Council – 4 July 2013

Results of profession-specific standards of proficiency consultation for chiropodists and podiatrists

Executive summary and recommendations

Introduction

We are currently reviewing the profession specific standards of proficiency for the professions we 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 small groups of 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 then use their suggestions to revise the standards for public consultation.

Following the second round of professional body reviews, we consulted between 17 December 2012 and 2 April 2013 on the draft standards for chiropodists and podiatrists and prosthetists and orthotists.

These standards were considered by the Education and Training Committee at its meeting on 6 June 2013. Some minor changes have been made to the standards since that meeting to revise the order of the standards under generic standard 14.

The consultation response analysis and revised draft standards for chiropodists and podiatrists are attached for the Council's consideration and approval for publication.

Decision

The Council is invited to discuss and approve the attached consultation response analysis and draft standards of proficiency for chiropodists and podiatrists for publication, subject to any necessary minor editing changes.

Decisions on the revision of the standards were informed by the chiropodist/podiatrist member of the Education and Training Committee and Council. Advice on any minor amendments and further formal legal scrutiny may be needed after the Council's consideration.

Background information

Paper for Education and Training Committee, 6 June 2013, (enclosure 8 at www.hcpc-uk.org/aboutus/committees/archive/index.asp?id=649)

Paper for Education and Training Committee, 15 November 2012, (enclosure 5 at www.hcpc-uk.org/aboutus/committees/archive/index.asp?id=590)

Paper agreed by Council on 31 March 2011 (enclosure 6 at: www.hcpc-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 2013/14. 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 2013/14, 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 2013/14.

We anticipate further costs in 2014/15 for further consultations and publication of further revised standards.

Appendices

- Consultation response analysis for the profession-specific standards of proficiency for chiropodists and podiatrists
- Revised standards of proficiency for chiropodists and podiatrists.

Date of paper

24 June 2013

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

Analysis of responses to the consultation on proposed profession-specific standards of proficiency for chiropodists and podiatrists, and our decisions resulting from responses received

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1. Introduction

About the consultation

1.1 We consulted between 17 December 2012 and 2 April 2013 on proposed changes to the professions-specific standards of proficiency for chiropodists and podiatrists.

1.2 The standards of proficiency set out what we expect professionals on our Register—known as 'registrants'—to know, understand, and be able to do when they apply to join our Register. We consulted on proposed changes to the standards as part of our regular periodic review of the standards.

1.3 We informed a range of stakeholders about the consultation including professional bodies, employers, and education and training providers, advertised the consultation on our website, and issued a press release.

1.4 We would like to thank all those who took the time to respond to the consultation document. You can download the consultation document and a copy of this responses document from our website: www.hcpc-uk.org/aboutus/consultations/closed.

About us

1.5 We are the Health and Care Professions Council (HCPC). We are a regulator and our job is to protect the health and wellbeing of people who use the services of the professionals registered with us. We regulate the members of 16 different health, social work, and psychological professions.

1.6 To protect the public, we set standards that professionals must meet. Our standards cover the professionals' education and training, behaviour, professional skills, and their health. We publish a Register of professionals who meet our standards. Professionals on our Register are called 'registrants'. If registrants do not meet our standards, we can take action against them which may include removing them from the Register so that they can no longer practise.

About the standards of proficiency

1.7 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 in order to 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 in checking whether they have the necessary knowledge and skills to be able to practise their profession safely and effectively.

1.8 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.

1.9 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 related to the generic standard.

1.10 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 were 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.

Reviewing the profession-specific standards of proficiency

1.11 The review of the profession-specific standards is an opportunity to make sure the standards of proficiency are relevant to each profession. We regularly review the standards of proficiency 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 reflects current terminology;
- reflect the standard content of pre-registration education programmes;
- clarify the intention of existing standards; and
- correct omissions or avoid duplication.

1.12 In our work to revise the standards prior to consultation, we invited the professional body for chiropodists and podiatrists—the British Association of Chiropodists and podiatrists—to review the standards of proficiency for their profession and tell us whether they considered any changes were necessary. We carefully considered their comments and other feedback we have received on the standards and produced a proposed set of draft standards for the profession to take to public consultation.

1.13 In consulting on proposed changes to the standards, we asked our stakeholders to consider whether the changes we have suggested to the profession-specific standards of proficiency for each profession are appropriate, and whether other changes are necessary. We have used the responses we receive to help us decide if any further amendments are needed.

1.14 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.

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

About this document

1.15 This document summarises the responses we received to the consultation. The results of this consultation will be used to revise the proposed standards of proficiency for chiropodists and podiatrists.

1.16 The document starts by explaining how we handled and analysed the responses we received, providing some overall statistics from the responses. Section three provides a summary of the general comments we received, while section four is structured around the responses we received to specific questions. Our responses and decisions as a result of the comments we received are set out in section five.

1.17 In this document, 'you' or 'your' is a reference to respondents to the consultation, 'we, 'us' and 'our' are references to the HCPC.

2. Analysing your responses

2.1 Now that the consultation has ended, we have analysed all the responses we received.

Method of recording and analysis

2.2 We used the following process in recording and analysing your comments.

- We recorded each response to the consultation, noting the date each response was received and whether it was submitted on behalf of an organisation or by an individual;
- We also recorded whether the person or organisation agreed or disagreed with the proposal (please see the section on quantitative analysis below);
- We read each response and noted the comments received against the proposal, and recorded any general comments;
- Finally, we analysed all the responses.

2.3 When deciding what information to include in this document, we assessed the frequency of the comments made and identified themes. This document summarises the common themes across all responses, and indicates the frequency of arguments and comments made by respondents.

Quantitative analysis

2.4 We received 25 responses to the consultation document. 23 responses (91%) were made by individuals of which 20 (87%) were HCPC registered professionals and 2 (9%) were made on behalf of organisations. The table below provides some indicative statistics for the answers to the consultation questions. Responses to question five which asked for any other comments on the standards are summarised in section three of this paper.

Quantitative results

Questions	Yes	No	Partly	Unsure/no response
1. Do you think the standards are at a threshold level necessary for safe and effective practice?	20 (80%)	2 (8%)	2 (8%)	0 (0%)
2. Do you think any additional standards are necessary?	6 (24%)	14 (56%)	N/A	5 (20%)
3. Do you think there are any standards which should be reworded or removed?	9 (36%)	13 (52%)	N/A	3 (12%)
4. Do you have any comments about the language used in the standards?	6 (24%)	18 (72%)	N/A	1 (4%)

3. General comments

3.1 We consulted on the standards for chiropodists and podiatrists and prosthetists and orthotists at the same time. Respondents to each of those consultations raised similar issues.

3.2 The following is a high-level summary of the comments of a more general nature we received in response to both consultation documents. This includes responses to question five. Where we received general comments which were specific to the chiropodists and podiatrists' consultation, these have also been included here. The general comments are grouped under specific headings.

'Generic' profession-specific standards

3.3 One respondent to the consultations was concerned about new profession-specific standards that were originally detailed generic standards of proficiency in the current standards.

3.4 Because these now profession-specific standards were originally generic, a number of them have been transferred into the profession-specific standards for each of the professions we were consulting on concurrently—chiropodists and podiatrists and prosthetists and orthotists. Because these professions have similar principles reflected in their standards, it appeared to this respondent that some of these principles were actually still generic, and they queried why those standards should be considered profession-specific.

'Be able to'/'understand'

3.6 Whilst some respondents felt the phrases 'be able to', 'be aware of' and 'understand the importance of' made the standards more accessible and usable, a number of other respondents were concerned about this choice of construction as they felt it lacks legal strength. Some respondents felt the use of these phrases weakened the standards because they could be interpreted to mean that registrants must only take a passive approach to using the standards, without necessarily being required to be competent in practice, or to put those requirements into action.

3.7 Most of the comments on this choice of wording reflected on the difference between requiring a registrant 'must' do something, as opposed to 'must be able to do'. Some respondents felt the use of 'you must' is more appropriate than 'be able to'.

4. Comments in response to specific questions

4.1 This section contains comments made in response to specific questions within the consultation document.

Question 1. Do you think the standards are at a threshold level necessary for safe and effective practice?

4.2 Most respondents agreed that the standards were at the threshold level for safe and effective practice. Respondents commented that the standards reflected existing training provision and the range of practice of chiropodists and podiatrists in public and private sectors across the UK.

4.3 A few respondents to the consultation felt that some of the standards were not set at a threshold level. They gave the following reasons:

- some standards are set at a level that is too high for graduate chiropodists and podiatrists to meet;
- the standards do not adequately address the 'low standards' of practice in the private sector compared to the public sector;
- the language used to describe concepts in the standards needs to be more specific; and
- the standards need to provide a basis for clearer monitoring of practice.

Question 2. Do you think any additional standards are necessary?

4.4 A number of respondents felt that additional standards were not necessary as the range of competencies and required knowledge for chiropodists and podiatrists was adequately set out in the proposed standards.

4.5 However, other respondents felt that more standards are necessary because there are aspects of professional practice that are not reflected adequately within the standards.

4.6 All of the additional standards suggested by respondents are set out in appendix two. There were a number of areas that were suggested by respondents. These were:

- continuing professional development;
- safeguarding;
- requirements for registrants who have a more limited scope of practice; and
- clearer allocation of standards for chiropodists and podiatrists who can practise using local anaesthetic or prescription only medicines.

Question 3. Do you think there are any standards which should be reworded or removed?

4.7 Some respondents felt that the standards are sufficiently clear that they did not require rewording.

4.8 However, most respondents commented that there were some standards that did require rewording. Some suggestions were based on concerns raised about the language used in the standards (for example, the use of 'be able to'). Concerns about this form of wording are set out in the summary about the language used in the standards under question three. We have listed all the proposed amendments to the standards in appendix three.

4.9 Respondents suggested changes to the wording of the standards for the following reasons:

- to allow approved education programmes more discretion to set and prioritise areas of required understanding and knowledge;
- to clarify what level of understanding chiropodists and podiatrists need of other cultures and religions;
- to clarify what level of English language proficiency members of the profession should have, and to allow for adjustments to this level for professionals with disabilities;
- to improve interprofessional communication;
- to clarify specific practice areas such as sterilisation of instruments; and
- to include understanding of pharmacology.

Question 4. Do you have any comments about the language used in the standards?

4.10 Many respondents felt that the language used in the standards is appropriate, clear, and generally easy to understand.

4.11 However, other respondents commented that the language was not as clear as it could be. Many of those respondents commented on the use of 'be able to' or other starting phrases as set out in paragraphs 3.6-3.7 above. These respondents felt that standards that are worded in this way are passive and do not place a strong enough requirement on registrants to commit to good practice standards. Other comments we received about the use of specific phrases or words have been listed in appendix three.

4.12 Other general comments respondents made about language included:

- concerns about the use of terminology that is not relevant to the profession;
- concerns about ambiguity of some words or phrases, and how they are meant to be interpreted in practice.

5. Our comments and decisions

5.1 The following section sets out our response to the range of comments we have received to the consultation. We have not responded to every individual suggestion, but grouped those suggestions thematically and outlined the principles of our response. This section starts with our responses to the general comments we received, before responding to comments about the standards specifically. Our decisions in response to the comments received are set out at the end of this section.

5.2 We received a range of similar comments in response to the consultations we ran concurrently on the standards for chiropodists and podiatrists and prosthetists and orthotists. We have responded to those comments in the following section on general comments.

Responses to general comments

This section outlines our response to the general comments outlined in section three.

Generic and profession-specific standards

5.3 The majority of the content of the standards was formerly generic. However, some professions expressed concern that these standards were expressed in ways which were not applicable to their practice. As a result, we agreed 15 high level generic statements which will apply to all the professions we regulate. In redrafting the standards of proficiency, we mapped all the current standards which did not become the new generic standards as profession-specific standards. All the principles contained in the current standards of proficiency—where appropriate—remained in place under the new structure.

5.4 In the standards of proficiency we consulted on in this round of review—chiropodists and podiatrists and prosthetists and orthotists—there were a number of formerly detailed generic standards that have been mapped as profession-specific in each of these profession's standards. A respondent to both these consultations felt that because these principles appear to be shared between a number of the professions we regulate, that they should remain as generic standards.

5.5 The two professions that were part of this round of review do have a number of shared profession-specific standards. However, it would not be appropriate to reinstate these standards as generic standards, as the standards in question are not generic across all the professions we regulate. There are some professions on our Register which do not share many of the standards that respondents were concerned about. However, we have tried to retain as much consistency between different professions' standards wherever possible and appropriate.

'Be able to'

5.6 As we stated in the consultation document, we intentionally use phrases such as 'understand', 'know', and 'be able to' rather than

'must'. This is so the standards remain applicable to current registrants in maintaining their fitness to practise, as well as prospective registrants who have not yet started practising and are applying to be registered for the first time. The standards are also written in a similar way to the learning outcomes set for pre-registration education programmes.

5.7 It is important to note the current standards of proficiency use verbs and starting phrases in the same way as the proposed new profession-specific standards of proficiency. We have not experienced any difficulty in applying the current wording of the standards of proficiency in the way some of our respondents anticipated.

The standards and scope of practice

5.8 The standards set out the proficiencies required of applicants when they apply to join the Register. Once on the Register, every time registrants renew their registration, they are asked to confirm that they continue to meet the standards of proficiency that apply to their own scope of practice—the area of their profession in which they have the knowledge, skills and experience to practise safely and effectively. We recognise that a registrant's scope of practice will change over time and that the practice of experienced registrants often becomes more focused and specialised than that of newly registered colleagues. That may mean that some registrants may not be able to continue to meet all the standards of proficiency required at entry to their profession. However, as long as those registrants continue to practise safely and effectively within their own scope of practice, and do not practise in the in the areas in which they are not proficient to do so, this is not a problem.

Responses to detailed comments about the standards

5.10 In this section, we have set out our responses to suggestions for additional standards or changes to the existing standards. All the proposed additional standards and suggested changes to specific standards are set out in appendix two and three of this document.

5.11 We have not responded to every suggestion individually here, but we have explained the general principles we applied when considering suggested amendments. Where respondents were particularly concerned about certain issues, we have addressed those below under the heading of the relevant standard.

5.12 When we receive suggestions for changes to the standards (including revisions to existing standards or proposed additional standards), we consider the following in deciding whether we should make the change:

- Is the standard necessary for safe and effective practice?
- Is the standard set at the threshold level for entry to the Register?

- Does the standard reflect existing requirements for chiropodists and podiatrists on entry into the profession?
- Does the standard reflect existing training provision?
- Is the standard written in a broad and flexible way so that it can apply to different environments in which chiropodists and podiatrists might practice or different groups that chiropodists and podiatrists might work with?

5.13 We write the standards of proficiency in a broad, flexible way and at a higher level of generality so that registrants working in different settings and in different ways can still meet the standards. For this reason, we use words that are able to be understood in their widest sense. When making decisions about whether to make changes to the standards, we must also consider whether the changes would make the standards too specific or would limit the scope of the standards.

5.14 The standards set out the abilities necessary to practise in a profession. However, the standards are not a curriculum document nor are they intended to be a list of activities which registrants must undertake in any situation. For example, a registrant needs to 'be able to maintain confidentiality' on entry to the Register. However, this is an ability and does not mean that there will not be situations where information might need to be shared with, or disclosed to others in the interests of service users or the public.

5.15 Part of our focus for the review of the standards is to ensure that the standards are relevant to the range of practice of each profession. We also aim to avoid duplication in the standards, to ensure they are clearly worded, and to maintain consistency between different professions' standards wherever possible and appropriate.

Our decisions

5.20 We have made a number of changes to the standards based on the comments we have received in the consultation. We have set out the draft revised standards following consultation in appendix one.

Additional standards

5.21 We have added a standard on the following area:

- We have separated out part of a standard under generic standard 14 to become a stand-alone requirement, and amended the original standard to more accurately reflect our requirements for the application of professional skills.

Changes to specific standards

5.22 We have made the following changes to some standards:

Standard 13

- We have amended one standard to add a requirement about knowledge of pharmacology;
- We have changed the order of the standards under standard 13.

Standard 14

- We have amended one standard to more accurately reflect how chiropodists and podiatrist should apply professional skills.

Standard 15

- We have made a minor amendment to one standard to reduce repetition and to clarify our expectations around decontamination management; and
- We have moved one standard from under standard 14 to be more appropriately located under standard 15.

Suggested changes we have not included

5.23 Some of the changes suggested by respondents were not included in the standards because we felt they would duplicate content already contained within the standards we set, or they would not make our requirements clearer. This section does not address every suggested change to the standards, but focusses on responding to overarching themes or areas of concern.

Grandparenting

5.24 Some respondents felt that there should be additional standards included in the standards of proficiency to cover those chiropodists and podiatrists who entered the HCPC register via the grandparenting route

when the register first opened to the profession. The grandparenting period for the profession closed in 2005. Further standards for registrants who grandparented are not necessary, as all registrants—regardless of how they entered the register—must meet the standards of proficiency that are relevant to their scope of practice.

6. List of respondents

Below is a list of all the organisations that responded to the consultation.

Council of Deans of Health

Glasgow Caledonian University

Appendix 1: Draft standards of proficiency for chiropodists and podiatrists

New standards and amendments to standards are shown in **bold and underlined**. Deletions are shown in ~~strikethrough~~. The standards in this section are subject to legal scrutiny and may be subject to minor editing amendments prior to publication.

No.	Standard
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 the legal and ethical boundaries of their profession**
2.1	understand the need to act in the best interests of service users at all times
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
2.6	understand the importance of and be able to obtain informed consent
2.7	be able to exercise a professional duty of care
3	**be able to maintain their 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
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
8.8	recognise the need to use interpersonal skills to encourage the active participation of service users
8.9	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

[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.

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	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process
13.2	recognise the role of other professions in health and social care
13.3	understand the structure and function of health and social care services in the UK
13.4	understand the concept of leadership and its application to practice
13.5	understand the theoretical basis of, and the variety of approaches to, assessment and intervention
13.6	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession

13.7	understand, in the context of chiropody and podiatry: - anatomy and human locomotion - histology - physiology - immunology - **pharmacology** - podiatric orthopaedics and biomechanics - systemic and podiatric pathology - podiatric therapeutic sciences - behavioural sciences - foot health promotion and education
14	**be able to draw on appropriate knowledge and skills to inform practice**
14.1	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, or other actions safely and effectively
14.2	be able to gather appropriate information
14.3	be able to select and use appropriate assessment techniques
14.4	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
14.5	be able to formulate specific and appropriate management plans including the setting of timescales
14.6	be able to conduct neurological, vascular, biomechanical, dermatological and podiatric assessments in the context of chiropody and podiatry
14.7	**be able to use a systematic approach to formulate and test a preferred diagnosis**
14.8	be able to use basic life support skills and to deal safely with clinical emergencies

14.9	be able to change their practice as needed to take account of new developments or changing contexts
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: - diabetes mellitus - rheumatoid arthritis and other arthropathies - cardiovascular disorders - dermatological disorders - infections - neurological disorders - renal disorders - developmental disorders - malignancy
14.11	be able to **carry out the following techniques safely and effectively:**~~use a systematic approach to formulate and test a preferred diagnosis, including being able to:~~ - ~~carry out mechanical debridement of nails and intact and ulcerated skin~~ - **manage nail disorders** - **carry out mechanical debridement of 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

14.12	be able to undertake or arrange investigations as appropriate
14.13	be able to analyse and critically evaluate the information collected
14.14	be able to interpret physiological, medical and biomechanical data in the context of chiropody and podiatry
14.15	be able to demonstrate a logical and systematic approach to problem solving
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

[3] Once the new prescribing standards are approved for chiropodists and podiatrists, this standard will be removed.

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 how to position or immobilise patients correctly for safe and effective interventions
15.7	know the correct principles and applications of disinfectants, methods for sterilisation and decontamination, and for dealing with waste and spillages ~~correctly~~
15.8	be aware of immunisation requirements and the role of occupational health

Appendix 2: Suggested additional standards

No.	Standard	Suggested additional standards
1.	be able to practise safely and effectively within their scope of practice	
2.	be able to practise within the legal and ethical boundaries of their profession	A respondent suggested a new standards covering the following area: • safeguarding
3.	be able to maintain fitness to practise	
4.	be able to practise as an autonomous professional, exercising their own professional judgement	
5.	be aware of the impact of culture, equality, and diversity on practice	
6.	be able to practise in a non-discriminatory manner	
7.	be able to maintain confidentiality	
8.	be able to communicate effectively	
9.	be able to work appropriately with others	
10.	be able to maintain records appropriately	
11.	be able to reflect on and review practice	
12.	be able to assure the quality of their practice	

13.	understand the key concepts of the knowledge base relevant to their profession	
14.	be able to draw on appropriate knowledge and skills to inform practice	Some respondents suggested new standards covering the following areas: • Additional standards covering those who entered the register by grandparenting. • Specific standards about assessment of function on which to base the need for further intervention or referral.
15.	understand the need to establish and maintain a safe practice environment	A respondent suggested the following new standard: • a standard mandating the use of a benchtop steriliser with printer, and use of a vacuum autoclave.

Appendix 3: Detailed comments on the draft standards

Respondents' proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold.**

This section does not include comments received about the generic standards, as they were not within the scope of the consultation.

No.	Standard	Comments
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	One respondent felt that podiatrists should 'understand' rather than 'know' the limits of their practice.
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 the legal and ethical boundaries of their profession**	
2.1	understand the need to act in the best interests of service users at all times	One respondent felt that all 'service stakeholders' need to included as specific parts of this statement including employers and colleagues.
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	One respondent felt there should be some recognition of podiatrists' role as part of a wider multi-disciplinary team in patient care within this standard.

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	
2.6	understand the importance of and be able to obtain informed consent	
2.7	be able to exercise a professional duty of care	
3	**be able to maintain their 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**	One respondent felt that this was a potentially unreasonable requirement, and that there should be more clarity on what podiatrists are expected to know and do about other cultures as a result of this standard.
5.1	understand the requirement to adapt practice to meet the needs of different groups and individuals	One respondent felt that it should be clear that this standard should be met in the context of maintaining professional standards.
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[4]	One respondent felt that many UK-trained professionals would not know what level 7 of IELTS is, and suggested that this could be explained further in this standard. This respondent also felt that there should be recognition of professionals with specific learning disabilities such as dyslexia within this standard and those on record keeping.
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	

[4] 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.

8.5	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	
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	
8.8	recognise the need to use interpersonal skills to encourage the active participation of service users	
8.9	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**	One respondent felt that there should be recognition of professionals with disabilities such as dyslexia within these standards.
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	One respondent felt that this standard should make reference to the importance of inter-professional collaboration.
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 concept of leadership and its application to practice	

13.6	understand the theoretical basis of, and the variety of approaches to, assessment and intervention	
13.7	understand, in the context of chiropody and podiatry: - 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	One respondent felt that this standard was too specific because it attempts to definitively list highly specific topics or areas of knowledge within what is otherwise a very broadly set out curriculum. The respondent felt that listing a specific set of subjects is problematic and has led to questions over the inclusion of some topics within this standard over others, such as the logic of including a need to understand immunology, but not the basic principles of surgery. This respondent suggested that education providers should have more discretion within these areas to set and prioritise areas of required understanding and knowledge. This respondent also suggested that this standard should be removed as it is not required to ensure minimum standards of safe and effective practice. Another respondent suggested the following amendment: • include understanding of pharmacology
14	**be able to draw on appropriate knowledge and skills to inform practice**	
14.1	be able to change their practice as needed to take account of new developments or changing contexts	One respondent felt this standard should include 'current evidence' to indicate that research is a fundamental part of the profession and evidence changes as research promotes professional growth and progress.
14.2	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, or other actions safely and effectively	
14.3	know how to position or immobilise patients correctly for safe and effective interventions	

14.4	be able to use basic life support skills and to deal safely with clinical emergencies	
14.5	be able to formulate specific and appropriate management plans including the setting of timescales	
14.6	be able to gather appropriate information	One respondent felt that this standard needed to be clearer and explain what level of ‘appropriate information’ should be gathered.
14.7	be able to select and use appropriate assessment techniques	One respondent felt that this standard should explain how advanced the assessment techniques should be at the level of entry to the profession.
14.8	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment	
14.9	be able to conduct neurological, vascular, biomechanical, dermatological and podiatric assessments in the context of chiropody and podiatry	

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: - diabetes mellitus - rheumatoid arthritis and other arthropathies - cardiovascular disorders - dermatological disorders - infections - neurological disorders - renal disorders - developmental disorders - malignancy	One respondent felt that this standard was too specific because it attempts to definitively list highly specific topics or areas of knowledge within what is otherwise a very broadly set out curriculum. The respondent felt that listing a specific set of subjects is problematic and has led to questions over the inclusion of some topics within this standard over others, such as the decision to include a need to interpret the signs and symptoms of renal disorders and malignancy over and above other areas of knowledge. This respondent suggested that education providers should have more discretion within these areas to set and prioritise areas of required understanding and knowledge. This respondent also suggested that this standard should be removed as it is not required to ensure minimum standards of safe and effective practice.
14.11	be able to use a systematic approach to formulate and test a preferred diagnosis, including being able to: - 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	Respondents suggested the following amendments: • Addition of requirements for local anaesthetics and prescription only medicines; • Addition of explanation that only those with appropriate qualifications can carry out the techniques listed in this standard • the phrase ‘mechanical debridement of nails’, should be replaced by ‘effective management of nail disorders’; • Include ‘sterilisation of instruments’; • include recognition of the need for risk assessment • recognise the priority competence of assessment (prior to the prescription of orthoses);

14.12	be able to undertake or arrange investigations as appropriate	
14.13	be able to analyse and critically evaluate the information collected	
14.14	be able to interpret physiological, medical and biomechanical data in the context of chiropody and podiatry	
14.15	be able to demonstrate a logical and systematic approach to problem solving	
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)[5]	

[5] Once the new prescribing standards are approved for chiropodists and podiatrists, this standard will be removed.

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	One respondent felt that podiatrists should 'know' how to maintain their patients' safety, rather than just 'understand' it.
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	