British Orthopaedic Association
Caring for Patients; Supporting Surgeons

BOFAS
British Orthopaedic Foot & Ankle Society

CH/SB/cmj

24 October 2014

Consultation on Standards for Podiatric Surgery
Policy and Standards Department
The Health and Care Professions Council
Park House
184 Kennington Park Road
London SE11 4BU

Dear Sir/Madam,

We, the British Orthopaedic Association (BOA) and British Orthopaedic Foot and Ankle Society (BOFAS), write in response to the HCPC's Consultation on standards for podiatric surgery. We thought you would value our early feedback.

We remain supportive of this initiative and want to see it succeed. We note that the proposed HCPC standards fit with the overarching professional standards produced by the GMC for medically qualified practitioners.

The consultation asks for responses to a number of questions:

Q1. Do you think the standards are set at the level necessary for safe and effective podiatric surgery practice?

We have reviewed the standards and whilst they provide a broad background we believe that they lack important detail. This could potentially expose the public, and also the regulator, to risk/criticism.

Both the BOA and BOFAS remain keen to ensure, in the best interests of patient safety, appropriate equivalence between the training, qualification and on-going governance of medically qualified orthopaedic foot and ankle surgeons and non-medically qualified podiatrists practising forefoot surgery. We believe that it is only through a multidisciplinary approach that podiatric forefoot surgery can be safely delivered to the public. Our suggestions for re-wording the standards are outlined in our answers to Question 2. Acknowledging that the proposed standards as currently drafted are broad, we would expect to see the production in parallel of further guidance, along the lines of the GMC's standards for curriculum and assessment systems: http://www.gmc-uk.org/education/postgraduate/standards_and_guidance.asp .

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We would also anticipate establishments providing training for podiatrists practising podiatric forefoot surgery to develop robust training and examination modules to ensure equivalence with the HCPC's guidance.

As already outlined in the NHS Education Scotland (NES) draft curriculum, a podiatric surgical training programme would need to encompass training with other medically qualified professionals, including anaesthetists, plastic surgeons, accident and emergency physicians, radiologists, dermatologists, and vascular surgeons to train individuals with the breadth of skills required of a foot surgeon. This needs to be made clear in the HCPC's standards.

Q2. Do you think any additional standards are necessary?

A) We maintain that the public do, and will, expect that the training and ongoing regulation of podiatrists practising podiatric forefoot surgery after certification should be to the same standard as that of medically qualified trauma and orthopaedic (T&O) surgeons operating on the foot and ankle, unless restrictions are placed on their scope of practice. Our reasons for this are as follows:

- Trauma and Orthopaedic surgeons before taking up consultant practice are required to be competent in foot surgery, including achieving practical competency in forefoot surgery. This is a requirement for entry onto the Specialist Register. Therefore by establishing this anatomical landmark of practice in forefoot surgery, equivalence of competence between the two types of practitioner can be achieved.

- We note that by definition "A chiropodist/podiatrist diagnoses and treats disorders, diseases and deformities of the feet." Given that podiatrists in some other countries have extended their surgical practice to the knee and even the hand, we believe that it would be prudent to set a standard which specifies an anatomical limitation of practice to avoid confusion in the future.

- 80% of all foot surgery is distal to the tarsometatarsal joint so we believe that the podiatrists would be able to develop significant expertise in this area. This anatomical remit would also help health care providers meet the public's needs.

Thus we believe it is in the best interests of patients that the range of practice should be limited to the forefoot (i.e. distal to the tarsometatarsal joint). While we understand that this may seem a departure from the normal procedures of the HCPC, but not perhaps the GMC, this degree of specificity will simplify and clarify regulation.

B) In contrast to GMC regulated medical practitioners, there is no unified, regulator approved syllabus or curriculum for surgical podiatry. This responsibility resides, along with the qualification award process, with individual training and education providers. Whilst individual providers' programmes will be subject to HCPC review of their broad conformity with the standards, in the absence of any robust assessment process there remains the potential for significant differences in approach, content and delivery. This is at variance with trauma and orthopaedics, which has one Intercollegiate awarding body for completion of surgical training.

We therefore have significant concerns over the potential for variation in standards of training and qualification of podiatrists performing surgery, and the associated implications for patient safety. The standards should include a statement to the effect that measures will be put in place to produce a unified curriculum and formally assessed delivery process for all those qualifying as podiatrists practising podiatric forefoot surgery.

C) The regulation of podiatrists performing podiatric forefoot surgery post qualification will differ from those practitioners regulated by the GMC. Podiatrists practising podiatric forefoot surgery will recertify every two years. At the current time there is minimal external scrutiny of this process. This contrasts with GMC regulated foot and ankle surgeons for whom annual appraisal and 5 yearly revalidation are mandatory with external scrutiny. We believe that there should be a statement that the regulation of podiatrists performing podiatric forefoot surgery will move towards a process that will align with the GMC's approach. The objectives should be to ensure that podiatrists performing forefoot surgery work as part of a team, that their practice is audited as part of that team, and that a validated record of such participation in audit is incorporated as a key component of the proposed bi-annual re-certification process.

D) We believe that the standards should include a statement that podiatrists practising podiatric forefoot surgery should work in a multidisciplinary team. This team would include, for example, anaesthetists, vascular surgeons, orthopaedic surgeons, non-operating podiatrists and nurses.

Q3. Do you think there are any standards which should be reworded or removed?

1.4 should omit "surgical" as not all therapeutic options are surgical and this fits better with 1.5.
1.9 should be reworded to read, "be able to manage a patient's pharmacological needs safely and to recognise and respond to..."
1.10 requires rewording to "understand the need to establish a safe surgical environment including robust infection control measures"
1.11 repeats skin closure and excision. This requires further editing.

There is no mention of bone fixation, which is commonly utilized, for example to fix an osteotomy. We would recommend a reference to competence in small bone fixation.

There is no reference to the administration of anaesthesia, which is commonly performed by podiatrists practising podiatric forefoot surgery. We would recommend a standard be produced to encompass the safe administration of regional anaesthesia.

Q4. Do you have any comments about the language used in the standards?

We have no comments on the language used in the standards.

Q5. Do you have any other comments on the standards?

We realise the issue of title remains to be resolved and understand the regulator's position (3.19). In that context we fully support the HCPC's recommendation to use the term "podiatrist practising surgery" over that of "podiatric surgeon". The BOA's Patient Liaison Group has strongly reinforced this. In their view it serves the best interests of patient safety by informing individuals' choices.

As acknowledged in section 3.7 of the consultation, Queen Margaret University in Edinburgh in association with NES is developing a training programme for podiatrists practising podiatric forefoot surgery. We continue to work closely with NES to create a robust training model and suggest that this programme is used as a pilot to further develop training standards, in collaboration with trauma and orthopaedic surgeons, for podiatrists practising podiatric forefoot surgery.

We would be pleased to supply any further information you may require, are fully committed to making this work, and would very much appreciate the opportunity of a further meeting to discuss these issues in person.

Yours sincerely,

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BOA President

Stephen Bendall
BOFAS President

Information:

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