THE

80

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A very enjoyable Convention!!

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EDITORIAL

Ask yourself: why would anyone trained and qualified to earn their living in private practice wish to work in the NHS for £22,816 per annum and work in a *'supervised role under the delegation of a podiatrist?'*

Report HEE WFER 2023 pdf
Job profile -Level 4 Foot Health Practitioner

A practitioner charging £30 for just 6 sessions a day, 5 days a week for 48 weeks would expect to earn £43,200 – that's nearly twice the reward and comes with professional respect as a self-determining practitioner, free of line-managers and all the failings of the NHS.

'In recent years Podiatry has faced numerous recruitment and retention challenges. Notably, recent data has confirmed a decline in NHS joiner rates for podiatry with no corresponding decline in leaver rates enough to counter the declining joiner rates. This translates to a shortage within the NHS podiatry workforce of approximately 575 podiatry job vacancies or 1 in 5 NHS podiatry posts being vacant or a 17% vacancy rate.'

Tom Speller, Deputy Head of Workforce Planning
Workforce Planning and Intelligence Directorate

Whilst talking numbers, our level 4 training (through the College of Foot Health Practitioners) is less than 1/11th of the cost and is completed in less than 1/3rd of the time taken to complete a degree – essentially to do the same thing. We train at level 4 and work at level 4, whereas 50% of degree workers (level 6) employed by the NHS work at level 4 because they do not want the responsibility and risks attached to local anaesthesia or prescribing. The notion that if you go to work for the NHS you will be able to work your way up all the way to Band 8 is not the carrot it might seem to be as individuals plainly choose only to rise to their level of their comfort and ability. Apprenticeship is even woollier than the degree programme…. work here for a period, then work there for a period, all the time under the 'delegation' of a podiatrist…. essentially experience via directed servitude. Even being generous, it is hard to see how any of the measures that podiatry is currently trying to implement (Saks Report Nov 2021) are going to add significantly to the podiatry workforce, except perhaps the intention to recruit more workers from overseas.

Going back two stages, if the Foot Health Consortium of 2021 had been an honest exercise, it might have come to more realistic conclusions. If fact, it was not a 'consultation' in the real meaning of the word. It was wrongly constituted and pursued an aimed-for conclusion. Delegates were used to 'give approval' to a pre-designed end goal – or at least it looked that way. We attended almost all of the meetings yet received no credits for being there. Gilly and I, and Janet before us all shared the same experience and none of our considerable and well-intended input was taken into account. 'Consultation' in government-speak apparently means 'gather together to endorse a proposed conclusion'. Our input fell on deaf ears, and there are none so deaf as those who wish not to hear.

The intention now 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 restricted and 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 **not** 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 in 2024 with the intention of approving our courses, they will be shown the exit. Our courses are well-established and accredited by ncfe. who ensure that we run a proper College and teach to the defined levels according to Ofqual standards. The protection of the public is assured by our own ethics and further demonstrated by the Professional Standards Authority governance of the Accredited Register of Foot Health Practitioners. There will be no 'buy in' - we do not intend to train workers to subsequently work 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. The Level 4 Foot Health Practitioner Course as taught by the College of Foot Health Practitioners accords with the published *Standards for the Foot Health Workforce (2021)*, and these standards are the same as those developed and taught by the College prior to HEE involvement. This College will not be subjected to accreditation of its courses and its training by HEE, Allied Health Professionals, the Royal 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.

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'.

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.

MANAGING DIRECTORS REPORT

It was wonderful to receive so many positive comments and personal thanks from you following the Annual Conference on 30th September and 1st October 2023.

The 2024 Annual Conference will be held on Saturday 28th and Sunday 29th September 2024 – pop it in your diaries now! I am delighted to say that a number of members have already asked to be reserved a place. I am in the process of awaiting the final contract from the Village Hotel in order to upload the booking form onto the Alliance website and the college's Facebook page. Booking forms will also be emailed out to our members individually. We intend to also hold a private Gala Dinner on the Saturday evening of the conference weekend which I am sure will prove to be an enjoyable social event.

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. New titles and topics have been added recently 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.

It has come to my attention that some members are confused about their CPD year…. your CPD year runs from the date you join or renew your membership with the Alliance. **The date your identification cards and certificates are renewed i.e., 1st August 2023, is a common renewal date as requested by the PSA and this is not your membership date.**

Please note that there are companies and individuals organising events and webinars promising CPD outcomes. The Alliance is heavily regulated and audited by the Professional Standards Authority for Health and Social Care (PSA). It sets the standard that is acceptable. CPD from various providers is not always accepted. You will be aware that there a numerous so-called colleges offering CPD. So many of these are only to Level 2 or Level 3 and offer no real professional advancement.

May I also remind you that 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. Read the Rulebook!

Foot Health Practitioners demonstrate a desire to join the Alliance and be listed on the Accredited Register but have not undertaken the correct level of training. To address this, the college has launched a **Conversion Course** for Foot Health Practitioners who wish to join the Alliance and the Accredited Register but have only qualified up to a Level 3 qualification. **Completion permits access to the Alliance of Private Sector Practitioners membership and listing on the Professional Standards Authority accredited public register – the only register for this occupation accredited by the Professional Standards Authority under the provisions of the Health & Social Care Act, 2012.**

Not only does being a member offer protection to the general public but also ensures that our members continue their professional development within their practice.

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.**

Finally, although the government has lessened COVID-19 restrictions for the public and businesses, new strains are and will continue to arise and it is important that practitioners continue to be vigilant and protect not only themselves but their patients. Autumn/Winter is also the time for seasonal flu and other life-threatening respiratory conditions. It is our understanding that hospitals and many public health practices have again introduce the wearing of masks. Use your professional discretion.

Foot Health Practitioners have never been more needed within the community to sustain the health and wellbeing of the elderly and most vulnerable. Foot Health Practitioners are both valuable and needed.

My very best wishes to you all for Christmas and a prosperous New Year!! Have some fun!

Gilly

"Thank you so much really enjoyed the conference – met so many old and new friends . The presentations were excellent particular the endo- canoboliod system being neuroscience trained. Keep safe. Thanks again for your wonderful organisation of events".

Lesley Hemborough

'Good evening Gilly

Firstly, thank you for arranging this years Conference - hope you managed to enjoy it. I know I did. As always it's good to catch up with familiar faces. Secondly, would you mind sending me a copy of the slides/presentations from this year's Speakers. And finally, please put my name down provisionally for next year's event - I'm definitely looking to going!'

Thanks again,

Kind regards

Mark Courtney

CONFERENCE 2023

Again, the Conference was fully booked, and we regret that we had to turn away people.
The speakers and their presentations were excellent, topical, and engaging.

Gilly introducing Gareth Hicks

Tradestands mounted by old friends and new filled a room and generated lots of interest. The food was good and the rooms were comfortable.

Our thanks to all of our traders and presenters for a really fulfilling, thought-provoking and enjoyable conference. And thanks to Gilly for co-ordinating and introducing our guests.

See you next year??

Franklin Steggall talked to us about Dementia

That's Michael Ratcliffe at the front talking to us about heel pain

Michael Ratcliffe **Heel Entrapment Neuropathies** – how to recognise and manage this common cause of heel pain

Frank Steggall **Dementia Care** and working in challenging situations

Chris Ramsden **The Human Factors of Podiatry and Foot Health Practice**

Dr Judith Barbaro-Brown **The Endocannobinoid system** -in the last 10 years this has been discovered to control brain, nervous system, immune system, pain sensation as well as many others. Key in managing depression.

Gareth Hicks **'OK, I've found an ulcer – now what?'**

Dr Judith Barbaro-Brown -Durham University
'The Microbiome and its important in just about everything.

DEMENTIA - AND A HUG

-by Franklin Steggall DipCFHP, MPSPract

This year I was asked to present to conference which of course was an honour. The subject choice was Dementia which affects some 944 thousand people in the UK and 55 million people worldwide and the figures continue to grow.

One of the stand-out pieces of my presentation was about a bookcase explaining the difference between the Hippocampus and Amygdala. The former contains all our facts and figures throughout life and the latter contains our emotional memories. Perception is probably one of the most powerful things in life and a person who believes they are living in the 1950's really is. Remember my making a cup of tea scenario. For those who could not attend please see the link for one of the bookcase scenario videos online. https://www.youtube.com/watch?v=WQ9uSR22qkI

There are tremendous advancements in medicine and the use of Donanemab. Plus understanding the effects of controlling the RNA Gene Meg3. Google these and you will learn plenty.

Research has started to break through barriers due to a much better understanding of how the brain works over the past 40 years. Finding one solution to all Dementia types is challenging but cures for the likes of Alzheimers and Lewy bodies is nearer and reducing the effects is becoming a reality. However, what about the people who have dementia currently and those recently diagnosed.

At the conference I spoke about how care homes of good standing have various methodologies to support and care for people. May I recommend Professor Tom Kitwood who developed a conceptual approach to care that provides staff with a way of thinking about what they do according to principles that guide care and reinforce or support personhood and well-being throughout the course of dementia. There are many references from different care homes about this Professor and the care homes I work in deploy their methodologies of dementia support and care based on his approach.

A question I have been asked numerous times is "Can I stop the probability of getting dementia?" This is above my pay grade to answer this question but there are some great tips in helping reduce the chances and manage as follows:

- Activity and exercise - This is the strongest route to controlling many health issues and whether it's a walk, swim, cycle, or run does not matter so long as you find a way of giving your mind and body a boost from some form of exercise. Find a dance class, or golf or even bowls can help your well-being.
- Diet and Nutrition - Everyone has different tastes and culinary desires. Find a way of including healthy foods that create healthy bacteria in our bodies to strengthen immune systems and good gut health which in turn help the brain function healthy too.
- Alcohol and Smoking - goes without saying too much that both habits will affect the body negatively in the long term.
- Mental Activity and Social Engagement -Engaging in mental or social activities may help to build up your brain's ability to cope with disease, relieve stress and improve your mood. This means doing these activities may help to delay, or even prevent, dementia from developing. Find activities you enjoy that challenge your brain and do them regularly. This could be puzzles or crosswords, but there are also many other activities you could do. Anything that engages your mind, processes information and develops your thinking skills is good for the brain and reduces your risk. Learn a new language, play a musical instrument, creative writing or keeping a diary.
- Commit to Regular Health Reviews - This is obvious but challenging in today's current climate but if you are worried about yourself or someone close and dear please push for a diagnosis.

Something I have personally studied over 30 years is memory techniques and how they can be useful to keep mentally fit. The Alzheimers society has embraced the power of utilising some of these methods and I provide you a link to their memory book which I believe will be updated again in March 2024. https://www.alzheimers.org.uk/get-support/publications-and-factsheets/memory-handbook

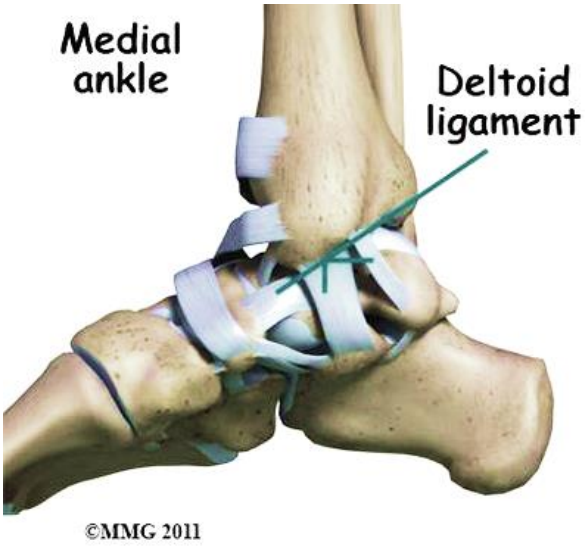
Finally I would like to thank all the attendees at the conference for embracing my talk on Dementia and for some of the great questions and feedback I received. On the Sunday I had a golden nugget moment when one gentleman came up to me and told me he went round to his Dad's on the Saturday evening as lived near to Solihull. He was worried that he had been acting frustrated with his Dad because of his poor memory and decided this was not fair so changed his approach and simply gave his Dad a hug and told him he loved him. Clearly the bookcase scenario worked.

THE ANKLE LIGAMENTS

There are three main sets of ligaments in the ankle:

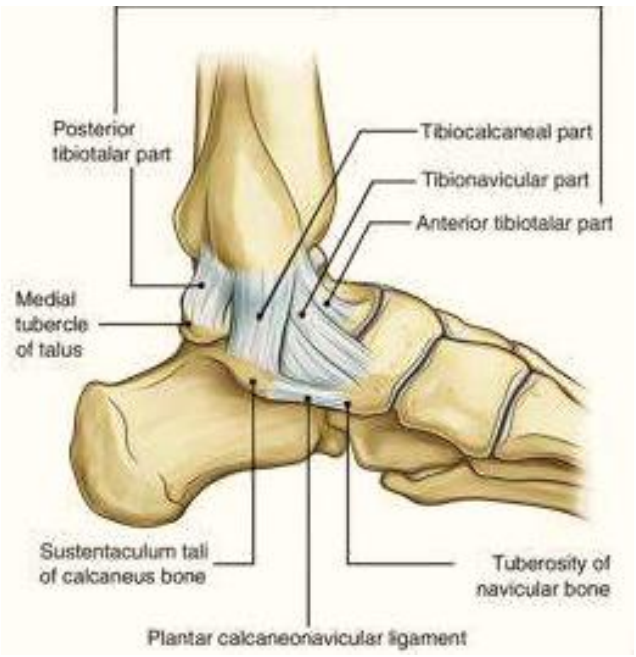
- **Medial ligaments - also known as deltoid ligaments:**

  These ligaments start at the medial malleolus, the end of the tibia, (which forms the bump on the inside of the ankle). Then the four ligaments fan out to connect to the talus, calcaneus and navicular bones.



- **Lateral ligaments:**

  Lateral ligaments start at the lateral malleolus (the end of the fibula, which forms the bump on the outside of the ankle). Then the three ligaments connect to the talus and calcaneus.



- **Syndesmotic ligaments:**

  This set of four ligaments connect the tibia and fibula.

BRITISH SOCIAL ATTITUDES: SATISFACTION WITH THE NHS FALLS TO THE LOWEST LEVEL EVER RECORDED

Press release: 29 March 2023

Public satisfaction with the NHS has slumped to its lowest level ever recorded by the British Social Attitudes Survey (BSA), with A&E services seeing the biggest year to year increase in dissatisfaction, according to analysis published today by the Nuffield Trust and The King's Fund.

The 40th BSA survey was conducted by the National Centre for Social Research (NatCen) in September and October 2022 and is seen as a gold standard measure of public attitudes. Overall satisfaction with the NHS now stands at 29 per cent - a fall of 7 percentage points from the previous year (2021) and the fourth largest year-on-year drop recorded. The British public now has the lowest level of satisfaction with the NHS since the BSA survey began in 1983. Dissatisfaction is also at an all-time high, with more than half (51 per cent) of respondents saying they were dissatisfied with the NHS.

More than two-thirds of respondents (69 per cent) chose long waiting times for GP and hospital appointments as one of the top reasons for dissatisfaction.

Accident and emergency services have seen a sharp increase in the percentage of dissatisfied respondents. A record 40 per cent of respondents said they were dissatisfied with A&E services, an increase of 11 percentage points from the previous year and the largest increase in a single year since the question on A&E services was introduced in 1999. Only 30 per cent of people said they were satisfied with A&E services.

There were also falls in public satisfaction across all other individual NHS services, including general practice, dentistry, and in-patient hospital services, with all services now reaching record levels of low satisfaction.

Despite this, and consistent with last year's survey, the public continues to show very strong support for the principles underpinning the NHS. The overwhelming majority of respondents agreed that the founding principles of the NHS should 'definitely' or 'probably' apply, with 9 in 10 respondents backing the principle that the NHS should be free of charge when you need it and more than 8 in 10 respondents supporting the principles that the NHS should be available to everyone and primarily be funded through taxes.

The report, ***Public satisfaction with the NHS and social care in 2022*** also highlights the following.

- The fall in overall satisfaction with the NHS was seen across all ages, income groups, sexes and supporters of different political parties
- The main reasons people gave for being dissatisfied with the NHS were waiting times for hospital and GP appointments (69 per cent), staff shortages (55 per cent) and a view that the government does not spend enough money on the NHS (50 per cent).
- Of those who were satisfied with the NHS, the top reason was that NHS care is free at the point of use (74 per cent), followed by the quality of care (55 per cent) and the range of services and treatments available (49 per cent).
- There was a jump in the proportion of people who chose improving A&E waiting times as a priority for the NHS, from 38 per cent in 2021 to 47 per cent in 2022, taking improving A&E waits into the top three highest priorities.
- Satisfaction with GP services fell to 35 per cent in 2022, down from 38 per cent in 2021. This is the lowest level of satisfaction recorded since the survey began. The fall was much less sharp than between 2019 and 2021 when satisfaction fell by 30 percentage points.
- Satisfaction with NHS dentistry fell to a record low of 27 per cent and dissatisfaction increased to a record high of 42 per cent. 24 per cent of respondents said they were 'very dissatisfied' with NHS dentistry – a higher proportion than for other health and care services asked about in the survey.
- Just 14 per cent of respondents said they were satisfied with social care, with only 2 per cent indicating they were very satisfied.
- There was a sharp increase in dissatisfaction with social care, with 57 per

cent of people saying they were dissatisfied (up from 50 per cent in 2021).
- Dissatisfaction with social care is higher than dissatisfaction with the NHS overall or any of the individual NHS services asked about – general practice, dentistry, inpatient, outpatient, and A&E services.

Jessica Morris, report author and Fellow at the Nuffield Trust, said:

'Behind the political upheaval and turmoil playing out at the time of this survey, the British public was sending a message about the worsening situation for the NHS. The fact we have now recorded the lowest level of satisfaction with the NHS in the 40-year history of this gold standard survey is a warning siren. The rate of decline has slowed from the previous year, but that is barely a silver lining given the challenges and impact of the pandemic.

'This 2022 British Social Attitudes survey points to a sustained and worsening concern about every part of the health service. What's more, for some key services waiting times are now worse than when the survey was conducted.

'The Prime Minister has made recovering the NHS one of his central promises going into the next general election. But these results show what an enormous task this will be. It is clear that the level of unhappiness among the British public over the way the NHS is running is going to take many years to recover.'

Dan Wellings, report author and Senior Fellow at The King's Fund, said:

'It is easy to become desensitised to the relentless flow of bad news about struggling health services, but we cannot underestimate the significance of today's unprecedented results. These stark findings should act as a wake-up call to those in power.

'In 2010, satisfaction with the NHS stood at a record high of 70 per cent. Yet, satisfaction has now plummeted to its lowest ever level, at just 29 per cent. The public can see for themselves the results of more than a decade of underfunding and a lack of workforce planning. People are struggling to get the care they need, particularly in an emergency, which is born out in the extraordinary spike in dissatisfaction with A&E services. The high-profile pressures in emergency departments are symptomatic of challenges right across the board, with every service covered by the survey seeing record low levels of satisfaction.

'Even with satisfaction dropping to its lowest ever level, support for the founding principles of the NHS remains strong. The public do not want a different model of health care, they just want the current model to work.'

Since 1983, the National Centre for Social Research's (NatCen) British Social Attitudes (BSA) survey has asked members of the public across England, Scotland and Wales about their views on health and care services. The King's Fund and The Nuffield Trust sponsor these health questions and summarise the headline health results. NatCen will publish further results from BSA in the autumn.

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.

WE'LL PASS ON PASCOM

-comment on the Condensed PASCOM Review November 2023 published on the Royal College of Podiatry website

'Two decades ago, the college created a data repository, known as PASCOM-10, aimed at assisting clinicians in documenting and reporting epidemiological, clinical, and environmental data related to podiatric care. This database has developed over the years and currently has multiple features to collate data for podiatric surgery, nail surgery, tissue viability and MSK.

The data collected so far within PASCOM10 amounts to over 160, 000 episodes of care and has been used locally by centres across the country for service audits providing key statements to support service provision. The reporting of such information, however, has only benefited the local Trusts in which it has been acquired and each centre has been responsible for negotiating a localised agreement within their trust around the dissemination of the data and how it is used. In addition to localised usage, reports have been created to communicate within the RCPod membership via publications, promotions and case study articles in "The Podiatrist" magazine.

'….Sharing data sets in the form of national reports and research outputs such as peer-reviewed papers promotes evidence-based practice

'…. A review and audit of the current database has been completed to filter and analyse the existing data. From this review, key points on incidence of injury, procedures completed and outcomes have been extracted with recommendations on data input and improvements to the software.'

We are not impressed! Here's why….

Page 4 The legal responsibilities of managing and maintaining these audit tools lie with the RCPod with an active PASCOM-10 working group that collates and shares practice on data collection with other registered members.

'The data collected so far within PASCOM 10 amounts to over 160, 000 episodes of care and has been used locally by centres across the country for service audits providing key statements to support service provision. The reporting of such information, however, has only benefited the local Trusts in which it has been acquired and each centre has been responsible for negotiating a localised agreement within their trust around the dissemination of the data and how it is used.

2.3 Data Input There are currently 396 registered centres but only 287 remain active. The activity of users can be traced with 1,270 registered users yet only 305 current active contributors to the database. Inactivity is based on a user not logging in for longer than one year. The current list of inactive users ranges from 1 year to 11 years 1 month. This breeches the Royal College of Podiatry GDPR policy where there should be an annual audit of databases to manage and mitigate risks. From the database of inactive users, some have duplicate login details and others that are not included in the main database user figure, indicating some discrepancies in the validity of the user database and access.

2.4 Patient Demographics At the time of running the analysis, there were 162,318 inputs for patient contacts. From this data set, there were 114,617 anonymous data inputs, of which 194 were invalid due to birth dates being stated in the future or duplicate IDs. Furthermore, age was identified at the initial episode of care, this however was not present in 6517 records. Additionally, screening of inaccurate event dates removed a further 535 records leaving a sample to analyse of 107,371 inputs.

2.5 Care pathways Care pathways include a source referral, podiatry action, plan, onward referral and discharge status. All of which are reported in several different ways. The current workflow is not optimised due to limitations in clinical decision-making. It restricts the user to select only one event, whereas, in Condensed PASCOM Report Page 11 of 25 www.rcpod.org.uk practice, multiple clinical decisions may need to be made during a consultation, putting the user in the position of having to choose the most suitable option. There is also the additional complexity of free-form data being included for data capture as there is no suitable option in the decision tree. This has led to the domain logic being breached and the integrity of data retrievability being compromised as multiple additional consultations are created. There is replication of episodes leading to a complex network of pathways that has limited value with failings in a complete combination occurring in many data entries. There is a breach

in the integrity of this data as the traceability of the pathways is poorly defined.

2.6 Data from the invasive and non-invasive domains were not fully analysed as the presentation of the data was deemed unreliable to report.

Page 20 Completion of the patient journey allows for service evaluation and planning to occur, with details on access to other services. In addition to the referral pathways data were analysed for the time frame patients were within a service receiving care. The average number of days for a patient to receive treatment was 154 days with a median value of 77 days. Excluding obvious errors like this as outliers provides credible data to be used for service promotion for efficiency and promptness where waiting times are concerned.

Page 21 Development and Recommendations From the analysis of this data set it is apparent that as a user, the choices for decisions to be reported are not always available and free-form text is often used. This leads to many permutations meaning the same thing and user error is high.

Comment: This is such a disaster that we can only express surprise that the Centre for Biomechanics and Rehabilitation Technologies, Staffordshire University, Leek Road, Stoke on Trent ST4 2DF – The Supplier – allowed it to be printed.

The best bits?

2.4 Patient Demographics

At the time of running the analysis, there were 162,318 inputs for patient contacts. From this data set, there were 114,617 anonymous data inputs, of which 194 were invalid due to birth dates being stated in the future or duplicate IDs. Furthermore, age was identified at the initial episode of care, this (sic) however was not present in 6517 records. Additionally, screening of inaccurate event dates removed a further 535 records leaving a sample to analyse of 107,371 inputs. The most frequent age presentation is between 50-69 years old, with 65-year-olds having the largest representation of foot problems.

Patients' gender is also captured in PASCOM-10 with females twice as likely to be treated as males.'

-I think we knew that!

DERMATOLOGY FOR THE FOOT HEALTH PRACTITIONER

As practitioners, we are presented with legs and feet that display a wide range of skin disorders and lesions. We should strive to recognize the signs and understand their significance. Many of these presentations are caused by underlying medical conditions, and we can practice more professionally if we are able to 'read' the medical status of our clients from the signs presented.

The new Masterclass delivers an introduction to common skin disorders, their significance and management.

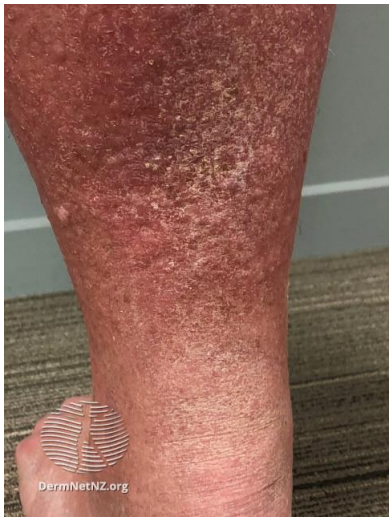
Thursday 7th March 2024 10am - 1pm

Thursday 27th June 2024 10am - 1pm

-attendance merits 10 CPD points

DERMATOLOGY

FOR THE FOOT HEALTH PRACTITIONER



-a compilation by John Falkner-Heylings BSc, DipPodM, FPSPract, Podiatrist

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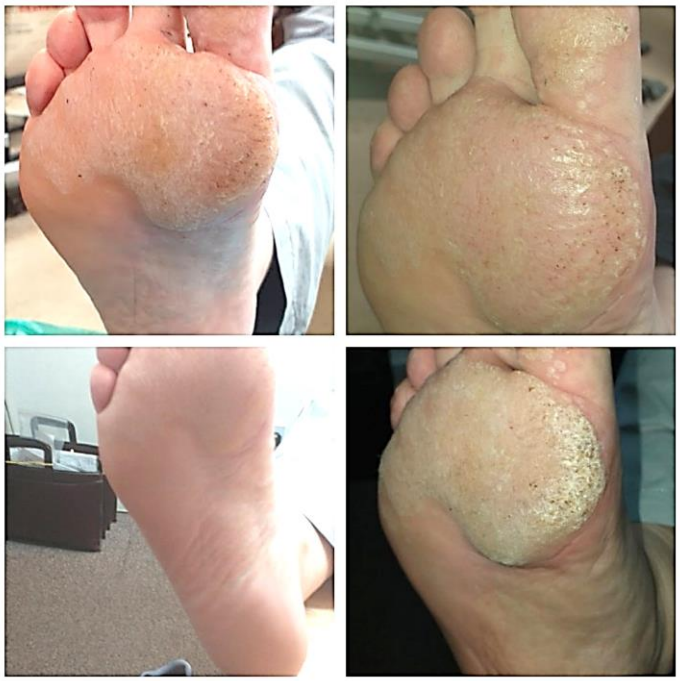
New publication £15 -available from the College

A CASE HISTORY ON OUR FAVOURITE SUBJECT!!

-by Tara Oseland MPSPract

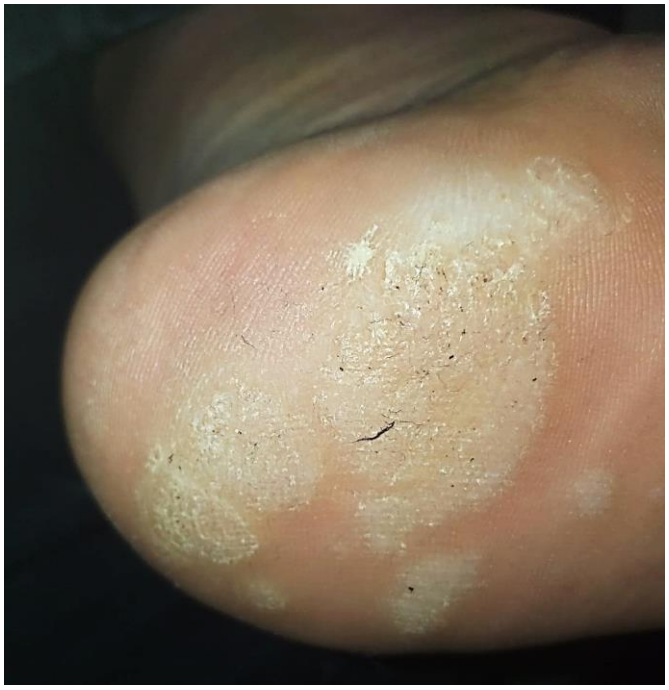


My patient, male, aged 63 years, had suffered his Verruca pedis (VP) for 12 years. He had visited various health professionals both within the NHS and private sector, to be told that the condition would heal itself!

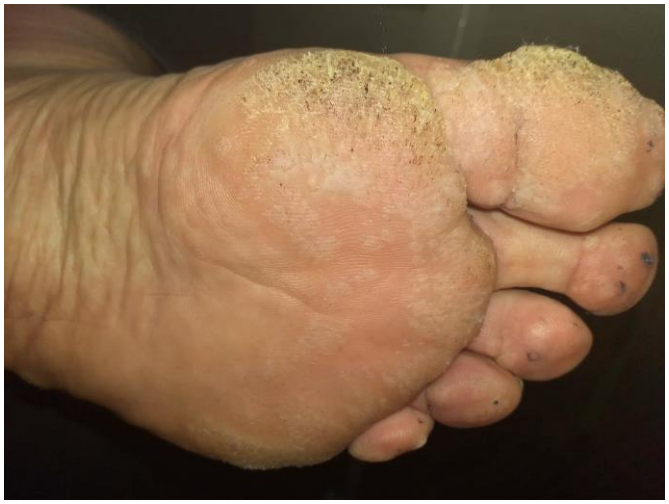
He told me that the condition became slowly worse and became painful as it progressed.

Prior to accepting the challenge, I was completely honest and explained that I was then newly qualified, just before covid 19 struck, but that I would do my very best to help him.

My treatment plan was as follows: treatment every 27 days - debride and treat the VP. I had requested a GP prescription to treat his Pitted keratolysis (PK).

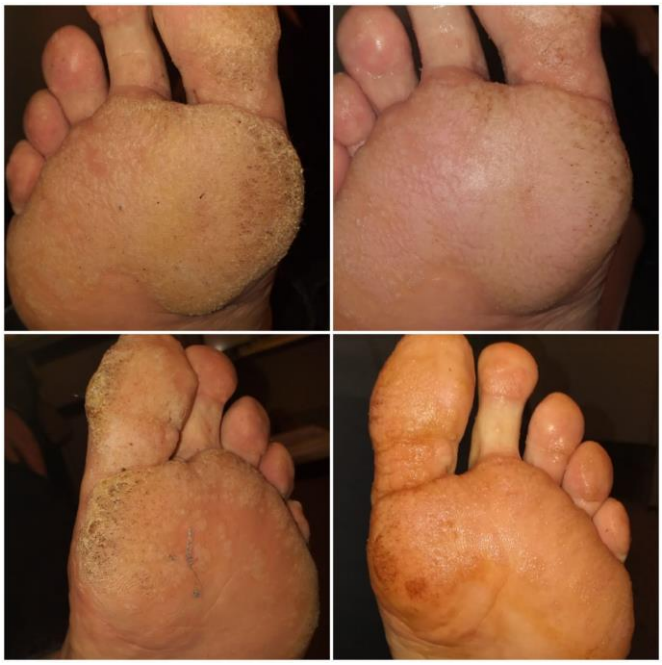


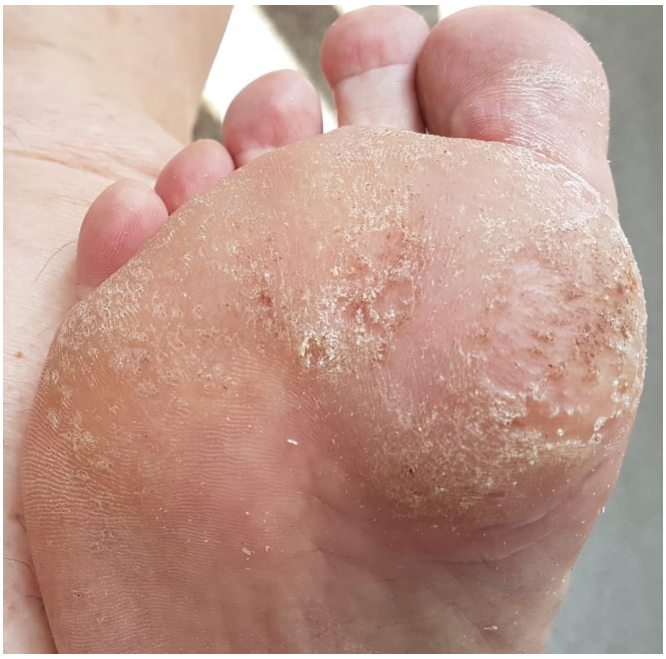
Initial visit…
After completing all relevant history and paperwork, I examined my client's feet to confirm VP and PK.
I debrided as much of the PK skin as my patient could tolerate, then applied silver colloidal cream before offloading and covering with white felt for 48 hours to allow the skin to dry. Between visits my client had been instructed to apply the silver cream morning and night for weeks I & 2. On weeks 3 & 4 my client agreed to soak his feet in potassium permanganate solution (15 minutes, pale pink) every third day and to apply silver cream on the other days. The process from start to finish took a lot of commitment. I called my client every week to check that things were going well.

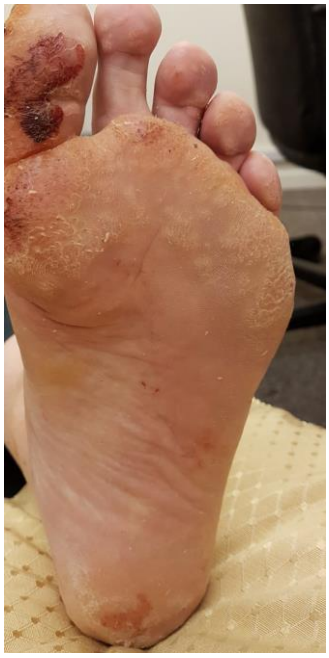


Progress was amazing. After six treatments (24 weeks) the VP was almost gone. Four more visits concluded the treatment plan. My patient was now very happy, VP and PK free, and able to wear his flip-flops with confidence.

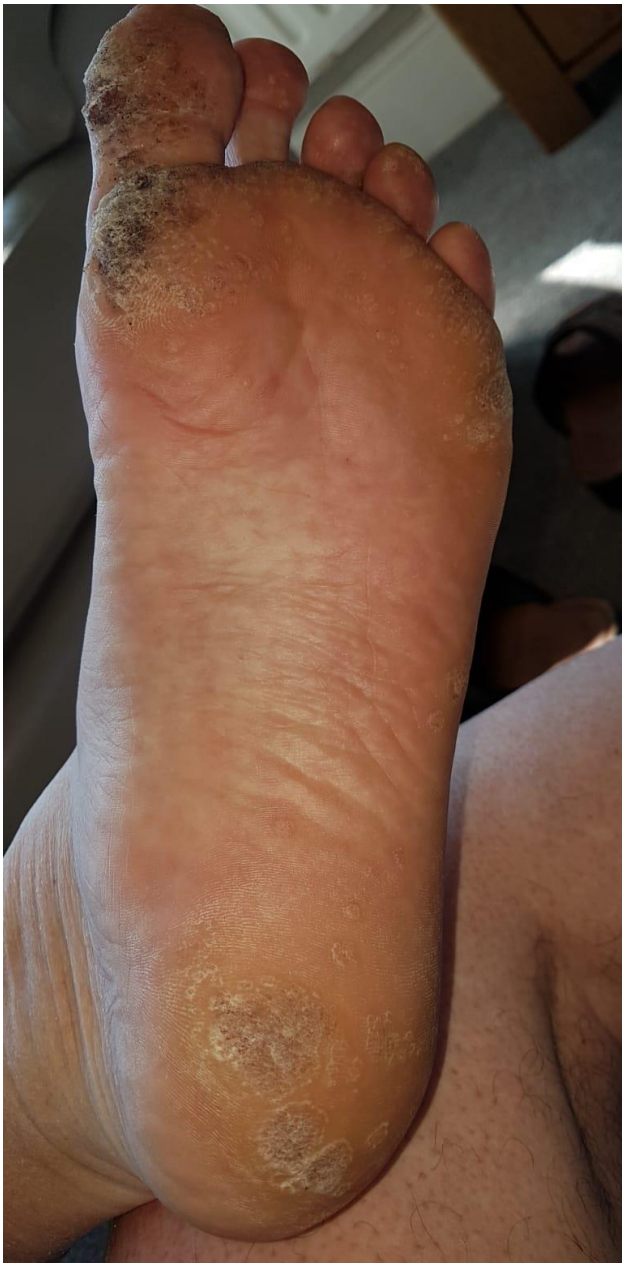
My patient was pleased with the outcome and happy to write me a great testimonial.







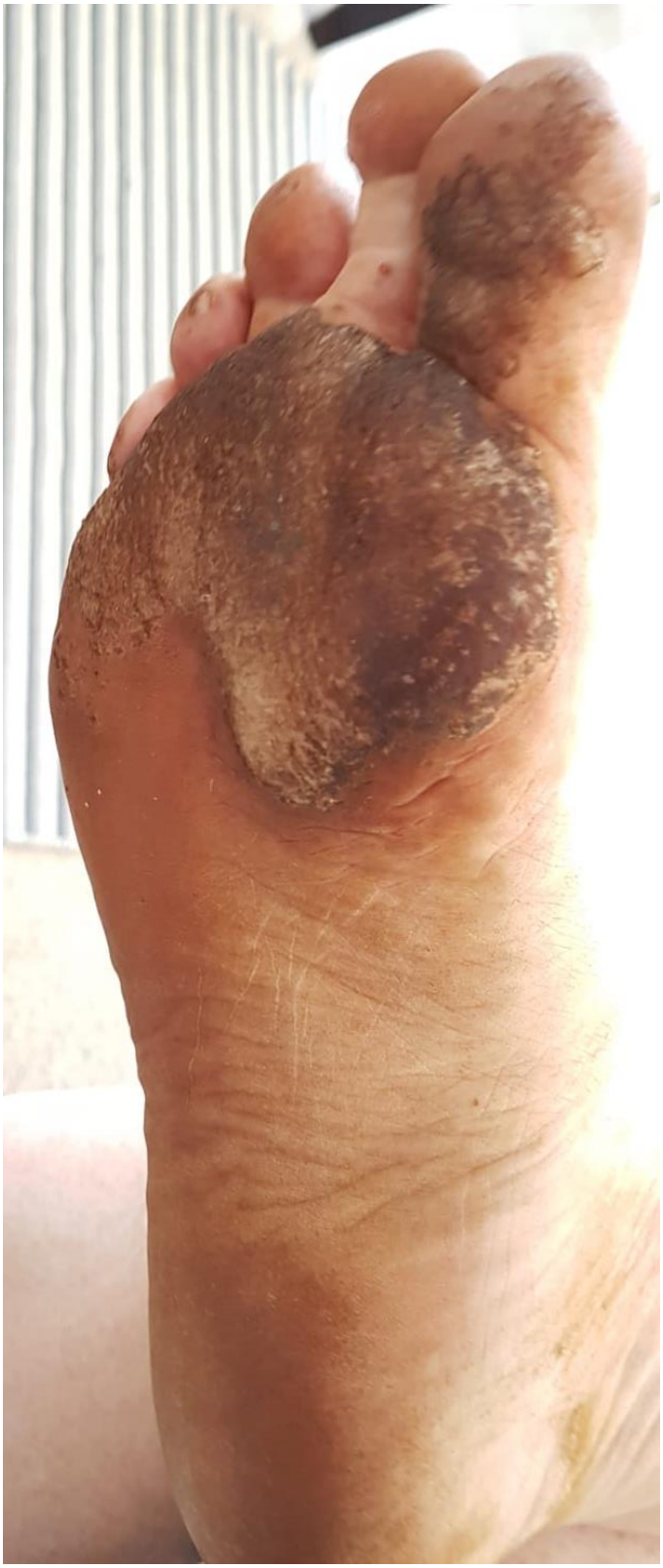
Early debridement – the area affected by the PK can still be seen.



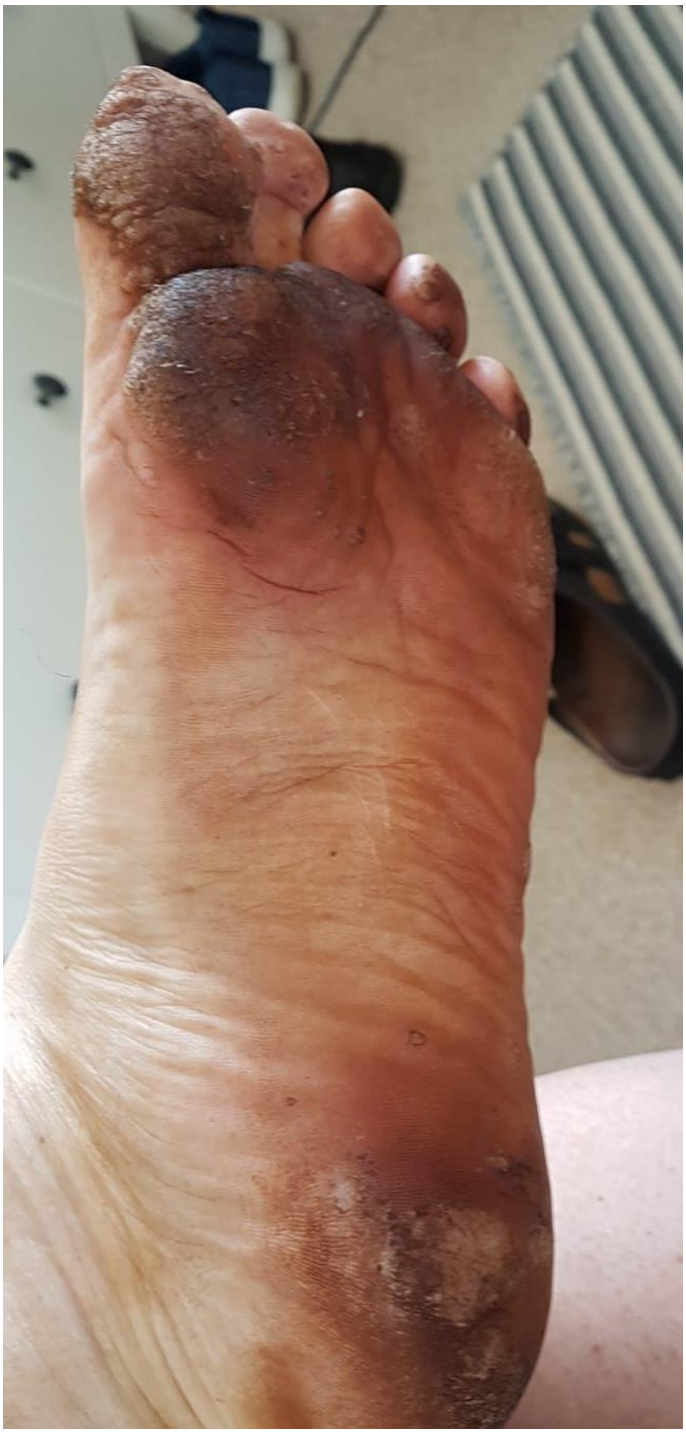
Extent of VP on the left heel.

Multiple sites or lesions in difficult-to reach areas are indications for the use of potassium permanganate.

PP stains everything! It needs to be used in a glass casserole dish or an old washing-up bowl that can be discarded after use. An old towel is needed such as you might keep for drying the dog. The solution causes a nicotine-like stain on the skin – darker on callus – and can blacken the nails. All of this is superficial and can be easily cleaned up on cessation of treatment. Patient must be told that it will permanently stain white socks if they are worn during the treatment period.



Potassium permanganate is much used in veterinary medicine – old fashioned, but it works!



The staining is superficial and is easily removed when treatment is completed. A bur will quickly refresh the nail surfaces and a paddle-file will help with the worst of the temporary skin staining.

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.

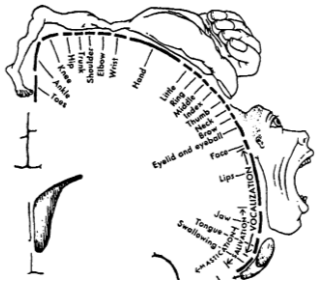
Diabetes is one of the most common chronic health issues affecting the UK population and its prevalence is increasing. By 2025 it is estimated that 5 million people in the UK will have diabetes. The life expectancy of people with diabetes is shortened by up to 15 years, and 75% die of macrovascular complications.

- **This is a standalone course of 4 hours duration.**
- **Venue: The College of Foot Health Practitioners**
- **10am start – 1pm finish**
- **Completion merits 15 CPD points**

HOW THE BRAIN CONTROLS THE HAND

Motor:

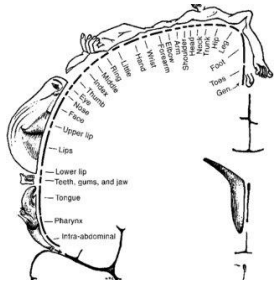
About 25% of the motor cortex in the human brain is devoted to the muscles of the hands.



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.

Sensory:



Homunculus of the sensory complex

The amount of cortex devoted to any given body region is not proportional to that body region's surface area or volume, but rather to how richly innervated that region is. Areas of the body with more complex and/or more numerous sensory or motor connections are represented as larger in the homunculus, while those with less complex and/or less numerous connections are represented as smaller. The resulting image is that of a distorted human body, with disproportionately huge hands, lips, and face.

Wilder Penfield and his co-investigators Edwin Boldrey and Theodore Rasmussen are considered to be the originators of the sensory and motor homunculi.

This Journal has been produced at a time of wide discontent. The issue of pay has not yet been resolved with Junior Doctors, and a further six months disruption has been notified by the Railway Unions. There is continuing 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 haven't already done so. Our clients mostly accept that costs are increasing in every aspect of life.

THE COLLEGE OF FOOT HEALTH PRACTITIONERS

Date	Time	Masterclass (CPD award)	Content	Fee
Tuesday 26th March	10am- 1pm 2pm- 4pm	**Verruca Workshop (10)** **Ingrowing Toenail Workshop (10)**	The pathology and treatment options The problem and guidance on treatment	£80 per masterclass £150 full day
Thursday 4th April	10am -1pm	**NG19 Diabetes** **Use of Doppler (15)**	NICE Guidelines Understanding Diabetes – why the concern? What Dopler is & what it tells us.	£130.00
Tuesday 5th March	10am -1pm	**Paddings and Dressings (10)**	Upskill with our practical session	£110.00
Thursday 7th March	10am -1pm	**Dermatology (10)**	Recognising dermatological conditions & guiding you through the best ways in which to manage them.	£100.00
Tuesday 27th Feb	10am – 4pm	**Lower Limb, disorders, injuries and treatments (15)**	With our Sports Massage Therapist	£150.00
Tuesday 3RD April	10am – 3pm	**Nail Re-construction (10)**	You will learn how to re-construct a variety of nails, contraindications of the product and nail bracing.	£350.00
Wednesday 24th April	10am – 4pm	**First Aid (15)**	3 year certification	£110.00
Tuesday 4th June	10am- 1pm 2pm- 4pm	**Verruca Workshop (10)** **Ingrowing Toenail Workshop (10)**	The pathology and treatment options The problem and guidance on treatment	£80 per masterclass £150 full day
Tuesday 30th July	10am -1pm	**NG19 Diabetes** **Use of Doppler (15)**	NICE Guidelines Understanding Diabetes – why the concern? What Dopler is & what it tells us.	£130.00
Tuesday 25th June	10am -1pm	**Paddings and Dressings (10)**	Upskill with our practical session	£110.00
Thursday 27th June	10am -1pm	**Dermatology (10)**	Recognising dermatological conditions & guiding you through the best ways in which to manage them.	£100.00
Tuesday 28th May	10am – 4pm	**Lower Limb, disorders, injuries and treatments (15)**	With our Sports Massage Therapist	£150.00
Wednesday 3RD July	10am – 3pm	**Nail Re-construction (10)**	You will learn how to re-construct a variety of nails, contraindications of the product and nail bracing.	£350.00
Tuesday 9th July	10am – 4pm	**First Aid (15)**	3 year certification	£110.00

Watch out for new Masterclasses …

-further dates will be announced later in the year.

Article submission merits CPD if it informs or guides colleagues

professional standards authority
for Health and Social Care

Reflecting on our regulator reviews: the first year using our new approach

by Michael Humphreys, Scrutiny Manager | Jun 22, 2023

Around this time last year, we published our first report using our new approach to how we carry out performance reviews. The first report was for the General Osteopathic Council and we explained more about our new approach in this **blog**.

We published **Social Work England's report** at the end of March (the last of the 2021/22 round of reports) and have now published the **GOsC's latest monitoring report**. This marks the start of the second year using our new approach. So we thought it would be timely to reflect on how the first year using our new process has gone.

The first year in outline

We developed a new approach to our annual performance reviews so that we review each regulator in detail every three years and monitor their performance in-between. In the first year we published two detailed periodic review reports (for the General Dental Council and the General Optical Council) and eight monitoring reports.

One of the main things we wanted to achieve with the new process was to publish our reports sooner. We set ourselves a target of publishing each report within three months of the end of the review period. We met that target for every review this year. This means our reports can give people a more up-to-date picture of how each regulator is performing. We've also been working to make our reports clearer and more accessible.

Involving more people in our reviews

Hearing from people and organisations with first-hand experience of the regulators' work is another area we want to focus on. We have been working to build the right relationships with different organisations who can tell us about the regulators. This might be through regular meetings, written updates, or just letting them know how to get in touch with us if they have something to say.

Though we cannot get involved in individual cases or concerns, the information people share with us is valuable for our reviews. For example:

- It can highlight things the regulators are doing particularly well
- It can point us towards emerging issues which we might want to follow up – this is an important part of our three-year cycle, because we need to be agile enough to identify and respond to risks effectively
- It can help us understand what impact a regulator's activities are having on the public and its registrants – particularly where we can compare what people tell us with other evidence.

We give regulators a chance to respond to the feedback we receive. We have also made our reports clearer about how feedback has contributed to our reviews.

Plans for the 2022/23 cycle

After each review we've asked regulators for their feedback on the new process. We'll include their feedback as part of our evaluation of the first year. This should be able to identify what has worked well and where we may want to prioritise further development work. We're committed to continuing our work to develop how we obtain feedback to inform our reviews.

Over this coming year, we're expecting to publish four periodic reviews and six monitoring reviews. We'd like to hear what you think of our new reports: do they tell you what you need to know about how the regulators are performing? Is it easy to understand how we decided whether or not regulators had met our Standards? Is there anything else you would want to see in our reports? You can get in touch with us by **share@professionalstandards.org.uk**.

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.'

Read the Alliance Rulebook to acquaint yourself with changes that have been recently made.

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."

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 Manager
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Oldbury Road,
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West Midlands
B65 0LG
Tel: 0121 559 0180

Email: *info@collegefhp.com*
Web: *www.collegefhp.com*

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 intended to be recognised by members of the public, employers, and commissioners.

professional™ standards authority
accredited register

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*

To All Members

Merry Christmas

And A Happy New Year

All the best!

Gilly, Danni, John, and all at the College

These can be used to purchase equipment, instruments, courses, Masterclasses or even to pay off course fees!

Any value you like!!!!