

## **Consultation on standards for podiatric surgery**

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## **1. Introduction**

### **About this consultation**

- 1.1 We are the Health and Care Professions Council (HCPC). This consultation seeks the views of stakeholders on our draft standards for podiatric surgery.
- 1.2 We have developed these standards as part of moving toward our intention of annotating (marking) the entries in the Register of chiropodists / podiatrists who have undertaken approved qualifications which allow them to extend their scope of practice into performing podiatric surgery.
- 1.3 We plan to annotate the Register to strengthen public protection. This will build on existing systems by setting standards; approving education and training programmes; and providing information to the public about who is qualified in order to support informed choices.
- 1.4 This document explains the background to our proposals and sets out the draft standards for consultation.
- 1.5 This consultation will be of particular interest to podiatrists who practise podiatric surgery; education providers; employers; professional bodies; and those who use podiatric surgery services.
- 1.6 This consultation will run from **1 October 2014 to 16 January 2015**.

### **A note about terminology**

- 1.7 'Chiropodists / podiatrists' refers to a part of the HCPC Register. A professional included in this part of the Register is able to use the protected titles: 'chiropodist' and 'podiatrist'.
- 1.8 Podiatric surgery refers to surgical management of the bones, joints and soft tissues of the foot and its associated structures (see paragraphs 3.1-3.5). This document uses the phrase 'podiatrists practising podiatric surgery' to refer to chiropodists / podiatrists who have completed training to practise podiatric surgery.

### **About this document**

- 1.9 This document is divided into five sections.
  - Section one introduces the document.
  - Section two explains our policy for annotation of the Register.
  - Section three explains our rationale and approach to annotating the Register with qualifications in podiatric surgery.

- Section four explains how we developed the draft standards and how we will use them in the future.
- Section five sets out the draft standards for consultation.

## **About us**

1.10 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'.

1.11 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
- Speech and language therapists

## **Consultation questions**

1.12 We would welcome your response to this consultation. We have listed some consultation questions below to help you. These questions are not exhaustive and we would also welcome your comments on any related issue. Please provide reasons alongside your answers where possible.

Q1. Do you think the standards are set at the level necessary for safe and effective podiatric surgery practice?

Q2. Do you think any additional standards are necessary?

Q3. Do you think there are any standards which should be reworded or removed?

Q4. Do you have any comments about the language used in the standards?

Q5. Do you have any other comments on the standards?

### **How to respond to the consultation**

1.13 The consultation closes on 16 January 2015.

1.14 You can respond to this consultation in the following ways:

- By completing our easy-to-use online survey:  
<https://www.research.net/s/consultationstandardsforpodiatricsurgery>
- By emailing us at: [consultation@hcpc-uk.org](mailto:consultation@hcpc-uk.org)
- By writing to us at:

Consultation on standards for podiatric surgery  
Policy and Standards Department  
The Health and Care Professions Council  
Park House  
184 Kennington Park Road  
London  
SE11 4BU

Fax: +44(0)20 7820 9684

1.15 Please note that we do not normally accept responses by telephone or in person. We 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.

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

1.16 Once the consultation period has finished, we will analyse the responses we have received. We will then publish a document detailing the comments received and explaining the decisions we have taken as a result. This will be available on our website.

1.17 If you would prefer we do not make your response public, please indicate this when you respond.

1.18 We look forward to receiving your comments.

## **2. Annotation of the Register**

- 2.1 We have powers to annotate or mark entries in the Register. These powers are set out in the Health and Social Work Professions Order 2001 and in the Health and Care Professions Council (Parts and Entries in the Register) Order of Council 2003.
- 2.2 These powers mean that we are able to:
- annotate the Register so that we record against a registrant's name a post-registration qualification they hold or additional competencies they possess;
  - set standards for annotating qualifications; and
  - approve qualifications against our standards.
- 2.3 To date, we have only annotated the Register where we are obliged to do so by other legislation. We have annotated the Register where a registrant has successfully completed education and training to allow them to lawfully supply, administer or prescribe medicines. For example, we annotate the entries in the Register of chiropodists / podiatrists who have completed approved education and training which allows them to act as supplementary or independent prescribers.

### **Policy on annotation of the Register**

- 2.4 In 2012, we published a policy statement setting out the circumstances in which we might consider annotating the Register where we are not obliged to do so by other legislation.<sup>1</sup> The following provides a summary of our approach.
- 2.5 In general, we will only annotate the Register where we are legally required to do so, or in circumstances where we are satisfied that annotation is necessary to protect the public.
- 2.6 We may consider annotating Register where we conclude that:
- there is a clear risk to the public if the Register is not annotated and the risk could not be mitigated through other systems;
  - annotation is a proportionate and cost-effective response to the risks posed; and
  - the qualification annotated on the Register is necessary in order to carry out a particular role or function safely and effectively.

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<sup>1</sup> Our policy statement on annotation of the Register is available here: <http://www.hcpc-uk.org/assets/documents/10003DFAPolicystatementonannotationoftheRegisterfinalHCPC.pdf>

## **Protected titles and functions and our powers to annotate**

- 2.7 Each part of the HCPC Register has at least one title which is protected in law. For example, 'chiroprapist' and 'podiatrist' are protected titles that can only be lawfully used by someone registered with the HCPC as a chiroprapist / podiatrist.
- 2.8 Whilst we have powers to annotate qualifications, and to decide how those annotations are described in the Register, we do not have powers to:
- protect additional titles which can only be used by registrants whose entries are annotated; or
  - prevent others from performing functions or activities related to an annotation (unless the annotation relates to acts which are controlled by other laws, such as medicines legislation).

Both would require a change in our governing legislation and therefore are a matter for government.

### **3. Podiatrists practising podiatric surgery**

#### **About podiatric surgery**

- 3.1 Podiatric surgery is the surgical management of the bones, joints and soft tissues of the foot and its associated structures. Normally, surgery is performed as a day case procedure and often, but not always, under local anaesthetic. Conditions treated can include problems caused by bunions, arthritis, toe deformities and inflammation of the tissues of the foot.
- 3.2 As part of their pre-registration education, chiropodists / podiatrists learn how to carry out surgical procedures for skin and nail conditions. Podiatric surgery training significantly extends the podiatrist's scope of practice into a wider range of invasive procedures involving the foot.
- 3.3 Podiatric surgery services are most developed within the NHS in England, with a small number of practitioners practising in other managed settings or in private practice. For those who practise privately in England (e.g. outside of an independent hospital) separate registration with the Care Quality Commission (CQC) as a service provider is a mandatory requirement.
- 3.4 In Scotland there is ministerial commitment to further develop an integrated model of care in NHS Scotland, where podiatrists practising podiatric surgery work alongside medically qualified surgeons.
- 3.5 In Northern Ireland, the Minister for Health, Social Services and Public Safety has asked the Health and Social Care Board to examine the potential development of a podiatric surgery service in Northern Ireland and how such services could be commissioned.

#### **About training in podiatric surgery**

- 3.6 To date, a chiropodist / podiatrist has normally qualified to practise podiatric surgery by undertaking the following training:
  - an HCPC approved programme in chiropody and podiatry leading to eligibility to apply for registration, normally a three year BSc degree with honours;
  - at least one year's post-registration clinical practice;
  - a master's degree in the theory of podiatric surgery;
  - a minimum of two years surgical training to achieve fellowship of the Directorate of Podiatric Surgery of the College of Podiatry;
  - competitive entry to specialist Registrar training posts; and

- normally a further three years of surgical training, leading to successful award of the Certificate of Completion of Podiatric Surgery Training (CCPST) by the College of Podiatry.

3.7 In Scotland, NHS Education for Scotland has developed a three-year, full-time Podiatric Surgery Training Programme (PSTP) to train podiatrists practising podiatric surgery. A certificate of completion of training (CCT) will be awarded by Queen Margaret University.

### **Existing regulation of podiatrists practising podiatric surgery**

3.8 Podiatrists, including those practising podiatric surgery, are registered by the HCPC and are therefore accountable to us for their practice. Anyone wanting to practise as a podiatrist practising podiatric surgery in the UK must be HCPC registered as a chiropodist / podiatrist. They are required to meet our standards, including:

- the standards of proficiency for chiropodists / podiatrists<sup>2</sup> which set out the knowledge, understanding and skills required for entry to the Register;
- the standards of conduct, performance and ethics<sup>3</sup> which set out public and professional expectations for conduct and behaviour; and
- the standards for continuing professional development (CPD)<sup>4</sup> which require registrants to undertake CPD to keep their knowledge and skills up-to-date.

3.9 The third set of standards referred to above is directly linked to continued registration. Random audits take place each time chiropodists / podiatrists renew their registration (i.e. every two years) in order to check compliance. Registrants who are audited are required to provide evidence that they have met the standards in undertaking CPD. Where a registrant fails to participate in an audit, or if they do not meet the standards, they may be removed from the Register.

3.10 We are reviewing our CPD standards and audits through commissioned research as part of a wider programme of work looking at continuing fitness to practise – a term which refers to the range of possible approaches implemented by regulators to assure themselves that their registrants continue to be fit to practise beyond the point of initial registration. This may lead to consideration of changes to the CPD standards and audits in the future, in order to build upon and strengthen our approach.

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<sup>2</sup> The standards of proficiency for chiropodists / podiatrists is available here: <http://www.hcpc-uk.org/publications/standards/index.asp?id=41>

<sup>3</sup> The standards of conduct, performance and ethics are available here: <http://www.hcpc-uk.org/aboutregistration/standards/standardsofconductperformanceandethics/>

<sup>4</sup> Further information about our standards of continuing professional development can be found here: <http://www.hcpc-uk.org/registrants/cpd/>

3.11 We are able to consider complaints about podiatrists practising podiatric surgery via our fitness to practise process. We consider every matter we receive on a case-by-case basis to decide whether we need to take any action to protect members of the public. This could include placing conditions on their registration; suspending them from practise; or, in the most serious cases, striking them off the Register so that they can no longer practise.

### **Annotation of podiatrists practising podiatric surgery**

3.12 Having previously consulted on this issue, we decided to annotate the entries of chiropodists / podiatrists in the Register who have undertaken approved qualifications in podiatric surgery.<sup>5</sup> We have made this decision in order to strengthen public protection. The scope of practice of podiatric surgery is significantly beyond that of a chiropodist / podiatrist at entry to the Register.

3.13 Although podiatrists practising in this area are regulated and accountable for their practice, we do not currently set specific standards for podiatric surgery training or practice or approve qualifying education and training.

3.14 Annotation would build on the existing systems described above to improve the way in which risks are currently managed. There will be a number of benefits from annotation:

- annotation will enable specific standards to be set for podiatric surgery training and practice;
- training programmes in podiatric surgery will be approved, providing independent oversight and quality assurance;
- annotation of the Register will provide information to members of the public about chiropodists / podiatrists who have completed recognised, approved training in this area, supporting patients to make informed choices about the services they use.

3.15 In making our decision, we also considered how far annotation would be in line with the 'Right touch regulation' principles advocated by the Professional Standards Authority for Health and Social Care (PSA)<sup>6</sup>. We concluded that further regulation in this area through annotation would be a proportionate response to the risks involved.

3.16 We consider the proposed standards for podiatric surgery and the regulatory system underpinning them to be robust. We are supportive of other

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<sup>5</sup> The consultation ran between 1 November 2010 and 1 February 2011. Our analysis of the responses received and the decisions we made as a result are available here: <http://www.hcpc-uk.org/assets/documents/1000381DPost-registrationqualifications-consultationresponsesdocumentfinalforwebsite.pdf>

<sup>6</sup> 'Right touch regulation' refers to the approach used and advocated by the PSA. It means using the minimum regulatory force required to achieve a desired result, by being proportionate and targeted in regulation and/or finding ways other than regulation to promote good practice and high-quality health and care. Further information can be found on the PSA website: <http://www.professionalstandards.org.uk/policy-and-research/right-touch-regulation>

mechanisms and initiatives, for example, local annual appraisal systems and other forms of accountability managed by employers. Our work to annotate the Register is designed to complement these initiatives. We consider that annotation will improve upon the current position, strengthening public protection in the ways described above.

### **Use of titles**

- 3.17 To date, podiatrists practising podiatric surgery have traditionally used the title 'podiatric surgeon'.
- 3.18 We know that the use of this title is the subject of on-going debate, with concerns expressed by some about the use of the title 'surgeon' by those who are not medically qualified. There are concerns that the use of this title might confuse patients and there have been some anecdotal reports of patients who are said to have been unaware that the practitioner undertaking their surgery was not medically qualified.
- 3.19 The title 'surgeon' is not reserved in law to doctors who are registered with the General Medical Council and many of those working within the NHS in England will be employed under titles such as 'Consultant Podiatric Surgeon'. The protection of titles requires legislation and is a matter for government. It is not the subject of this consultation.
- 3.20 We consider that, whatever title is used, it is important that patients receive enough information from health and care professionals in order to be able to make informed decisions about their care or treatment. This includes, as far as possible, clarity about a professional's education, training and skills.
- 3.21 When the annotation is introduced, it will be described as 'podiatric surgery'. This is consistent with how existing annotations for prescribing are described. We will provide information for members of the public alongside the annotation. We will continue to refer to chiropodists / podiatrists who practise in this area as 'podiatrists practising podiatric surgery'.

## 4. Developing and using the standards for podiatric surgery

4.1 The draft standards for podiatric surgery for consultation are set out in section 5.

### How we drafted the standards

4.2 We have divided the draft standards into two sections:

- The first section contains standards for education providers. They include, for example, standards which address admission to programmes; the curricula; and arrangements for practice placements;
- The second section contains standards for podiatrists practising podiatric surgery. They describe the knowledge, understanding and skills required for safe and effective podiatric surgery practice. Education providers will need to ensure that trainees are able to successfully meet these standards by the completion of their training.

4.3 When we drafted the standards for education providers, we looked at our existing standards of education and training (SETs)<sup>7</sup>. This part of the standards sets out the systems and processes that we expect an education provider to have in place in order to deliver an education programme which will ensure that a student is capable of the safe and effective practice of podiatric surgery by its completion.

4.4 When we drafted the standards for podiatrists practising podiatric surgery, we looked at existing curricula, frameworks and competencies developed by different organisations, setting out the knowledge, understanding and skills they expect of podiatric surgery. When drafting the standards we were mindful of the following:

- the standards must be set at the threshold level, setting out what is necessary for safe and effective autonomous practice in podiatric surgery; and
- podiatrists completing podiatric education and training are already regulated and therefore already have standards set for their conduct and competence.

4.5 The standards for podiatric surgery must therefore focus on what is necessary for podiatric surgery practice, taking into account and building upon the knowledge, understanding and skills the podiatrist would have already acquired during their pre-registration education and training and subsequent practice experience. Consequently, the standards for podiatric surgery do not duplicate aspects of the existing standards relating to conduct and competence which all registered podiatrists must already adhere to.

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<sup>7</sup> We also have produced guidance for the SETs, which explains the standards and gives more detail about our requirements. See <http://www.hcpc-uk.org/aboutregistration/standards/sets/>

- 4.6 We also held two meetings to bring together key stakeholders with an interest in podiatric surgery, including the College of Podiatry, NHS Education for Scotland (NES), the British Orthopaedic Foot and Ankle Society (BOFAS), the British Orthopaedic Association (BOA), the Royal College of Surgeons (RCS) and the General Medical Council (GMC). We have taken account of their comments in preparing these standards for consultation.
- 4.7 Overall, we have attempted to ensure that our standards set out what is necessary for public protection by focusing on the quality and outcomes of education and training.
- 4.8 We want to make sure that we do not hinder the development of new education and training programmes in podiatric surgery, or the ability of new or existing education providers to structure or deliver their programmes in different ways. We do not prescribe in detail how education providers meet our standards. Our main concern is to ensure that the standards are met and that members of the public are protected.

#### **How we will use the new standards**

- 4.9 We will use the standards for podiatric surgery when we approve and subsequently monitor education and training programmes delivering training in podiatric surgery.
- 4.10 We will visit the existing programmes to assess them against the standards, following our rigorous approval process. A programme which did not meet one or more of the standards would have conditions attached to its approval. If these conditions were not met, this would lead to approval being refused. We will also assess programmes on an on-going basis against the standards. A programme which did not continue to meet them would have their on-going approval withdrawn.
- 4.11 As the second part of the standards sets out the knowledge, understanding and skills required for annotation in this area, we will take into account these standards (as well as our other standards) in the future when we consider concerns raised about the competence of a podiatrist practising podiatric surgery.
- 4.12 Podiatrists practising podiatric surgery will continue to be required to meet our other standards referred to in paragraph 3.8.

#### **Implementation**

- 4.13 The consultation on the draft standards closes on 16 January 2015. We hope to publish the standards in June 2015.
- 4.14 Once the standards have been agreed and published, we will make arrangements to visit the existing education and training programmes to assess them against the standards.

4.15 Dependent upon the outcomes of those visited, the Council will consider implementing the annotation. As this is the first time we have annotated a qualification where we are not obliged to do so by legislation, we are proceeding cautiously and carefully. Only when we are sure that everything is in place and that it is appropriate to do so will we annotate the Register.

## **5. Draft standards for podiatric surgery**

5.1 The draft standards for consultation are set out below.

## Standards for education providers

### Admissions procedures

A.1	The admissions procedures must give both the applicant and the education provider the information they require to make an informed choice about whether to take up or make an offer of a place on a programme.
A.2	The admissions procedures must apply selection and entry criteria, including appropriate academic and professional entry standards.
A.3	The admissions procedures must apply selection and entry criteria, including accreditation of prior (experiential) learning and other inclusion mechanisms.
A.4	The admissions procedures must ensure that the education provider has equality and diversity policies in relation to applicants and trainees <sup>8</sup> , together with an indication of how these will be implemented and monitored.

### Programme management and resources

B.1	The programme must have a secure place in the education provider's business plan.
B.2	The programme must be effectively managed.
B.3	The programme must have regular monitoring and evaluation systems in place.
B.4	There must be a named person who has overall professional responsibility for the programme who must be appropriately qualified and experienced and, unless other arrangements are agreed, be on a relevant part of the Register.
B.5	There must be an adequate number of appropriately qualified, experienced and, where required, registered staff in place to deliver an effective programme.
B.6	Subject areas must be taught by staff with relevant specialist expertise and knowledge.
B.7	A programme for staff development must be in place to ensure continuing professional and research development.
B.8	The resources to support student learning in all settings must be effectively used.
B.9	The resources to support student learning in all settings must effectively support the required learning and teaching activities of the programme.
B.10	The learning resources, including IT facilities, must be appropriate to the curriculum and must be readily available to trainees and staff.
B.11	There must be adequate and accessible facilities to support the welfare and wellbeing of trainees in all settings.

<sup>8</sup> Throughout the draft standards, references to trainees mean the chiropodists / podiatrists completing the programme.

B.12	There must be a system of academic and pastoral trainee support in place.
B.13	There must be a trainee complaints process in place.
B.14	Where trainees participate as service users in practical and clinical teaching, appropriate protocols must be used to obtain their consent.
B.15	Throughout the course of the programme, the education provider must have identified where attendance is mandatory and must have associated monitoring mechanisms in place.
B.16	Service users and carers must be involved in the programme.

### Curriculum

C.1	The learning outcomes must ensure that those who successfully complete the programme meet the standards for podiatrists practising podiatric surgery.
C.2	The programme must reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance.
C.3	Integration of theory and practice must be central to the curriculum.
C.4	The curriculum must remain relevant to current practice.
C.5	The curriculum must make sure that trainees understand the implications of the HCPC's standards of conduct, performance and ethics on their podiatric surgery practice.
C.6	The delivery of the programme must support and develop autonomous and reflective thinking.
C.7	The delivery of the programme must encourage evidence based practice.
C.8	The range of learning and teaching approaches used must be appropriate to the effective delivery of the curriculum.
C.9	When there is interprofessional learning the profession-specific skills and knowledge of each professional group must be adequately identified and addressed.

### Practice placements

D.1	Practice placements must be integral to the programme.
D.2	The number, duration and range of practice placements must be appropriate to support the delivery of the programme and the achievement of the learning outcomes.
D.3	The practice placements must provide a safe and supportive environment.
D.4	The education provider must maintain a thorough and effective system for approving and monitoring all practice placements.
D.5	There must be an adequate number of appropriately qualified, experienced and, where required, registered staff in the practice

	placements.
D.6	The clinical supervisor must have relevant knowledge, skills and experience.
D.7	The clinical supervisor must undertake appropriate educator training.
D.8	The clinical supervisor must be appropriately registered.
D.9	There must be regular and effective collaboration between the education provider and the practice placement provider.
D.10	<p>Trainees and clinical supervisors must be fully prepared for the practice placement environment which will include information about:</p> <ul style="list-style-type: none"> <li>• the learning outcomes to be achieved;</li> <li>• the timings and the duration of the experience and associated records to be maintained;</li> <li>• expectations of professional conduct;</li> <li>• the professional standards which trainees must meet;</li> <li>• the assessment procedures including the implications of, and any action to be taken in the case of, failure to progress; and</li> <li>• communication and lines of responsibility.</li> </ul>
D.11	Learning, teaching and supervision must encourage safe and effective practice, independent learning and professional conduct.
D.12	A range of learning and teaching methods that respect the rights and needs of service users and colleagues must be in place in the approved clinical learning environment

## Assessment

E.1	The assessment strategy and design must ensure that the student who successfully completes the programme has met the standards for podiatrists practising podiatric surgery
E.2	All assessments must provide a rigorous and effective process by which compliance with external-reference frameworks can be measured.
E.3	Professional standards must be integral to the assessment procedures in both the education setting and practice placement setting.
E.4	Assessment methods must be employed that measure the learning outcomes.
E.5	The measurement of student performance must be objective and ensure safe and effective podiatric surgery practice.
E.6	There must be effective monitoring and evaluation mechanisms in place to ensure appropriate standards in the assessment.
E.7	Assessment regulations must clearly specify requirements for student progression and achievement within the programme.
E.8	Assessment regulations, or other relevant policies, must clearly specify requirements for approved programmes being the only programmes which contain any reference to an HCPC protected title or part of the Register in their named award.

E.9	Assessment regulations must clearly specify requirements for a procedure for the right of appeal for trainees.
E.10	Assessment regulations must clearly specify requirements for the appointment of at least one external examiner who must be appropriately experienced and qualified and, unless other arrangements are agreed, be from a relevant part of the Register.

## Standards for podiatrists practising podiatric surgery

No.	Standard
1.1	Be able to undertake a thorough, sensitive, relevant and detailed patient history
1.2	Be able to assess and initiate the appropriate investigation and management of conditions requiring podiatric surgery treatment
1.3	Be able to order and interpret appropriate clinical investigations to develop a diagnosis and manage the patient throughout their podiatric surgery treatment
1.4	Be able to develop monitor, review, modify and evaluate an appropriate surgical care plan
1.5	Be able to undertake a thorough and detailed assessment of the foot and lower limb and use that assessment to determine a patient's options for treatment
1.6	Be able to communicate clearly with patients and others involved in their care information about the treatment provided, including about the risks of any procedure and complications which may arise
1.7	Be able to gain informed consent to carry out a surgical intervention on the foot and/or ankle and record appropriately
1.8	Understand anatomy in the context of podiatric surgery and how surgical intervention can impact on human locomotion
1.9	Be able to manage a patient's pharmacological needs safely and recognise and respond to complications arising from drug administration
1.10	Understand the need to establish and maintain a safe surgical environment, including the need to maintain a sterile environment, and be able to apply in surgical practice
1.11	<p>Be able to undertake a range of surgical techniques within the foot and ankle including the following:</p> <ul style="list-style-type: none"> <li>• Application and monitoring of a tourniquet</li> <li>• Skin incisions and closure</li> <li>• Tissue handling</li> <li>• Excisions and skin flaps</li> <li>• Haemostasis</li> <li>• Dissection</li> <li>• Excision of bony prominences</li> <li>• Osteotomy</li> <li>• Arthrodesis</li> <li>• Arthroplasty</li> <li>• Digital correction</li> </ul>

	<ul style="list-style-type: none"> <li>• Soft tissue excisions and correction</li> <li>• Closure</li> <li>• Appropriate post-operative monitoring, evaluation and management of the patient</li> <li>• Identification of common post-operative complications and appropriate response</li> </ul>
1.12	Be able to practise in accordance with current legislation governing the use of ionising and non-ionising radiation for medical and other purposes
1.13	Be able to keep accurate, comprehensive and comprehensible records of a surgical intervention in accordance with applicable legislation, protocols and guidelines
1.14	Be able to monitor and evaluate the quality of podiatric surgery practice and use that evaluation to improve practice
1.15	Understand the importance of participation in training, supervision and mentoring
1.16	Understand the role of the podiatrist practising podiatric surgery within a multi-disciplinary team
1.17	Be able to use intermediate life support and deal with clinical emergencies safely