## **Appendix 3. Workforce standards mapping proforma**

| Standards for the Foot Health Workforce   | Standard required |            | ed        | Where can evidence relating to the delivery and assessment of each standard be found in                        |  |  |
|---|-------------------|------------|-----------|--|--|--|
| Foot Care Assistant / Foot Health Practitioner / Podiatry Assistant will be able to:  | FCA/FHP<br>LV3    | FHP<br>LV4 | AP<br>LV5 | the accompanying documentation? (e.g.  Module specification, Intended Learning Outcome, Assessment, Portfolio) |  |  |
| 1 Health and Wellbeing  |                   |            |           |  |  |  |
| 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 |                   |            |           |  |  |  |
| why it is important to gain informed consent  |                   |            |           |  |  |  |
| how to undertake risk assessment in enabling a person-centred approach  |                   |            |           |  |  |  |
| why it is important to promote person centred care, treatment and support   |                   |            |           |  |  |  |
| work in partnership with the patient, their carer, families and the wider health and social care team   |                   |            |           |  |  |  |
| 1.2 demonstrate clinical effectiveness, safety and a good experience for the patient  |                   |            |           |  |  |  |
| why safety and clinical effectiveness are important the importance of managing relationships and boundaries with service users  |                   |            |           |  |  |  |
| 1.3 promote the impact of effective health promotion, patient empowerment, and healthy lifestyles   |                   |            |           |  |  |  |
| the key role that health promotion and healthy lifestyle choices have in foot health, mobility and wellbeing  |                   |            |           |  |  |  |
| 2. Person centred care, treatment and support   |                   |            |           |  |  |  |
| 2.1. The student will be able to Gather evidence to assist in obtaining or updating a patient history, review health-related data and information                         |                   |            |           |  |  |  |



| the types of information you need to collate when obtaining a  |  |  |
|--|--|--|
| patient history, appropriate ways to record and share it   |  |  |
| 2.2. The student will be able to provide appropriate examinations  |  |  |
| of patients within your role boundaries and scope of practice  |  |  |
| the range of examinations needed to underpin the provision of  |  |  |
| effective foot health interventions including identification and   |  |  |
| referral of high-risk patients according to local protocols  |  |  |
| 2.3. The student will be able to provide care for patients that  |  |  |
| follows a treatment plan that has been developed or approved by a podiatrist/registered health care professional |  |  |
| the requirement to provide safe and effective care in the context  |  |  |
| of an approved treatment plan  |  |  |
| 2.4. The student will be able to 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        |  |  |
| how to provide safe foot care within your role boundaries and  |  |  |
| scope of practice  |  |  |
| understand the ethical and legal boundaries of your role and scope   |  |  |
| of practice  |  |  |
| 2.5. The student will be able to implement interventions in line   |  |  |
| with current evidence, taking action relative to a patient's health  |  |  |
| and care needs   |  |  |
| take a professional responsibility for keeping up to date with   |  |  |
| current evidence   |  |  |
| why it's important to provide treatment that is tailored to patient  |  |  |
| health and care needs  |  |  |
| 2.6. The student will be able to undertake foot health screening   |  |  |
| as part of an assessment of a patient's healthcare status. Report  |  |  |
| changes to your supervisor   |  |  |
| the role of baseline measurements and review to underpin a   |  |  |
| treatment plan aligned to the health and social care needs of the  |  |  |
| patient  |  |  |
| 3. Communication   |  |  |
| 3.1 The student will be able to demonstrate and promote  |  |  |
| effective communication using a range of techniques  |  |  |

| why it is important to promote effective communication at work  |  |  |
|---|--|--|
| how to communicate with people who have specific language   |  |  |
| needs or wishes   |  |  |
| 3.2 The student will be able to communicate effectively and   |  |  |
| ethically with and about patients, their representatives and  |  |  |
| carers, supervisor and other health and social care professionals,  |  |  |
| observing confidentiality and consent   |  |  |
| how to reduce communication problems and respond to   |  |  |
| complaints; techniques for challenging situations, local guidelines   |  |  |
| for dealing with abusive behaviour  |  |  |
| a range of methods of communicating with patients across the age  |  |  |
| range   |  |  |
| how to check you have been understood   |  |  |
| barriers to communication and a range of ways to overcome   |  |  |
| them  |  |  |
| how verbal and non-verbal communication may relate to a   |  |  |
| patient's condition   |  |  |
| 3.3 demonstrate written and verbal effectiveness and accurate   |  |  |
| record keeping  |  |  |
| the importance of accurate communication, and use of  |  |  |
| recognised clinical abbreviations, particularly in patient records  |  |  |
| 3.4 demonstrate appropriate language and pathway for referral writing/communication with a range of professionals |  |  |
| how to communicate clearly and effectively to a range of  |  |  |
| healthcare professionals in order to secure optimal clinical  |  |  |
| outcomes for patients   |  |  |
| 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   |  |  |
| Legislation including GDPR, policies and local ways of working about  |  |  |
| handling information; why it is important to record and store   |  |  |
| information securely and confidentially and support others to do so;  |  |  |
| e-safety; the audit process and how it relates to your role   |  |  |
| 4. Team Working   |  |  |

|   | 1 |  |  |
|---|---|--|--|
| 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   |   |  |  |
| how to maintain a range of complex professional relationships that    |   |  |  |
| underpin effective patient care                                       |   |  |  |
| 5. Personal, people and quality improvement                           |   |  |  |
| 5.1 demonstrate ethical practice and professionalism                  |   |  |  |
| the ethical and legal frameworks that underpin your practice          |   |  |  |
| including the Code of Conduct for Healthcare Support Workers and      |   |  |  |
| Adult Social Care Workers in England (2013)                           |   |  |  |
| 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                            |   |  |  |
| your responsibilities and duties; the limits of your role boundaries  |   |  |  |
| and scope of practice and authority                                   |   |  |  |
| the values of your organisation/ regulator/professional body          |   |  |  |
| legislation, standards, policies, liability insurance protocols you   |   |  |  |
| should adhere to  |   |  |  |
| why it is important to work in the best interests of patients and in  |   |  |  |
| ways agreed by your employer  |   |  |  |
| 5.3 escalate concerns signposting to your supervisor as necessary     |   |  |  |
| when you need to signpost concerns to your supervisor in order to     |   |  |  |
| ensure optimal patient care   |   |  |  |
| 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                        |   |  |  |
| the central importance of critical colleague support in your          |   |  |  |
| professional development  |   |  |  |

|  | <u> </u> |  |
|--|----------|--|
| the consequences of your actions, attitude and behaviour           |          |  |
| how to assess and reflect upon your own capabilities and           |          |  |
| limitations  |          |  |
| how to engage with lifelong learning in order to maintain and      |          |  |
| enhance your practice, continually practising within your scope    |          |  |
| 5.5 manage your own time, resources and personal behaviour         |          |  |
| the importance of working well in the context of your own health,  |          |  |
| wellbeing, and resilience  |          |  |
| understand and act accordingly when your own health may impact     |          |  |
| on your ability to practise safely and effectively                 |          |  |
| 5.6 escalate concerns signposting to your supervisor as necessary  |          |  |
| when you need to signpost concerns to your supervisor in order to  |          |  |
| ensure optimal patient care  |          |  |
| 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   |          |  |
| behaviours expected from a role model; the principles of training  |          |  |
| and mentoring  |          |  |
| the importance of gathering and responding where appropriate to    |          |  |
| service user feedback  |          |  |
| ways to identify and escalate opportunities to provide a better or |          |  |
| more effective service   |          |  |
| 6. Health, safety and security                                     |          |  |
| 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            |          |  |
| how to promote and manage health and safety at work; what to do    |          |  |
| in situations that could cause harm                                |          |  |
| how to handle equipment, hazardous materials                       |          |  |
| waste management   |          |  |
| 6.2 undertake risk assessments in line with your role boundaries   |          |  |
| and scope of practice  |          |  |

|   |  | T |      |  |
|---|--|---|------|--|
| understand and follow the Health and Safety at Work Act including     |  |   |      |  |
| the meaning of risk /risk assessment                                  |  |   |      |  |
| how to recognise risk or hazards, undertake risk assessment,          |  |   |      |  |
| escalate where appropriate, operate safe systems of work              |  |   | <br> |  |
| 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)   |  |   |      |  |
| the importance of a clean clinical environment                        |  |   | <br> |  |
| legislation, policies and local ways of working for the prevention of |  |   |      |  |
| infection   |  |   | <br> |  |
| personal hygiene, handwashing   |  |   | <br> |  |
| the appropriate and correct use of PPE: gloves, aprons, masks         |  |   | <br> |  |
| 6.4 undertake mandatory training such as basic life support,          |  |   |      |  |
| GDPR, safeguarding as appropriate to your role                        |  |   |      |  |
| the role of mandatory training in ensuring you discharge your         |  |   |      |  |
| professional responsibilities appropriately                           |  |   |      |  |
| 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              |  |   |      |  |
| understand instrument sterilisation principals                        |  |   |      |  |
| how infections start and spread                                       |  |   | <br> |  |
| how to clean, decontaminate and sterilise equipment and dispose       |  |   |      |  |
| of safely   |  |   | <br> |  |
| 6.6 move and position patients, equipment and other items             |  |   |      |  |
| safely, protecting yourself, patients and carers                      |  |   |      |  |
| move and position people, equipment or other objects safely in        |  |   |      |  |
| line with health and safety legislation and agreed ways of working    |  |   |      |  |
| 6.7 dispose of waste materials in an appropriate manner and           |  |   |      |  |
| place in accordance with health and safety guidelines                 |  |   |      |  |
| management of sharps and exposure incidents                           |  |   |      |  |
| immunisation for health care professionals                            |  |   |      |  |





| 6.8 support the safeguarding of patients                            |              |   |  |
|---|--------------|---|--|
| guidance and legislation relating to the safeguarding of children   |              |   |  |
| and vulnerable adults and how to raise concerns                     |              |   |  |
| 7. Duty of care and candour, safeguarding, equality a               | nd diversity | , |  |
| 7.1 follow the principles for equality, diversity and inclusion     |              |   |  |
| legislation, policies and local ways of working about duty of care, |              |   |  |
| candour, raising concerns, safeguarding/ protection from abuse,     |              |   |  |
| diversity, equality and inclusion - what they mean, why they are    |              |   |  |
| important, how to promote them to others                            |              |   |  |
| 7.2 implement a duty of care and candour                            |              |   |  |
| how discrimination can happen                                       |              |   |  |
| how to deal with conflicts between a person's rights and            |              |   |  |
| understand your role under duty of candour                          |              |   |  |
| 7.3 safeguard and protect adults and children; promote the          |              |   |  |
| principles to others  |              |   |  |
| the signs of abuse, what to do if you suspect it, how to reduce the |              |   |  |
| chances of abuse as much as possible                                |              |   |  |
| 8. Basic life support   |              |   |  |
| 8.1 recognise and manage common medical emergencies provide         |              |   |  |
| first aid   |              |   |  |
| the types of medical emergency and first aid that may arise and     |              |   |  |
| ways to address them  |              |   |  |
| 9. Health check: Healthy Patient                                    |              |   |  |
| 9.1 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   |              |   |  |
| how to conduct a professional conversation with patients and        |              |   |  |
| carers in order to obtain all relevant information through the      |              |   |  |
| taking of a systematic history within your role boundaries and      |              |   |  |
| scope of practice   |              |   |  |

| 9.2 confirm that the patient understands the purpose and nature     |  |  |  |
|---|--|--|--|
| of any examinations which need to be carried out, and gives         |  |  |  |
| consent   |  |  |  |
| how to gain informed consent and why this is essential for safe and |  |  |  |
| effective care  |  |  |  |
| 9.3 review the patient's history since their last attendance        |  |  |  |
| the importance of continuous review of a patient's foot health      |  |  |  |
| including their broader health and social care needs within your    |  |  |  |
| role boundaries and scope of practice                               |  |  |  |
| how general health changes may impact on the foot and lower         |  |  |  |
| limb  |  |  |  |
| 9.4 The student will be able to gather information on subjective    |  |  |  |
| symptoms through discussion with the patient                        |  |  |  |
| how to gather a patient history in a systematic and clear way using |  |  |  |
| open questioning  |  |  |  |
| 9.5 The student will be able to identify the main factors that are  |  |  |  |
| likely to limit the patient's ability to care for their feet        |  |  |  |
| what might prevent self-care and how to encourage patients to       |  |  |  |
| disclose this   |  |  |  |
| 9.6 The student will be able to examine the patient's footwear      |  |  |  |
| and assess its suitability for foot type and risk status            |  |  |  |
| the importance of appropriate footwear in the maintenance of        |  |  |  |
| good foot health  |  |  |  |
| 9.7 The student will be able to conduct an examination of the       |  |  |  |
| foot including key bony landmarks                                   |  |  |  |
| basic foot anatomy including bones and joints, pulse points and     |  |  |  |
| normal skin and nails   |  |  |  |
| 9.8 The student will be able to 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   |  |  |  |
| how to carry out tests for vascular function and record your        |  |  |  |
| findings using formal local protocols for interpretation by a       |  |  |  |
| podiatrist/ registered health care professional                     |  |  |  |

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|--|--|--|--|--|
| 9.9 The student will be able to carry out tests to assess  |  |  |  |  |
| neurological function using appropriate tools  |  |  |  |  |
| how to carry out tests for neurological function and record your   |  |  |  |  |
| findings using formal local protocols for interpretation by a  |  |  |  |  |
| podiatrist/ registered health care professional  |  |  |  |  |
| 9.10 The student will be able to provide the results of the  |  |  |  |  |
| examination with the patient and carer in an appropriate   |  |  |  |  |
| manner, and at a suitable level and pace   |  |  |  |  |
| how to communicate your findings and ongoing advice to patients  |  |  |  |  |
| and carers using language that is accessible to them   |  |  |  |  |
| 9.11 offer information on foot care in a suitable form for the   |  |  |  |  |
| patient and carer, to reinforce their understanding  |  |  |  |  |
| the importance of reinforcing information for patients to refer to   |  |  |  |  |
| once they get home   |  |  |  |  |
| 9.12 make a record of the examination and communicate findings   |  |  |  |  |
| to the patient, carer and where appropriate, your supervisor   |  |  |  |  |
| how to meet your legal obligations in keeping accurate   |  |  |  |  |
| contemporaneous records  |  |  |  |  |
| 9.13 agree when the patient will next attend, leaving an interval  |  |  |  |  |
| appropriate to the risks you have identified   |  |  |  |  |
| the need to follow accurately the treatment plan previously agreed   |  |  |  |  |
| the need to anticipate accurately when the patient will next   |  |  |  |  |
| require a foot health check  |  |  |  |  |
| 10. Health check: Non compromised patient  |  |  |  |  |
| 10.1 As healthy patient health check plus: Identify a. Gross foot  |  |  |  |  |
| deformities and conditions b. Evidence of trauma   |  |  |  |  |
| the common foot pathologies and indications of trauma that   |  |  |  |  |
| may present  |  |  |  |  |
| 11. Health check: Medically compromised patient  |  |  |  |  |
| 11.1 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  |  |  |  |  |

| and/or lower limb with impact/ risk to foot health and general health |  |  |
|---|--|--|
| the range of medical and surgical conditions and prescribed           |  |  |
| medications that have a negative impact on the structure and          |  |  |
| function of the feet and lower limb                                   |  |  |
| 11.2 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        |  |  |
| the indications for in-depth examinations in patients presenting      |  |  |
| with medical conditions that have a negative impact on the            |  |  |
| structure and function of the feet and lower limb using formal local  |  |  |
| protocols for interpretation by your supervisor                       |  |  |
| 11.3 conduct a meticulous examination of the foot and lower           |  |  |
| limb in order to determine the presence of hidden ulceration          |  |  |
| how ulceration in the foot can present and be masked                  |  |  |
| 11.4 check vital signs and recognise deteriorating patient eg.        |  |  |
| sepsis  |  |  |
| the signs and symptoms of spread of infection using formal local      |  |  |
| protocols for interpretation by a podiatrist/ registered health care  |  |  |
| professional  |  |  |
| 11.5 appropriately escalate concerns about foot structure and/or      |  |  |
| function to your supervisor in a timely manner                        |  |  |
| the need for escalation and/or referral and the degree of urgency     |  |  |
| in patients with underlying medical or surgical pathology reporting   |  |  |
| to your supervisor  |  |  |
| 11.6 offer detailed and specific information on foot care and         |  |  |
| footwear in a suitable form for the patient and carer, to reinforce   |  |  |
| their understanding   |  |  |
| the importance of self-management of foot care and footwear in        |  |  |
| the context of ongoing medical and surgical pathology                 |  |  |
| 12. Health check: Severe Systemic Disease                             |  |  |
| 12.1 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  |  |  |



|   |  | <br> |
|---|--|------|
| the significance and impact that medical or surgical pathology have |  |      |
| on the presenting lesions   |  |      |
| 12.2 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                         |  |      |
| the importance of self-management of foot care and footwear for     |  |      |
| a patient with foot pathology together with ongoing medical and     |  |      |
| surgical pathology  |  |      |
| 13. Nail Care: Healthy Patient                                      |  |      |
| 13.1 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                               |  |      |
| the cause and pathophysiology of the presenting condition           |  |      |
| including whether it requires onward referral, a second opinion or  |  |      |
| whether it is within your own role boundaries and scope of          |  |      |
| practice  |  |      |
| 13.2 take a detailed history about the presenting complaint         |  |      |
| how to take a logical and sequenced history that is relevant to the |  |      |
| presenting condition  |  |      |
| 13.3 conduct an appropriate foot examination and identify any       |  |      |
| signs of deterioration, infection or abnormality                    |  |      |
| the tests needed that are specific to the presenting condition      |  |      |
| 13.4 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   |  |      |
| the need for patients and carers to understand the management       |  |      |
| plan to maximise concordance, maintaining oversight of foot         |  |      |
| health over time, including any changes that do not relate to the   |  |      |
| specific presenting condition                                       |  |      |

| 13.5 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                                     |             |  |  |  |
| the wider members of the healthcare team such as your supervisor    |             |  |  |  |
| to whom you can refer patients or from whom you can seek advice     |             |  |  |  |
| or support  |             |  |  |  |
| your professional responsibility to only undertake treatment that   |             |  |  |  |
| falls within your own role boundaries and scope of practice         |             |  |  |  |
| 13.6 follow an agreed treatment plan / process and record any       |             |  |  |  |
| modifications with reasons for variance                             |             |  |  |  |
| how to conduct a professional conversation with patients and        |             |  |  |  |
| carers in ways that they can understand the treatment choices       |             |  |  |  |
| open to them and their likely outcomes                              |             |  |  |  |
| the need to conduct patient care within a formal framework set      | <del></del> |  |  |  |
| out in an explicit treatment plan that is agreed with the patient,  | 1           |  |  |  |
| and if appropriate your supervisor                                  | 1           |  |  |  |
| 13.7 prepare the patient's feet in a manner consistent with the     |             |  |  |  |
| care to be provided   |             |  |  |  |
| how to minimise cross infection and maintain patient and            |             |  |  |  |
| practitioner safety   | 1           |  |  |  |
| 13.8 use equipment appropriate for the patient, their condition,    |             |  |  |  |
| the treatment plan and the care being given                         |             |  |  |  |
| the importance of using the correct instruments for the selected    |             |  |  |  |
| intervention  | 1           |  |  |  |
| 13.9 handle and operate instruments and equipment in a manner       |             |  |  |  |
| which reduces the likelihood of risk                                |             |  |  |  |
| how to use equipment safely whilst maximising clinical benefit      |             |  |  |  |
| relevant health and safety guidelines, keeping up to date with      |             |  |  |  |
| guidance and changes in legislation                                 |             |  |  |  |
| 13.10 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   |  |  |
| how to safely shorten the toenail, understanding the importance     |  |  |
| ,   |  |  |
| of maintaining an appropriate length and straight, smooth edge      |  |  |
| how to safely employ a nail drill to reduce thickness, ensuring no  |  |  |
| damage to surrounding soft tissue                                   |  |  |
| 13.11 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   |  |  |
| the indications and contra-indications of a range of topical        |  |  |
| medicaments and dressings and how to apply them in order to         |  |  |
| maximise their effectiveness  |  |  |
| 13.12 document the treatment provided in line with the care plan    |  |  |
| that is agreed with the patient and if appropriate, their carer     |  |  |
| how to meet your legal obligations in keeping accurate              |  |  |
| contemporaneous records   |  |  |
| 13.13 recognise and escalate appropriately to your supervisor any   |  |  |
| nail and skin pathologies or trauma related nail and skin           |  |  |
| problems  |  |  |
| your professional responsibility to only undertake treatment that   |  |  |
| falls within your own role boundaries and scope of practice         |  |  |
| the wider members of the healthcare team to whom you can refer      |  |  |
| patients or from whom you can seek advice or support                |  |  |
| 13.14 advise your patient on toenail self-care and general foot     |  |  |
| care  |  |  |
| how to communicate detailed and specific advice on self-care        |  |  |
| 13.15 record any modifications which are made to the agreed         |  |  |
| treatment process and document the reasons for the variance         |  |  |
| the need to provide a detailed record of any changes to the         |  |  |
| treatment plan, including the reasons behind these, and if it falls |  |  |
| out with the agreed role boundaries and scope of practice to make   |  |  |
| onward referral   |  |  |





| 13.16 dispose of waste materials in an appropriate manner and       |  |  |
|---|--|--|
| place in accordance with health and safety guidelines               |  |  |
| the legal requirements for the safe disposal of clinical waste and  |  |  |
| your legal obligations, including any local health and safety       |  |  |
| guidelines  |  |  |
|   |  |  |
| 14. Nail and skin care: Healthy Patient                             |  |  |
| 14.1 As nail care for a healthy patient plus: conservatively        |  |  |
| manage an ingrowing toenail, recognising signs and symptoms of      |  |  |
| developing or spreading infection                                   |  |  |
| the causes of an ingrowing, including trauma and pathological       |  |  |
| change and the conservative techniques used to provide              |  |  |
| immediate relief and long-term resolution                           |  |  |
| 14.2 in line with care plan carry out reduction of callus via       |  |  |
| appropriate means   |  |  |
| the need for prompt referral to a podiatrist/registered health care |  |  |
| professional if there are signs and/or symptoms of a spreading      |  |  |
| infection or increased pain   |  |  |
| 14.3 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  |  |  |
| the selection of appropriate instrumentation for the safe and       |  |  |
| effective management of the presenting condition                    |  |  |
| 14.4 be able to perform a non-touch dressing technique, if a        |  |  |
| haemorrhage or existing maceration present                          |  |  |
| how to use a formal approach for the safe and effective application |  |  |
| of a sterile dressing   |  |  |
| 15. Nail and skin care: Non compromised patient                     |  |  |
| 15.1 As nail and skin care for a healthy patient plus: reduce       |  |  |
| pathological nails with file or nail drill safely and effectively   |  |  |
| how to use a nail file and/or drill safely and effectively          |  |  |
| 15.2 recognise new nail trauma or pathology and refer on when       |  |  |
| appropriate   |  |  |



| the pathological conditions affecting the nails including cancers,      |               |           |           |  |
|---|---------------|-----------|-----------|--|
| and when to refer to a podiatrist/ registered health care               |               |           |           |  |
| professional  |               |           |           |  |
| 15.3 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                                     |               |           |           |  |
| when it is safe to debride callus, being clear at all times the limits  |               |           |           |  |
| of your own role boundaries and scope of practice and clinical          |               |           |           |  |
| understanding   |               |           |           |  |
| when it is safe to use sharp dissection                                 |               |           |           |  |
| when patient anatomy or presenting signs necessitate referral to        |               |           |           |  |
| another member of the healthcare team                                   |               |           |           |  |
| 15.4 safely use a mandrill to reduce callus                             |               |           |           |  |
| when it is safe to debride superficial callus, being clear at all times |               |           |           |  |
| the limits of your own role boundaries and scope of practice and        |               |           |           |  |
| clinical understanding  |               |           |           |  |
| 15.5 be able to perform simple offloading technique with                |               |           |           |  |
| appropriate padding and strapping                                       |               |           |           |  |
| the underlying bony anatomy and associated weightbearing                |               |           |           |  |
| pressures and how they can be re-distributed                            |               |           |           |  |
| the pressure absorbing and redistributing properties of a defined       |               |           |           |  |
| range of materials  |               |           |           |  |
| the indications and contra-indications, including allergy, for the use  |               |           |           |  |
| of adhesive materials used on the feet                                  |               |           |           |  |
| 16. Nail and skin care: Medically compromised patier                    | nt (such as p | atient wi | th stable |  |
| non limb threatening peripheral arterial disease)                       | •             |           |           |  |
| 16.1 As for non-compromised patient plus: know when to                  |               |           |           |  |
| escalate ulcerated patient e.g. vascular, diabetic, inflammatory,       |               |           |           |  |
| pressure ulcer, dermatology to yo1ur supervisor in a timely             |               |           |           |  |
| manner  |               |           |           |  |
| the presenting symptoms of foot ulceration and when to make a           |               |           |           |  |
| referral in order to maximise patient outcomes                          |               |           |           |  |

| local referral guidelines and pathways for different medical        |  |  |
|---|--|--|
| conditions and refer the patient to a podiatrist/ registered health |  |  |
| care professional with the appropriate degree of urgency            |  |  |
| 16.2 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  |  |  |
| the need to modify specific treatments in the context of the        |  |  |
| patient's ongoing medical and/or surgical pathology in order to     |  |  |
| prevent clinician induced damage to soft tissues and the potential  |  |  |
| for breaches to the integrity of the skin and infection             |  |  |
| 16.3 if a sharps injury occurs, use a formal risk assessment        |  |  |
| approach for referral to your supervisor                            |  |  |
| the need for escalation and/or referral and the degree of urgency   |  |  |
| following a sharps injury in patients with underlying medical or    |  |  |
| surgical pathology reporting to your supervisor                     |  |  |
| 16.4 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             |  |  |
| the importance of self-management in maintaining foot health and    |  |  |
| the indications for seeking emergency treatment                     |  |  |
| 17. Dermatology: Healthy Patient                                    |  |  |
| 17.1 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                |  |  |
| how to conduct a professional conversation with patients and        |  |  |
| carers in ways that they can understand the treatment choices       |  |  |
| open to them and their likely outcomes                              |  |  |

| 17.2 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  |  |  |
| the cause and pathophysiology of the presenting condition            |  |  |
| including whether it requires onward referral, a second opinion or   |  |  |
| whether it is within your own role boundaries and scope of           |  |  |
| practice   |  |  |
| 17.3 take a detailed history about the presenting complaint          |  |  |
| how to take a logical and sequenced history that is relevant to the  |  |  |
| presenting condition using national markers for skin cancer lesions  |  |  |
| 17.4 conduct an examination of the presenting complaint and the      |  |  |
| feet   |  |  |
| the tests needed that are specific to the presenting condition using |  |  |
| national markers for skin cancer lesions                             |  |  |
| 17.5 observe any lesions/wound for change in appearance and if       |  |  |
| a deterioration escalate to a podiatrist / registered health care    |  |  |
| professional:  |  |  |
| the need to maintain oversight of foot health over time, including   |  |  |
| any changes that do not relate to the specific presenting condition  |  |  |
| and to escalate if there is a deterioration                          |  |  |
| 17.6 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                              |  |  |
| how to minimise cross infection and maintain patient and             |  |  |
| practitioner safety  |  |  |
| 17.7 use equipment appropriate for the patient, their condition,     |  |  |
| the treatment plan and the care being given                          |  |  |
| the importance of using the correct instruments for the selected     |  |  |
| intervention   |  |  |
| 17.8 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   |  |  |

|  |  | <br> |
|--|--|------|
| how to use equipment safely whilst maximising clinical benefit     |  |      |
| 17.9 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                     |  |      |
| relevant health and safety guidelines, keeping up to date with     |  |      |
| guidance and changes in legislation                                |  |      |
| the indications and contra-indications of a range of topical       |  |      |
| medicaments and dressings and how to apply them in order to        |  |      |
| maximise their effectiveness                                       |  |      |
| 17.10 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.         |  |      |
| your professional responsibility to only undertake treatment that  |  |      |
| falls within your own role boundaries and scope of practice        |  |      |
| the wider members of the healthcare team to whom you can refer     |  |      |
| patients or from whom you can seek advice or support               |  |      |
| 17.11 recognise and report any signs of infection or deterioration |  |      |
| in the patient's condition to your supervisor without delay        |  |      |
| the signs of infection   |  |      |
| the need for urgent intervention from a registered professional,   |  |      |
| your supervisor when deterioration and/or infection occurs         |  |      |
| 17.12 record any modifications which are made to the agreed        |  |      |
| treatment process and document the reasons for the variance        |  |      |
| how to meet your legal obligations in keeping accurate             |  | <br> |
| contemporaneous records  |  |      |
| 17.13 dispose of waste materials in an appropriate manner and      |  |      |
| place in accordance with health and safety guidelines              |  |      |
| the legal requirements for the safe disposal of clinical waste and |  | <br> |
| your legal obligations, including any local health and safety      |  |      |
| guidelines   |  |      |

| 18 Darmatalagu Nan campramicad nationt                                  |  |  |
|---|--|--|
| 18. Dermatology: Non compromised patient                                |  |  |
| 18.1 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   |  |  |
| the information needed by a podiatrist/ registered health care          |  |  |
| professional to determine a second-line treatment plan                  |  |  |
| appropriate to the age of the patient, their lifestyle, skin type, plus |  |  |
| the site and size of the lesion(s) to be treated                        |  |  |
| the pathophysiology of onychomycosis and the over-the counter           |  |  |
| treatments available, their indications and contra indications          |  |  |
| 18.2 initiate first-line treatment by providing the patient with        |  |  |
| advice regarding the use of over-the-counter self-treatment for         |  |  |
| verrucae/onychomycosis or skin pathology                                |  |  |
| the importance of consent being secured on the explicit basis that      |  |  |
| the patient fully understands the treatment options and their           |  |  |
| consequences  |  |  |
| 18.3 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   |  |  |
| how to undertake safely a defined range of treatment options            |  |  |
| taking into account the site and size of the lesions, with particular   |  |  |
| regard to underlying anatomy  |  |  |
| 18.4 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                  |  |  |
| 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                                 |  |  |
| the possible complications for each treatment and how they can       |  |  |
| present  |  |  |
| 18.5 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                                     |  |  |
| the critical importance of patients being able to obtain emergency   |  |  |
| treatment in a timely way  |  |  |
| 18.6 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                               |  |  |
| that regular review ensures patient health and safety is maintained  |  |  |
| and that an interruption of treatment can promote patient welfare    |  |  |
| 18.7 document in detail the progress of the treatment, referring     |  |  |
| back to the podiatrist/registered health care professional as        |  |  |
| necessary  |  |  |
| the need for detailed records to meet legal obligations and the      |  |  |
| need for triage if the treatment does not progress in line with the  |  |  |
| treatment plan   |  |  |
| 19. Dermatology: Medically compromised patient                       |  |  |
| 19.1 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  |  |  |
| the importance of self-management of skin, footcare and footwear     |  |  |
| in the context of ongoing medical and surgical pathology and         |  |  |
| pressure ulcer prevention that supports the individual patient's     |  |  |
| lifestyle choices within safe limits                                 |  |  |



| 19.2 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                                  |  |  |
| the causes of common injuries and their consequences in patients      |  |  |
| with compromised healing, circulation and/or neurological             |  |  |
| functioning   |  |  |
|   |  |  |
| 20. Dermatology: Severe systemic disease                              |  |  |
| 20.1 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                                    |  |  |
| the presenting signs and symptoms of a broad range of                 |  |  |
| dermatological conditions affecting the foot and lower limb and       |  |  |
| when to make a referral in order to maximise patient outcomes         |  |  |
| who to refer the patient to with the appropriate degree of urgency    |  |  |
| in liaison with your supervisor                                       |  |  |
| 21. Dermatology: Severe systemic disease                              |  |  |
| 21.1 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   |  |  |
| the need to take account of the self-management of foot care and      |  |  |
| footwear in the context of ongoing medical and surgical pathology,    |  |  |
| that supports the individual patient's lifestyle choices, within safe |  |  |
| limits for patients with existing foot pathology                      |  |  |
| 21.2 in the context of specific foot deformities, provide specific    |  |  |
| advice on how to avoid common foot injuries and trauma                |  |  |
| including the use of over-thecounter topical applications,            |  |  |
| relevant to activities of daily living, work related considerations   |  |  |
| and sporting activity   |  |  |

| the causes of common injuries and their consequences in patients    |  |  |
|---|--|--|
| with foot pathology, together with compromised healing,             |  |  |
| circulation and/or sensory neuropathy                               |  |  |
| 22. MSK: Healthy Patient  |  |  |
| 22.1 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                |  |  |
| how to conduct a professional conversation with patients and        |  |  |
| carers in ways that they can understand the treatment choices       |  |  |
| open to them and their likely outcomes                              |  |  |
| 22.2 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       |  |  |
| the importance of consent being secured on the explicit basis that  |  |  |
| the patient fully understands the treatment options and their       |  |  |
| consequences  |  |  |
| 22.3 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                               |  |  |
| the signs and symptoms of the presenting condition including        |  |  |
| whether it requires onward referral, a second opinion or whether    |  |  |
| it is within your own role boundaries and scope of practice         |  |  |
| 22.4 take a detailed history about the presenting complaint         |  |  |
| how to take a logical and sequenced history that is relevant to the |  |  |
| presenting condition  |  |  |
| 22.5 conduct an appropriate foot examination                        |  |  |
| the tests needed that are specific to the presenting condition      |  |  |
| 22.6 document a treatment plan that is agreed with the patient      |  |  |
| and if appropriate, their carer                                     |  |  |

|  |  | , |
|--|--|---|
| the need to conduct patient care within a formal framework set     |  |   |
| out in an explicit treatment plan that is agreed with the patient, |  |   |
| and if appropriate your supervisor                                 |  |   |
| 22.7 provide specific advice focusing on footwear, lifestyle,      |  |   |
| exercise type and intensity  |  |   |
| the role that footwear and exercise type and intensity have on     |  |   |
| musculoskeletal conditions affecting the foot                      |  |   |
| 22.8 issue orthotics ensuring a good fit in the shoe               |  |   |
| how to adjust an insole/orthosis to a shoe to ensure a comfortable |  |   |
| fit for the patient  |  |   |
| 23. MSK: Non compromised patient                                   |  |   |
| 23.1 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                              |  |   |
| how to minimise cross infection and maintain patient and           |  |   |
| practitioner safety  |  |   |
| 23.2 use equipment appropriate for the patient, their condition,   |  |   |
| the treatment plan and the care being given                        |  |   |
| the importance of using the correct instruments for the selected   |  |   |
| intervention   |  |   |
| 23.4 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   |  |   |
| how to use equipment safely whilst maximising clinical benefit     |  |   |
| relevant health and safety guidelines, keeping up to date with     |  |   |
| guidance and changes in legislation                                |  |   |
| 23.5 construct padding and strapping to alleviate the presenting   |  |   |
| symptoms   |  |   |
| the underlying bony anatomy and associated weightbearing           |  |   |
| pressures and how they can be re-distributed                       |  |   |
| the pressure absorbing and redistributing properties of a defined  |  |   |
| range of materials   |  |   |

| the indications and contra-indications, including allergy, for the use |  |  |
|--|--|--|
| of adhesive materials used on the feet                                 |  |  |
| 23.6 take the measurements needed for the manufacture of a             |  |  |
| simple insole  |  |  |
| how to create a template that identifies the position of underlying    |  |  |
| bony structures within a shoe and areas for offloading footwear        |  |  |
| options available to patients and their pros and cons                  |  |  |
| 23.7 provide specific advice on how to avoid common foot               |  |  |
| injuries and trauma including the use of over-thecounter topical       |  |  |
| applications, relevant to activities of daily living, work related     |  |  |
| considerations and sporting activity                                   |  |  |
| the causes of common injuries and their consequences in patients       |  |  |
| with compromised healing, circulation and/or neurological              |  |  |
| functioning  |  |  |
| 23.8 it an orthosis to a patient's shoe ensuring a comfortable fit     |  |  |
| how to adjust an orthosis to fit the shoe whilst maintaining its       |  |  |
| functionality  |  |  |
|  |  |  |
|  |  |  |
| 24. MSK Medically Compromised patient                                  |  |  |
| 24.1 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       |  |  |
| the need to take account of the self-management of foot care and       |  |  |
| footwear in the context of ongoing medical and surgical pathology      |  |  |
| that supports the individual patient's lifestyle choices within safe   |  |  |
| limits for patients with existing foot pathology                       |  |  |
| 24.2 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  |  |  |

| the causes of common injuries and their consequences in patients    |  |  |
|---|--|--|
| with foot pathology, together with compromised healing,             |  |  |
| circulation and/or neurological functioning                         |  |  |
| 24.3 as set out in the agreed treatment plan, provide specific      |  |  |
| advice focusing on footwear, lifestyle, exercise type and intensity |  |  |
| the role that footwear and exercise type and intensity have on      |  |  |
| musculoskeletal conditions affecting the foot                       |  |  |
| 25. MSK: All Patients - Orthoses fitting                            |  |  |
| 25.1 fit an orthosis to a patient's shoe ensuring a comfortable fit |  |  |
| how to adjust an orthosis to fit the shoe whilst maintaining its    |  |  |
| functionality   |  |  |
| 25.2 review the effectiveness of insoles and any issues that may    |  |  |
| have arisen as a result of fitting                                  |  |  |
| how effectiveness is determined                                     |  |  |
| 25.3 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                             |  |  |
| how fit is determined and when to seek advice from a podiatrist/    |  |  |
| registered health care professional                                 |  |  |
| 26. Wound management: Healthy Patient                               |  |  |
| 26.1 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                          |  |  |
| dressing care is delegated by a podiatrist/ registered health care  |  |  |
| professional as part of an overall treatment plan                   |  |  |
| be able to understand the phases of wound healing, signs of         |  |  |
| infection and dressing selection.                                   |  |  |
| 26.2 take a detailed history about the treatment to date            |  |  |
| how to take a logical and sequenced history that is relevant to the |  |  |
| presenting condition  |  |  |

| the importance of up to date clinical information in determining    |  |  |      |  |
|---|--|--|------|--|
| whether referral for revision of the agreed treatment plan is       |  |  |      |  |
| required  |  |  |      |  |
| the need for urgent intervention from your supervisor or            |  |  |      |  |
| alternative health care professional when deterioration and/or      |  |  |      |  |
| infection occurs  |  |  |      |  |
| 26.3 conduct an appropriate foot examination, checking carefully    |  |  |      |  |
| for signs of changes to wounds and or escalating infection          |  |  |      |  |
| recognising the stages of skin breakdown                            |  |  |      |  |
| the cause and pathophysiology of the presenting condition           |  |  |      |  |
| including whether it requires intervention from your supervisor or  |  |  |      |  |
| alternative health care professional whether it is within your own  |  |  |      |  |
| role boundaries and scope of practice                               |  |  | <br> |  |
| the tests needed that are specific to the presenting condition      |  |  |      |  |
| 26.5 recognise and report any signs of infection or deterioration   |  |  |      |  |
| in the patient's condition to your supervisor or alternative health |  |  |      |  |
| care professional without delay                                     |  |  |      |  |
| the need for urgent intervention from a podiatrist/registered       |  |  |      |  |
| health care professional when deterioration and/or infection        |  |  |      |  |
| occurs  |  |  |      |  |
| 26.6 document the treatment that is agreed with the patient and     |  |  |      |  |
| if appropriate, their carer   |  |  |      |  |
| the need for detailed contemporaneous records to meet legal         |  |  |      |  |
| obligations   |  |  |      |  |
| 26.7 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    |  |  |      |  |
| the possible complications of treatment and how they can present    |  |  |      |  |
| 26.8 provide footwear advice relevant to the presenting             |  |  |      |  |
| condition   |  |  |      |  |

| the role of footwear in the management of surgical wound in order  |  |  |
|--|--|--|
| to decompress the area   |  |  |
| 26.9 provide the patient, and if appropriate their carer, with   |  |  |
| advice about selfmanagement between appointments, including  |  |  |
| how to seek urgent advice or treatment if there is pain,   |  |  |
| discomfort or other complication   |  |  |
| the critical importance of patients being able to obtain emergency   |  |  |
| treatment in a timely way  |  |  |
| 26.10 arrange to review the patient in accordance with the   |  |  |
| treatment plan, reviewing the progress of the treatment in   |  |  |
| accordance with the treatment plan   |  |  |
| that regular review ensures patient health and safety is maintained  |  |  |
| 26.11 document in detail the progress of the treatment, referring  |  |  |
| to the podiatrist/registered health care professional as necessary   |  |  |
| the need for detailed records to meet legal obligations and the  |  |  |
| need for triage if the treatment does not progress in line with the  |  |  |
| treatment plan   |  |  |
| 27. Wound management: Non compromised  |  |  |
| patient  |  |  |
| •  |  |  |
| 27.1 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  |  |  |
| 1  |  |  |
| the need to ensure patient safety through the use of a defined   |  |  |
| treatment plan determined by a podiatrist/ registered health care  |  |  |
| professional   |  |  |
| 27.2 provide advice on self-care of dressing and skin care,  |  |  |
| pressure ulcer prevention  |  |  |
| the potential complications that can occur and how to advise   |  |  |
| patients accordingly   |  |  |
| 27.3 provide footwear advice relevant to the presenting  |  |  |
| condition  |  |  |



| the role of footwear in the management of ulceration in order to   |      |  |
|--|------|--|
| decompress the area  |      |  |
| 28. Wound management: Medically compromised                        |      |  |
| patient  |      |  |
| 28.1 As for non-compromised patient plus: throughout the           |      |  |
| episode of care use formal protocols to monitor healing            |      |  |
| the importance of systematic monitoring of healing in patients     |      |  |
| with compromised healing, circulation and/or neurological          |      |  |
| functioning  |      |  |
| 28.2 exercise caution in determining when to review the patient    |      |  |
| the consequences of spreading infection in patients with           |      |  |
| compromised healing, circulation, and/or neurological functioning  |      |  |
| 28.3 report urgently to supervisor following local protocols and   |      |  |
| referral pathways (sepsis)   |      |  |
| when to report to your supervisor                                  |      |  |
| 29. Assisting in theatre   |      |  |
| 29.1 prepare the pre-surgical and surgical clinical environments,  |      |  |
| including local anaesthesia and surgical packs, according to local |      |  |
| protocols and health and safety requirements                       |      |  |
| local health and safety guidelines, where materials are stored and |      |  |
| how to prepare the clinical area(s)                                |      |  |
| 29.2 prepare the patient according to local protocols and health   |      |  |
| and safety requirements  |      |  |
| local protocols and how to use them                                |      |  |
| 29.3 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                    |      |  |
| the medicolegal requirements for informed consent including joint  |      |  |
| parental consent and Gillick competency where appropriate, and     |      |  |
| for this to be checked immediately prior to surgery                | <br> |  |
| 29.4 if the patient is a child, agree in advance with the patient  |      |  |
| and their parent how they will support the patient throughout      |      |  |

| the consequence and increase outless the consequence of the constitution |   |  |      |
|--|---|--|------|
| the procedure and importantly where they need to position                |   |  |      |
| themselves to ensure patient safety throughout                           |   |  |      |
| the need to ensure children are fully supported throughout the           | , |  |      |
| procedure whilst also maintaining a safe clinical environment            |   |  |      |
| 29.5 check that the patient will be able to return home safely           |   |  |      |
| following the surgery  |   |  |      |
| the importance of ensuring minimal trauma in the immediate post-         | , |  |      |
| operative phase  | , |  |      |
| 29.6 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              |   |  |      |
| the critical importance of full patient involvement in managing          |   |  |      |
| their wound  |   |  |      |
| 29.7 undertake pre-surgical tests including pulse, O2 saturation,        |   |  |      |
| blood pressure   |   |  |      |
| how to undertake pre-surgical tests and document them                    |   |  |      |
| accurately   |   |  |      |
| 29.8 support the podiatrist/registered health care professional by       |   |  |      |
| preparing the instrumentation for the administration of local            |   |  |      |
| anaesthesia and handling any medicines required once they have           |   |  |      |
| been prepared  |   |  |      |
| what equipment is needed for the safe administration of local            |   |  |      |
| anaesthesia  |   |  |      |
| 29.9 position the patient for the administration of local                |   |  |      |
| anaesthesia to minimise patient discomfort                               |   |  |      |
| how to maintain patient comfort and safety during local                  |   |  |      |
| anaesthesia  |   |  |      |
| 29.10 reassure the patient during anaesthesia and throughout             |   |  |      |
| the procedure, maintaining a relaxed but professional                    |   |  |      |
| environment  |   |  |      |
| the importance of your role in maintaining patient wellbeing             |   |  |      |
| during surgery   |   |  | <br> |
| 29.11 monitor the patient throughout, escalating any concerns to         |   |  |      |
| the registered professional  |   |  |      |

| how to check on the patient and what changes you need to            |  |  |
|---|--|--|
| escalate to colleagues  |  |  |
| 29.12 if necessary, safely move the patient to the operating area   |  |  |
| and position in accordance with local protocols                     |  |  |
| how to safely move the patient within the clinical area, if this is |  |  |
| needed  |  |  |
| 29.13 support the podiatrist/registered health care professional    |  |  |
| in gloving and gowning, using a strict no-touch protocol            |  |  |
| how to support the podiatrist/ registered health care professional  |  |  |
| undertaking the surgery in donning sterile gown and gloves          |  |  |
| 29.14 assist the podiatrist/registered health care professional in  |  |  |
| draping the surgical area   |  |  |
| how to support the podiatrist/registered health care professional   |  |  |
| undertaking the surgery in draping the surgical area without        |  |  |
| compromising the sterile field                                      |  |  |
| 29.15 using a strict no-touch protocol provide additional items as  |  |  |
| required by the podiatrist/registered health care professional e.g. |  |  |
| dressings, additional instrumentation                               |  |  |
| how to provide additional materials as required using strict no     |  |  |
| touch protocols   |  |  |
| 29.16 keep a strict note of the time used for a range of activities |  |  |
| eg tourniquet application, application of caustic                   |  |  |
| the importance of monitoring the time taken for critical            |  |  |
| interventions for patient safety                                    |  |  |
| 29.17 if necessary, support the podiatrist/ registered health care  |  |  |
| professional in the application of urgent treatment if there is a   |  |  |
| clinical emergency  |  |  |
| how to administer basic life support and how to summon help         |  |  |
| 29.18 support the patient, and their carer, during the immediate    |  |  |
| post-operative phase  |  |  |
| how to sensitively meet the needs of patients and carers            |  |  |
| 29.19 following the surgery, check on any dressings for any sign    |  |  |
| of haemorrhage and if necessary, alert the registered               |  |  |
| professional  |  |  |



| what to look for when checking a post-surgical dressing            |  |      |
|--|--|------|
| 29.20 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  |  |      |
| what is needed from the patient on the immediate post-surgical     |  | <br> |
| days and the importance of checking that they know how to obtain   |  |      |
| emergency care if needed   |  |      |
| 29.21 ensure the patient has written post-surgical advice and a    |  |      |
| follow up appointment  |  |      |
| the need for clear standardised written information to back up any |  |      |
| verbal advice as patients will rely on this                        |  |      |
| 29.22 using local protocols, safely restore the clinical area and  |  |      |
| arrange for the removal of soiled instrumentation and drapes and   |  |      |
| disposal of single use items                                       |  |      |
| local health and safety protocols including the safe disposal of   |  |      |
| soiled materials and of sharps                                     |  |      |
|  |  |      |
|  |  |      |
|  |  |      |