Foot forum

In association with Foot in Diabetes UK

The idea of the Foot forum is to disseminate some of the discussion threads generated on the Foot in Diabetes UK (FDUK) Internet discussion forum to a wider readership. It will also act as a noticeboard for important announcements for healthcare professionals involved in the care of people with diabetic foot problems. If you wish to contribute with a question, an answer to a question or an important announcement please email manish@sbcommunicationsgroup.com.

Open for referrals

Q. How many areas run an open referral system for podiatry? We have a system where anyone may self-refer, so even where individuals have been screened in general practice if that person thinks they should be seen by podiatry they may refer themselves.

Sandra Jones, Diabetes Clinical Lead Podiatrist, Trafford PCT

A. In Suffolk patients can self-refer. I was hoping the issue of duplication of neurovascular assessment would be addressed by the computerisation of notes, but while additional podiatry information can be reviewed by GPs on the same system, we do not have access to any patient data. Such access would help optimise our system as we would have access to information regarding recent vascular referrals and outcomes, swab results, nail clipping results, relevant bloods, recent HbA_{1c} and the like.

Anna Evans, Community Podiatrist, Suffolk PCT

Too well for clinics

Q. What do you do with your neuropathic patients who have no vision problems and are fully able to examine their own feet? We have a few who are on 6- and 12-month reviews. However, because they are able to manage themselves adequately they miss their reviews and eventually drop out of the system.

Anna Evans, Community Podiatrist, Suffolk PCT

A. In situations like this education should be targeted to these people and they should be given clear advice on how to access specialist teams if required. Most areas of excellence have self-referral pathways as well as healthcare professional referral pathways. If the patient does not attend their review they should be followed up with another appointment. Although there also has to be a point when the patient can take on some responsibility for their care, especially those who are able.

Joanne McCardle, Diabetes Specialist Podiatrist, Edinburgh

Are we special?

Q. I was recently asked how I felt about the term 'specialist' in relation to podiatrists. It seems that nowadays every podiatry job that is advertised refers to a 'specialist' post. At what stage do we become specialists? I think there ought to be a formal structure to achieve this status in which we have to undertake the competencies outlined by FDUK, put them into clinical practice and be able to demonstrate extensive knowledge. I am a little concerned by how often the word 'specialist' is used, especially in the context of someone who merely has an interest in the subject rather than having an extensive knowledge of it. What are people's thoughts on this?

Joanne McCardle, Diabetes Specialist Podiatrist, Edinburgh

A. To answer this we must consider what a diabetes specialist podiatrist should be able to do as a minimum in order to justify the term 'specialist' in the absence of the elusive national post-graduate competency qualification. I would suggest that the recent commissioning skills competency document has some answers, as does the NICE algorithm describing what a diabetic foot team should provide. Concisely, this would be something along the lines of the following.

The specialist podiatrist will be able to demonstrate knowledge of:

1. Comprehensive vascular assessment.
2. Wound management, including debridement, dressings and infection management.
3. Total contact and Scotchcast manufacture.
4. Ability to identify and influence the optimising of glycaemic control and CHD/CVD risk factor management.
5. Ability to facilitate appropriate post-healing foot protection.
6. Ability to identify and initiate the timely management of Charcot neuroarthropathy.

I would say this is a healthy minimum to define a specialist podiatrist and if NICE include specific reference to behaviour-changing interventions in the next review, then there is potentially even more to be done. Is anyone out there a specialist podiatrist yet? Or are we all mavericks of one level or another?

Martin Fox, Clinical Lead Podiatrist, Tameside and Glossop PCT, Secretary of FDUK