THE

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ALLIANCE

JOURNAL

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Editorial Policy

The Journal publishes articles of interest to private sector practitioners. The Editor determines the balance and content of the Journal. Opinions expressed in articles published do not necessarily represent the views of the Editor, or the Alliance. Opinions remain those of the authors, and neither the Editor, nor the Officers accept any responsibility whatsoever for views expressed by contributors or individuals, or any loss consequent upon following advice published in this Journal. The veracity of material presented for publication is accepted in good faith, and it is the responsibility of any individual intending to act upon material published to establish the value of such material before acting upon it.

There is no obligation or undertaking given to publish submitted articles, and the Editor reserves the right not to publish, or to hold material over to later editions in the event of surfeit of material.

Deadline for next issue

All copy intended for entry into the 80th edition must be with the Editor by 31st July 2023.

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EDITORIAL

Once again, the private sector in which we work is under attack. This time, the intention is to link our standards to those of the Allied Health Professions and the NHS. If we allow this to happen, the private sector would always be defined by standards not of our making.

Following upon the deliberations of the Foot Health Consortium and subsequent publication of the Standards for the Foot Health Workforce, the position of the College of Foot Health Practitioners has not changed, nor has that of the Alliance of Private Sector Practitioners.

These Companies:

- remain committed to an independent private sector that is not podiatry as presently defined,
- continue to recognise and promote the Accredited Register of Foot Health Practitioners approved by the Professional Standards Authority,
- do not train for the NHS,
- do not wish to be associated with the recent failure of podiatry, or its recovery,
- do not wish to be associated with the failings of the NHS.

"When Health Education England recognised Foot Health Practitioners as part of the support workforce in the NHS in England for the first time in 2020….."…..

We are <u>not</u> *part of the support workforce in the NHS in England….* HEE 'recognised' FHPs for the first time in 2020, having been advised by the Society of Podiatrists who constructively denied our existence for 20 years, when they saw us as *'a solution to their recruitment problems*'. We are **<u>not</u>** that solution**. We train Independent Private Sector Practitioners to work in the independent private sector.**

If, and when the Royal College of Podiatry dares to approach us with the intention of approving our courses, they will be shown the exit. There will be no 'buy in' - we do not intend to train workers to subsequently work for the NHS.

Read our Mission Statement:
'The purpose of the Alliance is to promote Private Sector Practice and support safe delivery of service to the public by registration, education, and skill-enhancement'

…it says nothing about working for the NHS.

The College of Foot Health Practitioners continues to train to Level 4 because the College identifies this as the level appropriate to private practise, but at no point will deliberately set out to recruit for Podiatry. This College will not be subjected to accreditation of its courses and its training by HEE, Allied Health Professionals, the College of Podiatry, or any of their appointees.

The College of Foot Health Practitioners and the Alliance of Private Sector Practitioners are both legally established companies whose stated purpose is to train and support private sector practitioners. We will not be diverted from our stated purpose.

WHAT MAKES FOR GOOD TRAINING?

Some students express the desire to have every divisible part of the job demonstrated and would wish to be shown how to deal with every case 'step-by-step'; essentially how to 'do it by numbers' or by 'reference to a check list'. There are many reasons that this cannot be done.... every case is different, lack of sufficient examples of the particular lesion, time restraints, need of development of 'discretion', etc. This 'rote' style of teaching is not appropriate to the transfer and development of the range of skills necessary to pursue this occupation safely.

This is why we teach....
-principles.... overarching fundamentals, such as 'recognise the lesion', 'reduce the mass of infected tissue and treat that which remains', 'reduce the mass to allow better function', etc.

-knowledge.... the reason behind the coursework, why 'lack of underpinning understanding is potentially dangerous', the reason we set an 'assessment',

-diagnosis... positive recognition of the lesion, understanding of why it occurs and the reasons behind the decision to treat,

-discretion.... understanding 'when not to....' in cases where to proceed might make the situation worse or would be to take 'unacceptable risk', or alternatively, to proceed when that risk can be mitigated by appropriate management,

-clinical skills.... 'how to communicate the benefit of our intended action', 'how to effect the correction when the client is conscious of what we are doing', and 'how to avoid unintended consequences', such as pain, loss of function, or infection,

-technical abilities.... selection and application of the best way of going about a task, and the manual dexterity essential to achieve the desired result,

-use and manipulation of tools, instruments, and materials by which to safely achieve the intended outcome,

-treatment planning for long-term benefit, the aim of treatment to achieve a lasting beneficial outcome,

-nail management.... nail cutting is exactly that and falls far short of skilled nail correction and management. It should include gross reduction where necessary and correction of errant growth for optimal function,

-aesthetics.... this is not 'beautification' as such, but a recognition that 'if it looks right and is shaped correctly, it will deliver better function'. The human form, presented as nature intended, without blemish, is always pleasing, and correction towards this ideal is much sought after - this is the real aesthetic. There is an extensive and lucrative commercial industry based upon 'enhancement' and 'adornment'. A considerable amount of human activity and commerce is directed towards presenting the sow's ear as a silk purse, and there is no end of sows with ears and purses.

Initial training needs to be directed towards the development of skills. Skilled workers apply the above principles naturally and instinctively following proper training. The 'finishing-school' of training is experience in practice, in which the taught skills are polished by the daily pressures of competitive application.

This is where university education fails, because practice demands development of practical and technical skills - that fusion of practical ability guided by knowledge and discretion. These essential skills cannot be acquired by reading, writing, researching, and referencing. Skill development must be valued before academia if we are to realise the full human benefit that our efforts can achieve, and only then if our clients' welfare is the essential focus, rather than rhetoric or statistical outcomes.

Universities (government promoted commercial businesses) have vested interest in pushing the academic agenda, and those employed in academia have vested interest in the pursuit and propagation of perceived 'status'. The reality is that a dressing applied at the right time is as likely to save a limb as having a degree.

'2020 marked a record year for student complaints with industrial action and the impact of Covid-19 leading to major changes to university provision and course delivery. The Office of the Independent Adjudicator (OIA) reported a record level of complaints across 2020, with 2,604 student complaints registered'. …….. Callum Clark.

Foot health practice presented by dexterous and intelligent tutors and undertaken by students capable of acquisition of the appropriate skills is a much better match for the development of the engaged and effective practitioner. And students that invest in their own training are much better motivated than students who have their training paid for, or part-funded by the state.

The private sector ensures that the public benefit from early response and mature, caring, and empathetic practitioners that are not infected with university and corporate ideology and dogma.

Assistant Practitioner (Podiatry) Scope of Practice

Administrative Skills:
Information Management
Communication Skills
Health and Safety
Equality
Stock Management
Record Keeping Caseload Management
Assist in research data Collection

Clinical Skills:
Patient Preparation
Clinical environment preparation
Pathological nails (low risk patients)
Non-pathological callus (Footfile/Moores Disc)
Wound management (low risk – treatment plan delegated by podiatrist)
Physical therapies in accordance with a care plan
Application of skin care products
Application of emollients
Assist in application of dressings/re-dressings
Orthotics casting , manufacture and supply
Assist in nail surgery
Basic Life Support

Miscellaneous duties:
Health education
Footwear advice The Royal College of Podiatry (rcpod.org.uk)
Diabetic screening (according to an agreed proforma)

Case Load:
Some pathological nails
No, low or moderate medical need in combination with no/low podiatric need.

Instruments:
Nail clippers, nail files, drill (including Moores Discs), skin dressers, monofilament and tuning fork.

Delegation

When a podiatrist delegates a task, or temporarily transfers the care of a client or patient to an assistant practitioner, they are responsible for the outcome.
Before delegation of a patient takes place the patient must be assessed by a podiatrist and must be re-assessed every 12 to 18 months. This will safeguard all parties involved i.e. the podiatrist, the assistant practitioner, the employer and the patient

The podiatrist must ensure that they have appropriately assessed the patient and that the assistant practitioner to whom they have delegated:

- Understands what is expected of them and has a clear written treatment plan with expected outcomes with target dates
- Has the knowledge, skills and recognised qualification or experience to carry out what you have asked them to do safely and effectively
- Is appropriately supervised
- Is aware of when and under what circumstances the patient should be referred back for a reassessment
- Is able to refer the patient back to you or another podiatrist without delay/immediately if they are uncertain or concerned in any way as to the patient's changed health status or their response to the treatment being provided

If the assistant practitioner tells the podiatrist that they are unwilling or unable to carry out a particular task or to continue with the care of a particular patient, the podiatrist must not endanger the patient by forcing them to do so. The podiatrist should explore the reasons and identify any training issues before making any decisions as to what to do.

Supervision

Appropriate supervision does not necessarily mean that the assistant practitioner (podiatry) needs to be working in the same location. Providing work has been delegated according to their level of knowledge and skill, then it should be sufficient to be available for reference. However delegated work should annually be reviewed in line with the agreed treatment plan.

https://rcpod.org.uk/events-and-courses/assistant-practitioner-training/scope-of-practice

Can you find another corner on which to place a blue light?

The cost of blue lights and elaborate paint jobs must cost the NHS (us) an absolute fortune. Much of this is not necessary and is symptomatic of the culture of unfettered procurement and uncontrolled purchasing. Is it necessary that ambulances 'glitter' with synchronized blue and white lights? Do motorists really need to be 'machine-gunned? Ambulances used to be equipped with a single bell which was fully effective. It was actually easier to determine the direction from which the sound was coming.

RADIO REPORT– 16TH NOVEMBER 2022

I listened with interest to an article on Radio 4 this morning, soon after 8.00 am. It concerned the waiting times for surgery in Northern Ireland that are said to have grown in length since the covid-19 lockdown. According to the article, one person in four in NI is on a waiting list for surgery. Apparently, this is leading to a certain amount of Irish humour….

"-when a baby is born, we put their name down for a hip replacement…"

The waiting times for general surgery currently exceed five years….

-by Lesley Anne McKeown BBC News NI.

Some people in Northern Ireland are waiting **seven years** for a medical procedure, BBC News NI can reveal.

Waiting lists: Patients waiting up to seven years for procedures - BBC News
www.bbc.co.uk/news/uk-northern-ireland-57435683

Public satisfaction with NHS sinks to lowest level ever recorded in damning report.

-by **HANNA GEISSLER - DAILY EXPRESS HEALTH EDITOR**
00:00, Wed, Mar 29, 2023 | UPDATED: 19:12, Wed, Mar 29, 2023

'Satisfaction in NHS has now dropped to the lowest level ever recorded thanks to long waiting times and widespread staff shortages.
'Although the public still overwhelmingly support the NHS's founding principles, including care free at the point of use, just 29 percent said they were now satisfied with it in the British Social Attitudes survey.
'The crisis in the NHS means 7.2m people were waiting for treatment in January with 3 million waiting over 18 weeks.
'The battle to try and reduce the backlog has been hampered by low staffing levels with 137,000 unfilled posts across the NHS and industrial action by nurses and junior doctors.'

MANAGING DIRECTORS REPORT

Dear Members,

I would like to thank all our members who attended the Annual Conference on 1st and 2nd October 2022. As a new venue, it turned out to be an excellent platform to stage our event and of course now we know The Village Hotel, Solihull, and they are aware of our needs moving forward, we have decided to hold the Alliance Annual Conference 2023 at the same venue. It was wonderful to receive so many positive comments and thanks from you. Please note the date for your diaries as **Saturday 31st September and 1st October 2023**. The Booking Form is included with this Journal and can be found on The Alliance website and the Colleges' Facebook page.

I am often asked how members can obtain their CPD points. May I remind you that there are numerous CPD downloads on the Alliance website and various Master Classes at the College of Foot Health Practitioners: 0121 559 0180 admin@collegefhp.com that you can book yourself onto. Another excellent way of obtaining your CPD is to write a short case study of a before and after treatment of one or two of your patients. Do always include very clear before and after photographs which can even sometimes be included into the Journal. It is always interesting to see the treatments practitioners have carried out through diagnosis and results, particularly for our newly qualified Foot Health Practitioners. You may consider providing evidence of a talk that you have given to an organised group regarding the care of feet and the reasons it is important to see a Foot Health Practitioner. This could be at your local community centre, care home or women's group etc.

There are now many companies and individuals organising events and webinars promising CPD outcomes. You will also be aware that there are numerous so-called colleges and online courses for Foot Health Practitioners. Many are teaching to Level 3, or lower. These offer no real professional qualification, or indeed protection of the public.

The Alliance is closely regulated and audited by the Professional Standards Authority for Health and Social Care (PSA) and is responsible for setting the standard of education for Accredited Register registrants, so CPD from lesser providers is not always acceptable. Remember that Continuous Professional Development is about developing your professional abilities… it is not continual revision of basics.

When you submit your CPD downloads, please include a Reflection Form. These are also available to download from The Alliance website.

Please do check the Alliance website for any important notices, updates of events, CPD downloads etc.

Will all members please keep a check when their Alliance membership is about to expire and ensure that all your contact details including address, contact mobile/telephone number and email address are up to date. There have been occasions when members have called stating that they are not listed on the Accredited Public Register or indeed have not received their Journal or any correspondence from the Alliance. It is important to advise not only Balens of any change in your contact details but also The

Alliance. We cannot contact you if your details are incorrect or you have not renewed your membership.

On a positive note, The Alliance has again completed a successful audit with the Professional Standards Authority (PSA). Again, my thanks to all our members who were selected for their CPD audit. For those members who have been selected for the 2022/2023 audit, please ensure that evidence of your completed CPD is sent to the Alliance office no later than Friday 26th May 2023.

Finally, these have continued to be difficult times for us all. Although the government has lessened COVID-19 restrictions for the general public and businesses, it is important that practitioners continue to be vigilant and protect not only themselves, but their patients. It has also been a time when the services of Foot Health Practitioners have never been more needed within the community to sustain the health and wellbeing of the elderly and most vulnerable.

My very best wishes to you all!

Gilly

Humans shed about 600,000 particles of skin every hour, about 1.5 pounds a year.

By 70 years of age, an average person will have lost 105 pounds of skin.

HOW WE STARTED

My husband and I qualified in November 2021 and Jan 2022. We then began practicing on an entirely domiciliary basis in Liverpool and we are amazed by the success of our small business in year one.

We now provide foot care to 9 local care homes and the number of patients in the community requiring our service grows month on month.

We really enjoy our work. It's so satisfying to meet new people every day and with most people rebooking they often become valued acquaintances with whom we look forward to catching up. It's such a privilege to be able to improve the appearance of a bad fungal nail infection or ease the pain of the dreaded ingrown nail.

We only wish we'd started this career in our twenties. It's been an amazing journey so far and we are so excited to continue to grow the business this year and for years to come.

Sincere thanks to the college and all the staff for unlocking the potential of this wonderful career in foot care.

Anna and Dean Harvey
Mersey Foot Care

Foot Health Practitioner

Location: Devizes & Marlborough (Wiltshire)

Salary: £27,000.00 - £33,000.00

Hours: Full Time (Part-time hours considered, minimum 32 hours)

Why should you come and join the team at Hatt's?

You want to join a team who look after you from the moment you accept the job offer, with a structured induction plan, regular performance and pay reviews and an external training budget.

You like the idea of working in smart, modern clinics (with the added bonus of air conditioning for those hot summer months), alongside a friendly and supportive team.

Perhaps you want to improve your own health and wellbeing? We will give you a free weekly Strength & Movement or Pilates class (you choose) and a generous 50% off our other services.

You share our passion to keep people moving and active throughout their lives and want the opportunity to use your knowledge and skills to help us deliver that.

What will I achieve in my first 12 months?

Starting with a structured induction plan, you'll progress step-by-step until you're fully equipped with the tools and knowledge you need to start treating our patients.

You'll develop an understanding of all of the services we offer and be an important part of our multidisciplinary team, learning how to make recommendations and refer patients to our other services when required.

You will enjoy a varied caseload that includes general foot care, verruca and fungal nail treatments.

You'll be given regular feedback, performance reviews and training opportunities. In return, you'll be sharing your knowledge with your team, learning from other health professionals and supporting their growth in return and seeking ways for us to continually improve our Podiatry service.

Finally, let's not forget that you will also be attending a social event or two (or three..) which will help you build relationships and have fun.

Okay, I like the sound of this. What do you need from me?

We're happy you asked…

You'll need:

- A recognised Foot Health Practitioner Qualification.
- To enjoy working as part of a team (and making the most of an active social calendar).
- To welcome and encourage feedback and coaching in order to develop your skills.
- A solution focused approach.
- The energy and drive to help us deliver our mission – to keep people moving and active!
- A passion for all things Podiatry and a desire to be challenged to be the best you can be.

If you identify yourself in the above, we would welcome an application from you.

To apply, you'll need to send your CV and cover letter to jointheteam@hattclinic.co.uk

We're passionate about FIVE things:

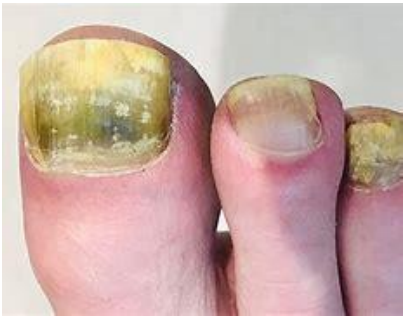
OUR TEAM | OUR CUSTOMERS | HEALTH & WELLBEING | GOLD STANDARD SERVICE | SHARING OUR SUCCESS

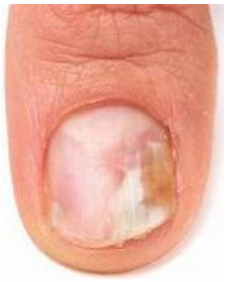
ONYCHOMYCOSIS

-by Ruth Stewart FPSPract

Onychomycosis, otherwise known as fungal nail. This condition can be caused by a dermatophyte infection, Trichophyton, or a yeast infection such as Candida albicans. This condition may be a primary condition, secondary to a bacterial infection or associated with a systemic condition, such as diabetes mellitus. Nail mycosis is often left too long by the individual due to it usually being painless at the beginning, most people ignoring or misreading the symptoms or simply thinking it will go away of its own accord. We tend to ignore our feet, despite how much we depend on them, and unless we are in pain, we give them little attention.

Nail mycosis is a highly contagious and irritating infection, because the nail plate not only protects the sensitive tips of our fingers and toes but also serves as a protection against pathogens entering the tissues beneath and around the nail. Toenails are four times more likely to be infected than fingernails.





One in five people are affected by nail mycosis. Here in the Falklands I see and treat many cases, it does not help that we live in a cold climate. This means our feet are often not getting enough ventilation, due to us bundling them up in thick socks and warm footwear. The nail fungi thrive in dark, warm, moist environments. The fungi can live and remain in your shoes for a couple of days. Individuals who wear footwear such as wellington boots, steel toe caps and trainers are more at risk of fungal nail conditions. Fungal nail, Onychomycosis, can also be induced by trauma to the nail. I have seen several cases where contact sports, such as football have resulted in the condition, also trauma caused by injuries such as horses standing on an individual's feet. Horses do not lift their feet off, they drag them causing severe damage to a nail, often beyond recovery. Trauma can also be caused due to incorrectly fitting footwear, such as too tight, too narrow, or too small.

Approximately ten million men and women suffer from mycotic nail infections, making it a widespread health issue. I chose to write this article to help inform individuals of the condition, there is a stigma attached to this nail dystrophy, often causing the individual to be self-conscious and embarrassed, thus preventing them from seeking advice and treatment in the early stages. Women in particular, are more likely to want to display their toenails in open shoes. Women tend to put nail varnish over the top to disguise it, this is not recommended as it prevents the nail from breathing. I would advise the following individuals to be particularly cautious when it comes to the health of their nails.

- People over 50
- People infected with nail mycosis
- Diabetics, who are more prone to infections and possible ulceration.
- People who suffer with circulatory conditions of the hands and feet
- People who expose their feet to extreme mechanical strain, - here would be football and badminton players, and runners.

TREATMENT

I would firstly advise against any old wives' tales you may have been told. Since I started this service three years ago, I have been informed by individuals that they have used home remedies such as soaking the nails in chlorine detergent, a mixture of vinegar and water, also solutions of bleach and washing detergent. None of those I have just mentioned will eradicate the mycosis, in fact, the sufferer will wind up with a clean, yellow fungus. You will not have to worry about where the yellow or brown went, it will still be there. In addition to this you could end up with further issues due to the potency of the products used. Do not attempt any drastic measures of filing the nail, I had one individual who over-zealously filed the nail into almost total nonexistence. Once nail fungus has been diagnosed treatment that is

relatively simple and painless can begin. The signs of fungal nail are:

- Distorted shape of the nail
- A thickened nail
- A brittle, crumbly, ragged nail
- Discoloration, yellow, brown, white.

If the infection is mild, a topical antifungal treatment purchased from myself, or over the counter can be applied. Suggested regular visits to myself are recommended if the nail requires filing down. Treatment takes a lot of consistency and patience on behalf of the individual. You may never eradicate it entirely; a Podiatrist will give you the same information. It can take up to two years to clear a case of Onychomycosis, depending on the severity, and even then, it is not guaranteed. Firstly, the shoe situation should be assessed. There is no point in treating onychomycosis if, for example, the person is continually having to wear steel toe-capped boots. You can treat it, prevent it from escalating, but you will not resolve it entirely without changing the contributing factor. If the mycosis is more obstinate, a stronger cream or solution will be needed, I don't provide these and you can't purchase them over the counter. A systemic medication such as Terbinafine (Lamisil) is prescribed by a doctor… this is an antifungal pill taken daily for a period of approximately 3 months. The effects of this medication are not instant. The medication kills the fungus at the matrix, as cells divide, and therefore it can take twelve to eighteen months to see the results, despite the individual only taking the drug for three months. A year to a year and a half is the normal length of time for new nail growth to replace the infected tissue. It is my belief that these drugs are about 80 percent successful. A doctor will weigh up the risk of the fungal infection against the side effects and health of the individual. Regular blood tests are recommended whilst taking the drug, due to the adverse effect it can have on the liver. Individuals such as diabetics, elderly and immunocompromised individuals will be advised against systemic treatment. Finally, here are a few tips to help with onychomycosis, in cure and prevention.

- Wash your feet frequently
- Never share nail files, towels, nail clippers or nail varnish
- Avoid going bare foot in public places such as the swimming pool/gym, use sandals/slides
- Keep your nails trimmed and filed
- Wear clean socks every day, alternate your shoes
- Wear breathable footwear that fits correctly
- Disinfect the bath/shower tray after someone who has fungal nail
- Where possible avoid spending a long time in steel toe cap boots, trainers, and wellington boots.
- Choose cotton socks where possible
- Use an athlete's foot aerosol in footwear.

I hope that this article has been informative and helpful to anyone suffering with this condition, or treating it.

Ruth Stewart DipCFHP, FPSPract(hon), DipDM

Thank you, Ruth,

-and thank you to all of our contributors!

Article submission merits CPD if it informs or guides colleagues

Mandy Woods submitted her article on Sundowning – page 17 - for CPD. We are pleased to publish it here as it is plainly of interest to all practitioners. Mandy has been awarded 20 cpd points for this.

ON THE NAIL

D	E	R	M	A	T	O	P	H	Y	T	E	S	X
M	T	I	I	I	I	E	D	N	L	P	E	T	G
T	L	A	G	N	U	F	Y	O	L	O	L	N	R
E	X	A	I	C	C	A	E	I	A	P	O	E	I
R	P	D	V	E	I	E	E	S	M	M	Z	M	S
B	E	I	M	P	T	Y	T	L	I	H	A	E	E
I	M	D	A	O	Y	Y	R	U	S	V	N	D	O
N	Y	N	T	N	H	E	R	V	I	F	O	I	F
A	C	A	R	Y	P	T	N	A	L	E	C	R	U
F	O	C	I	C	O	A	I	R	E	T	A	B	L
I	L	N	X	H	R	O	I	N	S	Y	R	E	V
N	O	N	F	I	P	I	E	A	E	O	T	D	I
E	G	R	I	U	A	D	E	A	I	A	I	I	N
M	Y	N	T	M	S	Y	E	A	E	H	D	T	O

CANDIDA
FUNGAL
DERMATOPHYTE
DEBRIDEMENT
YEAST
GRISEOFULVIN
SAPROPHYTIC
AVULSION
TINEA
LAMISIL
ITRACONAZOLE
TERBINAFINE
MATRIX
MYCOLOGY
EPONYCHIUM

Find the words in the grid

Play this puzzle online at : https://thewordsearch.com/puzzle/4271473/

Hi Folks.

Sorry I could'nt come for Christmas,

– I had avian flu.

Yours.... (perhaps next year),

Turkey

NAIL RECONSTRUCTION

Fuzion is an aesthetic reconstruction and remodelling system. Curable in both UV and LED light, the technique can be used for improving nails damaged by trauma, infections or after ingrowing toenail surgery. It can also be used in orthonixia – nail bracing – in the treatment of ingrowing toenails and involution. Fuzion can be used safely on both hands and feet as a simple protective overlay. The course comes with a comprehensive starter kit (including state of the art white LED curing light) worth over £200 which will enable the FHP to be able to start reconstructions immediately.

Lunch will be provided.

10 Continuing Professional Development (CPD) points on successful completion

Fee: £350

Can be paid as a first payment of £200, and three payments of £50 a month

Dates for 2023
-subject to minimal enrolments and model(s) being available….

June 11th
10th September
12th November

10.00am to 4.00pm

0121 559 0180 to book

CHANGES TO CPD

Low value CPD is only revision, at best, and has little or no professional development value. Simply hearing about a new topic is not sufficient. The whole purpose of CPD is to develop (advance or improve) your business practice, technical skills, and professional understanding, and must be of sufficient depth and quality to assure that advancement, complete with consequential research and referencing of your activity. It should also be relevant to our primary activity….

(think: level 4 CPD).

Cut-and-paste and dismissive, minimal work is not acceptable, and these tests will be applied. This may result in submitted work being credited with less than expected return.

Note that CPD certificates will no longer be posted but when received by email can be saved electronically or printed and kept in your portfolio. Acceptance of CPD will in future be confirmed by email and achievements will be electronically recorded on the newly revised and expanded register database.

HOW TO PERFORM NG19 AND BROADEN YOUR PRACTICE

NG19 is a guideline published by NICE (National Institute for Health & Care Excellence), 2015 and updated in 2019. It is intended that every person that is diabetic should have at least an annual foot check, but many patients report that this is not made available to them as intended.

Diabetes is one of the most common chronic health issues affecting the UK population and its prevalence is increasing. By 2025 it is estimated that 5 million people in the UK will have diabetes. The life expectancy of people with diabetes is shortened by up to 15 years, and 75% die of macrovascular complications.

- **This is a standalone course of 4 hours duration.**
- **Venue: The College of Foot Health Practitioners**
- **10am start – 2pm finish**
- **Completion merits 15 CPD points**

UREA IN FOOT HEALTH PRACTICE

-many of the products that we use have it in their formulation

Urea, also known as carbamide, is an inorganic compound with chemical formula $CO(NH_2)_2$. Urea serves an important role in the metabolism of nitrogen-containing compounds by animals and is the main nitrogen-containing substance in the urine of mammals. It is a colourless, odourless solid, highly soluble in water, and practically non-toxic. Dissolved in water, it is neither acidic nor alkaline. The body uses it in many processes, most notably nitrogen excretion. The liver forms it by combining two ammonia molecules with a carbon dioxide molecule in the urea cycle. Urea is widely used in fertilizers as a source of nitrogen and is an important raw material for the chemical industry.

Urea is synthetically made and is included in the formulation of cosmetics, creams, and ointments for application to the skin. Urea is produced on an industrial scale: In 2012, worldwide production capacity was approximately 184 million tonnes.

Urea keeps the skin moist by drawing water from the deeper layers of the skin and the air. It has the property of hydration – finding and then retaining moisture in the skin, and the percentage of urea included in the formulation is determined by its intended use:

3% in cosmetic creams
5% in hand creams (CCS Hand Cream, Eucerin)
10% in foot creams (CCS Foot Care Cream, Laufwunder Hydrobalm, Dermatonics, etc.)
25% in heel balms (Flexitol, Dermatonics Heel Balm, etc.)
30% in Flexitol Platinum Express Heel Balm, Paraderm, Evaline Revitalum

It is said that if you use a 10% urea foot cream on your hands, you will spend the rest of the day looking for a towel.

Urea 'opens the skin' to allow other agents in. By placing 25% urea cream beneath silver-gel sheet, the skin will become macerated sooner, transfer of silver will begin earlier, and be better distributed in the skin.

Urea Topical Dosage

Medically reviewed by Drugs.com. Last updated on May 17, 2022.

Usual Adult Dose for Dermatological Disorders

Urea 30% foam:
Urea 35% foam:
Urea 35% lotion:
Urea 39% cream:
Urea 40% foam:
Urea 42% foam:
Urea 45% emulsion:
Urea 45% solution:
Urea 50% emulsion:
Urea 50% ointment:
Urea 50% suspension:
Apply to affected skin twice/day.
Urea 40% emulsion:
Urea 40% suspension:
Urea 42% pad:
Urea 45% gel:
Urea 50% cream:
Urea 50% gel:
Apply to nails or affected skin twice daily.

Side effects or risks

Urea creams and ointments appear on the World Health Organization's list of essential medications for a basic healthcare system. This is due to its:

- safety
- effectiveness
- affordability

According to the Cosmetics Info database, short- and long-term studies have found that even in large doses, urea seems to be safe for topical use with a low risk of side effects. Urea may increase the absorption of some of the other ingredients in the product. It's also possible to have an allergic reaction that causes more severe symptoms. If you experience symptoms like trouble breathing or a rapid heartbeat, you should seek medical attention immediately.

Urea products are generally not recommended for children under 2 years old.

✨**Part-time Foot Health Practitioner position**✨

We are looking for a new Podiatrist/Foot Health Practitioner to join our busy friendly multi-disciplinary clinic in Godmanchester, Cambridgeshire.

One of our practitioners will be retiring shortly. Even prior to him leaving we are struggling to manage our patient load.

So we are looking for a podiatrist/foot health practitioner to cover his patients and take up the slack to reduce the pressure on our existing podiatrist.

We are in the fortunate position to also have a long-standing contract with a local business which always means we have a steady flow of patients even in traditionally quiet periods.

We can be flexible over days and times etc. but we are looking for someone to cover 1-2 days with a view to building further.

We also have a therapeutic K Laser which we find as a useful adjunct and any new practitioner will be given training in how to use this.

We have a large free car park at the rear of the clinic and we are well situated with good road and rail routes, being minutes away from the A1 A14 and only 20 minutes away from Cambridge.

For any more information or to show your interest in the position please contact me via email: admin@centreforcomphealth.co.uk

Thank you,

Jane Morris

Clinic Director

Centre For Complementary Health

6 Cambridge Road

Godmanchester

Cambridgeshire

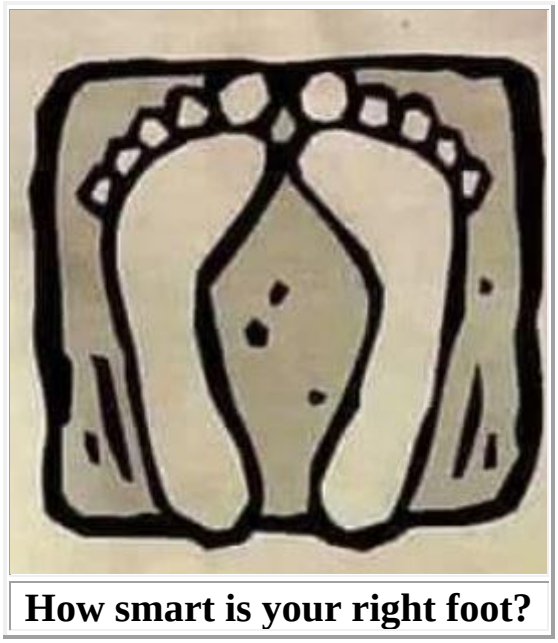
PE292BW

www.centreforcomphealth.co.uk

How smart is your right foot?

This demonstrates that our brains are not altogether perfect and do suffer from wiring problems….

1. While sitting in the chair, lift your right foot of the floor and make clockwise circles.

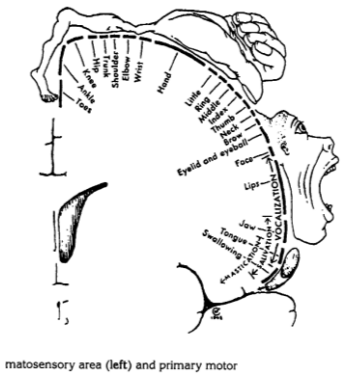


How smart is your right foot?

2. Now, while doing this, draw the number '6' in the air with your right hand. Your foot will change direction…

…and there is absolutely nothing you can do about it!

About 25% of the motor cortex in the human brain is devoted to the muscles of the hands.



Homunculus of the motor complex

The parts controlled are represented proportionally.

Observe the extent of the motor cortex controlling the hand, and particularly the thumb.

Similarly, the parts controlling face and muscles of expression indicate the importance to the human of facial communication.

This Journal has been produced at a time of wide discontent. There have been recent strikes by postal workers, rail workers, teachers, nurses, doctors, and others There is much concern around the cost of living in the UK and conflict around the world that will keep us all poor for a generation.

However, we have much to be thankful for, even in these troubled times. We have our skills and a good measure of autonomy. Most of us have as much work as we need, and our services are appreciated by our clients.

Don't get left behind. Now is the time to raise your fees, if you havn't already done so. Our clients have to accept that costs are going up in every walk of life.

SUNDOWNING

-by Mandy Woods MPSPract

During my fifteen years as an FHP, I noticed that some of my patients with Dementia react differently to their treatment depending on when I visit. Some became more restless and want to wander when previously they enjoyed the treatment and wanted to sit and chat. Others can get an aggressive tone to their voice and ask you to stop or try to push you away. I casually mentioned this to a member of the Care staff in a Care Home I visit assuming she would say some of our residents have good days and bad days, but she said… "it's the afternoon – some of our residents have Sundowning syndrome." This is something I had never heard of before, so I decided to do some research.

1. Vascular dementia is caused by reduced blood supply to the brain due to diseased blood vessels.

   To be healthy and function properly, brain cells need a constant supply of blood to bring oxygen and nutrients. Blood is delivered to the brain through a network of vessels called the vascular system. If the vascular system within the brain becomes damaged – so that the blood vessels leak or become blocked – then blood cannot reach the brain cells and they will eventually die.

   This death of brain cells can cause problems with memory, thinking, and reasoning. Together these three elements are known as cognition. Where these cognitive problems are bad enough to have a significant impact on daily life, this is known as vascular dementia.

Some of the most common symptoms of dementia can be:

- problems with planning and organising, making decisions, or solving problems
- difficulties following a series of steps (e.g., cooking a meal)
- slower speed of thought
- problems concentrating, including short periods of sudden confusion.

A person in the early stages of vascular dementia can also have difficulties with:

- memory – problems recalling recent events (often mild)
- language – e.g., speech may become less fluent
- visuospatial skills – problems perceiving objects in three dimensions.

As well as these problems the patient can become depressed, anxious, and experience extreme mood swings…. Sundowning is another.

Sundowning is a term used for changes in behaviour that occur in the evening, around dusk. Some people who have dementia experience a growing sense of agitation or anxiety at this time. Sundowning often makes the person with dementia feel very strongly that they are in the wrong place. They might say they need to go home, or that they need to pick up the children from school, even though they are now adults. Other symptoms might include shouting, arguing, pacing, or becoming confused about who people are or what's going on around them. As darkness falls, streetlights come on and people settle in for the evening. These changes can make the person increasingly concerned that they need to be somewhere else, or that they have forgotten to do something vital during the day.

Sundowning can be eased by using distraction techniques.

- Go into a different room, make the person a drink, have a snack, turn some music on or go out for a walk
- Ask them what the matter is. Listen carefully to their response and if possible, see if you can deal with the reason for their distress
- Talk in a slow, soothing way
- Speak in short sentences and give simple instructions to try to avoid confusion
- Hold the person's hand or sit close to them and stroke their arm
- Follow a daytime routine that contains activities the person enjoys, like going for a gentle walk or visiting the shops
- Try to limit their intake of caffeinated and alcoholic drinks. Instead, offer caffein-free tea, de-caffeinated coffee, cola or alcohol-

free drinks. You might want them to stop drinking alcohol altogether

- Try to limit daytime naps to encourage them to sleep well at night
- Close the curtains and turn the lights on before dusk to ease the transition into night-time
- If possible, cover mirrors, windows and glass doors with a towel, sheet or curtain. Reflections can be confusing for people with dementia
- Avoid large meals in the evening as this can disrupt sleep patterns
- Introduce an evening routine with activities the person enjoys, such as watching a favourite programme, listening to music, stroking a pet, etc. However, try to keep the television or radio stations set to something calming and quiet – sudden loud noises like shouting can be distressing for persons with dementia.

I was surprised to find that sundowning is something that affects so many people with dementia but is something that is not widely known about. I'm glad that this was something that, having observed it in real life situations, I could learn a little more about it. Having this new understanding, I will try to arrange my appointments so as not to conflict with the visits of Doctors and Nurses. Where possible I make appointments in the morning or early afternoon. As a further way to avoid confusion as to who I am and why I'm visiting I now choose to wear work tunics that are bright colours so I can be identified as someone different to other care providers.

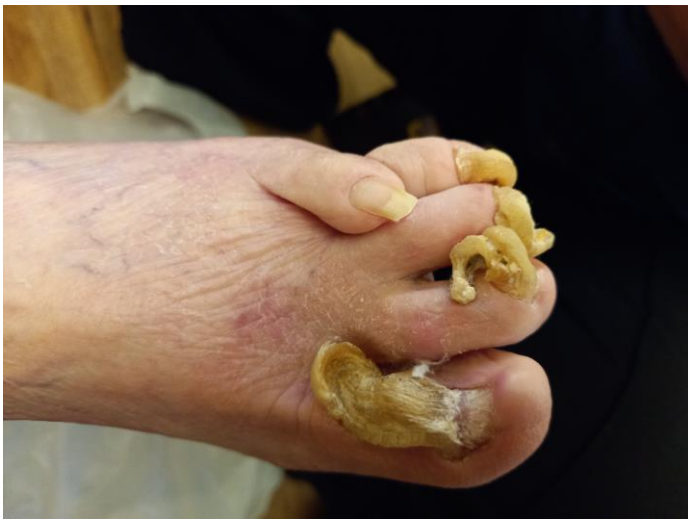
References

https://www.alzheimers.org.uk/about-dementia/types-dementia/risk-factors-vascular-dementia#content-start

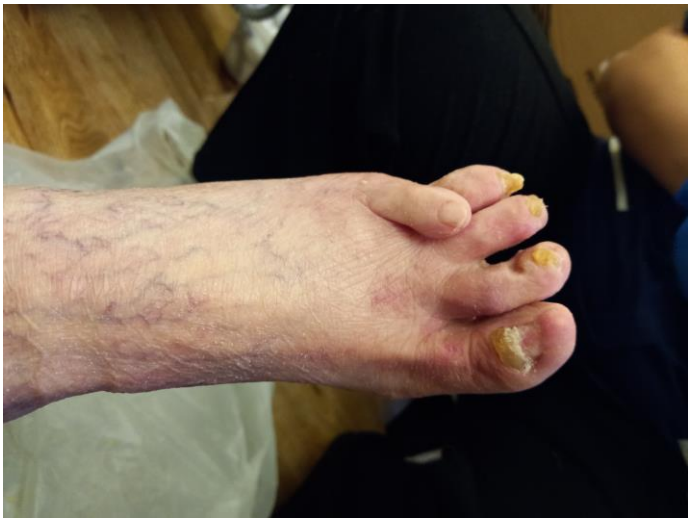
https://www.dementiauk.org/get-support/understanding-changes-in-dementia/sundowning/

WHERE TO START?

On visiting a new client, Danielle was confronted with a pair of grossly neglected feet. The nails were threatening re-entry and must have been painful to live with. The patient was fully *compos mentis*, which is unusual in cases of this severity.



The picture below was taken half-way through the treatment session before the application of dressings….



Fortunately, as private sector practitioners, we simply get about it and work our way through to deliver comfort and a better state. It is still surprising that cases like this arise in a country with a population of 67 million people (2020), where one and a quarter million people are directly employed by the NHS.

Danielle Hickman is the Administrator at the College of Foot Health Practitioners. Thanks Danni, for sharing this case with us.

MASTERCLASSES 2023 0121 559 0180 to book

Wednesday 28th June am Assessment of the Foot pm Protection of the Foot	☐ ☐	Identification of the 'at risk foot' Defence of the 'at risk foot'
Thursday 29th June am Verruca Workshop pm Ingrowing Toenail Workshop	☐ ☐	The pathology and treatment options The problem and guidance on treatment
Wednesday 6th September am Assessment of the Foot pm Protection of the Foot	☐ ☐	Identification of the 'at risk foot' Defence of the 'at risk foot'
Thursday 7th September am Diabetes pm Assessment with Doppler	☐ ☐	Understanding Diabetes – why the concern? What it does and what it tells us.
Wednesday 27th September All Day *First Aid Course (3 year certification)	☐	Training will be conducted by The Training Service Ltd
Thursday 5th October am Verruca Workshop pm Ingrowing Toenail Workshop	☐ ☐	The pathology and treatment options The problem and guidance on treatment

Each Masterclass is of 3 hours duration.
Venue: College of Foot Health Practitioners
Note: AM SESSIONS ARE 10.00 'til 1.00 PM SESSIONS ARE 2.00 'til 5.00

The cost of each Masterclass (am or pm) is £80 incl of vat. Where two Masterclasses are held on the same day, the cost of both is reduced to £150 incl. of vat, if booked together. A CPD certificate is issued at the conclusion of each Masterclass – 10 points per Masterclass.

*First Aid course is £100.00 including vat. and merits award of 15 CPD points

WE HAVE COME UNSTUCK!

Friars Balsam and Compound Tincture of Benzoin are no longer obtainable, and we can find no substitute.

The American company that seemed to control world production of these substances has ceased manufacture. There was no announcement of their intention, and all suppliers quickly sold out of stock.

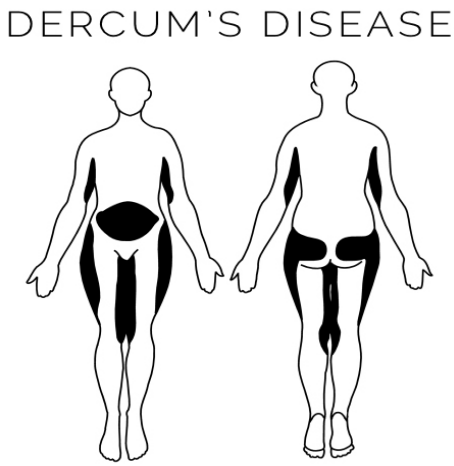
We will now have to find alternative ways of retaining dressings or design them differently. - at least until an alternative emerges.

John's booklet, 'Paddings and Dressings' has been revised and offers some solutions. The revision is available from the College for just £10.plus p&p….. 0121 559 0180.

Have you noticed how much better Fleecy Web sticks to the nails, than to the skin?

ADIPOSIS DOLOROSA
(Dercums disease)

Introduction
Dercums disease is a very rare genetic disease named after Dr. Francis Xavier Dercum in the late 1880s. It is characterized by mutations of the body's fat cells forming painful lipomas. Weight gain is very common in Dercums, with this having no correlation to any familial tendencies diet or exercise. The below diagram demonstrates where these areas of weight gain can occur. Hyperalgesia can occur on these areas being made worse by simple day to day activities such as showering and wearing tighter fitting clothes. Sufferers can feel hot, have frequent headaches and suffer from mental ill health as well as thyroid problems. It is so rare it is thought there are only 10,000 sufferers in the UK with a much higher percentage in women than men of between 5 and 30 times.



a diagram of the most commonly affected areas of the body

Presentation
My client is a 65-year-old type 2 diabetic who was diagnosed with Dercums many years ago. She struggles to get specialist treatment for her condition due to the lack of consultants in this field. Her weight distribution is very typical of Dercums with her having significant weight gain on her abdomen and her thighs. She has small areas of lipomas dotted around her feet particularly on the plantar surface which do give her pain and which I am able to feel on giving her feet a massage post treatment. She also suffers with associated hypothyroidism and fibromyalgia for which she takes Thyroxine and Tramadol respectively. Due to her abnormal weight distribution, she has areas of callus on the 5th met heads bilaterally which have to be reduced at each appointment.

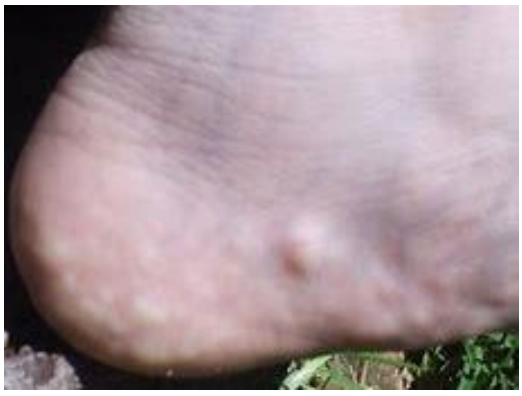
Treatment
Currently, there is no cure for Dercums disease, so the emphasis is on treating the symptoms with medication and lifestyle changes. Lipomas can be surgically removed, but my client has not had any surgery performed. Smoking cessation and alcohol avoidance is encouraged (my client does neither) and generally taking gentle exercise, which she does try to do regularly.

Prognosis
There is no current evidence to demonstrate that Dercums disease shortens life expectancy. However, the disease is progressive, therefore symptoms may become worse with increased age. My client is very philosophical about her disease and as she has lived with it for many years and is aware of which treatments suit her condition.

As an addendum, I was a nurse for 32 years and never came across Dercums disease previously.

https://dercums.org accessed 04/04/23
https://rarediseases.org/rare-diseases/dercums-disease accessed 04/04/23
https://www.genome.gov/Genetic-Disorders/Dercum-Disease accessed 04/04/23
https://en.wikipedia.org/wiki/Dercum%27s_disease accessed 04/04/23
https://www.healthline.com/health/dercums-disease accessed 04/04/23

Suzanne Evans BA, MPSPract



New England Journal of Medicine

professional standards authority
for Health and Social Care

Safer care for all - solutions from professional regulation and beyond

Publication and launch

We published our report *Safer care for all* on 6 September 2022. In the report we highlighted some of the biggest challenges affecting the quality and safety of health and social care across the UK today and put forward recommendations that we hope can start a debate. Since we published the report (and held our conference) – the current challenges facing the NHS have been hitting the headlines. Unfortunately, there is no easy or quick fix to the workforce crisis and the recommendations we put forward in the report do not offer any short-term solutions, but we hope that the four UK governments can work together to develop a coherent strategy for the regulation of professionals, to support delivery of their national workforce strategies. In the report, we also pose the question: 'Does regulation need to change to deliver the workforce of the future?' You can find out more about our thinking on the workforce crisis in chapter 3 of the report: ***Facing up to the workforce crisis and regulation's future role***.

Safer care for all conference

Do health/care professionals have a duty to tackle inequalities? Is regulation keeping patients safe? Are learning cultures compatible with individual accountability and openness when mistakes are made? Over 250 attendees came together (virtually) on 9 November 2022 to discuss and debate these questions and explore issues highlighted in ***Safer care for all – solutions from professional regulation and beyond***.

We invited stakeholders to the conference to move the debate forward following the report's publication. The conference provided an opportunity to hear experts' views as well as consider and contest the themes raised in the report – including our main recommendation – the creation of a health and social care safety commissioner in all four UK countries. Speakers and delegates came from both professional and system regulators as well as patient organisations, the ombudsman, the NHS, health and care sector organisations and Chairs from major healthcare inquiries.

Our main aim in hosting the conference was to start working towards solutions that will support safer care for all. We are grateful for all those who attended, gave presentations, asked questions and contributed to helping us plan how we can take this work forward.

What happens next?

We realise that writing the report and putting forward its recommendations was the easier part of the process, identifying the solutions and working together (with the wider regulatory world) to realise them will be the harder part. We are writing up the main themes resulting from the conference's discussions and plan to publish these on our website.

Is the new British disease bureaucracy,

or is it regulation?

professional standards authority
for Health and Social Care

Benefits vs risks: how the Accredited Registers programme helps to protect the public

by Stephen Aspinall, Chief Executive of BASRaT and Melanie Venables, Head of Accreditation | Nov 23, 2022

- Improving regulation
- Standards
- Accredited Registers

Our Accredited Registers programme helps to protect the public by awarding our Quality Mark to organisations holding registers of health and care roles that aren't regulated by law. They must meet our **Standards for Accredited Registers** to achieve the Quality Mark.

When we consulted publicly in 2020 on the **future of the Accredited Registers programme**, people told us that they supported us taking greater account of the effectiveness of therapies. It is now more than a year since **we introduced a 'public interest test'** to our Standards (in Standard One). This 'test' allows us to look at the benefits of therapies offered by registrants and decide if they outweigh the risks. It also contributes to our decision about whether to award or renew accreditation.

We have now started to make decisions under Standard One. This includes new Registers applying for accreditation, and those which we already accredit. As well as reviewing benefits and risks as part of our assessments, we're also finding this information is useful to help raise awareness of the broader aspects of the programme. For example, the deeper knowledge we've gained on the work of sports rehabilitators has been used in our **response to the Government's consultation** on a new mental health and wellbeing plan for England (see paragraph 3.11). We highlighted the positive relationship between physical activity and health, for all age groups, including the specific benefits of reducing risk factors for fractures in older people by enhancing strength and balance.

It seems there are benefits from the Registers' perspectives, too. Stephen Aspinall, Chief Executive of the British Association of Sport Rehabilitators and Trainers (BASRaT), reflects on his experience as the first of the current Accredited Registers to complete a Standard One assessment.

> 'Since the inception of the Accredited Register programme in 2013, two big challenges for commissioners and members of the public have been to both identify the profession that meets their needs and to decide whether research informs their professional education and practice. Members of the public can't make informed choices if they do not have an indication of the depth, breadth and evidence base that underpins a profession. In contrast, the more traditional healthcare professions don't need an introduction and there is an implicit understanding that there is an evidence base underpinning their practice. Until now, this has been absent in some of the newer healthcare occupations. Along with the accurate communication of standards of education and training, Accredited Registers now need to complete the new Standard One assessment, providing a clear outline of the research base that supports practice, which is a key pillar of modern evidence-based practice.
>
> 'This is not only a fantastic step forward for confidence and public protection, it also acts as a reflective and developmental process for each of the Accredited Registers, meaning agile healthcare professions for a changing world. For BASRaT, it also allows us to provide a more in-depth understanding of exactly what the Sport Rehabilitation profession offers and the work of practitioners in the clinical environment, including the different contexts they work in, how they support exercise as part of health and wellbeing and the depth of

their knowledge and training – it allows us to demonstrate that BASRaT registrants represent a valuable part of the wider workforce, ready to work alongside the more traditional statutory professions.'

Melanie Venables, Head of Accreditation, reflects on the introduction of Standard One.

'In the current workforce crisis, when shortages of professionals mean employers and commissioners must look for alternative ways to expand access to care, choosing practitioners on an Accredited Register can help to keep people safe. Recent applications reflect areas of high need, such as within the wider psychological workforce and non-paramedic ambulance staff. We are also able to offer a standalone Standard One assessment before a full application from a prospective Register; this is a new approach and provides more flexibility for organisations.

'At another level, collecting information about risks and benefits in a more consistent way may help to create an overall risk profile of roles which are not regulated by law. Our approach to assessing risk in Standard One is based on the same criteria used in more in-depth reviews of a profession (as described in our ***Right-touch assurance*** methodology). This information helps to build a clearer picture of the many roles in the wider health and care system, and where risks overlap statutory, and non-statutory regulation. We can use this information to help identify where the public might most benefit from accreditation in the future.'

professional standards authority
for Health and Social Care

New 'public interest' test for accreditation decisions
29 Jul 2021

The Professional Standards Authority (the Authority) is introducing a 'public interest' test as part of its Standards for registers of health and care roles not subject to statutory regulation.

This follows a public consultation as part of our strategic review of the programme, which began in June last year. One of the key objectives of this review was to consider the scope of the programme. We received strong support from stakeholders, in particular patients, to take greater account of the effectiveness of treatments in our decisions about accreditation.

Our 'public interest' test will allow us to weigh up whether the evidence about the benefits of treatments covered by a register outweigh any risks. We will also consider how clearly and accurately the register and its registrants describe these benefits and risks. This will help to make sure that patients, service users and employers can have confidence about choosing services from someone on an accredited register.

In parallel, we will be introducing changes to our assessment cycle to enable us to deliver assessments in a more targeted and proportionate way. This will put us in a strong position to ensure the programme can expand to meet the changing needs of the health and care workforce. For example, by providing assurance for the range of roles within multi-disciplinary teams, whether they are required by law to be registered or not.

Alan Clamp, Chief Executive at the Authority, said:

"We look forward to continuing to work with the UK Governments and employers from the wide range of settings in which Accredited Register practitioners work, to achieve the greater levels of recognition and use of registers that are essential for the programme to be effective in protecting the public."

professional standards authority

for Health and Social Care

The Authority publishes its review of the Health and Care Professions Council for 2021/22

29 Jun 2022

We have published our annual performance review of the Health and Care Professions Council (HCPC). Between 1 January 2021 and 31 March 2022, we monitored the HCPC's performance against the Standards of Good Regulation (the Standards).

For this period, the HCPC has met 13 out of the 18 Standards. Our **report** explains how we made our decision.

This year, the HCPC has met our Standard on Equality, Diversity and Inclusion (EDI). It has worked actively to collect EDI data about its registrants leading to a significant increase in the level of EDI data it holds. The HCPC has a clear commitment to EDI.

We determined that the HCPC did not meet one of our Registration Standards. Although the HCPC received a significant increase in the number of applications it received, it did not process international applications to join the register quickly enough and the lengthy time taken by the registration department to answer phone calls and emails also affected people's ability to obtain information about registration. We had no concerns with the time taken by the HCPC to process UK applications.

We continue to monitor the HCPC's implementation of its fitness to practise improvement programme. The HCPC has made significant progress in delivering a number of projects designed to improve its fitness to practise processes following our serious concerns from our audit in 2020 about the quality and timeliness of this part of its work. We have seen evidence of improvement in case progression and decision-making. We will be auditing the process next year but, while acknowledging the work the HCPC has been doing, cannot yet say that the relevant fitness to practise Standards are met.

The performance review is our check on how well the regulators have been protecting the public and promoting confidence in the health and care professions. We do this by assessing their performance against our Standards. The judgements we make against each Standard incorporate a range of evidence to form an overall picture of performance. Meeting a Standard means that we are satisfied that a regulator is performing well in that area.

In January 2022, we implemented a new performance review approach, starting with the 2021/22 round of reviews. In the new process, we undertake a 'periodic review' of each regulator every three years. This is our opportunity to look closely at all aspects of the regulator's work. Between these reviews, we monitor their performance, focusing on areas of risk. This year, we undertook a monitoring review of the HCPC.

ENDS

'Feet have about half a million sweat glands and can produce more than a pint of sweat per day'

'Every square inch of the human body has about 20 million skin cells'

'Half of the body's red blood cells are replaced every 7 days'

'The tendo-Achilles is the largest tendon in the body and can withstand more than 1,000 pounds of force'

'More than 20% of twins are left-handed'.

GENERAL MEDICAL COUNCIL

[Advice to Doctors]

Usually you will refer to another doctor or healthcare professional registered with a statutory regulatory body.

8 Where this is not the case, you must be satisfied that systems are in place to assure the safety and quality of care provided – for example, the services have been commissioned through an NHS commissioning process **or the practitioner is on a register accredited by the Professional Standards Authority.** *(our emphasis)*

Delegation

3 Delegation involves asking a colleague to provide care or treatment on your behalf.

4 When delegating care you must be satisfied that the person to whom you delegate has the knowledge, skills and experience to provide the relevant care or treatment; or that the person will be adequately supervised. **If you are delegating to a person who is not registered with a statutory regulatory body, voluntary registration can provide some assurance that practitioners have met defined standards of competence and adhere to agreed standards for their professional skills and behaviour.** *(our emphasis)*

9 The following applies whether you are delegating or referring.

a. You should explain to the patient that you plan to transfer part or all of their care, and explain why

b. You must pass on to the healthcare professional involved:
   relevant information about the patient's condition and history, the purpose of transferring care and/or the investigation, care or treatment the patient needs.
   You must make sure the patient is informed about who is responsible for their overall care and if the transfer is temporary or permanent.
   You should make sure the patient knows whom to contact if they have questions or concerns about their care.

c. You should check that the patient understands what information you will pass on and why. If the patient objects to a disclosure of information about them that you consider essential to the safe provision of care, you should explain that you cannot refer them or arrange for their treatment without also disclosing that information.

THE COLLEGE

The College of Foot Health Practitioners is a collegiate centre for the learning, development, and advancement of skills.

The College trains Foot Health Practitioners in its modern and well-equipped multi-chair clinics and teaching rooms. The processes and protocols of the training clinics have been revised for the best protection of clients, students, tutors, and staff with regard to Coronavirus. Busy student clinics provide a rich training experience, and the College provides an important resource for the population of local towns.

Refreshment sessions can be undertaken to build confidence or to facilitate return to work after absence. The length of refreshment training is dependent upon how long since you last worked, and any personal requirements, such as a need for 'confidence building'.

Five advanced courses, all at Level 4, can be pursued to extend understanding and advance in practice skills:

Advanced Foot Health Practice	6 Modules
Verruca Control and Cryotherapy	6 Modules
Remedial Massage of the Lower Limb	10 Modules
Biomechanics and Orthoses	10 Modules
Diploma in Diabetes mellitus	4 Modules

Diabetes is an important theme again this year.

Masterclasses are 3-hour sessions in which topics are explored in-depth. They are mounted at spaced intervals throughout the year.

One-to-one tutorials are always available where you can explore and talk over any single topic and check out your own understanding – get sorted – there is no longer any room for 'grey' areas!

College Administrator
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Email: *info@collegefhp.com*
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THE ALLIANCE

All Alliance members are registered:

Podiatrist members are listed on the HCPC register, and are regulated by the Health and Care Professions Council.

Foot Health Practitioner members are listed on the Accredited Register of Foot Health Practitioners – a register approved as meeting all of the standards set by the Professional Standards Authority for Health & Social Care under the AVR scheme set up under the Health & Social Care Bill 2012: section 7: part 228 – the Bill received Royal Assent and became law on 27th March, 2012.

All practitioners have the same need of practice support, insurance, ongoing practice improvement and continuing professional development.

The Alliance keeps the Accredited Register of Foot Health Practitioners and makes information available to enable members of the general public to make an informed choice of practitioner. By publishing its policies and applying its standards transparently to those listed on the register, the Alliance informs and protects the public.

The Alliance runs an annual audit of its membership to ensure compliance with its rules on Continuous Professional Development.
www.thealliancepsp.com

Completion of any three of the five advanced courses gains Alliance Fellowship, the senior level of membership.

As an outcome of the streamlining and rationalisation changes, CPD is now to be marked at the College and should be addressed to:

CPD Dept:
The College of Foot Health Practitioners
Parkside House,
Oldbury Road,
Blackheath,
West Midlands
B65 0LG

Email: ***admin@thealliancepsp.com***
Web: ***www.thealliancepsp.com***

THE ACCREDITED REGISTER

The Accredited Register of Foot Health Practitioners is owned and administrated by the Alliance of Private Sector Practitioners under the terms of the Health and Social Care Bill 2012, and is the only register recognised by the Professional Standards Authority for the occupation of Foot Health Practice.

The Accredited Register of Foot Health Practitioners has met the standards set by the Professional Standards Authority for Health and Social Care (PSA) and is audited every year to ensure that its PSA-approved standards, governance, and protocols are kept and applied.

The Accredited Register sets the standards of education for entry to the register and ensures that those persons listed on the public register are qualified and work to defined standards of business conduct, technical skills, and good practice.

Entry to the Accredited Register is directly accessible to any person having taken and successfully completed a Level 4 course and a minimum of 10 days of approved practical training.

Practitioners listed on the register are permitted to display the Professional Standards Authority Accredited Registers logo which is a Quality Mark recognised by members of the public, employers, and commissioners.

Contact:
The Registrar:
Accredited Register of Foot Health Practitioners,
Beechbeck,
St Johns Road,
Bishop Monkton,
Harrogate,
North Yorkshire
HG3 3QU

Email: ***admin@thealliancepsp.com***
Web: *www.foothealthpractitionerregister.co.uk*