considerations and sporting activity   |  |  |  |  |



## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

|  |  |  |   |
|--|--|--|---|
|  |  |  | <p><i>The clinical domain of Dermatology: Medically compromised patient will be met by demonstrating the care for patients in the forms of examination, assessment and intervention, ensuring that the patient is informed and understands with given consent throughout the process. Dermatology care skills and outcomes are best demonstrated with the evidence suggestions above which will showcase the skills in this domain.</i></p> |
| <b>3.4 Dermatology: Severe systemic disease</b>  |  |  |   |
| <b>3.4.1</b> As for compromised patient plus: recognise the different lower limb skin conditions eg varicose eczema, venous ulceration, tissue breakdown and arrange appropriate onward referral to your supervisor in a timely manner   |  |  | <ul style="list-style-type: none"> <li>• Case notes</li> <li>• Self-reflection</li> <li>• Observations</li> <li>• Referral pathways</li> <li>• Care plans</li> <li>• Patient testimonials</li> <li>• Examples of working practices</li> <li>• Photographs of cases and management</li> <li>• Clinical policies and services</li> </ul>  |
| <b>3.4.2</b> In the context of specific foot deformities, offer detailed and specific information on foot care and footwear relevant to activities of daily living, work related considerations and sporting activity in a suitable form for the patient and carer, to reinforce their understanding |  |  |   |
| <b>3.4.3</b> In the context of specific foot deformities, provide specific advice on how to avoid common foot injuries and trauma including the use of over-the counter topical applications, relevant to activities of daily living, work related considerations and sporting activity              |  |  |   |
|  |  |  | <p><i>The clinical domain of Dermatology: Severe systemic disease patient will be met by demonstrating the care for patients in the forms of examination, assessment and intervention, ensuring that the patient is informed and understands with given consent throughout the process. Dermatology skills and outcomes are</i></p>   |



## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

|  |  |  |  | <i>best demonstrated with the evidence suggestions above which will showcase the skills in this domain.</i>  |
|--|--|--|--|--|
| <b>4.1 MSK: Healthy Patient</b>  |  |  |  |  |
| 4.1.1 As healthy patient health check plus: in accordance with local protocols and within your role boundaries and scope of practice, explain the treatment alternatives and their risks and benefits to the patient and/or carer together with any potential side effects and their management and accurately answer any questions at a pace and level which is appropriate to their: • emotional state • level of understanding • culture and background • preferred ways of communicating • needs |  |  |  | <ul style="list-style-type: none"> <li>• Case notes</li> <li>• Self-reflection</li> <li>• Observations</li> <li>• Referral pathways</li> <li>• Care plans</li> <li>• Patient testimonials</li> <li>• Examples of working practices</li> <li>• Clinical pathways</li> <li>• Patient information</li> </ul> <p><i>The clinical domain of MSK: Healthy patient will be met by demonstrating the care for patients in the forms of examination, assessment and intervention, ensuring that the patient is informed and understands with given consent throughout the process. MSK skills and outcomes are best demonstrated with the evidence suggestions above which will showcase the skills in this domain.</i></p> |
| 4.1.2 Check that the patient and/or carer understands the treatment choices being offered, the implications of this choice and any potential side effects together with their management   |  |  |  |  |
| 4.1.3 Identify any new causes of concern ensuring the presenting problem is within your role boundaries and scope of practice and in accordance with the treatment plan  |  |  |  |  |
| 4.1.4 Take a detailed history about the presenting complaint   |  |  |  |  |
| 4.1.5 Conduct an appropriate foot examination  |  |  |  |  |
| 4.1.6 Document a treatment plan that is agreed with the patient and if appropriate, their carer  |  |  |  |  |
| 4.1.7 Provide specific advice focusing on footwear, lifestyle, exercise type and intensity   |  |  |  |  |
| <b>4.2. MSK: Non compromised patient</b>   |  |  |  |  |

## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

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| 4.2.1 As MSK Healthy patient plus: prepare the patient's feet in a manner consistent with the care to be provided and identify any signs of abnormality or deterioration   |  |  |  | <ul style="list-style-type: none"> <li>• Case notes</li> <li>• Self-reflection</li> <li>• Observations</li> <li>• Referral pathways</li> <li>• Care plans</li> <li>• Patient testimonials</li> <li>• Examples of working practices</li> <li>• Clinical pathways</li> <li>• Patient information</li> </ul>  |
| 4.2.2 Use equipment appropriate for the patient, their condition, the treatment plan and the care being given  |  |  |  |  |
| 4.2.3 Handle and operate instruments and equipment in a manner which reduces the likelihood of risk, discomfort and injury to patient and worker, and in accordance with health and safety guidelines  |  |  |  |  |
| 4.2.4 Construct padding and strapping to alleviate the presenting symptoms   |  |  |  |  |
| 4.2.5 Take the measurements needed for the manufacture of a simple insole  |  |  |  |  |
| 4.2.6 provide specific advice on how to avoid common foot injuries and trauma including the use of over-the counter topical applications, relevant to activities of daily living, work related considerations and sporting activity  |  |  |  | <p><i>The clinical domain of MSK: Non compromised patient will be met be demonstrating the care for patients in the forms of examination, assessment and intervention, ensuring that the patient is informed and understands with given consent throughout the process. MSK skills and outcomes are best demonstrated with the evidence suggestions above which will showcase the skills in this domain.</i></p> |
| <b>4.3. MSK Medically Compromised patient</b>  |  |  |  |  |
| 4.3.1 As MSK non-compromised patient plus: in the context of specific foot deformities, offer detailed and specific information on foot care and footwear relevant to activities of daily living, work related considerations and sporting activity in a suitable form for the patient and carer, to reinforce their understanding |  |  |  | <ul style="list-style-type: none"> <li>• Case notes</li> <li>• Self-reflection</li> <li>• Observations</li> <li>• Referral pathways</li> <li>• Care plans</li> </ul>   |

## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

|  |  |  |  |   |
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| 4.3.2 In the context of specific foot deformities, provide specific advice on how to avoid common foot injuries and trauma including the use of over-the counter topical applications, relevant to activities of daily living, work related considerations and sporting activity |  |  |  | <ul style="list-style-type: none"> <li>• Patient testimonials</li> <li>• Examples of working practices</li> <li>• Clinical pathways</li> <li>• Patient information</li> </ul>   |
| 4.3.3 As set out in the agreed treatment plan, provide specific advice focusing on footwear, lifestyle, exercise type and intensity  |  |  |  | <i>The clinical domain of MSK: Medically Compromised patient will be met by demonstrating the care for patients in the forms of examination, assessment and intervention, ensuring that the patient is informed and understands with given consent throughout the process. MSK skills and outcomes are best demonstrated with the evidence suggestions above which will showcase the skills in this domain.</i> |
| <b>4.7. MSK: All Patients - Orthoses fitting</b>   |  |  |  |   |
| 4.7.1 Issue orthotics ensuring a good fit in the shoe  |  |  |  | <ul style="list-style-type: none"> <li>• Self-reflection</li> </ul>   |
| 4.7.2 Fit an orthosis to a patient's shoe ensuring a comfortable fit   |  |  |  | <ul style="list-style-type: none"> <li>• Observations</li> </ul>  |
| 4.7.3 Review the effectiveness of insoles and any issues that may have arisen as a result of fitting   |  |  |  | <ul style="list-style-type: none"> <li>• Care plans</li> <li>• Patient testimonials</li> </ul>  |
| 4.7.4 Using accepted protocols. review the effectiveness of insoles for concordance and any deterioration/improvement of the presenting condition, referring on to the podiatrist/registered health care professional when necessary   |  |  |  | <ul style="list-style-type: none"> <li>• Examples of working practices</li> <li>• Orthoses prescriptions</li> <li>• Clinical Protocols</li> <li>• Patient information</li> </ul>  |
|  |  |  |  | <i>The clinical domain of MSK: All patients- orthoses fitting will be met by demonstrating the care for patients whilst fitting</i>   |

## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

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|---|--|--|--|---|
|   |  |  |  | <i>orthoses, ensuring that the patient is informed and understands with given consent throughout the process. Orthoses fitting skills and outcomes are best demonstrated with the evidence suggestions above which will showcase the skills in this domain.</i>   |
| <b>5.1. Wound management: Healthy Patient</b>   |  |  |  |   |
| <b>5.1.1 As healthy patient health check plus: explain to the patient the treatment plan recommended by the registered professional, checking that the patient and/or carer understands the treatment and any self-management required</b>  |  |  |  | <ul style="list-style-type: none"> <li>• Case notes</li> <li>• Self-reflection</li> <li>• Observations</li> <li>• Referral pathways</li> <li>• Care plans</li> <li>• Patient testimonials</li> <li>• Examples of working practices</li> <li>• Clinical pathways</li> <li>• Patient information</li> </ul>   |
| <b>5.1.2 Take a detailed history about the treatment to date</b>  |  |  |  |   |
| <b>5.1.3 Conduct an appropriate foot examination, checking carefully for signs of changes to wounds and or escalating infection recognising the stages of skin breakdown</b>  |  |  |  |   |
| <b>5.1.5 Recognise and report any signs of infection or deterioration in the patient's condition to your supervisor or alternative health care professional without delay</b>   |  |  |  |   |
| <b>5.1.6 Document the treatment that is agreed with the patient and if appropriate, their carer</b>   |  |  |  | <i>The clinical domain Wound management: Healthy patient will be met by demonstrating the care for patients in the forms of examination, assessment and intervention, ensuring that the patient is informed and understands with given consent throughout the process. Wound management and outcomes are best demonstrated with the evidence suggestions above which will showcase the skills in this domain.</i> |
| <b>5.1.7 Carry out treatments, apply medicaments and dressings at an appropriate time according to the patient's plan of care, using appropriate techniques in line with the manufacturer's instructions and in a manner which optimises the patient's comfort and dignity and minimises pain and trauma, according to the prescription of care appropriate to the patient's conditions</b> |  |  |  |   |

## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

|  |  |  |  |   |
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| 5.1.8 Provide footwear advice relevant to the presenting condition   |  |  |  |   |
| 5.1.9 Provide the patient, and if appropriate their carer, with advice about self management between appointments, including how to seek urgent advice or treatment if there is pain, discomfort or other complication   |  |  |  |   |
| 5.1.10 Arrange to review the patient in accordance with the treatment plan, reviewing the progress of the treatment in accordance with the treatment plan  |  |  |  |   |
| 5.1.11 Document in detail the progress of the treatment, referring to the podiatrist/registered health care professional as necessary  |  |  |  |   |
| <b>5.2. Wound management: Non compromised patient</b>  |  |  |  |   |
| 5.2.1 As wound management healthy patient plus: when infection occurs seek advice from your supervisor, a podiatrist/registered health care professional in order to determine an appropriate treatment plan based on the patient history, pharmacological profile and examination |  |  |  | <ul style="list-style-type: none"> <li>• Case notes</li> <li>• Self-reflection</li> <li>• Observations</li> <li>• Referral pathways</li> <li>• Care plans</li> <li>• Patient testimonials</li> <li>• Examples of working practices</li> <li>• Clinical pathways</li> <li>• Patient information</li> </ul> |
| 5.2.2 provide advice on self-care of dressing and skin care, pressure ulcer prevention   |  |  |  |   |
| 5.2.3 provide footwear advice relevant to the presenting condition   |  |  |  |   |

## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | <i>The clinical domain Wound management: Non compromised patient will be met be demonstrating the care for patients in the forms of examination, assessment and intervention, ensuring that the patient is informed and understands with given consent throughout the process. Wound management and outcomes are best demonstrated with the evidence suggestions above which will showcase the skills in this domain.</i> |
| <b>5.3. Wound management: Medically compromised patient</b>  |  |  |  |   |
| <b>5.3.1 As for non-compromised patient plus: throughout the episode of care use formal protocols to monitor healing</b> |  |  |  | <ul style="list-style-type: none"> <li>• Case notes</li> <li>• Self-reflection</li> <li>• Observations</li> <li>• Referral pathways</li> <li>• Care plans</li> <li>• Patient testimonials</li> <li>• Examples of working practices</li> <li>• Clinical pathways</li> <li>• Patient information</li> </ul>   |
| <b>5.3.2 exercise caution in determining when to review the patient</b>  |  |  |  |   |
| <b>5.3.3 report urgently to supervisor following local protocols and referral pathways (sepsis)</b>                      |  |  |  |   |
|  |  |  |  | <i>The clinical domain Wound management: Medically compromised patient will be met be demonstrating the care for patients in the forms of examination, assessment and intervention, ensuring that the patient is informed and understands with given consent throughout the process. Wound</i>  |

## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

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|---|--|--|--|--|
|   |  |  |  | <i>management and outcomes are best demonstrated with the evidence suggestions above which will showcase the skills in this domain.</i>  |
| <b>6.0. Assisting in theatre</b>  |  |  |  |  |
| 6.0.1 Prepare the pre-surgical and surgical clinical environments, including local anaesthesia and surgical packs, according to local protocols and health and safety requirements  |  |  |  | <ul style="list-style-type: none"> <li>• Case notes</li> <li>• Self-reflection</li> <li>• Observations</li> <li>• Referral pathways</li> <li>• Preparation protocols</li> <li>• Care plans</li> <li>• Dressing packs</li> <li>• Examples of working practices</li> <li>• Clinical pathways</li> <li>• Patient information</li> </ul>   |
| 6.0.2 Prepare the patient according to local protocols and health and safety requirements   |  |  |  |  |
| 6.0.3 Prior to any treatment ensure all relevant consents have been signed, checking with the patient that nothing has changed, and they understand the consent they have given   |  |  |  |  |
| 6.0.4 If the patient is a child, agree in advance with the patient and their parent how they will support the patient throughout the procedure and importantly where they need to position themselves to ensure patient safety throughout |  |  |  |  |
| 6.0.5 Check that the patient will be able to return home safely following the surgery   |  |  |  |  |
| 6.0.6 Check the patient will be able to follow the post-surgical dressing protocol that follows the surgery, including ensuring they have appropriate footwear for post- surgical discharge   |  |  |  |  |
| 6.0.7 Undertake pre-surgical tests including pulse, O2 saturation, blood pressure   |  |  |  |  |
| 6.0.8 prepare the instrumentation for the   |  |  |  |  |
|   |  |  |  | <i>Assisting in theatre will be met by demonstrating the care for patients in the forms of preparation, supporting podiatrist and monitoring, ensuring that the patient is informed and understands with given consent throughout the process. Assisting in theatre are best demonstrated with the evidence suggestions above which will showcase the skills in this domain.</i> |



## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

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|---|--|--|--|--|
| administration of local anaesthesia, support the podiatrist/registered health care professional by handling any medicines required once they have been prepared               |  |  |  |  |
| 6.0.9 Position the patient for the administration of local anaesthesia to minimise patient discomfort   |  |  |  |  |
| 6.0.10 Reassure the patient during anaesthesia and throughout the procedure, maintaining a relaxed but professional environment   |  |  |  |  |
| 6.0.11 Monitor the patient throughout, escalating any concerns to the registered professional   |  |  |  |  |
| 6.0.12 If necessary, safely move the patient to the operating area and position in accordance with local protocols  |  |  |  |  |
| 6.0.13 Support the podiatrist/registered health care professional in gloving and gowning, using a strict no-touch protocol  |  |  |  |  |
| 6.0.14 Assist the podiatrist/registered health care professional in draping the surgical area   |  |  |  |  |
| 6.0.15 Using a strict no-touch protocol provide additional items as required by the podiatrist/registered health care professional e.g. dressings, additional instrumentation |  |  |  |  |
| 6.0.16 Keep a strict note of the time used for a range of activities eg tourniquet application, application of caustic  |  |  |  |  |
| 6.0.17 If necessary, support the podiatrist/ registered health care professional in the application of urgent treatment if there is a clinical emergency                      |  |  |  |  |



## Appendix 7. Foot Health Support Workforce – Portfolio mapping matrix

### Foot Care Assistant (FCA) / Foot Health Practitioner (FHP) / Podiatry Assistant (PA)

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|---|--|--|--|--|
| 6.0.18 Support the patient, and their carer, during the immediate post-operative phase  |  |  |  |  |
| 6.0.19 Following the surgery, check on any dressings for any sign of haemorrhage and if necessary, alert the registered professional  |  |  |  |  |
| 6.0.20 Support the patient in their preparations to leave the clinical area, ensuring they have understood the post-surgical advice, the indications for raising a concern prior to their first post-surgical appointment, how to make an emergency appointment |  |  |  |  |
| 6.0.21 Ensure the patient has written post-surgical advice and a follow up appointment  |  |  |  |  |
| 6.0.22 Using local protocols, safely restore the clinical area and arrange for the removal of soiled instrumentation and drapes and disposal of single use items  |  |  |  |  |