

Education and Training Committee, 8 September 2016

Update on podiatric surgery

Executive summary and recommendations

Introduction

The Education and Training Committee and the Council agreed in 2012 to annotate qualifications in podiatric surgery on the HCPC Register. We published standards for podiatric surgery in June 2015.

The attached paper provides background information on the topic of podiatric surgery, how this work has progressed over the past few years, and key considerations for the Committee regarding implementation of the annotation.

A meeting between the Executive and the College of Podiatry has been scheduled for early November. Depending on the outcome of that meeting and any further developments in the education approval process, we plan to present a further paper to the Committee for discussion and/or decision at a future meeting.

Decision

This paper is to note; no specific decision is requested.

Background information

- Education and Training Committee, 5 March 2015. Results of the consultation on standards for podiatric surgery.
<http://www.hcpc-uk.org/assets/documents/10004ABDEnc05-Resultsoftheconsultationonstandardsforpodiatricsurgery.pdf>
- Education and Training Committee, 5 June 2014. Annotation of the Register of podiatrists practising podiatric surgery.
<http://www.hcpc-uk.org/assets/documents/10004646Enc05-AnnotationoftheRegisterofPodiatristspractisingpodiatricsurgery.pdf>
- Education and Training Committee, 8 March 2012. Annotation of the Register – qualifications in podiatric surgery.
<http://www.hcpc-uk.org/assets/documents/100038FD10-annotationoftheregister.pdf>

Other background: see paper.

Resource implications

None as a result of this paper.

Financial implications

None as a result of this paper.

Appendices

- Appendix 1: Standards for podiatric surgery

Date of paper

26 August 2016

Update on podiatric surgery

1. Introduction

- 1.1 In 2012, the Education and Training Committee and the Council agreed in principle to annotate qualifications in podiatric surgery on the HCPC Register. Then in March 2015, following a public consultation, the Committee and Council approved standards for podiatric surgery.
- 1.2 At the time of writing, there are no podiatric surgery training programmes approved by the HCPC and no chiropodists / podiatrists have had their Register entries annotated.
- 1.3 This paper provides background information on the topic of podiatric surgery, how this work has progressed over the past few years, and key considerations for implementation of the annotation.

2. Background

- 2.1 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.
- 2.2 As part of their pre-registration education, chiropodists / podiatrists¹ 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 and associated structures.
- 2.3 There are no protected titles associated with this area of practice. Some practitioners use the role title 'Podiatric Surgeon', although use of the term 'surgeon' has been controversial among some stakeholders. For clarity, we use the phrase 'podiatrist practising podiatric surgery'.

Training in podiatric surgery

- 2.4 To date, a podiatrist has normally qualified to practise podiatric surgery by undertaking the following training route:
 - a HCPC approved programme in chiropody and podiatry (normally a three year BSc degree with honours);
 - at least one year's post-registration clinical practice;

¹ The professional titles 'chiropodist' and 'podiatrist' are interchangeable. For simplicity, we have just used 'podiatrist' for the remainder of this paper.

- a master's degree in the theory of podiatric surgery;
 - a minimum of two years surgical training to achieve fellowship of the Faculty 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.
- 2.5 The College of Podiatry estimates that there are around 100 podiatrists who hold the fellowship of the Faculty of Podiatric Surgery and the CCPST, with about three or four practitioners completing the training route every year.
- 2.6 In Scotland, NHS Education for Scotland (NES) has recently developed a three-year, work-based Podiatric Surgery Training Programme in collaboration with Queen Margaret University, which will award a certificate of completion of training (CCT). A master's degree in the theory of podiatric surgery is a prerequisite to entry onto the programme. One trainee has been recruited and commenced the programme in 2015.
- 2.7 Section 3 below provides an update on the approval processes in relation to these training routes. At the time of writing, neither has been approved by the HCPC.

About annotation of the Register

- 2.8 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.
- 2.9 In general, we only annotate the Register where we are legally required to do so; or where there is evidence that annotation is necessary to protect the public and is a proportionate and cost-effective response to the risks posed.²
- 2.10 In 2012, the Committee and Council agreed in principle to annotate the Register entries of podiatrists who have gained approved qualifications in podiatric surgery.³ The decision was made on the basis that annotation would strengthen public protection and transparency by allowing service users to see which podiatrists had completed the approved training.
- 2.11 The decision to annotate made it necessary to develop specific standards for podiatric surgery training and practice. These standards will enable us to assess and approve training programmes and provide assurance that

² The HCPC policy statement on annotation of the Register is available here: <http://www.hcpc-uk.org/assets/documents/10003DFAPolicystatementonannotationoftheRegisterfinalHCPC.pdf>

³ We consulted between November 2010 and February 2011 on whether to annotate the Register for qualifications in podiatric surgery. Our analysis of the responses received is available here: <http://www.hcpc-uk.org/assets/documents/1000381DPost-registrationqualifications-consultationresponsesdocumentfinalforwebsite.pdf>

podiatrists with the annotation are able to meet the threshold standards for podiatric surgery practice.

3. Update on progress

Standards for podiatric surgery

- 3.1 We consulted on standards for podiatric surgery between October 2014 and January 2015, and they were published in June 2015. The standards are provided as an appendix to this paper.
- 3.2 The standards have two parts:
 - The first section contains standards for education providers regarding the policies and processes that must be in place in approved podiatric surgery programmes.
 - The second section sets out standards for the knowledge, understanding and skills required for safe and effective podiatric surgery practice, which podiatrists must be able to meet by completion of their training.
- 3.3 When developing the standards, we 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).

Approval of training programmes

- 3.4 In June 2015, the Education and Training Committee agreed the role brief and criteria for the appointment of visitors to approve and monitor podiatric surgery programmes.⁴ Four visitors have since been recruited.
- 3.5 NES and Queen Margaret University made a request as joint education providers for approval of the Podiatric Surgery Training Programme in August 2015, and a visit took place in February 2016. The visitors recommended a number of conditions, with a further visit planned in order to assess whether these had been met. Following the decision of the Education and Training Panel to set the conditions and re-visit, the programme was withdrawn.
- 3.6 Subsequently, Queen Margaret University submitted a new visit request form as the sole education provider. An approval visit has been scheduled for December 2016.
- 3.7 The College of Podiatry requested an approval visit to its Training Programme in Podiatric Surgery in December 2015. At the time, the College intended for

⁴ Education and Training Committee, 4 June 2015. The use of visitors in the approval and monitoring of education and training programmes for podiatrists practising podiatric surgery. <http://www.hcpc-uk.org/assets/documents/10004BD0Enc08-Theuseofvisitorsintheapprovalandmonitoringofeducationandtrainingprogrammesforpodiatristspracticingpodiatricsurgery.pdf>

the programme to include a route for existing trainees working toward the CCPST to have their previous training, qualification and experience recognised in order to gain the annotation. In March 2016, the College of Podiatry withdrew its request. We were told informally that the College was considering how best to use its influence in other ways.

IT system changes

- 3.8 As part of earlier upgrade work to the registration system and online register, changes have already been made to allow podiatrists practising podiatric surgery to be annotated. This functionality is currently hidden but can be deployed when the annotation is introduced.

4. Implementing the annotation

- 4.1 In June 2014, the Education and Training Committee considered a range of options regarding how to progress with implementing the annotation. The Committee agreed that it would not make a final decision about annotation (of existing practitioners or those newly qualified) until the training programmes had been visited and assessed against the standards⁵.
- 4.2 No specific decision is requested from the Committee at this meeting; however this is an opportunity to re-examine the previous decision in light of the update provided above and the current situation. We have highlighted what we believe are the relevant considerations below.

Annotation of existing practitioners

- 4.3 Podiatric surgery is well established in the NHS in England and there is an existing training route that has been in place for a significant number of years. There are therefore a number of podiatrists already in practice who have completed training in the past and who in many instances have been employed as consultants in podiatric surgery in the NHS for a number of years. There are also podiatrists currently in training who may qualify before or shortly after the approval of any programmes.
- 4.4 The Committee has previously considered annotation of the Register for existing practitioners who qualified via a historical or existing training route in podiatric surgery. The Executive has recommended that this would be appropriate, for a number of reasons.
- 4.5 One of the key purposes of annotations on the Register is to provide information to members of the public about those practitioners who have undertaken recognised training in a particular area, so that they can make informed choices about seeking treatment. Therefore, we have suggested that for the annotation to be meaningful, it would be necessary to annotate – via

⁵ Education and Training Committee, 5 June 2014. Annotation of the Register of podiatrists practising podiatric surgery. <http://www.hcpc-uk.org/assets/documents/10004646Enc05-AnnotationoftheRegisterofPodiatristspractisingpodiatricsurgery.pdf>

some mechanism – the Register entries of existing practitioners and trainees who are part way through an existing training route, in addition to podiatrists who will qualify via an approved programme in the future.

- 4.6 The alternative is to annotate only those who commence and complete their training after on-going approval by HCPC has been confirmed. This would include a much smaller number than the total of those qualified in and practising podiatric surgery. The remainder could lawfully remain in practise, but would not be annotated on the Register. We believe this approach would diminish the value and meaning of the annotation to a member of the public.
- 4.7 Additionally, legal advice from the Solicitor to Council has indicated that not annotating existing practitioners might lead to unintended detriment to these practitioners. Whilst there is no legal requirement for a podiatrist to obtain the annotation in order to practise podiatric surgery, the introduction of the annotation might have the unintended consequence of leading service users to assume that a person whose register entry lacked the annotation was not qualified to practise in that area.

Recognition of previous qualifications

- 4.8 One way of providing for the annotation of existing practitioners would be for the Committee to agree to approve the existing College of Podiatry/CCPST route and NES/QMU programme at the point of annotation. This would be analogous to some extent to the approach taken by the HCPC when regulating new professions. The Committee previously agreed with this approach in principle.
- 4.9 However, in 2013, in the course of a meeting with the College of Podiatry, concerns were raised about the long-term viability of its training route and its ability to meet HCPC education and training standards. Subsequently, the Executive recommended against approval of the route at the point of annotation at that stage, suggesting that this could call into question the integrity of the annotation, given the concerns raised.
- 4.10 One possible option might be for an education provider to develop a programme which consists of portfolio assessment or other accreditation of previous experiential learning (APEL) arrangements which meet the standards for podiatric surgery.
- 4.11 We recently received advice from the Solicitor to the Council that it would be prudent to require existing practitioners go through some form of assessment, particularly as podiatric surgery is a contentious issue among certain stakeholders, and the HCPC lacks the legal protection which is provided by statutory 'grandparenting' arrangements.
- 4.12 However, it is important to note that, as there is no legal requirement for a podiatrist practising podiatric surgery to be annotated on the Register in order to continue practising, there may not be sufficient incentive for all existing practitioners to submit a portfolio for assessment or participate in an APEL

process if one were to be developed. This is particularly the case where there is a cost involved.

The future of training routes

- 4.13 The College of Podiatry has confirmed that its training route still exists and that there are trainees registered on it. The Agenda for Change job profiles for podiatrists practising podiatric surgery in the NHS mention fellowship of the Faculty of Podiatric Surgery as a relevant qualification, and as long as this is the case, it is expected that the training route will continue. The College hopes that they will be able to transfer existing trainees to HCPC approved programmes when these emerge.
- 4.14 The CCPST also continues and the College has said it is likely to do so, even when annotation of podiatrists practising podiatric surgery via other routes is available.
- 4.15 We have been informally advised by the College of Podiatry that there may be at least one university intending to develop a professional doctorate in podiatric surgery. However, there is no indication of when this would be developed, or whether it would seek approval against the standards for podiatric surgery.
- 4.16 There is also no indication from the College about whether they will re-examine development of a new programme to comply with the standards for podiatric surgery in the future.
- 4.17 As stated above, the Queen Margaret University programme continues and will be visited in December 2016.

5. Decision

- 5.1 No decision is required at this stage. The Executive is due to meet the College of Podiatry shortly to understand its plans regarding their training route and what this might mean for the future viability of the annotation and potential timescales for its implementation. A further paper for discussion or decision is likely to be brought to the Committee at a future meeting.

Standards for education providers and registrants

Standards for podiatric surgery

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Foreword

We are pleased to present the Health and Care Professions Council's standards for podiatric surgery.

These standards have two purposes. They set out our expectations of education providers delivering training in podiatric surgery. They also set out the knowledge, understanding and skills we expect a podiatrist practising podiatric surgery to be able to demonstrate when they complete their training.

The practice of podiatric surgery is significantly beyond the scope of practice of a chiropodist / podiatrist at entry to the profession. We therefore made the decision to annotate the Register in order to strengthen public protection.

Podiatrists practising podiatric surgery whose entries are annotated on the Register will be required to adhere to these standards, in addition to the HCPC's standards of conduct, performance and ethics, standards of continuing professional development and the standards of proficiency which apply to all chiropodists / podiatrists.

The standards for podiatric surgery were developed with significant input from members of the multidisciplinary team, including colleagues from the podiatry and orthopaedic surgery professional bodies, other regulators and those involved in podiatric surgery training.

We are confident that these standards will play a key role in supporting safe and effective practice in podiatric surgery.

Introduction

This document sets out the **standards for podiatric surgery**. These standards have two purposes.

- They set out the systems and processes that an education provider delivering training in podiatric surgery must have in place in order to deliver the training safely and effectively.
- They also set out the knowledge, understanding and skills that a registered chiropodist / podiatrist must have when they complete their podiatric surgery training and which they must continue to meet once in practice.

These standards are set at the threshold level we consider necessary to protect members of the public. We have numbered the standards so that you can refer to them more easily; however the standards are not hierarchical and are all equally important for practice.

About podiatric surgery

Podiatric surgery is the surgical management of the bones, joints and soft tissues of the foot and associated structures. The conditions treated can include problems caused by bunions, arthritis, toe deformities and inflammation of the tissues of the foot.

We use the term ‘podiatrist practising podiatric surgery’ to describe a registered chiropodist / podiatrist who has completed a qualification in podiatric surgical practice and whose entry is annotated on the HCPC Register.

How the standards will be used

We will assess podiatric surgery education and training programmes against the standards set out in the first part of this document. If a programme meets the standards we will grant open-ended approval, subject to on-going monitoring.

We will also take into account the standards in the second part of this document when considering concerns raised about the competence of a podiatrist practising podiatric surgery.

Our expectations

These standards are set at the threshold level to ensure that podiatrists practising podiatric surgery have the knowledge, understanding and skills which are necessary for safe and effective podiatric surgery practice. It is important that you meet our standards and are able to practise lawfully, safely and effectively. However we do not dictate how you should meet our standards. This is because there is normally more than one way in which each standard can be met, and the way in which you meet our standards might change over time because of changes in technology or changes to your practice.

The standards set out in this document complement information and guidance issued by other organisations, such as professional bodies. In addition, these standards do not replace the other standards we set for registrants and you will need to draw on those to support your wider practice beyond podiatric surgery. We expect you to continue to keep to the HCPC **standards of proficiency for chiropodists / podiatrists; standards of conduct, performance and ethics; and standards for continuing professional development**. We publish these in separate documents, which you can find on our website.

Language

We recognise that podiatrists practising podiatric surgery work and undertake training in a range of different settings. We have tried to use language that takes account of this variation; however the terms you use will depend to a certain extent on how and where you work.

We have included a glossary of some of the terms used in the standards at the end of the document.

Reviewing the standards

We keep our standards under continual review. Therefore we may make changes to these standards in the future to take account of changes in podiatric surgery practice. We will always publicise any changes to the standards, for example by publishing notices on the HCPC website and informing relevant professional bodies.

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, 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 Training must be delivered 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 trainee learning in all settings must be effectively used.
- B.9 The resources to support trainee 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 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.
- 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 any mandatory components 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 Trainees and clinical supervisors must be fully prepared for the practice placement environment which will include information about:
- the learning outcomes to be achieved;
 - the timings and the duration of the experience and associated records to be maintained;
 - expectations of professional conduct;
 - the professional standards which trainees must meet;
 - the assessment procedures including the implications of, and any action to be taken in the case of, failure to progress; and
 - communication and lines of responsibility.
- 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 trainee 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 trainee 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 trainee 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

Registrants must:

- 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 associated structures 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 to 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 be able to undertake a range of surgical techniques within the foot and associated structures including the following.
- Application and monitoring of a tourniquet
 - Skin incisions and closure
 - Tissue handling
 - Haemostasis
 - Dissection
 - Excision of bony prominences
 - Osteotomy
 - Arthrodesis
 - Arthroplasty
 - Digital correction
 - Soft tissue excisions, correction and skin flaps
- 1.12 be able to undertake appropriate post-operative monitoring, evaluation and management of the patient
- 1.13 be able to identify common post-operative complications and respond appropriately
- 1.14 be able to practise in accordance with current legislation governing the use of ionising and non-ionising radiation for medical and other purposes
- 1.15 be able to keep accurate, comprehensive and comprehensible records of a surgical intervention in accordance with applicable legislation, protocols and guidelines

- 1.16 be able to monitor and evaluate the quality of podiatric surgery practice and use that evaluation to improve practice
- 1.17 understand the importance of participation in training, supervision and mentoring
- 1.18 understand the role of the podiatrist practising podiatric surgery within a multi-disciplinary team
- 1.19 be able to use immediate life support and deal with clinical emergencies safely

Glossary

Arthrodesis

The surgical fixation of a joint to promote bone fusion, in order to relieve intractable pain in the joint.

Arthroplasty

A surgical procedure to restore the integrity and function of a joint, through resurfacing of the bones of the joint or use of an artificial joint.

Dissection

Cutting apart or separating of tissue during a surgical procedure.

Excision

Cutting out or removal, eg of tissue or bone.

Haemostasis

The deliberate stoppage of blood flow during surgery, for example using chemical or physical agents.

Incision

A surgical cut made in skin or flesh.

Osteotomy

A surgical operation whereby a bone is cut to shorten, lengthen, or change its alignment.

Podiatric surgery

The surgical management of the bones, joints and soft tissues of the foot and associated structures.

Tourniquet

A constricting device used to temporarily restrict blood flow to a limb or extremity.

Notes

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