

Standards for the Foot Health Support Workforce



Mapping for Foot Care Assistant, Foot Health Practitioner and Podiatry Assistant

| Foot Health Support Workers Standards | | Standard required | | | Where can evidence relating to the delivery and assessment of each standard be found in the accompanying documentation? (e.g. Module specification, Intended Learning Outcome, Assessment, Portfolio) |
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| Foot Care Assistant/Foot Health Practitioner / Podiatry Assistant will be able to: | | FCA/FHP LV3 | FHP LV4 | AP LV5 | |
| *NOTE - This Proforma captures the threshold required at each level of practice as set out in the standards for the foot health support workforce. This however does not reflect some of the variations in working practices within the NHS. Some support workers may be working beyond these thresholds where they have been trained to do so, to allow them to meet the direct needs of the service they work in. | | | | | |
| 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 | | | | |

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| 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 patients 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 | | | | | |

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| 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 | | | | | |

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| 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 | | | | |

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| | 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 | | | | |

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| 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 | | | | | |
| 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 | | | | | |

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| 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 | | | | |

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| The central importance of critical colleague support in your professional development | | | | | |
| 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 | | | | |

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| 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 | | | | |
| 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 | | | | | |

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| 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, e.g. waste management, spillage, hand washing, use of Personal Protective Equipment (PPE) | | | | |
| | The importance of a clean clinical environment | | | | |
| | Legislation, policies and local ways of working for the prevention of infection | | | | |
| | Personal hygiene, handwashing | | | | |
| | The appropriate and correct use of PPE: <ul style="list-style-type: none"> • Gloves • Aprons • Masks | | | | |
| 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 | | | | |

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| | 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 | | | | |
| | How to clean, decontaminate and sterilise equipment and dispose of safely | | | | |
| 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 and diversity | | | | | |
| 7.1 | Follow the principles for equality, diversity and inclusion | | | | |

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| 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 | | | | |

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| | 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 | | | | |

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| 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 | | | | | |

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| health care professional | | | | | |
| 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 | | | | | |

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| 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 | | | | |

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| 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 e.g. 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 | | | | |

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| | 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 | | | | |
| | 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 | | | | |

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| | 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 | | | | |

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| | <p>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:</p> <ul style="list-style-type: none"> • 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 | | | | |

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| 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 out in an explicit treatment plan that is agreed with the patient, and if appropriate your supervisor | | | | | |
| 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 | | | | | |
| 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 | | | | | |
| 13.9 | Handle and operate instruments and | | | | |

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| | 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 | | | | |

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| 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 | | | | |

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| | 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 | | | | |

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| 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 | | | | | |

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| 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 | | | | |
| Then 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 redistributed | | | | | |
| The pressure absorbing and redistributing | | | | | |

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| 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 patient (such as patient with 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 your 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 | | | | | |

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| 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 | | | | |

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| | 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: <ul style="list-style-type: none"> • 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 | | | | |

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| 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 | | | | | |

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| 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 | | | | |
| 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 | | | | | |

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| 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 contemporaneous records | | | | |
| 17.13 | Dispose of waste materials in an | | | | |

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| | 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 | | | | |
| 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 | | | | |

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| | 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 and/or 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 | | | | |

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| | 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 | | | | |

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| | 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 | | | | |

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| 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, e.g. 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 | | | | | |
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| 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-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 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 | | | | |

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| | management and accurately answer any questions at a pace and level which is appropriate to their: <ul style="list-style-type: none"> • 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 | | | | |

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| 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 | | | | |

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| | 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 | | | | |

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| 23.5 | Construct padding and strapping to alleviate the presenting symptoms | | | | |
| | The underlying bony anatomy and associated weightbearing pressures and how they can be redistributed | | | | |
| | 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-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 | | | | |

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| 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 | | | | |
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| | 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 | | | | |

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| | 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 | | | | | |

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| 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 | | | | | |
| 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 | | | | | |

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| 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 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 | | | | |
| 26.10 | Arrange to review the patient in accordance with the treatment plan, | | | | |

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| | 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 | | | | |
| | 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 | | | | |

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| | 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 | | | | |

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| | 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 | | | | |
| 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 procedure and importantly where they need to position themselves to ensure patient safety throughout | | | | |

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| 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 | | | | | |

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| 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 | | | | | |
| 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 | | | | |

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| 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 and 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 e.g. tourniquet application and 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 | | | | |

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| 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 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 | | | | |
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| | 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 | | | | |