

Podiatry
Service



Provide Preceptorship Programme for Band 5 Podiatrists

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1 Introduction

Agenda for Change introduced preceptorship for new entrants joining NHS organisations at Band 5. The Agenda for Change Terms and Conditions Handbook (Section 2 para 1.8) states that:

This preceptorship programme sets out in a modular format the competencies expected to be met within the first 18 months of employment within Provide. It provides a common framework to promote consistency across the podiatry service and aims to support staff taking up the role for the first time.

The modules do not need to be completed in any particular order, and it is acceptable for several modules to be running at the same time.

This Policy needs to be read in conjunction with the following documents:

- ➔ **Provide Knowledge and Skills Framework Gateway Policy**
- ➔ **Provide Guidelines for Clinical Supervision**
- ➔ **Provide Development Review Policy and Procedure**

Completion of this programme forms one part of the decision to make the Podiatrist a Band 6. The mentor, line manager and clinical manager will review this document, along with assessing the Podiatrist can work autonomously, has good time management skills and meets the band 6 job specification, before a promotion will occur.

1.1.1 Preceptor

The line manager of the new entrant at Band 5 will identify the appropriate person to act as their preceptor. The role of the preceptor is to provide more structured support during their preceptorship. The preceptor will help the preceptee to meet the standards set out in the programme. The preceptor will also be involved in the personal development review process, alongside their line manager after 12 months.

1.1.2 Authorising Manager

The Podiatry Clinical Manager will be responsible for the final signing off the programme signifying successful completion of the competency requirements. It would also be the responsibility of the Podiatry Clinical Manager to authorise any pay uplift associated with the completion of the programme.

The only exception would be if the Podiatry Clinical Manager was acting as the preceptor. In this case the Associate Director of Long Term Conditions and Rehabilitation will take on this role.

1.2 1.2 Timescale

It is expected that completion of the programme will take up to 18 months. It is acknowledged that this time period may vary between individuals.



2

Clinical Governance Module

Clinical governance is an integral part any clinical role. Clinical governance is defined as:

“A framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.”

G Scally and L J Donaldson, 'Clinical governance and the drive for quality improvement in the new NHS in England' BMJ (4 July 1998): 61-65

Traditionally, the clinical governance framework has been described using the 7 key pillars model. Although this has been adapted and refined over the years, it remains the most commonly used approach.

The 7 key pillars are:

- ➔ Clinical Effectiveness
- ➔ Clinical Audit
- ➔ Risk Management
- ➔ Education and Training
- ➔ Patient and Public Involvement
- ➔ Use of Information
- ➔ Staffing and Staff Management

Tasks:

- 1** In a short piece of written work show an understanding of clinical governance. Link this to your role, and the organisation as a whole.
- 2** Show evidence of activities to contribute towards above 7 key pillars where appropriate are being carried out. This should be evidenced through a clinical diary
- 3** Carry out a clinical audit, which is relevant to the department.

SIGNATURE OF
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3 Clinical Skills Module

3.1 General Clinical Skills

The podiatrist should aim to resolve the presenting condition and prevent complications in the 'at risk foot' as far as possible.

The podiatrist should demonstrate their practical skills in the following areas, avoiding any undue pain and discomfort to the patient:

- ➔ Reduction of plantar and dorsal callous and the enucleation of associated heloma, with accompanying padding and strapping techniques.
- ➔ Treatment of pathological nail conditions, subungual callus and heloma.
- ➔ Debridement techniques of callus overlying foot ulceration.
- ➔ Choosing and applying appropriate dressings, with correct technique.
- ➔ Taking care to avoid unnecessary breaks in the skin, with a sterile dressing always applied this does occur.
- ➔ Assessing the tissue viability status and medical condition of the patient and adjusting clinical treatment accordingly.
- ➔ Providing accommodative and functional control through the provision of insoles or silicone devices in every treatment plan where they it is indicated. Clinicians should make themselves aware of the process of ordering 'simple' insoles via our in house orthotics Lab (insoles manufactured by our Podiatry assistant).
- ➔ Ability to advise a patient on the suitability of their footwear in a positive way, helping patients and carers to understand what types of footwear are most appropriate while offering advice on local availability and issue catalogues as appropriate.
- ➔ Recognising when prescription footwear is indicated or modification required and be able to initiate referral through the correct channel.





3.2 Specialist Clinical Skills

During this preceptorship phase, and in fact throughout the clinicians career, it is recognized that individuals cannot hold expert knowledge in all clinical areas and therefore must fully utilize the expertise of colleagues.

It is expected that the clinician holds the responsibility to recognize areas where their knowledge and skills require further development and training on an on-going basis and these needs are identified to their manager and ensure it is recorded in their personal development plan.

Tasks:

- 1 Debridement technique, corn enucleation and padding and strapping to be observed by supervising podiatrist.
- 2 Sharp debridement and dressing of foot ulcer to be observed by supervising podiatrist.
- 3 Complete a case study to demonstrate the appropriate treatment of an ischaemic patient.

3.3 SystmOne

Within the Provide Podiatry Department, all appointments and consultation notes are recorded on the electronic patient management system, SystmOne.

3.3.1 Recording of Clinical Consultations

All clinical notes should be recorded on SystmOne during the consultation time where possible. If this is not possible, notes should be recorded as soon as possible. On the rare occasion where there is more than a 24 hour period between the consultation and the notes being recorded on SystmOne, a copy of the paper notes written at the time must be scanned on to the patient notes for a point of reference.

It is considered to be bad practice to hold both paper and electronic notes for a patient. The podiatry department is paperless. Therefore, no paper copies of notes should be held.



3.3.2 Updating Patient Records

Patients' electronic records should be kept up to date. Podiatrists are expected to carry out the following:

- Check there is an up-to-date list of the patients current medication.
- Discuss any updates to the patients' medical problems and record relevant information on the 'Provide Medical History' template.
- Carry out an annual risk assessment on each patient yearly, or when there is a significant change in the patients' health that would affect their risk status.
- Check the reminders on patients' record on each visit and update as appropriate.
- Forward insole prescriptions to the Podiatry Administration Team to be scanned on to the patient record.
- Communicate any significant changes to the patients GP in the appropriate manner.

3.3.3 Organising rotas

All podiatry rotas are recorded on SystmOne. Podiatrists are expected to check regularly for changes to their rota. It is also expected that staff ensure any time out of clinic is recorded appropriately as staff leave on SystmOne – this includes any annual leave and time out of clinic for meetings etc. Please contact your line manager with regards to blocking out any clinical time or if any rota errors are noticed so they can be rectified as soon as possible.

Tasks:

- 1 Alongside the supervising podiatrist, carry out a note keeping audit to ensure an acceptable note keeping standard is being achieved. This should be carried out:
 - a) After 3 months
 - b) After 6 months and
 - c) At the end of the preceptorship programme.

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4 New Patient – Module

4.1 New patient assessments

Following induction training on SystmOne, all new patients' assessments must be recorded electronically.

The following is expected from the podiatrist:

- ➔ Awareness of communication from referrer and the need reply in a letter, clinical observations and treatment plan.
- ➔ Completion of the 'Sensitivities and Allergies' and 'Ethnicity' templates and recording the correct TTP status.
- ➔ Completion of the 'Provide Podiatry Medical History' and 'Provide Podiatry Current Medication' templates - having the ability to elicit relevant information and record a full medical history, highlighting previous operations or investigations.
- ➔ Have the ability to diagnose and classify foot pathologies, by undertaking vascular, neurological, structural and functional assessments.
- ➔ Have an awareness of the current local access criteria for the service and ensure that accepted patients have a treatment plan formulated according to their clinical need.
- ➔ Have the ability to recognise when patients do not fit the criteria for the service and discharge them with appropriate advice and support.

In general the podiatrist should demonstrate the ability to listen to the patient's concerns, answering questions and clarifying any issues. In addition they should show the ability to communicate the various treatment options and fully explain the proposed treatment plan to the patient ensuring that the patient consent s obtained.

Tasks:

- 1 In a short piece of written work show an understanding of a holistic approach to new patient (non- Ulcer) assessments and engaging patients in treatments and care plans, detailing your short, medium and long term treatment plans.

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5 Diabetes Module

From diagnosis diabetes is a lifelong, systemic disease that creates a significant burden on the sufferer. The burden on the health care services also needs to be acknowledged - Diabetes is certain to be one of the most challenging health problems throughout the 21st century (Sicree et al 2009) and will place a huge demand on health care services resources and budgets.

People suffering from diabetes are at risk of developing major health complications including coronary artery disease, peripheral vascular disease, nephropathy, retinopathy and neuropathy (Gale & Anderson 2007 p1101) and diabetes is considered to be a major global cause of premature mortality (van Dieren et al 2010).

Diabetes is a growing concern, and its effects on the whole body, and the feet need to be understood.

Tasks:

- 1** In a short piece of written work, show an understanding of diabetes and how it affects the foot. Provide a descriptive account to evidence your knowledge and link to care pathways within the organisation. Linking this to the NICE guidelines. Show an understanding of different treatment modalities in primary and secondary care for:
 - The neuropathic foot
 - The ischaemic foot
 - The neuroischaemic foot
 - The Charcot foot
 - Ulceration and infection.
- 2** Demonstrate clinical skills in vascular and neurological screening, to be observed by the supervising podiatrist (recommend 4 observations)
- 3** Observe and assist 2 clinical sessions multidisciplinary foot clinic, with supporting reflective clinical diary.



Task 2 log

Neurological and Vascular (Doppler) assessments

| Observation number | Observation date and time | Supervising Podiatrist Signature |
|--------------------|---------------------------|----------------------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

ABPI assessments (including following the PAD pathway)

| Observation number | Observation date and time | Supervising Podiatrist Signature |
|--------------------|---------------------------|----------------------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

Toe pressure assessment (including following the PAD pathway)

| Observation number | Observation date and time | Supervising Podiatrist Signature |
|--------------------|---------------------------|----------------------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

Task 3 log

Log of shadowing and assisting at Broomfield Diabetes multidisciplinary foot clinic

| Observation number | Observation date and time | Supervising Podiatrist Signature |
|--------------------|---------------------------|----------------------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

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6 Wound Care Module

The expectations of a Band 5 podiatrist with regards wound care are detailed in stages below:

6.1 Initially

- ➔ Independently recognise the warning signs of a potential ulcer.
- ➔ Identify the differences between neuropathic and ischaemic wounds and their treatment.
- ➔ Understand infection and the relationship to wound care principles.
- ➔ Identify when it is appropriate to refer a patient on to a specialist service (such as Diabetic foot clinic, vascular team, Podiatric surgery).

Tasks:

- 1 Maintain a reflective log in the form of a clinical diary to evidence a development in wound care competencies.

6.2 Midpoint

Show an increased awareness and competence of treatment of ulceration and formulate basic care plans.

Tasks:

- 1 In a short piece of written work show an understanding of the above concepts.
- 2 In the form of a case study highlight an understanding of infection and the relationship to wound care principles.

6.3 By Completion of Preceptorship

Competently and confidently understand and manage Non-complex wounds to healed status. This will include being able to following the antimicrobial policy, involving taking a swab at the right time and initiating antibiotic management when needed and referring complex cases to a relevant specialist service.

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7 Dressings Module

All podiatrists should have an awareness of the dressings we have available to use on our patients. The Podiatrist should understand how to assess a wound and make a judgement on what dressing is best to apply based on clinical presentation and the evidence available.

Podiatrists need to be able to make a justification on their dressing choice and to be able to review the clinical effectiveness of that choice. We have a robust dressings pathway in Provide that will help guide you, and reduce some of the decision making to support you in making a choice, but it is encouraged to discuss your choices with a colleague during your preceptorship until you become confident.

7.1 Wound Assessments

It is vital that the Podiatrist can assess a wound for key characteristics to enable them to make a suitable dressings choice.

7.2 Dressings Management

Wounds evolve constantly and therefore dressing plans may need to be modified to suit the new wound environment we are faced with. The Podiatrist should be able to assess the current dressing plan, make suitable changes to either the dressing or frequency of dressing changes (involving practice or district nurses) and then be able to document the reasons behind it.

Tasks:

- 1 In a short piece of written work show an understanding of the key areas to assess a wound to enable suitable dressing selection.
- 2 Complete a case study on a patient where you have set a new dressing plan and then reviewed it the following visit.

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8

Rheumatoid Foot Module

Rheumatoid conditions can have a profound effect on a patient's foot and its functioning. The podiatrists would be expected to maintain their knowledge of the rheumatoid foot alongside the following:

- Be able to recognise the manifestations of rheumatoid arthritis and have a basic understanding of the disease process.
- Have a good understanding the podiatric implications of the disease, and be able to reflect this in the patients care plan.
- Have an understanding the management of disease symptoms and common treatment modalities, acknowledging the implication these have on podiatric management and the local access criteria for treatment.
- Have recognition of the importance of orthotic and bespoke footwear provision, implementing where appropriate.
- Take part in liaison with other health care professionals regarding the wider management of these patients where required.
- Maintain an up to date knowledge of associated rheumatoid conditions.

Tasks:

- 1 In a short piece of written work show an understanding of the above points, concentrating on the podiatric management.
- 2 Complete a short case study of a rheumatoid patient, including relevant history, podiatric assessment and management and treatment outcomes.
- 3 Complete 1 Observation in the specialist rheumatology clinic at Broomfield.

Log of observation in Rheumatology clinic at Broomfield

| Session date | Signature of supervising Podiatrist |
|--------------|-------------------------------------|
| | |

| | | | |
|-------------------------------------|--|-------|--|
| SIGNATURE OF COMPLETING PODIATRIST: | | DATE: | |
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9

Nail Surgery Module

The following competencies will be expected to be completed before the podiatrist is able to complete a nail surgery session without the supervision of another podiatrist.

a Nail Surgery check list

- Establish the reason for referral and the need for the procedure.
- Complete an assessment including the patients' medical history, current medication, vascular and neurological status recording all information on the patient's electronic record.
- Recognise contra-indications for nail surgery, and advise patients if they are not eligible for nail surgery.
- Liaise with GP/specialist when necessary for patients who require additional medical support when undergoing nail surgery.
- Identify the most appropriate procedure for the individual patient.
- Explain the procedure with associated risks and benefits in a way that the patient understands, and gain informed consent for the procedure to go ahead.

b Nail Surgery Procedure

- Confirm patient identity and anyone accompanying the patient
- Confirm any changes to medical conditions, medications and review suitability for surgery, also request patients weight to work out the MSD in mgs
- Recognise contra-indications for nail surgery, and advise patients if they are not eligible for nail surgery. Liaise with GP/specialist when necessary for patients who require additional medical support when undergoing nail surgery
- Confirm issue and explain procedure to patient
- Write consent form
- Explain consent form, risk and benefits of surgery to patient and have them sign the form (under 16's will need to follow local safeguarding procedures regarding consent)
- Lie patient down and prepare injection site
- Inject toe/s following safe procedure
- Whilst waiting for toe to go numb, start patient notes
- Once established that the anaesthetic has worked, complete nail surgery procedure- ensure Podiatry assistant is recording the tourniquet time and the phenol timings.
- Manage any post op complications such as excessive bleeding
- Record how much anaesthetic was used
- Ensure patient is aware of all the aftercare, signs of infection and how to redress, as well as who to contact if any issues.
- Answer any patient questions



c **Clinical Emergency**

- Show a high level of understanding with regards potential clinical emergencies that may arise in the nail surgery environment and the local and national guidelines of how to deal with such an event.
- Have the ability to administer appropriate first aid in the case of a clinical emergency.

d **General Skills**

- Have an understanding of both local and national guidelines and policies around Health and Safety and COSHH and how they are appropriate within the nail surgery procedure, complying to the above at all times.
- Complete patient assessment and record treatment appropriately on the patients electronic SystmOne record.
- Understand that any untoward incidences, near misses or clinical emergencies need to be reported appropriately using the Datix programme.

Tasks:

- 1 In a short piece of written work show an understanding of the contraindications to nail surgery including:
 - Local anaesthetic
 - Phenolisation
 - Use of Tournicot
- 2 Successfully complete a rotation through the nail surgery service as detailed in the below.





Log of nail surgery rotation

Log of shadowing and assisting at Broomfield Diabetes multidisciplinary foot clinic

| Session | Date | Supervision Podiatrist Signature and any comments |
|---|------|---|
| 1 (observation) | | |
| 2 (observation) | | |
| 3 (surgery under supervision) | | |
| 4 (surgery under supervision) | | |
| 5 (surgery under supervision) | | |
| 6 (surgery under supervision with assessment of competencies) | | |

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10 Multidisciplinary Working Module

Multidisciplinary working is vital in providing a high level of care to the patients. The benefits of working across disciplines within health care are highly recognised in literature.

For effective multidisciplinary working it is important for each member of the team to have an awareness of the role and scope of practice of the other professionals. It is also important to know how and when to refer to other disciplines.

It is expected that the podiatrist will shadow other professionals that relate to their job role, and develop an understanding of the referral process through this module.

A basic list of professions to shadow is below, this is neither fixed nor exhaustive and amendments or additions can be made as seen appropriate by the Podiatrist and their supervisor.

| Profession to be shadowed (examples only- other areas can be included- recommend 4/5 - ½ day sessions) | Date observed |
|--|---------------|
| Tissue Viability | |
| Diabetes Specialist Nurse | |
| District nurse | |
| Vascular Lab | |
| Community Occupational services | |

Tasks:

- 1 In a short piece of written work show an understanding of the benefits and complications of multidisciplinary working.
- 2 Shadow several different professionals completing the log below, along with it being recorded in the reflective clinical diary.

SIGNATURE OF
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DATE:

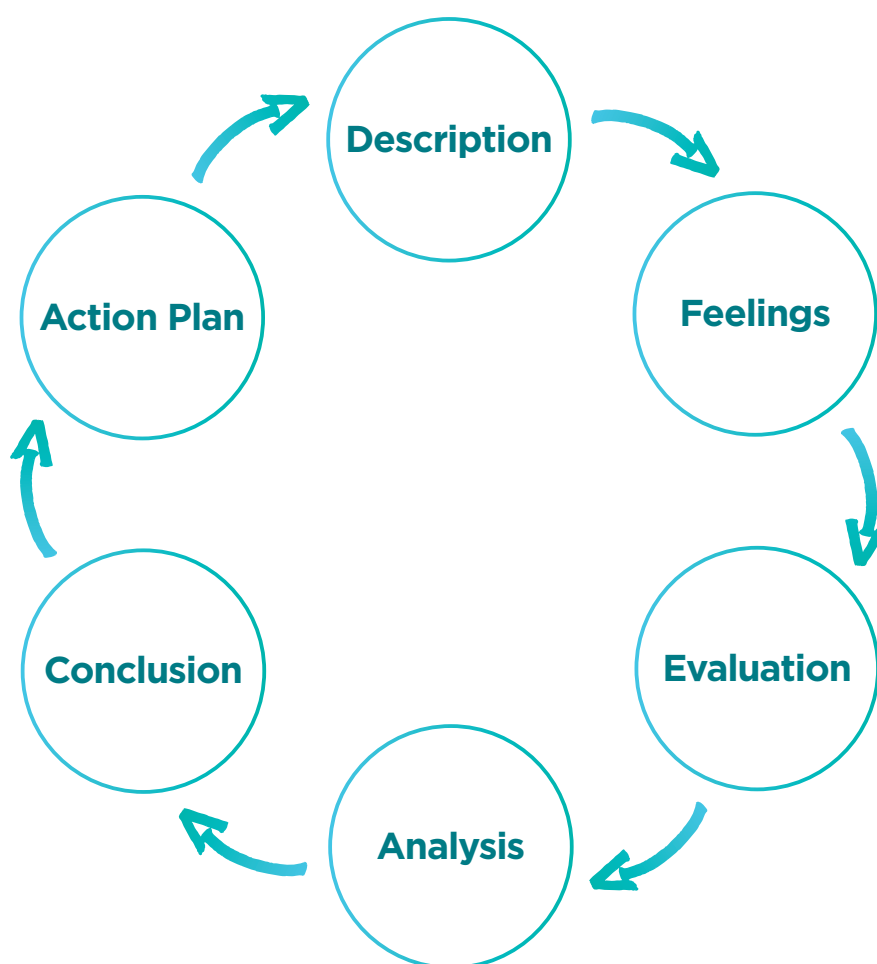


11

Advanced Reflective Practice Module

The importance of reflecting on your own clinical practice is well documented. It is a tool considered to be essential in developing and maintaining a good level of clinical practice. It facilitates development as clinicians and allows us to be able to learn from previous experience. The mantra of lifelong learning is now commonplace.

There are several models that are available that suggest an effective method of reflection. There is no one definitive model that should be used, and all are considered valid. The model that suits the clinician and the situation should be selected. Below the Gibbs reflective cycle is illustrated.



Description – what happened?

Feelings – what were you thinking and feeling?

Evaluation – what was good and bad about the experience?

Analysis – what sense can you make of the situation?

Conclusion – what else could you have done?

Action plan – what will you do next time?



Tasks:

- 1 Maintain an up to date clinical diary including reflection.
- 2 Carry out reflection on three clinical experiences using a structured reflective cycle, and highlight benefit to practice.

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DATE:





12

Professional Attributes and Expectations

All members of staff must maintain HPC Registration and be familiar with The College of Podiatrists Code of Conduct.

The below points are also expected:

- ➔ Recognition of professional boundaries between patient and clinician.
- ➔ Demonstration of good communication skills between colleagues and other members of the wider podiatry team.
- ➔ Appropriate use of non-clinical time within work remembers things such as the Internet to be used solely in relation to work matters, stock levels should be checked and stock requests forwarded to appropriate staff member, emails need to read and respond to efficiently, appropriate on-line training needs to be completed etc.
- ➔ Appropriate use of clinical time with patients remembering each patient requires an up to date record of medical history, medication, allergies, and an annual review for risk status with insoles patterns being taken as required. In addition to this for initial assessments writing letters to GP's or referring on to other services.
- ➔ Maintenance of a Continuing Professional Development portfolio and be able to evidence at least 4 hourly sessions of clinical supervision.

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DATE:

Tasks:

- 1 Evidence the above through on going use of a clinical diary.
- 2 The above will also be monitored by the supervising podiatrist, in whatever form is deemed appropriate.



13 In Service Training

Within the Podiatry team at Provide CIC, it is expected that all members will be involved in delivering and receiving in-service training on a range of topics to help ensure the HCPC guidelines on CPD are achieved.

Withing Podiatry team meetings, we ask staff on a rotational basis to deliver a presentation to help develop the knowledge and or skills of the whole team. Examples of training topics could be:

- ➔ Summarising and updating the team on a new piece of relevant Research that has been published
- ➔ Journal club- where a journal article that has interested you is reviewed by the team
- ➔ A case study- on a patient you found interesting/challenging/unusual
- ➔ New guidelines update
- ➔ Etc.

In service training provides invaluable knowledge, updates and training for the team, as well encouraging staff to explore a topic deeply and put together a presentation and deliver it, in a safe and supportive environment.

Tasks:

- 1 Expected to deliver a presentation on 1 of their case studies from the preceptorship at a team meeting before then end of their preceptorship, presentation to last 10-15 mins.





14 Completion

On completion of the programme it must be presented to the supervision podiatrist and Podiatry Clinical Manager (except in the circumstances stated in the introduction) with all supporting evidence.

Once the above are satisfied the programme has been successfully completed it should be signed off below.

| | | | |
|--|--|--------------|--|
| SIGNATURE OF COMPLETING PODIATRIST: | | DATE: | |
| ADDITIONAL COMMENTS: | | | |
| SIGNATURE OF SUPERVISING PODIATRIST: | | DATE: | |
| ADDITIONAL COMMENTS: | | | |
| SIGNATURE OF PODIATRY CLINICAL MANAGER: | | DATE: | |
| ADDITIONAL COMMENTS: | | | |



Appendix

1

Band 6 Job Description

| | |
|------------------------|--|
| JOB TITLE: | Specialist Podiatrist |
| GRADE: | 6 |
| HOURS: | 37.5 |
| SPECIALISM: | Wound care |
| SERVICE: | Podiatry |
| LOCATION: | TBC |
| ACCOUNTABLE TO: | Podiatry Clinical Manager |
| LIAISON WITH: | Podiatry Staff, Primary Care Staff, Relevant Secondary Care Staff and Stakeholder Agencies |

Wound Assessments

The postholder will be part of a highly motivated team working autonomously but with support from a senior clinician, in a community setting providing a high standard of quality clinical care.

The clinician will have had clinical experience for at least one year and completed a programme of competences.

He/she will assess, diagnose, develop and implement individualised care programmes for patients with a wide variety of clinical needs. The post holder will also be expected to plan and manage their own caseload, which will include providing specialist care for patients with diabetes, rheumatological and biomechanical problems.

He/she may be responsible for administrative duties including the ordering of stock for a satellite clinic.

To be accountable in own area of clinical responsibility, ensuring the delivery of evidence based clinical interventions and practice for Provide Podiatry services.



Main Duties & Responsibilities

Operational or Strategic Responsibilities

- 1** To be responsible for the assessment diagnosis, planning implementation and evaluation of Podiatric care to a variety of patients with a wide range of clinical needs including:
 - High and medium risk Diabetes
 - Chronic Neuropathy
 - Chronic disease e.g. Rheumatoid Arthritis
 - Vascular disease
 - Wound management/tissue viability
 - Neurological disorders
 - Nail Surgery
- 2** Care will be provided in a range of primary and intermediate care settings, some of which may be in isolation:
 - Community Health Clinics
 - Acute sector
- 3** To be responsible for the assessment of new patients with subsequent production of individual care packages and provision of the appropriate foot care education advice.
- 4** To have the ability to use the decision-making process to identify when patients require the intervention of other professional and/or departmental specialist areas by following agreed departmental referral pathways e.g. acute wound care/biomechanics.
- 5** To be responsible for the production of temporary Orthoses/appliances and writing prescriptions for manufactured insoles.
- 6** To participate in nail surgery.
- 7** To perform diabetic assessment review clinics where duties will include:
 - Diabetic Foot assessment using the appropriate equipment
 - i.e. monofilaments, Doppler
 - To conduct risk assessments and place patients into the appropriate risk banding.
 - To refer to specialist services as required.
- 8** To be actively involved in the provision of Foot Health Education advice to patients, relatives and carers and to participate in foot health training where appropriate for Primary Care and Social Services Staff.



- 9 To be actively involved in the development and implementation of Departmental policies and procedures.
- 10 To be responsible for the maintenance and security of stock.
- 11 To follow departmental Policies Procedures and Guidelines but have the discretion to interpret and make own clinical diagnosis and decisions within professional boundaries.
- 12 To be responsible for the discharge of patients who no longer comply with the service access criteria.
- 13 To be flexible and provide cover for other Podiatrists at short notice or during periods of absence.

To assess, diagnose and collaboratively agree management plans, inclusive of prescription of appropriate orthotic devices, for children presenting with biomechanical podiatric conditions.

To assess, diagnose and develop programmes of care for new and existing patients with acute or chronic foot and lower limb pathologies.

Communication and Relationship Skills

- 1 To work effectively as a member of the multi professional team.
- 2 To ensure effective communication of complex and changing disease process/foot health issues with patients, relatives and carers where there may be barriers to understanding.
- 3 To liaise with General Practitioners concerning patient care to ensure best outcomes.
- 4 To maintain accurate records of all patient consultations and related work carried out at each clinical session, including computerised data collection.
- 5 To attend and actively contribute to departmental meetings.
- 6 To ensure that all information relating to clients and staff gained thorough employment with the Trust is kept confidential. Disclosure to any unauthorised person is a serious disciplinary offence.
- 7 To ensure effective communication with other professionals in the necessary delivery of all aspects of patient care.



Autonomy

- 1** To assess, diagnose, develop and implement individualised podiatry care programmes for patients with a wide variety of clinical needs
- 2** To undertake assessment of patients with a wide variety of presentations and conditions: using clinical reasoning skills and assessment techniques to formulate individualised treatment plans and programmes
- 3** To provide a comprehensive patient focused Podiatry service to patients living Provide area.
- 4** To continually reassess patient progress, adapting treatment plans accordingly and developing discharge plans.
- 5** To refer patients appropriately to other health and statutory and voluntary services according to protocol providing timely and detailed information to ensure good continuity of care.
- 6** To undertake, record, continually review and work within individual patient
- 7** To assess, prescribe and fit patients for standard and bespoke orthoses and appliances, and teach patients and carers in their safe application and use.

The post holder will also be expected to plan and manage their own caseload.





Other

There may be a requirement to undertake other duties as reasonably required to support the organisation, which may include work at other organisations managed locations. This may also include work outside of the postholder's normal sphere of activities, including functions not detailed within this job description or working within another location, environment or NHS Trust. However, the postholder will not be required to undertake any function for which he or she is not trained or qualified to perform. Normal health & safety procedures would continue to apply and accountability remains with Provide.

This job description is not intended to be exhaustive but indicates the main functions of the post as presently constituted. Periodic reviews should be carried out to ensure that the job description reflects the job being performed and to incorporate any changes. It is hoped that agreement can be reached with regards to any reasonable changes. If this is not possible, the organisation reserves the right to make changes to the job description after consultation with the postholder.

The postholder must familiarise his or her self with, and adhere to, all Provide policies and procedures, including (but not exhaustively):

- ➔ Equality and Diversity,
- ➔ Health and Safety,
- ➔ Risk Management,
- ➔ No Smoking policy
- ➔ Information Governance including Data Protection
- ➔ Business Continuity/Civil Emergencies

Copies of these documents/policies can be found on the staff intranet under both the Workforce and Provide Policies sections.

Infection Prevention & Control

The post holder is accountable and responsible for the prevention and control of healthcare associated infections and must comply with the standards set by the Health Act 2006: Code of Practice for the prevention and control of healthcare associated infections (revised January 2008).

Safeguarding Children, Young People & Vulnerable Adults

Safeguarding is a key priority of the organisation. Staff must always be alert to the possibility of harm to children, young people and vulnerable adults through abuse and neglect. This includes being aware of the adults who may find parenting difficult. All staff should be able to recognise the indicators of abuse and know how to act on them, including the correct processes and decisions to be undertaken when sharing information. The depth of knowledge you work from must be commensurate with your role and responsibilities. All staff must follow the Safeguarding policies and guidelines, know how to seek specialist advice and must make themselves available for training and supervision as required.



Core Competency Framework

Band 6

Practitioners and staff at Band 6 require a critical understanding of detailed theoretical and practical knowledge, are specialist and have some leadership and management responsibilities.

They demonstrate initiative and are creative in finding solutions to problems.

They have some responsibility for team performance and service development.

They consistently undertake self-development.

Provide aims to deliver high quality, professional and customer focused services. To ensure that this objective is met, it is expected that all employees carry out their roles in a courteous, compassionate and responsive manner and by the standard of their own appearance and behaviour act as an ambassador for the organisation within their interactions with all our customers.

Assessment

- ➔ Able to gather appropriate information.
- ➔ Able to select and use appropriate assessment techniques.
- ➔ Able to undertake or arrange investigations as appropriate.
- ➔ Able to analyse and critically evaluate the information collected.
- ➔ Formulation and delivery of treatment and / or action plans and strategies
- ➔ Able to use research, reasoning and problem-solving skills to determine appropriate actions.
- ➔ Able to draw on appropriate knowledge and skills in order to make professional judgements.
- ➔ Able to formulate specific and appropriate management plans including the setting of timescales.
- ➔ Able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully.
- ➔ Able to maintain records appropriately.



Critical evaluation of the impact of, or response to, the treatment and / or action plan/intervention

- ➔ Able to monitor and review the on-going effectiveness of planned intervention becoming increasingly self-aware of when/how to modify a technique and less dependent on feedback from others.
- ➔ Able to make reasoned decisions to initiate, continue, modify or cease treatment / action or the use of techniques or procedures, and record the decisions and reasoning appropriately.
- ➔ Able to audit, reflect on and review own and other's performance/ practice.

Knowledge and Skills

- ➔ Uses detailed theoretical and practical knowledge of a work area involving a critical understanding of theories and principles.
- ➔ Demonstrates mastery and innovation in methods and tools used in a complex and specialised work area.
- ➔ Evaluates own practice and identifies development needs within a complex environment.
- ➔ Complies with current legislation, policy and guidance.
- ➔ Understands the 'social model', concepts of empowerment and person centred approaches to assessment, care planning, delivery, monitoring and review of practice and services.
- ➔ Applies the principles of respect, dignity, choice and independence in own work area.
- ➔ Understands the nature extent and boundaries of their role and its relationship to others within and outside the organisation.

Leadership and Management

- ➔ Works independently, leads work activities of others.
- ➔ Takes responsibility for a work area.
- ➔ Manages appraisals of junior staff, contributes to Learning and Development plan for the team.
- ➔ Exercises leadership and initiative to bring about change, introduce new thinking in complex and unpredictable contexts.



Innovation and Decision Making

- ➔ Devises and sustains arguments to solve problems.
- ➔ Makes judgements involving a range of facts/options/analysis and interpretation.
- ➔ Implements policy and is able to propose changes to working practices or procedures.
- ➔ Takes responsibility for the purchasing and maintenance of assets/equipment and/or resources. This may include holding a delegated budget.
- ➔ Takes responsibility for teaching/training inside or outside work area.
- ➔ Undertakes research projects or clinical trials where appropriate.
- ➔ Critically analyses information to aid service performance/review.

Communication

- ➔ Listens to and appreciates the complexity of a range of views.
- ➔ Adopts effective questioning techniques.
- ➔ Responds appropriately to queries and complaints.
- ➔ Speaks assertively and presents a positive self-image.
- ➔ Adopts a sensitive manner and uses language appropriate to the situation.
- ➔ Persuades and influences others effectively.
- ➔ Writes effectively for a range of situations and contexts.
- ➔ Presents and explains results clearly and accurately.
- ➔ Ensures that clients are at the centre of the care planning process, and that they contribute as much as possible to their care.
- ➔ Ensures that the boundaries of confidentiality are clearly understood.

Team Working

- ➔ Works with others to achieve shared goals.
- ➔ Respects and is open to the thoughts and contributions of others.
- ➔ Recognises and respects individual differences.
- ➔ Learns from their mistakes and accepts and gives feedback in a constructive, considerate manner.
- ➔ Contributes to and management of a team by sharing information and expertise.
- ➔ Ensures that the teams purpose and objectives are clear.
- ➔ Leads and supports when appropriate, motivating and developing others to achieve high performance.
- ➔ Assesses and manages risk and identifies the root cause of complex problems.
- ➔ Offers recommendations in relation to the service based on a thorough evaluation of the facts.



Personal Attributes

- Acts as an ambassador for Provide and demonstrates excellent customer care at all times.
- Deals with people, problems and situations with honesty and integrity.
- Recognises and reflects on their own and others good efforts.
- Takes care of their personal health, including hygiene and appearance.
- Meets timekeeping and attendance requirements.
- Leads on personal and team health and safety practices and procedures and acts in accordance with these.
- Understands their rights and responsibilities in the workplace, and those of others.
- Undertakes and respects confidentiality.
- Manages the balance of their work and personal life.
- Assesses and manages risk, is accountable for their own actions, and those of their team.
- Is adaptable and able to carry out multiple tasks or projects.
- Is open and responds constructively to change and copes with uncertainty.
- Supports other colleagues and co-workers and promotes positive relationships within team and beyond.
- Learns continuously, reflects on their practice and encourages others to reflect on their practice.
- Identifies personal learning goals and plans for the achievements of these.





Person Specification

JOB TITLE: Specialist Podiatrist

| Factor | Essential | Desirable |
|--|---|-----------|
| Qualifications & Education | <p>Registered with the HCPC</p> <p>Degree/Diploma in Podiatric Medicine</p> <p>Local Analgesia Qualification</p> <p>Evidence of CPD Portfolio</p> | |
| Work Related Knowledge & Experience | <p>At Least 12 months experience of NHS working and have completed or about to complete band 5 preceptorship</p> <p>Able to demonstrate good clinical skills</p> <p>Able to work in a team and show initiative</p> | |
| Skills & Aptitudes | <p>Candidate must possess good verbal and written skills, as they will be dealing with predominately elderly patients and also other health care professionals.</p> <p>Candidates must have good organisational skills, as they will be managing their own caseload.</p> <p>To demonstrate ability to use vascular and sensory diagnostic equipment.</p> <p>Candidates must be able to produce, document and evaluate care plans.</p> <p>Computer skills.</p> | |
| Personal Attributes | <p>Candidates should have a caring and responsible attitude. Should be able to work independently and should be flexible as changes in timetable can be made at short notice.</p> <p>Candidates must be able to work under pressure.</p> | |
| Circumstances | <p>Candidates must hold a current driving licence and be a car owner, as they will be working in more than one location.</p> | |