

Induction and Training of Locum Podiatrist is Essential to Maintain High Standard of Diabetes Foot Screening

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Background: In the UK National Institute of Clinical Excellence (NICE) recommends annual diabetic foot assessment as the minimum standard of care. Although foot screening is routinely carried out, its quality is not usually monitored. **Aim:** The aim of this study was to audit the quality of foot screening received by diabetic subjects and the management plan made during their annual foot assessment by trained podiatrist. **Subjects and Methods:** Following each annual foot assessment carried out in November and December 2006, all podiatrists returned a copy of completed foot assessment forms to a single observer. The first 100 returned forms were audited using standard forms. Data was collected from completed assessment forms and the database. **Results:** The assessment was originally carried out by 14 trained podiatrists of which 15% were carried out by the temporary staff. In 100% the minimum standard of assessment was complete as per NICE guidelines (assessment of sensation using 10g monofilament, palpation of foot pulses, inspection for foot deformity and inspection of footwear). Smoking status was documented in 100% of cases but out of 11 smokers; cessation advice was given only in 3 (27%) subjects. The risk categories documented were 27%, 42% and 31% respectively for high, increased and low risk. However detail review showed that high risk was present in 21%, increased in 47% and low in 32%. We found that the wrong risk category was allocated in 50% of cases by the temporary staff podiatrist. Following risk status identification 80% of subjects received a risk specific health education leaflet including a written management plan but key educational points including the importance of self-care and when to seek advice from a health care professional were not discussed in 6%. **Discussion:** Our data suggests that the foot assessment in our area meets the NICE standard however there is a need for robust system of induction and training of temporary staff, who were liable to make mistakes.