Developing competency for podiatrists in diabetic foot debridement

This is my first editorial as Associate Editor of *The Diabetic Foot Journal* and I would like to start by thanking all the people at SB Communications for showing faith in me to undertake this new role.

While writing my first editorial in this new role, I thought it would be prudent to ask Editor-in-Chief Matthew Young to figuratively "hold my hand" through the process, but – more importantly – to help me understand a medic's opinion (although, Matthew is an honorary podiatrist) on the importance of developing a curriculum around debridement for the profession of podiatry, the health care services and – vitally – the person with diabetes. So here goes.

Podiatrists at undergraduate level are trained in the "assessment, diagnosis and treatment of common and more complex lower-limb pathologies associated with the toenails, soft tissues and the musculoskeletal system with the purpose of sustaining or improving foot health" (Society of Chiropodists and Podiatrists, 2010). Once they become degree-holding professionals, podiatrists use a range of treatments, including debridement, to manage foot conditions. It is recognised that a core skill or competency is the ability to undertake the debridement of corn, callus and other forms of hyperkeratosis on the lower limb. In addition to this, a core competency associated with qualification is the ability, as described by the Health and Care Professions Council (2013) to debride "intact and ulcerated skin". This is where the area becomes grey.

Does debridement of ulcerated skin mean all kinds of ulceration and at any level? Can a newly qualified podiatrist remove infected toes or drain pus from an abscess? I would argue probably not! The competency and experience of the newly qualified podiatrist is often very dependent on their exposure during placements, which can often be a hit-and-miss affair. Even those who have been fortunate enough to have been exposed to debridement at the highest level will have little hands-on experience of such procedures. Even post-qualification exposure and development of practice and subsequent competency can vary, depending on the situation the practitioner finds themselves in; many enter private practice (where exposure to the most complex wounds is less) or find themselves in roles within the NHS that require different skills, such a close understanding of biomechanics.

FDUK (www.footindiabetes.org) and the College of Podiatry have recognised that there is a need for developing a guideline acknowledging that, for some, the profession of podiatry has evolved and complex wound management – including debridement of an ulcerated diabetic foot – has become an extended scope of practice. As such, in this issue of *The Diabetic Foot Journal*, you will receive a copy of the document *Principles of Debridement: The Diabetic Foot – Developing a Scope of Practice for Podiatrists in the UK*.

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Matthew Young comments that this new document is a separate but natural companion to the TRIEPodD-UK Competency Framework (2012). As the standards for care are further refined and enhanced, some might see this as restrictive. I prefer to see it as aspirational and a tool for development, helping to move the podiatry profession forward and enabling individuals to develop greater skills and improve their own capabilities. ■

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