

# Workforce and Education Reform Programme



Practice-based learning framework for pre-registration podiatry learners

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# Foreword

Podiatry practice has transformed over the years and offers a challenging, inspiring, demanding and rewarding career for those entering the profession. The case load is more complex, the job role more challenging. The diverse roles that podiatrists now occupy are more varied than ever and the opportunities for career development and progression are immense. However, as the profession evolves, so must the training and education of future generations of podiatrists.

For podiatry, we need to grow the number of joiners to the profession. The goal is to significantly increase the training of podiatrists, both through university traditional degree programs and by apprenticeship routes. The NHS long term workforce plan has ambitious targets make apprenticeships the main route of entry into the profession and to increase the numbers of podiatrists by over 75%, based on 2022 training figures, by 2031. For this to happen, the profession must ensure that practice-based learning continues to evolve, and experiences continue to inspire and prepare those joining the profession, helping to improve retention. The creation of quality practice-based learning environments and delivery of quality learning experiences will need to keep pace with this growth in training.

It is hoped that the PBL framework will provide support and structure to the way in which practice based learning activity is organised. The framework asks that PBL learning is embraced, fully exploring the breadth and depth of learning that can take place in a PBL environment to provide a richer, more diverse experience to learners that traditional 'placement' activity may not have achieved.

The framework is centred around the learner, with 12 practice-based learning (PBL) statements. Each statement is mapped to the HCPC Standards of Proficiency (SOPs).

There are four clusters of clinical learning – these are professionalism, clinical skills, patient and person-centred care and evidence-informed practice. Each learning statement is mapped to the four cluster areas of clinical learning.

The four pillars of clinical practice, namely, leadership, clinical practice, evidence and research, and development and facilitating learning are mapped to both the learning statements and the four clusters of clinical learning. There are examples of what activity could map to each area. The examples given combine knowledge, skills, and attributes for a range of activities in a range of settings. The examples are not exhaustive nor prescriptive. They are intended to guide the learner and the educator to explore what activity can be provided in clinical and non-clinical learning environments to help meet practice-based learning requirements of pre-registration podiatry training and education and preparing the future workforce for 21<sup>st</sup> century practice.

There are interactive elements to the framework that will help you quickly navigate to the content and areas that are of most interest to you. As a department, organisation, or system you can use the information freely to build your own PBL capacity. If you are an individual, you can use the content to help prepare for your learning. The links to additional resources will help you further your understanding of practice-based learning.

The PBL framework contributes towards ensuring that our learners, and all the staff that support our learners, have the resources they need to deliver high quality, structured and relevant learning experiences. This will ultimately lead to the workforce of tomorrow, delivering 21st century podiatry services and providing patients with the care they need in the communities we serve.

<https://www.england.nhs.uk/wp-content/uploads/2023/06/nhs-long-term-workforce-plan-v1.1.pdf>

# Acknowledgements

The Practice Based Learning framework is the result of many hours of dedicated work. The activity descriptors, that is central within the framework, was co-created with HEI colleagues from University of Salford, University of Brighton and University of Wolverhampton.

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# Context and Introduction

Practice-based learning (PBL) is recognised in the NHS Long Term Plan<sup>1</sup> as a vital investment in the future NHS and social care workforce. The plan drives a vision of 21st-century care which requires an all-rounded, skilled, and flexible Allied Health Professional (AHP) workforce. By providing aspiration for a varied career ahead, we can help improve the retention of podiatrists ensuring the future sustainability of the workforce. PBL is changing and learners are encouraged to experience a placement model that includes learning that extends beyond clinical work. If we are to adequately prepare our future generation of clinicians, we need to ensure that at an early stage, learners are exposed to a range of PBL learning opportunities that extend to cover the four pillars of clinical practice<sup>2</sup>.

With the introduction of the degree apprenticeship, a new generation of podiatrists is emerging. The way our future podiatrists are educated has evolved and this has helped to pave the way for a change in approach to practice learning. Non-traditional models of learning, such as modern apprenticeships, have provided an alternative to studying for a degree in a university-based setting. In this situation, learners are not students but employees. Apprentices are not on a placement but learning within a workplace setting. Never has there been such opportunity to explore practice education, as the profession is responsive to the rapidly changing healthcare environment.

Students and apprentices apply and consolidate their learning, bringing together academic theory and workplace learning to develop the skills and competencies needed to become an HCPC registrant. This is the case whether you are a student or an apprentice, and practice-based learning unites both types of learners.

<sup>1</sup> <https://www.longtermplan.nhs.uk/>

<sup>2</sup> <https://www.hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf>

Practice-based learning can take place in a range of settings. While quality ‘traditional’ placements are usually provided in familiar environments, there is opportunity to explore diversity within learning environments, while also exploring different models of practice-based learning. A diverse and broad range of skills is needed to meet the needs of the 21<sup>st</sup>-century podiatrist. These include, but are not limited to, assessment and diagnostic capability, behaviour change approaches, patient education, working in integrated multi-disciplinary teams, using healthcare technologies, evaluating, and influencing change, practising preventative care from a public health perspective, as well as developing a healthy engagement with evidenced-based practice and research, and engagement in leadership activities.

Not all learning environments have to be patient-facing. Learners can have learning opportunities in non-clinical settings and these hours can count towards their practice hours. A range of experiences that support learners to meet the required standards of proficiency is crucial.

Leadership, research, and blended content in a diverse range of settings can offer invaluable learning and assist students and apprentices in meeting the required standard. Students and apprentices can contribute to evidence-based practice, inform service improvement, understand policy, and develop key leadership skills, helping to facilitate the full depth and breadth of podiatric practice. Exposure to new skills delivered in new environments could unlock amazing learning potential.

# What is Practice-Based Learning (PBL)?

PBL is a crucial, fundamental, and indispensable part of the training to become an AHP. PBL provides learning environments that enable the application of theoretical knowledge in clinical, patient-facing and non-patient-facing contexts. PBL provides a rich and diverse environment that supports the clinical and non-clinical development of the learner. It provides environments where learners, colleagues, and peers, can work together effectively to enhance the learner journey, providing space where interpersonal and therapeutic skills can flourish. Patients and service users often contribute to the learner experience by giving their permission for students and apprentices to be present and participate in providing interventions at treatment appointments, helping learners to develop clinical skills. Patients and service users also help learners indirectly, by providing feedback and contributing to service or course development events or by providing feedback in formal clinical examinations.

## **Who is this Framework for?**

Front and central to this framework is the learner. It places the learner at its heart and recognises that to inspire the next generation of podiatrists, a fresh approach to practice-based learning is needed. All learners, whether they be students, apprentices, those returning to practice or prospective learners will find this framework useful. The example activity provides the learner with a real flavour of what their practice-based learning experience could look like.



Education providers will also find this framework useful for informing the planning and development of practice-based learning content. It may also inspire education providers to think beyond their current PBL model and move to a more inclusive practice-based learning model. Anyone involved in providing PBL from the commercial, private, independent, or voluntary sectors, either as a learner or provider may be interested in accessing this framework.

### **How is the Framework Structured?**

The framework is centred around 12 practice-based learning (PBL) statements. Each statement is mapped to the HCPC Standards of Proficiency (SOPs)<sup>3</sup>. There are four clusters of clinical learning – these are professionalism, clinical skills, patient and person-centred care and evidence-informed practice. Each learning statement is mapped to the four cluster areas of clinical learning. The four pillars of practice,<sup>4</sup> namely, leadership, clinical practice, evidence, research and development and facilitating learning are mapped to both the learning statements and the four clusters of clinical learning. There are examples of what activity could map to each area. The examples given combine knowledge, skills and attributes for a range of activities in a range of settings. The examples are not exhaustive nor prescriptive. They are intended to guide the learner and the educator to explore the depth and breadth of what can be provided in clinical and non-clinical learning environments to help meet practice-based learning requirements of pre-registration podiatry training and education.

**Figures 1-3, illustrate how the framework is structured.**

<sup>3</sup> <https://www.hcpc-uk.org/standards/standards-of-proficiency>

<sup>4</sup> <https://www.hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf>

Figure 1: The four interconnected areas of the PBL framework



Figure 2: Four clusters of clinical learning and the four pillars of professional practice

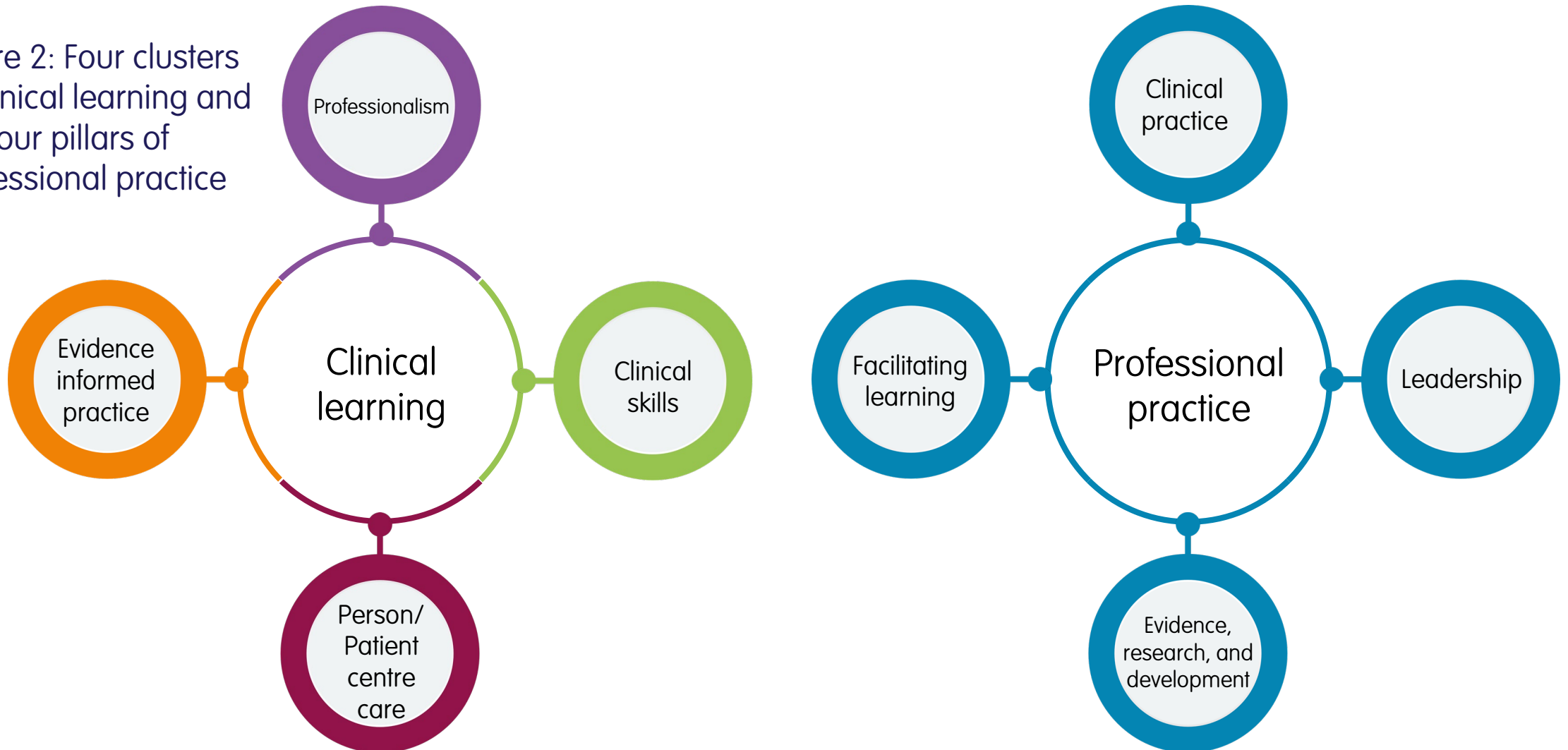


Figure 3: The four clusters of clinical learning can be applied across the four pillars of professional practice



# Interaction between clinical Learning and Professional Practice

## Practice-based learning statements

**A practice-based learning experience will provide learners with:**

1. Opportunities to communicate effectively in all aspects of the podiatry learners role (HCPC SOP 4, 7, 8)
2. Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15)
3. Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11)
4. Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11)
5. Opportunities to engage in supervised contemporary podiatry practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8)
6. Opportunities to engage in the provision of supervised core clinical podiatry interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14)

7. Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention control, and health and safety (HCPC SOP 1, 7, 14)
8. Opportunities to engage in developing management plans that meet the needs of people who have a range of podiatric conditions, who also may have complex underlying co-morbidities with complex health and social care needs (HCPC SOP 5, 8, 12, 13, 14)
9. Opportunities to undertake podiatric assessment, interventions, and management planning, using a podiatric care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14)
10. Opportunities to assess and implement identified support strategies for patients in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-podiatry services (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15)
11. Opportunities to promote and engage in the learning of others, this could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15)
12. Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2, 4, 6, 7, 8).

# Mapping the learning statements to the clusters of clinical learning

## Mapped cluster and practice-based learning statements

Key to clusters: 1. professionalism, 2. clinical skills, 3. patient/person-centred care, 4. evidence-informed practice				
Learning Statements A practice-based learning experience will provide learners with:	<b>Clusters mapped to statements</b>			
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1. Opportunities to communicate effectively in all aspects of the podiatry learners role (HCPC SOP 4, 7, 8).	x		x	
2. Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11,12, 14, 15).	x	x		
3. Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).	x			
4. Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).	x	x	x	x
5. Opportunities to engage in supervised contemporary podiatry practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).		x		
6. Opportunities to engage in the provision of supervised core clinical podiatry interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).		x	x	

**Mapped the learning statements to the clusters of clinical learning continued**

Key to clusters: 1. professionalism, 2. clinical skills, 3. patient/person-centred care, 4. evidence-informed practice				
Learning Statements A practice-based learning experience will provide learners with:	<b>Clusters mapped to statements</b>			
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
7. Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention control, and health and safety (HCPC SOP 1, 7, 14).		x		
8. Opportunities to engage in developing management plans that meet the needs of people who have a range of podiatric conditions, who also may have complex underlying co-morbidities with complex health and social care needs (HCPC SOP 5, 8, 12, 13, 14).		x		
9. Opportunities to undertake podiatric assessment, interventions, and management planning, using a podiatric care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).		x		x
10. Opportunities to assess and implement identified support strategies for each patient in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-podiatry services (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).		x	x	x
11. Opportunities to promote and engage in the learning of others. This could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).	x	x	x	
12. Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2, 4, 6, 7, 8).	x	x	x	x



**Mapped cluster and practice-based learning statements**

Key to clusters: 1. professionalism, 2. clinical skills, 3. patient/person-centred care, 4. evidence-informed practice				
Practice-Based Learning Statements	Volume of examples for each statement			
	1	2	3	4
1. Opportunities to communicate effectively in all aspects of the podiatry learners role (HCPC SOP 4, 7, 8).	9		7	
2. Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).	8	3		
3. Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).	4			
4. Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).	3	3	1	2
5. Opportunities to engage in supervised contemporary podiatry practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).		6		
6. Opportunities to engage in the provision of supervised core clinical podiatry interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).		20	3	
7. Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention control, and health and safety (HCPC SOP 1, 7, 14,).		9		
8. Opportunities to engage in developing management plans that meet the needs of people who have a range of podiatric conditions, who also may have complex underlying co-morbidities with complex health and social care needs (HCPC SOP 5, 8, 12, 13, 14).		14		

**Mapped cluster and practice-based learning statements continued**

Key to clusters: 1. professionalism, 2. clinical skills, 3. patient/person-centred care, 4. evidence-informed practice				
Practice-Based Learning Statements	<b>Volume of examples for each statement</b>			
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
9. Opportunities to undertake podiatric assessment, interventions, and management planning, using a podiatric care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).		<b>14</b>		<b>7</b>
10. Opportunities to assess and implement identified support strategies for each patient in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-podiatry services (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).		<b>13</b>	<b>5</b>	<b>2</b>
11. Opportunities to promote and engage in the learning of others. This could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).	<b>14</b>	<b>10</b>	<b>14</b>	
12. Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2, 4, 6, 7, 8).	<b>17</b>	<b>21</b>	<b>13</b>	<b>9</b>

Clusters of clinical learning examples mapped to practice-based learning statements and the four pillars of professional practice.

Figure 3: The four clusters of clinical learning can be applied across the four pillars of professional practice.



- 1 Opportunities to communicate effectively in all aspects of the podiatry learners role (HCPC SOP 4, 7, 8).
- 2 Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
- 3 Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).
- 4 Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).
- 5 Opportunities to engage in supervised contemporary podiatry practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).
- 6 Opportunities to engage in the provision of supervised core clinical podiatry interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).
- 7 Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention control, and health and safety (HCPC SOP 1, 7, 14).
- 8 Opportunities to engage in developing management plans that meet the needs of people who have a range of podiatric conditions, who also may have complex underlying co-morbidities with complex health and social care needs (HCPC SOP 5, 8, 12, 13, 14).
- 9 Opportunities to undertake podiatric assessment, interventions, and management planning, using a podiatric care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).  
Opportunities to assess and implement identified support strategies for patients in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-podiatry services (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).
- 10 Opportunities to promote and engage in the learning of others, this could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).
- 12 Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2,4,6,7,8).

# Professionalism cluster

## Learning Statements

A practice-based learning experience will provide learners with:

**1. Opportunities to communicate effectively in all aspects of the role as a student podiatrist in a clinical placement/ clinical work-based setting (HCPC SOP 4, 7, 8).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
Example activity				
1. Exhibits self-management surrounding timekeeping, clinical dress and professional appearance.	x			
2. Can build and sustain relationships with patients, carers, and members of the health care team.	x	x		x
3. Undertakes a holistic approach to care – smoking cessation/health check/exercise/ alcohol consumption.	x	x	x	
4. Understanding of compassion and care given through relationships based on empathy, respect, and dignity.	x			
5. Maintains appropriate relationships with colleagues/podiatry team.	x	x		x
6. Maintains appropriate relationships with patients and carers.	x			
7. Treats all service users with respect, upholding their rights and values.	x	x		x
8. Works in partnership with service users, carers, colleagues, and others to optimise patient care.	x	x	x	x
9. Communicates effectively in written, verbal, and non-verbal contexts at an introductory stage and throughout episodes of care with service users and makes reasonable adjustments where needed to ensure individual communication needs and preferences of service users and carers are met.	x	x		x

- 1 Opportunities to communicate effectively in all aspects of the podiatry learners role (HCPC SOP 4, 7, 8).
- 2 Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
- 3 Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).
- 4 Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).
- 5 Opportunities to engage in supervised contemporary podiatry practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).
- 6 Opportunities to engage in the provision of supervised core clinical podiatry interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).
- 7 Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention control, and health and safety (HCPC SOP 1, 7, 14).
- 8 Opportunities to engage in developing management plans that meet the needs of people who have a range of podiatric conditions, who also may have complex underlying co-morbidities with complex health and social care needs (HCPC SOP 5, 8, 12, 13, 14).
- 9 Opportunities to undertake podiatric assessment, interventions, and management planning, using a podiatric care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).  
Opportunities to assess and implement identified support strategies for patients in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-podiatry services (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).
- 10 Opportunities to promote and engage in the learning of others, this could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).
- 12 Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2,4,6,7,8).

# Professionalism cluster

## Learning Statements

A practice-based learning experience will provide learners with:

2. Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development. HCPC (SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).

## Mapped activity

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
Example activity				
1. Follows ethics, values, and behaviours commensurate with becoming a health and care professional.	x	x		x
2. Engages with self-evaluation of practice through reflection and develops autonomous critical self-appraisal processes.		x	x	x
3. Can identify areas of own practice where there is scope for further development.	x	x		x
4. Demonstrate how critical thinking and critical reflection can enable improved risk management, therefore influencing safe and effective service delivery.	x		x	x
5. Recognise your contribution in a structured quality improvement project at department level and how this contributes to your development as a leader e.g. project planning, monitoring and evaluation.	x		x	x
6. Demonstrate knowledge of approaches to involving patients in healthcare improvement.	x		x	
7. Critically analysing significant events/critical incidents to identify the effect on patient outcomes.	x		x	x
8. Taking part in a service improvement project.	x		x	x

- 1 Opportunities to communicate effectively in all aspects of the podiatry learners role (HCPC SOP 4, 7, 8).
- 2 Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
- 3 Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).
- 4 Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).
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- 12 Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2,4,6,7,8).

# Professionalism cluster

## Learning Statements

A practice-based learning experience will provide learners with:

3. Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
Example activity				
1. Always maintains professional conduct.	x			x
2. Uses social media and web-based materials appropriately and responsibly.	x	x		x
3. Applies in practice, the concepts of confidentiality and informed consent, appreciating that this extends to all mediums, including illustrative clinical records, such as photography, video and audio recordings and digital platforms.	x		x	
4. Maintains clear, accurate records and detailed records in line with university and practice-based learning provider policies and procedures.	x		x	x



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- 2 Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
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Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).
- 4 Opportunities to engage in supervised contemporary podiatry practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).
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# Professionalism cluster

## Learning Statements

A practice-based learning experience will provide learners with:

4. Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
Example activity				
1. Recognises limitations of own practice.	x		x	x
2. Takes appropriate steps to ensure clinical activity remains within the scope of practice as detailed in supporting materials such as handbooks, module descriptors, trust policies and procedures and other forms of written guidance provided by the placement provider.	x			x
3. Ensures professional practice aligns with expectations set out in regulatory threshold standards such as the HCPC Standards of Proficiency.	x	x		x



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# Professionalism cluster

## Learning Statements

A practice-based learning experience will provide learners with:

**11. Opportunities to promote and engage in the learning of others. This could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
Example activity				
1. By initiating engagement with a team you develop opportunities to have courageous conversations, sharing inspiring visions and fostering co-production principals.		x		
2. Communicating feedback from patients, relatives, carers colleagues will be useful to supervisors in planning services.	x	x	x	x
3. Supporting and motivating others within group learning by taking part in the design and delivery of a student project.	x	x	x	x
4. Communicate feedback on educational activities to peers and fellow learners.		x	x	x
5. Encourage improvement and innovation by using small group learning as an opportunity to debate and question the status quo with peers and other team members.		x	x	x
6. Recognise opportunities for contexts for change by taking part in opportunities to learn about the healthcare system, NHS policy environment, organisation and structures.		x		
7. Appreciate the organisational context for decisions by taking part in multidisciplinary team meetings and listening to patient experiences during clinical learning.	x	x	x	x
8. Evaluate impact by seeking opportunities to learn how effective service changes have been.		x	x	x
9. Works in partnership with service users, carers, colleagues, and others to optimise patient care.		x		
10. Communicates effectively in written, verbal, and non-verbal contexts at an introductory stage and throughout episodes of care with service users and makes reasonable adjustments where needed to ensure individual communication needs and preferences of service users and carers are met.	x	x		

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# Professionalism cluster

## Learning Statements

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Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
11. Appropriate advice given to the patient e.g. Foot self-care (nail care, emollient use), and lifestyle issues (e.g. smoking cessation, managing blood sugars).	x	x		
12. Provides the patient and/or carer with up-to-date verbal and written advice.	x	x	x	
13. Patients are placed at the centre of their care and ensure their full involvement through meaningful engagement, informed choice, and collaboration.	x	x		
14. Recognises and corrects misinformation the patient may hold about their condition and the effects of this misinformation on self-care behaviours and their consequences.	x	x	x	

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# Professionalism cluster

## Learning Statements

A practice-based learning experience will provide learners with:

**12. Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2, 4, 6, 7, 8).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
Focus on self				
1. Appreciates that discovering own values, personality and personal drivers, can effectively contribute to building leadership capacity in the workplace.				✘
2. Appreciate that by Identifying as a leader within yourself and your professional practice, you create opportunities to lead by example with your peers and fellow learners.	✘	✘		✘
3. By reflecting on and in practice, as a leader and as a learner, you can build on your strengths and identify your weaknesses, to help inform your leadership development and to help build self-confidence.				✘
4. Knowing and leveraging your strengths, boundaries and limits, helps you with being an open and accountable leader.				✘
5. Demonstrate the ability to balance personal and professional roles and responsibilities, managing time effectively.	✘			✘
6. Demonstrate the ability to recognise manifestations of stress on self.	✘			✘
7. Demonstrate the ability to prioritise tasks, having realistic expectations of what can be completed by self and others.	✘			✘
Managing services				
8. Asking questions within clinical learning environments, and seeking understanding about how plans are formulated.	✘			✘
9. Taking personal responsibility for their designated role within the team.				✘
10. Examining the potential impact of their performance.				✘

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# Professionalism cluster

## Learning Statements

A practice-based learning experience will provide learners with:

**12. Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2, 4, 6, 7, 8) continued.**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
Improving health care services				
11. Recognise your contribution in a structured quality improvement project at department level and how this contributes to your development as a leader e.g. project planning, monitoring and evaluation.			✘	✘
Setting direction				
12. Encourage improvement and innovation by using small group learning as an opportunity to debate and question the status quo with peers and other team members.				✘
13. Recognise opportunities for contexts for change by taking part in opportunities to learn about the healthcare system, NHS policy environment, organisation and structures.		✘		✘
14. Critically analysing appropriate information and data to determine trends.			✘	✘
15. Apply principles of evidence-based practice and share with peers to strengthen service provision discussions.		✘		✘
16. Appreciate the organisational context for decisions by taking part in multidisciplinary team meetings and listening to patient experiences during clinical learning.	✘	✘		✘
17. Evaluate impact by seeking opportunities to learn how effective service changes have been.			✘	✘

Figure 3: The four clusters of clinical learning can be applied across the four pillars of professional practice.





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# Clinical skills cluster

## Learning Statements

A practice-based learning experience will provide learners with:

2. **Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development. HCPC (SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
<b>Example activity: Nail Surgery</b>				
1. Assesses patient suitability for Local anaesthetic following established protocols and adhering to local and national guidelines (e.g. RCPod Nail Surgery Guidelines 2019).	x	x	x	
2. Has completed necessary mandatory training, e.g. basic life support skills, to deal safely with clinical emergencies.	x	x	x	
3. Conducts comprehensive, detailed, and understandable record keeping following national and local protocols and published guidelines e.g. Use of abbreviations etc.	x	x	x	

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# Clinical skills cluster

## Learning Statements

A practice-based learning experience will provide learners with:

4. **Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
Example activity				
1. Recognises limitations of own practice.	x		x	x
2. Takes appropriate steps to ensure clinical activity remains within the scope of practice as detailed in supporting materials such as handbooks, module descriptors, trust policies and procedures and other forms of written guidance provided by the placement provider	x			x
3. Ensures professional practice aligns with expectations set out in regulatory threshold standards such as the HCPC Standards of Proficiency.	x	x		x

- 1 Opportunities to communicate effectively in all aspects of the podiatry learners role (HCPC SOP 4, 7, 8).
- 2 Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
- 3 Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).
- 4 Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).  
Opportunities to engage in supervised contemporary podiatry practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).
- 5 Opportunities to engage in the provision of supervised core clinical podiatry interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).
- 6 Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention control, and health and safety (HCPC SOP 1, 7, 14).
- 7 Opportunities to engage in developing management plans that meet the needs of people who have a range of podiatric conditions, who also may have complex underlying co-morbidities with complex health and social care needs (HCPC SOP 5, 8, 12, 13, 14).
- 8 Opportunities to undertake podiatric assessment, interventions, and management planning, using a podiatric care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).  
Opportunities to assess and implement identified support strategies for patients in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-podiatry services (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).
- 9 Opportunities to promote and engage in the learning of others, this could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).
- 10 Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2,4,6,7,8).

# Clinical skills cluster

## Learning Statements

A practice-based learning experience will provide learners with:

5. **Opportunities to engage in supervised contemporary podiatry practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
Example activity: MSK				
1. Appreciate the importance of making a working diagnosis and/or differential diagnosis based on the interpretation of history and assessment findings.	x	x	x	
2. Appreciate the importance of a working diagnosis to inform the formulation of treatment/ management plans.	x		x	
3. Communicates effective advice to the patient regarding self-care (e.g. footwear advice, stretching, etc.).	x	x	x	x
4. Can recognise joint symptoms requiring referral to specialist.	x		x	
The at high-risk patient (e.g. co-morbidities such as diabetes/rheumatology/ complex MSK and complex foot problems).				
5. Seek and synthesize relevant information from other sources, including the patient's family with appropriate consent.	x		x	x
6. Recognises those patients for whom retail footwear is appropriate and provides advice on making appropriate footwear choices.	x		x	



- 1 Opportunities to communicate effectively in all aspects of the podiatry learners role (HCPC SOP 4, 7, 8).
- 2 Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
- 3 Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).
- 4 Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).
- 5 Opportunities to engage in supervised contemporary podiatry practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).
- 6 Opportunities to engage in the provision of supervised core clinical podiatry interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).
- 7 Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention control, and health and safety (HCPC SOP 1, 7, 14).
- 8 Opportunities to engage in developing management plans that meet the needs of people who have a range of podiatric conditions, who also may have complex underlying co-morbidities with complex health and social care needs (HCPC SOP 5, 8, 12, 13, 14).
- 9 Opportunities to undertake podiatric assessment, interventions, and management planning, using a podiatric care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).  
Opportunities to assess and implement identified support strategies for patients in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-podiatry services (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).
- 10 Opportunities to promote and engage in the learning of others, this could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).
- 12 Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2,4,6,7,8).

# Clinical skills cluster

## Learning Statements

A practice-based learning experience will provide learners with:

**6. Opportunities to engage in the provision of supervised core clinical podiatry interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership		P1	P2	P3	P4
<b>Example activity: MSK</b>					
1.	Takes a detailed holistic patient history.			x	x
2.	Demonstrates understanding of a child’s normal development and gait development and understands when assessment findings may differ from those of an adult.	x		x	x
3.	Demonstrates awareness of normal/abnormal parameters for assessment tests carried about and can identify any significant abnormalities.	x		x	
4.	Performs appropriate measurements and tests using available equipment.	x		x	
5.	Awareness of treatment options and existing care pathways (e.g. bespoke orthosis).	x		x	
6.	Ability to prescribe, and where appropriate, manufacture chair side and simple orthoses including padding and strapping.	x			
7.	Can undertake MSK assessment of lower limb looking for bone/joint deformity, swelling, heat or tenderness in or around a joint.	x		x	
8.	Undertakes an appropriate MSK assessment (e.g. foot and lower limb) including pain and palpatory assessments.	x		x	
<b>Nail Surgery</b>					
9.	Assesses patient suitability for nail surgery following established protocols and adhering to local and national guidelines (e.g. RCPod Nail Surgery Guidelines 2019).	x		x	
10.	Delivers postoperative care to patients who have undergone nail surgery.	x			

- 1 Opportunities to communicate effectively in all aspects of the podiatry learners role (HCPC SOP 4, 7, 8).
- 2 Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
- 3 Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).
- 4 Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).
- 5 Opportunities to engage in supervised contemporary podiatry practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).
- 6 Opportunities to engage in the provision of supervised core clinical podiatry interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).
- 7 Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention control, and health and safety (HCPC SOP 1, 7, 14).
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- 11 Opportunities to promote and engage in the learning of others, this could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).
- 12 Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2,4,6,7,8).

# Clinical skills cluster

## Learning Statements

A practice-based learning experience will provide learners with:

**6. Opportunities to engage in the provision of supervised core clinical podiatry interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14) continued.**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
The at high-risk patient (e.g. co-morbidities such as diabetes/rheumatology/ complex MSK and complex foot problems).				
11. Can explain or demonstrate an ABPI examination safely.	x			
12. Interprets the findings of an ABPI examination safely.	x			
13. Can identify foot deformity appropriately in the at-risk foot.	x			
14. Can identify the clinical signs and symptoms of wound infection and refers quickly and appropriately for infection control.	x		x	
<b>Wound care management</b>				
15. Provides appropriate use of pressure relief.	x			
16. Based on the presenting evidence can prioritise workload according to the urgency of action needed.	x			
17. Demonstrates awareness of health care professionals involved in the multidisciplinary team (MDT) and how to access/refer.	x		x	x
18. Demonstrates a holistic approach to wound care management.	x			x
19. Appreciates when minimal /no callus debridement is necessary including the care of patients with poor tissue viability.	x			
20. Appreciates factors affecting decisions to debride depending on ulcer classification.	x			

- 1 Opportunities to communicate effectively in all aspects of the podiatry learners role (HCPC SOP 4, 7, 8).
- 2 Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
- 3 Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).
- 4 Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).
- 5 Opportunities to engage in supervised contemporary podiatry practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).
- 6 Opportunities to engage in the provision of supervised core clinical podiatry interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).
- 7 Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention control, and health and safety (HCPC SOP 1, 7, 14).
- 8 Opportunities to engage in developing management plans that meet the needs of people who have a range of podiatric conditions, who also may have complex underlying co-morbidities with complex health and social care needs (HCPC SOP 5, 8, 12, 13, 14).
- 9 Opportunities to undertake podiatric assessment, interventions, and management planning, using a podiatric care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).  
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- 10 Opportunities to promote and engage in the learning of others, this could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).
- 12 Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2,4,6,7,8).

# Clinical skills cluster

## Learning Statements

A practice-based learning experience will provide learners with:

**7. Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention and control and health and safety (HCPC SOP 1, 7, 14).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
<b>Example activity: wound care management</b>				
1. Conducts comprehensive, detailed, and understandable record keeping following national and local protocols e.g. Use of abbreviations etc.	x		x	
2. Minimises cross-infection risk by following stringent infection, prevention, and control measures.	x		x	
<b>Health and Safety</b>				
3. Understands fully the principles of infection prevention and control and applies these principles in all clinical practice.	x		x	
4. Uses appropriate PPE to protect self and patients from unnecessary risks.	x			
5. Engages in risk assessment and modifies practice accordingly.	x		x	
6. Places patient safety at the centre of all clinical activity and decision making.	x			
7. Maintains accurate and legible patient records following local and national guidelines.	x		x	
8. Understands and upholds the principles of informed consent following local and national guidelines	x	x	x	
9. Ensures all core mandatory training is complete to the satisfaction of the placement provider/ education provider	x		x	

- 1 Opportunities to communicate effectively in all aspects of the podiatry learners role (HCPC SOP 4, 7, 8).
- 2 Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
- 3 Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).
- 4 Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).  
Opportunities to engage in supervised contemporary podiatry practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).
- 5 Opportunities to engage in the provision of supervised core clinical podiatry interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).
- 7 Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention control, and health and safety (HCPC SOP 1, 7, 14).
- 8 Opportunities to engage in developing management plans that meet the needs of people who have a range of podiatric conditions, who also may have complex underlying co-morbidities with complex health and social care needs (HCPC SOP 5, 8, 12, 13, 14).
- 9 Opportunities to undertake podiatric assessment, interventions, and management planning, using a podiatric care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).  
Opportunities to assess and implement identified support strategies for patients in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-podiatry services (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).
- 11 Opportunities to promote and engage in the learning of others, this could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).
- 12 Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2,4,6,7,8).

# Clinical skills cluster

## Learning Statements

A practice-based learning experience will provide learners with:

**8. Opportunities to engage in developing management plans that meet the needs of people who have a range of podiatric conditions, who also may have complex underlying comorbidities with complex health and social care needs (HCPC SOP 5, 8, 12, 13, 14).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
Example activity				
1. Demonstrates knowledge of the aetiology, pathophysiology, clinical features, and diagnostic procedures of the at-risk foot - including impact on quality of life.	x			
2. Carries out a vascular assessment of the at-risk foot, including pulse palpation and handheld Doppler waveform recognition.	x			
3. Carries out a neurological assessment of the at-risk foot, considering sensory, motor, and autonomic status.	x			
4. Recognise the common signs and symptoms of painful diabetic peripheral neuropathy.	x			
5. Demonstrates appropriate allocation and recording of risk status/stratification for the at-risk foot.	x			
6. Assess the educational needs of people with an at-risk foot and their carers to provide tailored education using appropriate modes of delivery/relevant resources.	x	x	x	
7. Demonstrates accurate assessment of the factors contributing to the presentation of the ulcer/lesion.	x			
8. Demonstrates clear communication skills with a patient, e.g. Explaining nature/implications of ulcer, explaining principles of management, providing appropriate health promotion and self-care advice, SOS advice etc.	x	x		
9. Can identify the clinical signs and symptoms of wound infection and refers quickly and appropriately for infection control.	x			
10. Classifies active foot ulceration, (including identification of vascular insufficiency, neurological deficit, significant foot deformity, trauma, and increased pressures).	x			

- 1 Opportunities to communicate effectively in all aspects of the podiatry learners role (HCPC SOP 4, 7, 8).
- 2 Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
- 3 Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).
- 4 Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).
- 5 Opportunities to engage in supervised contemporary podiatry practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).
- 6 Opportunities to engage in the provision of supervised core clinical podiatry interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).
- 7 Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention control, and health and safety (HCPC SOP 1, 7, 14).
- 8 Opportunities to engage in developing management plans that meet the needs of people who have a range of podiatric conditions, who also may have complex underlying co-morbidities with complex health and social care needs (HCPC SOP 5, 8, 12, 13, 14).
- 9 Opportunities to undertake podiatric assessment, interventions, and management planning, using a podiatric care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).
- 10 Opportunities to assess and implement identified support strategies for patients in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-podiatry services (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).
- 11 Opportunities to promote and engage in the learning of others, this could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).
- 12 Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2,4,6,7,8).

# Clinical skills cluster

## Learning Statements

A practice-based learning experience will provide learners with:

**8. Opportunities to engage in developing management plans that meet the needs of people who have a range of podiatric conditions, who also may have complex underlying comorbidities with complex health and social care needs (HCPC SOP 5, 8, 12, 13, 14) continued.**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
11. Appreciates the principles of wound bed management to optimise healing.	x			
12. Demonstrate understanding of different stages of wound healing and types of exudate, appreciate the importance of wound swab.	x			
13. Provides appropriate identification and management of infection.	x			
14. Recognises the clinical signs and symptoms of acute onset complications in the at-risk foot – for example, Charcot neuroarthropathy.	x			



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- 2 Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
- 3 Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).
- 4 Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).
- 5 Opportunities to engage in supervised contemporary podiatry practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).
- 6 Opportunities to engage in the provision of supervised core clinical podiatry interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).
- 7 Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention control, and health and safety (HCPC SOP 1, 7, 14).
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- 12 Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2,4,6,7,8).

# Clinical skills cluster

## Learning Statements

A practice-based learning experience will provide learners with:

**9. Opportunities to undertake podiatric assessment, interventions, and management planning, using a podiatric care model which is based on recognised, contemporary theories and evidence. (HCPC SOP 5, 9, 12, 13, 14).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
<b>Example activity</b>				
The at high-risk patient (e.g. co-morbidities such as diabetes/rheumatology/ complex MSK and complex foot problems).				
1. Provides safe advice on non-pharmacological interventions, treat, or refer as appropriate, based on the evidence, expected benefits, limitations, and risks for people with an at-risk foot.	x		x	
2. Can apply biomechanical pressure relieving strategies and devices and recognises their role in foot protection.	x			
3. Carries out basic microbiological sampling (e.g. wound swabbing).	x			
4. Develops knowledge of evidence-based treatment pathways such as Treating to Target, in the at-risk foot	x		x	
5. Identifies when immunosuppressant medicines are being used and their potential impact on infection risk	x			
6. Aware of the importance of potentially serious pathology (red flags) and reports to an appropriate clinician.	x			
7. Recognises the impact of foot complaints concerning problems in the knee, hip or back, specifically in the context of rheumatic disorders.	x			
8. Can identify foot problems with an inflammatory component.	x			
9. Demonstrates or describes how to palpate joints to detect inflammatory activity.	x			
10. Identifies falls and fracture risk in at-risk patients and can explain these to patients and carers.	x			
<b>Nail Surgery and local anaesthetics</b>				
11. Successfully completes the minimum number of required local anaesthetic procedures under direct supervision following local and national guidelines (e.g. RCPod Nail Surgery Guidelines 2019).	x		x	

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- 8 Opportunities to engage in developing management plans that meet the needs of people who have a range of podiatric conditions, who also may have complex underlying co-morbidities with complex health and social care needs (HCPC SOP 5, 8, 12, 13, 14).
- 9 Opportunities to undertake podiatric assessment, interventions, and management planning, using a podiatric care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).
- 10 Opportunities to assess and implement identified support strategies for patients in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-podiatry services (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).
- 11 Opportunities to promote and engage in the learning of others, this could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).
- 12 Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2,4,6,7,8).

# Clinical skills cluster

## Learning Statements

A practice-based learning experience will provide learners with:

**9. Opportunities to undertake podiatric assessment, interventions, and management planning, using a podiatric care model which is based on recognised, contemporary theories and evidence. (HCPC SOP 5, 9, 12, 13, 14) continued.**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
12. Successfully completes the minimum number of required TNA/PNA procedures under direct supervision (e.g. RCPod Nail Surgery Guidelines 2019).	x			
13. Calculates correctly the safe maximum dose for administering local anaesthetics used in a podiatry setting.	x			
Wound Care				
14. Demonstrates awareness of complex wounds that require referral to NHS podiatry services or escalation to specialist services e.g. vascular teams.	x			x

- 1 Opportunities to communicate effectively in all aspects of the podiatry learners role (HCPC SOP 4, 7, 8).
- 2 Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
- 3 Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).
- 4 Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).  
Opportunities to engage in supervised contemporary podiatry practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).
- 5 Opportunities to engage in the provision of supervised core clinical podiatry interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).
- 7 Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention control, and health and safety (HCPC SOP 1, 7, 14).
- 8 Opportunities to engage in developing management plans that meet the needs of people who have a range of podiatric conditions, who also may have complex underlying co-morbidities with complex health and social care needs (HCPC SOP 5, 8, 12, 13, 14).
- 9 Opportunities to undertake podiatric assessment, interventions, and management planning, using a podiatric care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).  
Opportunities to assess and implement identified support strategies for patients in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-podiatry services (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).
- 11 Opportunities to promote and engage in the learning of others, this could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).
- 12 Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2,4,6,7,8).

# Clinical skills cluster

## Learning Statements

A practice-based learning experience will provide learners with:

10. **Opportunities to assess and implement identified support strategies for each patient in a way that reflects best practice and enhances positive therapeutic outcomes. This may include activities such as social prescribing, interaction with social care services, and providing self-care literature and information for accessing non-podiatry services. (HCPC SOP 4, 9, 10, 11, 12, 13, 14, 15).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
<b>Example activity</b>				
1. Recognises those patients for whom retail footwear is appropriate and provides advice on making appropriate footwear choices.	x			
2. Recognises when a patient cannot safely wear retail shoes and refers them for specialist footwear.	x			
3. Understanding of the psychological impact of active foot disease on the patient at risk.	x			
4. Recognises when further investigations for the diagnosis of acute onset complications in the at-risk foot are warranted.	x			
5. Applies risk assessment principles and care planning processes using a shared decision-making approach.	x		x	
6. Recognises the available radiological investigations and the rationale for their use in the at-risk foot.	x			
7. Describes and/or facilitates the smooth transfer of care between primary, community and secondary care settings.	x			
8. Identifies when to refer the patient to a specialist team in an appropriate and timely manner.	x			x
<b>Wound Care</b>				
9. Knows when to request diagnostic tests and follow correct procedures and protocols.	x		x	
10. Demonstrates awareness of local and national wound care pathways and ulcer referral guidelines and knows how to make appropriate referrals.	x		x	
11. Engages in the principles of multidisciplinary team working, e.g. communicates via referral routes e.g. GP (including diabetes review), District Nursing, Practice Nurse, vascular teams etc.	x			x



- 1 Opportunities to communicate effectively in all aspects of the podiatry learners role (HCPC SOP 4, 7, 8).
- 2 Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
- 3 Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).
- 4 Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).  
Opportunities to engage in supervised contemporary podiatry practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).
- 5 Opportunities to engage in the provision of supervised core clinical podiatry interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).
- 7 Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention control, and health and safety (HCPC SOP 1, 7, 14).
- 8 Opportunities to engage in developing management plans that meet the needs of people who have a range of podiatric conditions, who also may have complex underlying co-morbidities with complex health and social care needs (HCPC SOP 5, 8, 12, 13, 14).
- 9 Opportunities to undertake podiatric assessment, interventions, and management planning, using a podiatric care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).  
Opportunities to assess and implement identified support strategies for patients in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-podiatry services (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).
- 11 Opportunities to promote and engage in the learning of others, this could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).
- 12 Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2,4,6,7,8).

# Clinical skills cluster

## Learning Statements

A practice-based learning experience will provide learners with:

10. **Opportunities to assess and implement identified support strategies for each patient in a way that reflects best practice and enhances positive therapeutic outcomes. This may include activities such as social prescribing, interaction with social care services, and providing self-care literature and information for accessing non-podiatry services. (HCPC SOP 4, 9, 10, 11, 12, 13, 14, 15) continued.**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
12. Refers the patient for assessment for, and supply of, specialist pressure-relieving devices for wound healing appropriately.	x		x	
13. Calculates correctly the safe maximum dose for administering local anaesthetics used in a podiatry setting.	x	x		

- 1 Opportunities to communicate effectively in all aspects of the podiatry learners role (HCPC SOP 4, 7, 8).
- 2 Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
- 3 Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).
- 4 Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).
- 5 Opportunities to engage in supervised contemporary podiatry practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).
- 6 Opportunities to engage in the provision of supervised core clinical podiatry interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).
- 7 Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention control, and health and safety (HCPC SOP 1, 7, 14).
- 8 Opportunities to engage in developing management plans that meet the needs of people who have a range of podiatric conditions, who also may have complex underlying co-morbidities with complex health and social care needs (HCPC SOP 5, 8, 12, 13, 14).
- 9 Opportunities to undertake podiatric assessment, interventions, and management planning, using a podiatric care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).  
Opportunities to assess and implement identified support strategies for patients in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-podiatry services (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).
- 10 Opportunities to promote and engage in the learning of others, this could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).
- 11 Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2,4,6,7,8).

# Clinical skills cluster

## Learning Statements

A practice-based learning experience will provide learners with:

**11. Opportunities to promote and engage in the learning of others. This could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
1. Communicating feedback from patients, relatives, carers colleagues which will be useful to supervisors in planning services.	x	x	x	x
2. Communicate feedback on educational activities to peers and fellow learners.		x	x	x
3. Appreciate the organisational context for decisions by taking part in multidisciplinary team meetings and listening to patient experiences during clinical learning.	x	x	x	x
4. Works in partnership with service users, carers, colleagues, and others to optimise patient care		x		
5. Communicates effectively in written, verbal, and non-verbal contexts at an introductory stage and throughout episodes of care with service users and makes reasonable adjustments where needed to ensure individual communication needs and preferences of service users and carers are met.	x	x		
6. Appropriate advice given to the patient e.g. Foot self-care (nail care, emollient use), and lifestyle issues (e.g. smoking cessation, managing blood sugars).	x	x		
7. Provides the patient and/or carer with up-to-date verbal and written advice.	x	x	x	
8. Patients are placed at the centre of their care and ensure their full involvement through meaningful engagement, informed choice, and collaboration.	x	x		
9. Recognises and corrects misinformation the patient may hold about their condition and the effects of this misinformation on self-care behaviours and their consequences.	x	x	x	

- 1 Opportunities to communicate effectively in all aspects of the podiatry learners role (HCPC SOP 4, 7, 8).
- 2 Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
- 3 Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).
- 4 Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).
- 5 Opportunities to engage in supervised contemporary podiatry practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).
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- 10 Opportunities to promote and engage in the learning of others, this could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).
- 12 Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2,4,6,7,8).

# Clinical skills cluster

## Learning Statements

A practice-based learning experience will provide learners with:

### 12. Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2, 4, 6, 7, 8).

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
<b>Focus on Self</b>				
1. Appreciate that by Identifying as a leader within yourself and your professional practice, you create opportunities to lead by example with your peers and fellow learners.	x	x		x
2. Demonstrate the ability to balance personal and professional roles and responsibilities, managing time effectively.	x			x
3. Demonstrate the ability to recognise manifestations of stress on self.	x			x
4. Demonstrate the ability to prioritise tasks, having realistic expectations of what can be completed by self and others.	x			x
<b>Working with Others</b>				
5. Demonstrate how working in a team helps you to appreciate inclusion and diversity in the context of how a team performs.	x			x
6. Appreciate that teamwork fosters your development as a leader by helping you to identify how difference enables you to develop an inclusive mindset.	x			x
7. By initiating engagement with a team you develop opportunities to have courageous conversations, sharing inspiring visions and fostering co-production principals.	x	x		x
8. Demonstrate the ability to take on different roles, depending on the needs of the team.	x	x		x
<b>Managing Services</b>				
9. Asking questions within clinical learning environments, and seeking understanding about how plans are formulated.	x			x
10. Contributing to service audit	x		x	x
11. Communicating feedback from patients, relatives, carers colleagues which will be useful to supervisors in planning services.	x		x	x

- 1 Opportunities to communicate effectively in all aspects of the podiatry learners role (HCPC SOP 4, 7, 8).
- 2 Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
- 3 Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).
- 4 Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).
- 5 Opportunities to engage in supervised contemporary podiatry practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).
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- 12 Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2,4,6,7,8).

# Clinical skills cluster

## Learning Statements

A practice-based learning experience will provide learners with:

**12. Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2, 4, 6, 7, 8) continued.**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
12. Identifying how change in resources can affect patients and their safety.	x			x
13. Questioning and challenging the use of resources in clinical and non-clinical environments.	x			x
14. Seeking opportunities to learn about NHS resource allocation principles and practices.	x			x
<b>Improving Health care services</b>	x			x
15. Demonstrate how critical thinking and critical reflection can enable improved risk management, therefore influencing safe and effective service delivery.	x		x	x
16. Recognise how multi-professional engagement of learning (e.g) presenting outcomes at a team meeting or sharing project outcomes in other forums, such as blogs, social media, and intranet forums, can spread success and build on effective improvement strategies.	x	x		x
17. Demonstrate knowledge of approaches to involving patients in healthcare improvement.	x			x
18. Demonstrate a patient focus, and consideration of patient's views when working in healthcare teams.	x			x
19. Critically analysing significant events/critical incidents to identify the effect on patient outcomes.	x			x
20. Ensuring (personal) safe practice within clinical guidelines.	x			x
<b>Setting Direction</b>				x
21. Appreciate the organisational context for decisions by taking part in multidisciplinary team meetings and listening to patient experiences during clinical learning.	x	x		x

Figure 3: The four clusters of clinical learning can be applied across the four pillars of professional practice.





- 1 Opportunities to communicate effectively in all aspects of the podiatry learners role (HCPC SOP 4, 7, 8).
- 2 Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
- 3 Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).
- 4 Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).
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- 12 Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2,4,6,7,8).

# Person/Patient centred care cluster

## Learning Statements

A practice-based learning experience will provide learners with:

### 1. Opportunities to communicate effectively in all aspects of the podiatry learners role (HCPC SOP 4, 7, 8).

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
Example activity				
1. Demonstrates and recognises the need to respect and as far as possible uphold, the rights, dignity, values, and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing.	x			
2. Recognises that patients' rights override personal/commercial considerations in the practice of podiatry.	x			
3. Demonstrates sound knowledge of the principles of informed consent and applies these to all aspects of patients' treatment in line with their management plan.	x			
4. Appropriate advice given to the patient e.g. Foot self-care (nail care, emollient use), and lifestyle issues (e.g. smoking cessation, managing blood sugars).	x			
5. Provides the patient and/or carer with up-to-date verbal and written advice.	x		x	
6. Communicates to the patient/carers, what is involved in podiatric assessment and obtains the patient's informed consent.	x		x	
7. Patients are placed at the centre of their care and ensure their full involvement through meaningful engagement, informed choice, and collaboration.	x			

- 1 Opportunities to communicate effectively in all aspects of the podiatry learners role (HCPC SOP 4, 7, 8).
- 2 Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
- 3 Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).
- 4 Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).
- 5 Opportunities to engage in supervised contemporary podiatry practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).
- 6 Opportunities to engage in the provision of supervised core clinical podiatry interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).
- 7 Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention control, and health and safety (HCPC SOP 1, 7, 14).
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- 9 Opportunities to undertake podiatric assessment, interventions, and management planning, using a podiatric care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).
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- 12 Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2,4,6,7,8).

# Person/Patient centred care cluster

## Learning Statements

A practice-based learning experience will provide learners with:

4. **Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
Example activity				
1. Takes appropriate steps to ensure clinical activity remains within the scope of practice as detailed in supporting materials such as handbooks, module descriptors, trust policies and procedures and other forms of written guidance provided by the placement provider	x			x



- 1 Opportunities to communicate effectively in all aspects of the podiatry learners role (HCPC SOP 4, 7, 8).
- 2 Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
- 3 Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).
- 4 Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).
- 5 Opportunities to engage in supervised contemporary podiatry practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).
- 6 Opportunities to engage in the provision of supervised core clinical podiatry interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).
- 7 Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention control, and health and safety (HCPC SOP 1, 7, 14).
- 8 Opportunities to engage in developing management plans that meet the needs of people who have a range of podiatric conditions, who also may have complex underlying co-morbidities with complex health and social care needs (HCPC SOP 5, 8, 12, 13, 14).
- 9 Opportunities to undertake podiatric assessment, interventions, and management planning, using a podiatric care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).
- 10 Opportunities to assess and implement identified support strategies for patients in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-podiatry services (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).
- 11 Opportunities to promote and engage in the learning of others, this could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).
- 12 Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2,4,6,7,8).

# Person/Patient centred care cluster

## Learning Statements

A practice-based learning experience will provide learners with:

6. Opportunities to engage in the provision of supervised core clinical podiatry interventions based on assessed patient need. (HCPC SOP (1, 2, 4, 5, 7, 8, 9, 12, 13, 14).

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
Example activity				
1. Recognises the role that social prescribing can have on positively benefiting treatment and intervention outcomes for patients.	x			
2. Engages with technology to support the health and wellbeing of patients.	x	x		
3. Works holistically, valuing the whole person and relevant support networks, recognising the contribution of all to enhance the clinical outcomes of individuals.	x			

- 1 Opportunities to communicate effectively in all aspects of the podiatry learners role (HCPC SOP 4, 7, 8).
- 2 Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
- 3 Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).
- 4 Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).
- 5 Opportunities to engage in supervised contemporary podiatry practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).
- 6 Opportunities to engage in the provision of supervised core clinical podiatry interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).
- 7 Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention control, and health and safety (HCPC SOP 1, 7, 14).
- 8 Opportunities to engage in developing management plans that meet the needs of people who have a range of podiatric conditions, who also may have complex underlying co-morbidities with complex health and social care needs (HCPC SOP 5, 8, 12, 13, 14).
- 9 Opportunities to undertake podiatric assessment, interventions, and management planning, using a podiatric care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).
- 10 Opportunities to assess and implement identified support strategies for patients in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-podiatry services (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).
- 11 Opportunities to promote and engage in the learning of others, this could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).
- 12 Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2,4,6,7,8).

# Person/Patient centred care cluster

## Learning Statements

A practice-based learning experience will provide learners with:

**10. Assess and implement identified support strategies for each patient in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-podiatry services (HCPC SOP 4, 9, 10, 11, 12, 13, 14, 15).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
Example activity				
1. Recognises and corrects misinformation the patient may hold about their condition and the effects of this misinformation on self-care behaviours and their consequences.	x		x	x
2. Uses appropriate questioning to gather relevant information about the patient presenting problem(s). The medical history, medication, allergies, risk factors and surgical/trauma history.	x		x	x
3. Has an awareness of the impact of culture and social context on how the patient feels about health-related behaviours and about changing them.	x			
4. Identifies and listens to the patient's perception/s of their needs.	x			
5. Uses information gathered from the patient to plan the objective examination.	x			

- 1 Opportunities to communicate effectively in all aspects of the podiatry learners role (HCPC SOP 4, 7, 8).
- 2 Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
- 3 Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).
- 4 Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).
- 5 Opportunities to engage in supervised contemporary podiatry practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).
- 6 Opportunities to engage in the provision of supervised core clinical podiatry interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).
- 7 Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention control, and health and safety (HCPC SOP 1, 7, 14).
- 8 Opportunities to engage in developing management plans that meet the needs of people who have a range of podiatric conditions, who also may have complex underlying co-morbidities with complex health and social care needs (HCPC SOP 5, 8, 12, 13, 14).
- 9 Opportunities to undertake podiatric assessment, interventions, and management planning, using a podiatric care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).
- 10 Opportunities to assess and implement identified support strategies for patients in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-podiatry services (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).
- 11 Opportunities to promote and engage in the learning of others, this could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).
- 12 Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2,4,6,7,8).

# Person/Patient centred care cluster

## Learning Statements

A practice-based learning experience will provide learners with:

**11. Opportunities to promote and engage in the learning of others. This could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or -near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
Example activity				
1. By initiating engagement with a team you develop opportunities to have courageous conversations, sharing inspiring visions and fostering co-production principals.		x		
2. Communicating feedback from patients, relatives, carers colleagues which will be useful to supervisors in planning services.	x	x	x	x
3. Supporting and motivating others within group learning, taking part in the design and delivery of a student project.	x	x	x	x
4. Communicate feedback on educational activities to peers and fellow learners.		x	x	x
5. Encourage improvement and innovation by using small group learning as an opportunity to debate and question the status quo with peers and other team members.		x	x	x
6. Recognise opportunities for contexts for change by taking part in opportunities to learn about the healthcare system, NHS policy environment, organisation and structures.		x		
7. Appreciate the organisational context for decisions by taking part in multidisciplinary team meetings and listening to patient experiences during clinical learning.	x	x	x	x
8. Evaluate impact by seeking opportunities to learn how effective service changes have been.		x	x	x
9. Works in partnership with service users, carers, colleagues, and others to optimise patient care.		x		
10. Communicates effectively in written, verbal, and non-verbal contexts at an introductory stage and throughout episodes of care with service users and makes reasonable adjustments where needed to ensure individual communication needs and preferences of service users and carers are met.	x	x		
11. Appropriate advice given to the patient e.g. Foot self-care (nail care, emollient use), and lifestyle issues (e.g. smoking cessation, managing blood sugars).	x	x		
12. Provides the patient and/or carer with up-to-date verbal and written advice.	x	x	x	

- 1 Opportunities to communicate effectively in all aspects of the podiatry learners role (HCPC SOP 4, 7, 8).
- 2 Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
- 3 Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).
- 4 Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).
- 5 Opportunities to engage in supervised contemporary podiatry practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).
- 6 Opportunities to engage in the provision of supervised core clinical podiatry interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).
- 7 Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention control, and health and safety (HCPC SOP 1, 7, 14).
- 8 Opportunities to engage in developing management plans that meet the needs of people who have a range of podiatric conditions, who also may have complex underlying co-morbidities with complex health and social care needs (HCPC SOP 5, 8, 12, 13, 14).
- 9 Opportunities to undertake podiatric assessment, interventions, and management planning, using a podiatric care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).
- 10 Opportunities to assess and implement identified support strategies for patients in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-podiatry services (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).
- 11 Opportunities to promote and engage in the learning of others, this could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).
- 12 Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2,4,6,7,8).

# Person/Patient centred care cluster

## Learning Statements

A practice-based learning experience will provide learners with:

**11. Opportunities to promote and engage in the learning of others. This could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or -near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15) continued.**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
13. Patients are placed at the centre of their care and ensure their full involvement through meaningful engagement, informed choice, and collaboration.	x	x		
14. Recognises and corrects misinformation the patient may hold about their condition and the effects of this misinformation on self-care behaviours and their consequences.	x	x	x	

- 1 Opportunities to communicate effectively in all aspects of the podiatry learners role (HCPC SOP 4, 7, 8).
- 2 Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
- 3 Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).
- 4 Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).
- 5 Opportunities to engage in supervised contemporary podiatry practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).
- 6 Opportunities to engage in the provision of supervised core clinical podiatry interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).
- 7 Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention control, and health and safety (HCPC SOP 1, 7, 14).
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- 9 Opportunities to undertake podiatric assessment, interventions, and management planning, using a podiatric care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).
- 10 Opportunities to assess and implement identified support strategies for patients in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-podiatry services (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).
- 11 Opportunities to promote and engage in the learning of others, this could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).
- 12 Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2,4,6,7,8).

# Person/Patient centred care cluster

## Learning Statements

A practice-based learning experience will provide learners with:

**12. Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2, 4, 6, 7, 8).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
<b>Managing Services</b>				
1. Communicating feedback from patients, relatives, carers colleagues which will be useful to supervisors in planning services.	x		x	x
2. Identifying how change in resources can affect patients and their safety.	x			x
3. Questioning and challenging the use of resources in clinical and non-clinical environments.	x			x
4. Seeking opportunities to learn about NHS resource allocation principles and practices.	x			x
<b>Improving Health care services</b>	x			x
5. Demonstrate how critical thinking and critical reflection can enable improved risk management, therefore influencing safe and effective service delivery.	x		x	x
6. Demonstrate knowledge of approaches to involving patients in healthcare improvement.	x			x
7. Demonstrate a patient focus, and consideration of patient's views when working in healthcare teams.	x			x
8. Critically analysing significant events/critical incidents to identify the effect on patient outcomes.	x			x
9. Ensuring (personal) safe practice within clinical guidelines.	x			x
<b>Setting Direction</b>				x
10. Recognise opportunities for contexts for change by taking part in opportunities to learn about the healthcare system, NHS policy environment, organisation and structures.		x		x
11. Critically analysing appropriate information and data to determine trends.			x	x
12. Appreciate the organisational context for decisions by taking part in multidisciplinary team meetings and listening to patient experiences during clinical learning.	x	x		x
13. Evaluate impact by seeking opportunities to learn how effective service changes have been.			x	x



Figure 3: The four clusters of clinical learning can be applied across the four pillars of professional practice.



- 1 Opportunities to communicate effectively in all aspects of the podiatry learners role (HCPC SOP 4, 7, 8).
- 2 Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
- 3 Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).
- 4 Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).
- 5 Opportunities to engage in supervised contemporary podiatry practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).
- 6 Opportunities to engage in the provision of supervised core clinical podiatry interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).
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- 12 Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2,4,6,7,8).

# Evidence informed practice cluster

## Learning Statements

A practice-based learning experience will provide learners with:

4. **Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
Example activity				
1. Appreciates the role that lifelong learning occupies in maintaining safe, effective, and up-to-date practice.	x	x	x	x
2. Ensures professional practice aligns with expectations set out in regulatory threshold standards such as the HCPC Standards of Proficiency.	x	x		x



- 1 Opportunities to communicate effectively in all aspects of the podiatry learners role (HCPC SOP 4, 7, 8).
- 2 Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
- 3 Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).
- 4 Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).
- 5 Opportunities to engage in supervised contemporary podiatry practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).
- 6 Opportunities to engage in the provision of supervised core clinical podiatry interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).
- 7 Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention control, and health and safety (HCPC SOP 1, 7, 14).
- 8 Opportunities to engage in developing management plans that meet the needs of people who have a range of podiatric conditions, who also may have complex underlying co-morbidities with complex health and social care needs (HCPC SOP 5, 8, 12, 13, 14).
- 9 Opportunities to undertake podiatric assessment, interventions, and management planning, using a podiatric care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).
- 10 Opportunities to assess and implement identified support strategies for patients in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-podiatry services (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).
- 11 Opportunities to promote and engage in the learning of others, this could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).
- 12 Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2,4,6,7,8).

# Evidence informed practice cluster

## Learning Statements

A practice-based learning experience will provide learners with:

**9. Opportunities to undertake podiatric assessment, interventions, and management planning, using a podiatric care model which is based on recognised, contemporary theories and evidence. (HCPC SOP 5, 9, 12, 13, 14).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
Example activity				
1. Can use research, reasoning, and problem-solving skills to determine appropriate actions related to the assessment, diagnosis, and management of patients under supervised care.	x	x	x	x
2. Provides podiatry interventions that are informed by the most recent evidence base.			x	x
3. Adheres to local, national and trust guidelines, policies, and procedures.	x		x	
4. Develop a greater understanding of the importance of stakeholder engagement and service user and public involvement in research.	x		x	
5. Develop confidence to engage in research right from the start of the career journey.	x		x	
6. Develop a range of 'soft skills' such as communication, collaboration, networking and presenting	x		x	x
7. Seek out opportunities to apply research knowledge to practice.	x		x	

- 1 Opportunities to communicate effectively in all aspects of the podiatry learners role (HCPC SOP 4, 7, 8).
- 2 Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
- 3 Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).
- 4 Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).
- 5 Opportunities to engage in supervised contemporary podiatry practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).
- 6 Opportunities to engage in the provision of supervised core clinical podiatry interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).
- 7 Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention control, and health and safety (HCPC SOP 1, 7, 14).
- 8 Opportunities to engage in developing management plans that meet the needs of people who have a range of podiatric conditions, who also may have complex underlying co-morbidities with complex health and social care needs (HCPC SOP 5, 8, 12, 13, 14).
- 9 Opportunities to undertake podiatric assessment, interventions, and management planning, using a podiatric care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).
- 10 Opportunities to assess and implement identified support strategies for patients in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-podiatry services (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).
- 11 Opportunities to promote and engage in the learning of others, this could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).
- 12 Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2,4,6,7,8).

# Evidence informed practice cluster

## Learning Statements

A practice-based learning experience will provide learners with:

10. Opportunities to assess and implement identified support strategies for each patients in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-podiatry services (HCPC SOP 4, 9, 10, 11, 12, 13, 14, 15).

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
Example activity				
1. Uses the knowledge of and engages in the critical appraisal of relevant podiatric and related research and evaluation methodologies to enable and facilitate evidence-informed approaches to patient care.	x	x	x	x
2. Uses and is guided by recognised referral and treatment pathways in line with national and local policy and guidance.	x	x	x	x

- 1 Opportunities to communicate effectively in all aspects of the podiatry learners role (HCPC SOP 4, 7, 8).
- 2 Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
- 3 Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).
- 4 Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).
- 5 Opportunities to engage in supervised contemporary podiatry practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).
- 6 Opportunities to engage in the provision of supervised core clinical podiatry interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).
- 7 Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention control, and health and safety (HCPC SOP 1, 7, 14).
- 8 Opportunities to engage in developing management plans that meet the needs of people who have a range of podiatric conditions, who also may have complex underlying co-morbidities with complex health and social care needs (HCPC SOP 5, 8, 12, 13, 14).
- 9 Opportunities to undertake podiatric assessment, interventions, and management planning, using a podiatric care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).  
Opportunities to assess and implement identified support strategies for patients in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-podiatry services (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).
- 10 Opportunities to assess and implement identified support strategies for patients in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-podiatry services (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).
- 11 Opportunities to promote and engage in the learning of others, this could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).
- 12 Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2,4,6,7,8).

# Evidence informed practice cluster

## Learning Statements

A practice-based learning experience will provide learners with:

**12. Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2, 4, 6, 7, 8).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
<b>Managing Services</b>				
1. Contributing to service audit.	x		x	x
2. Communicating feedback from patients, relatives, carers colleagues which will be useful to supervisors in planning services.	x		x	x
3. Supporting and motivating others within group learning by taking part in the design and delivery of a student project.		x	x	x
4. Participating in audit or assessment after critical event reviews.			x	x
<b>Improving Health care services</b>				
5. Demonstrate how critical thinking and critical reflection can enable improved risk management, therefore influencing safe and effective service delivery.	x		x	x
6. Recognise your contribution in a structured quality improvement project at department level and how this contributes to your development as a leader e.g. project planning, monitoring and evaluation.			x	x
7. Taking part in a service improvement project.			x	x
<b>Setting Direction</b>				
8. Critically analysing appropriate information and data to determine trends.	x		x	
9. Evaluate impact by seeking opportunities to learn how effective service changes have been.			x	x

# Case Studies

Share your experiences by writing a case study to help others gain insight and learning. We are looking for case studies that are profession-specific and provide ‘real instances’ of a range of activity captured in a diverse range of learning environments during education and training. Submit to [contact@rcpod.org.uk](mailto:contact@rcpod.org.uk).

## Supporting Neurodiversity in PBL learning

Neurodiversity is a term used to describe natural differences in the way people learn and think. Although there is no universally recognised definition of neurodiversity, the term is usually used to include autism, ADHD, dyspraxia/developmental coordination disorder (DCD) and dyslexia.

The research on the experiences of neurodivergent students’ and learners is limited. Notwithstanding, the evidence points to a position of disadvantage without the correct adjustments in place. Without the right support students’ and learners' education attainment is likely to suffer, as well as their physical health and wellbeing (Griffin and Pollak, 2009; Young et al., 2021).

Sometimes the successful application of support is not well executed. This can be for a variety of reasons e.g., poor knowledge of staff or a reluctance to make the needed adjustments (Kendall, 2016). Under the Equality Act 2010 “reasonable adjustments” must be made by workplaces and universities to support disabled people to engage in their education without being at an avoidable disadvantage.

HEE has produced a guide to support PBL for neurodivergent students and learners. The guide has been written to increase awareness of neurodivergence in healthcare education. The authors of the guide encourage learners to seek out a diagnosis, disclose their diagnosis and be honest about the challenges they face in PBL settings. By doing this all learners can be supported appropriately enabling a positive learning experience for everyone. The guide is supported by case studies throughout. Learners and educators are encouraged to use this guide to support all learners in practice. The guide also provides key information on developing support plans and encouraging PBL-specific support plans.

The guide can be found by clicking [Guide for PBL for Neurodivergent learners](#)

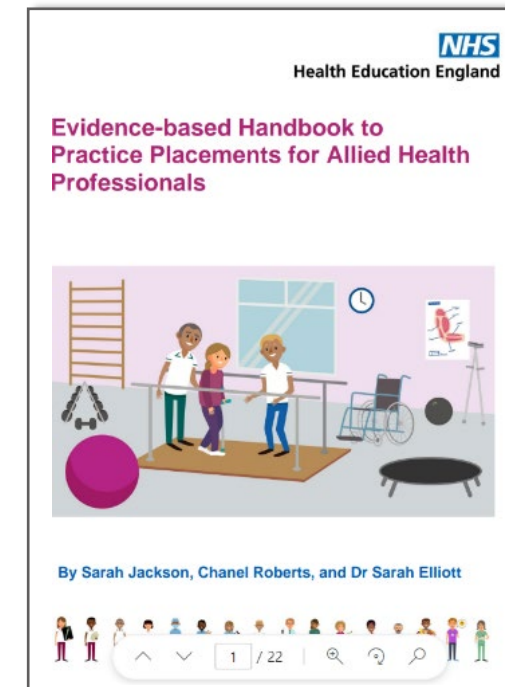
# Models of PBL

There is a plethora of practice-based learning models that can deliver positive learning experiences. For example, recent challenges have led to innovation in technology-enabled care services (TECs) based opportunities.

Simulation is now recognised as a valuable addition to the PBL environment. The handbook contains resources to support different placement types such as simulated environments, TECS, new learning environments such as role emerging settings, multi students/ learner models such as peer-assisted, near-peer, and peer-to-peer learning models.

It also provides resources for PBL environments linked to the four pillars of practice such as leadership, research and facilitating learning (see the key resources section for further information).

Click the link to access the [Handbook](#)



# Support for Educators

**Below are links to educator training modules that are free to access.**

The first link is for a course that provides non-registered AHP assistants and support staff with training to develop their understanding of student education, and to develop their skills in supporting students and educators within their teams. During this course, users will learn about the student journey, from the beginning of their studies to qualification and how practice placements form part of their learning. The resource will also offer an understanding of what is expected from students during placement, how to give feedback to students and educators and how to recognise and support a student who may be struggling. By developing these skills, non-registered staff will be able to contribute to the delivery of Practice Based Learning, improving the quality and capacity of placements.

**[Supporting AHP Students – elearning for healthcare \(e-lfh.org.uk\)](https://learninghub.nhs.uk/catalogue/ahppracticeeducatortraining)**

The second link takes you to a modular eLearning practice educator programme.

The aim of this training programme is to ensure a standard level of practice educator training for AHPS. Facilitate the building of quality learning environments and to increase practice educator confidence to supervise learners and support them to develop their role as an educator.

**[https://learninghub.nhs.uk/catalogue/ahppracticeeducatortraining](https://www.hee.nhs.uk/sites/default/files/EducatorWorkforceStrategy.pdf)**

This educator workforce strategy published in March 2023 describes 7 priority areas centred around creating an educator workforce to ensure future workforce supply.

**<https://www.hee.nhs.uk/sites/default/files/EducatorWorkforceStrategy.pdf>**



# Key Resources to support the framework and its implementation

In this section you will find a selection of key resources. The content is grouped under the four pillar headings to make direct links to the content of the framework. The links are placed under the 'best fit' headings although there is overlap in some areas. For example, the links for technology enhanced care, could also apply in leadership settings, and some of the clinical practice links could apply in PBL settings under the other pillars.

## Leadership

<https://www.hee.nhs.uk/sites/default/files/documents/Leadership-QuickGuide-FINAL.pdf>

[https://adc.bmj.com/content/106/Suppl\\_3/A12.2](https://adc.bmj.com/content/106/Suppl_3/A12.2)

<https://london.leadershipacademy.nhs.uk/category/resources/toolkits/leadership-toolkit/>

<https://london.leadershipacademy.nhs.uk/2021/04/13/1821/>

### Maximising Leadership

<https://www.youtube.com/watch?v=J4qV6B9luKI>

## Research

[https://www.hee.nhs.uk/sites/default/files/documents/PracticeLearningv1\\_0.pdf](https://www.hee.nhs.uk/sites/default/files/documents/PracticeLearningv1_0.pdf)

## **Clinical practice**

[https://www.hee.nhs.uk/sites/default/files/documents/PracticeLearningv1\\_0.pdf](https://www.hee.nhs.uk/sites/default/files/documents/PracticeLearningv1_0.pdf)

<https://www.youtube.com/watch?v=dCjQNuBN1a4>

<https://www.hee.nhs.uk/our-work/allied-health-professions/increase-capacity/ahp-practice-based-learning>

[Pre-registration Allied Health Professionals \(AHP\)](#)

<https://www.hee.nhs.uk/our-work/allied-health-professions/increase-capacity/ahp-pre-registration-student-practice-based-learning-programme/practice-based-learning-5>

<https://www.hee.nhs.uk/our-work/allied-health-professions/increase-capacity/ahp-pre-registration-student-practice-based-learning-programme/practice-based-learning-3>

<https://www.hee.nhs.uk/our-work/allied-health-professions/increase-capacity/ahp-pre-registration-student-practice-based-learning-programme/practice-based-learning-2>

<https://www.hee.nhs.uk/our-work/allied-health-professions/increase-capacity/ahp-pre-registration-student-practice-based-learning-programme/practice-based-learning-1>

[AHP Technology Enabled Care](#)

## **Facilitating Learning**

[Guide to Practice-Based Learning \(PBL\) for Neurodivergent Student](#)

<https://aspih.org.uk/wp-content/uploads/2017/07/standards-framework.pdf>

[Guide to Practice Based Learning Students in Education](#)

<https://onlinelibrary.wiley.com/doi/abs/10.1002/dys.383>

Griffin, Ed & Pollak, David. (2009). Student Experiences of Neurodiversity in Higher Education: Insights from the BRAINHE Project. *Dyslexia* (Chichester, England). 15. 23-41. 10.1002/dys.383.

<https://www.frontiersin.org/articles/10.3389/fpsy.2021.649399/full>

Young S, Asherson P, Lloyd T, Absoud M, Arif M, Colley WA, Cortese S, Cubbin S, Doyle N, Morua SD, Ferreira-Lay P, Gudjonsson G, Ivens V, Jarvis C, Lewis A, Mason P, Newlove-Delgado T, Pitts M, Read H, van Rensburg K, Zoritch B and Skirrow C (2021) Failure of Healthcare Provision for Attention-Deficit/Hyperactivity Disorder in the United Kingdom: A Consensus Statement. *Front. Psychiatry* 12:649399. doi: 10.3389/fpsy.2021.649399

<https://www.tandfonline.com/doi/epdf/10.1080/2331186X.2016.1256142?needAccess=true&role=button>

Lynne Kendall | Bulent Tarman (Reviewing Editor) (2016) Higher education and disability: Exploring student experiences, *Cogent Education*, 3:1, DOI: 10.1080/2331186X.2016.1256142



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