

**Health Professions Council  
Education and Training Committee – 12 June 2007**

**Historical approval of programmes leading to entitlements under the  
Prescription Only Medicines (Human Use) Order 1997**

**Executive Summary and Recommendations**

This is a follow up paper to the paper entitled 'Historical approval of programmes leading to entitlements under the Prescription Only Medicines (Human Use) Order 1997' considered at the last Education and Training Committee meeting.

**Introduction**

We currently annotate the register to indicate where registrant chiropodists / podiatrists are qualified to administer local analgesia (LA) and to supply prescription only medicines (POM) under the Prescription Only Medicines (Human Use) Order 1997.

The 1997 order gave state registered chiropodists the legal entitlement to administer certain local anaesthetics within the programme of their practice without a prescription from a doctor, providing they held a 'certificate of competence' in the use of analgesics issued by the Chiropodists board of the CPSM. An amendment to the order in 1998 gave state registered chiropodists who held a certificate of competence in their use to supply certain prescription only medicines in programme of their professional practice.

At the Education and Training Committee in October 2004 and the Approvals Committee in February 2005, a policy was agreed to enable the approval of post-registration programmes in LA and POM. This policy focused on new post-registration programmes in LA and POM, which education providers had never delivered before.

At the Education and Training Committee in February 2007, it was agreed that that LA and POM programmes historically approved by the Chiropodists board of the CPSM would be considered for renewal of approval, and/or recognising historical approval. This would allow any programmes in LA and POM which were approved by the Chiropodists board of the CPSM, the opportunity to either continue being offered in the future, or for recent students who completed them to opportunity to obtain the annotation on the Register.

Recent developments

The Executive received information from the Society of Chiropodists and Podiatrists about the LA and POM programmes historically approved by the Chiropodists board of the CPSM. (Appendix 1).

There is evidence that the Chiropodists board of the CPSM approved POM programmes as both individual programmes and as part of pre-registration programmes.

There is no clear evidence that the Chiropodists board of the CPSM approved LA programmes as both individual programmes and as part of pre-registration programmes. The evidence suggests that the LA programmes were approved as integrated components of pre-registration programmes only. Although there is some uncertainty as to whether the separate examination in LA was recognised by Chiropodists board of the CPSM if taken outside of a pre-registration programme.

The Executive is recommending that the Education and Training Committee historically approve the POM programme (or 'module' or 'unit', as they are more likely to be referred to) from the following pre-registration programmes, as a standalone programme.

- |     |   |                          |
|-----|---|--------------------------|
| 1.  | University of Huddersfield  | BSc (Hons) Podiatry      |
| 2.  | University of Southampton   | BSc (Hons) Podiatry      |
| 3.  | London Foot Hospital*   | BSc (Hons) Podiatry      |
| 4.  | Matthew Boulton College   | BSc (Hons) Podiatry      |
| 5.  | University of Salford   | BSc (Hons) Podiatry      |
| 6.  | University of Brighton  | BSc (Hons) Podiatry      |
| 7.  | Queen Margaret University   | BSc (Hons) Podiatry/ BSc |
| 8.  | <i>(previously known as Queen Margaret University College, Edinburgh)</i> | Podiatry                 |
| 9.  | University of Northampton   | BSc (Hons) Podiatry      |
| 10. | <i>(previously known as Nene University College Northampton)</i>          |                          |
| 11. | University of Plymouth  | BSc (Hons) Podiatry      |
| 12. | Queens University Belfast*  | B.Med.Sc Podiatry        |
| 13. | New College Durham  | BSc (Hons) Podiatry      |
| 14. | University of Wales Institute Cardiff                                     | BSc (Hons) Podiatry      |
| 15. | <i>(previously known as Cardiff Institute of Higher Education)</i>        |                          |
| 16. | Glasgow Caledonian University   | BSc (Hons) Podiatry      |

\* Neither of these education providers deliver pre-registration training any longer.

The Executive is also proposing that the Education and Training Committee make it a requirement that any education provider who wishes to run their POM programme as a standalone programme from October 2007 onwards must complete a successful minor/major change submission beforehand. This minor/major change submission will make sure that the programme is relevant to current practice as well as ensuring the education provider has appropriate selection and entry criteria for direct entry into the module (i.e. the SET 2: Programme Admissions paper based assessment agreed at the last Education and Training Committee in the paper entitled 'Approval of programmes leading to entitlements under the Prescription Only Medicines (Human Use) Order 1997'.)

If agreed, the Executive intend to contact all education providers and explain the new historic status of their POM programme, as a standalone programme and the new process for delivering the programme in the future. There are a number of education providers currently awaiting the outcome of this Committee decision.

The Executive is recommending that the Education and Training Committee do not approve any LA programmes from the programmes listed in appendix A, as a standalone programmes. Instead the Executive propose that clarification is sought from the Society of Chiropodists and Podiatrists about the status of the LA examination according to the Chiropodists board of the CPSM. This clarification will confirm whether there are any standalone LA programmes which were historically approved by the CPSM and deal with any uncertainty and limited communication experienced by education providers in the period between the Chiropodists board of the CPSM issuing 'certificates of competence' and the HPC agreeing the policies and processes to approve LA programmes.

The Executive also propose to clarify with the Society of Chiropodists and Podiatrists as to whether there were any post-graduate and/or post-registration programmes which the Chiropodists board of the CPSM approved as allowing state registered chiropodists to supply certain prescription only medicines. Correspondence from various education providers suggests that there were 'modules'/'units' in Masters programmes which were recognised by the predecessor body.

The Executive intend to update Committee on the progress and developments at their next meeting.

### **Decision**

The Committee is asked to;

- Approve the standalone POM programmes listed above as historically (i.e. before October 2007) allowing those who complete them to have the register annotated to indicate that they (chiropodists / podiatrists) are qualified to supply prescription only medicines (POM)
- Agree that any of these historically approved standalone POM programmes must complete a successful minor/major change submission before they can be delivered to future students.
- Agree that there is insufficient evidence to historically approve any LA programmes (listed in the appendix) as a standalone programme which allows those who complete them to have the register annotated to indicate that they (chiropodists / podiatrists) are qualified to administer certain local anaesthetics (LA).

- Instruct the Executive to clarify the status of the LA examination according to the Chiropodists board of the CPSM, from the Society of Chiropodists and Podiatrists.

### **Background information**

Considered at Education and Training Committee in March 2007.

### **Resource implications**

The planning of the ongoing project and the operation of the minor/major change submissions has been prepared for and included in the Department's work plan and 2007/08 budget.

### **Financial implications**

The (potential) fourteen minor/major change submissions will be met within the 2007/08 budget for minor/major change.

Each minor/major change submission will cost approximately £135.

### **Background papers**

Education and Training Committee - October 2004 - Local Analgesia (LA) and Prescription Medicine (POM)

Approvals Committee - February 2005 Approval of Post-Registration Programmes LA and POM

Education and Training Committee – March 2007 - Historical approval of programmes leading to entitlements under the Prescription Only Medicines (Human Use) Order 1997

### **Appendices**

Appendix 1 - Letter and appendixes from the Society of Chiropodists and Podiatrists.

### **Date of paper**

1 June 2007



# The Society of Chiropodists and Podiatrists

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Abigail Creighton  
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20 March 2007

Dear Abigail

## **Re: Stand-alone programmes in local anaesthesia and prescription only medicines**

Thank you for your letter to Joanna Brown of 24<sup>th</sup> January 2007. I do apologise for the delay in responding.

Please find enclosed copies of the following regarding **prescription only medicines**:

- Letter from David Axe, Director of Education at the Society to the Chiropodists Board at Park House dated July 2 1998 requesting that the syllabus of training be approved by the Statutory Body;
- Copy of the syllabus of training for the Certificate of Competence in the Use of Specified Medicines which was approved by the Chiropodists Board at Park House and the Medicines Control Agency (MCA) on 23<sup>rd</sup> October and issued by the Society on behalf of the Chiropodists Board;\*
- The year that this syllabus was approved by the Statutory Body within each individual programme and the approved programme of which they were a part

Please also find enclosed information on **local anaesthesia**:

- Society leaflet on use of local anaesthesia by State Registered Chiropodists which also contains the course details at the time (1972);\*\*
- Dates when the LA syllabus was incorporated into the diploma course.

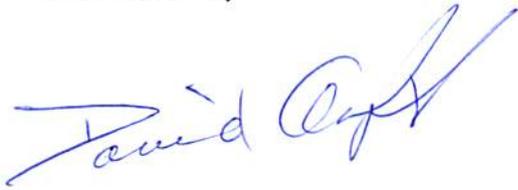
*'Looking after the interests of members, enabling them to practise more effectively.'*

\* The syllabus for the pharmacology course has been updated at the suggestion of the Society and is now applied in each university according to the local approval mechanisms in each university together with the approval of the HPC, which now has responsibility for annotating the register as signifying competence.

\*\* Much of the LA syllabus is now largely incorporated into a number of associated modules such as physiology, pharmacology etc and is rarely stand-alone, though there is still a separate examination in LA

I trust the information is of help,

Yours sincerely

A handwritten signature in blue ink, appearing to read "David Ashcroft". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

David Ashcroft  
Director of Education

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OSTSCRIP( @ £0E ty % \$ & p Submission to the CHIROPODISTS BOARD from the SOCIETY OF CHIROPODISTS AND PODIATRISTS for approval of the Syllabus and Regulations of the Certificate of Competence in the Use of Specified Medicines (under Statutory Instrument 1998/108 and any other subsequent applicable Statutory Instrument). □

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1. The Board set up a Medicines Working Party following a meeting at Hannibal House in February 1992. Consequent to submissions from the Working Party, the MCA issued a consultation letter in November 1996 proposing (and supporting) access to a schedule of drugs. On 3rd March 1997 we were notified that consultation was over and were told inter alia that ministers required details of the course we were proposing. All members of the Working Party were included in the production of the documentation and Syllabus, which was submitted on May 1st 1997. On October 1st 1997 parties were informed that ministers had approved the submission with the exceptions of 3 drugs, namely flucloxacillin, erythromycin and adrenaline injection BP. On 23rd October a meeting took place at the MCA to discuss further points of detail. This was arranged through Park House, and Society representatives were invited to join those of the Board. □

2. Whilst the profession was disappointed that three of the drugs had been withheld, it is in fact a major step forward to have obtained a separately scheduled list, to which other drugs might later be added for exemption. At the meeting with the MCA on 23rd October (and subsequently at other fora) the view has been expressed that a sound way to make progress would be to establish the agreed course; qualify a meaningful number of people through it; and return to the Department saying we now had x hundred people who had qualified, that the scheme was working well, and requesting further named drugs. □

3. MCA and DoH officials cannot speculate on strategy but have indicated their expectation of further submissions under these circumstances, and have certainly not dampened enthusiasm for this approach. □

4. It is the Society's formal request to the Board: □

4.1 that it approves the attached Syllabus as the minimum training required for the Certificate of Competence in the Use of Specified Medicines (CCSM);

4.2 that it authorises the Society to validate courses and examinations in CCSM in accordance with the approved Syllabus and to issue Certificates accordingly with its approval; □

4.3 that it authorises JQAC to administer the issue of CSM Certification in the undergraduate context and to invite recognised schools to demonstrate to it inclusion of the requirements; □

4.4 that it exempts holders of the FCPod(Surg) qualification [\*\* See note] from the requirement for Examination, and authorises the Society to issue CSM Certificates to such holders with its approval. □

5. It is the conviction of the Society that it would not be prudent in the long or medium term for the Profession to approve courses falling short of the syllabus presented by the profession to ministers and accepted by ministers. Had the profession wished to do this then it should have done so on 23rd October. □

David Axe  
SOCAP - July 2, 1998 □

## (A&S course in) Pharmacology for Podiatrists

This course is designed to prepare Podiatrists registered with the Health Professions Council (HPC) to have access to a selected range of Prescription Only Medicines. It is intended to supplement the courses in surgery offered by the College of Podiatrists of the Society of Chiropractors and Podiatrists as well as extending the range of therapeutic modalities available to those podiatrists appropriately qualified in local analgesia. It is here presented in its postgraduate format. In the undergraduate course, Institutions will have to demonstrate the inclusion of all its elements. Entry to the course at postgraduate level is limited to Podiatrists registered with the HPC who are in possession of the appropriate certificates in local analgesia.

The course is in two parts, the first section of which is physiology and the second, pharmacology. Delivery of the course in Physiology may be by classroom sessions or open learning methods or may be studied independently by the candidate. The Pharmacology section is weighted in hours and may be delivered as a taught unit or by a mixture of open learning and classroom sessions.

### Physiology

#### Course content

- (1) *The Chemical Composition of the Body*  
Chemical Bonds, Molecules and Ionic Compounds; Acids, Bases and the pH Scale; Organic molecules; Carbohydrates and Lipids; Proteins: their Structure and Function
- (2) *Cell Structure and Genetic Regulation*  
Cell Membrane and Associated Structures; Cytoplasm and its Organelles; Cell Nucleus and Nucleic Acids; Protein Synthesis and Secretion; DNA Synthesis and Cell Division; Clinical Considerations: Functions of Cellular Organelles, Cell Growth and Reproduction
- (3) *Membrane Transport and Membrane Potential*  
Diffusion and Osmosis; Carrier Mediated Transport; The Membrane Potential; Clinical Considerations: Dialysis, Inherited defects in Membrane Carriers, Hyperkalemia and the Membrane Potential
- (4) *The Functional Organisation of the Nervous System*  
Neurons and Neuroglia; Action Potentials in Neurons; The Synapse; Synaptic Transmission; Neurotransmitters of the Central Nervous System; Synaptic Integration; Functions of the Autonomic Nervous System; Pharmacology of the Autonomic Nervous System; Clinical Considerations: Developmental Problems, Diseases of the Myelin Sheath, Problems of Neuromuscular Transmission, The Blood Brain Barrier
- (5) *The Endocrine System*  
Endocrine Glands and Hormones; Pituitary Gland; Adrenal Glands; Thyroid and Parathyroid Glands; Pancreas and Other Endocrine Glands; Mechanisms of Hormone Action; Autocrine and Paracrine Regulation; Clinical Considerations: Disorders of the Pituitary, Adrenals, Thyroid and Parathyroid, Disorders of the Pancreatic Islets
- (6) *Circulatory System: Cardiac Output and Blood Flow*  
Cardiac Output; Blood Volume; Vascular Resistance and Blood Flow; Blood Flow to Heart and Skeletal Muscles; Blood Flow to the Brain and Skin; Blood Pressure; Clinical Considerations: Hypertension, Circulatory Shock, Congestive Heart Failure
- (7) *Lymphatic System and Immunity*  
Lymphatic System; Defence Mechanisms; Functions of B Lymphocytes; Tumour Immunology; Clinical Considerations: Auto immunity, Immune Complex Diseases, Allergy
- (8) *Respiratory System*  
Physical Aspects of Ventilation; Gas Exchange in the Lungs; Regulation of Breathing; Haemoglobin and Oxygen Transport; Carbon Dioxide Transport and Acid Base Balance; Clinical Considerations: Anaemias and Thalassemia,
- (9) *Urinary System and Fluid, Electrolyte and Acid-Base Balance*  
Glomerular Filtration; Re absorption of Salt and Water; Renal Plasma Clearance; Renal Control of Electrolyte Balance and Acid - Base Balance; Clinical Considerations: Use of Diuretics, Infections of Urinary Organs
- (10) *Digestive System*  
Digestion and Absorption of Carbohydrates, Lipids and Proteins; Neural and Endocrine Regulation of the Digestive System; Clinical Considerations: Pathogens and Poisons, Disorders of the Liver; Metabolism of Carbohydrates, Lipids and Proteins; Regulation of Energy Metabolism; Energy Regulation by the Pancreatic Islets; Metabolic Regulation of the Adrenal Hormones; Clinical Considerations: Insulin Dependent Diabetes, Non Insulin Dependent Diabetes, Hypoglycaemia

(PTO)

**Pharmacology (30 Hours including Assessment)****General introduction.****Pharmacokinetics (2 Hours)**

Absorption; factors affecting rate and degree of absorption, lipid solubility, surface area, time, blood flow, bioavailability.

Distribution; plasma protein binding, tissue distribution, apparent volume of distribution.

Biotransformation; phases of biotransformation, induction and inhibition of cytochrome P450s, concentration-dependent biotransformation.

Excretion; mechanisms of renal excretion, other routes of excretion.

Pharmacokinetic parameters; half life, area under the curve, clearance, volume of distribution.

**Pharmacodynamics (2 Hours)**

Target macromolecules; receptors (intracellular receptors, transmembrane enzymes, receptors acting via G-proteins, ion channels), other target molecules (enzymes, structural proteins, transport mechanisms).

Relationship between dose and response; agonists, antagonists.

Therapeutic window.

Inter-individual variation in drug response; variation in concentration of endogenous ligands, variation in receptor numbers.

**General considerations. (2 Hours)**

Adverse drug reaction and drug interactions.

Drug overdose and poisoning.

Drug dependency and abuse; Effects of disease state on drug response; New drugs and clinical trials; POMs and the Law - writing orders for drugs; labelling; storage; handling. Schedules. Liaison with Pharmacists, GPs.

The action and uses of drugs in the following systems and disorders including indications, contraindications, side effects and relevance to practice and general management of patients.

**The skin (3 Hours)**

Including the treatment of psoriasis, eczema and similar disorders; Topically applied antibiotics; Agents for the treatment of verrucae and the hyperkeratoses; Topical corticosteroids and anti-inflammatory agents; Action and uses of emollients, astringents, antipruritic and surface anaesthetic agents; Cleansing agents and shampoos

**Antibacterial drugs (3 Hours)**

Antibiotics; principles of therapy, factors influencing choice of agent and the route of administration; Major groups of antibiotics: Penicillins, cephalosporins, tetracyclines, aminoglycosides, macrolides, clindamycin and lincomycin etc. Cotrimoxazol and sulphonamides; Antituberculous drugs; Antifungal drugs: topical and systemic; Antiviral drugs, antiprotozoal drugs and anthelmics.

**Drugs for the Cardiovascular System (2 Hours)**

Cardiac glycosides; Diuretics and antihypertensives; Anti - arrhythmic drugs; Beta adrenoceptor blockers; Vasodilators; Sympathomimetics; Anticoagulents; Anti platelet drugs; Fibrinolytic and antifibrinolytic agents; Drugs for hyperlipidaemia; Local sclerosants.

**Drugs for the Respiratory System (2 Hours)**

Bronchodilators; Corticosteroids; Asthma prophylactics; Allergic disorder drugs; Respiratory stimulants; Oxygen uses and administration.

**Drugs for the Central Nervous System (2 Hours)**

Hypnotics, sedatives and anxiolytics; Antidepressant drugs; CNS Stimulants; Analgesics; Anti epileptics; Drugs used in Parkinsonism and related disorders; Anti-nausea and anti-vertigo drugs.

**Drugs used for disorders of the Endocrine System (1 Hour)**

Drugs used in the treatment of diabetes; Thyroid drugs; Corticosteroids, replacement therapy; Hypothalamic and pituitary drugs.

**Nutritional and Blood disorders (2 Hours)**

Treatment of iron deficiency; Treatment of the various anaemias; Electrolyte and water replacement Vitamins and trace elements.

**Musculoskeletal and Joint Disease (3 Hours)**

Anti-inflammatory analgesics; Aspirin and the Salicylates; Systemic corticosteroids and corticotrophin; Locally injected corticosteroids

**Anaesthetics (3 Hours)**

General anaesthetics; Local anaesthetics; Drugs with vasoconstrictor; Drugs used for resuscitation.

Drug interactions (2 Hours) with agents used in the treatment of the gastro-intestinal system, obstetrics and gynaecology, immunosuppression, immunological agents and poisons.

(PTO)

## THREE

### Assessment

#### 1. Undergraduate

Approved institutions running courses in podiatry will have to demonstrate to the satisfaction of the Chiropodists Board and the Joint Quality Assurance Committee for Chiropody/Podiatry (JQAC) that the requirements of the above syllabus have been included within their three/four year undergraduate programmes and that they are appropriately assessed. The requirements shall become a mandatory part of each approved undergraduate course and it shall not be possible for students to graduate and qualify without completing them. Appropriate certificates will be issued by the Society on behalf of the Board to graduating students as is the case with certificates in local analgesia. The pharmacology content of the course shall be examined as a discreet examination and must be identifiable as a separate examination within the assessment process.

#### 2. Postgraduate

- 2.1 Podiatrists registered with the Chiropodists Board must (a) be in possession of the Certificate in Local Analgesia and (b) have undertaken a course in pharmacology covering the above syllabus and validated by the HPC before entering the examination in pharmacology.
  - 2.2 The examination shall be set by Examiners appointed by the Medicines Committee of the College of Podiatrists one of whom shall be a pharmacologist.
  - 2.3 The examination shall take the form of a two-hour, 300-question, multiple choice paper, which employs negative marking for incorrect answers. The pass mark shall be 40%
  - 2.4 The examination may be held at more than one centre on the same date and time depending on the distribution of candidates and at the discretion of the Committee.
  - 2.5 Candidates failing the examination may not resit within six months of their previous examination date and may also be required to attend a further course prior to presenting for examination at the discretion of the examiners.
  - 2.6 Successful candidates shall be awarded certificates attesting to their success and bearing the date of their examination by the Society.
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**Year of approval of pharmacology course and approved programme of which they were a part**

<b>Year of approval of pharmacology</b>	<b>University</b>	<b>Course of which a part</b>
1999	<ul style="list-style-type: none"> <li>➤ University of Huddersfield.</li> <li>➤ University of Southampton.</li> <li>➤ London Foot Hospital.</li> </ul>	BSc (Hons) Podiatry
2000	<ul style="list-style-type: none"> <li>➤ Mathew Boulton College.</li> <li>➤ University of Salford.</li> </ul>	BSc (Hons) Podiatry
2001	<ul style="list-style-type: none"> <li>➤ University of Brighton.</li> </ul>	BSc (Hons) Podiatry
2002	<ul style="list-style-type: none"> <li>➤ Queen Margaret University College Edinburgh.</li> <li>➤ Nene University College Northampton.</li> <li>➤ University of Plymouth.</li> <li>➤ Queens University Belfast.</li> </ul>	BSc and BSc (Hons) Podiatry  BSc (Hons) Podiatry BSc (Hons) Podiatry BMedSc Podiatry
2003	<ul style="list-style-type: none"> <li>➤ New College Durham.</li> <li>➤ University of Wales Institute Cardiff.</li> <li>➤ Glasgow Caledonian University.</li> </ul>	BSc (Hons) Podiatry  BSc (Hons) Podiatry  BSc (Hons) Podiatry



## The Society of Chiropodists

8 Wimpole Street London W1M 8BX

### USE OF LOCAL ANALGESIA BY STATE REGISTERED CHIROPODISTS

1. At a meeting on the 18th January, 1972, the Chiropodists Board passed the following resolution:

That the use of local analgesia by State Registered Chiropodists be regarded as a recognised technique, on the following conditions:

- (a) That its use is designed to relieve patients of pain, and not to enable the practitioner to use techniques which he has not been trained to use.
- (b) That the practitioner has satisfactorily attended a course of a standard approved by the Board.
- (c) That the course was conducted at a School of Chiropody approved by the Board, or at some other institution approved by the Board for the purpose.
- (d) That a Consultant Anaesthetist or an Anaesthetist holding approved anaesthetic qualifications was in charge of, or very closely connected with, the conduct of the course, and of the practical work connected with it.
- (e) That, at the end of the course, practitioners were required to pass an appropriate examination, in which a Consultant Anaesthetist and/or a Consultant Surgeon took part, and that they were awarded a certificate of competence on passing the examination.

2. The Board discussed with representatives of the Society of Chiropodists the Society's proposals for a course (Syllabus attached herewith), and

- (b) Demonstration of assembly, use, care, and maintenance of approved apparatus.
- (c) Demonstration of aseptic technique, cleansing of skin and infiltration at proximity of simple lesion.
- (d) Demonstration of methods of partial ring block.
- (e) Demonstration of digital nerve block by Stockholm or other techniques.
- (f) Demonstration of surface analgesia by injection. Dosage, strength of solution; limitations of this technique.

#### 4. *The Complications of Local Analgesia*

##### (a) Drug Reactions

Local.

General:

The signs and symptoms of relative overdose. How this may be produced, intravascular injection, vascular tissue, sensitive individual, interaction with other drugs acting on the nervous system.

The incidence and recognition of allergic reactions.

The injection of wrong drug or solution.

##### (b) Psychogenic Reactions

Their nature, susceptible types of patient. Simple measures to avoid and minimise them. General handling of the patient. The dangers of fainting in the upright position.

##### (c) Demonstration and Practice of Resuscitation

Posture; mouth to mouth respiration; extra thoracic massage; simple apparatus to administer oxygen.

#### 5. *Practical application*

Supervised use of apparatus and techniques. All students should have an opportunity to give three injections by each technique.

#### 6. Practical and *viva voce* examinations.

agreed that after certain amendments, they constituted a course of a standard approved by the Board, subject as follows:

- (a) The first part of the course is to consist of a revision of the standard 3-year syllabus. All practitioners who have successfully completed the Society's 3-year course of training and passed the examination leading to State Registration, and all those who hold the Teacher's Certificate of the Society and have participated in the teaching of the current 3-year course for a period of not less than 3 years, shall be exempt from this part.
- (b) All other practitioners will be required to pass an examination before proceeding to the second part of the course.
- (c) No practitioner should be exempted from any section of the second part of the course, which should last for a minimum of 30 hours, of which a minimum of 6 hours must be devoted to the practical application of local analgesia.
- (d) The Board attaches great importance to practical experience with patients, and to practical examinations with patients at the end of the course. These are highly desirable, and should be carried out whenever possible.

## COURSE IN LOCAL ANALGESIA

### PART 'A'

Revision of the standard three year syllabus to level of current final professional examination with special emphasis on: Anatomy of the foot; Inflammation, Sepsis; Cardio-vascular conditions, central and peripheral; Neurological conditions, central and peripheral; Diabetes; Asthma and allergic conditions.

Examination in the above prior to entry to Part 'B'. Subject to the exemptions as outlined in the Board's Statement.

### PART 'B'

The following syllabus pertains to the use of plain solutions of Lignocaine, Prilocaine and Mepivacaine and similar approved substances (i.e. solutions not containing adrenalin or other vasoconstrictors). These will be used with disposable needles and syringes for the infiltration of the base of small lesions such as neuro-vascular corns or verrucae prior to treatment, and for parigital infiltration by the Stockholm or Bradfield technique prior, for example, to sliver resection for onychocryptosis. The use of a ring block is not included as this technique may carry some risk of interference with digital blood supply.

The syllabus covers the strictly delineated field available to chiropodists, and chiropodists should confine their activities to this field.

### 1. *Revision Lectures*

- (a) Physiology of nervous system; the neurone, nerve impulse, polarization, depolarization, pathways. Special reference to sensory functions.
- (b) Clinical anatomy.
- (c) The importance of a systematic approach to history taking in clinical examination.

### 2. (a) *General Pharmacology of Local Analgesics*

General chemistry and classes of local analgesics, the local and general dangers of adrenalin. Mode of action of local analgesics on nerve fibres and nerve endings, the order of blocking of fibres, surface action. Fate of local analgesics in the body, factors affecting uptake and elimination.

### (b) *Specific Pharmacology of Lignocaine, Prilocaine and Mepivacaine and similar approved substances*

Presentation, strength of solutions, keeping properties, length of action, safe dosage, action on blood vessels, incidence of side effects in doses to be used.

### (c) *Demonstration* of approved drugs and apparatus.

### (d) Difficulties associated with multidose vials; other practical problems.

### 3. *The use of Local Analgesia in Chiropody*

- (a) The indications for local analgesia in chiropody. The medical contra-indications to local analgesia, history of allergy (asthma, eczema etc.), history of reaction to local analgesics, Sepsis, Diabetes, poor peripheral circulation; Cases unsuitable for injection techniques. Techniques and operations unsuitable for chiropodists. Importance of knowing what drugs the patient is already receiving; and importance of appreciating the significance of systemic medication and the possibility of adverse reactions.

The vital importance of, and the reasons for, preventing the introduction of infection.

The reasons for limited dosage, drug reactions, local and general, their recognition and avoidance.

Relevant anatomy of digital nerves, vessels and tendon sheaths. Necessity of avoiding intra-neural and intravascular injection, how this is achieved. Dangers of interrupting circulation to the digits, tourniquets, vaso-constrictors, excess volume of injection.

## **Local Anaesthesia**

From 1977 it was compulsory for all schools to have LA incorporated into the full-time diploma course approved by the Chiropodists Board. From that date no chiropodist could qualify with eligibility for inclusion on the register of the Chiropodists Board without an LA Certificate. The Schools that did so were:

1. Llandaff Technical College, Cardiff School of Chiropody
  2. Glasgow Foot Clinic and School of Chiropody
  3. Northern College of Chiropody, Salford Technical College
  4. Matthew Boulton College, Birmingham School of Chiropody
  5. Edinburgh Foot Clinic and School of Chiropody
  6. Durham Technical College School of Chiropody
  7. London Foot Hospital and School of Chiropody
  8. Chelsea School of Chiropody, Paddington Technical College
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9. In 1978 the Polytechnic of Huddersfield, School of Chiropody opened (and included LA in the syllabus)
  10. In 1979 the Northern Ireland School opened at Belfast Technical College (with LA in the syllabus)
  11. In 1980 the Plymouth School opened at Plymouth College of Further Education (with LA in the syllabus)
  12. In 1982 the Sussex School opened at Brighton Polytechnic (with LA in the syllabus)
  13. In 1985 the Northampton School opened at Nene College (with LA in the syllabus)
  14. In 1987 the Wessex School opened at La Sainte Union College Southampton (with LA in the syllabus)
  15. In 1990 the West Midlands School opened at Birmingham Polytechnic (with LA in the syllabus)