You indicate in your letter that the Care Quality Commission in England have stated that footcare interventions should only be undertaken by a registered podiatrist. However, this would not seem to be an accurate reflection of what is set out in the glossary of terms on page 58 of the Care Quality Commission document ‘Scope of Registration’ regarding Podiatrists/Chiropodists. The definition here states that personal care includes “The care of skin, hair and nails (with the exception of nail care provided by a chiropodist or podiatrist)”. What this indicates therefore is that personal nail care (finger and toenail cutting etc) is normally classed as part of personal care, unless the person is receiving a podiatry service for a clinical condition and the nail care forms part of that treatment plan. It is not saying that only HPC registered podiatrists can cut toenails.

Clinical podiatry

As you will no doubt be aware, clinical podiatry services are provided by HPC registered podiatrists who are highly trained professionals who assess, diagnose and treat abnormalities and diseases of the foot and lower limb. Common foot conditions that podiatrists treat in older people include nail problems, corns and calluses, toe deformities, and foot ulcers. It is not appropriate for carers or foot health practitioners to treat these conditions. If a podiatrist is treating a person in a care home for one or more of these conditions, they may sometimes also carry out personal footcare such as toenail trimming at the same time, especially if they have assessed the person as having high risk feet.

Foot health practitioners

Foot health practitioners are clearly not qualified podiatrists and are not currently registered with HPC or regulated in any other way. Individuals may have undertaken a short course which trains them to do personal footcare and other procedures. However, while foot health practitioners are usually competent to provide personal footcare, they should not be carrying out clinical podiatry tasks such as treating ulcers, enucleating corns and debriding calluses.

We would expect any care home/care service to ensure that their clients who have clinical podiatry needs are assessed and treated by a HPC registered podiatrist. They should also ensure that personal footcare is provided by staff/carers who have received appropriate training/guidance. The local NHS podiatry service can often provide training and advice, and the national guidelines and resources that we are currently developing should improve the availability and consistency of these across Scotland.

Scottish Government has recently appointed a new National Footcare Lead in order to support the implementation of these guidelines and resources throughout Scotland, and a priority area of work will be in care homes. The Care Inspectorate, which is the independent scrutiny and improvement body for care services in Scotland, would expect the responsibility to be with a care service provider in ensuring that people who are appropriately qualified, trained and experienced, undertake appropriate tasks with service users. The care provider’s own care staff can be trained to undertake the footcare, including the cutting of toenails and they can choose to bring someone in from outside or indeed the service user could choose themselves to bring someone in from outside. This would not require to be a qualified podiatrist or chiropodist in all cases, it would depend on the specific needs of each individual.

What we would expect to see from the care home is that they have ensured that the needs of each resident are appropriately assessed and that if they require to access a podiatrist, or indeed any other type of service, that they would be enabled to do this.