# Standards for podiatric surgery mapping

## How to complete this document

The following should be used as a **guideline** when providing your documentary evidence, and as a **checklist** before you submit it to us. To ensure we are able to find relevant and pertinent information about how your programme meets the standards, please ensure that your evidence is presented in a coherent and user-friendly way. **If we are unable to navigate your documentation, we will return it to you for resubmission.** We may also request large print copies of any documentation that you submit.

Your electronic submission should exactly mirror your physical submission. In your electronic submission, please ensure that you group similar documents together into one. For example, please provide one document containing all staff CVs (if applicable). Please also note that our document management system strips documents out of WinZip files, and therefore any folder structure organisation that you do will be lost when documents are added to our system. Therefore, please ensure you contain all identifying information in the filename.

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| Your documents **should**:* include a contents page or index
* have clear headings
* have page numbers
* have clear colour contrast (eg black on white)
* be in a sans serif font (eg Arial), preferably size 12
* be grouped together wherever possible

Your documents **should not**:* include documents not referenced in your mapping
* contain highlights or shading
* include scanned text documents (provide original Word documents instead)
* include uncompressed photos
* include web links that we are unable to access
 | Your mapping document **should**:* indicate where evidence can be found for each standard in the accompanying documentation
* reference exact document titles
* reference correct page and paragraph numbers
* contain correct and externally accessible web links
* be in Arial size 12

Your mapping documents **should not**:* contain the evidence itself
* be completed as “not applicable”
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## For example:

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| **Standard for education providers** | **Where can evidence be found to demonstrate that you meet this standard? (eg Programme spec, page 7, paragraph 4)** |
| **A.3** The admissions procedures must apply selection and entry criteria, including accreditation of prior (experiential) learning and other inclusion mechanisms. | Programme specific information in the Admissions Handbook for staff, page 6, paragraph 2University wide AP(E)L admissions procedures can be found here:www.exampleuniversity/exampleAPELprocess.org  |
| **B.6** Training must be delivered by staff with relevant specialist expertise and knowledge. | Staff CVs; module descriptorsAppendix 16 – List of module leaders |
| **D.2** The number, duration and range of practice placements must be appropriate to support the delivery of the programme and the achievement of the learning outcomes. | Placement Handbook – pages 12-14Appendix 3 – Memorandum of understanding with employers, section 2Appendix 4 – Example of Placement Quality Assurance Form demonstrating the learning outcomes to be achieved |

## Standards for education providers

| **Standard for education providers** | **Where can evidence be found to demonstrate that you meet this standard? (eg Programme spec, page 7, paragraph 4)** |
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| **Programme admissions** |  |
| **A.1** The admissions procedures must give both the applicant and education provider the information they require to make an informed choice about whether to take up or make an offer of a place on a programme. |  |
| **A.2** The admissions procedures must apply selection and entry criteria, including appropriate academic and professional entry standards. |  |
| **A.3** The admissions procedures must apply selection and entry criteria, including accreditation of prior (experiential) learning and other inclusion mechanisms. |  |
| **A.4** The admissions procedures must ensure that the education provider has equality and diversity policies in relation to applicants and trainees, together with an indication of how these will be implemented and monitored. |  |
| **Programme management and resources** |  |
| **B.1** The programme must have a secure place in the education provider’s business plan. |  |
| **B.2** The programme must be effectively managed. |  |
| **B.3** The programme must have regular monitoring and evaluation systems in place. |  |
| **B.4** There must be a named person who has overall professional responsibility for the programme who must be appropriately qualified and experienced and, unless other arrangements are agreed, be on a relevant part of the Register. |  |
| **B.5** There must be an adequate number of appropriately qualified, experienced and, where required, registered staff in place to deliver an effective programme. |  |
| **B.6** Training must be delivered by staff with relevant specialist expertise and knowledge. |  |
| **B.7** A programme for staff development must be in place to ensure continuing professional and research development. |  |
| **B.8** The resources to support trainee learning in all settings must be effectively used. |  |
| **B.9** The resources to support trainee learning in all settings must effectively support the required learning and teaching activities of the programme. |  |
| **B.10** The learning resources, including IT facilities, must be appropriate to the curriculum and must be readily available to trainees and staff. |  |
| **B.11** There must be adequate and accessible facilities to support the welfare and wellbeing of trainees in all settings. |  |
| **B.12** There must be a system of academic and pastoral trainee support in place. |  |
| **B.13** There must be a trainee complaints process in place |  |
| **B.14** Where trainees participate as service users in practical and clinical teaching, appropriate protocols must be used to obtain their consent. |  |
| **B.15** Throughout the course of the programme, the education provider must have identified any mandatory components and must have associated monitoring mechanisms in place. |  |
| **B.16** Service users and carers must be involved in the programme |  |
| **Curriculum** |  |
| **C.1** The learning outcomes must ensure that those who successfully complete the programme meet the standards for podiatrists practising podiatric surgery |  |
| **C.2** The programme must reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance. |  |
| **C.3** Integration of theory and practice must be central to the curriculum |  |
| **C.4** The curriculum must remain relevant to current practice. |  |
| **C.5** The curriculum must make sure that trainees understand the implications of the HCPC’s standards of conduct, performance and ethics on their podiatric surgery practice. |  |
| **C.6** The delivery of the programme must support and develop autonomous and reflective thinking. |  |
| **C.7** The delivery of the programme must encourage evidence based practice. |  |
| **C.8** The range of learning and teaching approaches used must be appropriate to the effective delivery of the curriculum. |  |
| **C.9** When there is interprofessional learning the profession-specific skills and knowledge of each professional group must be adequately identified and addressed. |  |
| **Practice placements** |  |
| **D.1** Practice placements must be integral to the programme. |  |
| **D.2** The number, duration and range of practice placements must be appropriate to support the delivery of the programme and the achievement of the learning outcomes. |  |
| **D.3** The practice placements must provide a safe and supportive environment. |  |
| **D.4** The education provider must maintain a thorough and effective system for approving and monitoring all practice placements. |  |
| **D.5** There must be an adequate number of appropriately qualified, experienced and, where required, registered staff in the practice placements. |  |
| **D.6** The clinical supervisor must have relevant knowledge, skills and experience. |  |
| **D.7** The clinical supervisor must undertake appropriate educator training. |  |
| **D.8** The clinical supervisor must be appropriately registered. |  |
| **D.9** There must be regular and effective collaboration between the education provider and the practice placement provider. |  |
| **D.10** Trainees and clinical supervisors must be fully prepared for the practice placement environment which will include information about:– the learning outcomes to be achieved;– the timings and the duration of the experience and associated records to be maintained;– expectations of professional conduct;– the professional standards which trainees must meet;– the assessment procedures including the implications of, and any action to be taken in the case of, failure to progress; and– communication and lines of responsibility. |  |
| **D.11** Learning, teaching and supervision must encourage safe and effective practice, independent learning and professional conduct. |  |
| **D.12** A range of learning and teaching methods that respect the rights and needs of service users and colleagues must be in place in the approved clinical learning environment. |  |
| **Assessment** |  |
| **E.1** The assessment strategy and design must ensure that the trainee who successfully completes the programme has met the standards for podiatrists practising podiatric surgery. |  |
| **E.2** All assessments must provide a rigorous and effective process by which compliance with external-reference frameworks can be measured. |  |
| **E.3** Professional standards must be integral to the assessment procedures in both the education setting and practice placement setting. |  |
| **E.4** Assessment methods must be employed that measure the learning outcomes. |  |
| **E.5** The measurement of trainee performance must be objective and ensure safe and effective podiatric surgery practice. |  |
| **E.6** There must be an effective monitoring and evaluation mechanisms in place to ensure appropriate standards in the assessment. |  |
| **E.7** Assessment regulations must clearly specify requirements for trainee progression and achievement within the programme. |  |
| **E.8** Assessment regulations, or other relevant policies, must clearly specify requirements for approved programmes being the only programmes which contain any reference to an HCPC-protected title or part of the Register in their named award. |  |
| **E.9** Assessment regulations must clearly specify requirements for a procedure for the right of appeal for trainees. |  |
| **E.10** Assessment regulations must clearly specify requirements for the appointment of at least one external examiner who must be appropriately experienced and qualified and, unless other arrangements are agreed, be from a relevant part of the Register. |  |

## Standards for podiatrists practising podiatric surgery

| **Registrants must:** | **Where can evidence relating to the delivery and assessment of each standard be found in the accompanying documentation? (eg Module descriptor AB1234, Learning outcome XXXX)** |
| --- | --- |
| **1.1** be able to undertake a thorough, sensitive, relevant and detailed patient history |  |
| **1.2** be able to assess and initiate the appropriate investigation and management of conditions requiring podiatric surgery treatment |  |
| **1.3** be able to order and interpret appropriate clinical investigations to develop a diagnosis and manage the patient throughout their podiatric surgery treatment |  |
| **1.4** be able to develop, monitor, review, modify and evaluate an appropriate surgical care plan |  |
| **1.5** be able to undertake a thorough and detailed assessment of the foot and lower limb and use that assessment to determine a patient’s options for treatment |  |
| **1.6** be able to communicate clearly with patients, and others involved in their care, information about the treatment provided, including about the risks of any procedure and complications which may arise |  |
| **1.7** be able to gain informed consent to carry out a surgical intervention on the foot and associated structures and record appropriately |  |
| **1.8** understand anatomy in the context of podiatric surgery and how surgical intervention can impact on human locomotion |  |
| **1.9** be able to manage a patient’s pharmacological needs safely and to recognise and respond to complications arising from drug administration |  |
| **1.10** understand the need to establish and maintain a safe surgical environment, including the need to maintain a sterile environment, and be able to apply in surgical practice |  |
| **1.11** be able to undertake a range of surgical techniques within the foot and associated structures including the following.– Application and monitoring of a tourniquet– Skin incisions and closure– Tissue handling– Haemostasis– Dissection– Excision of bony prominences– Osteotomy– Arthrodesis– Arthroplasty– Digital correction– Soft tissue excisions, correction and skin flaps |  |
| **1.12** be able to undertake appropriate post-operative monitoring, evaluation and management of the patient |  |
| **1.13** be able to identify common post-operative complications and respond appropriately |  |
| **1.14** be able to practise in accordance with current legislation governing the use of ionising and non-ionising radiation for medical and other purposes |  |
| **1.15** be able to keep accurate, comprehensive and comprehensible records of a surgical intervention in accordance with applicable legislation, protocols and guidelines |  |
| **1.16** be able to monitor and evaluate the quality of podiatric surgery practice and use that evaluation to improve practice |  |
| **1.17** understand the importance of participation in training, supervision and mentoring |  |
| **1.18** understand the role of the podiatrist practising podiatric surgery within a multi-disciplinary team |  |
| **1.19** be able to use immediate life support and deal with clinical emergencies safely |  |