

Diabetes Foot Competency Framework: Planning for the future

This is a report from the first consultation day for the Scottish Diabetes Group – Foot Action Group's *Diabetes Foot Competency Framework*, 19 February 2010, The Beardmore Hotel, Glasgow.

In February the Foot Action Group held a consultation day to present and discuss the *Diabetes Foot Competency Framework*. Speakers provided background on the need for such a document, the way in which the document was developed and how it fits into the wider picture of competency and accreditation. The floor was opened for discussion and areas were identified for its further development and subsequent implementation.



To follow the *Diabetes Foot Competency Framework's* progress, join the Facebook group at: www.facebook.com

Beginning the day's proceedings, Matthew Young (Consultant Physician, Edinburgh) said that the *Diabetes Foot Competency Framework* (Foot Action Group, 2010) had been a long time in development, but he had felt sure that – as Kevin Costner says in the film *Field of Dreams* – “If we build it, they will come”, and so thanked the audience for attending. Matthew looked forward to the Framework entering the next stage of its development – the consultation phase – of which today marked the official beginning.

Joanne McCardle (Advanced Acute Diabetes Podiatrist, Edinburgh) spoke next on why there is a need for the Framework. The impact of diabetic foot ulcers (DFUs) on people with diabetes and on the health economy is significant, with DFUs being the largest single reason for UK hospital admission of people with diabetes (Boulton, 2005) and costing in the region of £239 million annually (Gordois et al, 2003).

Joanne reported that the Foot Action Group had undertaken a number of cost-benefit analyses that considered the outcomes of (i) a maintenance of the status quo, (ii) establishing more foot clinics and (iii) developing the podiatric workforce. Maximising the capabilities of the workforce was found to have the highest outlay but the best return. However, Joanne stressed, developing the workforce requires a formalisation of progression from podiatry generalist to fully competent diabetes specialist

podiatrist. Thus, a document providing a framework for career and service development in the area of diabetic foot care was called for.

Next, Duncan Stang (National Diabetes Foot Co-ordinator for Scotland, Lanarkshire) spoke on how the Framework was developed. In 2007, a group of enthusiastic and committed clinicians were brought together by the Foot Action Group with a remit to provide an integrated competency framework that would facilitate workforce development in diabetic foot care, aiming to ensure the highest quality and consistency of care for people with diabetes across Scotland and beyond.

Having identified the benefits of introducing a competency framework for individuals and services, work began on the Framework. While charting the journey from podiatry graduate to diabetes specialist podiatrist, it became clear that mapping the Framework onto existing Skills for Health requirements, National Occupational Standards (NOS), the National Workforce Competencies (NWC) and the Knowledge and Skills Framework (KSF) was essential. Skills for Health became involved to assist.

Duncan stressed that the Framework is an evolving document. Those involved in taking the document forward with the Foot Action Group will include clinicians, patient groups, higher education institutions, workforce planners, the Society of Chiropractors and Podiatrists, NHS Education for

Scotland, Skills for Health and Foot in Diabetes UK (FDUK).

Lorna Hunter (Lead Manager for Scotland, Skills for Health) spoke next on how the Framework links to NOS, NWC and KSF. Lorna reminded the audience that the Framework, once launched, will not replace NOS, NWC or KSF – rather it is a toolkit for looking at competency in diabetic foot care.

David Wylie spoke in more detail on using the Framework as a toolkit, both for clinical practice and in service development. The changing demographic of the diabetes population will require a change in the delivery of podiatry services; there is already a skills-task mismatch with highly trained podiatrists providing basic elements of foot care to people at low-risk of ulceration. Thus, the base of the diabetic foot care community – primarily involved in screening and nail care – will need to be broadened, while in specialist centres, a deeper skill set in a smaller number of clinicians will address the needs of those at highest risk or with active disease. This must be done, David stressed, in a structure way and the Framework is a toolkit for the use of clinicians, managers and commissioners on service planners.

Nikki Munro (Advanced Specialist Orthotist, Glasgow) showed the applicability of the document to other healthcare professions. Nikki presented the view that orthotists too need a framework for competency in diabetic foot care. The Framework was reworked by Nikki and

her colleagues, along with the Foot Action Group, to draw the generic competencies from the Framework and develop additional areas with a focus on orthotists involved in the care of the diabetic foot.

In the afternoon session, Joanne presented data from an online survey that asked healthcare professionals their opinion on the Framework. Overall, Joanne reported that the response was one of slight apprehension but excitement. Podiatrists were the largest group of respondents (76%). The majority of respondents felt that the Framework was detailed enough and reflected the competencies required to manage the diabetic foot and that it would assist in identify staff training needs. Joanne suggested that further work was needed to clearly distinguish between each level of competency, and felt that some guidance on how to read the Framework might clarify its scope.

Next, an interactive session took place during which attendees made groups of 5–10 people and discussed various issues surrounding the Framework, including its further development and implementation. During the discussion that followed, a number of ideas were aired. It was agreed that the development of a quick-reference guide, or executive summary, would make the Framework more manageable. The engagement of patients and patient groups was also stressed. An innovative roll-out plan that would guide healthcare professionals on the tools that the Framework offers was also felt to be warranted. Attendees and the Foot Action Group alike stressed that having the Framework supported by a range of educational opportunities and ways to obtain clinical skills experience was essential. ■

Boulton AJM et al (2005) The global burden of diabetic foot disease. *Lancet* 366: 1719–24

Foot Action Group (2010) *Diabetes Foot Competency Framework* (consultation draft). Scottish Diabetes Group, Glasgow. Available at: tinyurl.com/ydtrvnuik (accessed 10.03.10)

Gordois A et al (2003) The healthcare costs of diabetic peripheral neuropathy in the UK. *The Diabetic Foot* 6: 62–73