



Foot Health Support Workforce



Portfolio Mapping - Foot Care Assistant (FCA)/Foot Health Practitioner (FHP)/Assistant Practitioner in Podiatry (AP)





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 any way, 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. E.g.: GP, practice nurse, peer review, carer or other member of the multidisciplinary team.

CT= Common Themes ES = Educational Standard CD = Clinical Domain





| Foot H | Health Standard "You will be able to:" | Appl | icable leve | el | Examples of Evidence |
|--------|--|--------------------|-------------|-----------|---|
| Assist | Care Assistant/Foot Health Practitioner/ ant Practitioner in Podiatry will Instrate the following: | FCA/ FHP LV3 | FHP LV4 | AP LV5 | |
| | Common Themes | | | | |
| 1. Hec | alth 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 | | | | Case notes Advice sheets New Patient assessment Risk assessment sheet Patient Testimonial |
| 1.2 | Work in partnership with the patient, their carer, families and the wider health and social care team. | | | | Support statement of partnership working Patient testimonial |
| 1.3 | Demonstrate clinical effectiveness, safety and a good experience for the patient | | | | Patient testimonialPersonal reflection |
| 1.4 | Promote the impact of effective health promotion, patient empowerment, and healthy lifestyles | | | | Case Study Personal Reflection Advice information |
| 2. Per | son-centred care, treatment and support | | | | |
| 2.1. | Gather evidence to assist in obtaining or updating a patient history, review health- related data and information | | | | Case Study New Patient assessment proforma |





| | | Case notes/recordsPersonal Reflection |
|--------|---|--|
| 2.2. | Provide appropriate examinations of patients within your role boundaries and scope of practice | Referral mechanisms Examination examples Self-Reflection Examples of local protocols |
| 2.3. | Provide care for patients that follow a treatment plan that has been developed or approved by a podiatrist/registered health care professional | Treatment plan example Podiatrist /healthcare professional testimonial |
| 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 | Self-reflection Podiatrist /healthcare professional testimonial |
| 2.5. | Implement interventions in line with current evidence, taking action relative to a patient's health and care needs | CPD seminars/webinars/course/working groups Lectures around patient health and care needs Regional and national groups |
| 2.6 | Undertake foot health screening as part of an assessment of a patient's healthcare status. Report changes to your supervisor | Case Study Self-reflection Podiatrist /healthcare professional testimonial |
| 3. Con | nmunication | |
| 3.1 | Demonstrate and promote effective | Case Study |





| | communication using a range of techniques | Self-reflection Resources for patients Examples of different modes of communication |
|--------|--|--|
| 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 | Local guidelines for abusive behaviour Working examples of different modes of communication Case reports |
| 3.3 | Demonstrate written and verbal effectiveness and accurate record-keeping | Case records and notes Patient testimonials Peer testimonials |
| 3.4 | Demonstrate appropriate language and pathway for referral writing/communication with a range of professionals | Podiatrist /healthcare professional testimonial Referral letter Case meetings |
| 3.5 | Handle information (record, report and store information) in line with local and national policies, keep the information confidential and support others to do so; take part in clinical review of caseloads | Policies Self- reflection Practice policies |
| 4. Tec | ım working | |
| 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 | Local groups Referral pathways Peer support Team working |





| | 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 | |
|--------|---|---|
| 5. Per | sonal, people and quality improvement | |
| 5.1 | Demonstrate ethical practice and professionalism | Clinical processes Patient testimonial Support statement Self-reflection |
| 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 | Referral pathways Insurance certificates and memberships |
| 5.3 | Escalate concerns signposting to your supervisor as necessary | Referral pathways |
| 5.4 | Be proactive in your 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 | Membership CPD courses lectures and seminars Self-reflection |
| 5.5 | Manage your own time, resources and personal behaviour | Self-reflectionDiary entries and systems |





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| | | Patient testimonials |
|-------|--|---|
| 5.6 | Escalate concerns, signposting to your | Referral pathways |
| | supervisor as necessary | Podiatrist /healthcare professional testimonial |
| 5.7 | Act as a role model; mentor peers; provide | Patient self-support groups |
| | leadership appropriate to your role; | Self-reflection |
| | deliver training through demonstration | |
| | and instruction in line with your role | |
| | boundaries and scope of practice | |
| 6. He | alth, safety and security | |
| 6.1 | Maintain a safe and healthy working | Risk assessment proforma |
| | environment, take appropriate action in | Local policy and guidelines |
| | response to incidents or emergencies, | |
| | following relevant legislation and any local | |
| | guidelines | |
| 6.2 | Undertake risk assessments in line with | Risk assessment proforma |
| | your role boundaries and scope of practice | |
| 6.3 | Prepare the clinical area, including in a | Podiatrist /healthcare professional testimonial |
| | domiciliary situation, ensuring the | Self-reflection |
| | environment where clinical treatment is | Local procedures |
| | undertaken does not compromise patient | Photo evidence |
| | safety unnecessarily, using a range of | |
| | techniques for infection prevention and | |
| | control, eg. waste management, spillage, | |
| | hand washing, use of Personal Protective | |
| | Equipment (PPE) | |
| 6.4 | Undertake mandatory training such as | CPD courses lectures and seminars |





| | basic life support, GDPR, and safeguarding | |
|--------|--|--|
| | as appropriate to your role | |
| 6.5 | Be able to safely use an autoclave and | Self-reflection |
| | ultrasonic cleaners; use equipment that | |
| | has been sterilised or single-use | |
| | equipment packs in accordance with | |
| | patient safety and plan of care | |
| 6.6 | Move and position patients, equipment | Manual handling policy/procedures |
| | and other items safely, protecting | Self-reflection |
| | yourself, patients and carers | |
| 6.7 | Dispose of waste materials in an | Self-reflection |
| | appropriate manner and place in | Clinic policies and procedures |
| | accordance with health and safety | Agreements and service provision |
| | guidelines | |
| 6.8 | Support the safeguarding of patients | Local safeguarding policies |
| | | Self- reflection |
| 7. Du | y of care and candour, safeguarding, equality and divers | ity |
| 7.1 | Follow the principles for equality, diversity | Self-reflection |
| | and inclusion | Clinic policies and procedures |
| 7.2 | Implement a duty of care and candour | Self-reflection |
| 7.3 | Safeguard and protect adults and children; | Local safeguarding policies |
| | promote the principles to others | Self- reflection |
| 8. Bas | sic life support | |
| 8.1 | Recognise and manage common medical | Self-reflection |
| | emergencies and provide first aid | CPD courses lectures and seminars |
| | emergencies and provide first aid | CPD courses lectures and seminars |





| Assist demo | Care Assistant / Foot Health Practitioner / ant Practitioner in Podiatry will onstrate the following: ational Standards | FCA/ FHP LV3 | FHP LV4 | AP LV5 | |
|----------------|--|--------------------|------------|-----------|---|
| | Ind Transferable skills | | | | |
| 1. | Have a commitment to quality and care for patients and their relatives ensuring patient outcomes are maximised | | | | Self-reflection Supervisor testimonial Qualifications |
| 2. | Adhere to relevant professional standards for conduct and ethics, such as those provided by professional bodies | | | | • CPD |
| 3. | Apply problem-solving skills in practice settings | | | | Self-reflectionSupervisor testimonial |
| 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 | | | | Patient Testimonial |
| 7. | Work closely and collaboratively in an open/honest and supportive way, acting in the best interest of patients and others | | | | Self-reflectionSupervisor testimonial |
| 8. | Take personal responsibility for the quality of care they provide within their own role boundaries and scope of practice | | | | |





| 9. Pract | Maintain and further develop own skills and knowledge through reflective practice and recognised continued professional development activities within a structured and managed framework | |
|-------------|--|---|
| 10. | Provide and promote holistic patient/person-centred care and support, demonstrating duty of care and safeguarding of individuals | Self-reflection Patient testimonial |
| 11. | Demonstrate competence in a range of relevant technical and administrative procedures relevant to their role boundaries and scope of practice | Qualifications Peer observations Supervisor reports |
| 12. | Take a detailed patient history | Case study |
| 13. | Follow a stepwise and holistic approach to patient assessment undertaking relevant physiological measurements using appropriate equipment in a safe and effective manner | Assessment proforma Self-reflection |
| 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 | Recording keeping policies |





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| | and reliably to patients, carers and health care professionals, using structured protocols and maintain accurate records | | | Self-reflection |
|------|---|--------------------------|--------------------------|--|
| 16. | Provide patients with information about how to maintain their foot health | CD 2.1/3.1/ 4.1 | | Information leafletsSelf-management guides |
| 17. | Maintain accurate and detailed patient records about all aspects of a patient's history assessment, treatment and ongoing advice | As per ES 15 | | Treatment plansPatient notes |
| 18. | Appropriately refer patients to members of the wider healthcare team to maximise outcomes for patients | | | Referral pathwaysPeer observations |
| 19. | Maintain a safe clinical environment in clinical and domiciliary settings | | | Risk assessmentsWorking environment policy |
| 20. | Keep information confidential and make appropriate use of technology. | As per CT 3.2 ES 6 | As per CT 3.2 ES 6 | Recording keeping policiesSelf-reflection |
| Know | ledge and Understanding | | | |
| 21. | The basic structure and function of the healthy foot and lower limb | | | Case studySelf-reflection |
| 22. | The common disorders affecting the skin and nails of the foot and lower limb | | | |
| 23. | The different forms of communication used with patients, carers and the wider healthcare team | | | Communication examples Patient testimonials Patient information sheets |





Infection control and how to prevent Local/regional and national policy and guidance 24. • cross-infection and the importance of Risk assessments . health and safety The legal and ethical frameworks in which 25. patient care is provided How to integrate theory and practice in 26. Case study ٠ the context of health and social care Self-reflection utilising information from a wide variety of Writing style sources The common localised and systemic 27. health conditions that affect the foot and lower limb The concepts that underpin infection 28. As per Self-reflection • control and how to prevent cross-infection **ES 24** Care pathways and the importance of health and safety Protocols How to evaluate the effectiveness of the 27. Outcome measures • care provided Clinical guidance How to use clinical guidance to inform 28. Proformas patient care Peer observations Apply interdisciplinary skills for both 29. Team working • straightforward and complex work, in one-Self-reflection to-one and group and team situations to plan, organise, allocate, review and evaluate their practice The physiology, organisation and function 30. Case study • of the human body and healthcare needs **Reflective practice**





| | across the lifespan in health and disease | | • | Qualifications |
|-----|--|--|---|----------------------------|
| | | | • | CPD |
| 31. | How to present qualitative and | | • | Referral pathways |
| | quantitative data when making referrals | | ٠ | Data presentation |
| 32. | How to critically analyse current practice- | | ٠ | Writing style |
| | based evidence to improve the quality of | | • | Referencing work presented |
| | patient care | | • | Application of research |
| 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 | | | |





| Assisto | are Assistant/Foot Health Practitioner/ Int Practitioner in Podiatry will Instrate the following: | FCA/ FHP LV3 | FHP LV4 | AP LV5 | |
|---------|--|--------------------|------------|-----------|---|
| | Clinical Domains | | | | |
| 1. Heal | th check: Healthy Patient | | | | |
| 1.1.1 | Communicate with patients and carers throughout the discussion and examination in a manner that is appropriate to them and which encourages an open exchange of views and information | | | | Patient testimonial Case study Patient assessment sheets/proforma Case notes Consent letter/form Calf reflection |
| 1.1.2 | Confirm that the patient understands the purpose and nature of any examinations which need to be carried out, and gives consent | | | | Self-reflection Referral pathways Care plans The clinical domain of Health Check: Healthy patient |
| 1.1.3 | Review the patient's history since their last attendance | | | | will be met by demonstrating the care for patients in the forms of examination and assessment, ensuring |
| 1.1.4 | Gather information on subjective symptoms through discussion with the patient | | | | that the patient is informed and understands with given consent throughout the process. This is best demonstrated with the evidence suggestions above |
| 1.1.5 | Identify the main factors that are likely to limit the patient's ability to care for their feet | | | | which will showcase the skills in this domain. |
| 1.1.6 | Examine the patient's footwear and assess its suitability for foot type and risk status | | | | |





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|---------|--|---|--|
| 1.1.7 | Conduct an examination of the foot | | |
| | including key bony landmarks | | |
| 1.1.8a | 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, to 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 | | |
| 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 | | |
| 1.1.11 | suitable form for the patient and carer, to | | |
| | reinforce their understanding | | |
| 1.1.12 | Make a record of the examination and | | |
| 1.1.12 | communicate findings to the patient, carer | | |
| | | | |
| 4 4 4 2 | 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 | | |
| | | | |





| 1.2.1 | Healthy patient health check plus: Identify a. Gross foot deformities and conditions b. Evidence of trauma | As Per 1.1.7 1.1.8 | Patient assessment proforma Case notes Self-reflection 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. |
|----------------|--|--------------------------|---|
| 1.3 Hee | Alth check: Medically compromised patier As for non-compromised patient plus: take | nt | Patient assessment sheets/proforma |
| - | 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 | | Case notes Consent letter/form Self-reflection Referral pathways Care plans The clinical domain of Health Check: Medically |
| 1.3.2 | Conduct relevant vascular and neurological tests including ABPI, TBPI, BP, irregular heart rhythm, and venous leg disease and escalate for appropriate referral pathway for detected disease | | 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 |
| 1.3.3 | Conduct a meticulous examination of the foot and lower limb to determine the | | suggestions above which will showcase the skills in this |





| | presence of hidden ulceration | domain. |
|---------|--|---|
| 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 | |
| 1.4. He | ealth check: Severe Systemic Disease | |
| 1.4.1 | As for compromised patient plus: Identify | Patient assessment sheets/proforma |
| | a. Gross foot deformities b. Evidence of | Case notes |
| | trauma in the context of a patient's | Consent letter/form |
| | medical and surgical history | Self-reflection |
| 1.4.2 | Offer information on foot care and | Referral pathways |
| | footwear appropriate to the presenting | Care plans |
| | foot condition(s) in a suitable form for the | |
| | patient and carer, to reinforce their | The clinical domain of Health Check: Severe Systemic |
| | understanding | Disease will be met be 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. |





| 2.1.1 | As a healthy patient health check plus: | Patient assessment sheets/proforma |
|-------|---|---|
| | Identify the specific causes of concern, | Case notes |
| | ensuring the presenting problem is within | Consent letter/form |
| | your role boundaries and scope of practice | Self-reflection |
| 2.1.2 | Take a detailed history about the | Referral pathways |
| | presenting complaint | Care plans |
| 2.1.3 | Conduct an appropriate foot examination | Patient testimonials |
| | and identify any signs of deterioration, | Examples of working practices |
| | infection or abnormality | Photographs of cases and management |
| 2.1.4 | In accordance with local protocols and | Clinical policies and services |
| | within your role boundaries and scope of | |
| | practice, explain the management and | The clinical domain of Nail Care: Healthy patient will be |
| | treatment protocol to the patient and or | met be demonstrating the care for patients in the |
| | carer; include the benefits and risks, along | forms of examination and assessment, ensuring that |
| | with any potential side effects and | the patient is informed and understands with given |
| | accurately answer any questions, at a pace | consent throughout the process. Nail care skills and |
| | and level which is appropriate to their: | outcomes are best demonstrated with the evidence |
| | Emotional state | suggestions above which will showcase the skills in this |
| | Level of understanding | domain. |
| | Culture and background | |
| | Preferred ways of communicating | |
| | Needs | |
| 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 | | |
| 2.1.6 | Follow an agreed treatment plan/process | | |
| | and record any modifications with reasons | | |
| | for variance | | |
| 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 | As per | As per |
| | thickness, ensuring no damage to | 2.1.10 | 2.1.10 |
| | | | |
| 2.1.12 | | | |
| | | | |
| 2.1.12 | surrounding soft tissueApply medicaments and dressingsaccording to the prescription of care | | |





| | appropriate to the patient's condition | | |
|----------|---|--|-------------------|
| | choosing from those available to you | | |
| | within your role boundaries and scope of | | |
| 2 4 4 2 | practice | | |
| 2.1.13 | Document the treatment provided in line | | |
| | with the care plan that is agreed with the | | |
| 2444 | 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 | | |
| 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 | | |
| 2.2 Nail | and skin care: Healthy Patient | | |
| 2.2.1 | As nail care for a healthy patient plus: | | Case notes |
| | conservatively manage an ingrowing | | Self-reflection |
| | toenail, recognising signs and symptoms | | Referral pathways |
| | of developing or spreading infection | | Care plans |
| 2.2.2 | In line with care plan, carry out reduction | | |





| | of callus via appropriate means | Patient testimonials |
|--------|---|--|
| 2.2.3 | Select an appropriate scalpel blade and | Examples of working practices |
| | use a safe technique that protects the | Photographs of cases and management |
| | patient and the clinician from sharps | Clinical policies and services |
| | injury, remove areas of superficial callus | |
| | from an intact and healthy foot | The clinical domain of Nail and skin care: Healthy |
| 2.2.4 | Be able to perform a non-touch dressing | patient will be met be demonstrating the care for |
| | technique, if a haemorrhage or existing | patients in the forms of examination, assessment and |
| | maceration present | 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. |
| 2.3 Na | il and Skin care: Non compromised patient | |
| 2.3.1 | As nail and skin care for a healthy patient | Case notes |
| | plus: reduce pathological nails with file or | Self-reflection |
| | nail drill safely and effectively | Referral pathways |
| 2.3.2 | Recognise new nail trauma or pathology | Care plans |
| | and refer on when appropriate | Patient testimonials |
| 2.3.3 | Select an appropriate scalpel and use a | Examples of working practices |
| | safe technique that protects the patient | Photographs of cases and management |
| | and the clinician from sharps injury, | Clinical policies and services |
| | remove areas of callus from an intact foot | |
| 2.3.3b | Select an appropriate scalpel and use a | The clinical domain of Nail and skin care: Non |
| | and a teach winner that we started the westight | |
| | safe technique that protects the patient and the clinician from sharps injury, | compromised patient will be met be demonstrating the |





| 2.3.4 2.3.5 | enucleate corns located on the toes or the sole of the intact footSafely use a mandrill to reduce callusBe able to perform simple offloading technique with appropriate padding and strapping | 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. |
|-----------------|---|--|
| | • • • • | s patient with stable non limb threatening peripheral arterial |
| diseas 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 | Case notes Self-reflection Referral pathways Care plans Patient testimonials |
| 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 | Examples of working practices Photographs of cases and management Clinical policies and services The clinical domain of Nail and skin care: Medically compromised patient will be met be demonstrating the |
| 2.4.3 | If a sharps injury occurs, use a formal riskassessment approach for referral to yoursupervisor | care for patients in the forms of examination, assessment and intervention, ensuring that the patient is informed and understands with given consent |
| 2.4.4 | Provide detailed and specific advice for self-management, including the management of a sharps injury, followingImage: Specific advice for management of a sharps injury, following | 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 |





| | the treatment and including how to seek emergency treatment | domain. |
|---------|--|--|
| 3.1. De | rmatology: Healthy Patient | |
| 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 | Case notes Self-reflection Observations Referral pathways Care plans Patient testimonials Examples of working practices Photographs of cases and management Clinical policies and services The clinical domain of Dermatology: Healthy 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 |
| 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 | process. Nail and skin care skills and outcomes are best demonstrated with the evidence suggestions above which will showcase the skills in this domain. |
| 3.1.3 | Take a detailed history about the presenting complaint | |
| 3.1.4 | Conduct an examination of the presenting | |





| | complaint and the fact | [| |
|-------|--|---|--|
| 245 | complaint and the feet | | |
| 3.1.5 | Observe any lesions/wound for change in | | |
| | appearance and if a deterioration escalate | | |
| | to a podiatrist/registered health care | | |
| | professional | | |
| 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 | L | |





| | 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 | |
| 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 | |
| 3.2 Der | matology: Non-Compromised patient | |
| 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 | Case notes Self-reflection Observations Referral pathways Care plans Patient testimonials Examples of working practices |
| 3.2.2 | Initiate first-line treatment by providing | Photographs of cases and management |





| | the patient with advice regarding the use | | Clinical policies and services |
|-------|---|--|--|
| | of over-the-counter self-treatment for | | |
| | onychomycosis or skin pathology | | The clinical domain of Dermatology: Non compromised |
| 3.2.3 | If first-line treatment is not progressing | | patient will be met be demonstrating the care for |
| | either refer the patient in accordance with | | patients in the forms of examination, assessment and |
| | the agreed second-line treatment plan | | intervention, ensuring that the patient is informed and |
| | obtain separate consent for treatment or | | understands with given consent throughout the |
| | procedures outside that of routine | | process. Nail and skin care skills and outcomes are best |
| | treatment, checking that the patient | | demonstrated with the evidence suggestions above |
| | and/or carer understands the treatment | | which will showcase the skills in this domain. |
| | 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 | | |
| | 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, | | |





| 3.2.6 | including how to seek urgent advice or treatment if there is pain, discomfort or other complication 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 Document in detail the progress of the treatment, referring back to the podiatrist/registered health care professional as necessary | | | |
|----------------|---|-----|---|------|
| 3.3. Der | matology: Medically compromised patie | ent | | |
| 3.3.1 3.3.2 | 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 Provide specific advice on how to avoid | | Case notes Self-reflection Observations Referral pathways Care plans Patient testimonials Examples of working practices Photographs of cases and managem | ient |
| | common foot injuries and trauma including the use of over-the counter topical applications, relevant to activities | | Photographs of cases and managem Clinical policies and services The clinical domain of Dermatology: Medic. | |





| | of daily living, work related considerations and sporting activity | 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. Dermatology care skills and outcomes are best demonstrated with the evidence suggestions above which will showcase the skills in this domain. |
|--------|---|--|
| 3.4 De | rmatology: Severe systemic disease | |
| 3.4.1 | 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 | Case notes Self-reflection Observations Referral pathways Care plans |
| 3.4.2 | 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 | Patient testimonials Examples of working practices Photographs of cases and management Clinical policies and services The clinical domain of Dermatology: Severe systemic disease patient will be met be demonstrating the care for patients in the forms of examination, assessment |
| 3.4.3 | 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 | and intervention, ensuring that the patient is informed and understands with given consent throughout the process. Dermatology skills and outcomes are best demonstrated with the evidence suggestions above |





| 4.1 MS | topical applications, relevant to activities of daily living, work related considerations and sporting activity K: Healthy Patient | which will showcase the skills in this domain. |
|--------|---|---|
| 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 Check that the patient and/or carer | Case notes Self-reflection Observations Referral pathways Care plans Patient testimonials Examples of working practices Clinical pathways Patient information The clinical domain of MSK: Healthy 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 |
| | understands the treatment choices being offered, the implications of this choice and any potential side effects together with their management | suggestions above which will showcase the skills in this domain. |
| 4.1.3 | Identify any new causes of concern ensuring the presenting problem is within | |





| 4.1.4 4.1.5 4.1.6 | your role boundaries and scope of practice and in accordance with the treatment planTake a detailed history about the presenting complaintConduct an appropriate foot examinationDocument 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 | |
| 4.2. M | SK: Non compromised patient | |
| 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 | Case notes Self-reflection Observations Referral pathways |
| 4.2.2 | Use equipment appropriate for the patient, their condition, the treatment plan and the care being given | Care plans Patient testimonials Examples of working practices |
| 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 | Clinical pathways Patient information The clinical domain of MSK: Non compromised patient will be met be demonstrating the care for patients in |
| 4.2.4 | Construct padding and strapping to alleviate the presenting symptoms | the forms of examination, assessment and |





| 4.2.5 | Take the measurements needed for the manufacture of a simple insole | intervention, ensuring that the patient is informed and understands with given consent throughout the |
|--------|--|--|
| 4.2.6 | Provide specific advice on how to avoid | process. MSK skills and outcomes are best |
| | common foot injuries and trauma | demonstrated with the evidence suggestions above |
| | including the use of over-the counter | which will showcase the skills in this domain. |
| | topical applications, relevant to activities | |
| | of daily living, work related considerations | |
| | and sporting activity | |
| 4.3. M | 5K Medically Compromised patient | |
| 4.3.1 | As MSK non-compromised patient plus: in | |
| 4.5.1 | | Case notes Call as first in a |
| | the context of specific foot deformities, | Self-reflection |
| | offer detailed and specific information on | Observations |
| | foot care and footwear relevant to | Referral pathways |
| | activities of daily living, work related | Care plans |
| | considerations and sporting activity in a | Patient testimonials |
| | suitable form for the patient and carer, to | Examples of working practices |
| | reinforce their understanding | Clinical pathways |
| 4.3.2 | In the context of specific foot deformities, | Patient information |
| | provide specific advice on how to avoid | |
| | common foot injuries and trauma | |
| | including the use of over-the counter | The clinical domain of MSK: Medically compromised |
| | topical applications, relevant to activities | patient will be met be demonstrating the care for |
| | of daily living, work related considerations | patients in the forms of examination, assessment and |
| | and sporting activity | intervention, ensuring that the patient is informed and |
| 4.3.3 | As set out in the agreed treatment plan, | understands with given consent throughout the |
| | provide specific advice focusing on | process. MSK skills and outcomes are best |





| | footwear, lifestyle, exercise type and | | demonstrated with the evidence suggestions above |
|---------|---|-----------------|---|
| 47 M | intensity SK: All Patients - Orthoses fitting | | which will showcase the skills in this domain. |
| | | | |
| 4.7.1 | Issue orthotics ensuring a good fit in the shoe | | Self-reflectionObservations |
| 4.7.2 | Fit an orthosis to a patient's shoe ensuring a comfortable fit | As Per 4.7.1 | Care plansPatient testimonials |
| 4.7.3 | Review the effectiveness of insoles and any issues that may have arisen as a result of fitting | | Examples of working practices Orthoses prescriptions Clinical Protocols |
| 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 | | • Patient information The clinical domain of MSK: All patients- orthoses fitting will be met be demonstrating the care for patients whilst fitting 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. |
| 5.1. Wo | ound management: Healthy Patient | | |
| 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 | | Case notesSelf-reflectionObservations |





| 5.1.2 | and/or carer understands the treatment and any self-management requiredTake a detailed history about the treatment to dateConduct an appropriate foot examination, checking carefully for signs of changes to wounds and or escalating infection | Referral pathways Care plans Patient testimonials Examples of working practices Clinical pathways Patient information |
|-------|---|--|
| 5.1.5 | recognising the stages of skin breakdownRecognise and report any signs ofinfection or deterioration in the patient'scondition to your supervisor or alternativehealth care professional without delay | The clinical domain Wound management: Healthy 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 |
| 5.1.6 | Document the treatment that is agreed with the patient and if appropriate, their carer | process. Wound management and outcomes are best demonstrated with the evidence suggestions above which will showcase the skills in this domain. |
| 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 | |
| 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 complicationArrange 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 | |
| 5.2. Wo | ound management: Non compromised patient | |
| 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 | Case notes Self-reflection Observations Referral pathways Care plans Patient testimonials Examples of working practices Clinical pathways |
| 5.2.2 | Provide advice on self-care of dressing and skin care, pressure ulcer prevention | Patient information |
| 5.2.3 | Provide footwear advice relevant to the | The clinical domain Wound management: Non compromised patient will be met be demonstrating the |





| 5.2.14 | presenting condition | 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. |
|--------|---|---|
| 5.3. W | ound management: Medically compromised patient | |
| 5.3.1 | As for non-compromised patient plus: throughout the episode of care use formal protocols to monitor healing | Case notes Self-reflection Observations |
| 5.3.2 | Exercise caution in determining when to review the patient | Referral pathwaysCare plans |
| 5.3.3 | Report urgently to supervisor following local protocols and referral pathways (sepsis) | Patient testimonials Examples of working practices Clinical pathways Patient information |
| | | 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 management and outcomes are best demonstrated with the evidence suggestions above which will showcase the skills in this |





| | | domain. |
|--------|--|--|
| 6.0. A | ssisting in theatre | |
| 6.0.1 | Prepare the pre-surgical and surgical | Case notes |
| | clinical environments, including local anaesthesia and surgical packs, according to local protocols and health and safety requirements | Self-reflection Observations Referral pathways Preparation protocols |
| 6.0.2 | Prepare the patient according to local protocols and health and safety requirements | Care plans Dressing packs Examples of working practices |
| 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 | Clinical pathways Patient information Assisting in theatre will be met be demonstrating the care for patients in the forms of preparation, |
| 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 | 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. |
| 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 | |





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| | they have appropriate footwear for post- | | |
| | surgical discharge | | |
| 6.0.7 | Undertake pre-surgical tests including | | |
| | pulse, O2 saturation, blood pressure | | |
| 6.0.8 | Administration of local anaesthesia, | | |
| | support the podiatrist/registered health | | |
| | care professional by handling any | | |
| | medicines required once they have been | | |
| | prepared prepare the instrumentation for | | |
| | the | | |
| 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 | | |
| | 0 | | |





| C O 14 | Assist the neglicity (registered backthe serve | |
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| 6.0.14 | Assist the podiatrist/registered health care | |
| <u> </u> | 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 | |
| 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 | |
| | now 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 | | |