



Podiatrists Board of New Zealand

POLICY GUIDANCE STATEMENT FOR PODIATRISTS TREATING FINGERNAILS

Background

Under the Health Practitioners Competence Assurance Act 2003 (HPCAA), the Podiatrists Board (the Board) is charged with ensuring that podiatrists (practitioners) are competent and fit to practise in order to protect the health and safety of the public when receiving podiatric treatment.

The Board requires that podiatrists are registered with the Board, and that a certain standard of competence is maintained by practitioners through meeting the continuing competence requirements of the Podiatrists Board Re-certification Framework (PBRCF).

Scope of Practice

The Board has prescribed four scopes of practice for the: Podiatrist, Podiatric Surgeon, Podiatric Radiographic Imager and Visiting Podiatrist Educator. The general scope of Podiatrist is most relevant here and is defined as follows:

PODIATRIST

A registered primary health care practitioner (including those previously registered as a chiropodist) who utilises medical, physical, palliative and surgical means other than those prescribed in the Podiatric Surgeon Scope of Practice, to provide diagnostic, preventative and rehabilitative treatment of conditions affecting the feet and lower limbs.

Qualification

A Bachelor of Health Science in Podiatry from an accredited New Zealand University or a National Diploma in Podiatry or Chiropody from the Central Institute of Technology or equivalent overseas qualification as determined by the Podiatrists Board

As the scope of practice specifies a particular area of the body on which podiatrists may practice podiatry, it is considered that the treatment and cutting of fingernails is not part of a podiatrist's scope of practice.

Guidance for Practitioners

If a podiatrist elects to perform such a procedure, it is still a public safety issue however, despite it being outside the podiatrist's anatomically regional scope of practice.

The Board is the Regulatory Authority for all procedures undertaken by a registered podiatrist and is legislatively responsible to deal with any cases that may lead to a complaint. Fingernails are frequently dystrophic and are not always straightforward, with practitioners risking the possibility of an unsatisfactory procedure and a resulting complaint being made.

Podiatrists should note that other health professionals or carers, who should or could be performing these tasks as part of their function/role, may not always do so for a number of reasons, and patients and relatives can see the podiatrist as another person from whom to request this service. Podiatrists should also be aware of the context in which the fingernail cutting takes place and whether it is in a domestic setting or not; nursing-homes, rest-homes and hospitals may have their own policies on this procedure.

Further considerations:

Although it is the current view of the Board that fingernail cutting falls outside of the podiatrist's regional scope of practice, there is a minority opinion that podiatrists may also wish to think about when considering performing this procedure.

Although the scope of practice defines the anatomical regional area of treatment, patients may still benefit from the skills of a podiatrist outside the defined area. In wound care, competencies and capabilities needed to assess and complete procedures safely can apply regardless of its location.

As the face of health care changes and there is a general shortage of health professionals, scopes may well broaden rather than being more narrowly defined. Podiatrists assess the patient holistically beyond the foot and already function well beyond the ankle. Podiatric prescribing will impact on all body systems.

In the future due to the broad training, professional competencies and capabilities that podiatrists have, they may well have opportunities to work to their skill parameters rather than an anatomical limitation, requiring perhaps the introduction of additional scopes.

Board Policy

Board policy remains, that podiatrists can elect to cut fingernails. However the Board would remind them that it is their responsibility, if there are unsatisfactory results, which may include insurance issues and complaints to the Health and Disability Commissioner (HDC).

It is the Board's responsibility under section 64(1) of the HPCAA to refer any complaint to the HDC and act on any that are referred back to the Board by HDC. The Board would therefore be required to deal with the complaint as it has an overarching public safety remit for the activities of registered podiatrists.

Consequently the Board advises practitioners to think carefully before taking on this procedure which is outside their current regional scope of practice. The Board considers there is no obligation on registered podiatrists to cut fingernails.