

# Your competency framework



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As busy people working in health care, you are sent emails, memos and letters on a daily basis. Added to this you will receive a number of documents, circulars and guidelines that usually magic their way to your shelf or drawer to be read at a later date, and this is where they stay.

This brings us to the reason for this editorial. In the last issue of *The Diabetic Foot Journal* you received a copy of the *Podiatry Competency Framework for Integrated Diabetic Foot Care* (TRIRPodD-UK, 2012). We are confident that some of you will already have begun thinking about how you will use it in your own practice, but equally we are sure some people will have put it in the draw for a later date, or wondered what relevance it had to their practice.

As Donald Gardener said: “Do you know what happens when you give a procrastinator a good idea? Nothing!” But we hope we can persuade you to open the draw and read the document with new eyes and a greater understanding.

The *Podiatry Competency Framework for Integrated Diabetic Foot Care* is an initiative that stretches across the four nations of the UK. The implementation of the framework may differ across geographical areas and different health care systems, but the ultimate aim is to provide a workforce that has the necessary skills to provide foot care for people with diabetes.

At present, there is no statutory body that will govern its implementation, but a

number of organisations, including FDUK, Society of Chiropodists and Podiatrists, Scottish Diabetes Foot Action Group, and certain NHS Health Boards, have endorsed the document and are actively engaged in its implementation. Furthermore, the new Diabetes Footcare Networks in England will no doubt be examining ways of demonstrating and ensuring the competency of the workforce.

So what can the framework be used for? Its uses vary from being a tool for practitioners and managers to benchmark existing and future skill sets – both for the individual clinician and services. Commissioners of health care services will want providers to be able to demonstrate that they are employing a competent workforce – a consideration of growing importance in the era of the “any qualified provider” agenda (Department of Health, 2011) – and they can use the framework to benchmark competencies for specific activities. Equally, the framework can be used by individual clinicians to self assess their competency and aid them in structuring a professional development plan; future specialists in diabetic foot care will be required to demonstrate their competency. This document links to the Knowledge and Skills Framework and with Skills for Health and is an ideal medium to show career development. Additionally, higher education institutions are beginning to use the framework to ensure that their podiatry programmes are fit for purpose.

In our view, the framework has the capacity to revolutionise the way that podiatrists and

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diabetic foot care specialists structure services to ensure that the person with diabetes is treated at the right time by the right person. Critical to achieving this is the ability to standardise what podiatrists do in relation to diabetes across the UK.

In other areas and disciplines (e.g. podiatric surgery, supplementary prescriber) there are clearer pathways to become specialist within your area. To generate a group of competent specialists in any field, a supporting infrastructure is needed to ensure that both the theoretical and practical clinical exposure is gained and documented. Why is it not the case for diabetes specialist podiatrists?

A survey carried out by Stuart and McInnes (2010) demonstrated a frightening difference in not only what podiatrists who specialise in diabetic foot care call themselves, but what education and experience had been gained to reach “specialist” status. The competency framework provides the scaffolding around which can be built the specialism of diabetes specialist podiatry. The TRIEPodD-UK group are now working closely with key stakeholders on initiatives associated with the framework as it begins to become embedded in practice.

As a final note, we would like to pass the document into your hands to use as you see fit, which will hopefully not be to gather dust on your shelf. As Mae West said: “He who hesitates is last.” ■

Department of Health (2011) *Operational Guidance to the NHS on Extending Patient Choice of Provider*. DH, London. Available at: <http://bit.ly/oN7h4X> (accessed 14.03.2012)

Stuart L, McInnes A (2011) Diabetes specialist podiatrists in the UK: Ensuring a competent, adequate workforce. *The Diabetic Foot Journal* 14: 102–6

TRIEPodD-UK (2012) *Podiatry Competency Framework for Integrated Diabetic Foot Care*. SB Communications Group, London. Available from: <http://bit.ly/QBIH5x> (accessed 06.08.2012)