

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.

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

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 disappointment. The largest group of respondents (76%) felt that the Framework was detailed enough and reflected the competencies required to

Scotland, Skills for Health and Diabetes UK (NHS UK) assist in identify staff

Lorna Hurran (Lead Manager, Scotland, Skills for Health) spoke next on how the Framework links to NOS, NWC and KSF. Level 1 of the Framework, which is the new guidance launched, will not replace NOS, NWC or KSF. It is a toolkit for looking at competence in diabetic foot care, during which attendees made

David Wignall spoke to people and discussed on using the Framework as a tool for both for clinical practice and for development of the podiatric workforce. The development of the Framework will require a change in the model of care provided. It was agreed that the development of a mismatch with the current podiatric executive providing basic care would be the Framework people at low risk of amputation. The engagement base of the diabetic foot and patient groups was – primarily involved in Acute and roll-out nail care – and would be guided by healthcare professionals on a deep skill that the set in a small number of clinicians will be able to address the needs of the Acute and the Foot or with active disease. This must be stressed that David stressed that the Framework was supported by the Framework of education and opportunities for clinicians, managers and administrative skills on service provision was essential.

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

All-Party Parliamentary Group for Diabetes

A report from a meeting of the All-Party Parliamentary Group for Diabetes,
8 December 2010, Houses of Parliament, London.

This meeting of the All-Party Parliamentary Group for Diabetes focused on diabetes and foot care. Chaired by Adrian Sanders MP, the meeting was attended by Rt Hon the Lord Morris of Aberavon QC, Lord King of West Bromwich, Lord Harrison, Mr John Leech MP, representatives of the Department of Health and Diabetes UK and members of the press.

Dr Rowan Hillson (National Clinical Director for Diabetes, NHS Diabetes) opened discussion and explained why people with diabetes are more likely to suffer from foot problems and that the result is currently >100 major amputations per week in England. Professor Cliff Shearman (Vascular Surgeon, Southampton), Dr Gerry Rayman (Consultant Physician, Ipswich) and Professor William Jeffcoate (Consultant Diabetologist, Nottingham) went on to explain the preventability of diabetic foot disease with prompt intervention by multidisciplinary diabetic foot teams.

Lord Harrison picked up the point of integrated services. Dr Hillson responded that organisational barriers in the NHS have caused exclusion of staff at the expense of the diabetic foot in some areas. All success stories in reducing diabetes-related amputations come from integrated services. Dr Hillson stressed that boundaries must not become barriers.

Adrian Sanders MP asked exactly what a GP is supposed to do in terms of foot care. Dr Hillson explained that GPs are expected to test feet with a monofilament, as laid out in the Quality and Outcomes Framework (QOF). Dr Rayman pointed out that although QOF sets out the tests, it does not explain what actions should be taken next – meaning that some people see a podiatrist when it is not required, while others who need to see a podiatrist do not.

Lord Harrison congratulated the speakers and explained that he would like to get this issue onto the agenda for both Houses of Parliament. ■