SUMMER 2021
Vol 86 No 2

THE SMAE INSTITUTE™

THE JOURNAL OF

Podiatric Medicine

For the Private Practitioner

Sepsis - An Overview

PAGE 30

Understanding medication and pharmacotherapy

Part 3: Managing cardiovascular conditions

PAGE 18

A rose is a rose is a rose...

but what exactly is a neurovascular corn?

PAGE 26

PLUS

All Regular Features!

What's inside...

TRAINING TO EXCELLENCE 102 YEARS THE SMAE INSTITUTE

PROUD PAST, EXCITING FUTURE

Available by Subscription **ISSN 1463-4325**

Contents

THE SMAE INSTITUTE™

The Journal of
Podiatric Medicine

Managing Editor:
Michael J. Batt

Editorial Committee:
Nicola Batt
Vice Principal

Dr Derek Kayanja
MBChB, MSc, MPhil, PgCert (L&T)

Jemma Wilson
BA (Hons) LM, PG Cert (ODE), Cert Mgmt, Cert Bus Stud, MInstLM

Andrew Hill
MSc Podiatry; BSc (Hons); PGCert L&T; FFPM RCPS(Glasg); FHEA; FSSCh; MB-CPA; HCPC Registered

Tracey O'Keeffe
MA (Education), BSc (Critical Care), RN, MAFHP, MCFHP

Contact Details:
For advertising information contact our advertising manager on:

T: 01628 621100
E: COBrien@smaeinstitute.co.uk

Editorial Address:
The SMAE Institute
The Journal of Podiatric Medicine
The New Hall
149 Bath Road
Maidenhead
Berkshire SL6 4LA

Design & Print:
MB Creative
www.michaelburbridge.com

follow us
@Smae_Institute

Editorial

THE SMAE INSTITUTE™

If you thought 2020 was an unusual year you only have to look at our current year to see that this is very strange too.

The pandemic has affected everything, but we shall all overcome the problems. The very sad thing is that we have not been able to run the Summer School this year, but everything looks good for the Annual Convention which will, as usual, be held at the Oxford Belfry, a location everybody enjoys, for the two-day event. We very much look forward to seeing you there. It is extremely good that so many have already booked for this very important event, as we have first class speakers which we will all enjoy, and gain great benefits from.

We are all pleased to hear that our members appear to be very busy with their work. Even pandemics do not stop the problems relating to health care, and of course we are in a very specialised area of foot health, a vital area which must not be neglected, the feet being the far end of the body, people do not like to concentrate on them too much, but we all need to pay particular attention. After all, the number of diabetics is increasing all the time. Whilst it is essential that foot health is currently maintained with good aseptic procedures at all times, the problems encountered in visiting practices can be formidable, and consequently it is vital that we all look after our patients in a professional manner.

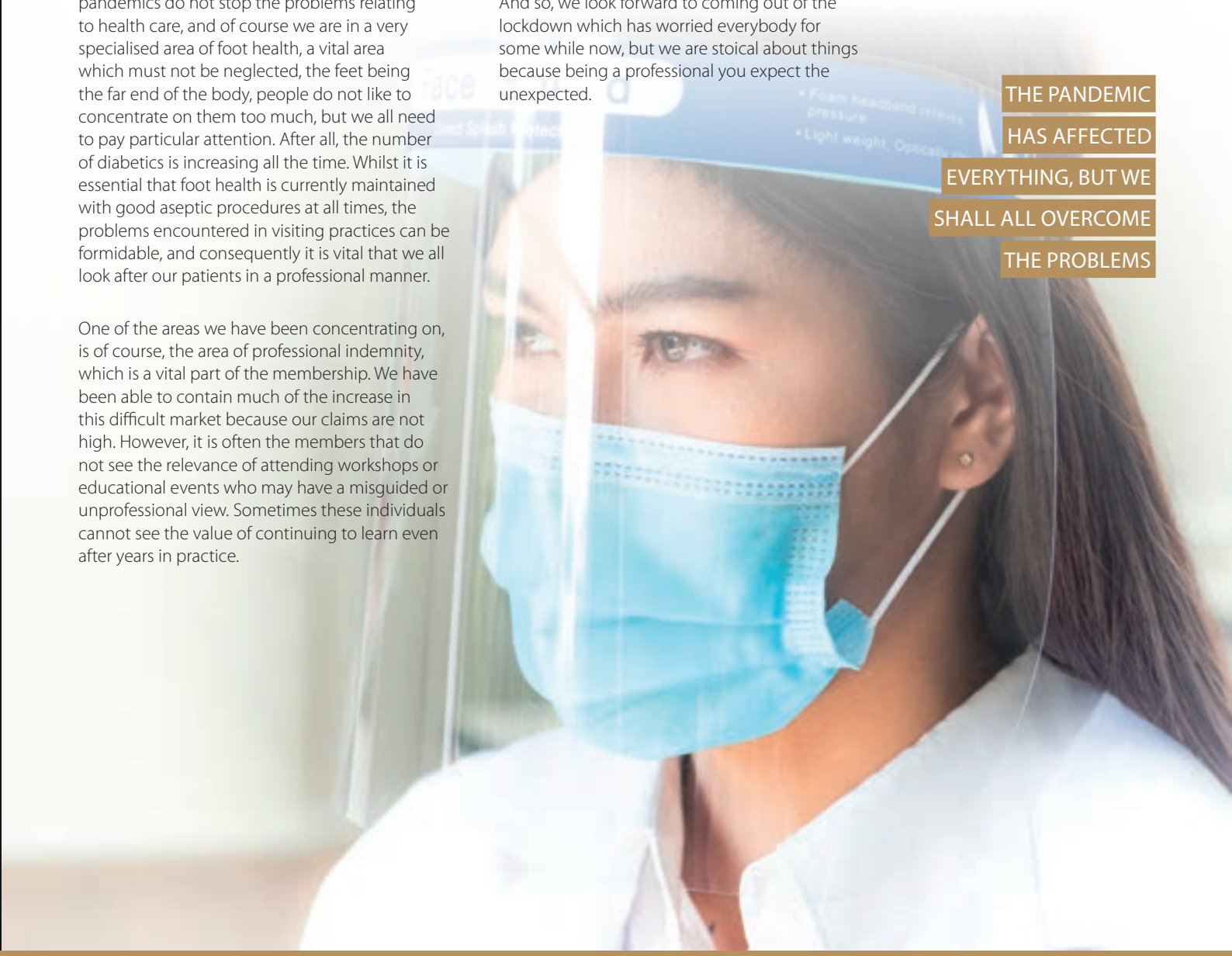
One of the areas we have been concentrating on, is of course, the area of professional indemnity, which is a vital part of the membership. We have been able to contain much of the increase in this difficult market because our claims are not high. However, it is often the members that do not see the relevance of attending workshops or educational events who may have a misguided or unprofessional view. Sometimes these individuals cannot see the value of continuing to learn even after years in practice.

Our message to such people is please make an effort to update yourselves. It is such a strange attitude, because in the medical profession we are learning all the time and that is what makes it such an interesting and rewarding profession. Patients respect the well-informed practitioner, who presents with an excellent and professional visiting case, with all the preparations available.

Recently we held the BSc (Hons) Podiatry Degree Programme virtual open day and I am delighted to say it proved extremely popular with over 60 prospective students in attendance; we even had to book in a second open day for those who couldn't make the first! We as an organisation are extremely excited for the course commencement in September 2021 and wish all those applying the very best of luck!

And so, we look forward to coming out of the lockdown which has worried everybody for some while now, but we are stoical about things because being a professional you expect the unexpected.

By Mike Batt



Don't delay Book today!

"Unless you try to do something beyond what you have already mastered, you will never grow"

Ralph Waldo Emerson

THE SMAE INSTITUTE™

ANNUAL CONVENTION

1st & 2nd October 2021

DoubleTree by Hilton Oxford Belfry
Thame, Oxfordshire

Enjoy access to an extensive trade exhibition, listen to eminent lecturers, a hot/cold buffet lunch (and unlimited refreshments), as well as luxury accommodation and full English breakfast in a beautiful 4* hotel.

Call the **Convention Hotline** on **01628 560654**
or visit **www.smae.co.uk** for more information and to book!

Day Delegate Option Now Available!

Incorporating *The British Chiropody & Podiatry Association and The British Association of Foot Health Professionals in conjunction with The SMAE Institute*

The Annual Convention Agenda

Friday 1st October 2021

8.45am – 9.50am Registration, Trade Exhibition & Arrival Refreshments

9.50am – 10.00am Welcome by Tracey O'Keeffe *MA, BSc, RN, PGCE, MCFHP MAFHP, Part-time Tutor/Lecturer at The SMAE Institute*

10.00am – 11.00am ~ Ian B Griffiths *BSc (Hons) MSc (Sports Injury) FCPM FFPM RCPS (Glasg)*

Understanding Foot Orthoses

Understanding how foot orthoses work is fundamental in aiding clinical decisions regarding their appropriate prescription and/or issue. This talk will bring together the beliefs and the evidence regarding how foot orthoses 'work', and how this has changed from past to present (and may need to change again in the future).

11.00am – 11.45am Refreshment Break & Trade Exhibition

11.45am – 12.45pm ~ Dr J Gordon Burrow *BA, ADvDipEd,MSc, MPhil,FChS, FHEA, FCPM,MCSFS, CMIOSH, AcFP, CSci*

Forensic and Legal Medicine

This lecture will outline the role Foot Health Practitioners and Podiatrists can play within the Judicial Systems such as Criminal cases, medico-legal, family Courts as well as Tribunals such as Employment or Equality tribunals and as Experts for statutory/regulatory bodies. It will also outline the role of an 'expert' and that of an 'expert witness' and the qualities that may be desired to be regarded as an Expert Witness, including background and training incorporating the recent Guidance issues by the Academy of Medical royal Colleges. Case studies and evidence-based literature will demonstrate some aspects that may be used to assist Courts and Tribunals in determining case results. Video evidence used in recent criminal cases will demonstrate the limitations as well as the use of some of the areas of this section of practice.

12.45pm – 2.15pm Hot/Cold Buffet Lunch & Trade Exhibition

1.15pm – 2.00pm Break Out Session (Optional)
(£15 per person)

Chairside Devices with **Andrew Hill**

Chairside devices are a very useful clinical tool. They can allow us to offload and redistribute pressure away from painful and/or high pressure sites to other parts of the foot. They are inexpensive and quick to make and can help relieve a significant amount of patient discomfort. This breakout session will explore some common chairside devices that can be made in clinical practice and demonstrate their manufacture and placement.

2.15pm – 3.15pm ~ Tracey O'Keeffe *MA, BSc, RN, PGCE, MCFHP MAFHP, Part-time Tutor/Lecturer at The SMAE Institute*

Mental Health – "Hidden Secrets" that sit behind the face

Physical ill-health is usually something visible and understandable, but this is often not so for mental health problems. It is not uncommon to find that people have "hidden secrets" that sit behind a face that may project happiness, contentment and an ability to cope with life. For them it brings challenges, but it also raises problems for people surrounding them. As clinicians, we come into contact with many, many different individuals and the package of well-being they carry with them varies hugely. This lecture will consider how mental health issues may impact us as we treat and care for our clients and their needs.

3.15pm – 3.45pm Refreshment Break & Trade Exhibition

3.45pm – 4.45pm ~ Andrew Hill *MSc Podiatry, BSc (Hons), PGCert L&T, MSSCh, MBChA, FHEA, HCPC Registered, Clinical Services Manager of The SMAE Institute*

"Oh, sugar! Now what? An update on diabetes for 2021."

Diabetes continues to be an exploding health problem affecting the lives of a growing number of people. This talk will give the latest updates on understanding of disease pathology, evolving classification systems and how all of this impacts on us as clinicians and how we can impact upon our patients with diabetes.

4.45pm – 5.15pm Trade Exhibition

Depending on traders open and number of delegates viewing, we reserve the right to close the exhibition room earlier.

7.15pm – Late Gala dinner with a Celebration of Achievement

Presentation and fun quiz with prizes to be won (for those booked).

Saturday 2nd October 2021

8.30am – 9.15am Registration, Trade Exhibition & Arrival Refreshments

9.15am – 10.15am ~ Michael Ratcliffe *FFPM RCPS (Glasg), FCPM, D.Pod.M., B.Sc. (Podiatry), M.Sc. (Health Research), Cert. Ed.*

Managing the chronic lateral ankle sprain

In this presentation we will examine the lower limb components that are affected by the chronic lateral ankle sprain and how to approach their rehabilitation in a structured treatment plan to offer your patient the best possible outcome of future ankle joint stability, using taping, orthoses, exercise, stretching and measurement of progress.

10.15am – 11.00am Refreshment Break & Trade Exhibition

10.30am – 10.50am Diploma in Higher Education (Podiatry Assistant) Information Session (Pre-Booked Delegates Only)

11.00am – 12.00pm ~ Professor Steve West *BE, DL, FChS, FCPM, FRSM, FRSA, Vice-Chancellor and President, UWE Bristol, Chair of the West of England LEP, Chair of the West of England Academic Health Science Network*

AI, Robotics and Digital Technologies in a Covid-19 adapted world

As the world around has changed dramatically we are seeing an acceleration of innovation in our health and social care settings. As we think about the future as we adapt to live with Covid-19 in our communities what does the 'new normal' look like? This lecture will explore the potential role of AI, Robotics and Digital Technologies in healthcare of the future. Suspend your belief and come on a journey on the Starship Enterprise.

12.00pm – 1.30pm Hot/Cold Buffet Lunch & Trade Exhibition

12.30pm – 1.15pm Break Out Session (Optional)
(£15 per person)

Infection Control Practices: Covid-19 update
with **Andrew Hill, Belinda Longhurst & Robert Isaac**

This panel will discuss the impacts of Covid-19 on clinical practice and how this will come to shape the way that we safely and effectively carry out our patient treatments. Of particular focus in this conversation will be infection control practices, patient screening and personal protective equipment (PPE).

1.30pm – 2.30pm ~ Robert Isaacs *Bsc.pod.M. M.Ch.S, HCPC Registered Podiatrist*

Lecture TBC

2.30pm - 2.40pm Ten minute recess

2.40pm - 3.40pm ~ Belinda Longhurst *Podiatrist / Lecturer BSc (Hons), HCPC registered podiatrist, MCPod*

Treatment & Prevention of Dry Skin & Heel Fissures

This presentation takes a look at the aetiology, treatment and prevention of conditions associated with dry skin of the lower limb.

3.40pm - 3.45pm Closing Talk

Meet The Lecturers

Belinda Longhurst

BSc (Hons) MCPod, HCPC Registered Podiatrist, Member of the British Dermatological Nursing Group

Qualifying as a Chiropodist from the Sheffield Institute of Chiropodists and Podiatrists in 2003, Belinda then studied for a higher degree and graduated from the University of Southampton in 2007, where she was awarded a first-class BSc (Hons) degree in Podiatry, with a distinction in clinical practice.

Belinda worked as a private practitioner and was also employed as an NHS Podiatrist at Andover War Memorial Hospital post-graduation. She acts as peer reviewer for a variety of professional journals and advisor for private medical health insurers patient information pages.

Her area of special interest is podiatric dermatology and has frequently presented her published work at both national and international conferences, in addition to being a trustee for the registered charity Forgotten Feet, which aims to provide free foot-care for the homeless and socially isolated.

Dr J Gordon Burrow

BA, ADvDipEd,MSc, MPhil,FChS, FHEA, FCPM,MCSFS, CMIOSH, AcFP, CSci

Dr Burrow has been an Expert Witness for some 20 years having his name on the National Crime Agency Database of Expert advisors for Police forces throughout the UK as well as being called upon to act in Equality Tribunal, Employment Tribunal, Fitness to Practice Hearings for HCPC and Chartered Institute of Safety and Health Practitioners, and lawyers for civil and criminal cases in various Courts throughout the UK and abroad.

Professor Steve West

CBE, DL, FChS, FCPM, FRSM, FRSA, Vice-Chancellor and President, UWE Bristol, Chair of the West of England LEP, Chair of the West of England Academic Health Science Network

Professor Steve West took up the post of Vice-Chancellor and President of the University of the West of England Bristol in 2008 at the age of 46. Steve is a Fellow of the Royal Society of Medicine and Chiropodists, the College of Podiatric Medicine and the Royal Society of Arts.

Steve trained as a Podiatrist and Podiatric Surgeon in London and developed his research interests in Lower Limb Biomechanics and the Diabetic Foot at King's College London. He worked as a clinician and clinical tutor in the NHS, University Sector and undertook research and consultancy in industry and the retail healthcare sectors. He holds a number of national and international advisory appointments in Higher Education and in his discipline, healthcare policy and practice.

Steve is currently a Non-Executive Director for the Office for Students (OfS) and Chair of the UUK Mental Health in Higher Education Advisory Group. He is also a member of the Education Honours Committee and also serves on the Honours Diversity Committee. He is Chair of the West of England LEP, Chair of the West of England Academic Health Science Network (WEAJSM) and Non-Executive Director for University Hospitals Bristol NHS Foundation Trust. Professor West is a Deputy Lieutenant for the County of Gloucestershire and was made Commander of the Order of the British Empire (CBE) in 2017, for services to Higher Education.

Ian B Griffiths

BSc (Hons) MSc (Sports Injury) FCPM FFPM RCPS (Glasg)

Ian is currently the Director of Sports Podiatry Info Ltd; consulting for Pure Sports Medicine, Bupa UK, PGA European Tour, England Rugby, Surrey County Cricket Club, AFC Bournemouth and Arsenal Womens FC. He maintains an active interest in research, and acts as a peer reviewer for several sports medicine journals. He has spoken on the topic of foot and ankle biomechanics and foot orthoses worldwide and has been awarded Fellowships in Podiatric Medicine by the College of Podiatry and also the Royal College of Physicians and Surgeons of Glasgow.

Andrew Hill

MSc Podiatry, BSc (Hons), PGCert L&T, MSSCh, MBChA, FHEA, HCPC Registered, Clinical Services Manager of The SMAE Institute

Andrew graduated from the University of Brighton in 2006 with a BSc (Hons) in Podiatry. He has worked as a Podiatrist in both the NHS and Private sector – both in the UK and Australia. Since 2008 he has worked at The SMAE Institute as an educator ascending to the role of Clinical Services Manager and Programme lead in 2012. In addition to his post graduate teaching qualification in higher education, Andrew obtained his MSc in Podiatry from QMU in 2015 and is currently undertaking his professional doctorate at the University of Bath looking specifically at the barriers and facilitators to good foot self-care behaviours in people with diabetes. Diabetes is a core area of professional interest for Andrew and he has a publications within peer-reviewed journals on patient education and self-care in diabetes. In 2018 Andrew was made a Fellow of the British Chiropody and Podiatry Association and in 2019 Andrew became a Fellow of the Faculty of Podiatric Medicine within the Royal College of Physicians and Surgeons of Glasgow where he has recently been appointed as a regional advisor for Podiatry within London. Andrew's key professional goal is to help develop and drive high quality of training and education at levels within the foot health & Podiatry sector, which in turn can lead to recognition for all levels of clinician in foot health and ultimately help to best serve the public. Andrew's current roles involve his educational lead on the SMAE's FHP; Diploma in Higher Education (Podiatry Assistant); Local Anaesthesia and Prescription Only Medicines courses. He also maintains private practice work, is a peer-reviewer for Patient Education and Counselling and The Diabetic Foot Journals. Andrew also works as an education visitor for the Health and Care Professions council.

Tracey O'Keeffe

MA, BSc, RN, PGCE, MCFHP MAFHP, Part-time Tutor/Lecturer at The SMAE Institute

Tracey qualified as a nurse in 1992 and her career has taken her through many different specialities including intensive care, neurology and cardiac before working in the community as a Rapid Response Nurse. She has also been a Senior Lecturer teaching nursing in university and currently works as an Education Facilitator for Primary Care. Tracey is Smae trained and has her own private practice. She is FHP Programme Lead and part-time Tutor for the Smae Institute FHP Diploma, Diploma in Higher Education (Podiatry Assistant); Local Anaesthesia and Prescription Only Medicines courses.

Michael Ratcliffe

FFPM RCPS (Glasg), FCPM, D.Pod.M., B.Sc. (Podiatry), M.Sc. (Health Research), Cert. Ed.

Michael qualified as a podiatrist from the University of Brighton in 1989. Michael has clinical experience working in the National Health Service specialising in lower limb gait rehabilitation post trauma. Michael also has commercial and industrial experience, delivering a podiatry offer within a pharmacy setting and working for an orthoses manufacturer, and academic experience, as a Lecturer in Podiatry (Anatomy and Pathomechanics) and as Head of School at the Birmingham School of Podiatry. Michael's academic interests centre on researching the mechanical behaviour of the heel fibro-fatty padding within gait. Currently, Michael has been appointed as Sales Training Manager for Cuxson Gerrard & Co. Ltd and he continues to work, part time in private practise.

Robert Isaacs

Bsc.pod.M. M.Ch.S, HCPC Registered Podiatrist

Robert is a podiatrist in full time clinic practice, both within the NHS and private practice. He has held a specialist post in biomechanics for 15 years and has lectured internationally on biomechanics and MSK podiatry.

THE SMAE INSTITUTE

COVID-19

GUIDANCE FOR MEMBERS

As we move into the summer of 2021, the current low rates of transmission of COVID-19 across the country, in combination with the highly successful vaccine rollout across the United Kingdom means that all four nations within the United Kingdom are slowly, but surely, coming out of lockdown restrictions. Of course, everyone involved in healthcare has been able to carry on working but at various points along the way there have been greater or fewer restrictions on that practice. At this point, you should all be able to see any patient in your caseload requiring treatment but just do keep on ensuring that you are taking appropriate measures to maintain a reduced likelihood of COVID-19 spread. As most of your patients are now likely to have been vaccinated, and indeed, many of you too, the following guidance is in place for you to undertake your patient caseloads safely and efficiently:

- ***If you or anyone in your household has had a case of COVID-19 confirmed, there is to be no service provided for a minimum of 7 days (provided there has been a subsequent negative test result)***
- ***If you have no symptoms but have tested positive on a lateral flow test (LFT), you will need to avoid any patient contact until a confirmatory PCR has been done. If the results of the PCR test are negative you can continue practice as usual, if the PCR is positive – follow the advice in the previous bullet-point.***
- ***If your patient or anyone in their household is displaying COVID-19 symptoms has had a case of COVID-19 confirmed, there is to be no service provided for a minimum of a minimum of 7 days (provided there has been a subsequent negative test result)***
- ***If you provide services to a residential home, you MUST liaise with the home to ensure that you can work within their plans and policies that are in place to protect their residents***
- ***In all other circumstances, you are fine to proceed, but you MUST maintain good infection control practices***

The other main consideration that you will need to have at this time relates to safe working practices. This includes both the working environment and personal protective equipment (PPE). In accordance with this need, we are issuing the following advice in conjunction with advice from Public Health England (links here: **https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe** and **https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-domiciliary-care**)

In essence the general advice is along the following lines:

- ***Whilst it is no longer essential to pre-screen all patients to gauge the seriousness of their foot complaint – you may wish to continue to phone ahead in order to check that the patient is happy for treatment to go ahead***
- ***You may need to keep to a reduced number of patient caseloads that you see in a day to ensure that you have sufficient gaps to allow for disposal of PPE items and decontamination of any accessory items that you would use patient-to-patient***
- ***You will need to seek to minimise the amount of time spent with patients WITHOUT reducing the quality of care that you provide. Prolonged exposure to individuals increases the risk of disease transmission. This might include completing the patient record card after you have left the company of your patient***
- ***As we move into the warmer months, you and your patient may feel happier having treatment provided outdoors or by an open window***
- ***Ensure that you employ the strictest infection control practices and have adequate PPE***
- ***Where possible seek to take payment over the phone or via card transaction***

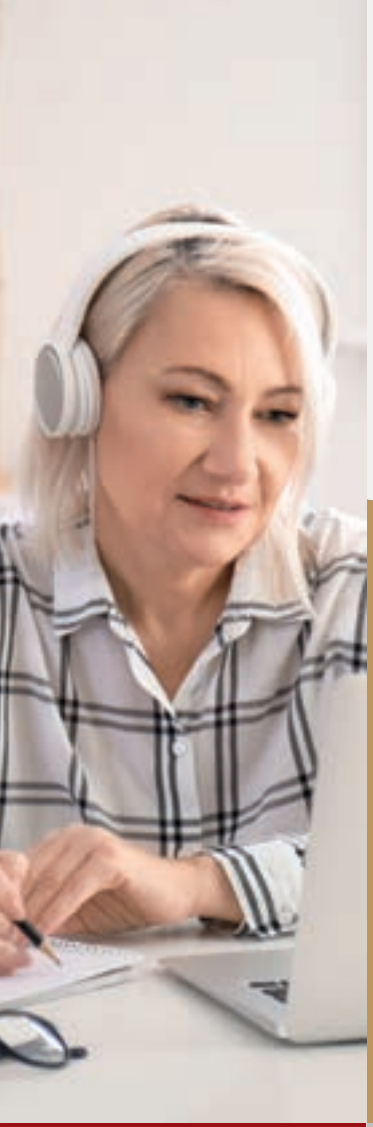
PPE Guidelines

- You will be ***required to use surgical gloves*** that are disposed of after every treatment and/or after they have become damaged or visibly soiled with bodily fluids (as is usual practice)
- ***Hand-washing*** has to be thorough and rigorous before donning PPE and immediately after removing PPE
- ***DO NOT touch your face at any point*** whilst wearing PPE or once it is removed until you have thoroughly washed your hands
- ***FFP2 or FFP3 masks*** would be optimal BUT surgical face masks are appropriate where treating a patient where there is low suspicion of them having COVD-19. Surgical face masks are to be disposed of after every appointment. FFP2 or FFP3 masks may be reused up to 3 times if they have not become damaged or soiled AND/OR where you have not been in close contact with the face or upper-respiratory tract of a person with suspected (or confirmed) COVID-19.
- ***Patients should be offered and encouraged to wear a surgical face mask*** for the duration of their contact with you and they can dispose of them following their contact with you
- ***A face shield / visor OR eye protection is recommended*** but not essential during the consultation (these can be wiped clean thoroughly with a disinfectant between patients)
- Regular aprons will suffice but you may wish to wear full-length sleeved gowns

Whilst it is not possible to fully socially distance whilst providing treatment to patients, we are fortunate that we are working at the distal end of their body and are typically >1m away from their face, mouth and nose. Thus, risk of transmission is low compared to working in other health and care profession contexts. Outside of the moments of treatment and while national social distancing rules remain in place, you should seek to place a distance of >2m between you and the patient and you and anyone else in their households where possible.

All of the PPE items listed above should be available through Podiacare. Please note that due to local, national and global supply and demand issues it may not be possible for Podiacare to supply all items on that list immediately but they are working very hard to make sure that they can so do please keep contacting Podiacare with your orders.

If you have any queries, please do not hesitate to contact us and please do continue to keep safe and well.



THE SMAE INSTITUTE™

BSc (Hons) PODIATRY

About the course

The SMAE Institute, in collaboration with Queen Margaret University (QMU), is proud to introduce this four-year distance based, blended elearning BSc (Hons) Podiatry course. On this course you'll gain the knowledge, practical skills and confidence that you'll need to practise as a registered podiatrist in the private sector or NHS.

This is a four-year, distance learning honours degree, at levels 7-10 on the Scottish Credit Qualification Framework (SCQF), that is designed to enable those who have successfully completed the SMAE Institute Diploma in Foot Health, which is credit rated by QMU, to progress to eligibility to apply for HCPC Registration.

Course Overview

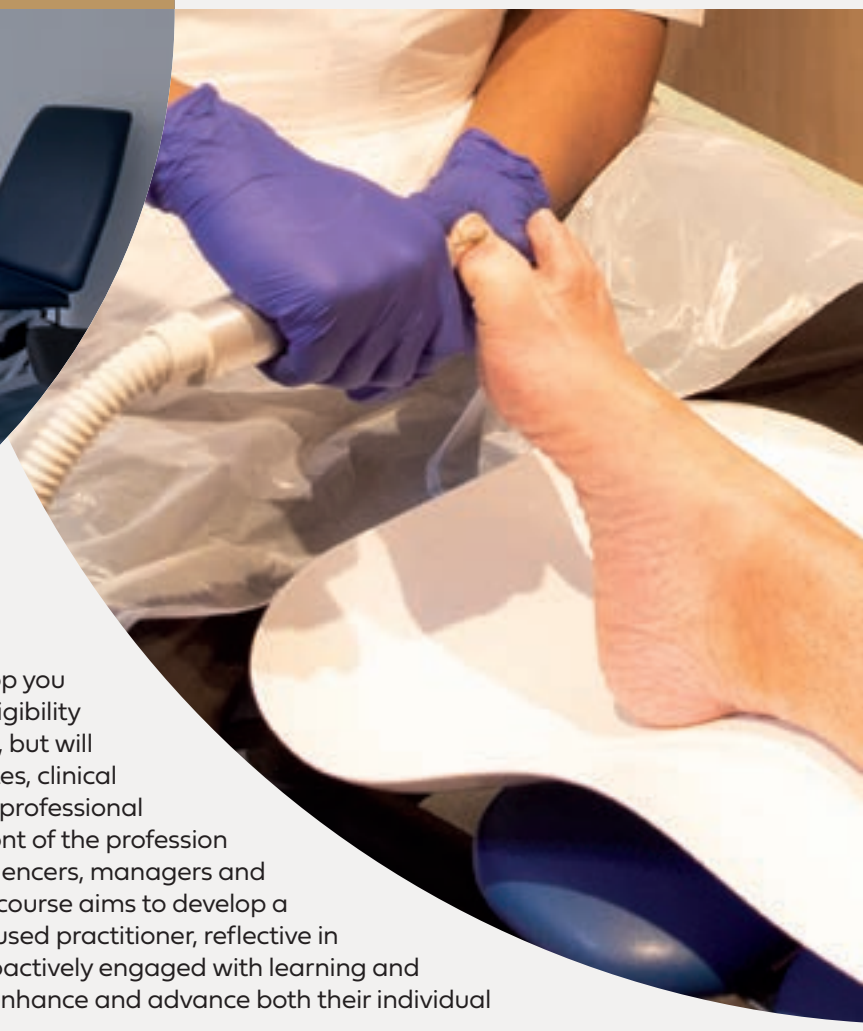
Duration: 4 years distance learning

Start Date: September 2022

Format: Distance based, blended elearning

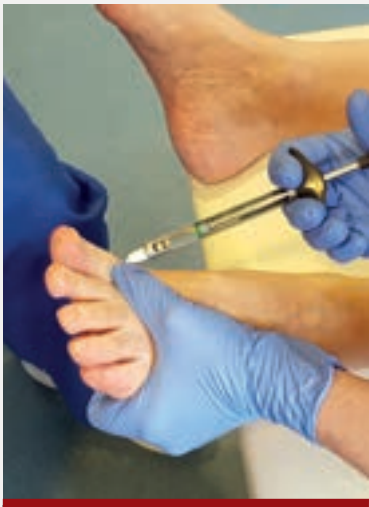
Fees: £3,999 per year (payment options available)

Awarding Body: QMU



Queen Margaret University
EDINBURGH
Collaborative Partner

This course will not only develop you to the standard required for eligibility to apply for HCPC registration, but will also give you the skills, attributes, clinical experience, plus personal and professional confidence to be at the forefront of the profession and to become the future influencers, managers and leaders of the profession. This course aims to develop a podiatrist who is a patient focused practitioner, reflective in all aspects of practice, and proactively engaged with learning and professional development to enhance and advance both their individual practice and their profession.



Course Structure

This course is delivered via blended e-learning, which means as a student you would be working at a distance via the internet (utilising a Virtual Learning Environment (VLE)) as well as attending lectures, practical and clinical sessions at The SMAE Institute. In addition to this, students will also attend placements in the private and third sector. Whilst most content is delivered online, lecturers will guide you through your learning and provide one-on-one and small group support throughout. Each year students will be required to attend clinical training and/or placements, and schedules.

Teaching, learning and assessment

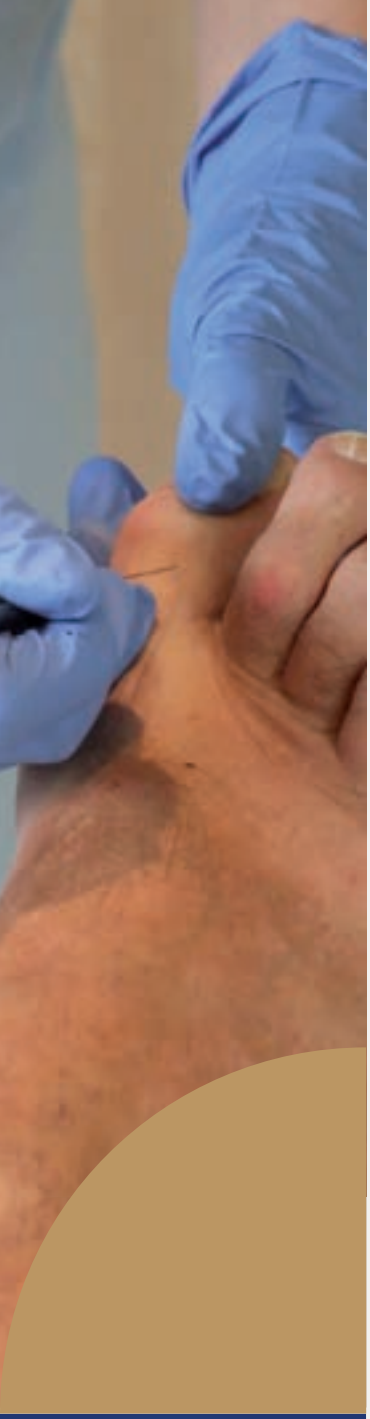
This is a distance-based, blended e-learning course that requires dedicated hours of study commensurate with full-time learning. Each module has dedicated weekly live tutor chat sessions with the designated module leader (tutor), who is also available via personal email and telephone at scheduled times. There is also administrative support staff available online and via telephone daily. The module forums are accessible for each module to provide a virtual classroom environment and will be accessed and supported by staff and tutors alike. The assessment method varies from module to module and the majority of the course will be distance learning with some compulsory attendance. The dates of attendance required are given to students at the beginning of the course so that they can plan ahead.

Whilst The SMAE Institute is the organisation delivering your study, on this course you will be also be a student of Queen Margaret University (QMU). As such you'll be given access to their learning resources and have a QMU VLE (virtual learning environment) username and password.

Course Modules

YEAR ONE

Module Name	Module Description
Manual Handling	This module is designed to provide the student with the knowledge and skills required to develop an analytical, reflective and professional approach to implementing safe manual handling.
Clinical Studies 1	This module is designed to enable the student to acquire the knowledge and skills necessary to investigate, diagnose and manage a range of common lower limb pathologies seen in low risk patients.
Locomotory Science and Anatomy – The Foot and Ankle	This module introduces the student to the mechanical principles that underpin gait analysis and explores in detail the structural anatomy of the lower limb, with particular emphasis on the ankle and foot.
Locomotory Science and Anatomy 2 – Normal Gait	This module explores in detail the structural anatomy of the lower limb, with particular emphasis on the leg, knee and thigh as well as the gait cycle and normal developmental variants.



YEAR ONE

Module Name	Module Description
Cell Biology, Physiology and Microbiology	This module enables students to develop an understanding of the role of Podiatry and other health disciplines in the context of cell biology, physiology and microbiology. There is a focus on the structure, function and neuro-humoral regulation of the endocrine system, and its relationship to other major physiological systems as well as developing knowledge and understanding of microbial growth and survival emphasising features relevant to interactions with humans and human health.
Evidence Based Healthcare - Sourcing and selecting literature to understand and inform research	This module develops student understanding of the use of research in evidence-based health care delivery; through guided exploration of the ways in which research informs development and implementation of guidelines for clinical practice.

YEAR TWO

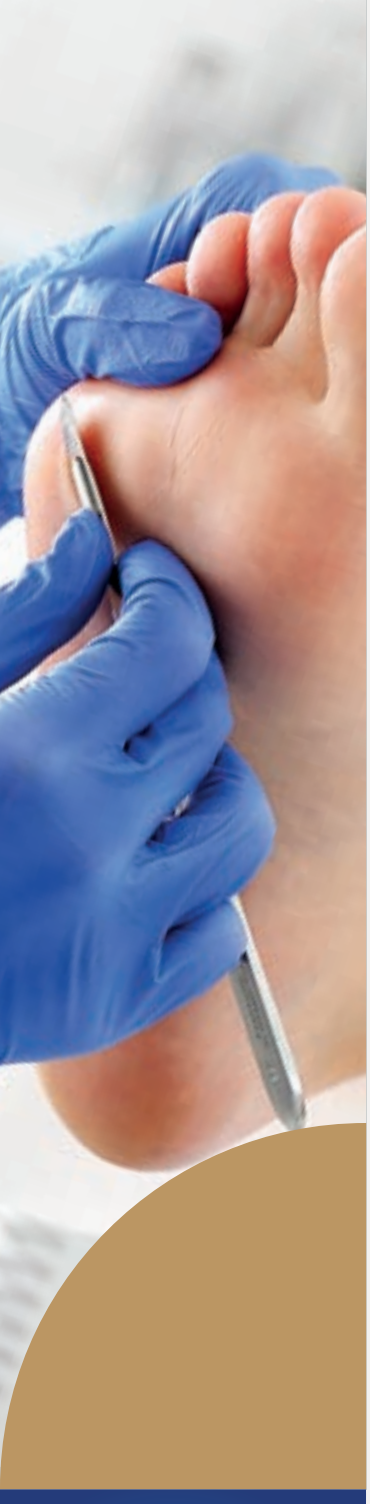
Module Name	Module Description
Clinical Studies 2a	This module enables a student to develop an understanding of the underlying principles of pharmacological therapy and the rationale for treatment relating to the cardiovascular, autonomic and inflammatory response. It also develops a student's theoretical knowledge and practical skills required to administer digital local analgesia (POM-A as per HCPC annotation).
Clinical Studies 2b	This module enables the student to investigate and diagnose a range of pathologies related to soft tissue and structural anomalies, and consider and demonstrate appropriate therapeutic regimes including the use of functional foot orthoses.
Pathophysiology	This module provides knowledge and understanding of the pathological processes relating to the systems covered in human physiology. It will introduce students to the concept of problem-based medicine and provide deeper understanding of physiological processes and the application to the clinical context. This module will also focus on the role of Podiatry within the broader context of multi-disciplinary care in managing patients with chronic and / or complex pathology.
Disorders and Management – Musculoskeletal conditions	The module provides the student with the necessary skills and knowledge base to diagnose and carry out effective management strategies for musculoskeletal conditions affecting the lower limb.

YEAR TWO

Professional Issues – Part 1 - Professionalism	This module prepares the student for registered practice as a Podiatrist by enabling them to critically examine and interpret the elements of professionalism within the contexts of delivering healthcare and podiatric practice. This will be considered against the backdrop of Interprofessional working,

YEAR THREE

Module Name	Module Description
Clinical Studies 3	This module develops students skills in examination, evaluation and management of the 'high risk' lower limb by developing high level psychomotor skills and by developing skills to undertake evidence based podiatric practice (in particular developing familiarity with NICE and SIGN guidelines). This module also enables students to gain experience of utilising POM-A in using digital block analgesia, and undertaking nail surgery procedures.
Locomotory Science and Anatomy 3 – The hip, pelvis, nerve supply and pathological gait	This module explores the structural anatomy of the lower limb with particular emphasis on the hip, pelvis and the motor & cutaneous nerve supply to the lower limb and helps students to develop a knowledge base and the skills required to distinguish between normal gait changes across the life cycle and pathological gait.
Disorders and Management 3	This module helps the student to develop a deep knowledge and understanding of the physical and psychosocial manifestation of systemic diseases related to Podiatric practice in association with relevant podiatric, pharmacological and surgical management through a problem based and shared learning approach. It further enables the student to critically analyse their own and other health professionals' roles, expertise and perspectives in healthcare practice in the context of lower limb pathology as well as service users' perspectives on self-care
Disorders and Management 3 – Dermatology of the lower limb	This module provides consideration of the differential diagnosis, potential impact and management of cutaneous and systemic disorders and diseases on the skin of the lower limb. It further enables the student to critically analyse their own and others' roles, expertise and perspectives in healthcare practice in the context of lower limb dermatology
Evidence-based Healthcare – Appraising the Evidence	This module enables students to develop their understanding of the importance of appraising evidence and helps them to develop their ability to constructively appraise evidence and to construct a focussed literature review.



YEAR FOUR

Module Name	Module Description
Clinical Studies 4	This module enables the student to fulfil the requirements for eligibility for HCPC registration by consolidating skills in examination, evaluation and management of the 'high risk' lower limb, to enable evidence-based practice. This module further helps the student to develop experience of new patient triage and referral, utilising POMS-S, psychomotor skills such as needling techniques, and anaesthetic techniques such as tibial block.
Disorders and Management 4 – Tissue Viability	This module enables the students to critically investigate/ study the evidence base for factors contributing to cutaneous ulceration, and the effectiveness of current management practices. It further enables the students to critically analyse their own and other health professionals' roles, expertise and perspectives in healthcare practice in the context of cutaneous ulceration.
Evidence-based healthcare – Clinical Audit	This module engages students in decision-making in the context of quality assurance, user perspectives, priorities of service delivery and practice development.
Developing Electronic Resources for Patient Education	This module enables the students to explore a topic of interest relating to patient education in Podiatry presented through electronic media for public broadcast.
Podiatric Mechanics (Elective)	This module enables the student to evaluate and apply current concepts in podiatric mechanics in the management of foot and lower limb pathology with particular reference to podiatric surgical intervention.
Medicine and Pathology (Elective)	This module enables the student to critically appreciate the clinical principles, philosophy and concepts which underpin critically relevant medical conditions and associated pathological changes in the foot.
Professional Issues – Preparation for Registration and Practice	This module provides an opportunity for students to critically consider the skills and attributes required to become an autonomous, HCPC registered private practitioner in the context of inter-professional collaborative working

Facilities / Placements

You'll consolidate your theoretical learning by working directly with patients during clinical sessions undertaken mainly at the SMAE Institute's purpose built clinic in Maidenhead, Berkshire. Some observational placements will be undertaken within specialist private practices and observational and practical placements will be undertaken in a third sector charity organisation. Academic staff will arrange and co-ordinate your placements, with the aim to be as local to the individual as possible. Where attendance is required, you will be informed of the dates at the beginning of the academic year to enable you to plan ahead.

A summary of clinical/placement attendance is detailed below, however please note that these time-frames are not specifically week blocks of time, but will be spread out across the academic year at a range of placement providers. Full details and dates are given to students at the start of the academic year.

Year One: Two weeks clinical/practical attendance

Year Two: Two weeks clinical/practical attendance

Year Three: Five weeks clinical/practical attendance

Year Four: Six weeks clinical/practical attendance

Qualification / Exit points

Successful completion of all four years will give you the award of BSc (Hons) Podiatry and eligibility to apply for HCPC registration.

In certain circumstances, a student may exit the course after completion of Year One with the award of Certificate in Higher Education (120 credits), Year Two with a Diploma in Higher Education (Assistant Practitioner – Podiatry) (240 credits) or Year Three with the award of BSc Health Studies (480 credits). Please note that by exiting the course in Year One, Two or Three, one is not eligible to register with the HCPC, only upon successful completion of Year Four and award of BSc (Hons) Podiatry entitles one to register.

Entry requirements

- The applicant has normally, within the last 5 years, completed one of the following:
  - successfully completed the SMAE Institute 60 credit diploma in foot health,
  - successfully completed the Diploma in Higher Education (Assistant Practitioner – Podiatry),
  - successfully completed the first year of a BSc (Hons) Podiatry at another University,
  - successfully completed a Foot Health course that can be mapped to the SMAE Institute's Diploma in Foot Health.
- The applicant has a current DBS certificate.
- The applicant has an up to date CPD portfolio (has attended at least one CPD event in the last 12 months and in addition can demonstrate ongoing professional development, for example, reading journal articles and applying them to practice)
- The applicant has up to date vaccination against Hep B, has had a recent eye sight test, and are encouraged to declare any disabilities (physical, mental or learning).
- The applicant has provided a suitable character reference (where the applicant is previously unknown to The SMAE Institute)
- If English is a second language the applicant has achieved an IELTS English equivalency level 6 or above (scoring above 5.5 in each section) (successful completion of the access courses outlined above would satisfy this).

Fees and funding

The course fees for this programme will be £3,999 per academic year.

Payment options (per academic year)

- A deposit of £424.00 followed by 11 monthly payments of £325.00 (0% Interest)
- A deposit of £710.00 followed by 11 monthly payments of £299.00 (0% Interest)
- One off payment (£3,999.00 per academic year)
- Sponsor (details of your sponsor would be requested)

What's included?

You may have to pay additional costs during your studies. A summary of the costs that you may be expected to pay, and what is included in your fees, while studying this course are listed here:

- DBS checks, where required, are included in the course fees.
- Access to learning resources through the virtual learning environment and the QMU library is included.
- Instruments used in clinical placements are provided by the establishment.
- Where your course includes a placement, travel costs are not included in the course fees.
- Insurance for your clinical practical placements is included.
- Clinical clothing, where required, is not included in the course fees. However, any relevant PPE will be provided to the student at placement sites.

Professional registration

This course is approved by the Health and Care Professions Council (HCPC). Successful completion enables application for registration with the Health and Care Professions Council as a Podiatrist.

Awarding body

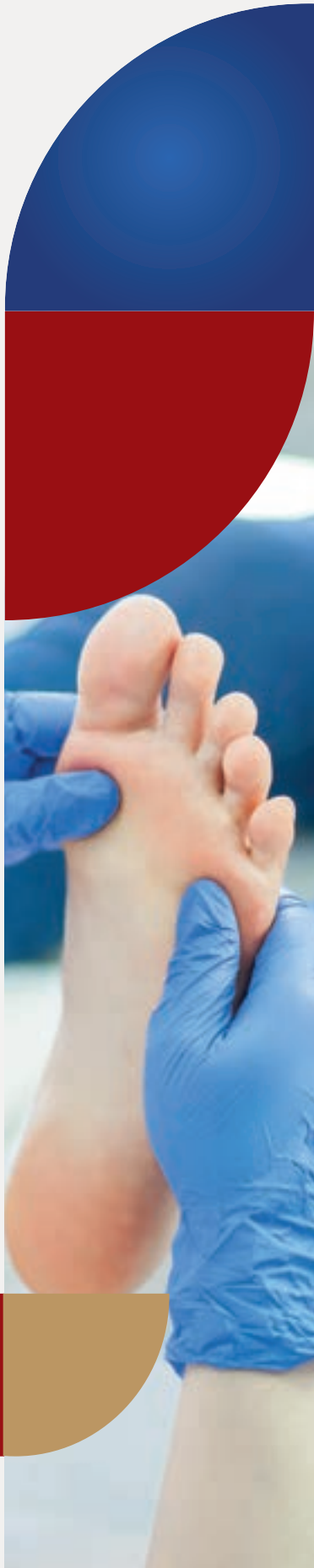
Queen Margaret University
EDINBURGH
Collaborative Partner

Open day and admissions

If you are interested in studying this course, please contact Janet McKane at The SMAE Institute (**degree@smaeinstitute.co.uk**) who will initially send you an application form to complete to ensure eligibility. This application form will provide pre-screening questions outlining the admission criteria (set out above). If you meet the entry criteria, The SMAE Institute shall then invite you to an open day followed by an informal interview. The interview panel will consist of one of the programme co-leads, the quality assurance manager and a service user (patient). All members of the interview panel pre-agree the questions that will be asked before the interview takes place. The interview process shall consist of cross-checking the pre-screened applications to see that prospective students do indeed meet the correct entry criteria.

Following the interview the SMAE Institute shall select appropriately qualified students for offer of admission as students of the Institute/University and formally offer them a place. Should you be unable to travel to the SMAE Institute for an interview then you may be offered an online virtual interview via Zoom.

The open day for the 2022 cohort will be held virtually on 21st May 2022. To register your interest in the 2022 cohort open day please email Janet McKane at degree@smaeinstitute.co.uk



Understanding medication and pharmacotherapy:

Part 3 – Managing cardiovascular conditions

By Andrew Hill
Clinical Service Manager & Programme Lead (BSc Hons) Podiatry), The SMAE Institute

MSc Podiatry; BSc (Hons); PG Cert L&T; FFPM RCPS(Glasg); FHEA; FSSCh

Medical pharmacology is the study of chemicals (drugs) that interact with the human body. It is a core aspect of medical interventions and all health professionals should take account of the medications that patients are taking. This can be a daunting and challenging area to understand well but it is crucial to develop a strong working knowledge of pharmacotherapy in the interests of patient safety and well-being. In the previous article in this series, the pharmacological management of cardiovascular conditions was explored. This third article in the series looks at commonly prescribed drugs to manage neurological conditions including drugs commonly used in the management of pain. Subsequent articles in the series will consider drugs commonly used to manage other conditions.

Overview of pharmacotherapy on the nervous system

Drugs acting of the nervous system are used more than any other type of pharmacological agent and in addition to their therapeutic uses, drugs such as caffeine, alcohol and nicotine (which act on the central nervous system) are used socially to provide a sense of well-being (Neal, 2015). Drugs acting on the nervous system can often become very well tolerated, in time, by the body and may lead to individuals seeking higher doses to maintain the effects of the drugs and, thus, these agents are commonly associated with dependence the longer they are used for (Waller and Simpson, 2017). Accordingly, many drugs that work on the nervous system have strict legal controls. The mechanisms by which drugs exert their effects on the nervous system are not all well known and understood and remain a focus for research and drug development, although the therapeutic benefits associated with these drugs have become more well understood over time (Joint Formulary Committee, 2019). This article will focus in upon the commonly used therapeutic agents on the nervous system and the conditions that they treat.

Anxiolytics and hypnotics

Sleep disorders and states of anxiety are treated by ***benzodiazepines*** or other drugs that act on the benzodiazepine receptor in the brain, although their use for anxiety has reduced in recent years (National Institute for Clinical Excellence [NICE], 2014). Benzodiazepines are known to have anxiolytic, hypnotic, muscle relaxant, anticonvulsant and amnestic actions (Neal, 2015). These actions are thought to be caused mainly by the enhancement of GABA-mediated inhibition in the central nervous system, (Waller and Sampson, 2017). Whilst benzodiazepines became very popular for their apparently low toxicity, it has now been realised that longer-term use of them may cause cognitive impairment, tolerance and dependency (Joint Formulary Committee, 2019). Therefore, benzodiazepines should only be used for a short period (2-4 weeks) for the management of severe anxiety and/or insomnia. Common examples of benzodiazepines include ***diazepam*** and ***lorazepam***.

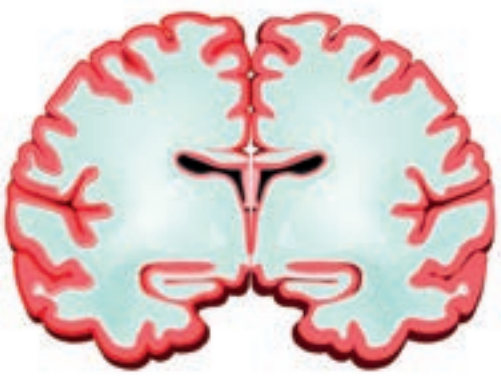
Benzodiazepines are active orally and, although most are metabolised by the liver, they do not induce hepatic enzyme status (Neal, 2015). These drugs are central depressants – that is they slow brain activity – but in contrast to other hypnotics and anxiolytics, they do not cause severe respiratory depression unless given to patients with bronchopulmonary disease intravenously (Joint Formulary Committee, 2019). Adverse effects of benzodiazepines include drowsiness, impaired alertness, agitation and ataxia whilst they are also known to have additive (or synergistic) effects with other central depressants such as alcohol and antihistamines (Joint Formulary Committee, 2019). ***Zopiclone***, ***Zolpidem*** and ***Zalepom*** ('Z-Drugs') are not examples of benzodiazepines but they do work on the benzodiazepine receptors in the brain and exert similar effects to diazepam.

Serotonergic (5HT) cell bodies are located in the nuclei of the midbrain and project to many other parts of the brain including those thought to be important in anxiety. ***Buspirone*** is a 5HT1a partial agonist and has anxiolytic effects in humans. Other drug examples in this class include ***Chloral hydrate*** and ***Clomethiazole*** which are effective hypnotics, though both are less well tolerated for the management of anxiety than benzodiazepines.

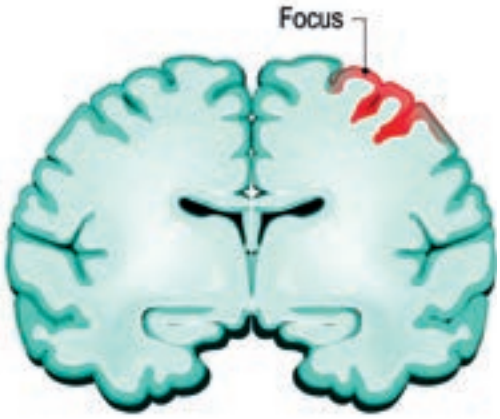
Antiepileptic

Epilepsy is a chronic disease in which seizures result from the abnormal discharge of cerebral neurones (Epilepsy Action, 2021). Partial (focal) seizures begin in a specific location in the brain and may be limited to clonic 'jerking' of an extremity, however, the discharge may spread and become generalised (secondary generalised seizure) (NHS, 2020). Primarily generalised seizures are those in which there is no evidence of localised onset with both cerebral hemispheres being involved from the onset. These are exemplified by tonic-clonic attacks ('grand mal' – periods of tonic rigidity followed later by massive jerking of the body) and absences ('petit mal' – changes in consciousness usually lasting less than 10 seconds) (NHS, 2020).

Generalised tonic-clonic seizures and partial seizures are treated mainly with oral ***carbamazepine***, ***valproate***, ***lamotrigine*** or ***topiramate*** (anti-convulsant) (Neal, 2015). Whilst this is effective for the majority of patients taking them to treat these seizures, for those where this fails to adequately control to episodes, additional second-line drugs such as ***levetiracetam*** (anti-convulsant), ***clobazam*** (benzodiazepine) or ***gabapentin*** (anti-convulsant) may be used to help reduce the incidence of seizures further (Joint Formulary Committee, 2019).



Generalized epilepsy



Focal seizure

Notes:

Absence seizures are typically treated with ***ethosuximide*** (anti-convulsant) or ***valproate*** (Waller and Sampson, 2017), whereas more severe and persistent seizures (regularly lasting >30 minutes and sometimes without regaining of consciousness) is referred to as status epilepticus and is treated intravenously with ***lorazepam***, ***diazepam*** (benzodiazepines) or ***phenytoin*** (anti-convulsant) (Joint Formulary Committee, 2019).

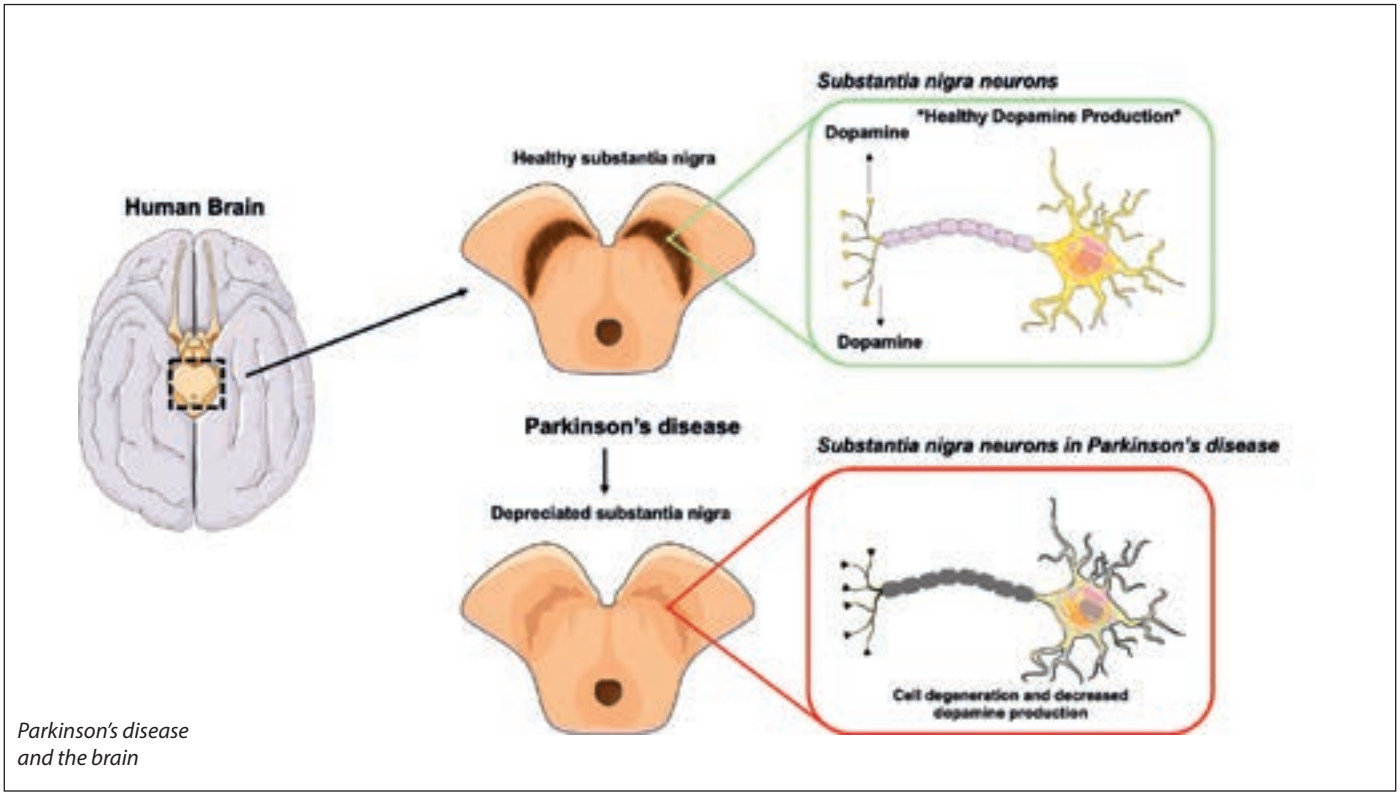
Antiepileptic drugs control seizures by mechanisms that usually involve either the enhancement of GABA-mediated inhibition or a reduction in the sodium fluxes. The only exceptions are ethosuximide and valproate which inhibit a spike-generation calcium current in thalamic neurones (Neal, 2015).

Parkinson's Disease

Parkinson's disease is a disease of the basal ganglia in the brain and is characterised by reduced movement, rigidity and a tremor (Parkinson's UK, 2021). It is a progressive disease and leads to increasing disability unless effective treatment is given (NICE, 2017). The main pathology in Parkinson's disease is extensive degeneration of the dopaminergic nigrostriatal tract but the cause of the degeneration is usually unknown. Symptoms of Parkinson's disease tend to appear only after around 80% of the affected neurones in the substantia nigra have degenerated (Kaur et al., 2019). Around one third of people with Parkinson's disease eventually develop dementia (Parkinson's UK, 2021).

Replacing the missing dopamine as an approach to therapy is not possible with Parkinson's disease because dopamine does not pass the blood-brain barrier, however, its precursor, ***levodopa***, does penetrate the brain where it is decarboxylated to dopamine (Neal, 2015). When orally administered, levodopa is largely metabolised outside of the brain and so it is typically given with a selective extracerebral decarboxylase inhibitor (***carbidopa*** or ***benserazide***) which greatly reduces the effective dose of levodopa required (Waller and Sampson, 2017). This is very useful because the less levodopa that needs to be given, there will be a subsequent reduction in the amount of adverse effects of levodopa experienced (nausea and postural hypotension being the most common) (Joint Formulary Committee, 2019).

Other dopaminergic drugs used in Parkinson's disease are directly acting ***dopamine agonists*** and ***amantadine*** (which causes dopamine release) (Neal, 2015). Furthermore, inhibition of monoamine oxidase B (MAOB) with ***selegiline*** potentiates the actions of levodopa (Waller and Sampson, 2017). ***Entacapone***, meanwhile, inhibits catechol-O-methyltransferase (COMT) and prevents the peripheral conversion of levodopa to (inactive) 3-O-methyldopa (Neal, 2015).



Parkinson's disease and the brain

As the nigrostriatal neurones become progressively degenerated in Parkinson's disease, the release of dopamine continues to decrease and, consequently, the excitatory cholinergic interneurons in the striatum become somewhat overactive, hence why ***antimuscarinic agents (Procyclidine; Trihexyphenidyl hydrochloride)*** are also sometimes used to control the symptoms of tremoring in people with Parkinson's disease (Neal, 2015).

Antipsychotics (Neuroleptics)

Schizophrenia is a syndrome characterised by specific psychological manifestations including: auditory hallucinations; delusions; thought disorders and behavioural disturbances (NHS, 2019). Recent evidence suggests that schizophrenia is caused by developmental abnormalities to the medial temporal lobe, temporal and frontal lobe cortex (Lieberman et al., 2018). Neuroleptic drugs control many of the positive symptoms of schizophrenia (i.e. hallucinations and delusions) but are less efficacious at managing the negative symptoms of the disease (i.e. social withdrawal and emotional apathy) (Neal, 2015). Neuroleptic drugs are all antagonists at dopamine receptors which implies that schizophrenia may be associate with increased activity in the dopaminergic mesolimbic and/or mesocortical pathway (Waller and Sampson, 2017). In agreement with this inference is the understanding that amphetamine (which induces dopamine release) can produce a psychotic state in otherwise normal persons (Neal, 2015). Neuroleptic drugs can take several weeks to bring about an improvement in symptoms but, by blocking much dopaminergic activity within the brain, can induce distressing and disabling movement disorders including parkinsonism and dystonia (Joint Formulary Committee, 2019).

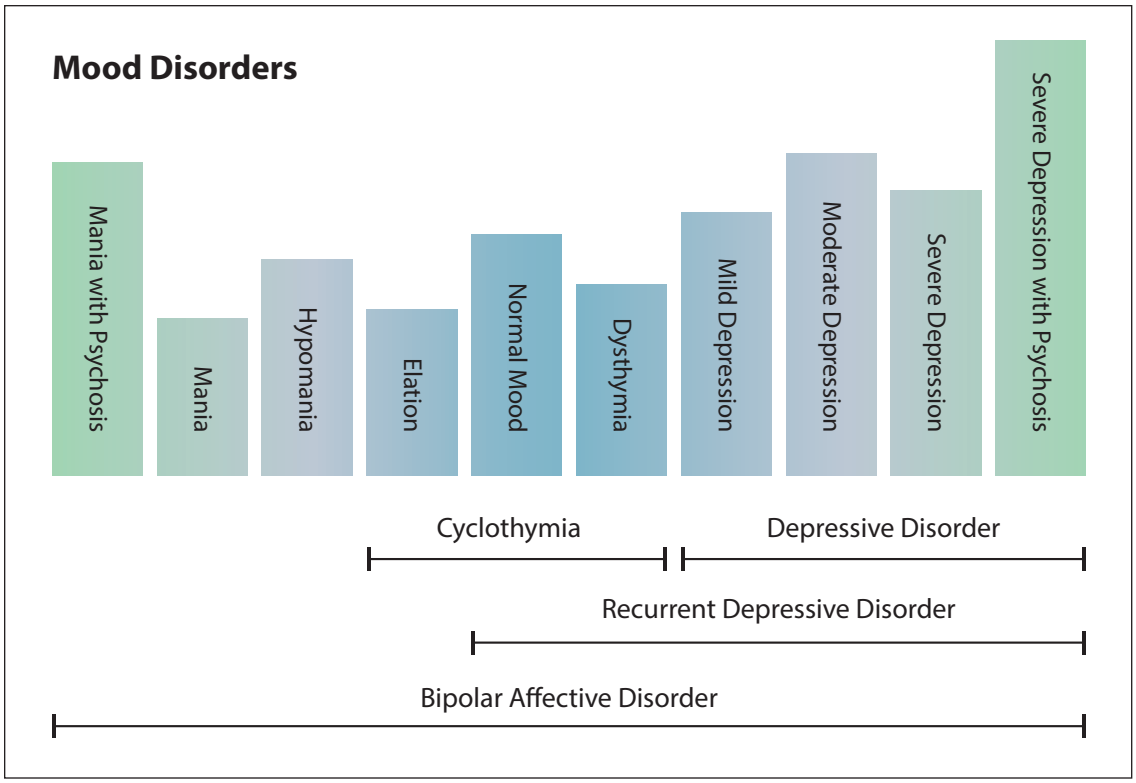
Neuroleptic drugs are primarily ***phenothiazines*** and include: ***Chlorpromazine; thioridazine; fluphenazine; perphenazine*** and ***trifluoperazine*** (Joint Formulary Committee, 2019).

Antidepressants

Affective disorders are characterised by a disturbance of mood associated with alterations in behaviour, energy, appetite, sleep and weight. The extremes range from intense excitement and elation (mania) to severe depressive states (International Society for Affective Disorders [ISAD], 2021). Depression is more common than mania and is characterised by a person becoming more persistently sad and unhappy, and although it can cause people to commit suicide, the prognosis for depression is generally good (ISAD, 2021). The cause of depression and the mechanism of action of antidepressants are unknown and the best theory available (though not without flaws) is the monoamine theory that depression results from a decrease in the activity of the central noradrenergic and/or serotonergic systems (Mulinari, 2012).

Most of the drugs used in the management of depression inhibit the reuptake of norepinephrine and/or serotonin (5HT) (Neal, 2015). ***Tricylics*** are older drugs with proven efficacy but as they are often sedative and have autonomic side effects, their use is somewhat limited (Joint Formulary

Mood disorder spectrum



Understanding medication and pharmacotherapy

ALL ANTIDEPRESSANTS MAY PROVOKE SEIZURES AND NO PARTICULAR DRUG IS SAFE FOR THE DEPRESSED PATIENT WITH EPILEPSY

Committee, 2019). ***Selective serotonin reuptake inhibitors (SSRIs)*** are newer drugs that have a wide margin of safety, whilst ***monoamine oxidase inhibitors (MAOIs)*** are used less often than other antidepressants because of dangerous interactions with some foot and drugs (Neal, 2015; Joint Formulary Committee, 2019).

All antidepressants may provoke seizures and no particular drug is safe for the depressed patient with epilepsy (Joint Formulary Committee, 2019). Antidepressants usually show no sign of working for around 2-3 weeks, whereafter around 70% of people respond satisfactorily to them (Neal, 2015). In those who fail to respond to a series of first-line antidepressants, some will have their treatment augmented with ***lithium*** (NICE, 2009).

In mania and in bipolar effective disorders (where mania alternates with depression), lithium has a mood-stabilising action but has a low therapeutic/toxic ratio and adverse effects are common (Neal, 2015). Carbamazepine and valproate also have mood-stabilising properties and can be used in cases of non-response or intolerance to lithium (NICE, 2009).

Opioid Analgesics

Damage to tissues causes the release of chemicals such as bradykinin, prostaglandins and adenosine triphosphate [ATP] that stimulate pain receptors and initiate firing in primary afferent fibres that synapse in lamina I and II of the dorsal horn of the spinal cord. The realy neurones in the dorsal horn transmit pain information to the sensory cortex via neurones in the thalamus (Gatchel, 2005). The activity of the dorsal horn relay neurones is modulated by several inhibitory inputs including local interneurons which release opioid peptides (mainly dynorphin), and descending enkephalinergic, noradrenergic and serotonergic fibres which, themselves, are activated by opioid peptides (Tortora and Derrickson, 2017). Thus, opioid peptides are able to reduce the activity of the dorsal horn relay neurons and can cause analgesia (Neal, 2015). The effects of opioid peptides are mediated by specific opioid receptors. Opioid analgesics are drugs that mimic the body's naturally occurring, endogenous opioid peptides by causing prolonged activation of opioid receptors. The subsequent effect is analgesia, respiratory depression, euphoria and sedation (Waller and Sampson, 2017; Joint Formulary Committee, 2019).

Opioids often cause nausea and vomiting as well as constipation, however, the main concern with their prolonged use is tolerance and dependence which can often lead to addiction (Neal, 2015). Examples of opioid analgesics include: tramadol, oxycodone, fentanyl, morphine, methadone, dextromethorphan, meperidine, codeine, and buprenorphine. It is worth noting that despite the highly efficacious impact of opioid analgesics on pain, in the case of neuropathic pain, the pain is caused by damage to neurones in the pain pathway and, therefore, often do not respond to analgesics but instead to medications that work on the central nervous system (Neal, 2015).

Non-steroidal anti-inflammatory Drugs

Non-steroidal anti-inflammatory drugs (NSAIDs) have analgesic, antipyretic and anti-inflammatory actions and are widely used in the UK and other parts of the world as first-line, over the counter medications to manage mild to moderate pain (Neal, 2015). NSAIDs are less effective for visceral pain for which opioids are usually indicated, but high-dose NSAIDs might be effective at managing some severe pain (i.e. bone cancer) (Waller and Sampson, 2017).

NSAIDs form a chemically diverse group of drugs but they all have the ability to inhibit cyclo-oxygenase (COX) and the subsequent inhibition of prostaglandin synthesis is largely responsible for their therapeutic effects (Joint Formulary Committee, 2019). Unfortunately, the inhibition of prostaglandin synthesis in the gastric mucosa can often lead to gastrointestinal damage (nausea, dyspepsia, gastritis and even gastrointestinal bleeding & perforation) (Joint Formulary Committee, 2019). COX exists in the tissue as a constitutive form (COX-1) but, at sites of inflammation, cytokines stimulate the induction of a second isoform (COX-2) (Neal, 2015). This inhibition of COX-2 is thought to be responsible for the anti-inflammatory effects of NSAIDs, whilst inhibition of COX-1 is thought to be responsible for their effects on the gastrointestinal system (Waller and Sampson, 2017). Most NSAIDs (ibuprofen, naproxen & aspirin) are somewhat selective for COX-1, but more recently, selective inhibitors for COX-2 (celecoxib, etoricoxib and lumiracoxib) have been developed which show similar anti-inflammatory efficacy to non-selective COX inhibitors and with less than 50% of the reported gastric side effects, however, these new drugs do not appear to provide cardioprotection and are associated with an increased risk of myocardial infarction (Neal, 2015; Joint Formulary Committee, 2019).

Conclusion

It is hoped that this article further helps to provide some insight and understanding of some of the common drugs seen in clinical practice when taking detailed patient histories. The final article in this series will be published in the next edition and will focus on the drugs used to treat infection.

OPIOIDS OFTEN CAUSE NAUSEA AND VOMITING AS WELL AS CONSTIPATION, HOWEVER, THE MAIN CONCERN WITH THEIR PROLONGED USE IS TOLERANCE AND DEPENDENCE WHICH CAN OFTEN LEAD TO ADDICTION

References

1. Epilepsy Action. 2021. What is epilepsy? Available online: https://www.epilepsy.org.uk/info/what-is-epilepsy (accessed 27/04/2021)
2. Gatchel, R.J., 2005. Clinical essentials of pain management. American Psychological Association.
3. International Society for Affective Disorders [ISAD]. 2021. Affective disorders: mood disorders. Available online: https://www.isad.org.uk/aboutus/affective-disorders.asp (accessed 27/04/2021)
4. Joint Formulary Committee, 2019. BNF 77 (British National Formulary) March 2019. Pharmaceutical Press.
5. Kaur, R., Mehan, S. and Singh, S., 2019. Understanding multifactorial architecture of Parkinson's disease: Pathophysiology to management. Neurological Sciences, 40(1), pp.13-23.
6. Lieberman, J.A., Girgis, R.R., Brucato, G., Moore, H., Provenzano, F., Kegeles, L., Javitt, D., Kantrowitz, J., Wall, M.M., Corcoran, C.M. and Schobel, S.A., 2018. Hippocampal dysfunction in the pathophysiology of schizophrenia: a selective review and hypothesis for early detection and intervention. Molecular psychiatry, 23(8), pp.1764-1772.
7. Mulinari, S., 2012. Monoamine theories of depression: historical impact on biomedical research. Journal of the History of the Neurosciences, 21(4), pp.366-392.
8. National Institute for Clinical Excellence [NICE]. 2009. Depression in adults: recognition and management [CG90]. Available online: https://www.nice.org.uk/guidance/cg90 (accessed 27/04/2021)
9. National Institute for Clinical Excellence [NICE]. 2014. Anxiety Disorders: Quality Standard [QS52]. Available online: https://www.nice.org.uk/guidance/qs53 (accessed 23/04/2021)
10. National Institute for Clinical Excellence [NICE]. 2017. Parkinson's Disease in adults [NG71]. Available online: https://www.nice.org.uk/guidance/ng71 (accessed 27/04/2021)
11. Neal, M.J., 2015. Medical pharmacology at a glance. John Wiley & Sons.
12. NHS. 2019. Schizophrenia. Available online: https://www.nhs.uk/mental-health/conditions/schizophrenia/symptoms/ (accessed 27/02/2021)
13. NHS. 2020. Epilepsy. Available online: https://www.nhs.uk/conditions/epilepsy/symptoms/ (accessed 27/04/2021)
14. Parkinson's UK. 2021. What is Parkinson's? Available online: https://www.parkinsons.org.uk/information-and-support/what-parkinsons (accessed 27/04/2021)
15. Tortora, G.J., and Derrickson, BH. 2017. Tortora's principles of anatomy and physiology. 15th Edition. Wiley.
16. Waller, D.G. and Sampson, T., 2017. Medical pharmacology and therapeutics E-Book. Elsevier Health Sciences.

Diploma in Local Anaesthesia

www.smae-la.co.uk

The timetable for the 2021 Diploma is as follows:

Open / Registration Day (Location: The SMAE Institute)
Saturday 27th March 2021
This was a pre-requisite for those who wish to enrol

Introductory Lectures (Location: The SMAE Institute)
Friday 21st May 2021

Module 1 (Location: e-Learning)
Begins: Monday 24th May 2021

Module 1 Assessment Submission
Friday 20th August 2021

Module 2 (Location: e-Learning)
Begins: Monday 27th September 2021

Module 2 Assessment Submission
Friday 10th December 2021

Clinical Practice
Early 2022

The **Open Day for the 2022 Cohort** will be held in March 2022. If you are interested and would like to attend please contact Gill Hawkins at **ghawkins@smaeinstitute.co.uk**
More information about this Diploma can be found at **www.smae-la.co.uk**

Please note: Those wishing to enrol onto this course must provide evidence of registration with the HCPC.

*** Installment Option Available**

Diploma in Prescription Only Medicines

www.smae-poms.co.uk

Our next cohort begins December 2021. More information about the 2021 cohort can be found at www.smae-poms.co.uk

Open / Registration Day (Location: The SMAE Institute)
Saturday 6th November 2021
This is a pre-requisite for those who wish to enrol

Introductory Lectures (Location: The SMAE Institute)
Friday 26th November 2021

Module 1 (Location: e-Learning)
Begins: Monday 29th November 2021

Module 1 Assessment Submission
Monday 4th April 2022

Examination (Location: The SMAE Institute)
TBC (2022)

If you are interested in the 2021 POMs Cohort, please contact Gill Hawkins at **ghawkins@smaeinstitute.co.uk** for more information and to book yourself a place on the upcoming Open/Registration Day.

Please note: Those wishing to enrol onto this course must provide evidence of registration with the HCPC and demonstrate annotation in LA on the HCPC Register.

*** Installment Option Available**

hcpc health & care professions council

Podiatric surgery annotation

This blog was published on 3 February 2021 and written by Helen Gough, podiatrist and HCPC Council member.

In early 2020, HCPC announced that it was opening the podiatric surgery annotation for registered podiatrists. The annotation indicates that a podiatrist has undertaken HCPC approved training or had their experience endorsed through an HCPC approved course. The move was an important step for improving public safety and provided formal recognition of this specialism within the podiatry profession.

Clearly, the announcement came before the COVID-19 pandemic took hold, and so it is even more remarkable that we have continued to make progress with this important work. It is a testament to the hard work of our registrants that podiatrists have been able to complete qualifications to receive the annotation, whilst boosting health and care service in the fight against COVID-19.

Podiatric surgery reached a big milestone in September 2020, when the first set of podiatry surgery annotations were added to the HCPC Register. The annotation is not only a reflection of advancement in their clinical practice but it shows that these trained professionals have the right proficiency and expertise to provide a safe service to the public. This formally recognises the skills and training of over 70 individuals on our register, and assures patients and service users that their podiatrist meets our Standards. We expect to see the current number of individuals on our register with the annotation increase as the remaining workforce complete the annotation route and as new graduates complete postgraduate programmes across the UK.

To gain the HCPC annotation, podiatrists already practising podiatric surgery undertook the HCPC Annotation Process as a Podiatrist Practising Podiatric Surgery programme at The University of Huddersfield in order to demonstrate that they are meeting the HCPC standards of proficiency. The twelve-week distance education module starts four times a year, allowing podiatrists to fit the programme in at a time most convenient to them.

As we said at the time of the introduction of this annotation, podiatrists already practising podiatric surgery may continue to do so, but the annotation provides formal recognition of their skills by the HCPC and provides assurance to the public that their podiatrist meets the standards. As a podiatrist, I hope that many more in our profession will continue to sign up to the Podiatric Surgery programme, enabling them to care for more patients and treat complex cases. Most employers only employ podiatrists with the annotation if they are practising podiatric surgery. Employers have a responsibility to do this as a pre-requisite within the health service and we continue to emphasise the importance of this.

Read the full blog on our website where you can meet some of our registered podiatrists with the podiatric surgery annotation.

Meeting our Standards

To help you put our standards into practice and support professionalism, we have recently published a new section of our website called Meeting our Standards. You will discover learning materials and guidance to support you in meeting each of our standards.

Our pages on reflective practice are a great way to learn more about why it is important to create the space to reflect on your practice, by yourself, with a colleague or as part of a group. This can help you to deal with high levels of pressure and share lessons learned to strengthen the important bonds within teams.

Our information on reflective practice outlines the benefits of regular reflection and gives examples of ways you can achieve this. You will find case studies and examples to learn from, templates and FAQs.

Other pages in the Meeting our standards section include communication and social media, health safety and wellbeing, confidentiality, supervision and scope of practice. Read more here on our website.

Student hub

Earlier in the year we launched our student hub, where students and learners on HCPC approved programmes can find learning materials and guidance to support their learning.

Any students on HCPC approved programmes will find this very useful and will benefit from these new materials, which are freely available and updated throughout the year. We have recently added much more information on our standards and how you can meet them once you are qualified.

Most notably we feature video case studies and scenarios exploring some of the guidance of conduct and ethics to support student learning, including social media, scope of practice, resilience and reporting concerns, as well as CPD and COVID-19 advice.

Please take our short survey and give your thoughts and feedback on the hub so we can ensure we keep improving.

Employer newsletter

If you manage or employ HCPC registrants, make sure you subscribe to our e-newsletter for employers, managers and HR professionals and receive insights and updates straight to your inbox.

We will keep you updated on developments that affect your employees and help you to help them meet regulatory obligations. We also share stories and good practice examples from employers around the country that may help provide others with the information they need to better support their employees.

Our next edition will focus equality, diversity and inclusion, and after the summer we will offer an edition focusing on fitness to practice.

You can read some of our previous editions here, including subjects such as health and wellbeing, regulatory updates and COVID-19 information.

CPD webinars

Sign up for our webinar focusing on CPD on Thursday 24 June. You can choose between two sessions, 12:30pm or 6pm.

These webinar presentations will last for approximately one hour and will offer a presentation from two of our registration managers who specialise in CPD, on our CPD standards, top tips for completing an audit and how to ensure you are doing regular CPD with a good mixture of different types of activities. If you cannot attend on this date you can watch our previously recorded session from April on our YouTube channel.

A rose is a rose is a rose – but what exactly is a neurovascular corn?

By Belinda Longhurst
BSc (Hons), MCPod,
HCPC registered

A 54 year-old female with an 18-year history of an exquisitely painful lesion located at the medial margin of the left second metatarsophalangeal joint presents in your clinic. The patient states that the lesion was diagnosed as a neurovascular corn 16 years ago, by a chiropodist, and that she has the lesion debrided every six weeks to avoid pain whilst wearing shoes. She warns you in advance to be careful when you debride the lesion because the lesion also hurts when it is debrided.

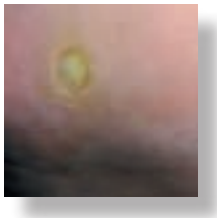
THINGS ARE (NOT ALWAYS) WHAT THEY ARE, AND THIS CASE STUDY WILL MOST LIKELY PROMPT MORE QUESTIONS THAN ANSWERS

The patient history and lesion assessment is as follows:

- ***Age:*** 54
- ***Occupation:*** Retail manager
- ***Footwear:*** Hotter court shoes
- ***Social/recreational activities:*** Smoker, pilates
- ***General medical history:*** Asthma, osteoarthritis of the left knee
- ***Current medication:*** Topical ibuprofen for knee
- ***Familial medical history:*** Atopy (eczema, asthma and hay fever)

The skin condition (OLD CARTS):

- ***Onset:*** Patient reports slow, progressive discomfort after an evening of wearing tight fitting court shoes, which has gradually worsened over the years
- ***Location:*** Medial margin of the left second metatarsophalangeal joint
- ***Duration:*** 18 years
- ***Character:*** The lesion is hyperkeratotic, annular and 4mm diameter. No other similar lesions elsewhere on the body
- ***Aggravating factors:*** Tight fitting footwear, bare-foot walking
- ***Relieving factors:*** Regular debridement of hyperkertotic tissue overlying the lesion, better fitting shoes
- ***Treatments:*** Previously tried corn plasters
- ***Severity:*** Patients reports extreme pain and an inability to walk, if the lesion is not debrided



After you have removed the overlying callus, you notice that the remaining lesion is clearly circumscribed, flat, opaque and it is soft to palpate. The patient cannot tolerate enucleation of the area, yet no pin-point bleeding is noted. Pain is elicited on direct pressure and, intriguingly, also felt on lateral compression of the lesion. This is known as the `squeeze manoeuvre` (Zaiac et al, 2016), which has historically been utilised by chiropodists to distinguish verrucae from corns, with the assumption that verrucae are painful on squeezing and corns are painful on direct pressure. Therefore, you question the previous diagnosis of corn and inform your patient that you will undertake some research into the clinical manifestation of this lesion.

Despite the term neurovascular corn being well-known to practitioners involved in the delivery of foot health care, there is a dearth of scientific evidence and literature clearly defining the aetiology and histological appearance of this mysterious lesion. In 1845, Durlacher described neurovascular corns as entrapped nerve tissue with "stalks" of nerve filaments which become "completely matted within the epidermis" specifically over the joints of the toe. He postulated that pressure on the thin epidermis over these joints produces intense inflammation in the dermis and that its vascular structure and nervous fibrillae become hypertrophied and constitutes a network, which becomes enmeshed with "matter produced by the thickening of the cutis... and forms the small corns situated between the nervous fibres" (p65). Hence, the notion that neurovascular corns contain both nerve fibres and blood vessels was borne.

Durlacher's opening remarks in the introduction to his work are pertinent, as he briefly mentioned that "The recent investigations of German anatomists and physiologists have given rise to new views respecting its [the skin] production

by what is called `the cell formation`. I do not consider it necessary to do more than allude to their researches" (p15). This lack of understanding, or appreciation, for skin cell mitosis, keratinisation and desquamation may explain the ambiguity of Durlacher`s theory on the aetiology of neurovascular corns. That said his observations of the hypertrophic changes within the dermis are aligned with histological findings of hyperkeratotic lesions. Several notable changes, including fibrosis of the dermis and dilated subjacent microvasculature, occur in the skin in response to mechanical stress (Kim et al, 2010).

Hashmi et al (2015) studied the characteristics of normal and hyperkeratotic foot skin and concur that the dermal tissues play a role in dissipating external stress, resulting in biophysical changes in both the dermis and the epidermis. This thickening of the dermis in addition to the clumping of incomplete corneocytes in the epidermis (hyperkeratosis) could explain the tenderness elicited on lateral compression on the lesion in question. However, as we now have a better understanding of the anatomy of the skin, at cellular level, and that the epidermis is avascular (where true corns are confined), it is reasonable to query the appropriateness of the term neurovascular corn for a lesion that is devoid of nerve fibres and blood vessels.

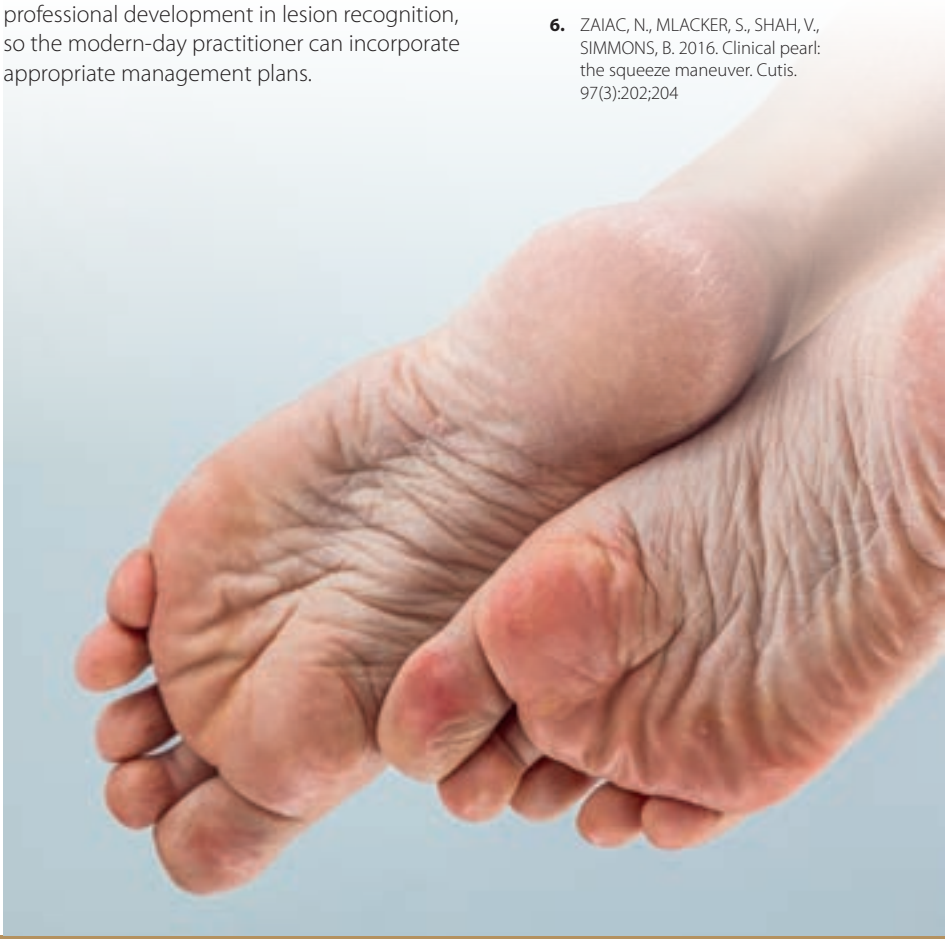
A study carried out by Lopez and Kilmartin (2016) may shed some light on the possible aetiology of these mysterious lesions. The authors reviewed the effectiveness of surgical excision and the histopathological diagnosis of skin lesions which were clinically diagnosed as corns. Forty three patients suffering from painful plantar hyperkeratosis underwent a surgical excision of the lesion under local anaesthetic. Following excision, the lesion was sent for histopathological analysis. In the forty three cases, histopathological diagnosis was reported as verrucae pedis in 22 participants (51%), keratosis or callus in 19 cases (44%), epithelial cyst in one case and fibro-epithelial polyp in one case. Of interest, Lopez and Kilmartin (2016) noted that tobacco use was common among the participants and the patient in our case study admits to smoking ten cigarettes a day. Tobacco has been found to contribute to a number of pathological skin complaints including human papillomavirus infections, palmoplantar pustulosis, psoriasis, malignant melanoma and benign epithelial tumours of the skin (Misery, 2004).

After a discussion on the differential diagnoses of the painful lesion, the patient self-referred for excision via a podiatric surgeon, who sent the excised tissue for histopathological analysis. A definitive diagnosis was reported as viral origin and the lesion was subsequently treated as a verruca.

Things are (not always) what they are, and this case study will most likely prompt more questions than answers. Nevertheless, it is intended to encourage practitioners to critically analyse the nomenclature used in foot health care, in light of our increasingly accurate knowledge of anatomy and physiology. Moreover, the inaccuracy of clinical diagnosis in the Lopez and Kilmartin (2016) study is significant for practice and underscores the need for continued professional development in lesion recognition, so the modern-day practitioner can incorporate appropriate management plans.

References

1. DURLACHER, L: "Neurovascular corns," in A Treatise on Corns, Bunions, the Diseases of Nails, and the General Management of the Feet. 1845. Simpkin, Marshall and Co., London
2. HASHMI, F., NESTER, C., WRIGHT, C., NEWTON, V., and LAM S. 2015. Characterising the biophysical properties of normal and hyperkeratotic foot skin. J Foot Ankle Res. 12(8)35
3. KIM, S., CHOI, H., CHOI, Y., LEE, Y., SOHN, K., LEE, Y., KIM, C., YOON, T., LEE, J., and LEE, Y. 2010. Callus formation is associated with hyperproliferation and incomplete differentiation of keratinocytes, and increased expression of adhesion molecules. Br J Dermatol. 163(3), pp. 495-501
4. LOPEZ, F. and KILMARTIN, T. 2016. Corn cutting in the 21st Century. Podiatry Now. 10, pp. 25-7.
5. MISERTY, L. 2004. Nicotine effects on skin: are they positive or negative? Exp Dermatol 13, pp. 665-670.
6. ZAIAC, N., MLACKER, S., SHAH, V., SIMMONS, B. 2016. Clinical pearl: the squeeze maneuver. Cutis. 97(3):202;204



THE SMAE INSTITUTE

NOMINATIONS NOW OPEN!
Closing Date 8 January 2022

Do you know a Practitioner that excels in the care for their patients?

Someone who deserves recognition for their role within the community?

Put your selected nominee forward for 'Practitioner of the Year 2021 Award'

We want to reward those members who continue to develop themselves professionally, go the extra mile, and enjoy their role within the community. The winner of "Practitioner of the Year 2021" shall receive a place at one of our 2022 CPD Events (Summer School or Annual Conference) and a certificate, along with publicity on the SMAE Institute Website and in the 2022 Quarterly Journal. The runner up shall receive a CPD of their choice, from our Workshop or CPD@Home range.

The nomination process is straightforward and can be completed easily by an involved third party (a colleague, or client). The Winner will be announced in Spring 2022 Journal.

HOW THE NOMINATIONS WORK:

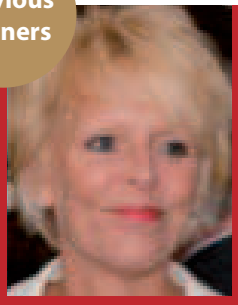
- Nominees should be Members of The SMAE Institute.
- A nomination will only be accepted for a named individual or individuals.
- Third-party nominations are accepted.
- Nominations must be supported by client referees prepared to provide testimony if your nomination is shortlisted.

Let us decide who the winners are - don't count yourself out of the application process - YOU could be an award winner!

Please email the following details to Janet McKane at jmckane@smaeinstitute.co.uk

- Details of why you feel the nominee/nominees deserve to be rewarded
- Yours and the nominees name and address

Previous Winners



2017 Lesley Tanner
MCFHP MAFHP

2018 Ian Mitchell
MSSCh MBChA

2019 Trish Parker
MCFHP MAFHP

2020 Lesley Tanner
MCFHP MAFHP

2021 WINNER
THIS COULD BE YOU!

Supplying the professional

Members' Exclusive Offer!

Everyday items. Exceptional savings.

FREE
Carry case when purchasing E6089

RRP £250.00

E6089 - SAEYANG MINI-CRO PORTABLE E-FILE (BLACK)

The Mini-Cro drill with its lightweight design makes this drill ideal for domiciliary use.

Features:

- Compact and simple design with an adjustable speed display
- The LED light will flash when the battery is at 30% or lower

Technical specifications:

- Speed: 30,000 rpm
- Torque: 2.7 Ncm
- Dimensions 65x147x25mm
- Charging Time: 3 hours
- Running Time: Up to 10 hours
- 4 Different Lights for different speeds indications
- Built In Overload Protection
- Forward / Reverse Function / Pause Function

E6092 - SAEYANG (K38 AND/OR MINI-CRO) E-FILE CARRY CASE

- A handy carry case for your E6090 - Saeyang K38 Micromotor Drill or the E6089 - Seayang Mini-Cro Micromotor Drill
- Tailor-made to perfectly fit your drill and its accessories.
- Made from an easy clean wipeable fabric with two handles for secure carrying.
- Size: 34x28cm

FREE
Worth £25.50

Order online at www.podiacare.co.uk and enter code "EFILE21" at checkout to redeem your FREE case when purchasing the Saeyang Mini-Cro Portable E-File drill.

Follow us @Podiacare

Telephone
01628 632 449

Answerphone
01628 637 625

Email
orders@podiacare.co.uk

PODIACARE
HEALTHCARE
Manufacturers of Footcare Products, Instruments and Medical Equipment

Prices exclude VAT. Offer expires 31.08.21

Sepsis — An Overview

By Tracey O'Keeffe
MA (Education), BSc (Critical Care), RN, MAFHP, MCFHP

Programme Lead
(Diploma in Foot Health)

Introduction

This article reviews sepsis, its causes, presentation and impact. It will also consider how the Foot Health Clinician can play a role in the multi-disciplinary team in its prevention and management.

Sepsis is related to infection, but unlike infection it cannot be transmitted to another individual. It is a "syndromic response to infection" (World Health Organisation [WHO] 2020) which affects the vital organs of the body ultimately resulting in a significant risk of life-changing illness or death. Hammett (2019) suggests that over 52,000 people die from sepsis in Britain every year and this comes from an estimated 250,000 cases. Early recognition can help prevent this, but unfortunately this does not always occur which impacts the speed of treatment delivery and overall outcome. With the global burden of sepsis equating to potentially 20% of all worldwide deaths (Rudd et al. 2020), it is clear that sepsis is a subject that is relevant to all healthcare professionals.

Pathophysiology

What is Sepsis?

Although it is a response to infection, sepsis is not a normal response (see Figure 1). Instead, the body reacts in an exaggerated fashion creating what Singer et al. (2016) call a dysregulated host response. It is not fully clear what triggers this different reaction, but instead of the body just fighting the invading bacteria, fungus or virus, the aggressive attack targets the healthy organs and tissues resulting in potential damage. The normal, helpful and self-limiting inflammatory process therefore transforms into something destructive and life-threatening.

Figure 1 – The Normal Inflammatory Response

VASCULAR RESPONSE	CELLULAR RESPONSE	CHEMICAL RESPONSE
Brief vasoconstriction of small blood vessels followed by vasodilation with associated increased blood flow	Accumulation of white blood cells including phagocytes from blood or bone marrow	Histamine (stored in basophils and mast cells) triggers vasodilation and increased vascular permeability
Increased permeability of blood vessel walls allowing antibodies and clotting factors throughout	Chemotaxis – a change in concentration gradient – allows the blood cells to reach the damaged tissue	The complement system of proteins and cytokines play a role in vascular changes and chemotaxis
As exudate escape increases, blood flow slows allowing white blood cells to adhere to the walls	Monocytes follow after 24-48hrs and change into macrophages (more likely in chronic inflammation)	Cells produce the fatty acids prostaglandins which affect not only permeability but also clotting

Pathophysiology and the Sepsis Continuum

The pathophysiology of sepsis is a sequence of events that occurs resulting from a massive release of chemical mediators from the endothelium. These include histamines, prostaglandins, cytokines and chemokines. The consequences of this are changes to the endothelium itself as well as alterations to coagulation and blood flow. As blood vessels become leaky and dilated, the body experiences intravascular dehydration and reduced tissue perfusion. This is compounded by changes to clotting cascade. The initial uncontrolled clotting from the formation of intravascular thrombi is complicated further by uncontrolled bleeding due to the depletion of platelets and clotting factors. This is known as disseminated intravascular coagulation (Wang 2020). With the prolonged reduced circulating volume, it can be seen that the individual will deteriorate into shock. In this scenario, it is septic shock. As tissue perfusion reduces further the organs are at risk and the likelihood of multi-organ failure increases. The damage is not always reversible and therefore it leaves the person facing long-term morbidity or potential death.

This move from a "normal" infection process through to the possibility of death can be seen as a continuum (see Figure 2). Medical interventions aim to interrupt that continuum and prevent progression through to the more severe and dangerous stages.

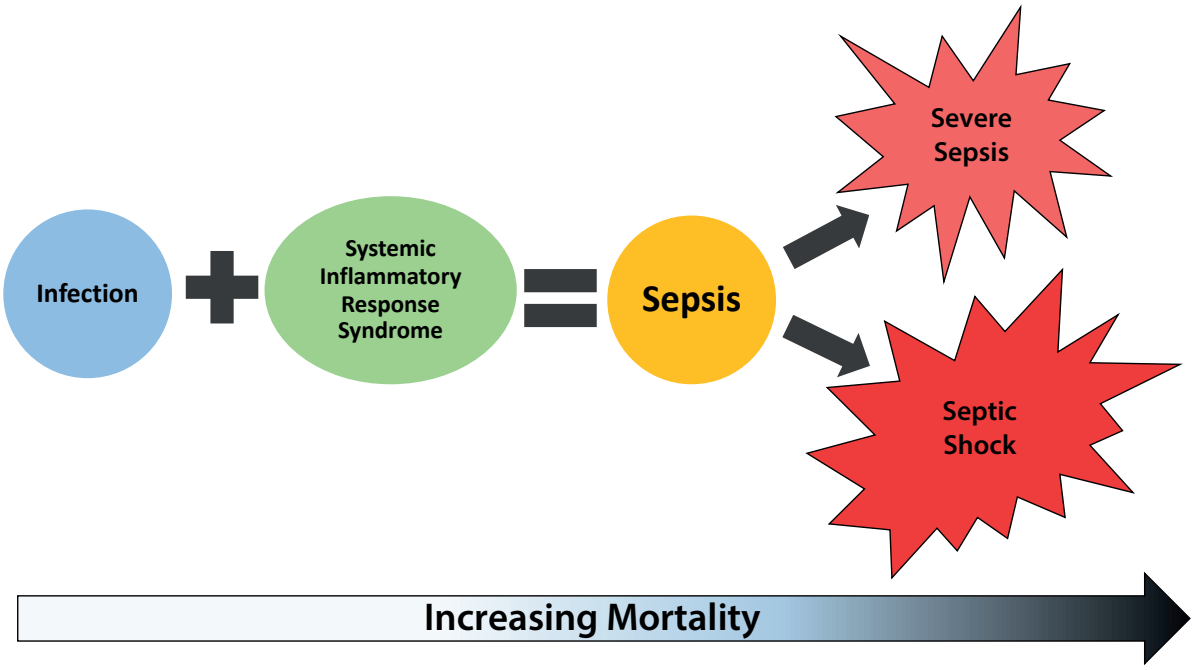


Figure 2 – The Sepsis Continuum

Presentation

Who's Most at Risk?

Before considering the signs and symptoms of sepsis, it is probably worth understanding who is likely to present with the problem. Although sepsis can affect anyone, there are certain groups that are more susceptible (see Figure 3). As Foot Health Clinicians, our remit for treatment delivery means that we may or may not come in contact with the categories on the right as these are predominantly more related to acute care and hospitalisation. However, the group on left includes many of the people who form the podiatric client-base, including the elderly and those with long-term conditions. Nevertheless, sepsis can present in many different scenarios. The people who need foot care may well live with other sepsis vulnerable groups and therefore the benefit of vigilance is evident in considering the population slightly removed from direct professional contact.

As well as understanding the high-risk demographic group, it is important to raise consciousness about the sources of infection that may have statistically proved themselves to be causative agents. All infections have the potential to result in sepsis (including dental problems or insect bites), however the ones indicated in Figure 4 (adapted from UK Sepsis Trust 2017) hold the highest chance of progressing along the continuum away from the normal inflammatory response. It is knowing these two elements, the proneness of certain groups to succumb and the common pathogens, that can act as an adjunct to recognising the signs and symptoms.

Source	% of Cases (approx.)
Pneumonia	50%
Urinary Tract	20%
Abdomen	15%
Skin, soft tissue, bone and joint	10%
Endocarditis	1%
Device-related infection	1%
Meningitis	1%
Others	2%

Figure 4 – Common Sources of Sepsis

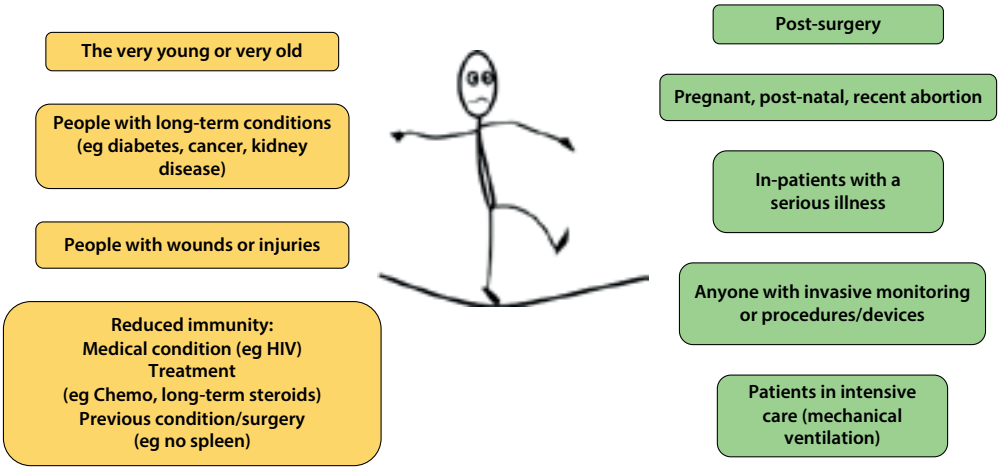
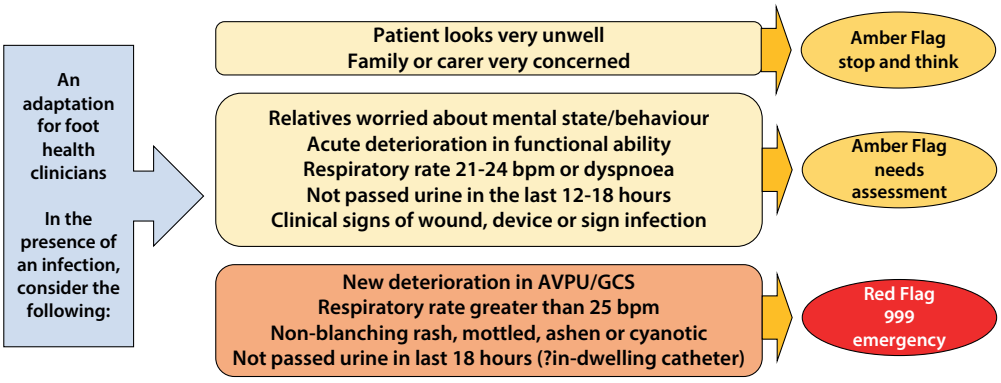


Figure 3 – High Risk Groups for Sepsis

Figure 5 – Decision Tool for Sepsis – An Adaptation



Signs and Symptoms

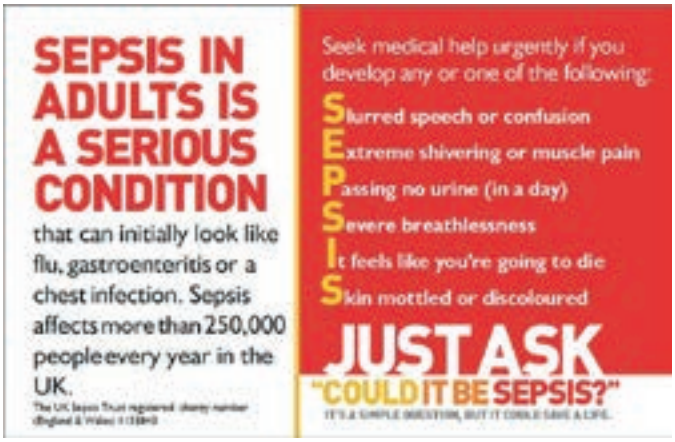
Sepsis affects individuals in different ways, but there are some commonalities and warning "flags" which should raise concern and trigger a response from the healthcare professional. The UK Sepsis Trust (2018) created a Decision-Tool for General Practice to support early recognition. This is focused on presentation in the over 12s and the key elements of this relevant to the Foot Health Clinician are highlighted in Figure 5.

The first point of interest is the first Amber Flag which relates to the person seeming generally unwell or their family/carer having concerns. The subtlety of this is both reassuring and scary. On a positive note, it means that without any particular equipment or fine-tuned assessment, the clinician can highlight a possibility of sepsis. Worryingly, that softness and vagueness of presentation opens a huge potential for missing an early sign. Moving further down the tool to the second Amber Flag, it becomes evident that the next stage may include notable deterioration, changes in vital signs such as respiratory rate, oliguria (reduced urine output) as well as increasing concerns from those close to the individual. Alongside this may be clinical signs of infection. This may, in fact, be the first thing noted, and although this would be a positive "spot", it is worth realising that earlier windows of opportunity have been shut.

The final section indicates the Red Flag areas. Quite clearly here, there is a picture of a person with a reducing conscious level or deterioration in their normal cerebral function. The changes in the AVPU (Alert, respond to Voice, respond to Pain, Unresponsive) and GCS (Glasgow Coma Scale) are perhaps not something a Foot Health Clinician would record in a charted fashion, but the presentation in the individual would indicate a notable step-away from their normal self and this should be determinable from conversation and a basic neurological assessment. Other Red Flags here are changes to the skin including a non-blanching rash, discolouration like mottling or greyness, and evidence of cyanosis. The respiratory rate is likely to be rapid and the period of oliguria has now extended resulting in a state of anuria (absence of urine production by the kidneys).

As mentioned, this decision-tool is structured for the individual aged over 12. Although the presentation in children is similar, there are some differences (see Figure 6). The ability of a younger person to verbalise how they feel can contribute to this. Mead (2018) specifically highlights the potential language barrier of comprehension and further notes that picking up on the subtle changes becomes even more crucial as children have an ability to compensate for longer. This is often followed by a rapid deterioration into critical illness and, again, the window of opportunity to intervene may be lost.

Figure 6 – Comparison of Sepsis Presentation in Adults and Children



One other area of note is that absence of temperature as one of the key indicators of impending sepsis. Part of this may be due to the variations that can present. The Sepsis Alliance (2020) highlight that presentation can include high fever or indeed an abnormally low temperature. The person may feel hot to touch or have cold peripheries as they move towards septic shock. This can blur and confuse this element as a diagnostic indicator and therefore its value, although important, is significant only when taken in the context of the other factors already discussed.

Management, Treatment and Recovery

Management

One of the mainstays of management of sepsis is prevention and WHO (2020) suggests this encompasses two main steps: 1) prevention of microbial transmission and infection, and 2) prevention of an infection evolving into sepsis.

The first element of this is preventing the movement of pathogens so that an infection is stopped at the outset. One of the most effective approaches to this is robust and effective infection control practices including vigilant hand-hygiene, appropriate sterilisation of instruments, and a clean environment. These translate to both in-patient facilities, with the inherent risk of healthcare acquired infection, and the community. WHO (2020) also highlight the significance of vaccination programmes targeting in particular the high-risk groups. The second element focuses on alertness to infection and ensuring access to appropriate healthcare interventions occur promptly to prevent deterioration along the continuum again. The leads then to treatment once sepsis is established.

Treatment

Matthay (2016) suggests that treatment for sepsis has three main foci. The first of this is early diagnosis and fluid resuscitation. The second is rapid delivery of effective antibiotics. The final treatment strategy is supporting the individual through the experience of critical illness, including protective lung ventilation, careful use of blood products and prevention of nosocomial (healthcare acquired) infections.

WHO (2020) elucidate some of these elements in more detail. They suggest that the initial diagnosis comes from spotting the signs and symptoms followed by a swift clinical approach to determine infection markers such as C-Reactive Protein. Furthermore, they quantify the use of antibiotic therapy stressing the importance of trying to avoid administration of empirical antibiotic treatment where possible by determining source and type of pathogen present. This is not, however, always possible due to rapid deteriorative nature of sepsis, and so the impact of that intervention may be more random than scientific in the first instance. Balancing fluid resuscitation and use of blood products supports the aim to maximise tissue perfusion as well as supporting a failing clotting system.

For many, the continuum of sepsis will result in a stay in intensive care allowing for the protective lung ventilation and close monitoring to tailor treatment strategies to the individual's evolving situation. The impact of this has longevity with a potentially extended period of recovery to return to normal life and function.

Recovery

Recovery from sepsis is variable and very individual. It depends on the severity of the condition, overall health and co-morbidity, time in hospital and the need for admission to intensive care. Hammett (2019) suggests that the aftermath may include physical challenges such as amputation, major organ failure or brain damage, but this cannot be viewed in isolation from the psychological side. Post-traumatic stress disorder (PTSD) may also be evident and it can be compounded by chronic pain and fatigue (National Institute for Health and Care Excellence [NICE] 2016a). As well as PTSD, Prescott and Angus (2018) suggest that approximately one third of survivors are left with problems of anxiety or depression. Sleep can also be affected (Huang et al 2018) and the detrimental influence that can have on mental health just makes the situation more challenging. For children, the legacy of sepsis can rest heavily on their schooling and learning (Sangan 2019) with many problems such as reduced attention span, poorer memory and the subsequent struggles with academic progression (Als et al. 2013).

Many victims of sepsis do not return home and of those that do, around 40% will die within two years and 60% may be readmitted to hospital with one year (Thompson et al. 2018). The "lucky" ones regaining their life back, may find it different or even unrecognisable. Indeed, Chao et al. (2014) highlight the impact of functional disability from muscle wastage and it is clear that this will influence the individual's ability to cope once returning home. Help and adjustments may be needed alongside a dramatic change to their previous lifestyle. Sangan (2019) explores the nature of post-sepsis syndrome which, as well as the physical and psychological aspects already mentioned, can include swollen limbs, joint pain and breathlessness. These just further reduce normal mobility and restrict activities which were perhaps a mainstay of enjoyment and overall health and well-being for that individual.

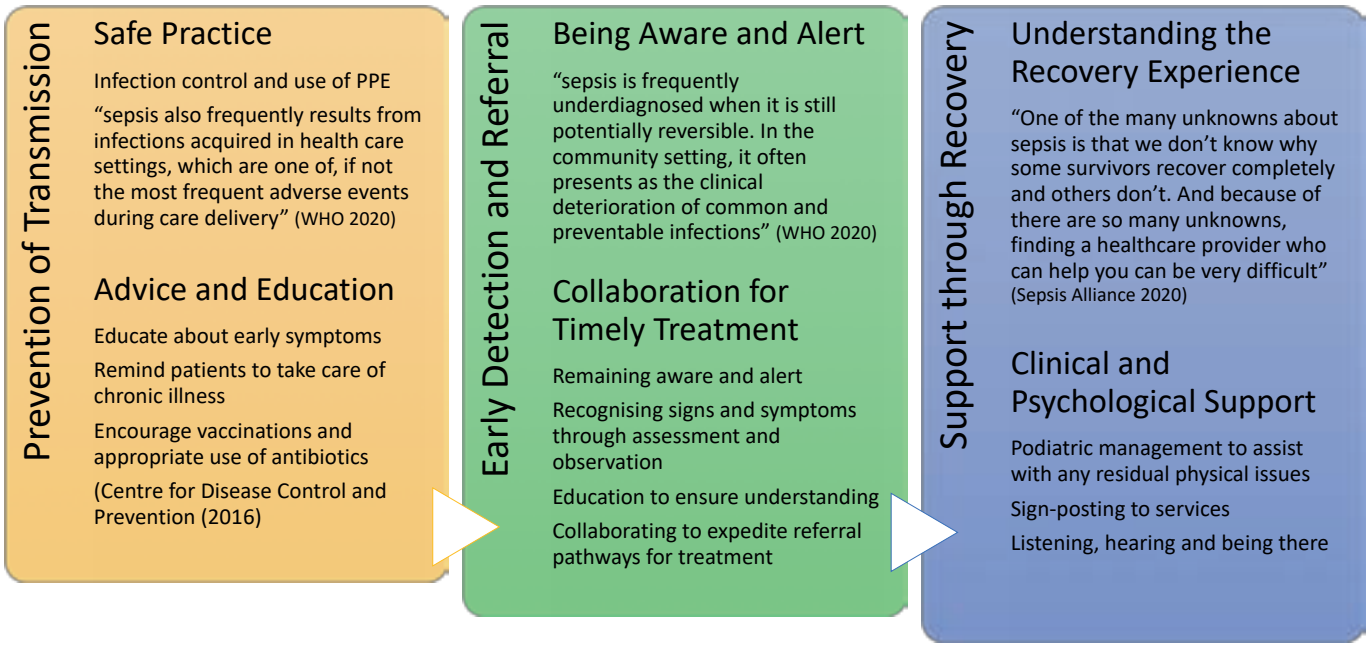
Notes:

The Role of the Foot Health Clinician

The Foot Health Clinician has a role to play in the management of sepsis. Although sepsis can occur from within in-patient scenarios, NICE (2016a) state that the vast majority, over 70%, arise from the community. It is clear therefore that any healthcare professional who comes into contact with the public is likely to come into contact with sepsis or the risk of it developing. They suggest that each individual should address a "Think Sepsis" approach to maximise early identification and to expedite referral and treatment.

In considering the role of the Foot Health Clinician it is useful to think of it as three interrelated steps (see Figure 7). These steps start from the initial part they have to play in prevention right through to supporting the individual in recovery.

Figure 7 – The Role of the Foot Health Clinician in Sepsis



Prevention of Transmission

The first element relates to preventing infection from affecting the individual at all. Individuals receiving care and treatment should feel safe and free from harm, and with this comes the assurance that good infection control strategies are in place. Appropriate use of PPE and sterilisation procedures is vital and should include a rigorous approach to hand-hygiene. Encouraging the individuals themselves to look at their everyday lifestyle may also help as well as educating and promoting vaccine programmes applicable to them. Self-care around long term condition management can also prevent the body becoming more vulnerable and open to infection and ensure it has capacity to initiate a response if needed.

Early Detection and Referral

Keeping alert and aware can help to detect the very early presentation of sepsis. Foot Health Clinicians come into close contact with individuals and often have the luxury of knowing their patients well. Subtle changes can be picked up in their condition, noting any changes from their normal baseline. This can be particularly pertinent in terms of mental or cognitive status. Similarly, the connection with family or carers may highlight issues of concern. Helping and educating them to recognise changes can also be useful to raise awareness. Once potential sepsis has been noted, it is then vital for the referral onwards to be swift and efficient. NHS England (2020) stress the need for a collaborative approach to reach deteriorating patients rapidly with appropriate care and interventions. As a healthcare professional, building strong relationships with other areas within the healthcare system can enable this, as well as a thorough and detailed referral to ensure the urgency is noted and dealt with.

Support through Recovery

Recovery patterns are variable and very unique to each person. The Foot Health Clinician may have a physical and psychological contribution to make to the individual's own journey through this. Practical elements may involve working with the lower limb to support and enhance mobility, changes to gait or reduced ability to self-care. The possible functional deterioration may require a temporary or possibly permanent regime of foot care. From a mental health perspective, the strength of the therapeutic relationship between clinician and patient can be hugely beneficial. Having a sense of trust and an established rapport can enable openness and a willingness to share concerns. As well as being a good listener, the Foot Health Clinician may be able to sign-post the person or those close to them to help services, such as counselling, pain management clinics, or group/peer support networks. Indeed, this last element of the role should not be underestimated as it can be a key component of working towards a positive quality of life post sepsis.

Conclusion

Sepsis is a serious condition which can result in life-changing and devasting outcomes to individuals. For some, it may be fatal. The impact can be massive and multi-dimensional affecting all biopsychosocial aspects of the person. As a healthcare professional, the Foot Health Clinician can potentially change that picture through early prevention, early recognition, and support through recovery. Remaining vigilant and knowledgeable could be the difference between someone living or dying.

References

1. Als, L. C., Nadel. S., Cooper, M., and Pierce, C. (2013) Neuropsychologic function three to six months following admission to the PICU with meningoencephalitis, sepsis, and other disorders: a prospective study of school-aged children. Critical Care Medicine; 41. 1094-1103.
2. Centre for Disease Control and Prevention. 2016. Making Healthcare Safer. Available at: www.cdc.gov/vitalsigns/sepsis/infographic.html
3. Chao, P. W., Shih, C. J., Lee, Y. J., et al. 2014. Association of post-discharge rehabilitation with mortality in intensive care unit survivors of sepsis. American Journal of Respiratory and Critical Care Medicine. 190, 9. 1003-1011
4. Hammett, E. 2019. Can you spot the signs and symptoms of sepsis?. BDJ Team 6, 8–10. Available at: https://doi.org/10.1038/s41407-019-0123-5
5. Huang C.Y., Daniels, R., Lembo, A., Hartog, C., et al. 2018. Life after sepsis: an international survey of survivors to understand the post-sepsis syndrome. International Journal for Quality in Health Care; 31: 3. 191-198
6. Matthay, M. A. 2016. Sepsis: pathophysiology and clinical management. BMJ. Available at: doi:https://doi.org/10.1136/bmj.i1585
7. Mead, M. 2018. Are you sepsis aware? Royal College of Surgeons of England. Available at: Are you sepsis aware? — Royal College of Surgeons (rcseng.ac.uk) (Accessed 12.05.21)
8. National Institute for Health and Care Excellence. 2016a. Resource impact report: Sepsis: the recognition, diagnosis and early management (NG51). Available at: Overview | Sepsis: recognition, diagnosis and early management | Guidance | NICE (Accessed 12.05.21)
9. National Institute for Health and Care Excellence. 2016b. Sepsis is just as urgent as heart attack. Available at: Sepsis is just as urgent as heart attack, says NICE | News and features | News | NICE (Accessed 12.05.21)
10. NSH England. 2020. NHS Right Care Scenario: Sepsis. Available at: https://www.england.nhs.uk/rightcare/products/ltc/sepsis-scenario/ (Accessed 14.01.20)
11. Prescott H.C. and Angus D. C. 2018. Enhancing recovery from sepsis: a review. Journal of the American Medical Association; 319: 1. 62-75.
12. Rudd, K. E., Johnson, S. C., Agesa, K. M., Shackelford, K. A., Tsoi, D., Kievian, D. R. et al. 2020. Global, regional and national sepsis incidence and mortality, 1990-2017: analysis for the Global Burden of Disease Study. Lancet. 395 (10219), 200-211.
13. Sangan, V. 2019. Post-sepsis syndrome: overview of a relatively new diagnosis. Nursing Times. 115:8. 19-21.
14. Singer, M., Deutschman, C. S., Seymour, C. W., et al. 2016. The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3). JAMA. 315 (8). 801-810.
15. Sepsis Alliance. 2020. What is Sepsis. Available at: What is Sepsis | Sepsis Alliance (accessed 12.05.21)
16. Thompson, K., Taylor, C., Jan, S., Li, Q., et al. 2018. Health-related outcomes of critically ill patients with and without sepsis. Intensive Care Medicine; 44: 8. 1249-1257
17. UK Sepsis Trust. 2017. The Sepsis Manual, 4th Edition. Birmingham: United Kingdom Sepsis Trust. Available at: Sepsis_Manual_2017_web_download.pdf (sepsistrust.org)
18. UK Sepsis Trust. 2018. General Practice Sepsis Decision Support Tool. Avatilable at: GP-adult-NICE-Final-2.pdf (sepsistrust.org)
19. Wang. H. 2020. Disseminated Intravascular Coagulation. Available at: Disseminated intravascular coagulation - Symptoms, diagnosis and treatment | BMJ Best Practice US (accessed 11.05.21)
20. World Health Organisation. 2020. Sepsis. Available at: Sepsis (who.int) (accessed 11.05.21)

FROM A MENTAL HEALTH PERSPECTIVE, THE STRENGTH OF THE THERAPEUTIC RELATIONSHIP BETWEEN CLINICIAN AND PATIENT CAN BE HUGELY BENEFICIAL.

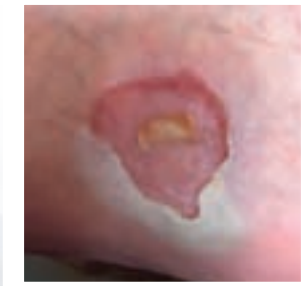
All in a good cause

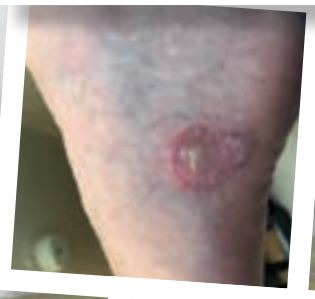
By Deborah Rockell
Podiatrist / Lecturer
MSSch Dip Pod Med MBChA
HCPC Registered
(The SMAE Institute)

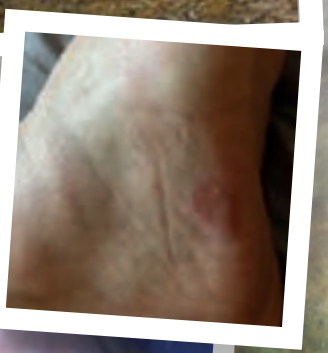
During lockdown many people took up various forms of exercise. It was one of the legitimate reasons for venturing outside and many I'm sure will recognise that the benefits were both physical and key to maintaining mental health well being. I for one completed the 'Couch to 5k' whilst continuing to work throughout. My husband also worked throughout and along with his colleague, both were inspired by the late Captain Tom to undertake his challenge to support the Captain Tom 100 'Do it your way' Foundation Charity. On Friday 30th April, on what would have been Captain Tom's 101st birthday, they began the 5 day, 100 mile trek from Milngavie, East Dunbartonshire, arriving at Fort William in the western Scottish Highlands on Tuesday May 4th. The intrepid duo returned from their quest, triumphant albeit exhausted. I tended to my husband's blisters and imagine that many Smae members are themselves nursing similar wounds due to their own or their patients' own commendable challenges upon weary feet.

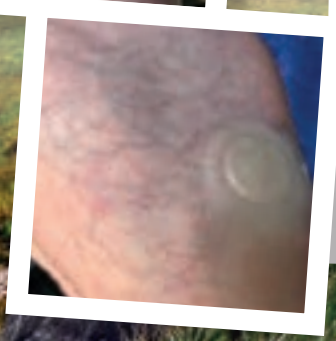
Despite preparation to prevent said blisters, in terms of appropriate footwear, socks, strategic cushioning, blisters formed 'where no blisters had gone before.' Friction blisters formed at the end of Day 2, in the mid foot cuboid region on the lateral aspects of both feet. A combination of factors had all probably contributed to their formation. The uneven, rugged terrain, the weight of the 45lb backpack being lugged uphill causing supination and the circular pattern indentation of the boots construction all contributory factors creating the friction & pressure upon the skin which 'doth protest.'

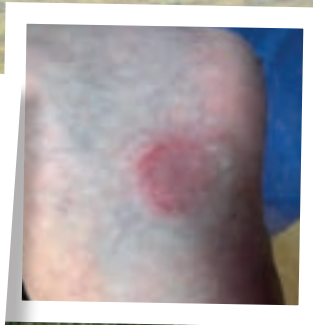
My treatment comprised the draining of one of the painful blisters using the point of a sterile blade. An antiseptic foot bath using 12.5 ml diluted to ¼ litre of water. A dressing of sterile gauze secured with hapla for 24 hrs. Thereafter, a further two antiseptic foot baths every 48 hrs followed by application (once area dry), of Hydrocolloid plasters to maintain a moist environment, thereby optimising conditions for faster healing to take place and reduce scarring due to no hard scab formation. Sterile mepore plasters were applied for a final 24 hours. My patient was delighted with progress and donned smart shoes once more, ready for the grand reopening of the hospitality industry on Monday 17th May, in line with a different, albeit no less important 'Road map.'

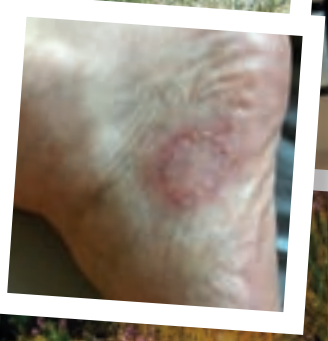


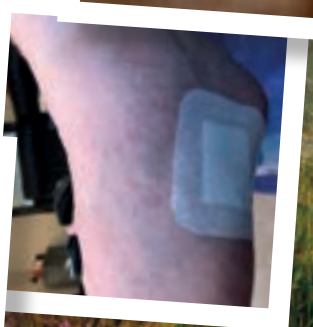












www.justgiving.com/fundraising/the-ritz-londons-captain-tom-100-challenge2021

MEMBER OF
THE SMAE INSTITUTE

Smae Members Shield

Have you requested the Members Shield? Get yours now and show you are a valid Member!

This new Shield is designed to underline only those with this emblem are current practicing Members of The SMAE Institute and its associated professional association(s).

All other shields, logos and images relating to The SMAE Institute, and/or its professional associations have been discontinued and should not be used. These have now been superseded by the Members Shield.

You can request a copy of the shield by emailing Carol O'Brien at **cobrien@smaeinstitute.co.uk**. Remember to include your Membership Number in the communication.

Medical Emergency Procedures Courses

As you are aware, Medical Emergency Procedures Courses are valid for 3 years, at which point Practitioners are required to undertake a refresher course.

To ensure our records are up to date, please ensure we receive a copy of any recently completed first aid course certificates that you may have for inclusion on your file. If you have a current certificate, please email a copy to Karen Cooper (Membership Department) at **kcooper@smaeinstitute.co.uk** for her to update your records.

If you would like to book a place on our popular Medical Emergency Procedures Course with Tracey O'Keeffe, you will find a copy of the Booking Form enclosed with this Journal. Simply return the form to Gill Hawkins at **ghawkins@smaeinstitute.co.uk** or via the postal address detailed on the form.

CONTINUAL PROFESSIONAL DEVELOPMENT

www.smaecpd.com

NEW Workshop Format

virtual (zoom) and in-house

in-house only

Whilst many have enjoyed the new virtual workshops we have put in place, there are some members that would prefer to attend workshops in-house. For this reason, we are delighted to offer the majority* of our workshops virtually via Zoom, or in-house - the choice is yours! When booking a place you simply need to let us know your preference of in-house or virtual and you will be booked on accordingly.

** The hands-on workshops can only be attended in-house.*

THE SMAE INSTITUTE

Visit the Smae CPD website where you can find more details about our workshops, CPD@Home range and our annual CPD events!

You can also download booking forms for these events and access your online CPD subjects.

The Institute reserves the right to postpone and reschedule lectures.
Fees paid are non refundable or transferable.

ANNUAL CONVENTION 1ST - 2ND OCTOBER 2021

SUMMER SCHOOL - 27TH & 28TH MAY 2022

Workshops

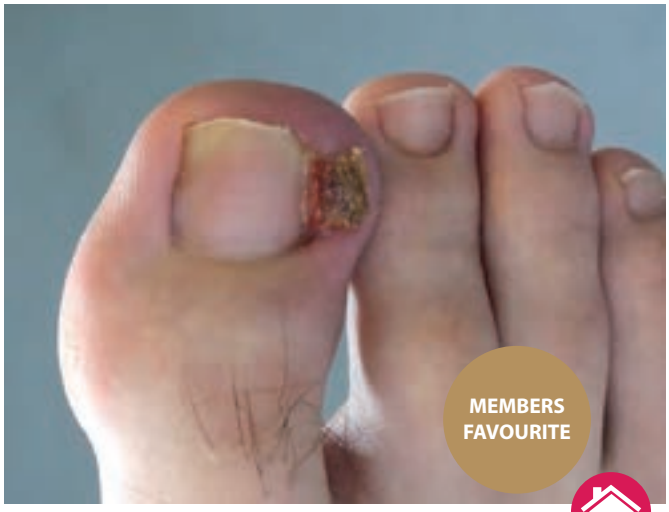
NEW Workshop Format

Many of our workshops can now be attended either virtually via Zoom or in-house, the choice is yours! When booking a place you simply need to let us know your preference of in-house or virtual and you will be booked on accordingly.

** The hands-on workshops can only be attended in-house.*

virtual (zoom) and in-house

in-house only



What is the best way to deal with Onychocryptosis?

9th June 2021 - Fully Booked

10.00am - 4.30pm

Lecturer: Andrew Hill

This workshop provides a more in-depth look into ingrowing toenails. It will provide confidence to identify different presentations of Onychocryptosis as well as give practical experience in treating the condition. The course will outline conventional treatments as well as alternative ones (such as scalpel and beaver blade use). Referral pathways and surgical interventions will also be explored. The practical session will be practiced on prosthetic toes.

Cost: £56.00

What makes a foot 'High Risk'?

2nd July 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

Many conditions commonly encountered in the populatio render the foot 'high risk'. This particular focus is often cer on the development and management of chronic wounds that can and do occur in the foot.

This workshop will identify and look at the various conditions that mark the foot as being 'high risk' and will look at the development of chronic wounds in these conditions. There will also be an exploration of the various treatment modalities currently advocated for wound management. The relevance to private practice will also be discussed.

Cost: £56.00

Skin and nail conditions – an introduction to dermoscopy

14th June 2021

NEW

10.00am - 4.30pm

Lecturer: Belinda Longhurst

A day of improving dermatological assessments and lesion recognition skills via history taking, visual clues and further investigations to improve patient outcomes. The day includes an introduction to using a dermatoscope in clinical practice and formulating appropriate referral pathways for suspicious lesions.

Cost: £56.00

How does Parkinson's affect the patient and their feet?

13th July 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

Parkinsonism is a common condition found in the older population. Whilst it is not a disease that primarily attacks the feet, the neurological nature of the condition can certainly impact upon the feet and compound the debilitating nature of the later stages of the condition. This workshop looks holistically at Parkinsonism and considers the pedal impact for both the patient and the practitioner.

Cost: £56.00

Medical Emergency Procedures Courses

17th July - Fully Booked

18th July - Fully Booked

31st July - Fully Booked

1st August - Fully Booked

14th August - Fully Booked

15th August - Limited Places

11th September

12th September

In keeping with safety in Foot Health practice, it is essential that every clinician undertakes medical emergency training every 3 years. To help facilitate this, the Institute runs an in-house bespoke training day to fulfil this requirement.

The day is fun, informative and relevant to the clinical situation. It is also a great opportunity to network with like minded professionals.

The Medical Emergency Procedures day covers amongst other things:

- Carrying out emergency procedures single handed including basic life support / CPR
- Principles of recognition of collapse, diagnosis, treatment and referral
- Coping with medical emergencies including the unconscious patient and respiratory and circulatory disorders
- A basic overview of minor injuries

Cost: £110.00
(A certificate is provided upon satisfactory completion)

Biomechanics Level 1

A Beginners Guide

20th & 21st July 2021 - Fully Booked

10.00am - 4.30pm

Lecturer: Andrew Hill

A 2 day introduction into the world of biomechanics including functional lower limb anatomy, common biomechanical foot complaints and how to manage them, pedorthic examination, and comprehensive assessment of the foot & ankle. Run as a Step-by-Step hands on workshop aimed at practitioners wishing to add another lucrative dimension to their clinical skills.

Cost: £289.00

Verrucae & Tumours

Recognition and Management

MEMBERS FAVOURITE

9th August 2021

10.00am - 4.30pm

Lecturer: Belinda Longhurst

This presentation is a refresher on the aetiology of verrucae and other benign, pre-malignant and malignant tumours we encounter in practice. We examine the evidence base of treatments and discuss practitioner assessments along with timesensitive referral pathways for those which require further investigation.

Cost: £56.00

Fostering Improvements in Patient Health Behaviour

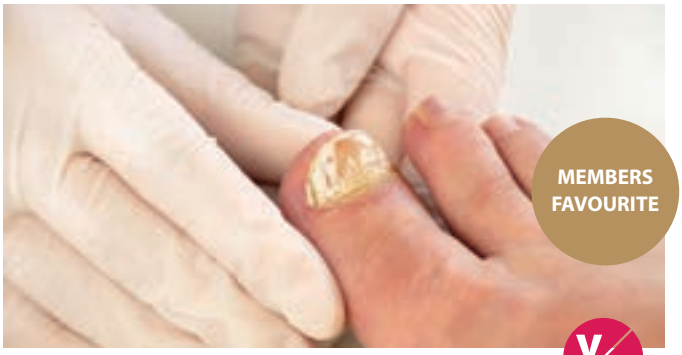
12th August 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

This workshop is aimed at Podiatrists and FHPs who spend time (or need to spend time) encouraging patients to consider behaviour change as a means to manage their condition(s) more optimally. Whilst this is a growing 'ask' of all health professionals to help encourage healthy and positive behaviours in patients, it is not something that they are collectively trained to do in any meaningful way. Accordingly, there is often a communication breakdown that ensues from this (well intentioned) attempt to influence a patients behaviour. This workshop is designed to help you start addressing communication in the context of promoting behaviour change in patients. It will introduce concepts related to reasons underpinning patient decision-making; ambivalence; your role as a communicator and tie all of this together in the context of motivational interviewing as a technique to improve this aspect of growing importance in clinical practice.

Cost: £56.00



Fungal Infection of the Skin and Nails – can you recognise it?

13th August 2021

10.00am - 4.30pm

Lecturer: Belinda Longhurst

This presentation identifies which organisms are responsible for both tinea pedis and onychomycosis and how to take appropriate tissue samples for microscopy and culture, as well as clinical testing for dermatophytosis. We examine the evidence base for treatments and discuss patient and species specific treatment plans for what is the most common skin condition of the foot.

Cost: £56.00

Podopaediatrics

How would you deal with a Child's Foot Problem?

23rd August 2021

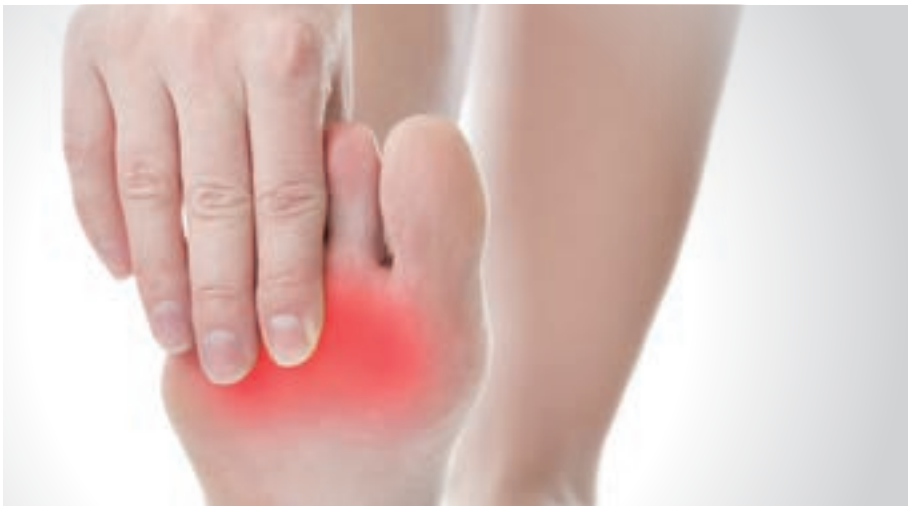
10.00am - 4.30pm

Lecturer: Andrew Hill

The child foot encounters large amounts of change as it grows and adapts to the environment. During these formative years, the foot can be at its most vulnerable as it is having to take the load of the whole body as well as changing its shape and size. Therefore any extra stresses or pressures can have long-term and potentially serious effects.

The field of Podopaediatrics is one that explores the natural development of the foot as well as any pathological conditions that are commonly found in children's feet. Podopaediatrics is a specialist area as the child foot and the adult foot are vastly different, and so treatment options for adult's feet are not always directly transferable into the child foot. This workshop is designed to help you in practice to identify foot pathologies in children, and undertake appropriate treatment regimes for them.

Cost: £56.00



What is that persistent pain in the ball of the foot?

Exploring Metatarsalgia

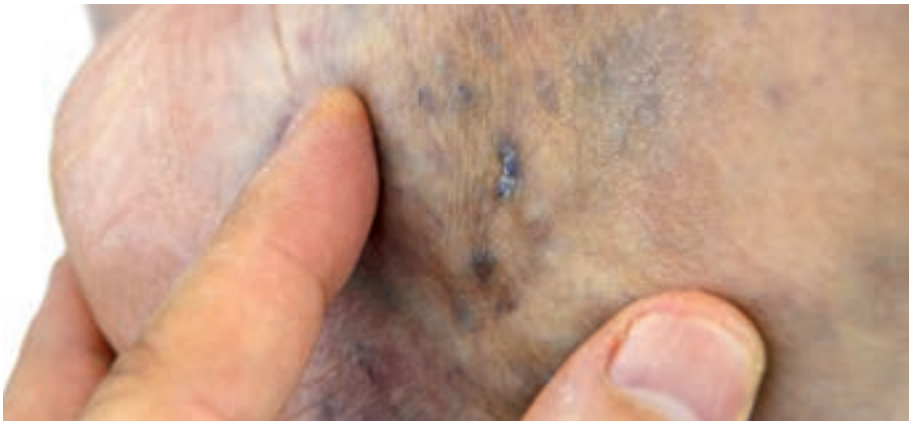
1st September 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

An umbrella term used to describe generalised forefoot pain. Whilst extremely common, the causes of Metatarsalgia are extremely varied and correctly diagnosing the cause is half of the battle when looking to relieve the pain. This workshop comprehensively covers each established cause of Metatarsalgia and discusses diagnosis and management of each of them. Ideal for practitioners new and experienced alike!

Cost: £56.00



Neurological & Vascular Assessment

9th September 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

MEMBERS FAVOURITE

Neurological and Vascular assessments form a fundamental part of good practice and offer an invaluable screening tool for practitioners, patients and whoever the patient is referred onto depending on their results. This workshop looks to discuss both of these body systems in detail with a view on how and why they go wrong as well as what observable signs and symptoms may present to practitioner. This will be further enhanced by an in-depth discussion about the assessments we can conduct as practitioners and how to document any findings.

Cost: £56.00

What Type Of Joint Problem Does Your Patient Have?

16 September 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

The arthritides cause sufferers chronic pain and make daily tasks difficult. This workshop looks at these conditions, and how we as practitioners can provide relief to the pain that these conditions can cause the feet.

We will look at:

Rheumatoid Arthritis

- RA and pathogenesis / epidemiology
- Process of synovial inflammation and progression to erosive arthritis
- Treatment / general principles / flowchart including DMARDS
- Particular problems of RA with respect to ulceration, vascular disease and infection
- Deformities and biomechanical problems associated with RA

Other Rheumatological / Inflammatory Problems and other arthritides

- Other forms of arthritis and its management
- Metatarsalgia in more detail and its various causes (other than RA)
- Ankle and mid-tarsal problems
- Achilles tendonitis and Bursitis
- General advice with respect to exercise
- Patient advice and information sheets,useful sources e.g. ARC

Cost: £56

Heel Pain – is it just another case of Plantar Fasciitis?

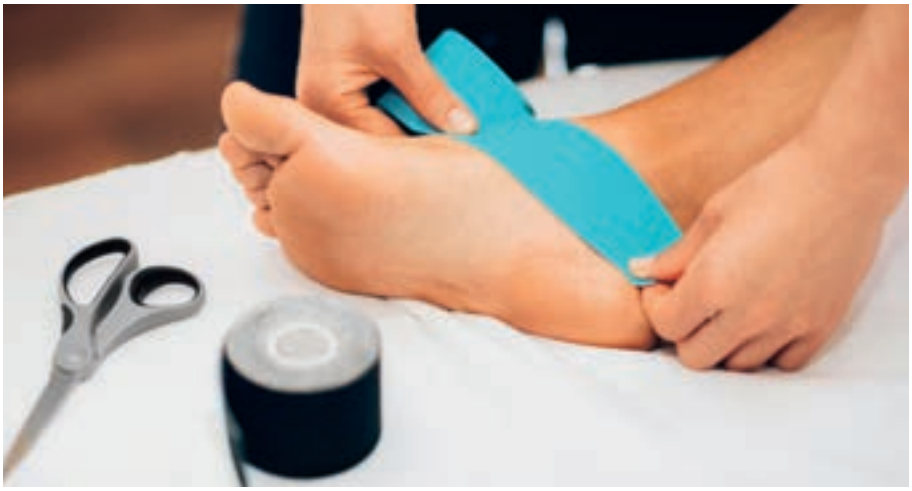
8th October 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

Heel pain is an all too common complaint for a number of people with terms like 'Policeman's heel' and 'heel spurs' being widely used by the general public. In more recent years, a greater public awareness of 'Plantar Fasciitis' has emerged meaning that not only are patients self-diagnosing (often erroneously) but also a great many practitioners are too quick to assume that any heel pain is plantar fasciitis. This workshop looks into what is occurring in the heel anatomically and how these structures can lead to pain development when they become injured or malfunction. It is hoped that this can lead to more accurate diagnosis and treatment regimes accordingly.

Cost: £56.00



Padding and Taping

Alleviate Pain in Minutes

10th September 2021 - **Fully Booked**

MEMBERS FAVOURITE

10.00am - 4.30pm

Lecturer: Andrew Hill

Would you like a hands-on practical workshop learning how to alleviate your patient's pain in just 5 minutes, but are worried about delving into biomechanics?

Padding and Taping can offer fantastic results for short and medium term pain relief and is the basis of lower limb biomechanics.

The following padding and tapings are taught:

Padding

- Plantar cover
- 'U' and winged plantar cover
- Plantar metatarsal pad
- Crescent pad
- Horseshoe pad
- Oval pad
- Shaft pad including extended shaft pad

- **Taping**
- Low dye
- High dye (ankle instability)
- Plantar fascial
- Posterior tibial tendonitis
- Achilles tendonosis
- Ray stabilisation

Cost: £56.00

Biomechanics Level 2

A Focus on Pathology

28th & 29th September 2021 - Limited Places

10.00am - 4.30pm

Lecturer: Andrew Hill

A 2 day hands on workshop focused on further exploration of lower limb anatomy, biomechanics and pathomechanics including assessment of the knee and hip, leg length discrepancy, static and dynamic weight bearing examination and concepts of human motion.

NB: Successful completion of biomechanics Level 1 is a prerequisite for this course.

Cost: £289.00

The Sharp End of the Job

Scalpel Debridement & Enucleation Technique

19th October 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

In this workshop we will be looking at the anatomy of the skin, epidermal and dermal tissue, and its relation to the development of callus and of various heloma formations.

This workshop will present how to assess and treat callus and helomas, focusing on scalpel debridement and introducing an effective method for heloma enucleation using the scalpel 15T blade. The morning session will be based on theory, with the afternoon being a practical session on scalpel debridement with heloma enucleation on artificial corns.

Cost: £56.00

Are you promoting evidence-based practice?

3rd November 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

This workshop will look at the importance of evidenced-based practice and how this feeds into rationale and decision making in a clinical context. It will also consider the effect of dangerous claims and look at treatment myths that can have bad outcomes for you and your patients.

Cost: £56.00

Common Foot Conditions

Things that you cannot afford not to know about

16th November 2021

10.00am - 4.30pm

Lecturer: Debbie Rockell

This workshop provides the practitioner with the general conditions that present at their practice. The conditions that will be discussed will range from various basic dermatology conditions, neurological conditions, vascular conditions and musculoskeletal disorders. It is a great refresher course and can direct the practitioner into desired fields.

Cost: £56.00

Biomechanics Level 3

Therapeutic interventions & Prescription writing

24th & 25th November 2021

10.00am - 4.30pm - **Fully Booked**

Lecturer: Andrew Hill

A 2 day hands on workshop focused on consolidating patient centred assessments of the foot, ankle, knees and hips, as well as comprehensive gait analysis. It includes interpretation of all findings in the context of insole and orthotic prescription writing; including how to take templates or casts, and how to correct any identified pathomechanics of the lower extremities. On completion, the practitioner will have the knowledge and skill to confidently incorporate biomechanics into their practice.

NB: Successful completion of biomechanics Levels 1 & 2 are a prerequisite for this course.

Cost: £289.00

Tropical Diseases of the Foot

1st December 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

Given that in today's society people can travel the world quickly and relatively easily – it is plausible that foot conditions of a curious origin could well be encountered within the UK. It also takes an interesting look at how our podiatric colleagues in different parts of the world face different challenges that we do in Western Europe.

This workshop will look at the various foot conditions that can be encountered that do not have a common domestic cause. Many conditions will be explored in how virulent bacterial strains can cause all manner of serious foot problems.

Cost: £56.00

How Would You Look After A Patient With Chronic Pain?

10th December 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

This workshop is designed to explore the concept of chronic pain and its management. A variety of chronic pain conditions will be discussed and differences between the types of pain will be explored.

This session will look at not only the pharmacological and alternative methods of pain relief, but also how this impacts your patient and your treatments for these patients.

Cost: £56.00

Fostering improvements in patient health behaviour

NEW

(Online only)

With a changing landscape of public health comes a change in the way that healthcare is delivered and received. In more recent years, healthcare professional across a wide number of disciplines have been moving away from a more traditional, didactic view of the patient-practitioner relationship towards notions of concordance and equity of decision making between both parties.

This change of direction, whilst far from complete, has re-defined the way in which healthcare professionals might best deliver their care within the context of facilitating behaviour change in patients and changing the mind-set away from considering a patient as 'adherent' / 'non-adherent' or 'compliant' / 'non-compliant'. This is particularly true in the delivery of healthcare for patients with more chronic health conditions in which altered lifestyle and amended behaviours are a cornerstone of disease management. As perspectives on healthcare delivery change, the emergence of different approaches towards delivering care to the patient is a logical consequence.

This CPD aims to explore patient-practitioner relationships and how we can improve our consultation skills to best help patients to to make beneficial decisions about their health and to foster any change in behaviour for the longer term.

Cost: £45

The On-Going Challenge of Ulcer and Wound Management

(Online only)

Ulcers and wounds are a large problem facing many individuals who are 'at risk'. Identifying the risk factors can certainly help to reduce the incidence and impact of these debilitating lesions. This CPD looks to address what a practitioner should do when encountering a wound or ulcer and help to alleviate the apprehension and fear that a practitioner may otherwise face by arming them with information and guidance.

This CPD covers:

- Structure and function of the skin
- Concept and issues of tissue viability
- The 'high-risk' patient
- Prevention of wound development and complications
- General considerations for treating high-risk patients
- Examining the wound
- Identifying and treating infection
- Osteomyelitis
- Treating the wound
- Dressings
- Other aspects of wound management
- Conclusions

Cost: £45

Tackling the Nerves

(Online only)

The nerves are a crucial part of our anatomy and neurological disorders in the lower extremity result from disease processes that involve sensory, motor and autonomic nervous systems. This can follow a metabolic or hereditary process or indeed an injury or trauma which can create progressive or static deformity and be treatable or incurable. Any process which impacts on the delicate nervous tissue and its ability to process electrical signals can create significant issues within the body, not least the lower limb. This CPD looks to assess the nervous system and tackle nervous system pathologies to help practitioners in their management of patients with neurological disorders.

Cost: £45

Anatomy, Cell Biology and Physiology Series

The Endocrine System

(Online only)

The endocrine system is made up of a network of glands. These glands secrete hormones to regulate many bodily functions, including growth and metabolism. Endocrine diseases are common and usually occur when glands produce an incorrect amount of hormones or when the hormones cease to work effectively. Thus, when these diseases occur many –if not all- body systems can be adversely affected leading to many life-altering, and possibly life threatening, outcomes. This CPD seeks to explore the main principles and anatomy and physiology of the endocrine system with a focus on pathology and management of endocrine disorders.

Cost: £45

The Cardiovascular System

(Online only)

Anatomy, cell biology and physiology are key and underpinning subject areas for all health disciplines. Understanding the way that the body works on both the micro- and macro scale allows us not only understand normal physiological function, but also to understand pathology of various body systems and how medicinal approaches can remedy these pathologies. Within this series of CPD subjects, this one in particular focuses on the Cardiovascular System.

Cost: £45

The Respiratory System

(Online only)

The respiratory system contributes to homeostasis by facilitating the exchange of gases – oxygen (O_2) and carbon dioxide (CO_2) – between the atmospheric air, blood and tissue cells. It also plays a role in adjusting the pH of body fluids. Oxygen is the single most important substance that our body requires. Without it death would occur in minutes. Therefore, the importance of the respiratory system is evident and when it doesn't work properly there are serious health implications. This CPD covers the anatomy and physiology of the respiratory system to provide context to help explain and understand respiratory conditions and how they affect the whole body.

Cost: £45

What is that pain in the foot my patient is complaining of?

(Online only)

Pain across the metatarsal region of the foot is very common, yet pinning down exactly what is causing it can be tricky. The term 'metatarsalgia' is used to describe such pain but this term only describes the symptoms - pain in the metatarsal region of the foot. This CPD looks to explore this area of the foot both anatomically as well as pathologically and covers the various conditions that can given rise to pain in the ball of the foot. This CPD is ideal for new and experienced practitioners alike and will help support and direct clinical assessments and treatments of this all too common problem.

Cost: £45

Can you avert a potential disaster?

Managing the foot in Diabetes

(Online only)

With diabetes mellitus consuming 10% of the entire NHS budget for England and Wales and a significant portion of that amount (some £300m) being spent on managing avoidable foot-related complications, there is a considerable focus on developing tools and strategies to minimise both the individual and financial cost of this devastating disease. The role, therefore, that podiatrists and foot health professionals play in the reduction of morbidity and mortality of the disease as well as improving patients' quality of life cannot be overstated. Against this backdrop this CPD will discuss diabetes mellitus from pathophysiology through to complications and implications for practitioners.

Cost: £45

Treating the Persistent Verruca CPD

(Online only)

BEST SELLER

This CPD tackles the area of patient Verrucas are one of the most common conditions treated by podiatrists and FHPs. Sometimes they resolve quickly and very often spontaneously. However, there is a large number that take many months (if not years) to resolve. These lesions are what are termed 'persistent verrucas' and successful treatment of them can be elusive.

This CPD explores this condition from pathophysiology of the condition through to the treatment modalities available to the patient. This serves as a useful guide to practitioners looking to keep up to date with treatment options (standard and contemporary) as well as providing theoretical interest for those looking to broaden their understanding of this common condition.

Areas covered include:

- Overview and Background of Verruca Pedis
- Types of Verruca
- Structure and function of skin
- Clinical Features
- Treatment options:
  - Sharp debridement + occlusion
  - Caustic treatment
  - 'Natural remedies'
  - Cryotherapy
  - Laser Treatment
  - Bleomycin
  - 'Needling'
  - Surgical intervention
- Patient suitability and prognosis

Cost: £45

DVD Onychocryptosis

Have you been treating it correctly?

Onychocryptosis has always been widely regarded as one of the most common nail problems that face foot health practitioners and Podiatrists.

In this DVD we will be exploring exactly what constitutes the term Onychocryptosis and its causes. This CPD will look at the structure and function of nails, the various conditions that pre-dispose patients to Onychocryptosis, as well as the correct management for this very common condition.

(DVD) Approx. 45 minutes.
Best viewed in 4.3 ratio

Cost: £65

DVD Infection Control And Your Practice

Don't Get Caught Out!

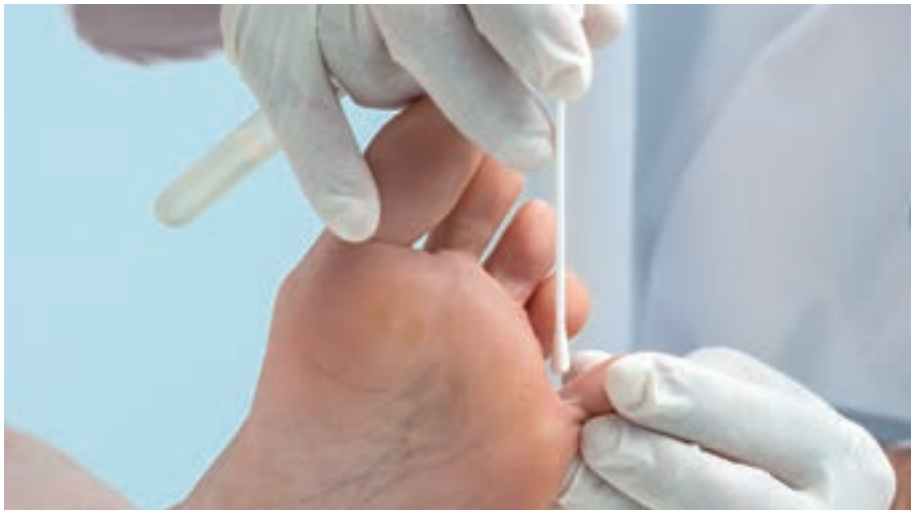
An important part of any healthcare practice is that of infection control. The risk of healthcare workers becoming infected or passing on infection to others is greater than in most other professions. This is because of the greater number of potentially infective people that healthcare workers come into contact with. This DVD looks at the different types of infections, the mode of transmission and infection, all the way through to the best forms of prevention, as well as what to do in the event of exposure to infection.

The following areas are covered:

- Infectious Disease
- The Nature of 'Resistance'
- Blood-Borne Infections
- Common Pathogens affecting the Feet
- Patient-Practitioner Cross Infection

(DVD) Approx. 45 minutes.
Best viewed in 4.3 ratio

Cost: £65



Tropical Diseases of the Foot

(Online only)

This CPD looks to introduce various pathologies that have traditionally been encountered in foot health and Podiatry clinics within tropical climates. It is the responsibility of the modern and competent practitioner to identify certain tropical diseases of the foot and at least have a rudimental understanding of them and their treatments given that more round the world travel is ever more common meaning that more and more of these conditions are being seen more frequently in temperate climates – certainly including the UK.

Cost: £45

Common Conditions Affecting The Elderly

BEST SELLER

(Online only)

Elderly patients make up a very large proportion of our clients. It is also this demographic of patients who tend to have more underlying pathologies and chronic foot problems. The elderly foot, therefore, can present in many different ways and provide a complex set of challenges. This CPD will discuss the symptoms and treatments of various pathologies that are commonly seen in the elderly foot.

Conditions that will be discussed include:

- Arthritis
- Parkinson's Disease
- Peripheral Vascular Disease
- Peripheral Neuropathy
- Common Biomechanical pathologies in the elderly foot
- And many, many more

Cost: £45

Is It Fungal Or Isn't It?

BEST SELLER

A guide to this most common of Skin and Nail Pathologies

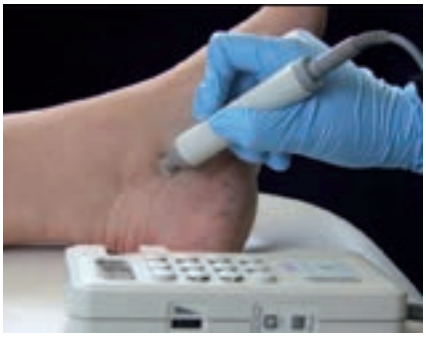
(Online only)

The presentation of a fungal infection in the skin and / or nails is often considered easily distinguishable – however, as this CPD will explore, that is often far from the case with many fungal infections incorrectly labelled as being something else entirely, or a fungal infection going undiagnosed for long periods of time. This certainly can render treatments ineffective, which makes the already tricky task of effective treatment all the more complicated.

This CPD looks to cover all this and more:

- Structure and function of the skin
- Structure and function of the nails
- Types of fungal infection
- Fungal infection of the skin
- Fungal infection of the nails
- Prognosis and future considerations

Cost: £45



Are you performing vascular assessments properly?

(Online only)

Vascular assessments are a crucial part of the patient appointment, but are significantly devalued if they are not being done regularly or correctly. The aim of this CPD program is to improve the diagnostic skills of practitioners in their assessment of the vascular system.

By applying more evidence-based actions to their clinical practice, the benefits to patients are significant. This is a must-do CPD for practitioners to ensure that they are providing excellent care for their patients.

Cost: £45

BEST SELLER

Commonly Used Medications And Their Side Effects

(Online only)

The aim of this CPD is to educate the practitioner in the effects, both adverse and otherwise, of common medicinal interventions for equally common conditions. This CPD will go on to explore how these effects will influence the symptoms of your patients foot problems as well as the treatments that can be offered.

Cost: £45

Are you a Modern Practitioner?

The Growing Need for Health Promotion & Patient Education

(Online only)

This CPD tackles the area of patient education and health promotion. It is easy for health professionals to slip into an isolated view of themselves in the context of their patients' overall health and the role that they may play in improving that.

Certainly within the context of many widespread and serious health conditions such as diabetes mellitus, concepts of 'patient empowerment' and patient-led management is a recent paradigm shift. As such, modern day Podiatrists and FHPs need to take a significant role in the multidisciplinary approach to healthcare. The CPD looks to discuss this theory and provide some useful and insightful guidance on this growing and changing landscape.

Cost: £45

VISIT **WWW.SMAECPD.COM**

FOR MORE DETAILS ABOUT OUR CPD@HOME RANGE

Members' Zone

We love to hear from our Members and are excited to include this new Members' Zone within the Journal where we shall publish case studies, articles or personal reflections.

If you would like to submit something for publication, please send this to Carol O'Brien at CObrien@smaeinstitute.co.uk

The SMAE Institute reserves the right to edit or individual submissions as and when considered necessary. Opinions expressed are those of the individual author, and do not necessarily reflect the opinion of The SMAE Institute.

What are you thinking?

How a lack of confidence may take the shine off your new career

By Anna Mapp
MSSCh MBChA

Anna qualified at the SMAE Institute in 2002 and has been a practising member ever since. She has been the BCPA branch secretary for Essex and East London for over 10 years.

Your mobile rings. It's 12.45 on a Sunday lunchtime and the beef needs to be rested before carving, the veg must be drained and the gravy won't make itself. The family are hovering expectantly. You glance at the phone and then over to the oven. You pick up the phone and treat the family to a one-sided conversation.

> *"No, it's no trouble Mrs Hootie… I'm so glad Tiddles is OK now … Remind me again which university your grandson is at?"*

And, after 10 minutes, as your gaze again settles on the oven:

> *"And how is that nasty corn?"*

Sounds familiar?

Say you've recently graduated from the SMAE Institute. After all that studying, possibly working your old job at the same time, maybe driving your children all over the place, laundering more loads of muddy sports kit than you ever imagined (or, more recently, home schooling whilst working from home and studying….) and you are ready to give your all to your new chosen career. Even to the point of talking about Mrs Hootie's Tiddles as the Sunday roast overcooks.

This scenario is probably very familiar to most of us. Wanting to be approachable, helping wherever possible, trying to do our very best, going over and above. Perfectionism maybe?

Very many of us arrive at the SMAE Institute as more mature students, having already had a bit of a life and a career. No doubt the vast majority of us have actively chosen to be here; this isn't something you tend to just drift into. Some may have held quite senior positions, perhaps in a large corporation, managing or working as a team, receiving lots of feedback and appraisal. After a while though, you may have wanted to escape the treadmill, decided to follow your heart and take up a more worthwhile and rewarding career. So, you bounce out of the New Hall, raring to go, pick up some patients and get out into the world of footcare.

But what if all is not as it seems? Can we talk about confidence?

Starting a new self-employed career, even with the best intentions, can be a stressful time. Apart from the admin and paperwork and dealing with the taxman, there is a total lack of the structure you would have enjoyed as someone else's employee. That rigidity may well have been one of the reasons you sought a career change, but when it's gone, and you have no colleagues to bounce ideas off, or ask advice from, what do you do?

You may spend hours every week driving between patients. Lots of time in the car, on your own, reflecting and thinking. But where are your thoughts taking you? Often we are unaware of what we are thinking about, or more specifically, the way we are thinking, and this can really dent our confidence. Without even realising, we may be allowing self doubt to creep in, or we may be focussing on our own negative thoughts and self criticism. Without that buzz of teamwork from your previous employment to distract, you have more space to let your imagination run riot and it may take you in the wrong direction. If you don't think about what you're thinking about, you may end up with a nagging feeling that something is missing from this rewarding new career.

It can be so easy to let your thoughts drag you down. What if your business is slow to build and you see someone you qualified with bragging on Facebook about how busy they are - a tendency for comparison coupled with some negative thinking and lack of confidence may make you think you are not going to make it, despite praise from your patients and a sense of a job well done. You may be disregarding the fact that there is a lot of competition in your area whereas the person on Facebook has none or has acquired a patient list from a retiring chiropodist.

Even when you dream of escaping the rat race and having the freedom of working for yourself, you may not realise how the structure of a corporate body with its procedures, rules and set ways of operation can be quite comforting and supportive. All this tends to go when you work for yourself. I recently coached someone who had been in exactly this position - with a high-powered business career managing a team of people very successfully, she had left to follow her dream of a creative and arty lifestyle only to find her confidence disappeared. Despite much praise from her new clients, positive newspaper coverage and (from sneaking a peak at her website) obvious talent, she had gone from being a capable and gifted corporate manager to a capable and gifted wreck. She was the same person, but her loss of confidence had put her in a place she hadn't expected to be in. Some subtle questioning though and we both realised that she had identified the root of the problem herself: she felt that her loss of confidence was down to being her own worst critic, but asked later in the session what deflated her, she wholeheartedly asserted "criticism". The coaching enabled her to realise the problem was somewhat self-inflicted; she simply hadn't made the link herself. One piece of homework I gave her was to compile her own version of a staff handbook for her new role in order to reinstate some of the structure she missed from her old job. Another was to be aware of where her thoughts were taking her. Confidence can simply be said to be belief in yourself and your abilities. But it needs to be nurtured, especially when you have a life change such as a new career. Apart from looking after the direction of your thoughts, knowing yourself is key. Journal. Write your thoughts down. Look out particularly for negative thoughts. Track your confidence. Work with a confidence coach.

Of course, footcare is not somewhere you can fake it til you make it - you need to know your stuff. But there is a wealth of information and support out there. The SMAE Institute's excellent CPD courses to help you with areas you have not had much experience in (we probably all dreaded coming across a truly horrible purulent hyper-granulated ingrowing toenail and being on our own to deal with it…), Facebook support groups, branch meetings and the wonderful Annual Convention and Summer School events. Why do you think there is such a positive atmosphere at these events? That's what a group of enthusiastic people who love their rewarding careers feels like. Don't let a lack of confidence hold you back.

IF YOU DON'T THINK ABOUT WHAT YOU'RE THINKING ABOUT, YOU MAY END UP WITH A NAGGING FEELING THAT SOMETHING IS MISSING FROM THIS REWARDING NEW CAREER

Happly sheep make Hapla...aaah wool!

Not all wool felts are the same... so what makes **Hapla** superior?

Hapla choose only the finest grade wool with minimal medulla core structure to ensure ideal pressure re-distribution and absorption behaviour... **aaah!**

Hapla maintain tight control on wool staple length. This ensures consistent bonding of wool fibres, minimises de-lamination and maintains a soft and comfortable felt bed... **aaah!**

All with our clinically proven adhesive only from **Hapla... aaah!**

Hapla...aaah wool it's so light and soft.

For more information visit:

www.hapla.co.uk

Cuxson Gerrard

Cuxson Gerrard & Co. Ltd., Broadwell Road, Oldbury, West Midlands B69 4BF, UK.

Hapla is a trademark of Cuxson Gerrard & Co. Ltd.

British Chiropody and Podiatry Association Benevolent Fund

What is it? It's a registered charity, reporting to the Charity Commission on an annual basis.

Who runs it? The Benevolent Fund is run by three colleagues, all members of the BCPA who are designated Trustees and are responsible to the Charity Commission for the correct and appropriate conduct of the Fund.

Are these Trustees paid for their work? No, all the Trustees give their time freely and receive no income or benefits whatsoever for their activities. Currently the running costs of the Fund are paid for by courtesy of the Trustees.

Where does the funding come from? By us and for us. It is exclusively funded by the generous branches and individuals of the BCPA/BAFHP. Some branches run small raffles at their meetings on behalf of the Fund, others donate monies not used during the year, still others donate monies from profit running courses etc. Individual members donate monies raised by sales of old equipment, books etc. or simply donate from income. All donations are gratefully received and dedicated to the activities of the Fund. Our generous Trade Exhibitors frequently donate supplies which are used in the raffle at the SMAE BCPA Annual Convention.

Who benefits? Any member of the BCPA / BAFHP who finds themselves in financial hardship caused by accident or emergency not covered by state benefits may apply to the fund. Usually, the Fund pays a grant on a temporary basis until state funding becomes available. The beneficiaries are encouraged to return grants as and when their circumstances allow.

What sorts of situation are covered? Emergency situations for which the Fund has made a grant in the past include road traffic collisions resulting in broken bones such that the individual has been unable to work for a time, sudden illness interfering with working patterns, unexpected surgery which again prevents members carrying out normal practise.

What is not deemed suitable for a grant? Long term illness which is covered by state benefits; faulty equipment; damage to practices caused by fire or flooding (which should be covered by insurance); private medical treatment; damage to vehicles in road traffic collisions (which should be covered by insurance); long term unemployment; illness in non-members who may be related to members.

If I need to apply for a grant, how do I do it? You can find the trustees details on the BCPA/BAFHP Branch List located at the end of this Journal. You will need to complete a simple application form and provide evidence of your claim eg. a medical letter or certificate. The application is then sent to all the Trustees and assessed as soon as possible. The Trustees will then write to you, and if appropriate, send a cheque.

If I want to make a donation, how do I do it? You can send donations via your branch secretary or directly to one of the Trustees, ideally by cheque. The cheque should be made out to the 'Benevolent Fund of The British Chiropody and Podiatry Association'. All donations are warmly welcomed and are always acknowledged.

Classifieds

For Sale, Wanted and Services

Advertising Deadline

Post or email your advertisements to Carol O'Brien at COBrien@smaeinstitute.co.uk by 6th July 2021

Equipment For Sale

Domiciliary Chiropody Bag with wheels.

Excellent condition
Weight empty: 3kg
Dimensions: Height 47cm (incl. wheels), Width 52cm (incl. side pockets), Depth 28cm

£150

Buyer to collect from Hornchurch.

Please email: fmdevitt@btinternet.com for further information.

TOMCAT Foot Scanner - Essex

An excellent piece of kit. It is able to take multiple foot scans, so you can get it right without any mess. The scans can be sent to 'FOOTHEALTH E.U.' a great company with expert experience. The TOMCAT scanner is in excellent condition together with the laptop attached to it. The reason for the sale is retirement.

£1,750 o.n.o.

Please contact Don Kuhnert on 07842421400 or email kuhnertdonald@yahoo.co.uk.

Practice For Sale - Devon

Successful Est since 1999 podiatry/ chiropody practice for sale within Holsworthy medical centre. North Devon, Near Bude.

Very popular practice with a very loyal patient base. Currently on a three and half day week due to ill health. This could easily be increased. Patients book ahead for the whole commencing year on routine basis.

Turnover for 2020 £49,552

Easy free parking and wheelchair access with ground floor clinic. The sale would include the fully equipped modern surgery, including a brand new dental autoclave that was purchased in February 2021 and has a transferable 5 year warranty and service package.

Enforced early retirement due to ill health.

Free mentoring for as long as would be required.

Genuine interest only please.

Email j.s.hyslop@icloud.com

British Chiropody & Podiatry Association

The British Association of Foot Health Professionals

REGIONAL BRANCHES & CONTACT DETAILS

Hon. President

Michael J. Batt
info@smaeinstitute.co.uk
Tel: 01628 621100

The SMAE Institute (1919) Ltd,
The New Hall, 149 Bath Road,
Maidenhead, Berkshire SL6 4LA

Chairman of BCPA / BAFHP

Deborah Mercer MSSCh MBChA
chairman@bcpa-uk.org
Tel: 01268 741019 / 07932 928113

120 Bull Lane, Rayleigh, Essex SS6 8NQ

East Anglia Branch

Chairman: Alex Hepburn
alexhepburn30@hotmail.com

Treasurer: Deborah Hart
deborahhartuk@yahoo.com

Venue: The Army Reserve Centre,
Blenheim Camp, Newmarket Road,
Bury St. Edmunds IP33 3SW | 9am – 12:30pm

East Midlands Branch

Chairman: Ruth Cranmer
ruth.cranmer@feetaid.co.uk

Secretary: Julie Astill
thefootings@gmail.com

Facebook: East Midlands British Chiropody & Pod Assoc + FHPs (unofficial)

Venue: Forest Hill Golf & Conference Centre,
Markfield Lane, Leicester LE9 9FH | 10am-1pm

Essex & East London Branch

Chairman: Deborah Mercer
deborah.mercer2@btinternet.com

Vice Chairman: Michele Pyne
michele.pyne@btinternet.com

Secretary: Anna Mapp
anna.mapp773@gmail.com

Venue: Bulphan Village Hall, Church Road,
Bulphan, Upminster, Essex RM14 3RU
1:30pm – 4:30pm

Kent Branch

Chairman: Graham Seath
foothealthcare@yahoo.co.uk

Secretary: Sally Johnston
sallyjohnston76@gmail.com

Venue: Davis Estate Community Centre,
Barberry Avenue, Chatham, Kent ME5 9TE
9am – 12noon

North West Branch

Chairman: Christopher Hunter
Christophe0@aol.com

Secretary: John Gobin
Jgobin@hotmail.com

Venue: Ormskirk Civic Hall, Southport Road,
Ormskirk L39 1LN
12noon – 3:30pm

Scottish Branch

Chairman: James Fisher
shirleyfisher411@btinternet.com

Secretary: Fiona Morgan
fiona.morgan22@btinternet.com

Venue: Diocese of Dunkeld,
24-28 Lawside Road, Dundee DD3 6XY
9am – 4:30pm

South East Branch

Chairman: Clare Dicker
clare_dicker@hotmail.co.uk

Venue: Copthorne Hotel Gatwick,
Copthorne Way, Copthorne,
West Sussex RH10 3PG
9am – 4pm

South West Branch

Chairman: Jayne Chudley
jaynechudley1@gmail.com

Secretary: Katharine Hardisty
katharinehardisty@yahoo.co.uk

Venue: St. Cuthbert's Conference Centre,
Buckfast Abbey, Northwood Lane,
Buckfast, Devon TQ11 0EG
9am – 5pm

Thames Valley Branch

Chairman: Sue Davies
sue.davies63@yahoo.co.uk

Secretary: Vacant

Venue: Boyn Hill Cricket Club,
Boyn Grove, Highway Road,
Maidenhead, Berkshire SL6 5AE
7:30pm – 9:30pm

West Midlands Branch

Chairman: Elena Serafinas Broom
elenapodiatry@hotmail.com

Venue: Aldridge Community Centre,
Anchor Meadow, Middlemore Lane,
Aldridge, Walsall, West Midlands WS9 8AN
12noon – 4pm

The Benevolent Fund

William J. Liggins (Bill)
wj.sjliggins@gmail.com

Philip Clayton
philipaclayton@hotmail.com

Elaine Hale
e_hale@hotmail.co.uk

Supplying the professional

Members' Exclusive Offer!

Everyday items. Exceptional savings.

10% OFF

Lamisil AT 1% contains terbinafine, an antifungal medicine used to treat Athlete's Foot, or tinea pedis. Lamisil helps provide effective relief from the burning, cracking and scaling which accompanies Athlete's foot, whilst attacking and killing the fungus that causes the infection.

PH4509 - LAMISIL ONCE – OFFER PRICE £7.61

PH4510 - LAMISIL CREAM 7.5G – OFFER PRICE £3.59

PH4511- LAMISIL GEL 15G – OFFER PRICE £4.91

PH4512 - LAMISIL SPRAY 15ML – OFFER PRICE £4.31

PH coded products can only be purchased by qualified members/persons.

Order online at www.podiacare.co.uk and enter code "LAMISIL21" at checkout

Follow us @Podiacare

Telephone
01628 632 449

Answerphone
01628 637 625

Email
orders@podiacare.co.uk

Prices exclude VAT. Offer expires 31.08.21

PODIACARE
HEALTHCARE
Manufacturers of Footcare Products, Instruments and Medical Equipment