

Council – 4 December 2012

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Consultation on profession-specific standards of proficiency for chiropodists and podiatrists

Executive summary and recommendations

Introduction

We have started reviewing the profession specific standards of proficiency for the professions we currently regulate. The review of the profession specific standards follows from the Council's approval of new generic standards of proficiency in March 2011.

To ensure the process is manageable, we are reviewing the profession-specific standards in groups of several professions at a time. At the start of each review, we contact each of the professional bodies for the relevant professions and ask for their suggestions on any changes that they consider necessary. We carefully consider their suggestions and map each of them against the generic standards to decide whether they are necessary. Where aspects required further clarification, we discussed those areas in detail with the professional body representatives and sought further advice on specific standards from that profession's Education and Training Committee or Council member. We have also sought legal advice on each set of standards.

Following our second round of professional body reviews, we are now ready to consult publicly on the draft standards for the next group of professions which comprise chiropodists and podiatrists and prosthetists and orthotists.

A consultation paper and draft standards for chiropodists and podiatrists is attached for the Council's consideration and approval.

Since consideration by the Education and Training Committee on 15 November, one additional amendment has been made to the revised standards which is as follows:

- An additional standard has been added under generic standard four on understanding the importance of participation in training, supervision, and mentoring.

Decision

The Council is invited to discuss and approve the attached consultation document and draft standards of proficiency for chiropodists and podiatrists for public consultation (subject to minor editing changes and formal legal scrutiny).

Background information

Paper for Education and Training Committee, 8 March 2012, (enclosure 7 at www.hcpc-uk.org/aboutus/committees/archive/index.asp?id=587)

Paper for Education and Training Committee, 17 November 2011 (enclosure 5 at www.hcpc-uk.org/aboutus/committees/archive/index.asp?id=586)

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Paper for Education and Training Committee, 9 June 2011 (enclosure 19 at: www.hpc-uk.org/aboutus/committees/archive/index.asp?id=588)

Paper agreed by Council on 31 March 2011 (enclosure 6 at: www.hpc-uk.org/aboutus/committees/archive/index.asp?id=533)

Resource implications

The resource implications of this round of consultation are accounted for in the Policy and Standards Department planning for 2011/12. The resource implications of the ongoing process of review and eventual publication of the revised standards of proficiency have been taken into account in the Policy and Standards workplan for 2012/13, and will continue to be taken into account in future years.

Financial implications

The financial implications include the costs associated with a series of public consultations on new draft standards and publication of new standards for 15 professions. These costs are accounted in department planning for 2011/12 and 2012/13.

We anticipate further costs in 2013/14 for further consultations and publication of further revised standards.

Appendices

- Consultation paper on the profession-specific standards of proficiency for chiropodists and podiatrists
- Draft standards of proficiency for chiropodists and podiatrists

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Date of paper

22 November 2012

Consultation on changes to the profession-specific standards of proficiency for chiropodists and podiatrists

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1. Introduction

- 1.1 This document seeks the views of stakeholders on proposed change to the profession-specific standards of proficiency for chiropodists and podiatrists.
- 1.2 We are conducting our review of the profession-specific standards on a rolling basis by reviewing the standards of proficiency for groups of professions at a time. More information about the review process is set out below. At the same time we are also consulting on the profession-specific standards for chiropodists and podiatrists.
- 1.3 These consultations will be of interest to members of these professions, as well relevant education providers, employers, professional bodies, and those who use the services of these professions.
- 1.4 The consultations will run from **17 December 2012 to 29 March 2013**.

2. About the Health and Care Professions Council

- 2.1 We are a regulator and were set up to protect the public. To do this, we keep a register of professionals who meet our standards for their professional skills and behaviour. Individuals on our Register are called 'registrants'.
- 2.2 We currently regulate 16 professions: arts therapists, biomedical scientists, chiropodists/podiatrists, clinical scientists, dietitians, hearing aid dispensers, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, practitioner psychologists, prosthetists/orthotists, radiographers, social workers in England, and speech and language therapists.
- 2.3 Before 1 August 2012, we were known as the Health Professions Council (HPC).

3. About the standards of proficiency

- 3.1 The standards of proficiency are the standards that we consider necessary for the safe and effective practice of each of the professions we regulate. They describe what professionals must know, understand, and be able to do at the time they apply to join our Register. The standards play an important role in public protection. When a professional applies for or renews their registration, or if concerns are raised about their competence while they are registered with us, we use the standards of proficiency to check whether they have the necessary knowledge and skills to be able to practise their profession safely and effectively.

- 3.2 Article 5(2)(a) of the Health and Social Work Professions Order 2001 (the Order) says that we must: "...establish the standards of proficiency necessary to be admitted to the different parts of the Register being the standards [the Council] considers necessary for safe and effective practice under that part of the Register".
- 3.3 This means that we must publish standards for each of the professions which are the 'necessary' or 'minimum' that we consider to be required for safe and effective practice.
- 3.4 There are separate standards of proficiency for each of the professions we regulate. The standards of proficiency complement our other standards as well as policies developed by employers and guidance produced by professional bodies.

Structure of the standards

- 3.5 The standards of proficiency are divided into generic standards (which apply to all the professions) and standards specific to each of the professions regulated. The purpose of the generic standards is to recognise commonality across all the professions that we regulate. The purpose of the profession-specific standards is to set out additional standards for each profession relevant to the generic standard.
- 3.6 We consulted on changes to the generic standards of proficiency between July and October 2010.¹ The new generic standards have now been agreed by our Council and are not the subject of this consultation. Under the new structure, most of the standards of proficiency will be profession-specific, listed under the 15 new generic standards.

Order of the standards

- 3.7 The standards of proficiency are not strictly hierarchical in order, and are all equally important in practice. When we were considering an appropriate order for the generic standards, we felt that there are certain standards—such as the requirement to 'practise safely and effectively within their scope of practice'—that set the highest-level requirements for all registrants, and that should logically be placed at the beginning of the list. In considering the order of the profession-specific standards of proficiency, we have continued this approach by listing standards that are about more general principles first under the relevant generic standards, followed by standards that address more specific competencies.

¹ You can find more information about the consultation on our website here: www.hcpc-uk.org/aboutus/consultations/closed/index.asp?id=110

Language used in the standards

- 3.8 As mentioned above, the standards of proficiency are the minimum standards for safe and effective practice. This means that they have to be relevant and applicable to prospective registrants applying to come on to the Register for the first time, as well as existing registrants and their practice.
- 3.9 The language used in the standards plays an important role in ensuring that they meet the above requirements. We intentionally use verbs such as 'understand', 'know' and 'be able to' rather than 'must'.
- 3.10 For example: *be able to practise in a non-discriminatory manner*. By using 'be able to' we can ensure that:
- the standard is applicable to prospective registrants - i.e. those who have not yet started practising and are applying to be registered for the first time; and
 - the standard is relevant and applicable to existing registrants. It could also be used in a fitness to practise case where a registrant's conduct or competence was called in to question.
- 3.11 If we changed the wording of this standard, for example, to 'registrants must practise in a non-discriminatory manner' it could no longer be met by prospective registrants who have not yet practised in their profession.
- 3.12 We write the standards in a way that means they are relevant to all registrants in a profession, regardless of their area of practice. We also use language that can take into account changes in the law, technology or working practices which might take place over time.
- 3.13 We have received some feedback to suggest that the language and terminology used in the profession-specific standards for some professions needs to be amended to better reflect the practice of those professions. We hope that the new draft standards will address these concerns.

4. How we use the standards of proficiency

Approval of education programmes

- 4.1 The primary role of the standards of proficiency is in articulating the skills, knowledge and abilities necessary to become registered for the first time.
- 4.2 We conduct approval visits to education providers to ensure that the programmes meet the standards. Our standards of education and training cover areas such as admissions, assessment and practice placements, and we approve programmes using these standards. A programme which meets the standards of education and training will also allow a student who successfully completes that programme to meet the standards of proficiency.

Registration and renewal

- 4.3 The standards of proficiency play a central role in how someone becomes and remains registered with us.
- 4.4 Most applicants complete their study within the UK and apply for registration through our UK approved programme route. We assess all approved programmes to ensure that students who successfully complete them meet the standards of proficiency and are therefore eligible for registration.
- 4.5 International applications are also assessed against the standards of proficiency. Each application is assessed by assessors from the relevant profession to determine whether the applicant's education, training and experience mean that they meet the standards.
- 4.6 Every time a registrant renews their registration, we ask them to sign a declaration to confirm that they continue to meet the standards of proficiency which apply to them.

Fitness to practise

- 4.7 If a registrant's competence is called into question we may look at the standards of proficiency in deciding whether we need to take any action. This does not mean that we will take action if a registrant does not meet all of the standards, but we may use the standards to decide whether they are practising safely and effectively within their scope of practice.

Scope of practice

- 4.8 As outlined above, when registrants renew their registration they must sign a declaration to state that they meet the standards which apply to them.
- 4.9 Once someone becomes registered, we recognise that their scope of practice may change. We define scope of practice as the area or areas of a registrant's profession in which they have the knowledge, skills and experience to practise lawfully, safely and effectively, in a way that meets our standards and does not pose any danger to the public or to them.
- 4.10 A registrant's scope of practice may change over time and we recognise that the practice of experienced registrants often becomes more focussed and specialised than that of newly registered colleagues. This might be because of specialisation in a particular area of practice or with a particular group, or a movement into roles in management, education or research.
- 4.11 A registrant's particular scope of practice may mean that they are unable to continue to demonstrate that they meet all of the standards of proficiency that apply for the whole of their profession. As long as they make sure that they are practising safely and effectively within their given scope of practice and do

not practise in the areas where they are not proficient to do so, this will not be a problem.

5. Reviewing the profession-specific standards of proficiency

The review process

- 5.1 We have invited the professional bodies for chiropodists and podiatrists—The Society of Chiropodists and Podiatrists, The British Chiropody and Podiatry Association, The Institute of Chiropodists and Podiatrists, and The Alliance of Private Sector Chiropody and Podiatry Practitioners—to review the standards of proficiency for their profession tell us whether they considered any changes were necessary. We have carefully considered their comments and other feedback we have received on the standards and produced a proposed set of draft standards for each profession.
- 5.2 We are now publicly consulting on the draft standards to seek the view of all our stakeholders. After consultation, we use the responses we receive to decide if any further amendments are needed.
- 5.3 Once the final sets of standards are approved, they will be published. We will work with education providers to gradually phase-in the new standards after they are published.

Updating the profession-specific standards

- 5.4 In the new structure of the standards of proficiency, most of the standards will be profession-specific. To set out the new draft standards for each profession in the new structure, we mapped all the current standards of proficiency for each profession under the relevant new generic standards. This consultation is not about changes to the approved generic standards, only the profession-specific standards for chiropodists and podiatrists.
- 5.5 The changes to the standards proposed in each set of draft standards are to:
- reflect current practice or changes in the scope of practice of each profession;
 - update the language where needed to ensure it is relevant to the practice of each profession and to reflect changes in current use of terminology;
 - reflect the standard content of pre-registration education programmes;
 - clarify the intention of existing standards; and
 - correct omissions or to avoid duplication.
- 5.6 The review of the profession-specific standards is an opportunity to make sure the standards of proficiency are relevant to each profession. No relevant or

useful standards will be lost, but the language used may change to ensure the standards are appropriate and applicable to individual professions. Where it is appropriate to do so, we also aim to maintain as much consistency as possible in the standards between different professions. Our current standards of proficiency are available to download for comparison from this page of our website:

www.hcpc-uk.org/aboutregistration/standards/standardsofproficiency/

- 5.7 We are inviting our stakeholders to consider whether the changes we have suggested to the profession-specific standards of proficiency for each profession are appropriate. In addition to the changes we have suggested there may be other areas we have not considered that need to be reflected in the standards.

6. Your response

Consultation questions

- 6.1 We would welcome your response to our consultation and have listed some questions to help you. The questions are not designed to be exhaustive and we would welcome your comments on any related issue. Please provide reasons alongside your answers where possible.
- 6.2 The questions are listed below for your reference:
1. Do you think the standards are at a threshold level necessary for safe and effective practice?
 2. Do you think any additional standards are necessary?
 3. Do you think there are any standards which should be reworded?
 4. Do you have any comments about the language used in the standards?
 5. Do you have any other comments on the standards?

How to respond to the consultation

- 6.3 You can respond to this consultation in the following ways.

- By completing our easy-to-use online survey:
[insert url]
- By emailing us at: consultation@hcpc-uk.org
- By writing to us at the following address:

Consultation on changes to the profession-specific standards of proficiency for chiropodists and podiatrists
Policy and Standards Department

Health and Care Professions Council
Park House
184 Kennington Park Road
London
SE11 4BU

- 6.4 We do not normally accept responses by telephone or in person. We normally ask that consultation responses are made in writing to ensure that we can accurately record what the respondent would like to say. However, if you are unable to respond in writing please contact us on +44 (0)20 7840 9815 to discuss any reasonable adjustments which would help you to respond.
- 6.5 Please complete the online survey or send us your response by **29 March 2013**. We look forward to receiving your comments.

Please contact us to request a copy of this document in an alternative format, or in Welsh.

- 6.6 Once the consultation period is completed, we will analyse the responses we have received. We will then publish a document which details the comments received and explains the decisions we have taken as a result. This will be available on our website.
- 6.7 If you would prefer your response not to be made public, please indicate this when you respond.

Draft profession-specific standards of proficiency

Chiropodists and podiatrists

Notes for interpretation

The changes to the standards proposed in in these draft standards are to:

- reflect current practice or changes in the scope of practice of chiropodists and podiatrists;
- update the language where needed to ensure it is relevant to the practice of chiropodists and podiatrists and to reflect current terminology;
- reflect the standard content of pre-registration education programmes;
- clarify the intention of existing standards; and
- correct omissions or avoid duplication.

The generic standards of proficiency are not the subject of this consultation.

The current standards of proficiency for chiropodists and podiatrists are available to download and view for comparison at:
www.hpc-uk.org/aboutregistration/standards/standardsofproficiency/

New generic standard	New proposed profession-specific standards of proficiency
1. be able to practise safely and effectively within their scope of practice	1.1 know the limits of their practice and when to seek advice or refer to another professional
	1.2 recognise the need to manage their own workload and resources effectively and be able to practise accordingly
2. be able to practise within	2.1 understand the need to act in the best interests of service users at all times

the legal and ethical boundaries of their profession	2.2	understand what is required of them by the Health and Care Professions Council
	2.3	understand the need to respect uphold, the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing
	2.4	recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
	2.5	know about current legislation applicable to the work of their profession
	2.7	understand the importance of and be able to obtain informed consent
	2.8	be able to exercise a professional duty of care
3. be able to maintain fitness to practise	3.1	understand the need to maintain high standards of personal and professional conduct
	3.2	understand the importance of maintaining their own health
	3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning
4. be able to practise as an autonomous professional, exercising their own professional judgement	4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem
	4.2	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately
	4.3	be able to initiate resolution of problems and be able to exercise personal initiative
	4.4	recognise that they are personally responsible for and must be able to justify their decisions
	4.5	be able to make and receive appropriate referrals
	4.6	understand the importance of participation in training, supervision, and mentoring

5. be aware of the impact of culture, equality, and diversity on practice	5.1 understand the requirement to adapt practice to meet the needs of different groups and individuals
6. be able to practise in a non-discriminatory manner	
7. understand the importance of and be able to maintain confidentiality	7.1 be aware of the limits of confidentiality
	7.2 understand the principles of information governance and be aware of the safe and effective use of health and social care information
	7.3 be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public
8. be able to communicate effectively	8.1 be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues, and others
	8.2 be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5 ²
	8.3 understand how communication skills affect assessment of and engagement with service users and how the means of communication should be modified to address and take account of factors such as age, capacity, physical ability and learning ability
	8.4 be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others
	8.5 be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as culture, age, ethnicity, gender, religious beliefs and socio-economic status

² The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) and Switzerland, must provide evidence that they have reached the necessary standard. Please visit our website for more information.

	8.6	understand the need to provide service users or people acting on their behalf-with the information necessary to enable them to make informed decisions
	8.7	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter wherever possible
	8.9	recognise the need to use interpersonal skills to encourage the active participation of service users
	8.10	understand the need to empower patients to manage their foot health and related issues and recognise the need to provide advice to the patient on self-treatment where appropriate
9. be able to work appropriately with others	9.1	be able to work, where appropriate, in partnership with service users, professionals, support staff, and others
	9.2	understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
	9.3	understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals
	9.4	be able to contribute effectively to work undertaken as part of a multi-disciplinary team
10.be able to maintain records appropriately	10.1	be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols, and guidelines
	10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines
11.be able to reflect on and review practice	11.1	understand the value of reflection on practice and the need to record the outcome of such reflection
	11.2	recognise the value of case conferences and other methods of review
12.be able to assure the quality of their practice	12.1	be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures
	12.2	be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care

	12.3	be aware of the role of audit and review in quality management, including quality control, quality assurance, and the use of appropriate outcome measures
	12.4	be able to maintain an effective audit trail and work towards continual improvement
	12.5	be aware of, and able to participate in quality assurance programmes, where appropriate
	12.6	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user
	12.7	recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes
13. understand the key concepts of the knowledge base relevant to their profession	13.1	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession
	13.2	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process
	13.3	recognise the role of other professions in health and social care
	13.4	understand the structure and function of health and social care services in the UK
	13.5	understand the theoretical basis of, and the variety of approaches to, assessment and intervention

	<p>13.6 understand, in the context of chiropody and podiatry:</p> <ul style="list-style-type: none"> - anatomy and human locomotion - histology - physiology - immunology - podiatric orthopaedics and biomechanics - systemic and podiatric pathology - podiatric therapeutic sciences - behavioural sciences - foot health promotion and education
<p>14.be able to draw on appropriate knowledge and skills to inform practice</p>	<p>14.1 be able to change their practice as needed to take account of new developments or changing contexts</p> <p>14.2 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, or other actions safely and effectively</p> <p>14.3 know how to position or immobilise patients correctly for safe and effective interventions</p> <p>14.4 be able to use basic life support skills and to deal safely with clinical emergencies</p> <p>14.5 be able to formulate specific and appropriate management plans including the setting of timescales</p> <p>14.6 be able to gather appropriate information</p> <p>14.7 be able to select and use appropriate assessment techniques</p> <p>14.8 be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment</p> <p>14.9 be able to conduct neurological, vascular, biomechanical, dermatological and podiatric assessments in the context of chiropody and podiatry</p>

	<p>14.10 know and be able to interpret the signs and symptoms of systemic disorders as they manifest in the lower limb and foot with particular reference to:</p> <ul style="list-style-type: none"> - diabetes mellitus - rheumatoid arthritis and other arthropathies - cardiovascular disorders - dermatological disorders - infections - neurological disorders - renal disorders - developmental disorders - malignancy
	<p>14.11 be able to use a systematic approach to formulate and test a preferred diagnosis, including being able to:</p> <ul style="list-style-type: none"> - carry out mechanical debridement of nails and intact and ulcerated skin - prescribe foot orthoses - make and use chair-side foot orthoses - administer relevant prescription-only medicines, interpret any relevant pharmacological history and recognise potential consequences for patient treatment - apply local anaesthesia techniques - carry out surgical procedures for skin and nail conditions - use appropriate physical and chemical therapies
	<p>14.12 be able to undertake or arrange investigations as appropriate</p>
	<p>14.13 be able to analyse and critically evaluate the information collected</p>
	<p>14.14 be able to interpret physiological, medical and biomechanical data in the context of chiropody and podiatry</p>
	<p>14.15 be able to demonstrate a logical and systematic approach to problem solving</p>

	14.16 be able to use research, reasoning and problem solving skills to determine appropriate actions
	14.17 recognise the value of research to the critical evaluation of practice
	14.18 be aware of a range of research methodologies
	14.19 be able to evaluate research and other evidence to inform their own practice
	14.20 be able to use information and communication technologies appropriate to their practice
	14.21 know and be able to apply the key concepts which are relevant to safe and effective practice as a supplementary prescriber (this standard applies only to registrants who are eligible to have their names annotated on the Register) ³
15. understand the need to establish and maintain a safe practice environment	15.1 Understand the need to maintain the safety of both service users and those involved in their care
	15.2 be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these
	15.3 be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation
	15.4 be able to select appropriate personal protective equipment and use it correctly
	15.5 be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control
	15.6 know the correct principles and applications of disinfectants, methods for sterilisation and decontamination, and for dealing with waste and spillages correctly
	15.7 be aware of immunisation requirements and the role of occupational health

³ We are currently consulting on prescribing standards for chiropodists and podiatrists. Once the new prescribing standards are approved, this standard will be removed.