June 2012

TRIEPodD-UK

PODIATRY COMPETENCY FRAMEWORK FOR INTEGRATED DIABETIC FOOT CARE

A USER'S GUIDE

FDUK
www.footindiabetes.org

The Diabetic Foot Journal

Scottish Diabetes - Foot Action Group

Skills for Health

The Society of Chiropodists and Podiatrists

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DEFINITIONS AND ABBREVIATIONS

British National Formulary	BNF
Department of Health	DH
Foot in Diabetes UK	FDUK
Foot protection team (defined by Diabetes UK, 2011)	FPT
Glycated haemoglobin	HbA_{1c}
Knowledge and Skills Framework (administered by the Department of Health; www.dh.gov.uk)	KSF
Multidisciplinary diabetic foot care team (defined by Diabetes UK, 2011)	MDT
National Health Service	NHS
National Institute for Health and Clinical Excellence	NICE
National Occupational Standards (administered by Skills for Health; www.skillsforhealth.org.uk)	NOS
Scottish Diabetes Foot Action Group	SDFAG
Scottish Intercollegiate Guidelines Network	SIGN
Training, Research and Integrated Education for Podiatrists in Diabetes across the UK	TRIEPodD–UK
World Health Organization	WHO

The *Podiatry Integrated Career and Competency Framework for Diabetes Foot Care* (TRIEPodD-UK, 2012) was developed in response to the need to identify and standardise clinical competencies in diabetic foot care, from clinical practice through to research and leadership. It is the first podiatry clinical competency framework underpinned by theoretical components. The framework is the product of collaboration between a number of individuals, professional bodies and organisations with an interest in diabetic foot care. To increase the accessibility of the framework, TRIEPodD-UK have developed the document you are reading now, which is a "user's guide" to the framework.

TRIEPodD-UK recognise that podiatrists and podiatry assistants are key healthcare professionals in the delivery, monitoring and design of diabetic foot care services, and are increasingly leading these services in the UK. This framework is an important tool that will facilitate benchmarking of existing skill sets, and guidance for the professional development of podiatrists who are keen to become specialists and service leaders within diabetic foot care. As it spans all levels of practice – from healthcare technicians to consultant practitioners – managers and services providers can use the framework to assess the scope and competency of their workforce. Many of the competencies are transferable, and the framework can be adapted and used by other healthcare professionals involved in diabetic foot care.

The over-arching goal of the framework is to ensure that people with diabetes have their feet cared for, based on their level of risk, by healthcare professionals with appropriate skill sets regardless of where in the UK they live. We hope the framework will be widely adopted.

Acknowledgements

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TRIEPodD-UK

Foot disease is a devastating, but potentially avoidable, complication of diabetes, and, as a result, every 30 seconds a lower limb is lost due to diabetes-related amputation somewhere in the world (Boulton et al, 2005). In the UK, diabetic foot complications are the largest single reason for hospital admissions among people with diabetes (Boulton et al, 2005), and the financial implications are correspondingly huge; Diabetes UK (2011) estimates that foot complications account for 20% of the total NHS spend on diabetes care (Diabetes UK, 2011) – some £639–62 million per year in England alone (Kerr, 2012). The indirect, intangible costs to the person with diabetic foot disease are also high, with many unable to work and experiencing a poorer quality of life than those without foot disease (Vileikyte, 2001).

A competency framework for diabetic foot care

As the UK population with diabetes continues to grow, so too will the demand for foot care. Diabetes UK (2012a) estimates that there are around 2.5 million people with diabetes in England and by 2025 that number is expected to reach 5 million. Meeting the foot care needs of this growing group is likely to require the redesign of current services and an increase in the size of the workforce delivering foot care (McCardle, 2008).

Currently in the UK, clinicians providing diabetic foot care – from basic screening through to advanced wound management – have attained their professional skills in a range of ways; there is no standardised route by which the theoretical and clinical skills needed to provide safe and effective diabetic foot care are obtained (Stuart and McInnes, 2011). This inconsistency highlights the need for a structured approach to detailing professional competencies in the delivery of diabetic foot care.

In answer to this need, a group of clinicians who are actively involved in diabetic foot care came together to develop the *Podiatry Career and Competency Framework for Integrated Diabetic Foot Care* (TRIEPodD-UK, 2012). This comprehensive document began the process of establishing standards of professional competence in delivering diabetic foot care, at all levels. To make the framework more accessible, a "user's guide" – the document that you are reading now – was devised.

The user's guide is divided into 13 dimensions of competency (pages 10–25), which are then divided into Levels A–F, which reflect increasing complexity of care. The authors' wish to stress that no single clinician need possess all of the competencies to the highest level, rather these competencies should be reflected across the team or service responsible for delivering local diabetic foot care.

Who is the framework for?

Podiatrists deliver the bulk of diabetic foot care in the UK and are key members of the FPT and the MDT. For these reasons, the framework focuses on the podiatrist, but is relevant to, and can be adapted for use by, all those involved in delivering diabetic foot care. Likewise, the benefits and uses of the framework extend to a range of stakeholders.

Clinicians can use the framework to:

- Benchmark their existing competencies.
- Identify areas in which to increase their competency.
- Aid them in writing performance reviews.
- Identify a career pathway in the specialism of diabetic foot care.

Patients will benefit from the adoption of the framework by clinicians and services by:

- The assurance that they will be treated by a clinician with competencies specific to the management of the diabetic foot, relative to their level of need.
- The emphasis the document places on patient empowerment, education and, wherever possible, self-management.
- The improvements in patient outcomes that should flow from receiving care from a workforce that is demonstrably competent in the care of the diabetic foot.

Managers and commissioners can use the framework to:

- Streamline services (in line with NHS Modernisation Agency [2005] guidance) by ensuring the right mix of staff competencies to meet the various levels of foot care needed by people with diabetes.
- Plan appropriate professional development activities, leading to improvements in staff satisfaction, retention, and succession planning (McCardle, 2008).
- Define those competencies that they require groups or individuals tendering to deliver diabetic foot care services under "any qualified provider" initiatives (DH, 2011; 2012) to be able to demonstrate.

Educational and training institutions can use the framework to:

- Ensure their curriculums include training in appropriate diabetic foot competencies; specifically, Level C competencies are appropriate for new podiatry graduates and they should be included in undergraduate podiatry syllabi.
- Identify where gaps exist in the provision of continued professional development courses.

Workforce planning based on patient needs

Reliance on the podiatry workforce alone for the management of all levels of foot care for people with diabetes has been suggested to be unsustainable (Diabetes UK and NHS Diabetes, 2011). Therefore, skill-mixing – dictated by the risk-based needs of the population with diabetes – may enable an increase in capacity. To gain a better understanding of the hierarchy of foot care needs of people with diabetes – and the competencies to which they correspondingly require access – *Figure 1* is a helpful aid.

Patients at low risk of diabetic foot disease

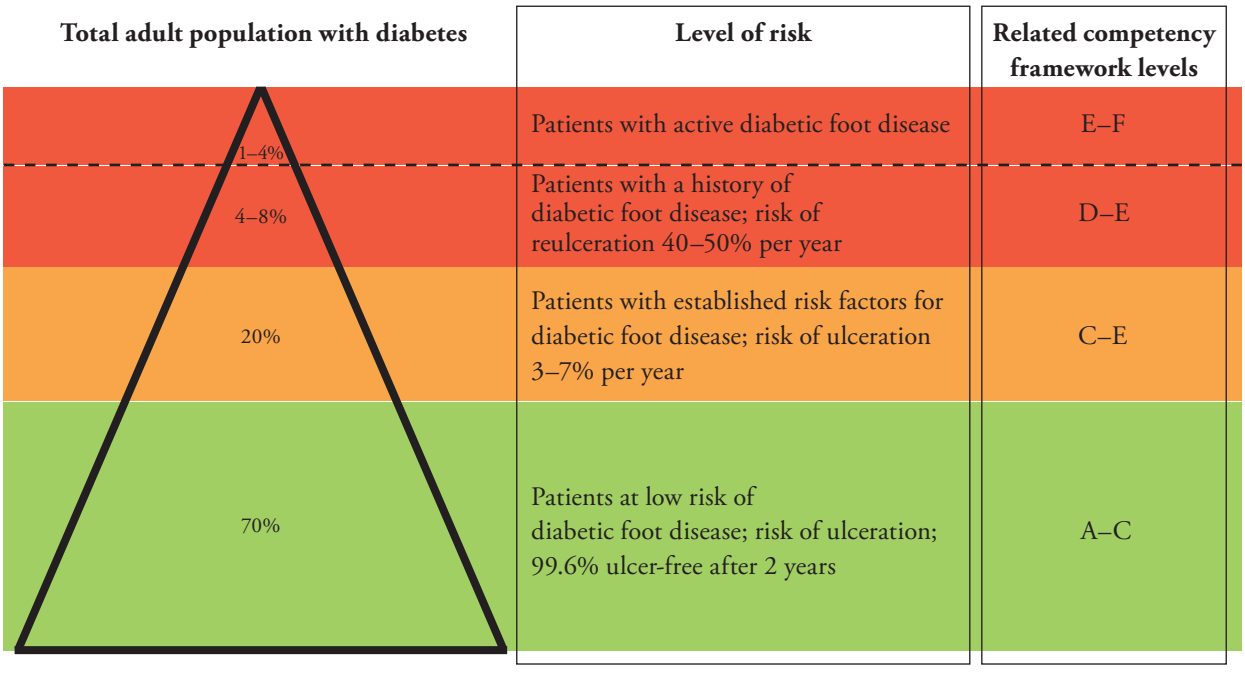
People at low risk of diabetic foot disease have no evidence of peripheral sensory and/or arterial impairment. They comprise approximately 70% of adults with diabetes (Leese et al, 2011). Leese et al (2011) estimate that this group have a 1 in 500 chance of foot ulceration per year, that is, 99.6% of this group will be ulcer free after 2 years.

With a low risk of ulceration, this group do not require routine podiatry care. However, they do require annual screening and foot care education. Furthermore, they should have access to a diabetic foot care service within one working day should their foot rapidly deteriorate.

Several groups (SIGN, 2010; Diabetes UK, 2012b) recommend that the first healthcare professional to see the patient with diabetes in any given calendar year should provide foot screening if they are competent to do so.

The competencies required to provide care for this group are detailed in Levels A–C of this framework. Utilising non-podiatrists who are competent to undertake routine

Figure. 1. A representation of the adult population with diabetes, their risk of diabetic foot disease, and the competency framework levels related to their care (Leese at al, 2011; TRIEPodD-UK, 2012).



annual diabetic foot screening[1] is central to freeing qualified podiatrists to deliver more clinically complex care.

Patients with established risk factors for diabetic foot disease

People with significant peripheral sensory and/or arterial impairment, but who have not had an episode of active foot disease, comprise approximately 20% of the adult population with diabetes (Leese et al, 2011). The risk of people within this group ulcerating is between 3% and 7% per year (Leese et al, 2011).

It is recommend that this group receive regular podiatry care, depending on individual needs. This care should be provided in dedicated diabetic foot care sessions at community treatment centres. They should have access to a diabetic foot care service within one working day should their foot rapidly deteriorate (NICE, 2004; 2011; SIGN, 2010; Diabetes UK, 2012b).

The competencies required to provide care for this group are detailed in Levels C–E of this framework.

Patients with a history of diabetic foot disease

This group comprises those who have had at least one previous episode of active foot disease (including those who have undergone a diabetes-related amputation) and form 4–8% of the adult population with diabetes (Leese et al, 2011). This group has a 40–50% risk of reulcerating each year (Maciejewski et al, 2004; Pound et al, 2005).

The high risk of active foot disease in this group necessitates careful follow-up by appropriately skilled podiatrists in the community-based FPT who have robust support from, and referral pathways into, the MDT.

The competencies required to provide care for this group are detailed in Levels D–E of this framework.

Patients with active diabetic foot disease

At any one time, 1–4% of adults with diabetes have active foot disease (Leese et al, 2011). This group requires careful management and frequent review by an MDT, with the support of a network of community-based FTPs and nurses who undertake care between MDT clinic visits. It is widely acknowledged that the management of active diabetic foot disease by an MDT improves patient outcomes (Bowen et al, 2008; Canavan et al, 2008; Krishnan et al, 2009; Schofield et al, 2009).

The competencies required to provide care for this group are detailed in Levels E–F of this framework.

Development of the framework

The *Podiatry Career and Competency Framework for Integrated Diabetic Foot* (TRIEPodD-UK, 2012) is the product of 5 years' work by clinicians and interested organisations. The initial aim was to produce a competency framework for the advanced level of diabetic foot care. However, during the development process the need to define the full spectrum of competencies became apparent.

Once compiled, a UK-wide consultation process was undertaken. Stakeholders were invited to provide feedback on the document either via email or at a 2009 consultation day. The consultation process:

- Identified the need for a more accessible user's guide, which you are reading now.
- Generated broad professional agreement on the appropriateness of the content, but also minor changes.
- Revealed confusion between the framework's levels and the Agenda for Change pay bandings. In response to this, the competency levels in the user's guide have been renamed using letters (Levels A–F) for clarity. ■

1. An online training programme for medical staff, nurses, clinical support workers, and foot care assistants is available at: www.diabetesframe.org

Frequently asked questions

There are a number of recurring questions about the framework. In this section the authors aim to address the most frequently asked questions about the framework.

Q – Do I need to be proficient in all dimensions?

A – No. The dimensions include everything required to manage people with diabetes. This spans basic screening through to complex care of active foot disease. It provides guidance on the competencies required in each dimension, and the opportunity for the clinician or manager to benchmark existing skills or services against them. For example, if the podiatrist is a supplementary prescriber, the competency would be Level E–F. However, if the podiatrist is not a prescriber, it would be acceptable to be Level D or below. It is for the clinician and managers to decide what competencies they require, based on individual professional and service needs. It is not compulsory that higher level clinicians have the highest skill levels in all dimensions.

Q – Is the framework applicable throughout the UK?

A – Yes. The framework is not region specific, it provides guidance and clarity on the competencies required to provide a comprehensive diabetes foot service. It is compatible with both NICE (2004; 2011) and SIGN (2010) clinical guidance. It can also be used by commissioners to define the competencies that they require groups or individuals tendering to deliver diabetic foot care services under "any qualified provider" initiatives to be able to demonstrate.

Q – Is the framework part of professional registration requirements?

A – No. Clinicians are not required to prove competency as defined by the framework in order to practice in the UK; the standards of proficiency to practice are defined by the Health Professions Council. However, the framework is relevant to those providing any level of diabetic foot care and the authors hope it will be voluntarily adopted by these healthcare professionals. The level of integration of the framework into practice should be made at the local level.

Q – Does my level of competency within the framework impact on my Agenda for Change pay banding?

A – There is no direct read-across from the Agenda for Change pay bands and the framework levels.

Q – I am a manager, how can I use the framework?

A – As a manager, the framework can be used to identify the needs of the service by mapping current staff competencies to the dimensions to ensure all areas of care are covered. It can also be used on an individual basis and linked to the KSF to inform professional development plans.

Q – I am a podiatrist, how can I use the framework?

A – This document is designed to be used by clinicians to identify their current skill level. It can be used for informing professional development plans and links to KSF are provided. It is also a tool for planning career progression, should you wish to specialise in diabetic foot care.

Q – I am a strategic healthcare planner, how can I use the framework?

A – This document provides guidance on the staff competencies required across the spectrum of diabetic foot care. It can be used to identify gaps in services, and provide guidance on the competencies required at each level. It can be used by commissioners or equivalent to define competent providers and services.

Q – Can the framework be used in private podiatry practice?

A – Yes. Private practitioners are often essential in providing core podiatry care for people with diabetes and they can use the framework to identify their competencies in this area. However, some of levels of care described in the framework are only safe to undertake within a supported clinical team and would be unsuitable for clinicians – in any sector – to undertake while working in isolation.

Q – I am not a podiatrist, can I use the document?

A – While the framework focuses on the skill sets of podiatrists and podiatry assistants, clinicians who are members of other professional groups and provide aspects of diabetic foot care will find some sections of the framework useful. The authors would welcome the adoption of the framework by other healthcare professionals. ■

1. GENERIC

To provide effective care for people with diabetes, podiatrists and assistants should be able to demonstrate the following competencies:	
1.1 Level A: Healthcare technician	**Knowledge** • A general knowledge of the nature of diabetes, including its signs and symptoms. • Recognises the limits of own knowledge about diabetes. • Aware of national guidance for the diagnosis and management of diabetes (e.g. NICE, SIGN, etc). **Skills** • Applies information to clinical context within agreed boundaries and protocols. • Uses relevant patient record systems and decision support tools. • Uses up-to-date information and terminology to communicate with patients and colleagues. • Updates medical histories appropriately. • Undertakes protocol-led clinical examinations within the scope of their practice. • Communicates to patients the benefits of good glycaemic control, self care and monitoring to prevent diabetic complications. **Behaviours** • Refers to, and seeks guidance from, appropriately skilled colleagues when necessary. • Able to reflect on and improve their own practice with support from senior colleagues. • Constructively challenges inappropriate practices. • Utilises available professional networks for support, reflection and learning. • Takes responsibility for their own continuing professional development.
1.2 Level B: Podiatry assistant/ practitioner	**Generic knowledge, skills and behaviours** as for Level A.
1.3 Level C: Qualified podiatrist	**Knowledge** as for Level B, and: • A general knowledge of the aetiology of diabetes and the impact of disease progression. • A basic understanding of pharmacological and non-pharmacological approaches to the management of diabetes. • Familiar with diabetes-related national guidance and NHS frameworks. • Aware of the WHO criteria for diabetes diagnosis. • Can recognise normal and abnormal blood glucose ranges, HbA_{1c} levels and how to monitor them. **Skills** as for Level B, and: • Able to apply the principles of evidence-based medicine to their practice, taking a critical approach to accessing and applying new information. • Undertakes an examination and assessment to form a diagnosis. • Takes and/or reviews medical and medication histories. • Assesses the patient's understanding, and reinforce the benefits, of good glycaemic control, self care and monitoring to prevent complications; including the provision of lifestyle advice (i.e. smoking cessation, taking exercise, healthy diet). • Able to accurately discuss diabetes management with the patient based on available information. • Able to request and interpret relevant tests in the management of diabetes. **Behaviours** as for Level B, and: • Communicates clearly with the patient about diabetes care, while recognising that the patient may find the diagnosis, or ongoing management, of diabetes stressful. • Seeks out and develops their own professional networks for support, reflection and learning. • Establishes multiprofessional links with clinicians in their specialism. • Contributes to health improvement by working with relevant local agencies (e.g. social services, patient support networks).
1.4 Level D: Specialist podiatrist	**Knowledge** as for Level C, and: • Comprehensive knowledge of the aetiology of diabetes and the impact of disease progression. • Comprehensive understanding of pharmacological and non-pharmacological approaches to the management of diabetes. **Skills** as for Level C, and: • Communicate clearly to the individual what is involved in the assessment and management of the presenting condition. **Generic behaviours** as for Level C, and: • Able to critically reflect on, and improve, their own practice.

1. GENERIC *CONTINUED*

To provide effective care for people with diabetes, podiatrists and assistants should be able to demonstrate the following competencies:	
1.5 Level E: Advanced podiatrist or practitioner	**Knowledge** as for Level D, and: • In-depth knowledge of the aetiology of diabetes and the impact of disease progression. • In-depth understanding of pharmacological and non-pharmacological approaches to the management of diabetes. • In-depth knowledge of the signs and symptoms of diabetes, including the WHO diagnostic criteria. • In-depth knowledge of normal and abnormal blood glucose ranges, HbA_{1c} levels and how to monitor them. • In-depth understanding of diabetes-related national guidance and NHS frameworks. **Skills** as for Level D, and: • Evaluates and interprets clinical information from diverse sources and makes informed judgements about its quality and the appropriateness of disseminating it to colleagues. • High-level clinical decision making skills that are effectively translated into clinical practice. • Influences and contributes to the design of patient record systems and decision support tools. • Employs their in-depth diabetes knowledge to engage with patients about their care. • Provides patients and/or carers with information that supports them in providing informed consent for clinical interventions. • Contributes to the development of evidence-based, clinical and cost-effective diabetes care. **Behaviours** as for Level D, and: • Reflects on the performance of their service/clinic relative to other local and national services/clinics. • Engages in the critical review of their own and others' practice, and learns from them. • Where appropriate, contributes to diabetes-related national guidance and NHS frameworks. • Seeks out and develops professional networks for their own, and colleagues', support, reflection and learning. • Establishes and/or monitors the multiprofessional approaches to integrated patient care. • Acts as a professional mentor for junior colleagues. • Creates formal links with relevant local agencies (e.g. social services, patient support networks).
1.6 Level F: Consultant podiatrist or practitioner	**Knowledge** as for Level E. **Skills** as for Level E, and: • Takes a leading role in the development of diabetes-related national guidance and NHS frameworks. • Takes a leading role in the design of patient record systems and decision support tools. • Contributes to the development of evidence-based, clinical and cost-effective diabetes care, and takes a leading role in disseminating this information to colleagues. **Behaviours** as for Level E, and: • Influences national policy on diabetes care. • Proactively identifies the need for clinical and service innovations to meet the needs of people with diabetes, and takes a leading role designing and implementing these innovations.

↘ **This competency can be mapped to the following:**

KSF core dimensions: C1 Communication, C2 Personal and People Development, C5 Quality, HWB6 Assessment and Treatment Planning, HWB7 Interventions and Treatments.

NOS indicators: B1, B6, CDE4, CfA410, CHS19, CHS48, CHS56, CHS76, CHS83, Diab GA1, Diab GA2, Diab HA1, Diab HA13, Diab TT01, EUSC01, EUSC02, GEN12, GEN13, GEN14, GEN22, GEN27, GEN31, GEN39, GEN40, GEN44, GEN63, HI19, HSC41, HSC224, HSC434, LLUK, M&L B1, MH92, MH93, PE8, Pharm, PHP15, PHS07.

2. SCREENING

To effectively carry out diabetic foot screening and assessment, podiatrists and assistants should be able to demonstrate the following competencies:	
2.1 Level A: Healthcare technician	**Screening** • Clearly communicates what is involved in the screening process to the patient. • Carries out basic diabetic foot screening in line with national guidance and/or local protocols. • Assigns an ulcer risk score based on the results of the screening, using relevant decision making tools when available. • Records the screening results on the relevant patient records system/s. • Explains the results of the screening to the patient and/or carer in an appropriate manner. • Provides up-to-date verbal and written advice relevant to the risk status resulting from foot screening. • Aware of, and appropriately uses, local referral pathways.
2.2 Level B: Podiatry assistant/ practitioner	As for Level A.
2.3 Level C: Qualified podiatrist	**Screening** as for Level B. **Assessment** • Able to carry out a basic diabetic foot assessment, allocate risk status/stratification and record the information on the relevant system. • Carries out thorough assessment of the diabetic foot, including vascular insufficiency, peripheral sensory neuropathy and deformity. • Able to make appropriate, specific referrals for specialist intervention. • Aware of local policies regarding screening and assessment of the diabetic foot.
2.4 Level D: Specialist podiatrist	**Screening** as for Level C. **Assessment** as for Level C, and: • Carries out in-depth assessments of the diabetic foot. • Aware of local and national guidance and policies regarding diabetic foot screening and assessment. • Facilitates the training of colleagues in screening according to local policies.
2.5 Level E: Advanced podiatrist or practitioner	**Screening** and **assessment** as for Level D, and: • Provides expert opinion on screening and assessment programmes. • Where possible, participates in the development of local, evidence-based screening programmes. • Facilitates colleagues' learning of screening and assessment techniques to support service needs.
2.6 Level F: Consultant podiatrist or practitioner	**Screening** and **assessment** as for Level E, and: • Works with stakeholders to develop and implement local screening programmes. • Proactively identifies the need for clinical or service innovations to effectively screen the feet of people with diabetes, and takes a leading role designing and implementing these innovations. • Leads collaborative working and networking with higher educational institutions and other agents to meet the needs of the population with diabetes.

↘ **This competency can be mapped to the following:**

KSF core dimensions: C1 Communication, C2 Personal and People Development, C4 Service Improvement, C5 Quality, HWB6 Assessment and Treatment Planning, HWB7 Interventions and Treatments.

NOS indicators: CHS99, Diab HA3, Diab HA4, Diab TT01, GEN14, GEN20, GEN22, M&L B1, M&L B5, M&L B6, M&L D2.

3. DERMATOLOGY

To provide effective care for people with diabetes and dermopathologies of the lower limb, podiatrists and assistants should be able to demonstrate the following competencies:	
3.1 Level A: Healthcare technician	• Able to refer the patient to a colleague when skin abnormality is observed.
3.2 Level B: Podiatry assistant/ practitioner	As for Level A.
3.3 Level C: Qualified podiatrist	As for Level B, and: • Uses the appropriate referral pathway for the investigation of suspected dermopathologies (including microscopy and culture, biopsies and allergy testing).
3.4 Level D: Specialist podiatrist	As for Level C, and: • Recognise the dermopathologies common to diabetes. • Makes urgent, appropriate referrals to exclude malignancy. • Where appropriate, undertakes clinical management of dermopathologies based on an agreed care plan.
3.5 Level E: Advanced podiatrist or practitioner	As for Level D, and: • In-depth understanding of investigations for dermopathologies (including microscopy and culture, biopsies and allergy testing). • Able to diagnose, and develop care plans for, dermatological infections with effective antibiotic and anti-mycotic regimens, with reference to local and/or national microbial stewardship policies.
3.6 Level F: Consultant podiatrist or practitioner	As for Level E, and: • Establishes clear referral pathways for dermatological intervention and treatment of the diabetic lower limb.

↘ **This competency can be mapped to the following:**

KSF core dimensions: HWB6 Assessment and Treatment Planning, HWB7 Interventions and Treatments

NOS indicators: AL2, CHS4, CHS40, CHS41, CHS46, CHS88, CHS99, Diab HA1.

4. PHARMACOTHERAPY

To provide effective care for people with diabetes, podiatrists should be able to demonstrate pharmaceutical knowledge and associated clinical skills in the following competencies:	
4.1 Level A: Healthcare technician	Not applicable.
4.2 Level B: Podiatry assistant/ practitioner	Not applicable.
4.3 Level C: Qualified podiatrist	• Aware of the modes of action and effects of relevant medicines, including pharmacokinetics and pharmacodynamics. • Aware of the potential for unwanted effects (e.g. allergic rations, drug interactions, precautions, contraindications, etc). • Maintains an up-to-date knowledge of relevant products – including formulations, doses and costs – in the BNF drug tariff. • Aware of the potential misuses of relevant medicines. • Demonstrates an awareness of no treatment, non-drug and drug treatment options (including preventative measures and referrals for non-drug interventions).
4.4 Level D: Specialist podiatrist	As for Level C, and: • Aware that patient-specific factors (e.g. age, renal impairment) impact the pharmacokinetics and pharmacodynamics of relevant medicines and that regimens may need to be adjusted based on these factors. • Works within local protocols for prescribing requests and uses as appropriate. • Understands local drug budgetary constraints.
4.5 Level E: Advanced podiatrist or practitioner	As for Level D, and: • Able to request and interpret renal and liver function tests. • Establishes, monitors and make changes to medication regimens within the scope of the care plan and in light of the therapeutic objectives. • Gives clear information to the outpatient and/or carer about their medication/s, including how/when to take/administer the medications, where to obtain them, and possible side-effects. • Aware of common medication errors and medication error-prevention strategies. • Aware of, and accepts, legal and ethical responsibility for prescribing, within the context of the care plan. • Plays a role in developing local protocols for prescribing requests. • Understands current legislation on prescribing practice at local and national levels. • Stores prescription pads safely and is aware of what to do if they are stolen or lost. • Uses tools to improve prescribing practice (e.g. review of prescribing data, feedback from patients). • Reports prescribing errors and near misses, and reviews practice to prevent recurrence. • Understands local drug budgetary constraints and can discuss them with colleagues and patients. • Provides support and advice to other prescribers when appropriate. • Establishes appropriate support from colleagues to train and practice as an independent prescribers.
4.6 Level F: Consultant podiatrist or practitioner	As for Level E, and: • Negotiates treatment plans (including, where appropriate, non-pharmacological therapies) that both patient and prescriber are satisfied with. • Understands national drug budgetary constraints and can discuss them with colleagues and patients. • Takes a leading role in supporting and advising other prescribers and colleagues. • Leads collaborative working and networking with higher educational institutions and other agents to meet the needs of the population with diabetes.

↘ **This competency can be mapped to the following:**

KSF core dimensions: C1 Communication, C2 Personal and People Development, C3 Health, Safety and Security, C4 Service Improvement, C5 Quality, HWB6 Assessment and Treatment Planning, HWB7 Interventions and Treatments.

NOS indicators: CHS74, CHS83, CHS105, CHS106, CHS109, DANOSAA1, EUSC19, GEN22, GEN63, HSC23, HSC43, HSC241, M&l D1, M&L E1, M7L E2.

5. RADIOLOGY

To provide effective care for people with diabetes, podiatrists should be able to demonstrate radiological knowledge and associated clinical skills in the following competencies:	
5.1 Level A: Healthcare technician	Not applicable.
5.2 Level B: Podiatry assistant/ practitioner	Not applicable.
5.3 Level C: Qualified podiatrist	• An understanding of the available radiological investigations and the rationale for their use. • An understanding of the side-effects of radiological investigations and why, in some circumstances, a non-radiological method of investigation may be more appropriate. • Keeps up-to-date with changes in clinical practice related to requesting or interpreting radiological images.
5.4 Level D: Specialist podiatrist	As for Level C, and: • Has completed training in the Ionising Radiation (Medical Exposure) Regulations (DH, 2009). • Requests radiological investigations. • Requests radiological investigations frequently enough to maintain competency. • Up-to-date knowledge of the actions, indications, contraindications, interactions, cautions, dose and side-effects of the radiological investigations ordered. • Works within, and contributes to the development of, local protocols for radiological requests (e.g. patient group directions).
5.5 Level E: Advanced podiatrist or practitioner	As for Level D, and: • Able to interpret radiological reports. • Able to clearly communicate to the patient and/or carer the rationale behind undertaking a radiological investigation, and the potential risks and benefits of doing so. • Communicates the results of radiological investigations to the patient and/or carer in terms they understand. • Provides support and advice to other radiological requesters and colleagues where appropriate.
5.6 Level F: Consultant podiatrist or practitioner	As for Level E, and: • Negotiates the appropriate level of clinical support for requestors of radiological investigations to undertake this aspect of their role safely and effectively. • Proactively identifies the need for clinical or service innovations to radiological investigations of the lower limb for people with diabetes, and takes a leading role designing and implementing these innovations.

↘ **This competency can be mapped to the following:**

KSF core dimensions: C1 Communication, C2 Personal and People Development, C4 Service Improvement, C5 Quality, HWB1Promotion of Health and Wellbeing, HWB6 Assessment and Treatment Planning, HWB7 Interventions and Treatments, HWB8 Biomedical Investigation and Intervention.

NOS indicators: CHS38, CHS83, CHS99, CHS109, GEN22, GEN59, GEN63, HSC23, HSC43, HSC241, M&L D1.

6. PAINFUL DIABETIC PERIPHERAL NEUROPATHY

To provide effective care for people with painful diabetic peripheral neuropathy (PDPN), podiatrists should be able to demonstrate the following competencies:	
6.1 Level A: Healthcare technician	Not applicable.
6.2 Level B: Podiatry assistant/ practitioner	Not applicable.
6.3 Level C: Qualified podiatrist	• A basic knowledge of the: 1. Causes of PDPN. 2. Signs and symptoms of PDPN. 3. Typical progression of PDPN. • Able to recognise the common signs and symptoms of PDPN when reported by a patient and refer appropriately. • A basic knowledge of the evidence-based treatments available for the relief of the symptoms of PDPN. • Provides the patient and/or carer with information on PDPN in a suitable format.
6.4 Level D: Specialist podiatrist	As for Level C, and: • Able to refer appropriately for further investigations and treatment. • Able to differentiate between PDPN and other painful symptoms, such as ischaemic rest pain.
6.5 Level E: Advanced podiatrist or practitioner	As for Level D, and: • An in-depth knowledge of the: 1. Causes of PDPN. 2. Signs and symptoms of PDPN. 3. Typical progression of PDPN. • An in-depth knowledge of the evidence-based treatments available for the relief of the symptoms of PDPN. • Helps the patient and/or carer to understand the actions they can take to manage the symptoms of PDPN. • Provides the patient and/or carer with information on PDPN in a suitable format and encourages them to engage in active self-management and treatment compliance. • Supports or contributes to specialist PDPN clinics.
6.6 Level F: Consultant podiatrist or practitioner	As for Level E, and: • Works with stakeholders to develop and implement PDPN care pathways. • Proactively identifies the need for clinical or service innovations to effectively manage PDPN, and takes a leading role designing and implementing these innovations. • Leads collaborative working and networking with higher educational institutions and other agents to meet the needs of the population with diabetes.

↘ **This competency can be mapped to the following:**

KSF core dimensions: C1 Communication, C4 Service Improvement, HWB1 Promotion of Health and Wellbeing, HWB6 Assessment and Treatment Planning, HWB7 Interventions and Treatments.

NOS indicators: CHS40, CHS62, CHS99, CHS118, CHS120, CHS179, Diab TT01, Diab TT02, DF01, EUSC1, GEN14, GEN22, GEN62, M&L B6, M&L D2.

7. ULCER PREVENTION

To effectively prevent foot ulceration among people with diabetes, podiatrists and assistants should be able to demonstrate the following competencies:	
7.1 Level A: Healthcare technician	• Understands how the complications of diabetes increase the risk of foot ulceration. • When appropriate, is able to inform the patient and/or carer that they are at increased risk of foot ulceration in a manner that is respectful of the distress the patient and/or carer may experience at this time. • Understands the necessity of urgent referral and treatment in the event of suspected ulceration.
7.2 Level B: Podiatry assistant/ practitioner	As for Level A.
7.3 Level C: Qualified podiatrist	As for Level B, and: • Able to carry out a foot ulcer risk assessment, including the identification of vascular insufficiency, neurological deficit, significant foot deformity, trauma or increased pressures. • Assesses whether the patient and/or carer is aware that they are at increased risk of developing foot ulceration. • Provides the patient and/or carer with up-to-date verbal and written advice on the prevention of foot ulceration. • Assesses the patient's understanding of the information on ulcer prevention provided, and their ability to undertake appropriate self-care behaviours. • Maintains an up-to-date knowledge of biomechanical pressure relieving strategies and devices and their role in reducing the risk of foot ulceration. • A basic knowledge of the materials used in the manufacture of orthoses. • Recognises those patients for whom high street footwear is appropriate, and provides advice on making appropriate footwear choices. • Recognises when a patient cannot safely wear high street shoes and refers them for specialist footwear.
7.4 Level D: Specialist podiatrist	As for Level C, and: • Communicates what is involved in foot assessment and obtains the patient's informed consent.
7.5 Level E: Advanced podiatrist or practitioner	As for Level D, and: • Provides expert advice to the patient and/or carer on the benefits of ulcer prevention and self care. • Appropriately prescribes specialist footwear and other orthotic devices. • A working knowledge of the materials used in the manufacture of orthoses. • Monitors the effectiveness of specialist footwear and other orthotic devices and makes changes, or refers for further assessment, as appropriate.
7.6 Level F: Consultant podiatrist or practitioner	As for Level E, and: • Reviews and revises patient information relating to the prevention of diabetic foot ulceration. • Engages with and influence national bodies regarding strategies on providing information for preventative care. • Able to measure for stock footwear according to British standards.

↘ **This competency can be mapped to the following:**

KSF core dimensions: C1 Communication, HWB6 Assessment and Treatment Planning, HWB7 Interventions and Treatments, HWB9 Equipment and Devices to Meet Health and Wellbeing Needs.

NOS indicators: CHS48, CHS76, CHS99, Diab DF02, Diab HA3, Diab HA4, GEN14, GEN22, HSC23, HSC43, M&L D2.

8. WOUND CARE

To provide effective care for people with active diabetic foot ulceration, podiatrists and assistants should be able to demonstrate the following competencies:	
8.1 Level A: Healthcare technician	**Generic** • Understands how the complications of diabetes mean that a wound on the foot must be seen by a suitably skilled colleague as a matter of urgency. • Able to access local referral pathways appropriately. **Debridement** – Not applicable. **Infection control** • Demonstrates a working knowledge of basic infection control procedures (e.g. hand hygiene) and techniques for minimising cross infection. **Pressure relief** • Encourages the patient and/or carer to comply with instructions on the use of pressure-relieving devices for the treatment of active ulceration. **Dressings** • Carries out dressing changes as instructed and within the scope of their practice. • Encourages the patient and/or carer to comply with recommended dressing regimens.
8.2 Level B: Podiatry assistant/ practitioner	As for Level A.
8.3 Level C: Qualified podiatrist	As for Level B, and: **Generic** • A working knowledge of diabetic wound management-related local and national guidance. • Able to recognise and classify active foot ulceration, including identification of vascular insufficiency, neurological deficit, significant foot deformity, trauma, increased pressures, and extent and degree of infection. • A basic understanding of the wound healing process and the potential complications of, or delays to, that process. • A basic understanding of the psychological impact of active diabetic foot disease on the patient. • Able to confirm that the patient and/or carer understands the purpose and nature of a proposed care plan. **Debridement** • Understands the principles of debridement and wound bed management. • Able to carry out wound management techniques (e.g. basic sharp debridement, wound irrigation). • Refers appropriately for advanced wound management. **Infection control** • Able to recognise the clinical signs and symptoms of wound infection and refers quickly and appropriately for infection control. • Carries out basic microbiological sampling (e.g. wound swabbing) and ensures results are interpreted by an appropriately skilled colleague. **Pressure relief** • An up-to-date knowledge of biomechanical pressure relieving strategies for wound healing. • Uses basic pressure-relieving devices within the scope of their practice. • Refers the patient for assessment for, and supply of, specialist pressure-relieving devices for wound healing appropriately. • Works collaboratively with colleagues, including orthotists, to optimise patient compliance with pressure-relieving devices for wound healing. **Dressings** • A broad knowledge of available dressing products, their modes of action, and appropriate use. • Aware of their local wound management formulary group and related groups.

↘ **This competency can be mapped to the following:**

KSF core dimensions: C1 Communication, C4 Service Improvement, HWB1 Promotion of Health and Wellbeing, HWB6 Assessment and Treatment Planning, HWB7 Interventions and Treatments, HWB9 Equipment and Devices to Meet Health and Wellbeing Needs.

NOS indicators: CHS5, CHS7, CHS12, CHS14, CHS40, CHS61, CHS70, CHS99, CHS118, CHS177, CHS179, CHS185, CHS222, CMD5, Diab DF02, Diab DF03, Diab HA3, Diab HA4, Diab TT01, Diab TT02, GEN22, GEN62, GEN63, HSC23, HSC43, M&L B1, M&L B8, PCS18.

8. WOUND CARE *CONTINUED*

To provide effective care for people with active diabetic foot ulceration, podiatrists and assistants should be able to demonstrate the following competencies:	
8.4 Level D: Specialist podiatrist	As for Level C, and: **Generic** • A broad understanding of the wound healing process and its potential complications. • A broad understanding of the psychological impact of active diabetic foot disease on the patient. **Debridement** • Able to carry out basic sharp debridement of simple and complex wounds, within the scope of their practice. • Appropriately recognises the need, and refers the patient, for advanced debridement. • A broad knowledge of debridement techniques other than sharp debridement. • Critically analyses wound care interventions to develop evidence-based, individualised care plans. • Carries out advanced wound management techniques with appropriate support and supervision. **Infection control** • Recognises the signs and symptoms of local wound infection and manages them effectively. • Recognises when to refer the patient for infection control by appropriately skilled colleagues. • Undertakes comprehensive microbiological sampling (e.g. wound swabbing, bone sampling, tissue biopsy) and reporting. • Ensures the results of microbiological investigations are seen and interpreted by an appropriately skilled colleague. **Pressure relief** • A broad knowledge of biomechanical pressure relieving strategies for foot ulcer healing. **Dressings** • Good knowledge of available dressing products, their modes of action, and appropriate use.
8.5 Level E: Advanced podiatrist or practitioner	As for Level D, and: **Generic** • Advanced understanding of the wound healing process and its potential complications. • An advanced understanding of the psychological impact of active diabetic foot disease on the patient. • Able to classify active foot ulceration, including advanced investigations of vascular insufficiency (ankle–brachial pressure index, Doppler ultrasound), neurological deficit, foot deformity, trauma, increased pressures, extent and degree of infection. • Contributes expert opinion on the development of care plans for complex diabetic foot ulceration. • Contributes to the development of local guidance related to diabetic wound management. • A working knowledge of national guidance related to diabetic wound management. • Contributes to the development of local referral pathways. • Applies high-level clinical reasoning in the management of complex diabetic foot ulcers. **Debridement** • Able to carry out advanced debridement (with a range of debridement tools) of complex wounds, within the scope of their practice. • Able to carry out advanced wound management techniques (e.g. topical negative pressure systems). • Recognises the need, and refers the patient, for surgical debridement appropriately. • Supports less-experienced colleagues in developing advanced debridement skills. **Infection control** • Leads colleagues in comprehensive microbiological sampling (e.g. wound swabbing, bone sampling, tissue biopsy) and reporting. • Interprets results from microbiological sampling. • Recognises deep infection (e.g. foot abscess) and refers for appropriately. • Recognises the need for inpatient treatment of diabetic foot ulceration, and facilitates the process of the patient's admission to hospital using local pathways. • Contributes in the development of local antibiotic use guidance.

8. WOUND CARE *CONTINUED*

To provide effective care for people with active diabetic foot ulceration, podiatrists and assistants should be able to demonstrate the following competencies:

8.5 Level E: Advanced podiatrist or practitioner *continued*	**Pressure relief** • An up-to-date knowledge of advanced and customised pressure relieving strategies used in the management of diabetic foot disease. • Recognises when to use advanced pressure-relieving devices (e.g. moon boots, removable walkers, total contact casts). • A knowledge of the materials used in the manufacture of foot orthoses. • Skilled in fabricating, modifying and supplying insoles as part of the management of diabetic foot disease. • Monitors the effectiveness of pressure-relieving devices, and appropriately refers patients for further foot pressure assessment. • A knowledge of the technologies used in the assessment of foot pressure and gait analysis. **Dressings** • Advanced knowledge of available dressing products, and their modes of action. • Extensive experience in the appropriate use of available dressing products. • Supports other colleagues in choosing appropriate dressings for patients with diabetic foot ulceration. • Makes dressing product choices based on consideration of clinical indications, wound type, patient needs, and formulary and budgetary directives. • Provides expert opinion to their local wound management formulary group and other related wound dressing groups.
8.6 Level F: Consultant level podiatrist or practitioner	As for Level E, and: **Generic** • Contributes to the development of relevant national guidance. • Facilitates the development of local referral pathways and enables their implementation. • Works with stakeholders to develop and implement care pathways for patients with active foot disease. • Proactively identifies the need for clinical or service innovations to effectively manage active diabetic foot ulceration, and takes a leading role designing and implementing these innovations. • Leads in the integration of theoretical wound management into clinical practice, and collaborates with higher educational institutions and other educational providers to achieve this. • Ensures there is local capacity to facilitate, support and mentor colleagues seeking to develop their clinical practice (e.g. advanced debridement, total-contact cast fabrication, etc). **Debridement** • Leads in the evaluation of novel wound care products. • Provides clinical leadership in advanced wound debridement techniques. • Leads in the establishment of working relationships with surgical staff responsible for surgical debridement. • Provides expert opinion on debridement products, techniques and indications in local and national expert groups. **Infection control** • Leads, in conjunction with appropriate stakeholders, the development and implementation of local antibiotic use guidance. • Collaborates with higher educational institutions and other educational providers on meeting the diabetic foot-related educational needs of podiatrists and associated colleagues. • Leads in establishing relationships with surgical staff for infection control and vascular reconstruction • Leads in liaising with local infection control, microbiology and multidisciplinary teams to minimise patient risk associated with infection. **Pressure relief** • Demonstrates the ability to apply bespoke pressure relieving devices to optimise wound healing such as total contact and slipper casts. • Demonstrates the ability to plan and implement complex pressure relieving strategies. • Employs a broad knowledge of the range of pressure-relieving devices to select the most appropriate interventions for the patient. • A knowledge of, and experience in using, technologies for gait analysis and foot pressure measurements. • Creates an environment that supports collaborative work with orthotists and other colleagues to optimise the patient's compliance with pressure-relieving devices. **Dressings** • Provides expert opinion on dressings and medical devices in local and national wound formulary and associated groups.

9. POST-ULCER CARE

To provide effective care for people with a history of diabetic foot ulceration, podiatrists and assistants should be able to demonstrate the following competencies:	
9.1 Level A: Healthcare technician	• Aware that people with a history of diabetic foot ulceration are at increased risk of reulceration. • Recognise when there is a need for referral of a patient with a history of foot ulceration. • Uses local referral pathways appropriately. • Follows instruction from colleagues to ensure foot pressure-relieving devices are used appropriately.
9.2 Level B: Podiatry assistant/ practitioner	As for Level A.
9.3 Level C: Qualified podiatrist	As for Level B, and: • A basic understanding of the complications of diabetes and their increasing severity in relation to preventing foot reulceration. • Communicates to the patient and/or carer the risk of reulceration in an appropriate manner, while recognising the potentially stressful nature of the information. • Provides education for the patient and/or carer aimed at the prevention of recurrence of ulceration. • Assists in implementing the care plan to prevent ulcer recurrence. • Maintains up-to-date knowledge of biomechanical pressure relieving strategies and their implementation. • Recognises when high street footwear is appropriate, and when referral for specialist footwear is needed, depending on the patient's needs. • A knowledge of the materials used in the manufacture of foot orthoses for the prevention of reulceration.
9.4 Level D: Specialist podiatrist	As for Level C, and: • Increased understanding of the natural history of diabetes and its complications, and how to assess its severity in relation to preventing foot ulcer recurrence. • Works collaboratively with orthotists and other colleagues to optimise patient compliance with footwear advice and orthotic devices.
9.5 Level E: Advanced podiatrist or practitioner	As for Level D, and: • Advanced understanding of the natural history of diabetes and its complications, and how to assess its severity in relation to preventing foot ulcer recurrence. • Establishes the cause of previous ulceration in order to develop and implement an appropriate ulcer prevention care plan. • Recognises the need for specialist footwear and prescribes it appropriately. • Develops footwear and orthotic ulcer prevention care plans in collaboration with an orthotist. • Monitors the effectiveness of foot pressure relieving devices, and recognises when modification or replacement of such devices is required, and ensures the necessary changes are undertaken appropriately. • A knowledge of the technologies used in the assessment of foot pressure and gait analysis. • A working knowledge of the materials used in the manufacture of foot orthoses for the prevention of recurrence of ulceration.
9.6 Level F: Consultant podiatrist or practitioner	As for Level E, and: • Provides, and evaluates, specialist education for the patient and/or carer on the prevention of foot reulceration. • Able to measure patients' feet for the fitting of stock footwear according to British standards. • Contributes to and, when appropriate, leads national strategies for prevention of diabetic foot reulceration. • Leads the implementation and integration of specialist diabetic footwear services. • Proactively identifies the need for clinical or service innovations to prevent diabetic foot reulceration, and takes a leading role in designing and implementing these innovations. • Creates an environment that encourages collaboration among colleagues to optimise patient compliance with ulcer prevention footwear interventions.

↘ **This competency can be mapped to the following:**

KSF core dimensions: C1 Communication, C4 Service Improvement, C5 Quality, HWB1 Promotion of Health and Wellbeing, HWB6 Assessment and Treatment Planning, HWB7 Interventions and Treatments, HWB9 Equipment and Devices to Meet Health and Wellbeing Needs.

NOS indicators: CHS5, CHS40, CHS140, Diab DF02, Diab HA3, Diab HA4, Diab GEN22, HA4, HSC23, HSC43, M&L B5, M&L D2, PE3, PE4, PE6, PE7, PE8.

10. CHARCOT NEUROARTHROPATHY

To provide effective care for people with diabetes and Charcot neuroarthropathy (CN), podiatrists and assistants should be able to demonstrate the following competencies:	
10.1 Level A: Healthcare technician	• A knowledge of local guidance on the management of diabetes and the potential risk of diabetic foot disease. • Recognise when there is a need for referral of a patient with a history of foot ulceration. • Uses local referral pathways appropriately. • Follows instruction from colleagues to ensure CN care plans are carried out, within the scope of their practice.
10.2 Level B: Podiatry assistant/ practitioner	As for Level A.
10.3 Level C: Qualified podiatrist	As for Level B, and: • A working knowledge of local and national guidance on the diagnosis and management of CN. • Recognises patients at increased risk of CN. • Recognises the clinical signs and symptoms of acute onset CN and refers the patient to a specialist team in an appropriate and timely manner. • Recognises when further investigations are required for the diagnosis of CN. • An understanding of the rationale for biomechanical pressure-relieving strategies in the management of CN. • Assists in the implementation of care plans for the management of CN. • A basic understanding of the psychological impact of active diabetic foot disease.
10.4 Level D: Specialist podiatrist	As for Level C but with an increased understanding, and: • A knowledge and understanding of the interventions for a suspected CN. • Assists in the implementation of care plans for acute CN. • Confirms that the patient and/or carer understands the purpose and nature of the proposed CN care plan. • Able to undertake long-term care plans following the resolution of CN.
10.5 Level E: Advanced podiatrist or practitioner	As for Level D, and: • Undertakes differential diagnosis of CN, distinguishing acute CN from other acute conditions (e.g. cellulitis, ankle sprain, deep venous thrombosis). • An up-to-date knowledge of pharmacotherapies for the management of CN. • Assists in the design and implementation of the care plan for acute CN. • A working knowledge of pressure-relieving strategies for the management of acute CN. • Monitors the effectiveness of pressure-relieving strategies for the management of CN (e.g. total-contact casting) and makes changes, or refers for further assessment, appropriately. • Uses clinical reasoning, and reflection on their practice, to ensure the safe management of acute CN, especially in the use casts.
10.6 Level F: Consultant podiatrist or practitioner	As for Level E and: • Leads the design and implementation of care plans for the management of acute CN in collaboration with colleagues (e.g. consultant physicians, plaster technicians, orthotists). • Plans and implements complex pressure-relieving strategies for the management of CN. • Applies bespoke pressure-relieving devices (including total-contact casts) for the management of CN. • Monitors the effectiveness of CN care plans and makes changes where appropriate through the progressive stages of CN. • Understands, and refers for, radiological and non-radiological assessments of CN. • Communicates to the patient and/or carer the long and short-term implications of a diagnosis of CN. • Recognises the challenges faced by the patient with acute and resolved CN and provides them and/or carer with appropriate support. • Leads the design of long-term care plans for the patient following the resolution of acute CN. • Contributes to the development of local and national guidance on the management of diabetes-related CN. • Works with stakeholders in the development of local referral pathways for the management of CN and enables their implementation. • Proactively identifies the need for clinical or service innovations to effectively manage CN, and takes a leading role designing and implementing these innovations.

↘ **This competency can be mapped to the following:**

Mapping to KSF core dimensions: C4 Service Improvement, HWB6 Assessment and Treatment Planning, HWB7 Interventions and Treatments.

Map to Skills for Health competencies (NOS indicators): CHS38, CHS40, CHS41, CHS47, CHS85, CHS88, CHS99, CHS173, DiabHA1, DiabHA3, DiabHA4, Diab TT01, GEN22, HA4, HSC23, HSC43.

11. HEALTH IMPROVEMENT

To provide effective health improvement and self-management strategies relating to the diabetic foot, podiatrists and assistants should be able to demonstrate the following competencies:	
11.1 Level A: Healthcare technician	• Understands the importance of patient education for, and self management of, long-term conditions. • A basic understanding of the psychological impact on the patient and/or carer of having a long-term condition. • Aware of the kinds of misinformation the patient may have about diabetes and is able to provide them with appropriate literature on the condition. • Undertakes, and encourages, honest, clear communication with patients and/or their carer. • Aware of services designed to assist the patient and/or carer in the self-management of their diabetes.
11.2 Level B: Podiatry assistant/ practitioner	As for Level A.
11.3 Level C: Qualified podiatrist	As for Level B, and: • A critical understanding of the importance and effects of patient education and self management. • Awareness of the impact of culture and social context on how the patient feels about health-related behaviours and about changing them. • Recognises and corrects misinformation the patient may hold about their condition, and the effects of this misinformation on self-care behaviours and their consequences. • Understands and uses a range of tools and techniques in the assessment and evaluation of the patient's health status, concerns, personal context and priorities. • Provides access to relevant information, in a suitable format, to the patient and/or carer to support their understanding and self-care. • An understanding of the need for detailed personal action plans to achieve and maintain health-related goals for patients at increased risk of diabetic foot complications.
11.4 Level D: Specialist podiatrist	As for Level C but with an increased understanding, and: • A working knowledge of how to develop detailed personal action plans to achieve and maintain health-related goals for patients at increased risk of diabetic foot complications. • An awareness of counselling techniques, interview methods and motivational interviewing.
11.5 Level E: Advanced podiatrist or practitioner	As for Level D, and: • Understands, and manages, the psychological impact of diabetic foot disease in the patient. • An in-depth understanding of the tools and techniques for assessment and evaluation of the patient's health status, concerns, personal context and priorities. • High-level skills in undertaking, and encouraging, honest, clear communication with the patient and/or carer about active diabetic foot disease.
11.6 Level F: Consultant podiatrist or practitioner	As for Level E, and: • Influences the design and dissemination of relevant, suitably presented, patient information on the prevention and management of diabetic foot disease. • Leads collaborative working and networking with higher educational institutions and other agents to meet the needs of people with diabetic foot disease.

↘ **This competency can be mapped to the following:**

Mapping to KSF core dimensions: C1 Communication, Development, HWB4 Enablement to Address Health and Wellbeing Needs, HWB6 Assessment and Treatment Planning.

Map to Skills for Health competencies (NOS indicators): CHS38, CHS44, CHS45, CHS61, CHS70, CHS105, CHS177, CM D5, Diab DA4, Diab PE01, GEN14, GEN22, GEN32, GEN62, HSC330, HT2, MH97, PE, PE8, M&L D2.

12. RESEARCH AND AUDIT

To provide effective care for people with diabetes, podiatrists should be able to demonstrate the following competencies in research and audit:	
12.1 Level A: Healthcare technician	Not applicable.
12.2 Level B: Podiatry assistant/ practitioner	Not applicable.
12.3 Level C: Qualified podiatrist	• Understands the importance of adopting evidence-based practices in the clinical setting. • Critically appraises methods of clinical evaluation. • Undertakes literature searches to answer clinical questions. • A knowledge of current research in diabetic foot disease. • Uses research and audit tools to improve their clinical practice and patient outcomes.
12.4 Level D: Specialist podiatrist	As for Level C but with an increased understanding, and: • Able to facilitate the integration of evidence-based practices in the clinical setting. • A good knowledge of current research in diabetic foot disease.
12.5 Level E: Advanced podiatrist or practitioner	As for Level D, and: • Critically appraises the validity of information and disseminates the findings to colleagues as appropriate. • Actively contributes to research in diabetic foot disease. • A thorough knowledge of research and audit methods. • Participates in the design and implementation of research and audit activities. • Implements research and audit tools to improve clinical practice and patient outcomes. • Supports colleagues using research and audit tools in the clinical setting. • Highly skilled in undertaking literature searches to answer clinical and non-clinical questions. • Highly skilled in the presentation (oral and written) of research and audit results to colleagues.
12.6 Level F: Consultant podiatrist or practitioner	As for Level E, and: • Leads the design and implementation of research and audit activities. • Creates opportunities for colleagues to participate in research and audit activities. • Collaborates with higher educational institutions, research funding bodies, health boards and other stakeholders to develop innovative research and audit activities. • Ensures appropriate access to research resources for colleagues. • Highly skilled in the presentation (oral and written) of research and audit results at local and national levels and is influential in the implementation of findings. • Creates an environment that facilitates colleagues to improve their knowledge about, and participation in, research and audit activities.

↘ **This competency can be mapped to the following:**

Mapping to KSF core dimensions: C1 Communication, C2 Personal and People Development, C3 Health Safety and Security, C4 Service Improvement.

Map to Skills for Health competencies (NOS indicators): GEN 18, GEN23, GEN32, HI 11, HI16, HI19, HSC23, HSC43, LLUK L10, M&L D2, R&D8 (a), R&D10, R&D13.

13. LEADERSHIP

To provide effective care for people with diabetes, podiatrists should be able to demonstrate the following competencies in leadership and service development:	
13.1 Level A: Healthcare technician	Not applicable.
13.2 Level B: Podiatry assistant/ practitioner	Not applicable.
13.3 Level C: Qualified podiatrist	• Shows clinical leadership within their workplace. • Aware of local diabetes service protocols and works within them. • Participates in peer review of their own clinical practice.
13.4 Level D: Specialist podiatrist	As for Level C but with an increased understanding, and: • Participates in peer review of colleagues' clinical practice.
13.5 Level E: Advanced podiatrist or practitioner	As for Level D, and: • Shows clinical leadership within their local diabetic foot services. • Offers appropriate education and advice to podiatry and other colleagues in relation to clinical and service practices in diabetic foot care. • Plans and initiates collaborative training programmes for service improvement and delivery. • Leads the review of their own and their colleagues' clinical practice. • Creates opportunities for colleagues to undertake self-directed and supported learning. • Contributes to the coordination of services for the care of the diabetic foot across organisational and professional boundaries. • Challenges local services to improve care of, and outcomes for, people with diabetic foot disease. • Participates in the development of guidance, protocols and recommendations related to diabetic foot care. • Provides expert knowledge in relation to diabetic foot services. • Leads projects designed to improve diabetic foot-related patient and service outcomes. • Participates in the development of professional networks related to diabetic foot care. • Designs, delivers and evaluates educational packages for appropriate colleagues, and students, on diabetic foot care and service development and delivery.
13.6 Level F: Consultant podiatrist or practitioner	As for Level E and: • Provides clinical leadership on diabetic foot care at local, national, and international levels. • Leads diabetic foot care services across organisational and professional boundaries. • Leads the development of professional networks related to diabetic foot care, and facilitates the participation of colleagues in these networks. • Develops, and implements, clinical guidance and protocols related to diabetic foot care at local and national levels. • Communicates the sometimes complex and challenging needs of providing diabetic foot care to key opinion leaders, policy makers and politicians nationally, and influences related policy. • Supports colleagues in bringing about service improvement in the care of the diabetic foot. • Proactively identifies the need for clinical or service innovations in diabetic foot care, and takes a leading role in designing and implementing these innovations. • Develops and implements strategies to ensure the best use of local resources and technologies in diabetic foot care.

↘ **This competency can be mapped to the following:**

Mapping to KSF core dimensions: C1 Communication, C2 Personal and People Development, C4 Service Improvement, G2 Development and Innovation.

Map to Skills for Health competencies (NOS indicators): AC3, CJHF27, DANOS, GEN55, GEN63, LLUK L1, LLUK L4, LLUK L17, M&L B1, M&L B4, M&L B5, M&L B6, M&L B8, M&L D1, M&L D2, M&L D7, M&L E2.

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