

POSITION DESCRIPTION

Position Title:	Podiatrist
Reports To:	General Manager Primary Care
Interactions:	All employees of MPH, Clinical Governance Group, MPH Board of Trustees, General Practice Teams, Maori Health Providers, Nelson Marlborough District Health Board, Nelson Bays Primary Health and Community Agencies.
Purpose:	The Podiatrist works collaboratively with health professionals focusing on high-risk patients with active foot disease, ensuring a seamless podiatry service across the service continuum. The podiatrist is accountable for: • Providing primary care-based service to undertake comprehensive patient/client assessment with a focus on ulceration in the high-risk diabetic foot • Developing an agreed plan of care ensuring interventions provided are in line with contemporary research and evidenced based practice to deliver safe, high quality clinical care.
Role specifics:	Permanent Full or Part time – Salary

Key Accountabilities:

Leadership &	Contributes to the development of relevant MDT goals and service delivery.
Management	 Attends and contributes to relevant department, clinical and team meetings, leading and facilitating such meetings as requested.
	Assists team leaders and professional leaders in clinical assurance activities as requested.
	• Directs and delegates work to allied health assistants and support staff as required in
	the role, ensuring that delegated tasks, documentation, and communication is carried out.
	Utilises resources (time, equipment) efficiently and effectively.
	Maintains timely and accurate statistics as required by the service.
Clinical Practice	Takes legal and professional responsibility for managing own caseload of patients /
	clients with increasing complexity and be able to independently adapt and make
	decisions regarding intervention.
	Utilises information available to prioritise patients/clients to enable appropriate
	allocation of referrals and workload with staff in the team.
	Carries out comprehensive assessment with patients / clients (and whānau where
	appropriate) this may include use of standardised assessments to assist in
	assessment and intervention planning.
	Formulates and delivers the full range of podiatry individualised interventions using
	comprehensive clinical reasoning skills and in-depth knowledge of treatment
	approaches. This should, take into account the patient's own goals and those of the
	wider inter-interdisciplinary team (IDT).
	Demonstrates effective communication, to establish a therapeutic relationship and
	set expectations with patients / clients, whānau and the IDT, inclusive of the wider

health team and external agencies as appropriate. This includes relaying complex, sensitive and contentious information. Assesses the patient's understanding of assessment, interventions and goals and gain informed consent for intervention, taking into account those who lack capacity (e.g. those with cognitive difficulties). Regularly reassesses and evaluates the patient / client's progress against identified goals and adjust intervention as situations change. Refers on to other services to work with the patient/client towards achievement of longer-term goals. Develop comprehensive discharge / transfer plans as appropriate. Carries out regular clinical risk assessments for patients/ clients on own caseload and acts to effectively manage identified risks, seeking support where appropriate. Demonstrates an awareness of health inequalities, with evidence of implementing actions within own clinical practice towards reducing these for the patient/client and/or whānau. Represents the service and / or individual patients/clients at clinical meetings and case conferences to ensure the delivery of a coordinated multidisciplinary service and to ensure service is integrated into the overall intervention (where appropriate) including discharge planning. Adheres to any applicable recognised best practice and any relevant clinical policies and practice guidelines. Provides advice, teaching and instructions to patients, carers, relatives, and other professionals to promote consistency of support being delivered. Identifies unmet needs of patients and identifies potential solutions to address these needs. Maintains competency to practice through identification of learning needs and Teaching & Continuing Competency (CPD) activities. This should comply with professional Learning registration requirements. Contributes to training within the team/services. Supervises, educates, and assesses the performance of podiatry students as required. Provides interdisciplinary education in direct clinical area, or discipline specific teaching across teams. Maintains an awareness of current developments in the clinical areas being worked in and make recommendations to changes in practice. Be involved in the induction and training of newly appointed staff as required. Provides mentoring and clinical support and / or professional supervision where required. **Professional** Maintain own professional registration requirements as directed by the legislation **Competencies** relevant to the incumbent's profession. **Other Duties** Undertaking duties from time to time that may be in addition to those outlined above but which fall within your capabilities and experience. Identifying areas for personal and professional development. **Professional** Participates in professional supervision in line with the organisation's requirements Development and/or professional body. self Participates in the organisation performance development process. Qualifications, **Essential Education/Training** Experience, A New Zealand registered Podiatrist with a current practising certificate. Current full drivers' licence.

Knowledge and Skills

• The degree of post qualification experience and knowledge is variable dependent on the area of responsibility and requirements of the role.

Experience

- Experience of treating people with diabetes and high-risk feet, including wound management
- Clinical experience in a variety of clinical / disability areas within the hospital and / or community environment as commensurate to the role.
- Experience of working with other professions i.e., experience of multidisciplinary and inter-professional settings.

Knowledge

- Knowledge of the principles of the Treaty of Waitangi
- Broad understanding of practice areas.
- Committed to the ideals of research and evidence-based best practice.
- Effective time management and ability to prioritise and manage large workload
- Have a sound knowledge of IT systems and applications, specifically Microsoft
 Office suite and experience with MedTech/Indici preferred

Podiatry Service Objectives

General

- To improve the quality of diabetes podiatry care for individuals with diabetes and individuals with at risk/high risk feet.
- To develop and provide a patient-centred, integrated model of care for the prevention and treatment of at-risk / high-risk foot problems in community and hospital settings.
- To support the diabetes treatment plan agreed by the individual and their primary / secondary provider.
- To ensure that health practitioners including general practitioners (GPs), practice nurses and diabetes clinical nurse specialists, and nurse practitioners have the knowledge and skills to identify foot problems early and understand the pathway for their management.

For individuals with diabetes and others with at-risk or high-risk feet the Service should:

- develop the self-management capability of individuals with at risk or high risk feet by promoting independence with foot care
- provide high quality podiatry services based on established professional standards and codes of practice
- ensure podiatry services for individuals in the district are comprehensive, appropriate, and accessible
- reduce the incidence of unplanned hospital admissions and/or amputations for diabetes-related complications
- improve the lower limb health of all individuals with diabetes with particular emphasis on Māori and Pacific Island people

- foster a comprehensive understanding of the epidemiology and extent of foot disease in the local district and region
- establish and enhance Māori health gains by ensuring services are linked with primary care services, general practice, community providers and Māori providers.

Māori Health

An overarching aim of the health and disability sector is the improvement of health outcomes and reduction of health inequalities for Māori.

Health providers are expected to provide health services that will contribute to realising this aim. This may be achieved through mechanisms that facilitate Māori access to services, provision of appropriate pathways of care which might include, but are not limited to, matters such as referrals and discharge planning, ensuring that services are culturally competent and that services are provided that meet the health needs of Māori. It is expected that there will be Māori participation in the decision making around, and delivery of, the Service.

Service Users

The Service is provided to:

- individuals with at-risk and high-risk foot complications related to diabetes
- others with diabetic feet and at-risk / high-risk feet including, but not limited to, those with rheumatologic disorders, or severe peripheral arterial disease, etc.

Access

- Access to the service will be managed ethically and equitably such that priority is based on acuteness of need and capacity to benefit.
- Not all patients who are referred or present to the Service are eligible for publicly funded services. Refer to the linked Tier One Service Specification or http://www.moh.govt.nz/eligibility for more eligibility information.

Entry criteria

All individuals with at-risk / high-risk feet, in particular those with diabetes, are eligible to receive the Service on referral from a GP, practice nurse or podiatrist, nurse practitioner, secondary services, inpatient services, Māori/Pacific health care workers, community health and nurses working with long term conditions in accordance with specified referral criteria.

As further podiatry services are developed the need to ensure the appropriate level of care is provided for the assessed level of risk is paramount. A guide for the implementation of targeted podiatry services is provided

At-risk/high-risk feet

Exit criteria

Eligible individuals will be discharged back to their primary health care practitioner when they have completed the planned intervention or reached a level of care where the planned intervention can be maintained and monitored by the GP, practice nurse or other health professional. The other exit criteria are that eligible individuals will be discharged back to their primary health care practitioner if they have declined treatment.

Timeframes

Individuals with diabetes who have been referred to the Service should be offered an appointment within the timeframes defined by the Diabetes National Access Criteria for First Assessment.

- Immediate same day
- Urgent within 1 week
- Semi-urgent within 4 weeks
- Routine within 12 weeks