Results of the consultation on standards for podiatric surgery

Analysis of responses to the consultation, and our decisions resulting from the responses received

Contents

1. Introduction

About the consultation

1.1 We consulted between 1 October 2014 and 16 January 2015 on proposed standards for podiatric surgery. The standards were developed as part of moving toward annotation (marking) of the entries in the Register of chiropodists / podiatrists who have undertaken approved qualifications which allow them to extend their scope of practice to performing podiatric surgery.

1.2 We informed a range of stakeholders about the consultation including professional bodies, employers, and education and training providers; advertised the consultation in our newsletters and on our website; and issued a press release.

1.3 In consulting on the proposed standards for podiatric surgery, we asked our stakeholders to consider whether they were clear, appropriate and set at the necessary threshold level to ensure safe and effective practice. We have used the responses we received to help us decide if any amendments are needed.

1.4 We would like to thank all those who took the time to respond to the consultation document. You can download the consultation document and a copy of this responses document from our website: www.hcpc-uk.org/aboutus/consultations/closed.

About us

1.5 We are a regulator and were set up to protect the public. To do this, we keep a Register of health and care professionals who meet our standards for their professional skills and behaviour. Individuals on our register are called 'registrants'.

1.6 We currently regulate 16 health and care professions:

- Arts therapists
- Biomedical scientists
- Chiropodists / podiatrists
- Clinical scientists
- Dietitians
- Hearing aid dispensers
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Practitioner psychologists
- Prosthetists / orthotists
- Radiographers
- Social workers in England
- Speech and language therapists.

Developing the standards

1.7 Based on the outcomes of an earlier consultation, we decided to annotate the entries of chiropodists / podiatrists in the Register who have undertaken approved qualifications in podiatric surgery.[1] We made this decision in order to strengthen public protection. The practice of podiatric surgery is significantly beyond the scope of practice of a chiropodist / podiatrist at entry to the Register.

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

1.9 When developing the proposed standards for podiatric surgery, we looked at our existing standards of education and training (SETs). We also looked at existing curricula, frameworks and competencies developed by other organisations, setting out the knowledge, understanding and skills they expect of those who practice podiatric surgery.

1.10 In addition, we held two meetings to bring together key stakeholders with an interest in podiatric surgery, including the College of Podiatry, NHS Education for Scotland (NES), the British Orthopaedic Foot and Ankle Society (BOFAS), the British Orthopaedic Association (BOA), the Royal College of Surgeons (RCS) and the General Medical Council (GMC). We took account of their comments in preparing these standards for consultation.

How we will use the new standards

1.11 We will use the standards for podiatric surgery when we approve and subsequently monitor education and training programmes delivering training in podiatric surgery. We will visit the existing programmes to assess them against the standards, following our rigorous approval process. A programme which did not meet one or more of the standards would have conditions attached to its approval. If these conditions were not met, this would lead to approval being refused. We will also assess those programmes which are approved on an on-going basis against the standards. A programme which did not continue to meet them would have their on-going approval withdrawn.

1.12 As the second part of the standards sets out the knowledge, understanding and skills required for annotation in this area, we will take into account these standards (as well as our other standards) in the future when we consider concerns raised about the competence of a podiatrist practising podiatric surgery. All registered chiropodists / podiatrists will continue to be required to meet our other standards as well.

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

About this document

1.13 This document summarises the responses we received to the consultation. The results of this consultation have been used to revise the proposed standards for podiatric surgery.

1.14 The document is divided into the following sections.

- **Section 2** explains how we handled and analysed the responses we received, providing some overall statistics from the responses.
- **Section 3** summarises the general comments we received in response to the consultation.
- **Section 4** outlines the comments we received in relation to specific questions within the consultation.
- **Section 5** outlines our responses to the comments we received and the changes we are making as a result.
- **Section 6** lists the organisations which responded to the consultation.

1.15 This paper also has three appendices.

- **Appendix 1** lists the revised standards after consultation.
- **Appendix 2** lists all the comments we received suggesting additional standards.
- **Appendix 3** lists all the comments we received suggesting amendments to the draft standards.

About terminology

1.16 ‘Chiropodists / podiatrists’ refers to a part of the HCPC Register. A professional included in this part of the Register is able to use the protected titles: ‘chiropodist’ and ‘podiatrist’.

1.17 Podiatric surgery refers to surgical management of the bones, joints and soft tissues of the foot and its associated structures. This document uses the phrase ‘podiatrists practising podiatric surgery’ to refer to chiropodists / podiatrists who have completed training to practise podiatric surgery.

2. Analysing your responses

2.1 Now that the consultation has ended, we have analysed all the responses we received. Whilst we cannot include all of the responses in this document, a summary of responses can be found in sections 3 and 4.

Method of recording and analysis

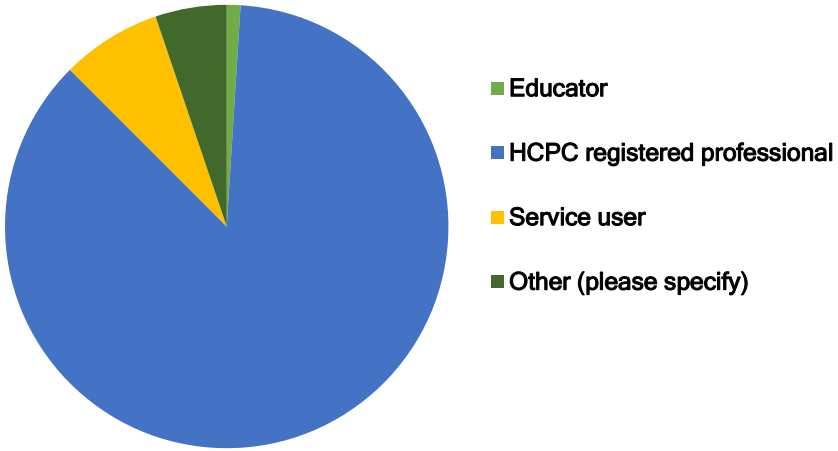
2.2 The majority of respondents used our online survey tool to respond to the consultation. They self-selected whether their response was an individual or an organisation response, and, where answered, selected their response to each question (e.g. ‘yes’, ‘no’, ‘partly’, or ‘don’t know’). Where we received responses by email or by letter, we recorded each of those in a similar manner.

2.3 When deciding what information to include in this document, we assessed the frequency of the comments made and identified themes. This document summarises the common themes across all responses, and indicates the frequency of arguments and comments made by respondents.

Statistics

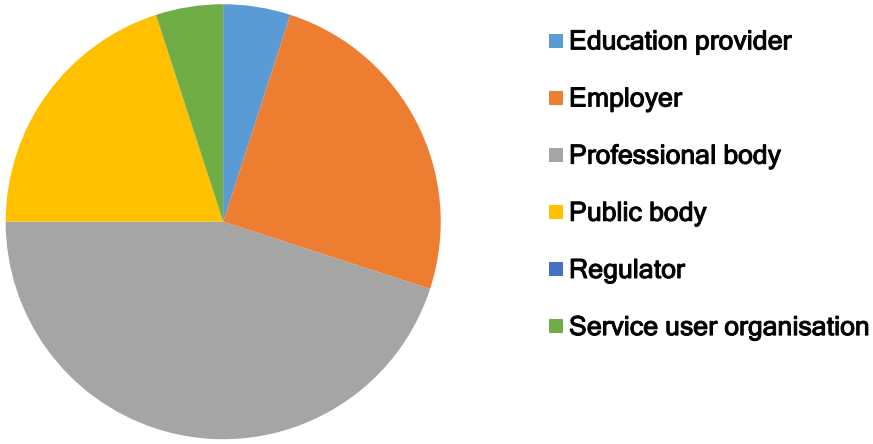
2.4 We received 120 responses to the consultation. Ninety-seven (81%) of responses were received from individuals and 23 (19%) from organisations. Of the 97 individual responses, 84 (87%) were from HCPC registered professionals.

2.5 The breakdown of respondents and of responses to each question is shown in the graphs and tables which follow.



Graph 1 – Breakdown of individual responses

Respondents were asked to select the category that best described themselves.



Graph 2 – Breakdown of organisation responses

Respondents were asked to select the category that best described their organisation.

Table 1 – Breakdown of responses to each question

Question	Yes	No	Partly	Don't know
Q1: Do you think the standards are set at the level necessary for safe and effective podiatric surgery practice?	81 (84%)	3 (3%)	10 (10%)	2 (2%)
Q2: Do you think any additional standards are necessary?	15 (19%)	50 (62%)	10 (12%)	6 (7%)
Q3: Do you think there are any standards which should be reworded or removed?	12 (15%)	55 (69%)	4 (5%)	9 (11%)
Q4: Do you have any comments about the language used in the standards?	16 (20%)	63 (79%)	1 (1%)	0 (0%)
Q5: Do you have any other comments on the standards?	28 (36%)	50 (64%)	N/A	N/A

Table 2 – Breakdown of responses by respondent type

	Individuals				Organisations			
	Yes	No	Partly	Don't know	Yes	No	Partly	Don't know
Q1	65 (84%)	2 (3%)	9 (11%)	1 (1%)	16 (84%)	1 (5%)	1 (5%)	1 (5%)
Q2	8 (12%)	44 (68%)	8 (12%)	5 (8%)	7 (44%)	6 (38%)	2 (13%)	1 (6%)
Q3	8 (13%)	46 (72%)	3 (5%)	7 (11%)	4 (25%)	9 (56%)	1 (6%)	2 (13%)
Q4	12 (19%)	51 (80%)	1 (2%)	0 (0%)	4 (25%)	12 (75%)	0 (0%)	0 (0%)
Q5	19 (31%)	43 (69%)	N/A	N/A	9 (56%)	7 (44%)	N/A	N/A

NB:

- Percentages in the tables above have been rounded to the nearest whole number and therefore may not add up to 100% in every instance.
- Question 5 invited a 'yes' or 'no' response (without the options of 'partly' or 'don't know').

3. General themes

3.1 Whilst the majority of respondents were supportive of the development of standards for podiatric surgery, the consultation attracted a range of differing views about aspects of the draft standards and the supporting processes. This section summarises the main themes arising from responses we received.

3.2 A number of comments received were in relation to the background or explanatory sections of the consultation document, or the broader annotation process, which were not the subject of the consultation exercise. However, where these comments were relevant to the themes below and potentially to future decisions to be made by the Council, they have been included here.

Use of titles

3.3 A number of respondents supported use of the phrase 'podiatrist practising podiatric surgery', rather than 'podiatric surgeon', to describe the relevant practitioners. A key reason cited for this position was the importance of ensuring service users are aware that the practitioner is qualified as a podiatrist, rather than a medically qualified surgeon, in the interest of supporting informed choices. One respondent asserted that where the title 'podiatric surgeon' is used, this is misleading to the public and therefore no valid informed consent can be obtained.

3.4 Other respondents, however, did not think that the HCPC should control or restrict the use of certain titles, particularly where they are not protected in law. One respondent stated that the use of titles should remain a matter for the podiatry profession itself and for individual employers to determine. It was noted that 'Consultant Podiatric Surgeon' is a widely used job title in the NHS in England.

3.5 A third group of respondents positively advocated use of the term 'podiatric surgeon', which was thought to describe the role accurately and to be well understood by the public. One respondent asserted that the less concise phrase 'podiatrist practising podiatric surgery' was actually unhelpful in that it would require more explanation and clarification to service users. Similar comments from another respondent were that 'podiatric surgeon' clearly indicates that the practitioner is qualified to operate.

Alignment with other professional standards

3.6 We received a number of responses in favour of applying the same standards to podiatrists practising podiatric surgery as are set for medically trained orthopaedic surgeons. Among this group of respondents, the draft standards for podiatric surgery could not be viewed as ensuring safe and effective practice unless they were aligned with those set for orthopaedic surgeons for training, qualification and on-going governance. They argued that this would be an expectation of service users and the public.

3.7 These respondents expressed concern about the level of detail in the draft standards for podiatric surgery, and in particular about the lack of comparability with the more centralised approach to medical surgical training, led by the General Medical Council (GMC). It was noted that there was no single regulator-approved syllabus or curriculum, and that this could lead to significant differences in the outcome of various training programmes.

3.8 One respondent advocated the development of further guidance to accompany the standards for podiatric surgery, along the lines of the GMC's standards for curriculum and assessment systems. Others supported a move toward development of a unified curriculum to be used in programme assessment, possibly to be jointly agreed by the HCPC and GMC.

Continuing fitness to practise

3.9 We received several responses which called for the standards for podiatric surgery to be underpinned by some form of assurance process, as a way of ensuring that practitioners continued to be fit to practise. Some suggestions for additional assurance included annual appraisals, regular peer-review audits, and monitoring by the healthcare provider.

3.10 A number of comments, from individuals and professional bodies, were critical of the HCPC's current standards for continuing professional development (CPD) and audit process, asserting that they were insufficiently robust and unable to provide assurance of continuing clinical competence. It was suggested by some that podiatrists practising podiatric surgery should be subject to a revalidation process, similar to that for medically qualified orthopaedic surgeons, who must participate in revalidation as a condition of registration with the GMC. One respondent further suggested that the HCPC should make a statement of its intention to move towards a process aligned with the GMC's approach.

Autonomous practice

3.11 Several respondents commented on the level of autonomy that a podiatrist should have when practising podiatric surgery. For example, one respondent stated that the standards were rightly set at the threshold level for safe practice; however the practitioner would continue to develop their skills and should work within a consultant-led team for a period of time.

3.12 One respondent suggested that training standards for podiatric surgery should be developed in collaboration with other professional groups such as trauma and orthopaedic surgeons. It was suggested that the programme developed in Scotland with Queen Margaret University (NES programme) could be used as a 'pilot' to produce these.

3.13 One the other hand, one respondent favoured stronger support for autonomous practice and independence of practitioners, suggesting that where podiatrists are told they should work 'alongside' other professionals,

this will in many instances be interpreted as meaning that they should work 'under the supervision of' other professionals.

Annotation of existing practitioners

3.14 Some respondents sought clarification about the planned process for annotation of podiatrists who are currently practising podiatric surgery, noting that the consultation document did not give an indication of how the HCPC intended to progress in this regard.

3.15 One respondent stated that, in order to maximise public protection, all practitioners who are competent to practise podiatric surgery should be annotated, irrespective of the means by which they qualified or developed their competence. Another respondent suggested that the HCPC should develop a way of assessing historical training programmes against the standards, in order to effect this.

Medicines and prescribing

3.16 A number of respondents questioned whether the ability to act as an independent prescriber should be a requirement for practising podiatric surgery. Some advocated that this should be either a pre-requisite for training in podiatric surgery, or incorporated as part of the training programme. They argued that the ability to act as an independent prescriber would enable the podiatrist practising podiatric surgery to manage their own case load safely. Others suggested that this requirement might be included as the practice develops and the standards are reviewed over time.

3.17 Similarly, one respondent stated that being able to administer a range of local anaesthetics and to supply a range of prescription-only medicines (annotated in the HCPC Register as 'LA' and 'POM', respectively) should also be pre-requisites.

Level and format of training

3.18 Responses to the consultation included a lot of comments about the format and appropriate level of training in podiatric surgery. Several respondents noted that, although the consultation document included a description of the current English and Scottish training routes, the standards themselves did not prescribe a minimum level of education.

3.19 Some advocated setting a Master's degree (e.g. MSc in Theory of Podiatric Surgery) plus a certain amount of post-registration clinical practice as pre-requisites for entry onto HCPC-approved podiatric surgery programmes. On the contrary, other respondents argued that, while the inclusion of a master's degree in the training route has become more common in recent years, it has never been considered a pre-requisite of podiatric surgery qualifications, and most of those currently practising do not have one.

3.20 A few respondents pointed out differences in length and format between the Scottish and English models of training, as explained in the consultation document, and questioned whether this could give rise to assumptions or misinterpretation about the level of qualification. For example, it was noted that the three-year taught course developed in Scotland might not allow for the same breadth of knowledge provided by the (longer) English training route which includes a rotation in various practical placements with other professions.

3.21 Furthermore, a number of respondents advocated further detail in the standards regarding curriculum, practice placements and assessment. Two respondents commented that it was unclear how the standards would apply to programmes where the theory part was separate from the practice component (undertaken outside of university provision). They found that the standards were written in such a way that only organisations with educational infrastructure already in place (i.e. universities and higher education institutions) would be able to fulfil the criteria.

3.22 A few respondents also called for further prescription in terms of the final practical examination of clinical competency, administered by an external examiner.

Scope of practice

3.23 A small number of respondents recommended that the standards should clearly define the scope of surgery that can be carried out by podiatrists practising podiatric surgery – for example, that they should restrict surgical practice to the forefoot. One reason cited was that this would help service users have a clear understanding of the practice. Another respondent said that setting an anatomical remit for podiatric surgery would help services to better meet the public's health needs. A further respondent (a podiatry professional body) stated that not all practitioners would be competent in operating beyond the foot, i.e. on the ankle or other structures.

Need for additional standards

3.24 A large number of respondents made suggestions for additional standards, covering education and training, continuing professional development, and clinical knowledge, skills and techniques. These suggestions are further detailed in section 4 below.

4. Comments in response to specific questions

4.1 This section summarises comments made in response to specific questions within the consultation document.

Question 1: Do you think the standards are set at the level necessary for safe and effective podiatric surgery practice?

4.2 The vast majority (84%) of respondents agreed that the draft standards were set at the level necessary for safe and effective podiatric surgery practice. Several also commented positively on efforts by the HCPC to include a range of stakeholders in developing the standards.

4.3 Among those who were satisfied that the standards were set at that level, comments welcomed references to the development of autonomous and reflective thinking through training programmes and the importance of appropriate practice placements. Other respondents confirmed that the draft standards were patient-centred, provided clarity and would be valuable for enhancing patient safety, in conjunction with other HCPC standards.

4.4 A number of respondents commented that, although the standards were sufficient for the time being, they should be expected to change and evolve over time, as podiatric surgery practice changes and new training routes are developed. These potential changes might include future requirements for completion of a master's degree and/or training as an independent prescriber, as pre-requisites to qualification in podiatric surgery.

4.5 On the other hand, there were concerns expressed in a number of responses about the ability of the standards to ensure safe and effective podiatric surgery practice. As mentioned in the previous section, a common assertion in these responses was that the standards for podiatric surgery should more closely – or completely, according to some – align with those set for medically trained orthopaedic surgeons. This would include equivalence of training and assurance in terms of continuing fitness to practise (i.e. a system of revalidation).

Question 2: Do you think any additional standards are necessary?

4.6 A majority (62%) of respondents stated that no additional standards were necessary. However, when considering only those responding on behalf of an organisation, a majority (56%) responded 'yes' or 'partly' to this question.

4.7 Among those who identified a need for additional standards, several advocated further clarity or prescription in relation to requirements for admissions or assessment in education and training programmes; processes for monitoring compliance with the standards and continuing fitness to practise; practice arrangements in relation to other professionals; and additional skills and competencies.

4.8 Suggested additional standards in relation to education and training requirements included:

- Pre-requisites for entry onto a podiatric surgery training course (e.g. holding an MSc in Theory of Podiatric Surgery or one year's post-registration clinical practice)
- Requirement for independent prescribing, POM and/or LA annotations
- Assessment of dexterity
- Practical surgical exam with an external examiner prior to qualification.

4.9 Suggested additional standards in relation to continuing fitness to practise included:

- Enhanced CPD audit in respect of podiatrists practising podiatric surgery
- Formal learning with peer specialists
- Regular peer review audit
- Requirement to keep up to date with scientific progress in order to continuously improve clinical standards and surgical skills.

4.10 Among the suggestions for additional standards in relation to working with other professions were:

- Requirement for podiatrists to work in a multidisciplinary team (to include anaesthetists, vascular surgeons, orthopaedic surgeons, non-operating podiatrists and nurses)
- Collaborative treatment and working with anaesthetists
- Clinical leadership and clinical management to reflect advanced practice.

4.11 Suggested additional standards in relation to skills and competencies included:

- Thorough assessment and pre-operative management of patients with complex co-morbidities
- Knowledge of biomechanics
- Competence in small bone fixation, grafting materials and implants
- Competence in safe administration of regional anaesthesia
- Competence in tendon lengthening and transfer
- Applied hand-eye coordination and fine motor skills
- Competence in careful tissue handling
- Avoidance of lifestyles and habits that present potential risk to patients.

4.12 There were also a small number of other suggested additional standards relating to communication with patients and service users. These included:

- Requirement to communicate clearly to the service user what their role is and how it fits with the multidisciplinary team
- Requirement to notify service users about mistakes, including offering an apology, agreeing on further enquiries and providing reasonable support to the service user.

4.13 Appendix 2 shows all of the additional standards proposed by respondents.

Question 3: Do you think there are any standards which should be reworded or removed?

4.14 The majority (69%) of respondents answered 'no' to this question. A few stated that they did not feel suitably qualified to suggest specific amendments to the draft standards.

4.15 Most of the major changes to the text of the standards advocated by respondents have already been discussed in this paper – for example, aligning the standards with those for orthopaedic surgeons; increasing prescriptiveness of requirements for admissions and assessment in podiatric surgery training programmes; and strengthening the process for assurance of continuing fitness to practise. In some cases, effecting these changes would require an amendment to the legislation governing regulation of chiropodists / podiatrists (a matter for government and not within the realm of standards).

4.16 Where more specific drafting changes were suggested, these tended to be relatively minor. Reasons for these suggestions included:

- To ensure the standards were applicable to work-based learning as well as to programmes provided by higher education institutions (HEIs)
- To clarify the scope of practice of podiatrists practising podiatric surgery
- To strengthen or enhance expectations contained in the standards
- To correct inconsistencies or inaccuracies
- To remove repetition.

4.17 All specific proposed amendments to the standards are shown in Appendix 3.

Question 4: Do you have any comments about the language used in the standards?

4.18 The vast majority (79%) of respondents signalled that they were content with the language used in the standards. One respondent commented that the language used was appropriate; while another stated that it was consistent with current usage in the sector. A further response found the language used to be clear, unambiguous and concise.

4.19 Among those who had comments specifically about the language used, a frequently raised issue was that of professional titles. A number of

respondents supported use of the phrase ‘podiatrist practising podiatric surgery’, stating that it provided clarity to patients and service users about the role of the practitioner. Conversely, another group of respondents asserted that ‘podiatric surgeon’ was a simpler title that was less unwieldy and difficult to explain, as well as being commonly used as an employment title. The issue of use of titles has been further explored above in section 3.

4.20 We received a couple of responses which advocated the development of a ‘plain English’ or more ‘public friendly’ version of the standards, in the interest of increasing transparency for service users and the public.

4.21 One respondent commented that the language used, particularly in the standards for education and training providers, was most applicable to HEIs, and less so to other types of organisations such as NHS organisations, where trainees may receive their clinical training.

Question 5: Do you have any other comments on the standards?

4.22 Around 64% of respondents did not have any additional comments. Of those who responded ‘yes’ to this question, most used the opportunity to raise issues not strictly related to the draft standards themselves. A number of these issues – for example use of titles, annotation of existing practitioners, revalidation, and equivalence of training with medically qualified colleagues – have already been discussed in some detail above.

4.23 Some comments simply welcomed the development of standards for podiatric surgery as a milestone of progress in the profession.

4.24 Two respondents commented on the process of development of the standards and consultation. One urged the HCPC to fully involve patients and the public at an earlier stage in developing standards in the future. The other stated that the consultation was not widely known about and suggested that in future notification should be sent to all registrants in the relevant profession(s) in order to increase the number of responses.

4.25 One respondent advocated subdividing the standards by specialities, in particular between bony and non-bony surgical procedures.

5. Our responses

5.1 We have carefully considered all of the responses we received, many of which included suggested amendments, additions and deletions to the draft standards for podiatric surgery. This section sets out our responses to the comments and suggestions made, as well as our decisions regarding further changes to the standards.

Use of titles

5.2 As referred to earlier in this paper, there were divergent views among respondents with regard to what title to use in respect of podiatrists who practise podiatric surgery. Most of those who oppose use of the term 'podiatric surgeon' do so on the grounds that the term is misleading to service users and the public. Another group of respondents asserted that 'podiatric surgeon' is a widely recognised term and more clearly understood than 'podiatrist practising podiatric surgery'.

5.3 We recognise that this issue remains the subject of ongoing debate. We will retain the phrase 'podiatrist practising podiatric surgery' in the standards, as we believe this term clearly describes the practitioners in question. The annotation on our Register will likewise be called 'podiatric surgery'.

5.4 The planned annotation of podiatrists practising podiatric surgery on our Register will not be accompanied by any protection of title. Protecting a professional title in law can only be achieved through legislative changes and is therefore a decision for government alone. In the absence of legislative changes, the use of titles in podiatric surgery in the context of employment remains a matter for employers (including the NHS) to determine.

Entry criteria and level of qualification

5.5 A number of responses we received stated that further detail was needed with regard to the entry criteria for training leading to annotation. For example, some maintained that a master's degree in the theory of podiatric surgery should be a pre-requisite. Other respondents questioned whether podiatrists should be required to have an independent prescribing qualification and/or POM and LA annotations in order to be accepted to a programme. Additionally, some respondents asked for further detail about the level of qualification required for annotation.

5.6 We have not defined entry criteria to programmes in podiatric surgery, nor have we defined the level of qualification. We believe this should be up to the profession itself and education providers to determine. The standards are outcomes-focused; we have set out what a programme needs to ensure that trainees know, understand and are able to do in order to practise podiatric surgery safely and effectively, rather than stipulating exactly how the standards should be met. This is consistent with our approach with respect to other post-registration education and training programmes (e.g. approved mental health professional [AMHP] programmes). We also believe this

enables education providers to be innovative in designing programmes that meet our standards.

5.7 In order to ensure that all programmes meet the level required for safe and effective practice, Visitors with relevant professional expertise will visit education providers, assess the programmes against the standards and make recommendations on whether the programmes should be approved to our Education and Training Committee. This ensures that the standards are interpreted and applied in line with podiatric surgery practice.

Alignment with medical training and standards

5.8 A number of respondents argued in favour of aligning the training and practice standards for podiatrists practising podiatric surgery with that of medically qualified orthopaedic surgeons. Some argued that without this equivalence, the standards for podiatric surgery could not be seen as adequately ensuring safe and effective practice.

5.9 We understand that the concerns expressed have been in the interest of safety and quality of treatment for patients and service users. We also note however that 84% of respondents found the draft standards for podiatric surgery to be set at the appropriate level to ensure safe and effective practice.

5.10 Podiatric surgery practice is well established, particularly within the NHS in England, and podiatrists practising podiatric surgery have been working both independently and alongside medically qualified colleagues for some time. We understand that at least one education provider has been working collaboratively with representatives of the orthopaedic surgery profession to develop a training model which is structured and delivered in a way consistent with that of orthopaedic surgeons. This is to be welcomed. However, we recognise that there may be differences in arrangements. Orthopaedic surgeons gain a wide range of experience before deciding to sub-specialise in the foot. Podiatrists practising podiatric surgery focus solely on surgical procedures of the foot and associated structures.

5.11 As the professional regulator, we do not approve, endorse or publish programme curricula. This is normally the role of the profession itself (often the relevant professional body). Our focus in the standards for education providers is on outcomes; we will only approve programmes which meet our standards, ensuring that someone has the knowledge, understanding and skills to practise podiatric surgery safely and effectively.

Multi-disciplinary working

5.12 We note that a few respondents advocate restricting podiatrists practising podiatric surgery to work only within multi-disciplinary teams. As noted above, many podiatrists practising podiatric surgery do already work in multi-disciplinary teams and/or alongside medically qualified colleagues. However, there are existing practitioners who practise privately. Whilst they would work

with colleagues and other professionals routinely, they would not work in a 'multi-disciplinary team'.

5.13 The HCPC standards of proficiency for chiropodists / podiatrists already require that they are 'able to contribute effectively to work undertaken as part of a multi-disciplinary team' (standard 9.4). Likewise the proposed standards for podiatric surgery require practitioners to 'understand the role of the podiatrist practising podiatric surgery within a multi-disciplinary team'. Other existing standards for HCPC registrants require them to work only within the scope of their knowledge, skills and experience; to make appropriate referrals; and to communicate appropriately with other professionals.

5.14 It is not within our role as a regulator to prescribe the circumstances or environment in which our registrants may practise. Furthermore, doing so would impair the effectiveness and future applicability of our standards and would restrict the ability of healthcare organisations and services to restructure and adapt according to the needs of service users.

Assurance systems

5.15 A number of respondents made comments in relation to gaining assurance about a practitioner's clinical and surgical skill and continuing ability to meet the standards. Similar to concerns raised about the lack of equivalence of training and standards, some respondents questioned why podiatrists practising podiatric surgery were not subject to the same system of revalidation as medically qualified orthopaedic surgeons. Other respondents suggested the addition of requirements for peer review, regular appraisal or other systems of assurance in the standards such as 'enhanced' CPD audits.

5.16 The GMC's system of revalidation depends upon a complex infrastructure including specific legislation and statutory rules; a system of responsible officers; and guidance and standards from royal colleges. That infrastructure does not apply to any of the HCPC professions. Therefore, even if the HCPC was minded to do so, introducing revalidation in respect of podiatric surgery would require a change in the law, and thus is a policy decision for government.

5.17 We are supportive of other mechanisms and systems already in place for people management and clinical governance which are managed by employers, including supervision, appraisals and peer review. The development of standards for podiatric surgery and annotation of the Register are designed to complement these initiatives.

5.18 In respect of our existing requirements for CPD, we are currently undertaking a review of the system of audits and have commissioned two pieces of research to examine the perceptions and experiences of registrants; as well as the costs and benefits of the system. We expect the outcome of this research to inform any future decisions of the Council such as whether or how to strengthen our standards or processes in order to gain greater assurance about our registrants' continuing fitness to practise.

Level of detail in the standards

5.19 We received a number of comments requesting more detail in the standards on specific surgical competencies. We have considered these comments in light of the fact that the standards are designed to set out the threshold level of skills necessary to practise podiatric surgery safely and effectively. We recognise that more experienced practitioners will gain additional skills during the course of their careers.

5.20 A small number of respondents favoured the addition of a defined scope of practice in the standards, such as limiting surgical practice to the forefoot only. Consistent with the approach we take in setting standards across all professions we regulate, we do not agree that it is appropriate to prescribe the scope of practice in the standards. Our intention has been to write them in a broad, flexible way so that practitioners working in different settings and in different ways can still meet the standards.

5.21 Furthermore some of the additional standards suggested by respondents relate to the behaviour or conduct (e.g. communication with stakeholders or 'duty of candour') expected of a podiatrist practising podiatric surgery. The standards for podiatric surgery are not meant to work in isolation but are intended to sit alongside the other HCPC standards which registered podiatrists are already required to comply with, including the standards of proficiency for chiropodists / podiatrists and the standards of conduct, performance and ethics. We have aimed to minimise duplication among the standards; as such, the standards for podiatric surgery do not cover ethical issues, professional conduct or skills that podiatrists would already have obtained through their pre-registration training.

Review of the standards of education and training

5.22 The HCPC standards of education and training (SETs) and supporting guidance are currently under review, and we expect to publish revised standards and guidance in 2017. At that time we will review the requirements for education providers contained within the standards for podiatric surgery, in light of any future amendments that are made to the SETs and supporting guidance.

5.23 We will aim to maintain consistency in terms of the expectations placed on education and training providers (whether in relation to pre- or post-registration programmes); but will make a careful assessment of whether there are areas in which the respective requirements should rightly differ.

Further changes to the standards

5.24 We have made a number of changes to the standards based on the comments we received in consultation.

- We have endeavoured to make the language less focused on HEIs, recognising that podiatric surgery training is largely practical and work-

based, following completion of postgraduate study. Specifically we have changed the term ‘student’ to ‘trainee’ in standards B.8, B.9, E.1, E.5 and E.7. We have also amended the wording of standards B.6 and B.15.

- We have amended standards 1.7 and 1.11 to remove reference to surgery on the ankle, based on feedback from a podiatry professional body that this would not be a threshold level competency for all podiatrists practising podiatric surgery.
- We have removed duplication in standard 1.11.
- We have made the last two bullet points in standard 1.11 into separate standards (new standards 1.12 and 1.13). They are not ‘surgical competencies’ in the same way as the other items listed. As a consequence, the numbering of standards 1.12 through 1.19 has also been amended.
- We have made minor editing amendments to standards 1.9, 1.13 and 1.19 for clarity.

5.25 The draft revised standards following consultation are set out in Appendix 1.

Next steps

5.26 Once the standards for podiatric surgery have been agreed by the Council and are published we will make arrangements to visit the existing education and training programmes to assess them against the standards.

5.27 Depending on the outcomes of the programme visits, the Council will consider the best way of implementing annotation of the Register.

6. List of respondents

The organisations which responded to the consultation are listed below:

Aneurin Bevan University Health Board
Association for Perioperative Practice
British Orthopaedic Association and British Orthopaedic Foot and Ankle Society
Cardiff and Vale University Health Board
College of Podiatry, Academic Board
College of Podiatry, Directorate of Podiatric Surgery
Derbyshire Community Health Services NHS Foundation Trust
Guys & St Thomas' NHS Foundation Trust, Department of Podiatric Surgery
Health and Social Care Board (Northern Ireland)
NHS Education for Scotland
NHS England
Northern Health and Social Care Trust, Podiatry Services
Northumbria Healthcare NHS Trust
Public Health Agency (Northern Ireland)
Royal College of Physicians and Surgeons of Glasgow
Royal College of Surgeons of Edinburgh
Royal College of Surgeons of England, Patient Liaison Group
Society of Chiropodists and Podiatrists
University of Brighton

Appendix 1: Revised draft standards for podiatric surgery

Additions are shown in **bold and underlined**. Deletions are shown in ~~strikethrough~~. The standards in this section are subject to legal scrutiny and may be subject to minor editing amendments prior to publication.

Standards for education providers

Admissions procedures	
A.1	The admissions procedures must give both the applicant and the education provider the information they require to make an informed choice about whether to take up or make an offer of a place on a programme.
A.2	The admissions procedures must apply selection and entry criteria, including appropriate academic and professional entry standards.
A.3	The admissions procedures must apply selection and entry criteria, including accreditation of prior (experiential) learning and other inclusion mechanisms.
A.4	The admissions procedures must ensure that the education provider has equality and diversity policies in relation to applicants and trainees, together with an indication of how these will be implemented and monitored.
Programme management and resources	
B.1	The programme must have a secure place in the education provider's business plan.
B.2	The programme must be effectively managed.
B.3	The programme must have regular monitoring and evaluation systems in place.
B.4	There must be a named person who has overall professional responsibility for the programme who must be appropriately qualified and experienced and, unless other arrangements are agreed, be on a relevant part of the Register.
B.5	There must be an adequate number of appropriately qualified, experienced and, where required, registered staff in place to deliver an effective programme.
B.6	**Training must be delivered** ~~Subject areas must be taught~~ by staff with relevant specialist expertise and knowledge.
B.7	A programme for staff development must be in place to ensure continuing professional and research development.
B.8	The resources to support **trainee** ~~student~~ learning in all settings must be effectively used.
B.9	The resources to support **trainee** ~~student~~ learning in all settings must effectively support the required learning and teaching activities of the programme.

B.10	The learning resources, including IT facilities, must be appropriate to the curriculum and must be readily available to trainees and staff.
B.11	There must be adequate and accessible facilities to support the welfare and wellbeing of trainees in all settings.
B.12	There must be a system of academic and pastoral trainee support in place.
B.13	There must be a trainee complaints process in place.
B.14	Where trainees participate as service users in practical and clinical teaching, appropriate protocols must be used to obtain their consent.
B.15	Throughout the course of the programme, the education provider must have identified **any mandatory components** ~~where attendance is mandatory~~ and must have associated monitoring mechanisms in place.
B.16	Service users and carers must be involved in the programme.
Curriculum	
C.1	The learning outcomes must ensure that those who successfully complete the programme meet the standards for podiatrists practising podiatric surgery.
C.2	The programme must reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance.
C.3	Integration of theory and practice must be central to the curriculum.
C.4	The curriculum must remain relevant to current practice.
C.5	The curriculum must make sure that trainees understand the implications of the HCPC's standards of conduct, performance and ethics on their podiatric surgery practice.
C.6	The delivery of the programme must support and develop autonomous and reflective thinking.
C.7	The delivery of the programme must encourage evidence based practice.
C.8	The range of learning and teaching approaches used must be appropriate to the effective delivery of the curriculum.
C.9	When there is interprofessional learning the profession-specific skills and knowledge of each professional group must be adequately identified and addressed.
Practice placements	
D.1	Practice placements must be integral to the programme.
D.2	The number, duration and range of practice placements must be appropriate to support the delivery of the programme and the achievement of the learning outcomes.
D.3	The practice placements must provide a safe and supportive environment.
D.4	The education provider must maintain a thorough and effective system for approving and monitoring all practice placements.

D.5	There must be an adequate number of appropriately qualified, experienced and, where required, registered staff in the practice placements.
D.6	The clinical supervisor must have relevant knowledge, skills and experience.
D.7	The clinical supervisor must undertake appropriate educator training.
D.8	The clinical supervisor must be appropriately registered.
D.9	There must be regular and effective collaboration between the education provider and the practice placement provider.
D.10	Trainees and clinical supervisors must be fully prepared for the practice placement environment which will include information about: • the learning outcomes to be achieved; • the timings and the duration of the experience and associated records to be maintained; • expectations of professional conduct; • the professional standards which trainees must meet; • the assessment procedures including the implications of, and any action to be taken in the case of, failure to progress; and • communication and lines of responsibility.
D.11	Learning, teaching and supervision must encourage safe and effective practice, independent learning and professional conduct.
D.12	A range of learning and teaching methods that respect the rights and needs of service users and colleagues must be in place in the approved clinical learning environment
Assessment	
E.1	The assessment strategy and design must ensure that the **trainee** ~~student~~ who successfully completes the programme has met the standards for podiatrists practising podiatric surgery
E.2	All assessments must provide a rigorous and effective process by which compliance with external-reference frameworks can be measured.
E.3	Professional standards must be integral to the assessment procedures in both the education setting and practice placement setting.
E.4	Assessment methods must be employed that measure the learning outcomes.
E.5	The measurement of **trainee** ~~student~~ performance must be objective and ensure safe and effective podiatric surgery practice.
E.6	There must be effective monitoring and evaluation mechanisms in place to ensure appropriate standards in the assessment.
E.7	Assessment regulations must clearly specify requirements for **trainee** ~~student~~ progression and achievement within the programme.
E.8	Assessment regulations, or other relevant policies, must clearly specify requirements for approved programmes being the only programmes which contain any reference to an HCPC protected title or part of the Register in their named award.

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

Standards for podiatrists practising podiatric surgery

No.	Standard
1.1	Be able to undertake a thorough, sensitive, relevant and detailed patient history
1.2	Be able to assess and initiate the appropriate investigation and management of conditions requiring podiatric surgery treatment
1.3	Be able to order and interpret appropriate clinical investigations to develop a diagnosis and manage the patient throughout their podiatric surgery treatment
1.4	Be able to develop monitor, review, modify and evaluate an appropriate surgical care plan
1.5	Be able to undertake a thorough and detailed assessment of the foot and lower limb and use that assessment to determine a patient's options for treatment
1.6	Be able to communicate clearly with patients and others involved in their care information about the treatment provided, including about the risks of any procedure and complications which may arise
1.7	Be able to gain informed consent to carry out a surgical intervention on the foot and **associated structures**~~/or ankle~~ and record appropriately
1.8	Understand anatomy in the context of podiatric surgery and how surgical intervention can impact on human locomotion
1.9	Be able to manage a patient's pharmacological needs safely and **to** recognise and respond to complications arising from drug administration
1.10	Understand the need to establish and maintain a safe surgical environment, including the need to maintain a sterile environment, and be able to apply in surgical practice
1.11	Be able to undertake a range of surgical techniques within the foot and **associated structures** ~~ankle~~ including the following: • Application and monitoring of a tourniquet • Skin incisions and closure • Tissue handling • ~~Excisions and skin flaps~~ • Haemostasis • Dissection

	• Excision of bony prominences • Osteotomy • Arthrodesis • Arthroplasty • Digital correction • Soft tissue excisions, ~~and~~ correction **and skin flaps** • ~~Closure~~ • ~~Appropriate post-operative monitoring, evaluation and management of the patient~~ • ~~Identification of common post-operative complications and appropriate response~~
1.12	**Be able to undertake appropriate post-operative monitoring, evaluation and management of the patient**
1.13	**Be able to identify common post-operative complications and respond appropriately**
~~1.12~~ **1.14**	Be able to practise in accordance with current legislation governing the use of ionising and non-ionising radiation for medical and other purposes
~~1.13~~ **1.15**	Be able to keep accurate, comprehensive and comprehensible records of a surgical intervention in accordance with applicable legislation, protocols and guidelines
~~1.14~~ **1.16**	Be able to monitor and evaluate the quality of podiatric surgery practice and use that evaluation to improve practice
~~1.15~~ **1.17**	Understand the importance of participation in training, supervision and mentoring
~~1.16~~ **1.18**	Understand the role of the podiatrist practising podiatric surgery within a multi-disciplinary team
~~1.17~~ **1.19**	Be able to use ~~intermediate~~ **immediate** life support and deal with clinical emergencies safely

Appendix 2: Suggested additional standards

Section	Suggested additional standards
Admissions procedures	• A number of respondents favoured making the standards relating to admissions procedures more specific in terms of entry criteria, in particular the requirement to hold a master's degree in theory of podiatric surgery. One respondent also stated that entry criteria should include one year's post-registration clinical practice. • Other respondents thought that additional standards relating to admissions procedures should include a requirement for qualification as an independent prescriber. One respondent also favoured an additional standard requiring POM and LA annotation.
Programme management and resources	• One respondent commented that there should be a standard requiring education providers to reflect on and review the training programme to ensure that qualified practitioners obtain the necessary knowledge and skills to be fit to practise.
Curriculum	• Several respondents advocated the alignment of podiatric surgery training with that of orthopaedic surgery. One respondent recommended that the standards include a statement to the effect that a unified curriculum and formally assessed delivery process would be put in place to achieve this.
Practice placements	• One respondent said the standards should specify that training should be undertaken with a podiatrist currently practising podiatric surgery (in addition to clinicians from other professional groups).
Assessment	• A few respondents highlighted the importance of dexterity and hand coordination skills to the practice of podiatric surgery. One respondent suggested the addition of an assessment of dexterity.

	• A number of respondents recommended that the standards should be more prescriptive regarding the type of final clinical assessment. They asserted that an additional standard should be inserted requiring a final practical surgical exam and test of clinical competency given by an external examiner.
Standards for podiatrists practising podiatric surgery	• We received a number of responses which advocated additional standards relating to audit and assurance processes to maximise public protection. Suggested additional standards included: ○ Formal learning with peer specialists ○ Regular peer review audit ○ Requirement to keep up to date with scientific progress in order to continuously improve clinical standards and surgical skills ○ An enhanced CPD audit in respect of podiatrists practising podiatric surgery ○ Annual appraisal within a revalidation system similar to that operated by the GMC for medical practitioners. • A few respondents commented that a standard should be set which clarifies the scope of practice of podiatrists practising podiatric surgery. One respondent favoured specifying an anatomical limitation of practice to the forefoot (distal to tarsometatarsal joint), in order to avoid confusion. • There were several suggestions for additional standards in relation to working with other professions, including: ○ Requirement for podiatrists to work in a multidisciplinary team (to include anaesthetists, vascular surgeons, orthopaedic surgeons, non-operating podiatrists and nurses) ○ Collaborative treatment and working with anaesthetists ○ Clinical leadership and clinical management to reflect advanced practice.

	• There were a number of suggestions for additional standards in relation to skills and competencies, including:
	  ○ Thorough assessment and pre-operative management of patients with complex co-morbidities
	  ○ Knowledge of biomechanics
	  ○ Small bone fixation, grafting materials and implants
	  ○ Safe administration of regional anaesthesia
	  ○ Tendon lengthening and transfer
	  ○ Applied hand-eye coordination and fine motor skills
	  ○ Careful tissue handling.
	• One respondent suggested that a standard be added requiring the avoidance of lifestyles and habits that present potential risk to patients.
	• There were a small number of other suggested additional standards relating to communication with patients and service users. One respondent recommended including a requirement to communicate clearly to the service user what the podiatrist's role was and how it fit with the multidisciplinary team. Another respondent favoured a standard relating to a 'duty of candour', requiring practitioners to notify service users about mistakes; offer an apology; agree on further enquiries; and provide reasonable support to the service user.

Appendix 3: Suggested amendments to the standards

This section sets out the changes that respondents suggested to the standards. The original standards are shown on the left, with the proposed standards on the right. Proposed deletions are shown in ~~strikethrough~~, whilst additions are shown in **bold**. Blank spaces indicate that we did not receive any comments specific to that standard.

Standards for education providers

Programme admissions

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

Programme management and resources

B.1	The programme must have a secure place in the education provider’s business plan.	
B.2	The programme must be effectively managed.	
B.3	The programme must have regular monitoring and evaluation systems in place.	

B.4	There must be a named person who has overall professional responsibility for the programme who must be appropriately qualified and experienced and, unless other arrangements are agreed, be on a relevant part of the Register.	
B.5	There must be an adequate number of appropriately qualified, experienced and, where required, registered staff in place to deliver an effective programme.	
B.6	Subject areas must be taught by staff with relevant specialist expertise and knowledge.	One respondent recommended that the standard be reworded so it is more relevant to work-based training programmes, as well as those delivered by an HEI: • **Training must be delivered** ~~Subject areas must be taught~~ by staff with relevant specialist expertise and knowledge
B.7	A programme for staff development must be in place to ensure continuing professional and research development.	
B.8	The resources to support student learning in all settings must be effectively used.	One respondent recommended that the term 'student' should be replaced with 'trainee': • The resources to support **trainee** ~~student~~ learning in all settings must be effectively used
B.9	The resources to support student learning in all settings must effectively support the required learning and teaching activities of the programme.	Similar to B.9 above: • The resources to support **trainee** ~~student~~ learning in all settings must effectively support the required learning and teaching activities of the programme.
B.10	The learning resources, including IT facilities, must be appropriate to the curriculum and must be readily available to trainees and staff.	
B.11	There must be adequate and accessible facilities to support the welfare and wellbeing of trainees in all settings.	
B.12	There must be a system of academic and pastoral trainee support in place.	
B.13	There must be a trainee complaints process in place.	

B.14	Where trainees participate as service users in practical and clinical teaching, appropriate protocols must be used to obtain their consent.	
B.15	Throughout the course of the programme, the education provider must have identified where attendance is mandatory and must have associated monitoring mechanisms in place.	We received the suggestion to reword this standards so it is more applicable to work-based training, as follows: • Throughout the course of the programme, the education provider must have identified **any mandatory components** ~~where attendance is mandatory~~ and must have associated monitoring mechanisms in place.
B.16	Service users and carers must be involved in the programme.	

Curriculum

C.1	The learning outcomes must ensure that those who successfully complete the programme meet the standards for podiatrists practising podiatric surgery.	
C.2	The programme must reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance.	
C.3	Integration of theory and practice must be central to the curriculum.	One respondent pointed out that the training route in Scotland requires trainees to complete a master's degree in podiatric surgery theory prior to undertaking skill-based podiatric surgery training. Therefore rewording of this standard should be considered.
C.4	The curriculum must remain relevant to current practice.	
C.5	The curriculum must make sure that trainees understand the implications of the HCPC's standards of conduct, performance and ethics on their podiatric surgery practice.	
C.6	The delivery of the programme must support and develop autonomous and reflective thinking.	

C.7	The delivery of the programme must encourage evidence based practice.	One respondent suggested the following addition: • The delivery of the programme must encourage evidence based **and research informed** practice.
C.8	The range of learning and teaching approaches used must be appropriate to the effective delivery of the curriculum.	
C.9	When there is interprofessional learning the profession-specific skills and knowledge of each professional group must be adequately identified and addressed.	

Practice placements

D.1	Practice placements must be integral to the programme.	
D.2	The duration of the time spent in practice placements must be appropriate to support the delivery of the programme and the achievement of the learning outcomes.	
D.3	The practice placements must provide a safe and supportive environment.	
D.4	The education provider must maintain a thorough and effective system for approving and monitoring all practice placements.	
D.5	There must be an adequate number of appropriately qualified, experienced and, where required, registered staff in the practice placements.	
D.6	The clinical supervisor must have relevant knowledge, skills and experience.	
D.7	The clinical supervisor must undertake appropriate training.	
D.8	The clinical supervisor must be appropriately registered.	
D.9	There must be regular and effective collaboration between the education provider and the practice placement provider.	
D.10	Trainees and clinical supervisors must be fully prepared for the practice placement environment which will include information about: • the learning outcomes to be achieved;	

	• the timings and the duration of the experience and associated records to be maintained; • expectations of professional conduct; • the professional standards which trainees must meet; • the assessment procedures including the implications of, and any action to be taken in the case of, failure to progress; and • communication and lines of responsibility.	
D.11	Learning, teaching and supervision must encourage safe and effective practice, independent learning and professional conduct.	It was suggested that this standard should be reworded as follows: • **Appropriate supervision, teaching and learning arrangements must be in place to** ~~Learning, teaching and supervision must~~ encourage safe and effective practice, independent learning and professional conduct **and there should be systems in place to monitor these.**
D.12	A range of learning and teaching methods that respect the rights and needs of service users and colleagues must be in place in the approved clinical learning environment.	

Assessment

E.1	The assessment strategy and design must ensure that the student who successfully completes the programme has met the standards for podiatrists practising podiatric surgery.	
E.2	All assessments must provide a rigorous and effective process by which compliance with external-reference frameworks can be measured.	
E.3	Professional standards must be integral to the assessment procedures in both the education setting and practice placement setting.	
E.4	Assessment methods must be employed that measure the learning outcomes.	

E.5	The measurement of student performance must be objective and ensure safe and effective podiatric surgery practice.	One responded suggested that the term ‘student’ should be replaced with ‘trainee’: • The measurement of **trainee** ~~student~~ performance must be objective and ensure safe and effective podiatric surgery practice.
E.6	There must be effective monitoring and evaluation mechanisms in place to ensure appropriate standards in the assessment.	
E.7	Assessment regulations must clearly specify requirements for student progression and achievement within the programme.	Similar to E.7 above: • Assessment regulations must clearly specify requirements for **trainee** ~~student~~ progression and achievement within the programme.
E.8	Assessment regulations, or other relevant policies, must clearly specify requirements for approved programmes being the only programmes which contain any reference to an HCPC protected title or part of the Register in their named award.	
E.9	Assessment regulations must clearly specify requirements for a procedure for the right of appeal for trainees.	
E.10	Assessment regulations must clearly specify requirements for the appointment of at least one external examiner who must be appropriately experienced and qualified and, unless other arrangements are agreed, be from a relevant part of the Register.	

Standards for podiatrists practising podiatric surgery

1.1	Be able to undertake a thorough, sensitive, relevant and detailed patient history	
1.2	Be able to assess and initiate the appropriate investigation and management of conditions requiring podiatric surgery treatment	
1.3	Be able to order and interpret appropriate clinical investigations to develop a diagnosis and manage the patient throughout their podiatric surgery treatment	

1.4	Be able to develop monitor, review, modify and evaluate an appropriate surgical care plan	One respondent recommended that, as not all therapeutic options are surgical, the standard should read as follows: • Be able to develop monitor, review, modify and evaluate an appropriate ~~surgical~~ care plan.
1.5	Be able to undertake a thorough and detailed assessment of the foot and lower limb and use that assessment to determine a patient's options for treatment	
1.6	Be able to communicate clearly with patients and others involved in their care information about the treatment provided, including about the risks of any procedure and complications which may arise	
1.7	Be able to gain informed consent to carry out a surgical intervention on the foot and/or ankle and record appropriately	One respondent recommended removing references to the ankle, as few podiatrists practising podiatric surgery conduct interventions of the ankle: • Be able to gain informed consent to carry out a surgical intervention on the foot ~~and/or ankle~~ and record appropriately Similarly, another respondent recommended rewording the standard as follows: • Be able to gain informed consent to carry out a surgical intervention on **the bones, joints and soft tissues of** the foot ~~and/or ankle~~ and associated structures ~~and record appropriately~~
1.8	Understand anatomy in the context of podiatric surgery and how surgical intervention can impact on human locomotion	
1.9	Be able to manage a patient's pharmacological needs safely and recognise and respond to complications arising from drug administration	One respondent suggested an addition to this standard as follows: • Be able to manage a patient's pharmacological needs safely and recognise and respond to complications arising from drug administration

		which may include liaising with relevant professionals. A minor amendment was suggested to this standard: • Be able to manage a patient's pharmacological needs safely and **to** recognise and respond to complications arising from drug administration
1.10	Understand the need to establish and maintain a safe surgical environment, including the need to maintain a sterile environment, and be able to apply in surgical practice	One respondent recommended rewording the standard as follows: • Understand the need to establish ~~and maintain~~ a safe surgical environment ,including **robust infection control measures** ~~the need to maintain a sterile environment, and be able to apply in surgical practice~~
1.11	Be able to undertake a range of surgical techniques within the foot and ankle including the following: • Application and monitoring of a tourniquet • Skin incisions and closure • Tissue handling • Excisions and skin flaps • Haemostasis • Dissection • Excision of bony prominences • Osteotomy • Arthrodesis • Arthroplasty • Digital correction • Soft tissue excisions and correction • Closure • Appropriate post-operative monitoring, evaluation and management of the patient	One responded pointed out that 'closure' and 'excisions' were repeated and recommended amendment to remove this repetition. Another respondent recommended amending the last bullet point as: • Identification of ~~common~~ post-operative complications and appropriate response

	• Identification of common post-operative complications and appropriate response	
1.12	Be able to practise in accordance with current legislation governing the use of ionising and non-ionising radiation for medical and other purposes	One respondent suggested the standard could be enhanced in a similar way as 1.14 below, in requiring the practitioner to demonstrate they are able to do something.
1.13	Be able to keep accurate, comprehensive and comprehensible records of a surgical intervention in accordance with applicable legislation, protocols and guidelines	One respondent suggested the standard could be enhanced in a similar way as 1.14 below, in requiring the practitioner to demonstrate they are able to do something.
1.14	Be able to monitor and evaluate the quality of podiatric surgery practice and use that evaluation to improve practice	One respondent suggested that this standard could be enhanced as follows: • Be able to **demonstrate that he or she is monitoring and evaluating** ~~monitor and evaluate~~ the quality of podiatric surgery practice and **using** ~~use~~ the evaluation to improve practice Another comment received was that this standard should be reworded to refer more clearly to the need for ongoing audit.
1.15	Understand the importance of participation in training, supervision and mentoring	One respondent suggested that the wording of this standard should include involvement in training, supervision and mentoring in line with professional standards.
1.16	Understand the role of the podiatrist practising podiatric surgery within a multi-disciplinary team	One respondent recommended including evidence of multi-disciplinary working.
1.17	Be able to use intermediate life support and deal with clinical emergencies safely	One respondent suggested that the standard should read: • Be able to use **immediate** ~~intermediate~~ life support and deal with clinical emergencies safely