

Competency Framework for Podiatrists
and Healthcare Clinicians Working in

**DIABETES LOWER LIMB CARE
AOTEAROA / NEW ZEALAND**



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Foot Koru Logo: The Foot image is easily identifiable as relating to the foot in diabetes and Podiatry and draws the reader's attention to foot related issues. The two koru acknowledges the NZSSD logo, the geography of the North and South islands (incorporating the offshore islands) and while the koru which has many layers of meaning, the concept of perpetual movement is drawn upon in this graphic to symbolise feet moving forward successfully and the potential for ongoing improvements to health care. Internationally, the koru symbol, instantly recognisable as pertaining to New Zealand. Guidance and advice on the logo has been received from the Chief Advisor Tikanga, Dame Naida Glavish, ADHB and use of the logo is approved.

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Special thanks to the following organisations for their support in developing the frameworks.



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FOREWORD

We are pleased to bring you the *Competency Framework for Diabetes Lower Limb Care in Aotearoa/New Zealand 2020*.

It is widely recognised that podiatrists play a lead role in the management of diabetes related foot complications. The initial objective was to produce a competency framework for podiatrists and the advanced level of diabetes foot care. However, during the development process the need to define the full spectrum of care including foot screening and health improvement became apparent.

The *Competency Framework for Diabetes Lower Limb Care in Aotearoa/New Zealand 2020* is the culmination of previous work initiated by the New Zealand Society for the Study Of Diabetes (NZSSD) Podiatry Special Interest Group (PodSIG). This involved the adaptation of the 2012 TRIEPodD-UK Framework for Podiatry Competencies in the Integrated Care of the Diabetic Foot (1). A working group based on a partnership between Auckland and Waitematā District Health Boards (DHBS) and NZSSD has augmented the preliminary work. The working group membership included key stakeholders from the podiatry profession and those involved in diabetes related foot screening and management.

The working group was

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In 2018, Auckland and Waitematā DHBs appointed a Podiatry Clinical Professional Leader as part of a quality improvement project for diabetes related foot protection services. A comprehensive framework encompassing the knowledge and skills needed to support the best possible outcomes for people with diabetes (PWD) was a key part of the project. The project's focus on developing a framework enabled the earlier vision from the PodSIG to come to fruition.

We would like to acknowledge the earlier work of the PodSIG: Steve York; Michele Garrett; Claire O'Shea; Leigh Shaw; Fiona Angus; Whitney King; Judy Clarke; Karyn Ballance, and the support of Auckland and Waitematā DHBs and NZSSD in the development of the framework. We would also like to extend our grateful thanks the Scottish Diabetes Foot Action Group (SDFAG) and the Foot in Diabetes UK(FDUK) for their kind permission to use the 2019 Capability Framework for Integrated Diabetic Lower Limb Care as the foundation for this document(2).

We hope you find the framework helpful and that it is widely adopted. This is a living document and will be reviewed and updated on a regular basis; your feedback is encouraged.

Michele Garrett,
Project Lead

¹ When the term "person with diabetes" (PWD) is used, it acknowledges the person and their immediate and wider community of whānau/family, carers and support.

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LIST OF ABBREVIATIONS

AUT	Auckland University of Technology
BMI	Body mass index
CN	Charcot neuro-osteoarthropathy
DHB	District Health Board
DN	Diabetes neuropathies
DRLLA	Diabetes related lower limb amputation
FPS	Foot protection service
HbA1c	Haemoglobin A1c
HPCAA	Health Practitioner Competence Assurance Act
MDT	Multidisciplinary team
MECA	Multiple employer collective agreement
MOH	Ministry of Health
NDFSRST	National Diabetes Foot Screening and Risk Stratification Tool
NZSSD	New Zealand Society for the Study of Diabetes
OaLD	Axial offloading and load distribution
PAD	Peripheral arterial disease
PBNZ	Podiatrist Board of New Zealand
PDPN	Painful diabetes peripheral neuropathy
P.G. Cert	Post graduate certificate
P.G Dip	Post graduate diploma
PhD	Doctor of Philosophy
PHO	Primary Health Organisation
PodSIG	Podiatry Special Interest Group
PWD	Person or people with diabetes
UK	United Kingdom

INTRODUCTION

Background

Diabetes is a global pandemic (3) and is 'one of the fastest growing health challenges of the 21st century, with the number of adults living with diabetes having more than tripled over the past 20 years'(4). The incidence is also increasing in Aotearoa/New Zealand. A cross-sectional survey by Coppell et al., 2013 estimated that the prevalence of diabetes in Aotearoa/New Zealand was 7.0%.(5). Prevalence was higher among the obese (BMI ≥ 30 kg/m²) at 14.2% and among Māori (7%) and Pacific peoples (8.1%) compared to all others (4.9%). In addition, the prevalence of pre-diabetes was 18.6%. In Aotearoa/New Zealand diabetes is the leading cause of lower limb amputations(6). Māori and Pacific living in high deprivation fare worse in many diabetes related health measures (7), and for Māori this includes higher rates of diabetes related lower limb amputations (DRLLAs) (8, 9).

Diabetes related foot disease is a devastating, but potentially avoidable complication of diabetes (10, 11). Outcomes are worse than for most types of cancer (12, 13). It is estimated that, worldwide, DRLLA occur every 20 seconds and for amputation the five year mortality rate is 68% (14). Diabetes foot ulcers double mortality and heart attack risk while increasing the risk of stroke by 40% (14, 15). For people with diabetes (PWD) with a foot ulcer the 5-year mortality rate is 2.5 times higher than for PWD alone and it is greater than 70% for those that undergo a related lower limb amputation. For those requiring a lower limb amputation and receiving renal replacement therapy, Armstrong et al reported the mortality rate as 74% at 2 years (16). The indirect costs of foot disease are also high, with many people unable to work and experiencing a poorer quality of life than those without foot disease (17).

For a PWD the estimated life time incidence of foot ulcers is between 19% and 34% (18). The risk of developing foot complications can be stratified into low, moderate, or high risk, and active foot complications. A person identified with a low risk has a 99.6% chance of remaining ulcer free over two years. People with one risk factor such as sensory neuropathy or peripheral arterial disease are considered at moderate risk and have a 6 fold increased risk of ulceration. People with a high risk foot have an annual 83 fold increased risk of ulceration (19). Those who have a healed ulcer, previous DRLLA, or consolidated Charcot foot are classified as in-remission. The mortality rates and outcomes for this group are worse than for those with active ulceration (20) and the risk of re-ulceration is significant (21).

Encouragingly well-organised evidence based diabetes foot management built on a comprehensive foot-screening and triaging programme, and including rapid referral to specialist foot services for active foot problems can potentially improve outcomes (22, 23). In the UK, time to 'first expert assessment' is used as a measure of quality of care. Longer times to first expert assessment are associated with more severe ulcers, poor healing rates and more hospital admissions, revascularization and amputations (24).

The distribution of foot risk is currently unknown in Aotearoa/New Zealand, as the risk screening and data collection varies between Primary Healthcare Organisation (PHO). A Scottish study estimated that 69% of PWD had low risk feet, 20% moderate risk, 11% high risk and 4% of this high risk population had active foot complications(25). Recently, a study in the Waikato region (26) found 13% of PWD were at high risk for diabetes foot disease, 22% of these were moderate risk and only 1% of the high risk population had active foot complications. Selection bias may

account for the lower than expected rate of active foot problems in the Waikato study as it was solely undertaken in retinal screening clinics. People with more severe retinopathy would be under the care of the eye clinic and not have been included. This (excluded) population is likely to have relatively higher rates of diabetes foot disease thus potentially underestimating the proportion with active foot problems. It is known that in Aotearoa/New Zealand inequities exist particularly for indigenous Māori (8, 9), Pacific Peoples (27) and males (28, 29) who bear significantly higher rates of the DRLLAs.

Foot Screening and Foot Protection Services

Foot protection services (FPS) form a structured approach to diabetes foot screening, triaging and care aimed at preventing first and subsequent ulcerations, unplanned hospital admissions and reducing the risk of DRLLAs by prioritizing care. They are an essential component of managing diabetes foot disease. Based on this information NZSSD published an evidence-based 'National Diabetes Foot Screening

and Risk Stratification Tool 2014' (NDFSRST) that offers comprehensive advice on foot screening and assessing risk status. The NDFRST tool was updated in 2017(30). In Aotearoa/New Zealand FPS are based on NDFRST.

It is tacit that annual foot screening is vital for PWD as it enables the early detection of risk factors that can lead to foot problems and possible DRLLA. In Aotearoa/New Zealand, primary care undertakes foot screening at least annually as part of a person's diabetes annual review. The foot screen assesses and triages foot risk as either low, moderate, high, in-remission and active, based on the NDFRST. The Ministry of Health Quality Standards for Diabetes Care 2014 call for patients to be assessed for the risk of foot ulceration and, if required, receive regular review (31). Those with active foot problems should be referred to and treated by a secondary service multidisciplinary foot care team within recommended timeframes. Inpatients should be cared for by appropriately trained staff, and have access to an expert diabetes team when necessary. It is widely acknowledged that organised care and the management of active diabetes foot disease by an MDT (multidisciplinary team) improves patient outcomes (32-35).

Foot screening facilitates timely referral to the appropriate level of FPS (Table 1). These services are predominately podiatry led and are a combination of community based and specialist foot clinics. The model is augmented by inpatient podiatry services

Table 1: Foot Protection Service

Level	Role of Foot Protection Services
A	Foot Screening Involves routine basic assessment and risk stratification and general education, advice and care of the low risk foot.
B	Community Foot Protection Service Community based podiatry services involving the expert assessment and care of the moderate risk foot, but without high risk features or an active foot pathology.
C	Advanced Foot Protection Service Services provided in either the secondary or community care setting dependent on the level of service required for management of the PWD with in-remission or high risk foot features.
D	Specialist MDT Foot Care Team Secondary based specialist podiatry services and multidisciplinary foot care service involving the expert assessment and management of existing foot ulcer or acute Charcot foot. This also includes inpatient care.

and working closely with other specialist services such as Vascular, Orthopaedics, Infectious Diseases and Orthotics. For those with peripheral arterial disease and active foot disease rapid access to the Vascular Services is crucial.

Individual competencies are recognised as a key component of foot protection services. The development of the Competency Framework for Diabetes Lower Limb Care in Aotearoa/New Zealand 2020 is in response to the need to identify and standardise clinical competencies in screening and diabetes foot care across the spectrum of care. The framework spans clinical skills through to research and leadership. Given the current inequities in diabetes foot outcomes the framework also emphasises competencies needed to improve health outcomes for Māori and Pacific peoples² and focuses attention toward whānau-based models of care. It is the first Aotearoa/New Zealand competency framework concentrating on screening and management of diabetes-related foot complications.

Areas/Scope of Practice

As the Aotearoa/New Zealand population with diabetes continues to grow, so too will the demand for foot care. The economic impact on health services will be considerable. Foot complications represent one of the most serious and costly diabetes-related complications (36-38). Meeting the foot care needs of this growing group is likely to require the redesign of current services and an increase in the size of the workforce delivering foot care (39).

Podiatrists are recognised as key healthcare professionals in the delivery, monitoring and design of diabetes foot care services; however, in Aotearoa/New Zealand the bulk of foot screening and preventative education and advice is provided in primary care. To help avoid inequities and regional variation in outcomes, it is important that all healthcare providers are working within the same framework to provide cohesive care. This framework is an important tool that will facilitate benchmarking of existing skill sets for foot screening and provide professional development guidance for podiatrists

who are keen to become specialists and service leaders within diabetes foot care (40).

Podiatrists are registered health practitioners under the Health Practitioner Competence Assurance Act 2013 (HPCAA). Regulation by the Podiatrist Board of NZ (PBNZ) requires podiatrists to demonstrate competence within their scope of practice to meet registration requirements. There are eight overarching competency standards that cover all aspects of podiatry but there is currently no recognised specialist scope for managing the diabetes high-risk foot. Podiatrists are also expected to incorporate the articles of Te Tiriti o Waitangi into services they provide being guided by the principles of partnership, participation and protection outlined in the He Korowai Oranga, Māori Health Strategy (41). This competency framework focuses on the delivery of diabetes-related foot care and though it does not directly relate to each of the eight PBNZ competency areas these guide it. It is an expectation that diabetes-related foot care services will incorporate the articles of Te Tiriti o Waitangi and be delivered in a whānau centred manner.

Historically there has been no standardised route to obtain the theoretical and practical clinical skills needed to provide safe and effective diabetes foot care (42, 43). In Aotearoa/New Zealand, healthcare clinicians providing diabetes-related foot care and wound management have attained their professional skills in a range of ways, mostly through on the job training. For podiatry, there is a diabetes specific paper at undergraduate level and 2020 has seen AUT launch a postgraduate paper in the area of the High Risk Foot. This inconsistency between training pathways highlights the need for a structured approach to detailing professional competencies in the delivery of diabetes foot care.

To align with this tiered approach and provide direction on the skills required to deliver foot protection services the framework is divided into 17 sections termed Competency Statements.

² It is noted men have a higher risk of amputation than women and people living in more deprived areas are at increased risk. However Aotearoa/New Zealand studies have shown that after adjusting for demographic and socio-economic variables there are enduring inequities in outcomes, with a higher risk of diabetes-related lower limb amputation, particularly for Māori but also for Pacific Peoples.

COMPETENCY STATEMENT

1. **General Diabetes and Related Conditions**
2. **Health Equity and Cultural Responsiveness**
3. **Health Improvement**
4. **Screening, Assessment and Diagnosis**
5. **Psychological Considerations in Diabetes Foot Complications**
6. **Dermatology**
7. **Peripheral Arterial Disease**
8. **Diabetes Related Neuropathies and Painful Peripheral Neuropathy**
9. **Charcot Neuro-Osteoarthropathy**
10. **Ulcer Prevention and Pressure Relieving Strategies**
11. **Wound Care**
12. **Offloading and Load Distribution In Active Diabetes Foot Complications**
13. **Post Ulcer Care**
14. **Diagnostic Imaging**
15. **Pharmacotherapy**
16. **Research and Audit**
17. **Leadership**

Each competency is divided into five levels reflecting the increasing complexity of care. This division also reflects the changing skills required to move from novice to expert in diabetes lower limb and foot care. The competency framework is aiming to complement existing proficiency documents for other health professionals rather than attempting to duplicate or replace them.

Working through the skill levels, the first General Level is orientated towards foot screening and management in general practice. Accordingly, basic skills for this can be found in the Diabetes Nurse Knowledge and Skills Framework 2018 (DNKSF). The aim for these podiatry competencies is to add and support the existing DNKSF. The subsequent levels of Core, Comprehensive, Advanced and Consultant, focus on podiatric related knowledge and skills. The working group have determined that the following titles match the knowledge and skill level required for each competency; Core-Registered Podiatrist, Comprehensive-Diabetes Podiatrist, Advanced-Diabetes Specialist Podiatrist, and Expert-Diabetes Consultant Podiatrist. These titles do not reflect DHB Allied Health naming conventions, which tend to vary by DHB but the competency levels align.

The following table outlines person specifications, typical practice setting and training requirements, and clinical practice examples for each podiatrist level described above. These are suggested guidelines only. Other healthcare clinicians such as nurses, doctors and healthcare support workers may have specific requirements outlined by their professional and or regulatory bodies.

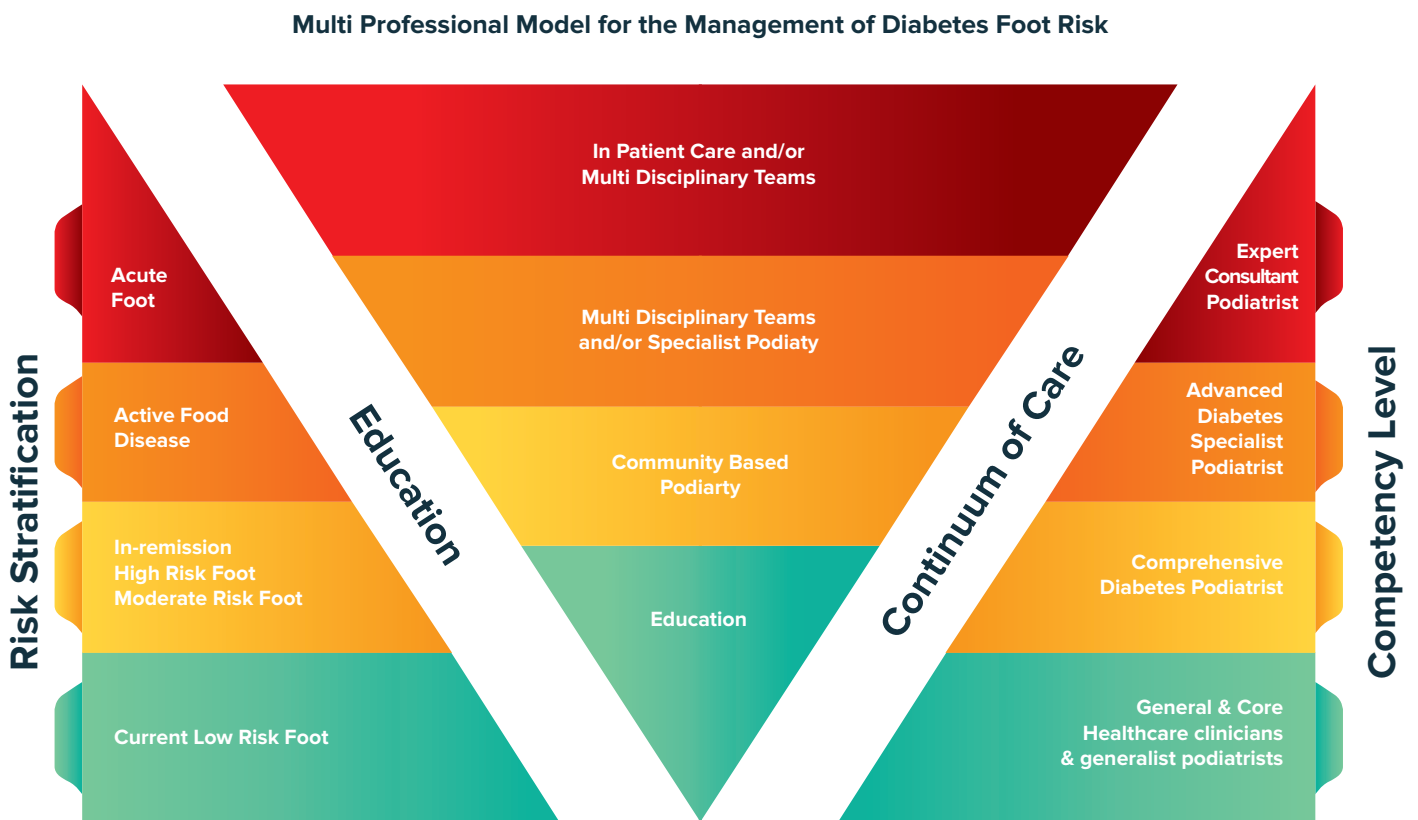
Table 2: Levels of practice for podiatrists (General in the framework refers to other healthcare clinicians/ health care support workers and only pertains to expertise regarding diabetes-related foot complications.)

Level	Core	Comprehensive	Advanced	Consultant
Titles (Descriptor) NB: These titles do not reflect DHB Allied Health naming conventions which will vary by DHB	Registered Podiatrist	Diabetes Podiatrist	Diabetes Specialist Podiatrist	Diabetes Consultant Podiatrist
Level of Expertise NB: Levels 3 and 4 align with the DHB designated positions and advanced roles as per the Allied Health MECA	Generalist	Specialty	Specialist	Expert/ Advanced Clinician
Person Specifications	Current NZ Registered Podiatrist	Current NZ Registered Podiatrist Podiatrists working as part of a community based specialty diabetes service using an interdisciplinary approach, whose role includes a significant focus on the area of diabetes and the moderate to high risk foot, but have < 2 years full time podiatry experience.	Current NZ Registered Podiatrist Podiatrists with >5 years full time working as a podiatrist preferably with experience working with specialist diabetes services using an interdisciplinary approach, whose role and focus is specific to the area of the high risk and active foot complications. Podiatrists able to demonstrate they have sound ability to work competently to the associated tasks and responsibilities of a diabetes specialist podiatrist as described in this document.	Current NZ Registered Podiatrist Podiatrists able to demonstrate highly developed expert knowledge and skills in diabetes foot care and related conditions, typically through extensive experience as a diabetes specialist podiatrist and on-going post-registration training and research in diabetes. Evidence of professional leadership and an advanced level of clinical practice.
Population	People with diabetes and low risk feet.	People with diabetes and moderate to high risk feet.	People with diabetes and in remission or active foot complications ranging from simple to complex.	People with diabetes and complex active foot complications/ Lead care worker for highly complex patients.
Setting	Private practice.	Community based working as part of a generalist MDT care team.	Community and hospital based clinics/ inpatient working as part of a specialist MDT diabetes care team.	Hospital based clinics/ inpatient working as part of a specialist MDT diabetes care team and diabetes foot team. Role likely to have a regional/national focus.
CPD/Training Requirements	As per annual regulatory requirements.	As per annual regulatory requirements with a focus on: *Work-based and self-directed learning in diabetes management. *Individual annual learning goals/objectives with professional development goals that reflect diabetes focus. *Formal and regular training and/or attending diabetes focused scientific meetings recommended. *Clinical supervision recommended with Diabetes Specialist.	Work-based and self-directed learning in diabetes management Individual annual learning goals/objectives with professional development goals that strongly reflect a diabetes focus. Formal and regular training and/or attending diabetes focused scientific meetings essential. Clinical supervision recommended with senior specialist colleagues: Consultant Podiatrist, Diabetes Specialist Dietitian, Clinical Nurse Specialist.	Work-based training and self-directed learning in advanced diabetes management. Clinical supervision recommended with Consultant Podiatrist, Consultant Endocrinologist, Vascular Surgeon, Nurse Practitioner.
Post Graduate Education Pathway	Short course	Short courses P.G.Cert.	P.G.Dip. working towards Masters qualification.	Masters qualification working towards PhD qualification.

The complex nature of foot problems associated with diabetes requires a team approach (33). This approach places the person affected by diabetes and their whānau at the centre of care planning. The Ministry of Health Tier 3 Service Specification for Podiatry Services for People with At-Risk / High-Risk Feet recommend a tiered foot protection service for PWD and diabetes foot complications. The alignment of competency levels to foot risk and care

is demonstrated in Figure 1. Whilst one person may not possess all the skills at each level, the delivery of the relevant skill is important and may be provided by other members of the MDT. People with diabetes deserve the best foot care regardless of resources available Figure 1 Modified and adapted model for provisions of diabetes related foot services in Aotearoa/New Zealand

Figure 1: Modified and adapted model for provisions of diabetes related foot services in Aotearoa/New Zealand



This model is underpinned by a tiered approach to care that has a robust screening programme to identify risk and ensure timely referral to the appropriate level of service. Education and culturally aligned services are pivotal in preventing lower limb amputations. Referral criteria for foot complications will be based on current national, international guidelines and clinical priority assessment criteria.

Definitions

Acute Foot Disease: Life or limb threatening conditions.

Active Foot Disease: Foot pathology that can lead to imminent life or limb threatening conditions.

In-Remission: Healed foot ulcer, previous amputation or consolidated charcot foot.

High & Moderate Risk: Foot and/or disease pathology that puts the foot at increased risk of active or acute foot disease.

Current Low Risk: A foot not exhibiting any current risk features.

AIM OF THE FRAMEWORK

Podiatrists deliver the bulk of diabetes foot care in Aotearoa/New Zealand and are key members of hospital led diabetes foot clinics or multi-disciplinary diabetes foot clinics. For these reasons, the framework focuses on the podiatrist, but is relevant to, and can be adapted for use by, all those involved in delivering diabetes foot care. Likewise, the benefits and uses of the framework extend to a range of stakeholders including people with diabetes, health service managers and planners, policy makers and educational institutions.

The use of the Competency Framework for Diabetes Lower Limb Care in Aotearoa/New Zealand 2020 is intended to:

- Improve outcomes for diabetes-related foot problems by facilitating the development of a demonstrably competent workforce.
- Reduce health inequities for diabetes related foot outcomes such as lower limb amputation rates.
- Enable the early detection and timely referral of potential foot problems.
- Minimise risk by ensuring healthcare clinicians, podiatrists and their employers know the standard of foot screening and care required and are capable of providing that care.
- Provide assurance for PWD that they will be treated by healthcare clinicians with competencies specific to the management of the diabetes foot, and relative to their level of need.
- Ensure PWD are being made aware of their foot risk and provided with the support and skills to help manage their foot risk safely and prevent avoidable diabetes-related foot complications.
- Assist in the development of a range of transferable skills.
- Benchmark existing competencies and identify areas and levels of additional knowledge and skills needed to meet professional development needs, service delivery and employment requirements.
- Develop services by ensuring the right mix of staff competencies to meet the levels of foot care needed by PWD.
- Support relevant professional development planning and activities, leading to improvements in staff satisfaction, retention, and succession planning.
- Guide development of a career progression framework for podiatrists specialising in the care of the diabetes foot.
- Encourage podiatrists to work in the field of diabetes in the knowledge that it can provide a recognise pathway for professional development and career progression in a specialist area of practice.
- Support the development of specialist diabetes podiatrists' roles in Aotearoa/New Zealand and guide an extended scope of practice for those working with acute diabetes-related foot problems particularly in the presence of complex medical and social needs.
- Identify where gaps exist in the provision of continued professional development courses by highlighting individual professional development requirements.
- Influence education and training in Aotearoa/New Zealand for healthcare clinicians and podiatrists requiring further specialist skills for the management of diabetes-related foot conditions.
- Ensure undergraduate training is appropriate for relevant diabetes-related foot competencies at general and core not Level 0 and Level 1.

USE OF THE FRAMEWORK

The framework is designed to provide guidance for the suggested knowledge and skills required to provide the best possible care and ultimately improve outcomes for people living with diabetes. As it spans all levels of practice, from healthcare clinicians to consultant practitioners; managers and services providers can use the framework to assess the scope and competency of their workforce. Many of the competencies are transferable, and the framework can be adapted and used by other healthcare clinicians involved in diabetes foot care.

This framework acknowledges and builds on the minimum competencies required by healthcare clinician's regulatory bodies and recognises that many will have a basic understanding of diabetes and the associated micro and macro vascular complications that manifest as diabetes-related foot complications.

Individual healthcare clinicians can use the framework to benchmark their existing skills and use that as a guide to meet their individual professional development planning and learning requirements. This can then be utilised to direct professional development reviews and monitor progress of development objectives. It can help them identify and develop a career pathway specialising in the diabetes foot.

Managers and professional leaders may use competency evaluations to ensure that teams and services have the staff capabilities to deliver appropriate and safe services. Service providers and planners can adopt the information to guarantee the right skill mix across the spectrum of foot protection services. Responsible authorities can develop service indicators to measure specific diabetes related foot outcomes based on the knowledge that services have a workforce that is demonstrably capable of delivering best foot screening and care for PWD.

Education providers can use the framework to guide undergraduate curriculums to ensure that the applicable level of training for the diabetes foot is provided to ensure that graduates have the necessary skills. The same can be repeated for postgraduate courses whilst others can use the framework to identify gaps and provide continuing professional development courses.

Most importantly, PWD and their whānau will have the assurance that they will be treated by healthcare clinicians with the right level of knowledge and skills to help them manage any identified foot risk. They will have the confidence that their care is provided in a way that is congruent with their cultural and psychosocial needs.

Summary

Valuing expertise and encouraging culturally safe, evidence based whānau centric practice are the principles that guide this framework. Putting the framework into practice can result in improved diabetes-related foot outcomes for PWD by ensuring that the healthcare workforce is appropriately skilled to meet the cultural, social and medical foot related needs of PWD. The over-arching objective of the framework is to ensure that people with diabetes have their feet assessed and cared for, based on their level of risk, by healthcare clinicians with appropriate skill regardless of where they live in Aotearoa/ New Zealand.

COMPETENCY STATEMENTS

1. General Diabetes & Related Conditions

To provide effective care for people with diabetes, health care clinicians and podiatrists should be able to demonstrate the following competencies:

<p>Competency 1.</p> <p>General: Healthcare Clinician</p>	<ul style="list-style-type: none"> • Explains the nature of diabetes, its signs and symptoms and potential complications. • Identifies national guidance for the diagnosis and management of diabetes (NZSSD). • Undertakes protocol-led clinical foot examinations within the scope of their practice. • Demonstrates the ability to support the PWD diabetes management plan to enable self-care to live well with diabetes and help prevent diabetes-related foot complications. • Utilises available professional networks for support, reflection and learning regarding diabetes related foot complications.
<p>Competency 1.</p> <p>Core: Registered Podiatrist</p>	<ul style="list-style-type: none"> • Explains the aetiology of diabetes and the impact of disease progression. • Describes the pharmacological and non-pharmacological approaches to the management of diabetes. • Identifies diabetes-related national guidance and MOH frameworks and refers via the pathways. • Describes NZSSD criteria for diabetes diagnosis. • Interprets blood glucose ranges, HbA1c levels and understands the importance of monitoring. • Adopts a whānau centered approach to care – including liaison with local iwi and communities to ensure culturally appropriateness and accessibility to services. • Applies the principles of evidence-based medicine to their practice, taking a critical approach to accessing and applying new information. • Undertakes an examination and assessment to form a diagnosis. • Takes and/or reviews medical and medication histories. • Assesses the PWDs understanding, and reinforces the benefits, of good glycaemic, cholesterol and blood pressure control, self-care and monitoring to prevent complications; including the provision of lifestyle advice (i.e. smoking cessation, taking exercise, healthy diet). • Communicates with the PWD with updated information on diabetes management • Reflects critically on and improves their own practice.
<p>Competency 1.</p> <p>Comprehensive: Diabetes Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Distinguishes the aetiology of diabetes and the impact of disease progression. • Relates the pharmacological and non-pharmacological approaches to the management of diabetes. • Communicates the complexities of assessment and management of the presenting condition.
<p>Competency 1.</p> <p>Advanced: Diabetes Specialist Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Appraises the aetiology of diabetes and the impact of disease progression. • Differentiates the pharmacological and non-pharmacological approaches to the management of diabetes. • Compares the signs and symptoms of diabetes, including the NZSSD diagnostic criteria. • Relates blood glucose ranges, HbA1c levels and monitoring. • Appraises the diabetes-related national guidance and MOH frameworks. • Is able to request and interpret relevant tests in the management of diabetes. • Evaluates and interprets clinical information from diverse sources and makes informed judgment about its quality and the appropriateness of disseminating it to colleagues. • Analyses and translates clinical information into clinical practice. • Prioritizes diabetes knowledge to engage the PWD in their care. • Provides PWD/or carers with information that supports them in providing informed consent for clinical interventions. • Appraises the development of evidence-based, clinical and cost-effective diabetes care. • Analyses the performance of their service/clinic relative to other local and national services/clinics. • Engages in the critical review of their own and others' practice, and learns from them. • Where appropriate, contributes to diabetes-related national guidelines and MOH frameworks. • Establishes and/or monitors the multi-professional approaches to integrated patient care.
<p>Competency 1.</p> <p>Expert: Diabetes Consultant Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Negotiates the development and implementation of diabetes-related national guidelines and frameworks. • Appraises changes to evidence-based, diabetes care and disseminates this information to colleagues. • Influences national policy on diabetes care. • Critiques services defining innovations to meet the PWD needs and leads change.

COMPETENCY STATEMENTS

2. Health Equity & Cultural Responsiveness

To provide effective care for people with diabetes, clinicians and assistants should demonstrate the following competencies in health equity and cultural responsiveness to provide high-quality health care for Māori:³

³ Adapted from: *Equity of Health Care for Māori: A framework*, MOH (2014).

<p>Competency 2.</p> <p>General: Healthcare Clinician</p>	<ul style="list-style-type: none"> • Expresses the intent of Te Tiriti o Waitangi and health. • Recognises Māori models of health promotion and improvement in Aotearoa/New Zealand • Recognises the values of manaakitanga and whanaungātanga, when engaging with Māori. • Demonstrates cultural safety by respecting cultural values, norms, and practices. • Utilises a whānau-centered approach in developing care plans for PWD. • Explains the cultural and religious significance of feet and is able to support PWD in making decisions about their treatment preferences. • Recognises personal conscious and unconscious biases that can impact on the health of the PWD
<p>Competency 2.</p> <p>Core: Registered Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Demonstrates commitment to ensuring equity of health care for Māori by supporting Māori individuals and their whānau to develop health literacy. • Adopts a whānau-centered approach to care – including liaison with local iwi and communities to ensure culturally appropriateness and accessibility to services. • Applies Māori models of health and wellbeing. • Ensures patient records include complete and correct ethnicity details.
<p>Competency 2.</p> <p>Comprehensive: Diabetes Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Develops partnerships with Māori individuals, whānau and community to meet health care needs and aspirations. • Models respect and appreciation for te reo and tikanga Māori and demonstrate its relevance and importance in foot related care plans. • Uses clinical guidelines and decision-making tools that focus on achieving health equity for Māori. • Supports community initiatives that meet the health needs and aspirations of Māori and their whānau.
<p>Competency 2.</p> <p>Advanced: Specialist Diabetes Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Uses evidence-based innovations that achieve health equity for Māori. • Participates in quality improvement forums with colleagues that examine whether clinical performance is achieving health equity for Māori. • Builds knowledge about Māori health outcomes and disparities, health equity and quality. • Keeps up to date with the evidence and the literature pertaining to health equity and cultural responsiveness. • Shares the individual contributions of fellow colleagues to relevant organisation's performance in achieving health equity for Māori.
<p>Competency 2.</p> <p>Expert: Consultant Diabetes Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Sets the expectation for culturally responsive health care within health teams. • Critically analyses barriers for Māori and their whānau to achieving health equity including stereotyping, discrimination and institutionalised racism. • Leads and participates in clinical audits, patient reported outcomes and other quality improvement activities with an equity focus. • Take professional ownership for organisation impacts on health equity. • Supports the health sectors legal obligations in reducing health disparities and improving outcomes for Māori, including relevant sections of the Aotearoa/New Zealand Public Health and Disability Act 2000 and the Code of Rights.

COMPETENCY STATEMENTS

3. Health Improvement

To provide effective care for people with diabetes, health care clinicians and podiatrists should be able to demonstrate the following competencies:

<p>Competency 3.</p> <p>General: Healthcare Clinician</p>	<ul style="list-style-type: none"> • Explains the principles of cultural safety and takes responsibility for maintaining safety in regards to cultural values, norms, and practices in alignment with individual clinician's functional scope of practice and clinical competencies' framework. • Identifies the psychosocial impact on the PWD of having a long-term condition and diabetes foot complications. • Recognises health literacy skills and can tailor relevant care plans. • Able to provide smoking cessation advice. • Uses behavioural approaches to support self-care skills. • Discusses the benefits of regular physical activity for the PWD and tailors this advice based on the PWD foot risk.
<p>Competency 3.</p> <p>Core: Registered Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Illustrates the importance and effects of patient education and self-management. • Relates impact of culture and social context on how the PWD feels about health-related behaviours and about changing them. • Works collaboratively with the PWD to optimise self-care behaviours and improve outcomes. • Applies a range of tools and techniques in the assessment and evaluation of the PWD health status, concerns, personal context and priorities. • Provides information, in a suitable format to support the PWD to self-care. • Provides personal action plans to achieve and maintain health-related goals for patients at increased risk of diabetes foot complications.
<p>Competency 3.</p> <p>Comprehensive: Diabetes Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Implements foot education, footwear education and exercise regimes. • Recognises counselling techniques, interview methods and motivational interviewing.
<p>Competency 3.</p> <p>Advanced: Diabetes Specialist Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Manages the psychosocial impact of diabetes foot complications in the patient. • Incorporates tools and techniques for assessment and evaluation of the patient's health status, concerns, personal context and priorities. • Demonstrates highly developed and effective communication skills and able to engage with PWD from different cultures about active diabetes foot complications.
<p>Competency 3.</p> <p>Expert: Diabetes Consultant Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Appraises the design and dissemination of relevant, suitably presented, patient information on the prevention and management of diabetes foot complications. • Leads collaborative work with higher educational institutions and other agents to meet the needs of people with diabetes foot complications.

COMPETENCY STATEMENTS

4. Screening/Assessment & Diagnosis

To provide effective care for people with diabetes, health care clinicians and podiatrists should be able to demonstrate the following competencies:

<p>Competency 4.</p> <p>General: Screening only Healthcare Clinician</p>	<ul style="list-style-type: none"> • Communicates what is involved in the screening process to the PWD. • Carries out diabetes foot screening in line with national guidance- NZSSD Foot Screening and Risk Stratification Tool 2017- and local protocols. • Records foot screening results on the relevant patient records system/s. • Assigns a foot risk score based on the results of the screening, using relevant decision-making tools when available. • Identifies foot risk and problems that require referral and makes the appropriate referral. • Explains foot screening results to the PWD considering their health literacy. • Provides the PWD relevant information, in a suitable format, to support and facilitate self-care that relates to their level of foot risk.
<p>Competency 4.</p> <p>Core: Registered Podiatrist</p>	<ul style="list-style-type: none"> • Communicates what is involved in the screening and assessment process and the role of the podiatrist to the PWD. • Conducts a diabetes foot screen and assessment in line with local and national guidelines including vascular insufficiency, peripheral sensory, motor and autonomic neuropathy, deformity and footwear. • Assigns a foot risk score and develops a clinical management plan based on the results of the screening and assessment. • Records the screening and assessment results on the relevant patient records system/s. • Uses a whānau-focused approach to develop a foot related care plan for PWD. • Provides information, in a format to support the PWD to self-care • Recognises signs and symptoms of foot complications that require urgent referral. • Makes appropriate referrals for specialist intervention.
<p>Competency 4.</p> <p>Comprehensive: Diabetes Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Conducts in-depth assessments of the diabetes foot. • Facilitates the training of colleagues in screening according to local and national policies.
<p>Competency 4.</p> <p>Advanced: Diabetes Specialist Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Provides expert opinion on screening and assessment programmes. • Participates in the development of local/regional evidence-based screening programmes using national and international guidelines. • Facilitates colleagues' learning of screening and assessment techniques to support service needs.
<p>Competency 4.</p> <p>Expert: Diabetes Consultant Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Develops local, regional and national screening programmes using national and international guidelines. • Evaluates and leads clinical or service innovations to improve lower limb outcomes for PWD • Works with higher educational institutions and other agents to meet the needs of the PWD. • Supports or undertakes research in this area.

COMPETENCY STATEMENTS

5. Psychological Considerations in Diabetes Foot Complications

To provide effective care for people with diabetes-related foot complications and experiencing associated psychological impact healthcare clinicians and podiatrists should be able to demonstrate the following competencies:

<p>Competency 5.</p> <p>General: Healthcare Clinician</p>	<ul style="list-style-type: none"> • Explains the psychological impact on the PWD and whānau of having a long-term condition. • Expresses the increased psychological burden of living with diabetes-related neuropathies, painful neuropathy and/or active diabetes foot conditions. • Predicts the influence healthcare clinician's language, attitudes, and behaviours can have on foot self-care behaviours. • Identifies appropriate screening/assessment tools for emotional health of PWD (e.g. diabetes distress, diabetes specific fears, and depression or anxiety). • Responds to emotional distress in PWD including provision of advice and/or appropriate supports. • Identifies and uses local referral pathways for PWD who require additional psychological supports, including those presenting with risk concerns (e.g. suicidal ideation).
<p>Competency 5.</p> <p>Core: Qualified Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Relates the reasons why people with diabetes neuropathy and associated postural instability are at increased risk of experiencing depression. • Interprets why people with diabetes neuropathy are less likely to adhere to offloading strategies putting them at increased risk of ulceration. • Modifies the influence healthcare clinician's attitudes can have on foot self-care behaviours.
<p>Competency 5.</p> <p>Comprehensive: Diabetes Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Distinguishes the association of micro and macro vascular diabetes related foot complications and the psychological impact for the PWD and whānau. • Infers the psychological impact from loss of mobility and the restrictions in activities of daily living. • Identifies the impact of PWD illness beliefs regarding diabetes foot ulcers and the impact of health care strategies. • Relates attitudes towards therapeutic footwear to the influence on wear behaviours.
<p>Competency 5.</p> <p>Advanced: Diabetes Specialist Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Integrates the association of micro and macro vascular diabetes related foot complications and the psychological impact for the PWD and whānau. • Anticipates the potential impact of diabetes on cognitive impairment. • Collaborates with PWD to reduce the impact of active diabetes foot complications on cultural, social and family roles. • Expresses the influence psychological function can have on wound healing. • Is able to evaluate and use diabetes foot specific questionnaires to capture PWD beliefs and understandings about diabetes-related foot complications. • Anticipates the possibility of carer burnout and can implement strategies to support carers and refer appropriately.
<p>Competency 5.</p> <p>Expert: Diabetes Consultant Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Appraises the need for clinical or service innovations to effectively screen and assess the psychological needs of people with diabetes related foot complications and takes a leading role designing and implementing these innovations. • Prioritises an environment that encourages collaboration among colleagues to optimise PWD active involvement with ulcer prevention interventions. • Provides, and evaluates education for the PWD focusing on the psychological aspect of prevention of foot ulceration. • Works with higher educational institutions and other agents to meet the psychological needs of the PWD.

COMPETENCY STATEMENTS

6. Dermatology

To provide effective care for people with diabetes, health care clinicians and podiatrists should be able to demonstrate the following competencies:

Competency 6. General: Healthcare Clinician	<ul style="list-style-type: none"> Identifies normal presentations of skin and nails that are low risk and identify changes that require referral. Advises on management and routine self-care of skin and nails. Refers the patient to a colleague when skin and nail abnormality is observed.
Competency 6. Core: Registered Podiatrist	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> Relates diabetes to the occurrence of pedal fungal infections of the skin and nails. Refers, including to the GP, for the investigation of suspected dermopathologies (including microscopy and culture, biopsies and allergy testing). Treats and prescribes the use of appropriate topical treatments for fungal conditions in the foot. Refers to exclude malignancy. Ensures confirmation of referrals.
Competency 6. Comprehensive: Diabetes Podiatrist	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> Identifies the pathophysiology of diabetes related dermopathies. Relates the impact of diabetes related neuropathies on skin structure and function. Recognises the dermopathologies common to diabetes. Manages dermopathologies based on an agreed care plan.
Competency 6. Advanced: Diabetes Specialist Podiatrist	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> Explains investigations for dermopathologies (including microscopy and culture, biopsies and allergy testing). Diagnose and manage dermatological infections with effective antibiotic and anti-fungal regimens, and when required in conjunction with primary and secondary care prescribers. Follows local and/or regional/national antimicrobial stewardship policies.
Competency 6. Expert: Consultant Diabetes Podiatrist	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> Evaluates referral pathways for dermatological intervention and treatment of diabetes lower limb complications.

COMPETENCY STATEMENTS

7. Peripheral Arterial Disease

To provide effective care for people with diabetes and peripheral arterial disease (PAD) health care clinicians and podiatrists should be able to demonstrate the following competencies:

<p>Competency 7.</p> <p>General: Healthcare Clinician</p>	<ul style="list-style-type: none"> • Explains the risk factors related to PAD and how they can be modified. • Identifies the cultural and religious significance of feet for some people and is able to support PWD in making decisions about their treatment preferences. • Discusses the actions a PWD can take to manage the symptoms of PAD. • Communicates to PWD why foot pulse palpation is necessary. • Palpate for the presence or absence of foot pulses and record results. • Identifies if the PWD has had any previous lower limb arterial interventions • Explains the results of the foot pulse assessment and/or risk score to the PWD. • Provides the PWD smoking cessation advice and support and refers when additional support is identified. • Is aware of the unreliability of using foot pulses alone for the diagnosis of PAD . • Explains the signs and symptoms PAD that would warrant an urgent assessment and actions a referral. • Identifies acute/critical limb ischemia and facilitate emergency referral for acute ischemia and urgent referral for critical limb ischemia. • Identifies foot ulcers and foot wounds and urgently refers for more objective evaluation of the presence of PAD. • Identifies and uses local referral protocols/pathways where foot pulses are not palpable and/or a foot ulcer is present.
<p>Competency 7.</p> <p>Core: Registered Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Distinguish the: 1. Causes of PAD. 2. Signs and symptoms of PAD. 3. Typical progression of PAD. 4. Treatments available for the management of PAD and its symptoms. • Perform a non-invasive peripheral arterial assessment, including clinical history, palpation of foot pulses and Doppler insonation of posterior tibial, anterior tibial, peroneal and popliteal pulses. • Conduct ABI, TBI and evaluate continuous Doppler waveforms, and utilise symptom scores as required. • Communicate results to other relevant healthcare providers. • Determine the common signs and symptoms of PAD when reported by a PWD • Uses local referral protocols/pathways to further assess and treat PAD with or without a foot ulcer. • Provides the PWD with information on PAD that meets their health literacy needs.
<p>Competency 7.</p> <p>Comprehensive: Diabetes Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Distinguish the symptoms and clinical signs likely due to intermittent claudication, embolic disease, ischemic rest pain, venous disease and lymphatic or vasospastic disease. • Differentiate PAD from other painful symptoms, such as peripheral neuropathy and musculoskeletal pain. • Interprets non-invasive vascular assessments including Doppler studies and APBI in the context of clinical findings to diagnose PAD. • Communicates the clinical diagnosis to the patient and explain interventions available. • Initiates appropriate treatment and referrals in relation to lifestyle, structured/supervised exercise, medicine or surgical interventions. • Refers for further investigations and treatment. • Discusses the implications of living with PAD and modifiable risk factors with the PWD.
<p>Competency 7.</p> <p>Advanced: Diabetes Specialist Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Is able to differentiate and determine the progression of PAD. • Explains the treatments available for the management s of PAD and its symptoms. • Conduct a range of non-invasive diagnostic assessments and interpret results for PAD in the context of clinical findings, to diagnose PAD. • Identifies people with known PAD who have severe, deteriorating or critical ischemia who would benefit from further vascular and surgical opinion. • Identifies occasions for non-surgical interventions including compression bandaging /hosiery associated with wound care. • Communicates the diagnosis to the PWD and explains available interventions and the possible implications of treating or not treating PAD. • Provides the PWD information on PAD to meet their health literacy needs, support self-management, and advises on the implications of not treating PAD. • Facilitate appropriate treatments and referrals in relation to lifestyle, medical or surgical interventions depending on the severity of PAD and the PWD choice. • Contributes to MDT clinics and meetings. • Facilitates training of colleagues in lower limb peripheral vascular assessment and clinical management.
<p>Competency 7.</p> <p>Expert: Consultant Diabetes Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Order and interpret appropriate vascular diagnostic imaging. • Teaches colleagues to conduct and evaluate lower limb clinical vascular assessments. • Works with stakeholders to develop and implement PAD care pathways. • Evaluates and leads clinical and service innovation to manage PAD. • Leads and supports work with tertiary educational institutions and other agencies to meet the needs of the PWD with PAD.

COMPETENCY STATEMENTS

8. Diabetes Neuropathies & Painful Peripheral Neuropathy

To provide effective care for people with diabetes (DN) neuropathies and painful diabetes peripheral neuropathy (PDPN) podiatrists should be able to demonstrate the following competencies:

<p>Competency 8.</p> <p>General: Healthcare Clinician</p>	<p>DN</p> <ul style="list-style-type: none"> • Describes the causes, signs, symptoms and typical progression DNs in the lower limb including peripheral sensory neuropathy, motor neuropathy and autonomic neuropathy. • Recognises the common signs and symptoms of DNs and refer appropriately for further investigations and treatment. <p>PDPN</p> <ul style="list-style-type: none"> • Describes the causes, signs, symptoms and typical progression of PDPN. • Identifies the options available for symptom management of PDPN including evidence based conservative and traditional knowledge. • Recognises the common signs and symptoms of PDPN and refer appropriately for further investigations and treatment.
<p>Competency 8.</p> <p>Core: Registered Podiatrist</p>	<p>As for the previous level/s, and:</p> <p>DN</p> <ul style="list-style-type: none"> • Demonstrates the effect of DNs including peripheral sensory neuropathy, motor neuropathy and autonomic neuropathy with a focus on the structure and function of the lower limb. • Recognises common signs and symptoms of DN in the foot and lower limb and provide relevant treatment and therapies. • Conduct a neurological assessment including clinical history, a physical examination, gait analysis and footwear review. • Assesses falls risk for PWD and DNs including dynamic balance assessment. • Records the information and communicate results to other relevant health care providers. • Prescribes appropriate skin and nail treatments for neuropathy related skin and nail changes. • Provides advice and information to reduce neuropathy related foot complications. • Refers appropriately. <p>PDPN</p> <ul style="list-style-type: none"> • Is able to differentiate between PDPN and other painful symptoms. • Provides the PWD with information on PDPN that meets their health literacy needs.
<p>Competency 8.</p> <p>Comprehensive: Diabetes Podiatrist</p>	<p>As for the previous level/s, and:</p> <p>DN</p> <ul style="list-style-type: none"> • Characterise the pathophysiology of DNs including peripheral sensory neuropathy, motor neuropathy and autonomic neuropathy with a focus on the structure and function of the lower limb. • Outline the impact of DNs on gait. • Illustrate the effect of DNs on PWD QoL and activities of daily living • Refer appropriately for further investigations, treatment and supervised exercise programmes. <p>PDPN</p> <ul style="list-style-type: none"> • Differentiate and determine the progression of PDPN.
<p>Competency 8.</p> <p>Advanced: Diabetes Specialist Podiatrist</p>	<p>As for the previous level/s, and:</p> <p>DN</p> <ul style="list-style-type: none"> • Explain the pathophysiology of DNs including peripheral sensory neuropathy, motor neuropathy and autonomic neuropathy with a focus on the structure and function of the lower limb. • Assess the effect of DNs on wound healing. • Appraise the effects of DNs on treatment adherence and being able to recognise signs and symptoms of infection or wound deterioration. • Relates the actions the PWD can take to manage the effects of DNs with reference to evidence based, conservative and traditional knowledge. • Refer appropriately for the management of DN related complications <p>PDPN</p> <ul style="list-style-type: none"> • Distinguishes the pathophysiology of PDPN. • Explains symptom management options for PDPN. • Relates the actions the PWD can take to manage the symptoms of PDPN including evidence based, conservative and traditional knowledge. • Refer appropriately for the management of PDPN which • Provide the PWD with information on PDPN that meets their health literacy needs.
<p>Competency 8.</p> <p>Expert: Consultant Diabetes Podiatrist</p>	<p>As for the previous level/s, and:</p> <p>DN</p> <ul style="list-style-type: none"> • Maintains up to date knowledge of new technologies that may help the PWD to manage the effects of DNs. • Evaluates new innovations to effectively manage DN and takes a leading role designing and implementing these innovations. <p>PDPN</p> <ul style="list-style-type: none"> • Works with stakeholders to develop and implement PDPN care pathways. • Critiques service innovations to effectively manage PDPN, and disseminates this information to colleagues • Leads and supports work with tertiary educational institutions and other agents to meet the needs of the PWD with DN and PDPN.

COMPETENCY STATEMENTS

9. Charcot Neuro-Osteoarthropathy

To provide effective care for people with diabetes and Charcot neuro-osteoarthropathy (CN), podiatrists and assistants should be able to demonstrate the following competencies:

<p>Competency 9.</p> <p>General: Healthcare Clinician</p>	<ul style="list-style-type: none"> • Identifies local guidance on the identification and management of CN. • Recognises the early symptoms of acute CN and when there is a need for prompt referral of a PWD and an inflamed swollen foot. • Explains CN and potential complications to the PWD considering their health literacy. • Uses local referral pathways appropriately. • Follows instruction from colleagues to ensure CN care plans are carried out, within the scope of their practise. • Supports the PWD to wear offloading devices supplied for the management of acute and consolidated CN.
<p>Competency 9.</p> <p>Core: Registered Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Explains national and/or international guidance on the diagnosis and management of CN. • Describes the aetiology of CN and the impact of disease progression. • Recognises patients at increased risk of CN. • Recognises the clinical signs and symptoms of acute onset CN. • Relates the radiologic and non-radiological methods of assessment and screening (including transcutaneous temperature readings, plain x-ray and MRI). • Undertakes differential diagnosis of CN, distinguishing acute CN from other acute conditions (e.g. cellulitis, ankle sprain, deep venous thrombosis) and recognise when further investigations are required for the diagnosis of a suspected CN. • Demonstrates the rationale for biomechanical pressure-relieving strategies in the management of CN and an ability to implement them. • Relates the psychological impact of living with CN for the PWD. • Refers the PWD to a specialist team in an appropriate and timely manner. • Assists in implementing care plans for the management of CN. • Explains the implications of CN to the PWD whilst recognising the potentially stressful nature of the information.
<p>Competency 9.</p> <p>Comprehensive: Diabetes Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Characterizes the interventions for a suspected CN. • Confirms that the patient and/or carer understand the purpose and nature of the proposed CN care plan. • Is able to work with the MDT to help undertake long-term care plans following the resolution of acute CN ensuring timely referrals to other disciplines.
<p>Competency 9.</p> <p>Advanced: Diabetes Specialist Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Can intervene with pressure-relieving strategies for the management of acute CN. • Anticipates and refers for, radiological and non-radiological assessments of CN. • Monitors and evaluates the effectiveness of pressure-relieving strategies for the management of CN (e.g. total-contact casting) and makes changes, or refers for further assessment, appropriately. • Facilitates the safe management of acute CN, especially in the use casts. • Implements care plans for the management of acute CN in collaboration with colleagues (e.g. consultant physicians, plaster technicians, orthotists). • Plans and implements complex pressure-relieving strategies for the management of CN. • Applies bespoke pressure-relieving devices (including total-contact casts) for the management of CN. • Monitors the effectiveness of CN care plans and makes changes where appropriate through the progressive stages of CN. • Communicates to the patient and/or carer the long and short-term implications of a diagnosis of CN. • Recognises the challenges faced by the patient with acute and consolidated CN and provides them and/or their carer with appropriate support.
<p>Competency 9.</p> <p>Expert: Consultant Diabetes Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Appraises relevant pharmacotherapies for the management of CN. • Leads the development of long-term care plans for the patient following the resolution of acute CN. • Evaluates national guidelines on the management of diabetes-related CN. • Works with stakeholders developing local referral pathways for the management of CN and enables their implementation. • Critiques service innovations to effectively manage CN, and leads change.

COMPETENCY STATEMENTS

10. Ulcer Prevention & Pressure Relieving Strategies

To effectively prevent foot ulceration among people with diabetes, podiatrists and assistants should be able to demonstrate the following competencies:

<p>Competency 10.</p> <p>General: Healthcare Clinician</p>	<ul style="list-style-type: none"> • Relates the complications of diabetes to an increased the risk of foot ulceration. • States the mechanisms leading to foot ulcers and how to prevent them. • Understands the necessity of urgent referral and treatment in the event of suspected ulceration. • Understands that foot deformity is significantly associated with high foot pressures and structural changes in the soft tissue and skin. • Understands the principles of correct footwear choice and the prescription of specialist shoe wear to prevent ulceration and re-ulceration. • Explains the results of the screening to the PWD in an appropriate manner. • Works collaboratively with the PWD to develop a care plan to keep their feet safe during the activities of daily living. • Encourages PWD to use pressure relieving devices and prescription footwear.
<p>Competency 10.</p> <p>Core: Registered Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Utilises the principles of debridement in preventing foot complications (e.g. removal of callus to reduce plantar pressures and reduce likelihood of tissue damage). • Articulates the design application, function and prescription of in-shoe orthotics for the prevention of ulceration and re-ulceration. • Prescribes appropriate footwear. • Relates current biomechanical pressure relieving strategies and devices and their role in reducing the risk of foot ulceration. • Communicates what is involved in foot assessment and obtains the patient's informed consent. • Undertakes an assessment incorporating all the aspects of the recommended NZSSD Podiatrists Assessment including; vascular, neurological, biomechanics, gait, dermatological, footwear, hosiery and psychosocial domains that put the foot at increased risk of trauma and ulceration. • Assesses whether the PWD is aware that they are at increased risk of developing foot ulceration and they are able to care for their feet. • Provide sharp debridement in the intact foot. • Identify the health literacy needs of the PWD and provide tailored education about diabetes and foot care. • Refer for specialist care and footwear as per local and national guidelines.
<p>Competency 10.</p> <p>Comprehensive: Diabetes Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Distinguishes the design application function and prescription of appropriate footwear for the PWD for their level and type of activity and foot risk factors. • Prescribes therapeutic footwear and orthoses with a focus on material science.
<p>Competency 10.</p> <p>Advanced: Diabetes Specialist Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Provides expert advice to the PWD on the benefits of ulcer prevention and self-care. • Prescribes appropriate specialist footwear and other orthotic devices. • Characterises the materials used in the manufacture of orthoses. • Monitors the effectiveness of specialist footwear and other orthotic devices and makes changes, or refers for further assessment, as appropriate.
<p>Competency 10.</p> <p>Expert: Consultant Diabetes Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Evaluates patient information relating to the prevention of diabetes foot ulceration. • Collaborates with national bodies on preventative care strategies. • Appraises foot health education strategies to prevent ulceration and re-ulceration. • Supports education training and mentorship programmes. • Undertakes audit and service reviews regarding prevention strategies, offloading provisions and equitable outcomes.

COMPETENCY STATEMENTS

11. Wound Care

To provide effective care for people with active diabetes foot ulceration, podiatrists and assistants should be able to demonstrate the following competencies:

<p>Competency 11.</p> <p>General: Healthcare Clinician</p>	<p>Generic</p> <ul style="list-style-type: none"> • Recognises the significance of any diabetes foot wound, minor or major, the risk of delayed healing and the potential for major complications. • Understands how the existence of complications of diabetes means that a wound on the foot must be assessed by a suitably skilled colleague as a matter of urgency. • Explains wound healing and potential complications or delays to diabetes foot wound healing. • Identifies and manages other risk factors that may delay diabetes foot wound healing within their scope of practise. • Understands the psychosocial aspect of living with a diabetes foot ulcer. • Collaborates with the PWD to implement their wound care plan. • Refer a PWD to support services as required. <p>Debridement</p> <ul style="list-style-type: none"> • Reviews the need the need for debridement and refers to a suitably skilled colleague. • Debrides in alignment with individual clinician’s functional scope of practice and clinical competencies’ framework. <p>Infection prevention and management</p> <ul style="list-style-type: none"> • Demonstrates a working knowledge of infection control procedures (e.g. hand hygiene) and techniques for minimising cross infection. • Uses evidence based wound cleaning practices as indicated. • Recognises the clinical signs and symptoms of diabetes foot infection and severity and refers quickly and appropriately for infection management. • When indicated carries out microbiological sampling (e.g. wound swabbing) and ensures results are interpreted and followed up by an appropriately skilled colleague. <p>Offloading and load distribution</p> <ul style="list-style-type: none"> • Encourages the PWD to follow the care plan on the use of pressure-relieving devices for the treatment of active ulceration. • See Competency 12. <p>Dressings</p> <ul style="list-style-type: none"> • Carries out dressing changes as agreed to and within the scope of their practice. • Encourages the PWD to follow the wound dressing care plan.
<p>Competency 11.</p> <p>Core: Registered Podiatrist</p>	<p>As for the previous level/s, and:</p> <p>Generic</p> <ul style="list-style-type: none"> • Understands the diabetes wound management-related local and national guidance. • Classifies active foot ulceration, including identification of vascular insufficiency, neurological deficit, significant foot deformity, trauma, increased pressures, and extent and degree of infection. • Confirms that the patient and/or carer understand the purpose and nature of a proposed care plan. <p>Debridement</p> <ul style="list-style-type: none"> • Understands the principles of debridement and wound bed management to optimise wound healing. • Conduct wound management techniques (e.g. basic sharp debridement, wound irrigation) as per their skill level and scope of practise. • Recognises the need and refers the patient for advanced wound management and multidisciplinary care (of any non-healing or complex wound) in line with national guidance. • Understands the principles of debridement in preventing foot complications (e.g. removal of callus to reduce plantar pressures and reduce likelihood of tissue damage). • Conduct sharp debridement in the intact foot. <p>Infection prevention and management</p> <ul style="list-style-type: none"> • As for level 0. <p>Offloading and load distribution</p> <ul style="list-style-type: none"> • Has knowledge of biomechanical pressure relieving strategies for wound healing. • Uses basic pressure-relieving devices within the scope of their practice. • Works collaboratively with colleagues, including orthotists, and the PWD to use pressure-relieving devices for wound healing. • See Competency 12. <p>Dressings</p> <ul style="list-style-type: none"> • Describes available dressing products, their modes of action, and appropriate use.

Competency 11. Comprehensive: Diabetes Podiatrist	<p>As for the previous level/s, and:</p> <p>Generic</p> <ul style="list-style-type: none">• Characterises the wound healing process and its potential complications.• Relates the psychosocial impact of active diabetes foot disease for the PWD.• Differentiates the key risk factors for potential delayed wound healing and refers. <p>Debridement</p> <ul style="list-style-type: none">• Conduct basic sharp debridement of simple wounds and complex wounds, within their scope of practice.• Recognises the need, and refers the patient, for advanced debridement.• Understands debridement techniques other than sharp debridement (e.g. mechanical, larvae, hydrosurgical).• Recognises the need for advanced debridement and refers appropriately.• Appraises wound care interventions to develop evidence-based, individualised care plans.• Conducts wound management techniques with appropriate support and supervision. <p>Infection prevention and management</p> <ul style="list-style-type: none">• Recognises the signs and symptoms of local wound infection and manages them effectively.• Recognises when to refer the patient for infection control by appropriately skilled colleagues.• Is able to undertake microbiological and tissue sampling and analysis of reporting.• Ensures the results of microbiological investigations are seen and interpreted by an appropriately skilled colleague. <p>Offloading and load distribution</p> <ul style="list-style-type: none">• Determines biomechanical pressure relieving strategies for foot ulcer healing.• Refers for assessment and supply of specialist pressure-relieving devices for wound healing.• See Competency 12. <p>Dressings</p> <ul style="list-style-type: none">• Discuss available dressing products, their modes of action, and appropriate use.
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Competency 11.**Advanced:
Diabetes
Specialist
Podiatrist****As for the previous level/s, and:****Generic**

- Infers the potential complications in the wound healing process.
- Anticipates the psychosocial impact of active diabetes foot disease on the PWD.
- Supports the psychosocial needs of the PWD and refers appropriately.
- Categorises active foot ulceration, including advanced investigations of vascular insufficiency (ankle–brachial pressure index, Doppler ultrasound), neurological deficit, foot deformity, trauma, increased pressures, extent and degree of infection.
- Anticipates co-morbidities that can delay wound healing such as glycaemic control, oedema, and nutritional deficiencies and facilitates their management and treatment.
- Collaborates on the development of care plans for complex diabetes foot ulceration.
- Contributes to the development of local guidance related to diabetes wound management.
- Utilises international and national guidelines related to diabetes wound management.
- Collaborates on the multidisciplinary management of the PWD.
- Organises local referral pathways.
- Formulates wound care interventions to develop evidence-based, individualised care plans.

Debridement

- Appraise debridement techniques other than sharp debridement.
- Conduct advanced debridement (with a range of debridement tools) of complex wounds, within the scope of their practice.
- Recognises the need, and refers the patient, for surgical debridement appropriately.
- Evaluate the choice of appropriate debridement method while considering individual patient circumstances.
- Supports colleagues in developing advanced debridement skills.

Infection prevention and management

- Compare comprehensive microbiological sampling techniques (e.g. wound swabbing, bone sampling, tissue biopsy) and reporting and able to utilise various techniques as per scope of practise.
- Interprets results from microbiological sampling.
- Recognises deep infection (e.g. foot abscess) and refers appropriately.
- Recognises the need for inpatient treatment of diabetes foot ulceration, and facilitates the process of the patient's admission to hospital using local pathways.
- Undertakes comprehensive microbiological sampling (e.g. wound swabbing, bone sampling, tissue biopsy) and reporting.
- Ensures the results of microbiological investigations are seen and interpreted by an appropriately skilled colleague.

Offloading and load distribution

- See Competency 12.

Dressings

- Categorise available dressing products, and their modes of action.
- Conduct advanced wound management techniques (e.g. topical negative pressure systems).
- Has extensive experience in the appropriate use of available dressing products.
- Mentors colleagues on suitable dressings for PWD with foot ulceration.
- Devises dressing product selections based on consideration of clinical indications, wound type, patient needs, and formulary and budgetary directives.
- Provides expert opinion to their local wound management formulary group and other related wound dressing groups.

Competency 11.**Expert:
Consultant
Diabetes
Podiatrist****As for the previous level/s, and:****Generic**

- Evaluates relevant national guidelines.
- Collaborate on the development and implementation of local referral and care pathways for the PWD and active foot disease.
- Evaluates and leads clinical or service innovations to optimize management of active diabetes foot ulceration.
- Leads and collaborates on the integration of theoretical wound management into clinical practice.
- Facilitates mentoring for colleagues to develop their clinical practice (e.g. advanced debridement, total-contact cast fabrication, etc.).

Debridement

- Leads in the establishment of working relationships with surgical staff responsible for surgical debridement.
- Provides expert opinion on debridement products, techniques and indications in local and national expert groups.
- Provides clinical leadership in advanced wound debridement techniques

Infection prevention and management

- Collaborates with tertiary educational institutions and other educational providers to meet the diabetes foot-related educational needs of podiatrists and associated colleagues.
- Leads in establishing relationships with surgical staff for infection management and vascular reconstruction.
- Leads in liaising with local infection control, microbiology and multidisciplinary teams to minimize risk associated with infection.

Offloading and load distribution

- See Competency 12

Dressings

- Provides expert opinion on dressings and medical devices in local and national wound formulary and associated groups.
- Contributes to local and regional service development for wound care and prevention
- Leads in the evaluation of novel wound care products.

COMPETENCY STATEMENTS

12. Offloading & Load Distribution in Active Diabetes Foot Complications

To provide effective care for people with diabetes, clinicians and assistants should be able to demonstrate the following competencies in axial offloading and load distribution (OaLD) for prevention and treatment of ulceration in an active diabetes foot:

<p>Competency 12.</p> <p>General: Healthcare Clinician</p>	<ul style="list-style-type: none"> • Recognises emergencies where an OaLD device requires quick removal. • Encourages the PWD to adhere to advice on using OaLD devices for the treatment and prevention ulceration. • Describes to PWD the signs and symptoms that would require an emergency review by a specialist clinician when using OaLD devices. • Explains the safe use of additional aids, such as crutches, walking sticks and frames to the PWD.
<p>Competency 12.</p> <p>Core: Registered Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Relates the use of OaLD devices in the management of diabetes foot complications and associated benefits and risks. • Recognises additional interventions (i.e. crutches or contralateral raise) that may be required. • Assesses the need for OaLD devices in active Charcot neuro-osteoarthropathy and active foot problems and the need to refer immediately. • Has a working knowledge of local, regional and national guidance relating to OaLD. • Provides and fits first-line OaLD devices while the patient awaits specialist assessment if this is not available immediately. • Manufacture, modify and provide different types of load redistribution devices on the recommendation and under the supervision of the multidisciplinary team. • Fabricate, modify and supply insoles as part of the management of diabetes foot disease. • Explains to the PWD, the treatment and prevention of ulceration using OaLD devices. • Provides basic gait training to ensure the PWD is safe to walk with OaLD devices provided. • Monitors the effectiveness of OaLD modalities provided and seeks advice from senior colleagues when response to treatment is sub-optimal.
<p>Competency 12.</p> <p>Comprehensive: Diabetes Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Determines the contraindications for OaLD. • Differentiates OaLD options available to the PWD and for the suitability for different options. • Assesses and implements OaLD devices to prevent and treat ulceration. • Refers the PWD for assessment for, and supply of, specialist load distribution devices based on the person's needs, site and severity of foot disease and mobility status. • Discusses the different treatment options available for OaLD with the PWD and gives evidence-based advice on the rationale for choice. • Can prepare PWD for application of OaLD device by a specialist clinician.
<p>Competency 12.</p> <p>Advanced: Diabetes Specialist Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Examines emerging OaLD strategies. • Understands the principles of safe cast removal of load redistribution, load sharing and axial offloading devices (e.g. use of a plaster saw). • Understands the technologies used in the assessment of foot pressure and gait analysis. • Anticipates the biopsychosocial impact of prolonged OaLD regimens for the PWD. • Differentiates OaLD and their properties. • Assesses vascular status prior OaLD being applied and identifies patients who are suitable to cast (i.e. peripheral arterial disease [ABPI ≥ 0.7] and toe systolic pressure ≥ 55mmHg). • Develops individualised and mutually agreed OaLD management plans with the PWD. • Initiates treatment and applies OaLD for the management of acute diabetes foot complications. • Able to plan and implement complex OaLD strategies. • Collaborates with colleagues and makes recommendations on the use of OaLD in complex, high risks cases (i.e. advanced vascular disease and infection). • Monitors the effectiveness of OaLD strategies, and appropriately refers PWDs for further foot pressure assessment. • Identifies when to begin the transition of the PWD out of non-removable load redistribution, load sharing and axial offloading and organises temporary removable devices. • Educates and supervises colleagues on the application of OaLD devices. • Evaluates new OaLD options before introducing them into routine clinical practice. • Develops referral pathways to provide optimal OaLD devices for wound healing.
<p>Competency 12.</p> <p>Expert: Consultant Diabetes Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Interprets technologies for gait analysis and foot pressure measurements. • Evaluates patient information relating to the use of OaLD devices in the management of the diabetes foot. • Evaluates and leads clinical or service innovations using OaLD devices to improve diabetes foot outcomes. • Collaborates with stakeholders regarding strategies on OaLD devices.

COMPETENCY STATEMENTS

13. Post Ulcer Care

To provide effective care for people with a history of diabetes foot ulceration, clinicians and podiatrists should be able to demonstrate the following competencies:

<p>Competency 13.</p> <p>General: Healthcare Clinician</p>	<ul style="list-style-type: none"> • Understands that people with an in-remission foot risk e.g. history of diabetes foot ulceration, are at a high risk of re-ulceration of both feet and should be have their feet managed by a specialist diabetes foot services. • Identifies that people with an in-remission foot risk should have their feet reviewed every time they are seen by a healthcare clinician. • Recognises that an urgent referral is required for a PWD with a history of foot ulceration if there any changes to their foot condition. • Uses local referral pathways. • Follows instruction from colleagues to ensure the PWD uses foot pressure-relieving devices correctly. • Educates and supports the PWD to maintain living ulcer free.
<p>Competency 13.</p> <p>Core: Registered Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Understand the complications of diabetes and their increasing severity in relation to preventing foot re-ulceration. • Relate the reasons why people with a history of diabetes foot ulceration are at increased risk of re-ulceration. • Assess current biomechanical pressure relieving strategies and understands their implementation. • Evaluate the need for medical grade specialist footwear for the in-remission foot and when referral for specialist footwear is needed based on the PWD requirements. • Determine the materials and technologies used in the manufacture of foot orthoses for the prevention of re-ulceration. • Ensures foot pressure-relieving devices are used appropriately by the PWD. • Educate the PWD on the risk of re-ulceration, while recognising the potentially stressful nature of the information. • Assists in implementing the care plan to prevent ulcer recurrence.
<p>Competency 13.</p> <p>Comprehensive: Diabetes Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Assess the technologies used in the assessment of foot pressure and gait analysis • Correlate the progression and severity of diabetes complications in relation to preventing foot ulcer recurrence. • Works collaboratively with orthotists and other colleagues to optimise patient focused care plans for footwear and orthotic devices. • Develops footwear and orthotic ulcer prevention care plans in collaboration with the PWD and orthotist. • Monitors the effectiveness of foot pressure relieving devices, and recognises when modification or replacement of such devices is required, and ensures the necessary changes are undertaken.
<p>Competency 13.</p> <p>Advanced: Diabetes Specialist Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Anticipates the progression of diabetes and its complications, and how to assess its severity in relation to preventing foot ulcer recurrence. • Compares the technologies used in the assessment of foot pressure and gait analysis. • Has a working knowledge of the materials used in the manufacture of foot orthoses for the prevention of recurrence of ulceration. • Individualizes and implements ulcer prevention care plans based on the PWD ulcer and medical history. • Distinguishes the need for specialist footwear and prescribes it appropriately.
<p>Competency 13.</p> <p>Expert: Consultant Diabetes Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Evaluates and provides, specialist education for the PWD on the prevention of foot re-ulceration. • Collaborates on national strategies for prevention of diabetes foot re-ulceration. • Leads the implementation and integration of specialist diabetes footwear services. • Evaluates and leads clinical or service innovations to prevent diabetes foot re-ulceration. • Creates an environment that encourages collaboration among colleagues to optimise adherence with ulcer prevention footwear interventions.

COMPETENCY STATEMENTS

14. Diagnostic Imaging

To provide effective care for people with diabetes, healthcare clinicians and podiatrists should be able to demonstrate diagnostic imaging knowledge and associated clinical skills in the following competencies:

<p>Competency 14.</p> <p>General: Healthcare Clinician</p>	<ul style="list-style-type: none"> • Understands diagnostic imaging and investigations and identify local referral pathways. • Refers or alerts the relevant clinician when they feel diagnostic imaging is needed.
<p>Competency 14.</p> <p>Core: Registered Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Understands available imaging techniques and the rationale for their use. • Interprets radiological and ultrasound images and imaging reports and seeks further clinical advice when required. • Describe the ethical, safety and biophysical effects for a range of imaging techniques. • Refers appropriately for x-ray and ultrasound images. • Communicates the rationale for undertaking a radiological investigation, and the potential risks and benefits to the PWD. • Communicates the results of imaging investigations to the PWD in terms they understand. • Assesses radiological results and refers appropriately.
<p>Competency 14.</p> <p>Comprehensive: Diabetes Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Keeps up-to-date with changes in clinical practice related to requesting or interpreting diagnostic images in relation to the diabetes foot.
<p>Competency 14.</p> <p>Advanced: Diabetes Specialist Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Provides support and advice to other diagnostic imaging requesters and colleagues where appropriate. • Participates in clinical multidisciplinary decision making regarding diagnostic imaging investigations.
<p>Competency 14.</p> <p>Expert: Consultant Diabetes Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Negotiates the appropriate level of clinical support for requestors of diagnostic imaging investigations to undertake this aspect of their role safely and effectively. • Evaluates and leads clinical or service innovations for diagnostic imaging of the lower limb for people with diabetes.

COMPETENCY STATEMENTS

15. Pharmacotherapy

NB: An application for prescribing rights for podiatrists in Aotearoa/New Zealand is currently being considered and this competency will be updated to reflect the outcome of that application.

To provide effective care for people with diabetes, health care clinicians and podiatrists should be able to demonstrate the following competencies:

Competency 15. General: Healthcare Clinician	<ul style="list-style-type: none"> Understands pharmacotherapy and prescribing relevant to the individual's scope of practice and clinicians competencies framework.
Competency 15. Core: Registered Podiatrist	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> Describe the action and effects of relevant medicines, including pharmacokinetics and pharmacodynamics. Discuss the potential for unwanted effects (e.g. allergic reactions, drug interactions, precautions, contraindications, etc.). Maintains an up-to-date knowledge of relevant products – including formulations, doses and costs – in the MIMMS drug tariff. Understands the safe use of relevant medicines and reports any concerns to the prescriber or GP. Has an awareness of no treatment, non-drug and drug treatment options (including preventative measures and referrals for non-drug interventions).
Competency 15. Comprehensive: Diabetes Podiatrist	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> Works within national protocols for prescribing requests and uses as appropriate. Understands patient-specific factors (e.g. age, renal impairment) that can impact the pharmacokinetics and that the pharmacodynamics of relevant medicines and those regimens may need to be adjusted based on these factors.
Competency 15. Advanced: Diabetes Specialist Podiatrist	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> Is aware of the legal and ethical obligations and considerations that pertain to prescribing as per the Podiatrist Board of New Zealand. Has an understanding of relevant renal and liver function tests. Establishes monitors and make changes to medication regimens within the scope of the care plan and in light of the therapeutic objectives. Gives clear information to the PWD about their medication/s, including how/when to take/administer the medications, where to obtain them, and possible side effects in collaboration with the prescriber. Prioritises and promotes equitable prescribing. Recognises common medication errors and medication error-prevention strategies and discusses them with the prescriber. Understands current national legislation on prescribing practice. Stores prescription pads safely and is aware of what to do if they are stolen or lost.
Competency 15. Expert: Consultant Diabetes Podiatrist	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> Negotiates adherence to treatment plans (including, where appropriate, non-pharmacological therapies) in collaboration with the PWD and prescriber. Leads supports and advises other prescribers and colleagues. Leads collaborative networking with key stakeholders to progress meeting the podiatry needs of the PWD.

COMPETENCY STATEMENTS

16. Research & Audit

To provide effective care for people with diabetes, health care clinicians and podiatrists should be able to demonstrate the following competencies:

<p>Competency 16.</p> <p>Core: Registered Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Understands the importance of acquiring and critiquing knowledge from applied sciences as well as psychology and behavioural science and social science. • Recognises the relevance of reviewing conservative and traditional knowledge when adopting evidence-based practices in the clinical setting. • Relevant and current theoretical knowledge is contextualised and applied to current practice. • Engages in reflective practice. • Undertakes literature searches and evidence is critically evaluated to answer clinical questions. • Assesses current research in diabetes foot disease. • Uses research and audit tools to improve their clinical practice and outcomes.
<p>Competency 16.</p> <p>Comprehensive: Diabetes Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Integrates evidence-based practice into clinical practice. • Examines current research in diabetes foot disease.
<p>Competency 16.</p> <p>Advanced: Diabetes Specialist Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Uses research and audit methods to improve clinical practice and patient outcomes. • Critically appraises the validity of information and disseminates the findings to colleagues as appropriate. • Actively contributes to research in diabetes foot disease. • Participates in the design and implementation of research and audit activities. • Supports colleagues using research and audit tools in the clinical setting. • Undertakes literature searches to answer clinical and non-clinical questions. • Is highly skilled in the presentation (oral and written) of research and audit results to colleagues.
<p>Competency 16.</p> <p>Expert: Consultant Diabetes Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Leads the design and implementation of research and audit activities. • Creates opportunities for colleagues to participate in research and audit activities. • Collaborates with higher educational institutions, research funding bodies, health boards and other stakeholders to develop innovative research and audit activities. • Ensures appropriate access to research resources for colleagues. • Is highly skilled in the presentation (oral and written) of research and audit results at local and national levels and is influential in the implementation of findings. • Facilitates colleagues to improve their knowledge about, and participation in, research and audit activities.

COMPETENCY STATEMENTS

17. Leadership

To provide effective care for people with diabetes, podiatrists should be able to demonstrate the following competencies in leadership and service development:

<p>Competency 17.</p> <p>Core: Registered Podiatrist</p>	<ul style="list-style-type: none"> • Identifies and works within local diabetes service pathways. • Demonstrates clinical leadership within their workplace. • Participates in peer review of clinical practice. • Utilises effective strategies to improve clinical practice. • Demonstrates a commitment to continuous professional development. • Supports under-graduate student learning through student placements.
<p>Competency 17.</p> <p>Comprehensive: Diabetes Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Participates in peer review of colleagues' clinical practice. • Demonstrates a commitment to continuous professional development in the area of the diabetes foot. • Acts as a mentor for colleagues.
<p>Competency 17.</p> <p>Advanced: Diabetes Specialist Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Provides expert knowledge in relation to diabetes foot services. • Shows clinical leadership within their local diabetes foot services. • Educates and advises podiatrists and other colleagues on clinical and service practice for diabetes foot care. • Organises collaborative training programmes for service improvement and delivery. • Leads the review of their own and their colleagues' clinical practice. • Creates opportunities for colleagues to undertake self-directed and supported learning. • Collaborates on the coordination of services for the care of the diabetes foot across organisational and professional boundaries. • Negotiates with local services to improve care of and outcomes for, people with diabetes foot disease. • Progresses guidance, protocols and recommendations related to diabetes foot care. • Leads projects designed to improve diabetes foot-related patient and service outcomes. • Cultivates professional networks related to diabetes foot care to support continuing professional development. • Designs, delivers and evaluates educational packages for appropriate colleagues, and students, on diabetes foot care and service development and delivery. • Acts as a mentor for colleagues and/or clinical supervision. • Acts as an expert resource within the field.
<p>Competency 17.</p> <p>Expert: Consultant Diabetes Podiatrist</p>	<p>As for the previous level/s, and:</p> <ul style="list-style-type: none"> • Provides clinical leadership on diabetes foot care at local, national, and international levels. • Leads diabetes foot care services across organisational and professional boundaries. • Supports professional networks related to diabetes foot care. • Evaluates clinical guidance and protocols related to diabetes foot care at local and national levels. • Communicates with and influence's key opinion leaders, policy makers and politicians nationally to improve foot-related outcomes for all PWD and eliminate inequities. • Supports colleagues to improve diabetes foot protection services. • Evaluate and lead clinical or service innovations in diabetes foot care. • Develops and implements strategies to ensure the best use of local resources and technologies in diabetes foot care.

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