

## Podiatry Assistants

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### Preface

The Australian Institute of Health and Welfare and the Victorian Department of Human Services predict that demand for podiatry and associated footcare services will continue to increase rapidly in the future.<sup>2,3&5</sup> The Australasian Podiatry Council acknowledges the need for an increased provision of 'basic foot care' in an environment which upholds public safety and quality of care.<sup>2,3</sup>

This policy, which replaces previous policies: Foot Hygiene (March,1998) and Podiatry Assistants (March 1996) serves to provide a model by which podiatry assistants (PAs), can assist in meeting the public need for future foot care services through performing a suitable range of allocated duties. Thus, alongside providing direct practical support to the podiatrist, this policy acknowledges a role for a suitably trained assistant providing foot hygiene services to patients identified by the supervising podiatrist as requiring this service.

The Australasian Podiatry Council aims to refine this model through ongoing collaboration with key stakeholders so that the needs of the community, government bodies and the podiatry profession are best addressed

The purpose of this document is to;

- provide a policy framework for podiatry assistants working under the direction of podiatrists in both the private and public sector,
- provide fundamental definitions pertaining to the practice of podiatry assistants,
- define the scope of practice of the podiatry assistant.

The Australasian Podiatry Council has developed a competency framework for podiatry assistants to provide guidance to both podiatrists and approved training authorities and is available on request.

*This policy must be read in conjunction with the respective state Podiatry Registration Board policies on Podiatry Assistants. Where there is a divergent policy, Registration Board requirements supersede this document.*

### Guiding Principles

The podiatrist is responsible at all times for patient assessment, diagnosis, care planning, management and evaluation of treatment outcomes. The podiatrist is instilled with a legal and ethical responsibility to ensure high professional standards are maintained.

Referrals from the podiatrist to the podiatry assistant must only occur once discussed with the patient and the patient's consent has been obtained for part or all of care to be delivered by a person who is not a registered podiatrist.

If the podiatrist elects to delegate a task, or temporarily transfers the care of a patient to a podiatry assistant, the podiatrist is responsible for the outcome. A clearly defined process for regular and ongoing review of the patient by the podiatrist must be detailed in the patient's care plan should a referral to the podiatry assistant be made.

The podiatrist must therefore ensure that the patient has been appropriately assessed and that the podiatry assistant to whom they have delegated:

1. Understands what is expected of him/her and has a clear, written care plan with expected outcomes and target dates.
2. Has the knowledge, skills and recognized qualifications to carry out what the podiatrist has asked him/her to do safely and effectively.
3. Documents all care provided to patients in accordance with practice/clinic protocols.
4. Is aware of when and under what circumstances the patient should be referred back for reassessment.
5. Is able to refer the patient back to the delegating podiatrist or another podiatrist without delay, if he/she is uncertain or concerned in any way as to the patient's altered health status or the patient's response to the care being provided.

The policies and procedures surrounding the use of podiatry assistants must be documented as they apply to each practice/clinic utilising podiatry assistants and in consideration of the local context. A copy of this documentation must be on hand and freely available to all staff for reference.

In terms of clinical care and the use of instrumentation, hands-on foot care provided by a podiatry assistant is in the form of foot hygiene only and is to be conducted on low-risk patients. Patients will present with varying medical, social, economic and environmental issues and it is the responsibility of the podiatrist to consider all relevant factors in determining whether referral to a podiatry assistant for foot hygiene is appropriate.

Foot hygiene is defined as fundamental attention given to normal toe nails and skin surfaces of the foot, including washing and drying, the cutting and filing of toe nails, the removal of superficial dead skin material interdigitally and the application of drying or softening agents.

Each practice/clinic or organisation must demonstrate appropriate mechanisms for clinical governance and is responsible for continuously improving the quality of their services through ongoing evaluation mechanisms and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

Adequate professional support is to be made available to podiatry assistants from employees and the podiatry profession through the provision of approved/accredited education and training programs.

## References

1. Australasian Podiatry Council, Competency Standards and Related Assessment Methods for the Australian Podiatry Profession. Australasian Podiatry Council, Melbourne, June 1994.
2. Australian Institute of Health and Welfare, National Health Labour Force: Podiatry Labour Force 1992. National Health Labour Force Bulletin No 7. October, 1996.
3. Australian Institute of Health and Welfare, National Health Labour Force: Podiatry Labour Force 1999. National Health Labour Force Series No 23. July, 2002.
4. Australian National Training Authority, Training Package Development Handbook. Part 2 Endorsed Components, Chapter 2 Developing Units of Competency. Australian National Training Authority, February 2004, Version One. Available online at web address: [www.anta.gov.au](http://www.anta.gov.au)
5. Health Solutions, Model of Service Delivery for Podiatry and Associated Foot Care Services. Department of Human Services of Victoria, Jan 1996.
6. Infection control documents – Australian Department of Health and Ageing Infection Control Guidelines Standards Australia

## **Podiatry Assistant Scope of Practice**

The scope of practice of a Podiatry Assistant includes:

### **Assisting the podiatrist with organisation and administration related to the clinical consultation**

- Preparing the consultation area
- Assisting the patient before and after the consultation
- Assisting in generating and maintaining medical records

### **Assisting the podiatrist with patient care**

- Assisting the podiatrist with patient assessment, such as collection of demographic data
- Applying basic dressings and padding and strapping under the direction of the podiatrist
- Assisting the podiatrist during minor skin and nail procedures

### **Performing basic foot hygiene on low risk patients, under the supervision of a podiatrist**

- Performing basic foot hygiene, once the patient has received appropriate assessment by the supervising podiatrist and meets the practice / organisation criteria for care by a podiatry assistant

### **Assisting with orthotic modifications**

- Assisting the podiatrist with orthoses modifications under the direction of the podiatrist

### **Assisting with footwear modifications**

- Assisting the podiatrist with footwear modifications under the direction of the podiatrist

### **Assisting in the running of podiatric practice**

- Conducting infection control for the practice, including instrument cleaning and sterilisation
- Maintaining equipment in the podiatry practice
- Ordering and facilitating correct and safe storage of stock

### **Assist in podiatric practice administration**

- Conducting administrative duties associated with running a podiatric clinic

### **Working as a member of a podiatry practice**

- Working within the laws, regulations and codes to which podiatric practice is bound
- Maintaining cultural and religious sensitivity
- Applying interpersonal skills to optimize the quality of workplace communication and interactions

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