Consent

We want to gain a greater understanding of your role in diabetes care. This study will improve the understanding of how podiatry services are currently organised in Ireland. This information is important to inform plans for changes in diabetes management in Ireland.

* 1. Before proceeding with the survey, we ask you to read the following and indicate your consent below.

1. Delete proceeding that the carry, we ack you to read the remaining that maleate your consonit zero.
 The purpose and nature of the study has been explained to me in writing. I am participating voluntarily.
I understand that I can withdraw from the study, without repercussions, at any time.
I understand that I can withdraw permission to use the data, in which case the material will be deleted.
I understand that anonymity will be ensured in the report and any subsequent publications.
I consent to patriciate in the National Survey of Podiatrists in Ireland

Demographic Infor	mation	
* 2. Please indicate the	e following information:	
Name:		
Workplace Name(s):		
Workplace Location(s) (City/Town):		
Community Healthcare Organisation (CHO) Number (if applicable):		
* 3. What is your currer	nt job title? (Select all that are appropriate)	
Staff Grade Podiatris	et Podiatry Manager	
Senior Podiatrist	Podiatrist (Private Practice)	
Assistant Clinical Spe	pecialist Chiropodist	
Clinical Specialist		
Other (please specify	y)	
* 4. Please indicate you * 5. What is your highe	ur age group est level of education relating to podiatry:	
Higher Diploma	Postgraduate Degree (PhD)	
Undergraduate Degra	ree No formal education in podiatry	
Postgraduate Degree	e (Master Degree)	
Other (please specify	у)	
Other (please specify	y) 	
	nat educational institution did you complete your professional training in p	odiatry?
		odiatry?
	at educational institution did you complete your professional training in p	odiatry?
6. If applicable, in wha	at educational institution did you complete your professional training in p	odiatry?
* 7. Please indicate the Years working as a podiatrist / chiropodist Years providing foot care to people with diabetes	at educational institution did you complete your professional training in p	odiatry?
* 7. Please indicate the Years working as a podiatrist / chiropodist	at educational institution did you complete your professional training in p	odiatry?

* 8. Please indicate, using the options provided below, member	, the professional association of which you are a	
Society of Chiropodists and Podiatrists of Ireland		
Institute of Chiropodists and Podiatrists (Irish branch)		
Irish Chiropodists / Podiatrists Organization Ltd		
I am not a member of a professional association		
Tall not a member of a professional association		
* 9. This survey distinguishes between community set Taking this into account, in what location(s) do you w		
I work in a hospital only	I work in a hospital and in the community (excluding private	
I work in the community only (excluding private practice)	practice)	
I work in private practice only	I work in a hospital and in private practice	
	I work in the community and in private practice	

Employment Details (Hospital)	
Employment Details (Hospital)	
10. Who are you employed and funded by?	
Employed by Funded by	
HSE	
Community Hospital	
Voluntary hospital	
Other	
Other (please specify)	
11. Please indicate the hospital model:	
Model 2 Model 3 Model 4 Don't know	
12. What is the whole time equivalent (WTE) of your position? (e.g. 0.5, 0.75, 1)	
13. What percentage (%) of your client load are people with dishetes?	
13. What percentage (%) of your client load are people with diabetes?	
13. What percentage (%) of your client load are people with diabetes?	
14. How did you answer the above question?	
14. How did you answer the above question?	
14. How did you answer the above question?	
14. How did you answer the above question?	
14. How did you answer the above question?	
14. How did you answer the above question?	
14. How did you answer the above question?	
14. How did you answer the above question?	
14. How did you answer the above question?	
14. How did you answer the above question?	
13. What percentage (%) of your client load are people with diabetes? 14. How did you answer the above question? Actual data Estimation Actual data and estimation	
f 14. How did you answer the above question?	
f 14. How did you answer the above question?	
14. How did you answer the above question?	

Dura idian Diahataa Faat Cana (Haanital)	
Providing Diabetes Foot Care (Hospital)	
* 15. Who are the multidisciplinary team members for diabetic foot care in your workplace?	
Dietitian Occupational Therapist Orthotist	
Physiotherapist Public Health Nurse Endocrinologist	
Psychologist Vascular Team Diabetes Nurse Specialist	
Other (please specify)	
* 16. Please indicate the percentage (%) of clients referred to you from the following sources (from January	
2017):	
Self-referral	
GP/Practice Nurse	
Public Health Nurse	
Diabetes Nurse Specialist	
Community Podiatrist	
Emergency Department	
Internal (hospital) referral	
<u> </u>	
* 17. How did you answer the above question?	
Actual data Estimation Actual data and estimation	
* 18. Please indicate the percentage (%) of inappropriate referrals you have received in the last month: (Inappropriate referrals are those which fall outside of your treatment responsibilities, according to the National Footcare Model and/or your job specification)	
* 19. How did you answer the above question?	
Actual data Estimation Actual data and estimation	
20. If you receive inappropriate referrals, please indicate the main reasons for this:	

21. On average, what p	ercentage (%) of your clients	are:	
Moderate Risk			
High Risk			
Active Foot Disease			
Other (please specify)			
L			
22. How did you answe	r the above question?		
Actual data	Estimation	Act	tual data and estimation
23. Do vou have referra	I access to the following serv	ices?	
23. Do you have relend		I have referral access to anothe	er
	work	hospital	I do not have referral access
Diabetes Nurse Specialist			
Endocrinologist/Diabetologi	IST		
Vascular Surgery Orthopaedic Surgery			
Orthotists			
24. Do you have referra	l access to the following serv	ices in the community?	
	Yes		No
Chiropodist			
GP/Practice Nurse			
Community Podiatrist (Public)			
Community Podiatrist (Private)			
Public Health Nurse			
Other (please specify)			

6. If you answered 'N reat non-diabetic foot	•					
athology such as nail						
onditions, corn, callous,						
verrucae						
efer patients with non-						
abetic foot pathology to e community						
niropodist/podiatrist						
L						
nnual review of moderate sk patients						
- ، nnual review of high risk						
atients						
eat high risk patients						
rovide a rapid access						
ervice (i.e. see referrals						
r active foot disease						
ithin 24 hours)						
eat patients with active						
ot disease						
eekly review to patients						
ith active foot disease						
ntil the foot is healed						
ducate the patient in						
abetes related foot care						
abotoo rotatoa toot oaro						
ecord activity statistics						
L T	ur satisfaction v	vith commur	nity services in yo	our locality:		I don't know if
ecord activity statistics	ur satisfaction v	vith commur Satisfied		our locality:	Very unsatisfied	I don't know if this happens
ecord activity statistics 7. Please indicate yo Appropriate screening is			Neither satisfied		Very unsatisfied	
ecord activity statistics 7. Please indicate yo Appropriate screening is conducted by			Neither satisfied		Very unsatisfied	
ecord activity statistics 7. Please indicate yo Appropriate screening is			Neither satisfied		Very unsatisfied	
ecord activity statistics 7. Please indicate yo Appropriate screening is conducted by GPs/Practice Nurse Patients at low risk of			Neither satisfied		Very unsatisfied	
ecord activity statistics 7. Please indicate yo Appropriate screening is conducted by GPs/Practice Nurse Patients at low risk of diabetic foot disease are			Neither satisfied		Very unsatisfied	
ecord activity statistics 7. Please indicate yo Appropriate screening is conducted by GPs/Practice Nurse Patients at low risk of			Neither satisfied		Very unsatisfied	
ecord activity statistics 7. Please indicate yo Appropriate screening is conducted by GPs/Practice Nurse Patients at low risk of diabetic foot disease are managed in a GP practice			Neither satisfied		Very unsatisfied	
ecord activity statistics 7. Please indicate yo Appropriate screening is conducted by GPs/Practice Nurse Patients at low risk of diabetic foot disease are managed in a GP practice Appropriate referral			Neither satisfied		Very unsatisfied	
ecord activity statistics 7. Please indicate yo Appropriate screening is conducted by GPs/Practice Nurse Patients at low risk of diabetic foot disease are managed in a GP practice			Neither satisfied		Very unsatisfied	
ecord activity statistics 7. Please indicate yo Appropriate screening is conducted by GPs/Practice Nurse Patients at low risk of diabetic foot disease are managed in a GP practice Appropriate referral pathways are used by GPs/Practice Nurses			Neither satisfied		Very unsatisfied	
ecord activity statistics 7. Please indicate yo Appropriate screening is conducted by GPs/Practice Nurse Patients at low risk of diabetic foot disease are managed in a GP practice Appropriate referral pathways are used by			Neither satisfied		Very unsatisfied	
ecord activity statistics 7. Please indicate yo Appropriate screening is conducted by GPs/Practice Nurse Patients at low risk of diabetic foot disease are managed in a GP practice Appropriate referral pathways are used by GPs/Practice Nurses Appropriate screening is conducted by podiatrists working in the			Neither satisfied		Very unsatisfied	
ecord activity statistics 7. Please indicate yo Appropriate screening is conducted by GPs/Practice Nurse Patients at low risk of diabetic foot disease are managed in a GP practice Appropriate referral pathways are used by GPs/Practice Nurses Appropriate screening is conducted by podiatrists			Neither satisfied		Very unsatisfied	
Appropriate screening is conducted by GPs/Practice Nurse Mapropriate referral pathways are used by GPs/Practice Nurses Appropriate screening is conducted by GPs/Practice Nurse Mapropriate referral pathways are used by GPs/Practice Nurses Appropriate screening is conducted by podiatrists working in the community			Neither satisfied		Very unsatisfied	
Appropriate screening is conducted by GPs/Practice Nurse Patients at low risk of diabetic foot disease are managed in a GP practice Appropriate referral pathways are used by GPs/Practice Nurses Appropriate screening is conducted by podiatrists working in the community Appropriate referral pathways are used by GPs/Practice Nurses			Neither satisfied		Very unsatisfied	
Appropriate screening is conducted by GPs/Practice Nurse Patients at low risk of diabetic foot disease are managed in a GP practice Appropriate referral pathways are used by GPs/Practice Nurses Appropriate screening is conducted by podiatrists working in the community Appropriate referral pathways are used by podiatrists working in the community			Neither satisfied		Very unsatisfied	
Appropriate screening is conducted by GPs/Practice Nurse Patients at low risk of diabetic foot disease are managed in a GP practice Appropriate referral pathways are used by GPs/Practice Nurses Appropriate screening is conducted by podiatrists working in the community Appropriate referral pathways are used by podiatrists working in the community			Neither satisfied		Very unsatisfied	
Appropriate screening is conducted by GPs/Practice Nurse Patients at low risk of diabetic foot disease are managed in a GP practice Appropriate referral pathways are used by GPs/Practice Nurses Appropriate screening is conducted by podiatrists working in the community Appropriate referral pathways are used by podiatrists working in the community Appropriate referral pathways are used by podiatrists working in the community			Neither satisfied		Very unsatisfied	
Appropriate screening is conducted by GPs/Practice Nurse Patients at low risk of diabetic foot disease are managed in a GP practice Appropriate referral pathways are used by GPs/Practice Nurses Appropriate screening is conducted by podiatrists working in the community Appropriate referral pathways are used by podiatrists working in the community Appropriate referral pathways are used by podiatrists working in the community Annual review of moderate risk patients is			Neither satisfied		Very unsatisfied	
Appropriate screening is conducted by GPs/Practice Nurse Patients at low risk of diabetic foot disease are managed in a GP practice Appropriate referral pathways are used by GPs/Practice Nurses Appropriate screening is conducted by podiatrists working in the community Appropriate referral pathways are used by podiatrists working in the community Appropriate referral pathways are used by podiatrists working in the community			Neither satisfied		Very unsatisfied	
Appropriate screening is conducted by GPs/Practice Nurse Patients at low risk of diabetic foot disease are managed in a GP practice Nurses Appropriate referral pathways are used by GPs/Practice Nurses Appropriate screening is conducted by podiatrists working in the community Appropriate referral pathways are used by codiatrists working in the community Appropriate referral pathways are used by codiatrists working in the community Appropriate referral pathways are used by codiatrists working in the community Appropriate referral pathways are used by codiatrists working in the community Appropriate referral pathways are used by codiatrists working in the community Appropriate referral pathways are used by codiatrists working in the community Appropriate referral pathways are used by codiatrists working in the community Appropriate referral pathways are used by codiatrists working in the community Appropriate referral pathways are used by codiatrists working in the community Appropriate referral pathways are used by codiatrists working in the community Appropriate referral pathways are used by codiatrists working in the community Appropriate referral pathways are used by codiatrists working in the community Appropriate referral pathways are used by codiatrists working in the community Appropriate referral pathways are used by codiatrists working in the community Appropriate referral pathways are used by codiatrists working in the community Appropriate referral pathways are used by codiatrists working in the community Appropriate referral pathways are used by codiatrists working in the community Appropriate referral pathways are used by codiatrists working in the community Appropriate referral pathways are used by codiatrists working in the community Appropriate referral pathways are used by codiatrists working in the community Appropriate referral pathways are used by codiatrists working in the community Appropriate referral pathways are used by codiatrists working in the community Appropriate referral pathways ar			Neither satisfied		Very unsatisfied	
cord activity statistics T. Please indicate yo Appropriate screening is onducted by GPs/Practice Nurse Patients at low risk of liabetic foot disease are nanaged in a GP ractice Appropriate referral athways are used by GPs/Practice Nurses Appropriate screening is onducted by podiatrists vorking in the ommunity Appropriate referral athways are used by odiatrists working in the ommunity Appropriate referral athways are used by odiatrists working in the ommunity Appropriate referral athways are used by odiatrists working in the ommunity Appropriate risk patients is ompleted by the			Neither satisfied		Very unsatisfied	

* 28. What is the waitin	g period for patients accessing your s	service under the following categories:	
Active Foot Disease			
High Risk			
Moderate Risk			
	ver the above question?		
Actual data	Estimation	Actual data and estimation	

Ş	service Overview (Hospital)		
* ;	0. What tool do you use to screen for diabetes foot	disease?	
(National Diabetes Foot Screening Tool	O I do not us	e a specific screening tool
(Locally developed tool	O I do not pr	ovide diabetic foot screening services
(Other (please name)		
* *	1. On average, how many patients with diabetes d	o vou coo por w	rook?
[1. On average, now many patients with diabetes of	o you see per w	
Ĺ			
	2. Of your clients who are people with diabetes, ho ppointments?	w many appoir	tments each week are DNA or cancelled
[ppointments?		
L			
* (3. How did you answer the above question?		
(Actual data Estimation		Actual data and estimation
* ;	4. Do you provide out-of-hours diabetes consultation	ons?	
(Yes No		
;	5. If yes, when are the out-of-hours sessions held i	in your area? (T	īck all that apply)
[At weekends	In the eve	enings
[Other (please specify)		
* ;	6. Do you provide a drop-in service for patients?		
(Yes No		
* (7. Are you currently collecting data about the podia	atry service?	
(Yes No		
;	8. If yes, what information is being collected?		
	-		
L			1
* (9. Is this data shared?		
(Yes No		I do not collect data about the podiatry service

40. If yes, who is collected data shared with?	
* 41. Has your department developed PPGs (procedures, pathways, policies and guidelines)?	
Yes No	
42. If yes, have the PPPGs developed been validated?	
Yes No	
43. We value your insight into diabetes care. Please use the space provided to describe your experiences of im National Model of Diabetic Foot Care. If applicable, what are the changes you would make to the National Clini Diabetes?	

Employment Details (Community)		
* 44. Who are you employed and funded by?		
	Employed by	Funded by
HSE		П
Diabetes Ireland		
Local Diabetes Initiative		
Community Hospital		
Voluntary hospital		
Other		
Other (please specify)		
* 45. What is the whole time equivalent (WTE) of y	your position? (e.g. 0.5, 0	.75, 1)
46. In what location(s) do you work? (Tick all tha	nt annly)	
Primary Care Centre	Sole GP Practice	
Other (please specify)		
Callet (produce specify)		
47. What percentage (%) of your client load are	people with diabetes?	
48. How did you answer the above question?		
Actual data Estimation	n	Actual data and estimation

Providing Diabetes	Foot Care (Community)	
* 49. Who are the esta workplace?	olished multidisciplinary team (MDT) members	for diabetic foot care in your
Dietitian	Diabetes N	lurse Specialist
Public Health Nurse	Practice No	urse
GP		
Other (please specify)	
# 50 la valation to diale	tis fact discount of the control of	allows faster fallowing assessment
* 50. In relation to diab	etic foot disease, what percentage (%) of your	cherits lit the following categories:
Moderate risk		
High risk		
Active Foot Disease		
* 51. How did you answ	ver the above question?	
Actual data	Estimation	Actual data and estimation
* 52. Please indicate the 2017):	e percentage (%) of clients referred to you fro	m the following sources (since January
Self-referral		
GP/Practice Nurse		
Public Health Nurse		
Diabetes Nurse Specialist		
Hospital Podiatrist		
Hospital Consultant		
* 53 How did you answ	ver the above question?	<u>.</u>
Actual data	Estimation	Actual data and estimation
month:(Inappropriate	e percentage (%) of inappropriate referrals yo referrals are those which fall outside of your tr Model and/or your job specification)	
* 55. How did you answ	ver the above question?	
Actual data	Estimation	Actual data and estimation
_	\sim	\smile

If you receive inappropriate referrals, please indicate the main reasons for this: What is the waiting period for patients accessing your service under the following categories: We Foot Disease
re Foot Disease In Risk Iderate Risk Iderate Risk How did you answer the above question? Actual data Estimation Actual data and estimation Do you have referral access to the following services: Yes No Actual data and estimation P/Practice Nurse Dispital Podiatrist Dis
re Foot Disease In Risk Iderate Risk Iderate Risk How did you answer the above question? Actual data Estimation Actual data and estimation Do you have referral access to the following services: Yes No Actual data and estimation P/Practice Nurse Dispital Podiatrist Dis
re Foot Disease In Risk Iderate Risk Iderate Risk Iderate Risk In Risk Iderate Risk In
Propodist
How did you answer the above question? Actual data Estimation Actual data and estimation Do you have referral access to the following services: Yes No niropodist
How did you answer the above question? Actual data
How did you answer the above question? Actual data
Actual data
Actual data
Do you have referral access to the following services: Yes No P/Practice Nurse Dospital Podiatrist Deletes Nurse Decialist Delite Health Nurse Delite Health Nurse Delite Health Services Delite Health
Yes No niropodist P/Practice Nurse Dispital Podiatrist Dispital Podi
Yes No niropodist P/Practice Nurse Dispital Podiatrist Dispital Podi
priropodist P/Practice Nurse Despital Podiatrist
P/Practice Nurse
abetes Nurse pecialist public Health Nurse pdiatrist (Private)
abetes Nurse pecialist ublic Health Nurse diatrist (Private)
pecialist ublic Health Nurse ublic Health (Private)
odiatrist (Private)
er (please specify)

		No
Treat non-diabetic foot pathology such as nail conditions, corns, callous or verrucae		
Diabetic foot care education		
Screen and categorise risk of diabetic foot disease (i.e. low / mod / high)		
Annual review of low risk patients		
Annual review of moderate risk patients		
Review high risk patients		
Refer high risk patients to the hospital podiatrist		
Refer patients with active foot disease to the hospital podiatrist		
Record activity statistics ther (please specify)		
ther (please specify) 1. If you answered 'No' to an reat non-diabetic foot athology such as nail onditions, corn, callous,	y of the following statements, plea	use indicate the reason(s) for this:
ther (please specify) 1. If you answered 'No' to an reat non-diabetic foot athology such as nail	y of the following statements, plea	ase indicate the reason(s) for this:
ther (please specify) 1. If you answered 'No' to an reat non-diabetic foot athology such as nail onditions, corn, callous, reverrucae	y of the following statements, plea	se indicate the reason(s) for this:
ther (please specify) 1. If you answered 'No' to an reat non-diabetic foot athology such as nail conditions, corn, callous, reverrucae iabetic foot care ducation creen and categorise risk if diabetic foot disease	y of the following statements, plea	use indicate the reason(s) for this:
ther (please specify) 1. If you answered 'No' to an reat non-diabetic foot athology such as nail ponditions, corn, callous, r verrucae ducation creen and categorise risk if diabetic foot disease e. low / mod / high) nnual review of low risk	y of the following statements, plea	ase indicate the reason(s) for this:
1. If you answered 'No' to an reat non-diabetic foot athology such as nail onditions, corn, callous, returning the foot care ducation creen and categorise risk if diabetic foot disease e. low / mod / high) Innual review of low risk atients Innual review of moderate	y of the following statements, plea	ase indicate the reason(s) for this:
1. If you answered 'No' to an reat non-diabetic foot athology such as nail onditions, corn, callous, returning the foot care ducation creen and categorise risk if diabetic foot disease e. low / mod / high) Innual review of low risk atients Innual review of moderate sk patients	y of the following statements, plea	ase indicate the reason(s) for this:
1. If you answered 'No' to an reat non-diabetic foot athology such as nail onditions, corn, callous, returning the foot care ducation creen and categorise risk if diabetic foot disease te. low / mod / high) Innual review of low risk atients Innual review of moderate the sk patients eview high risk patients to	y of the following statements, plea	se indicate the reason(s) for this:

62. Please indicate you	ur satisfaction v	vith local po	diatry services:			
	Very satisfied	Satisfied	Neither satisfied nor unsatisfied	Unsatisfied	Very unsatisfied	I don't know if this happens
Appropriate screening is conducted by GPs/Practice Nurse						
Practice Nurse uses the national screening tool						
Patients at low risk of diabetic foot disease are managed in a GP Practice						
Public health nurses use the national screening tool						
High risk foot patients are reviewed by a hospital podiatrist						
Active foot disease patients are seen by a hospital podiatrist within 24hours/next working day						

Se	ervice Overview (Community)	
* 63	. What tool do you use to screen for diabetes fo	foot disease?
	National Diabetes Foot Screening Tool	I do not use a specific screening tool
	Locally developed tool	I do not provide diabetic foot screening services
	Other (please name)	
* 64	. On average, how many patients with diabetes	s do vou see ner week?
	patients and address	
	. Of your clients who are people with diabetes, pointments?	, how many appointments each week are DNA or cancelled
	·	
* 66	. How did you answer the above question?	
	Actual data Estimation	n Actual data and estimation
* 67	. Do you provide out-of-hours diabetes consulta	tations?
	Yes No	
60	. If yes, when are the out-of-hours sessions he	ald in your area? (Tick all that apply)
	At weekends	nu iii your area? (Tick aii triat appiy)
	In the evenings	
	Other (please specify)	
* 69	. Do you provide a drop-in service for patients?	?
	Yes No	
* 70	. Are you currently collecting data about the po	odiatry service?
	Yes No	
71	. If yes, what information is being collected?	
* 72	. Is this data shared?	
	Yes No	I do not collect podiatry service data

73. If yes, who is collected data shared with?	
* 74. Has your department developed PPGs (procedures, pathways, policies and guidelines)?	
Yes No	
75. If yes, have the PPPGs developed been validated?	
Yes No	
76. We value your insight into diabetes care. Please use the space provided to describe your experiences of im National Model of Diabetic Foot Care. If applicable, what are the changes you would make to the National Clinic Diabetes?	

Providing Diabetos	Foot Care (Podiatricts in Private Practice)	
Providing Diabetes	Foot Care (Podiatrists in Private Practice)	
* 77. What percentage	(%) of your client load are people with diabetes?	
± 70. Augustus augustus af	the Netice of Market of Bishetic Foot Cove	
	the National Model of Diabetic Foot Care?	
Yes	○ No	
* 79. In relation to diabe	etic foot disease, what percentage (%) of your clients fit the follo	wing categories:
Low risk		
Moderate risk		
High risk		
Active Foot Disease		
	<u> </u>	
* 80. How did you answ	ver the above question?	
Actual data	_ Estimation _ Actual dat	a and estimation
* 91 Please indicate th	e percentage (%) of clients referred to you from the following sc	ources (from January
2017):	e percentage (70) of chemis referred to you from the following sc	dices (nom January
Self-referral		
GP/Practice Nurse		
Public Health Nurse		
Diabetes Nurse Specialist		
Community Podiatrist		
Hospital Podiatrist		
Hospital Consultant		
* 82. How did you answ	ver the above question?	
Actual data	Estimation Actual dat	a and estimation

* 83. In general, during	your typical working	week, do you carry out	the following activities	?	
		Yes	N	0	
Treat non-diabetic foot pathology such as nail conditions, corns, callous or verrucae					
Diabetic foot care education					
Refer high risk patients to hospital podiatrist					
Treat high risk patients					
Refer patients with active foot disease to the hospital podiatrist					
Treat patients with active foot disease					
Other (please specify)					
Treat non-diabetic foot pathology such as nail conditions, corns, callous or verrucae Diabetic foot care education Refer high risk patients to	,	ements above, please in			
hospital podiatrist					
Treat high risk patients Refer patients with active foot disease to the hospital podiatrist					
Treat patients with active foot disease					
'					
					I

Se	vice Overview (Private Practice)	
* 85.	What tool do you use to screen for diabetes foo	t disease?
\bigcirc	National Diabetes Foot Screening Tool	I do not use a specific screening tool
\bigcirc	Locally developed tool	I do not provide diabetic foot screening services
\bigcirc	Other (please name)	
* 96	Has the private practice you work in developed	PPGs (procedures, pathways, policies and guidelines)?
OO.	Yes No	1 1 03 (procedures, partiways, policies and guidelines):
87.	f yes, have the PPPGs developed been validat	ed?
	Yes No	
88	Please use the snace provided to describe you	r experiences of treating people with diabetes as a
		e National Model of Diabetic Foot Care was introduced?

Hospital & Co	mmunity: Employment D	etails	
89. Who are yo	u employed and funded by?		
		Employed by	Funded by
HSE			
Community Hosp	ital		
Voluntary hospita	I		
Local Diabetes In	itiative		
Diabetes Ireland			
Other			
Other (please spec	ify)		
: 00. In what com	nmunity location(s) do you w	ork? (Tick all that apply)	
Primary Care		Sole GP Practice	
Other (please		Sole of Tradage	
Other (pieuse			
91. What is the	whole time equivalent (WTE	E) of your position? (e.g. 0.5, 0	0.75, 1)
In hospital		<u> </u>	
In the			
community			
92. Please indic	cate the hospital model:		
	Model 3 Model 4 Don't I	know	
93. What perce	ntage (%) of your client load	are people with diabetes?	
In hospital			
In the community			
			<u></u>
94. How did you	u answer the above question	1?	
Actual data	Esti	mation	Actual data and estimation

Hospital & Commu	nity: Providing Diabetes Foot Care ((Hospital)
* 95. Who are the mult	disciplinary team members for diabetic f	foot care in your workplace?
Dietitian	Occupational Therapist	Orthotist
Physiotherapist	Public Health Nurse	Endocrinologist
Psychologist	Vascular Team	Diabetes Nurse Specialist
Other (please specify)	
* 96. On average, wha	percentage (%) of your clients fit the fo	llowing categories:
Moderate Risk	,	3
High Risk		
Active Foot Disease		
* 97. How did you answ	ver the above question?	
Actual data	Estimation	Actual data and estimation
* 98. Please indicate th	e percentage (%) of clients referred to y	ou from the following sources (from January
2017):		
Self-referral		
GP/Practice Nurse		
Public Health Nurse		
Diabetes Nurse Specialist		
Community Podiatrist		
Emergency Department		
Internal (hospital) referral		
* 99 How did you answ	ver the above question?	
Actual data	Estimation	Actual data and estimation
		errals you have received in the last month:
	ls are those which fall outside of your tre del and/or your job specification)	eatment responsibilities, according to the
	swer the above question?	Amelder order
Actual data	Estimation	Actual data and estimation

102. If you receive inappr	opriate referrals, please inc	licate the main reasons for th	is:
103. What is the waiting	period for patients accessin	g your service under the follo	wing categories:
Active Foot Disease			
High Risk			
Moderate Risk			
Low Risk			
104. How did you answei	the above question?		
Actual data	Estimation	Actua	l data and estimation
105. Do you have referra	access to the following sei	vices?	
	I have referral access where I work	I have referral access to another hospital	I do not have referral access
Diabetes Nurse Specialist			
Endocrinologist/Diabetologist			
Vascular Surgery			
Orthopaedic Surgery			
Orthotists			
106. Do you have referra	access to the following sei	avicos:	
100. Do you have relena	Yes	vices.	No
Chiropodist	ies		NO
GP/Practice Nurse			
Community Podiatrist			
(Public)			
(Public) Community Podiatrist (Private)			
Community Podiatrist			
Community Podiatrist (Private)			

08. If you answered 'I	No' to any of th	e following s	-			
reat non-diabetic foot athology such as nail onditions, corn, callous,						
r verrucae						
efer patients with non- iabetic foot pathology to ne community hiropodist/podiatrist						
iii opodist/podiatrist						
nnual review of moderate sk patients						
nnual review of high risk atients						
reat high risk patients						
rovide a rapid access ervice (i.e. see referrals or active foot disease ithin 24 hours)						
reat patients with active out disease						
/eekly review to patients ith active foot disease ntil the foot is healed						
ducate the patient in						
iabetes related foot care						
abetes related foot care			Neither satisfied			I don't know if
iabetes related foot care ecord activity statistics 09. Please indicate yo	our satisfaction Very satisfied	with commu		your locality:	Very unsatisfied	I don't know if this happens
abetes related foot care ecord activity statistics			Neither satisfied		Very unsatisfied	
ecord activity statistics O9. Please indicate you Appropriate screening is conducted by			Neither satisfied		Very unsatisfied	
ecord activity statistics O9. Please indicate you have a conducted by GPs/Practice Nurse Patients at low risk of diabetic foot disease are managed in a GP			Neither satisfied		Very unsatisfied	
abetes related foot care ecord activity statistics 09. Please indicate you appropriate screening is conducted by GPs/Practice Nurse Patients at low risk of diabetic foot disease are managed in a GP practice Appropriate referral pathways are used by			Neither satisfied		Very unsatisfied	
abetes related foot care ecord activity statistics O9. Please indicate you appropriate screening is conducted by GPs/Practice Nurse Patients at low risk of diabetic foot disease are managed in a GP practice Appropriate referral pathways are used by GPs/Practice Nurses Appropriate screening is conducted by podiatrists working in the			Neither satisfied		Very unsatisfied	
abetes related foot care ecord activity statistics O9. Please indicate you appropriate screening is conducted by GPs/Practice Nurse Patients at low risk of diabetic foot disease are managed in a GP practice Appropriate referral pathways are used by GPs/Practice Nurses Appropriate screening is conducted by podiatrists working in the community Appropriate referral pathways are used by podiatrists working in the community			Neither satisfied		Very unsatisfied	

Service Overview (Ho	ospital)	
* 110. What tool do you u	ıse to screen for diabetes foo	ot disease?
National Diabetes Foot	Screening Tool	I do not use a specific screening tool
Locally developed tool		I do not provide diabetic foot screening services
Other (please name)		
* 111 On average how r	many patients with diabetes d	do you saa par waak?
111. On average, now i	many patients with diabetes to	Jo you see her week?
* 112. Of your clients who cancelled appointments		ow many appointments each week are DNA or
cancelled appointments		
* 113. How did you answ	er the above question?	
Actual data	Estimation	Actual data and estimation
* 114. Do you provide ou	t-of-hours diabetes consultati	ions?
Yes No		
	e out-of-hours sessions held	in your area? (Tick all that apply)
At weekends		
In the evenings		
Other (please specify)		
* 116. Do you provide a d	drop-in service for patients?	
Yes No		

	collecting data about the podi	atry service?
Yes No		
118. If yes, what informa	ation is being collected?	
* 110 lo this data also also	2	
* 119. Is this data shared	?	I do not collect podiatry service data
163	UNU INU	i do not conect podiatily service data

1	20. If yes, who is collected data shared with?	
* 1	21. Has your department developed PPGs (procedures, pathways, policies and guidelines)?	
	Yes No	
1	.22. If yes, have the PPPGs developed been validated?	
	Yes No	
١	.23. We value your insight into diabetes care. Please use the space provided to describe your experiences of im National Model of Diabetic Foot Care. If applicable, what are the changes you would make to the National Clinic Diabetes?	
_		

Podiatrists working in hospitals and in the community
We are grateful that you have completed a series of questions relating to your work as a hospital podiatrist. We would appreciate if you would spend a few minutes answering a similar set of questions in about your role as a podiatrist working in community settings. Thank you for your time.

Hospital & Commu	unity: Providing Diabetes Foot Care (Community)	
* 124. Who are the esta workplace?	tablished multidisciplinary team (MDT) members for diabetic foot care in your	
Dietitian	Diabetes Nurse Specialist	
Public Health Nurse	Practice Nurse	
GP		
Other (please specify	ý)	
* 125 In relation to dia	abetic foot disease, what percentage (%) of your clients fit the following categories:	
Low risk	abelic foot disease, what percentage (70) of your clients in the following categories.	
Moderate risk		
High risk		
Active Foot Disease		
* 126. How did you ans	swer the above question?	
Actual data	Estimation Actual data and estimation	
* 127 Please indicate t	the percentage (%) of clients referred to you from the following sources (since	
January 2017):	the percentage (70) of chefts referred to you from the following sources (since	
Self-referral		
GP/Practice Nurse		
Public Health Nurse		
Diabetes Nurse Specialist	t	
Hospital Podiatrist		
Hospital Consultant		
	swer the above question?	
Actual data	Estimation Actual data and estimation	
month:(Inappropriate	the percentage (%) of inappropriate referrals you have received in the last ereferrals are those which fall outside of your treatment responsibilities, according to e Model and/or your job specification)	
* 130. How did you ans	swer the above question?	
Actual data	Estimation Actual data and estimation	

101 16		
131. If you receive ina	appropriate referrals, please indicate the main	reasons for this:
132. What is the waiti	ng period for patients accessing your service ι	under the following categories:
Active Foot Disease		
High Risk		
Moderate Risk		
Low Risk		
133. How did you ans	wer the above question?	
Actual data	Estimation	Actual data and estimation
<u> </u>		
134. Do you have refe	erral access to the following services:	
	Yes	No
Chiropodist		
GP/Practice Nurse		
Hospital Podiatrist		
Diabetes Nurse Specialist		
Public Health Nurse		
Podiatrist (Private)		
Other (please specify)		

	Yes	No
Treat non-diabetic foot pathology such as nail conditions, corns, callous or verrucae		
Diabetic foot care education		
Screen and categorise risk of diabetic foot disease (i.e. low / mod / high)		
Annual review of low risk patients		
Annual review of moderate risk patients		
Review high risk patients		
Refer high risk patients to the hospital podiatrist		
Refer patients with active foot disease to the hospital podiatrist		
Record activity statistics Other (please specify)	a' to any of the following statements, pleas	co indicate the reason(s) for this:
Record activity statistics Other (please specify) 2.36. If you answered 'No reat non-diabetic foot hathology such as nail conditions, corn, callous,	o' to any of the following statements, pleas	se indicate the reason(s) for this:
Record activity statistics Other (please specify) 236. If you answered 'No reat non-diabetic foot bathology such as nail	o' to any of the following statements, pleas	se indicate the reason(s) for this:
Record activity statistics Other (please specify) 236. If you answered 'No reat non-diabetic foot bathology such as nail conditions, corn, callous, or verrucae Diabetic foot care	o' to any of the following statements, pleas	se indicate the reason(s) for this:
Record activity statistics Other (please specify) 2.36. If you answered 'No reat non-diabetic foot bathology such as nail conditions, corn, callous, or verrucae Diabetic foot care education Screen and categorise risk of diabetic foot disease	o' to any of the following statements, pleas	se indicate the reason(s) for this:
Record activity statistics Other (please specify) 2.36. If you answered 'No reat non-diabetic foot bathology such as nail conditions, corn, callous, or verrucae Diabetic foot care education Screen and categorise risk of diabetic foot disease i.e. low / mod / high)	o' to any of the following statements, pleas	se indicate the reason(s) for this:
Record activity statistics Other (please specify) L36. If you answered 'No Treat non-diabetic foot pathology such as nail conditions, corn, callous, or verrucae Diabetic foot care reducation Screen and categorise risk of diabetic foot disease i.e. low / mod / high) Annual review of low risk patients	o' to any of the following statements, pleas	se indicate the reason(s) for this:
Record activity statistics Other (please specify) 2.36. If you answered 'No Treat non-diabetic foot pathology such as nail conditions, corn, callous, or verrucae Otabetic foot care reducation Screen and categorise risk of diabetic foot disease i.e. low / mod / high) Annual review of low risk patients Annual review of moderate isk patients	o' to any of the following statements, pleas	se indicate the reason(s) for this:
Record activity statistics Other (please specify) 2.36. If you answered 'No reat non-diabetic foot bathology such as nail conditions, corn, callous, or verrucae Diabetic foot care education Screen and categorise risk of diabetic foot disease i.e. low / mod / high) Annual review of low risk patients Annual review of moderate isk patients Review high risk patients to	o' to any of the following statements, pleas	se indicate the reason(s) for this:

137. Please indicate your satisfaction with local podiatry services:						
	Very satisfied	Satisfied	Neither satisfied nor unsatisfied	Unsatisfied	Very unsatisfied	I don't know if this happens
Appropriate screening is conducted by GPs/Practice Nurse						
Practice Nurse uses the national screening tool						
Patients at low risk of diabetic foot disease are managed in a GP Practice						
Public health nurses use the national screening tool						
High risk foot patients are reviewed by a hospital podiatrist						
Active foot disease patients are seen by a hospital podiatrist within 24hours/next working day						

Service Overview (Community)	
* 138. What tool do you use to screen for diabetes foot disea	ase?
National Diabetes Foot Screening Tool	I do not use a specific screening tool
Locally developed tool	I do not provide diabetic foot screening services
Other (please name)	
* 120. On average, how many nationts with dishetes do you	age per week?
* 139. On average, how many patients with diabetes do you	see per week?
* 140. Of your clients who are people with diabetes, how ma cancelled appointments?	ny appointments each week are DNA or
cancened appointments?	
* 141. How did you answer the above question?	
Actual data Estimation	Actual data and estimation
* 142. Do you provide out-of-hours diabetes consultations?	
Yes No	
143. If yes, when are the out-of-hours sessions held in you	r area? (Tick all that apply)
At weekends	
In the evenings	
Other (please specify)	
* 144. Do you provide a drop-in service for patients?	
○ Yes ○ No	
* 145 Augustus suuvanahta alla akinan alaka ala sukakka madisaku sa	unica O
* 145. Are you currently collecting data about the podiatry se	:rvice?
Yes No	
* 146. If yes, what information is being collected?	
* 147 to this data charad?	
* 147. Is this data shared? Yes No I do not collect podiatry service data	
Yes No I do not collect podiatry service data	

	148. If yes, who is collected data shared with?	
*	149. Has your department developed PPGs (procedures, pathways, policies and guidelines)?	
	Yes No	
	150. If yes, have the PPPGs developed been validated?	
	Yes No	
	151. We value your insight into diabetes care. Please use the space provided to describe your experiences of im National Model of Diabetic Foot Care. If applicable, what are the changes you would make to the National Clinic Diabetes?	

Hospital & Private F	Practice: Employment Detail	ls (Hospital)		
152 Who are you am	alouad and fundad by 2			
152. Wilo are you em	ployed and funded by?			
HSE		Employed by	Funded by	
Community Hospital				
Voluntary hospital				
Self				
Other Individual/Compan	<i>f</i>			
Diabetes Ireland				
Local Diabetes Initiative				
Other				
Other (please specify)				
153. What is the whol	e time equivalent (WTE) of you	r position? (e.g. 0.5, 0	.75, 1)	
In the hospital	, ,		,	
In private practice				
iii private practice				
154. Please indicate t	ne hospital model:			
Model 2 Model 3				
155. What percentage	e (%) of your client load are peo	ople with diabetes?		
In hospital				
In private practice				
F F				
156. How did you ans	wer the above question?			
Actual data Estin	mation Actual data and estimation	n		

163. Do you have referra	al access to the following serv	vices?				
	I have referral access where I work	I have referral access to anoth hospital	ner I do not have referral access			
Diabetes Nurse Specialist						
Endocrinologist/Diabetologis	st					
Vascular Surgery						
Orthopaedic Surgery						
Orthotists						
f 164. Do you have referral access to the following services in the community:						
	Yes		No			
Chiropodist						
GP/Practice Nurse						
Community Podiatrist (Public)						
Community Podiatrist (Private)						
Public Health Nurse						
L65. On average, what pure properties of the state of the	percentage (%) of your clients	s are:				
Active Foot Disease						
L66. How did you answe	er the above question?					
Actual data	Estimation	○ Ac	ctual data and estimation			
L67. What is the waiting Active Foot Disease High Risk Moderate Risk	period for patients accessing	your service under the fo	ollowing categories:			
168. How did you answe	er the above question?					
Actual data	Estimation	○ Ad	ctual data and estimation			

	Yes	ut the following activities?	
eat non-diabetic foot thology such as nail nditions, corns, Ilous or verrucae			
ofer patients with non- abetic foot pathology ch as nail conditions, rns, verrucae to the mmunity diatrist/chiropodist			
nual review of oderate risk patients			
nual review of high k patients			
eat high risk patients			
ovide a rapid access rvice (i.e. see referrals active foot disease thin 24 hours)			
eat patients with tive foot disease			
eekly review to tients with active foot sease until the foot is aled			
lucate the patient in abetes related foot re			
ecord activity statistics			
er (please specify)			

71. If you answered 'I	NO TO ANY OF the	c following s				
reat non-diabetic foot athology such as nail						
onditions, corn, callous, r verrucae						
efer patients with non- iabetic foot pathology to be community						
niropodist/podiatrist						
nnual review of moderate						
nnual review of high risk atients						
reat high risk patients						
rovide a rapid access ervice (i.e. see referrals or active foot disease ithin 24 hours)						
reat patients with active out disease						
/eekly review to patients ith active foot disease ntil the foot is healed						
ducate the patient in						
iabetes related foot care						
abetes related foot care	our satisfaction	with commu	unity services in y	your locality:		
abetes related foot care ecord activity statistics	our satisfaction	with commu	unity services in y Neither satisfied nor unsatisfied	your locality:	Very unsatisfied	I don't know if this happens
abetes related foot care ecord activity statistics			Neither satisfied		Very unsatisfied	
ecord activity statistics 72. Please indicate you Appropriate screening is conducted by			Neither satisfied		Very unsatisfied	
ecord activity statistics 72. Please indicate years Appropriate screening is conducted by GPs/Practice Nurse Patients at low risk of diabetic foot disease are managed in a GP			Neither satisfied		Very unsatisfied	
abetes related foot care ecord activity statistics 72. Please indicate you appropriate screening is conducted by GPs/Practice Nurse Patients at low risk of diabetic foot disease are managed in a GP practice Appropriate referral pathways are used by			Neither satisfied		Very unsatisfied	
abetes related foot care ecord activity statistics 72. Please indicate you appropriate screening is conducted by GPs/Practice Nurse Patients at low risk of diabetic foot disease are managed in a GP practice Appropriate referral pathways are used by GPs/Practice Nurses Appropriate screening is conducted by podiatrists working in the			Neither satisfied		Very unsatisfied	
abetes related foot care ecord activity statistics 72. Please indicate you have a conducted by GPs/Practice Nurse Patients at low risk of diabetic foot disease are managed in a GP practice Appropriate referral pathways are used by GPs/Practice Nurses Appropriate screening is conducted by podiatrists working in the community Appropriate referral pathways are used by podiatrists working in the community			Neither satisfied		Very unsatisfied	

Serv	rice Overview (Hospital)			
* 173.	What tool do you use to screen for	diabetes foot disease?		
	National Diabetes Foot Screening Tool	O I do not u	se a specific screening tool	
	ocally developed tool	O I do not p	provide diabetic foot screening services	
	Other (please name)			
* 171	On average, how many nationts we	ith diabatas da vay ass no	rupak?	
174.	On average, how many patients w	——————————————————————————————————————	week?	
	Of your clients who are people with elled appointments?	n diabetes, how many appo	ointments each week are DNA or	
Caric	еней арронитель:			
* 176.	How did you answer the above que	estion?		
	Actual data	Estimation	Actual data and estimation	
* 177.	Do you provide out-of-hours diabe	tes consultations?		
O .	Yes No			
	If yes, when are the out-of-hours s	essions held in your area?	(Tick all that apply)	
	At weekends			
	n the evenings Other (please specify)			
	Officer (prease specify)			
* 179.	Do you provide a drop-in service fo	or patients?		
\bigcirc	Yes No			
* 1QN	Are you currently collecting data al	hout the nodiatry service?		
	Yes No	bout the poulatry service:		
181.	If yes, what information is being co	ollected?	_	
* 182	Is this data shared?			
	Yes No I do not collect data			

	L83. If yes, who is collected data shared with?	
* _	184. Has your department developed PPGs (procedures, pathways, policies and guidelines)?	
(Yes No	
	L85. If yes, have the PPPGs developed been validated?	
(Yes No	
ı	L86. We value your insight into diabetes care. Please use the space provided to describe your experiences of im National Model of Diabetic Foot Care. If applicable, what are the changes you would make to the National Clinic Diabetes?	

Podiatrists working in hospitals and in private practice	
We are grateful that you have completed a series of questions relating to your work as a hospital podiatrist. We would appreciate if you would spend a few minutes answering a similar set of questions in relation to your role as a podiatrist working in private practice. Thank you for your time.	

Hospital & Private	Practice: Providing Diabetes Foot (Care (Podiatrists in Private Practice)
* 187. In relation to dia	petic foot disease, what percentage (%	b) of your clients fit the following categories:
Low risk		
Moderate risk		
High risk		
Active Foot Disease		
* 188. How did you ans	wer the above question?	
Actual data	Estimation	Actual data and estimation
* 189. Please indicate to 2017):	the percentage (%) of clients referred to	o you from the following sources (from January
Self-referral		
GP/Practice Nurse		
Public Health Nurse		
Diabetes Nurse Specialist		
Community Podiatrist		
Hospital Podiatrist		
Hospital Consultant		
* 190. How did you ans	wer the above question?	
Actual data	Estimation	Actual data and estimation

* 191. In general, during y	our typical working week, do you carry	out the following activities?	
	Yes	No	
Treat non-diabetic foot pathology such as nail conditions, corns, callous or verrucae			
Diabetic foot care education			
Refer high risk patients to hospital podiatrist			
Treat high risk patients			
Refer patients with active foot disease to the hospital podiatrist			
Treat patients with active foot disease			
Other (please specify)			
	o' to any of the statements above, plea		
Treat non-diabetic foot pathology such as nail conditions, corns, callous or verrucae Diabetic foot care education Refer high risk patients to hospital podiatrist Treat high risk patients Refer patients with active foot disease to the hospital podiatrist Treat patients with active foot disease			

Service Overview (Private Practice)	
* 193. What tool do you use to screen for diabetes foo	ot disease?
National Diabetes Foot Screening Tool	I do not use a specific screening tool
Locally developed tool	I do not provide diabetic foot screening services
Other (please name)	
* 194. Has the private practice you work in developed guidelines)?	PPGs (procedures, pathways, policies and
Yes No	
195. If yes, have the PPPGs developed been validat	ted?
Yes No	
196. Please use the space provided to describe you	r experiences of treating people with diabetes as a
private practitioner. Has anything changed since the	National Model of Diabetic Foot Care was introduced?

Community & Private Practice: Employment Details (Community)					
* 197. Who are you employed and	d funded by?				
	Employed by	Funded by			
HSE					
Diabetes Ireland					
Local Diabetes Initiative					
Self					
Other Company/Business owner					
Other					
Other (please specify)					
* 100 What is the whole time eq	uivalent (WTE) of your position? (e.g. 0.5, 0.7	75 1)			
In the community	invalent (vv i E) of your position? (e.g. 0.5, 0.7	7.5, 1)			
In private practice					
* 199. In what location(s) do you v	work? (Tick all that apply)				
Primary Care Centre	Sole GP Practice	Privately owned clinic			
Other (please specify)					
[*] 200. Are you aware of the Natio	nal Model of Diabetic Foot Care?				
Yes	○ No				
	ur client load are people with diabetes?				
In the community					
In private prctice					

Community & Priva	ate Practice: Providing Diabetes Foot Care (Community)	
* 202. Who are the est workplace?	tablished multidisciplinary team (MDT) members for diabetic foot care in your	
Dietitian	Diabetes Nurse Specialist	
Public Health Nurse	Practice Nurse	
GP GP		
Other (please specify	fy)	
* 203. Please indicate January 2017):	the percentage (%) of clients referred to you from the following sources (since	
Self-referral		
GP/Practice Nurse		
Public Health Nurse		
Diabetes Nurse Specialist	t	
Hospital Podiatrist		
Hospital Consultant		
	swer the above question?	
Actual data	Estimation Actual data and estimation	
* 205. In relation to dia	abetic foot disease, what percentage (%) of your clients fit the following categories:	
Low risk		
Moderate risk		
High risk		
Active Foot Disease		
* 206. How did you ans	swer the above question?	
Actual data	Estimation Actual data and estimation	
month:(Inappropriate	the percentage (%) of inappropriate referrals you have received in the last e referrals are those which fall outside of your treatment responsibilities, according to e Model and/or your job specification)	
* 208. How did you ans	swer the above question?	
Actual data	Estimation Actual data and estimation	

209. If you receive ina	appropriate referrals, please indicate the mair	n reasons for this:	
210. What is the waiti	ng period for patients accessing your service	under the following categories:	
Active Foot Disease			
High Risk			
Moderate Risk			
Low Risk			
LOW MISK			
211. How did you ans	wer the above question?		
Actual data	Estimation	Actual data and estimation	
212. Do you have refe	erral access to the following services:		
Chiropodist	Yes	No	
GP/Practice Nurse			
Hospital Podiatrist			
Diabetes Nurse			
Specialist			
Podiatrist (Private)	Ц		
Public Health Nurse			
Other (please specify)			

	Yes	No
Treat non-diabetic foot pathology such as nail conditions, corns, callous or verrucae		
Diabetic foot care education		
Screen and categorise risk of diabetic foot disease (i.e. low / mod / high)		
Annual review of low risk patients		
Annual review of moderate risk patients		
Review high risk patients		
Refer high risk patients to the hospital podiatrist		
Refer patients with active foot disease to the hospital podiatrist		
Record activity statistics other (please specify)		aga indicate the recept(a) for this
ther (please specify) 14. If you answered 'No' to a reat non-diabetic foot athology such as nail ponditions, corn, callous,	any of the following statements, ple	ease indicate the reason(s) for this:
Record activity statistics ther (please specify) 14. If you answered 'No' to a reat non-diabetic foot athology such as nail	any of the following statements, ple	ease indicate the reason(s) for this:
ther (please specify) 14. If you answered 'No' to a reat non-diabetic foot athology such as nail onditions, corn, callous, r verrucae	any of the following statements, ple	ease indicate the reason(s) for this:
Record activity statistics ther (please specify) 14. If you answered 'No' to a reat non-diabetic foot athology such as nail conditions, corn, callous, r verrucae iabetic foot care ducation creen and categorise risk f diabetic foot disease	any of the following statements, ple	ease indicate the reason(s) for this:
ther (please specify) 14. If you answered 'No' to a reat non-diabetic foot athology such as nail onditions, corn, callous, r verrucae iabetic foot care ducation creen and categorise risk f diabetic foot disease e. low / mod / high) nnual review of low risk	any of the following statements, ple	ease indicate the reason(s) for this:
Record activity statistics other (please specify) 14. If you answered 'No' to a reat non-diabetic foot athology such as nail ponditions, corn, callous, r verrucae iabetic foot care ducation creen and categorise risk f diabetic foot disease e. low / mod / high) nnual review of low risk atients nnual review of moderate	any of the following statements, ple	ease indicate the reason(s) for this:
Record activity statistics other (please specify) 14. If you answered 'No' to a reat non-diabetic foot athology such as nail ponditions, corn, callous, r verrucae iabetic foot care ducation creen and categorise risk f diabetic foot disease e.e. low / mod / high) nnual review of low risk atients nnual review of moderate sk patients	any of the following statements, ple	ease indicate the reason(s) for this:
Record activity statistics Ither (please specify) 14. If you answered 'No' to a reat non-diabetic foot athology such as nail onditions, corn, callous, r verrucae iabetic foot care ducation creen and categorise risk f diabetic foot disease e.e. low / mod / high) nnual review of low risk atients nnual review of moderate sk patients eview high risk patients efer high risk patients to	any of the following statements, ple	ease indicate the reason(s) for this:

* 215. Please indicate your satisfaction with local podiatry services:						
	Very satisfied	Satisfied	Neither satisfied nor unsatisfied	Unsatisfied	Very unsatisfied	I don't know if this happens
Appropriate screening is conducted by GPs/Practice Nurse						
Practice Nurse uses the national screening tool						
Patients at low risk of diabetic foot disease are managed in a GP Practice						
Public health nurses use the national screening tool						
High risk foot patients are reviewed by a hospital podiatrist						
Active foot disease patients are seen by a hospital podiatrist within 24hours/next working day						

Service Overview (Community)			
* 216. What tool do you use to scree	n for diabetes foot disease?		
National Diabetes Foot Screening Too	I do not us	se a specific screening tool	
Locally developed tool	I do not pr	ovide diabetic foot screening services	
Other (please name)			
* 217. On average, how many patien	ts with diabetes do you see per	week?	
ziri on avorago, nov many panen	ne mar diabetee de yeu eee per		
* 218. Of your clients who are people cancelled appointments?	e with diabetes, how many appo	intments each week are DNA or	
		_	
* 219. How did you answer the above			
Actual data	Estimation	Actual data and estimation	
* 220. Do you provide out-of-hours d	iabetes consultations?		
Yes No			
221. If yes, when are the out-of-hou	ure eassions hold in your area?	(Tick all that apply)	
At weekends	ars sessions field in your area: (nok an that appry)	
In the evenings			
Other (please specify)			
]
+ 222 Daview	ing for mating to 2		
* 222. Do you provide a drop-in servi	ice for patients?		
les No			
* 223. Are you currently collecting da	ata about the podiatry service?		
Yes No			
224. If yes, what information is bein	ng collected?		
224. II yes, what illioillation is bell	ig collecteu?		
* 225. Is this data shared?			
Yes	No	I do not collect podiatry service data	

226. If yes, who is collected data shared with?	
* 227. Has your department developed PPGs (procedures, pathways, policies and guidelines)?	
○ Yes ○ No	
228. If yes, have the PPPGs developed been validated? Yes No	
TES NO	
229. We value your insight into diabetes care. Please use the space provided to describe your experie National Model of Diabetic Foot Care. If applicable, what are the changes you would make to the Nati Diabetes?	

Podiatrists working in the community and in private practice	
We are grateful that you have completed a series of questions relating to your work as a community podiatrist. We would appreciate if you would spend a few minutes answering a similar set of questions in relation to your role as a podiatrist working in private practice. Thank you for your time.	

Community & Priva	te Practice: Providing Diabetes Foot C	are (Podiatrists in Private Practice)
* 230. In relation to dial	petic foot disease, what percentage (%) of y	our clients fit the following categories:
Low risk		
Moderate risk		
High risk		
Active Foot Disease		
* 221 How did you are	wer the above question?	
Actual data	Estimation	Actual data and estimation
		
* 232. Please indicate t 2017):	he percentage (%) of clients referred to you	ı from the following sources (from January
Self-referral		
GP/Practice Nurse		
Public Health Nurse		
Diabetes Nurse Specialist		
Community Podiatrist		
Hospital Podiatrist		
Hospital Consultant		
* 233. How did you ans	wer the above question?	
Actual data	Estimation	Actual data and estimation

234. In general, during your typic	al working week, do you ca	arry out the following activities?	
	Yes	No	
Treat non-diabetic foot pathology such as nail conditions, corns, callous or verrucae			
Diabetic foot care education			
Refer high risk patients to hospital podiatrist			
Treat high risk patients			
Refer patients with active foot disease to the hospital podiatrist			
Treat patients with active foot disease			
Other (please specify)			
or verrucae Diabetic foot care education			
Treat non-diabetic foot pathology such as nail conditions, corns, callous			
Diabetic foot care education			
Refer high risk patients to hospital podiatrist			
Treat high risk patients			
Refer patients with active foot disease to the hospital podiatrist			
Treat patients with active foot disease			

Service Overview (Private Practice)	
* 236. What tool do you use to screen for diabetes foo	ot disease?
National Diabetes Foot Screening Tool	I do not use a specific screening tool
Locally developed tool	I do not provide diabetic foot screening services
Other (please name)	
* 237. Has the private practice you work in developed guidelines)?	PPGs (procedures, pathways, policies and
Yes No	
238. If yes, have the PPPGs developed been validat	ted?
Yes No	
239. Please use the space provided to describe you	r experiences of treating people with diabetes as a
private practitioner. Has anything changed since the	National Model of Diabetic Foot Care was introduced?

Education & Continued Professional Development				
* 240. Please describe your continuing professional de	evelopment activities over the past 12 months:			
Often undertake/attend CPD activities	Rarely undertake/attend CPD activities			
Sometimes undertake/attend CPD activities	Never undertake/attend CPD activities			
* 241. Is there a protected budget for continuing profe	ssional develonment?			
Yes No	ssional development:			
* 242. Do you have protected time for continuing profe	essional development?			
Yes No				
* 243. Please indicate the continuing professional dev	elopment activities you engage in:			
Conference attendance	Education/upskilling (educational course)			
Attend National Days for CPD (facilitated by the NCPD)	Education/upskilling (workshop)			
Attend National Days for CPD (not facilitated by the NCPD)	None			
Educate other professionals about podiatry				
Other (please specify)				
* 244. Do you practice self-directed CPD activities?				
Review journal articles/literature	Reflective practice			
Watch webinars	I do not engage in these activities			
Undertake learning on HSELand				
Other (please specify)				
* 245. Do you provide a structured education program	_			
☐ GP	Allied health professionals			
Practice Nurse	Medical staff in nursing homes			
Nursing staff in hospitals	I do not provide structured education to other professional groups			
Medical staff in hospitals Other (please specify)				
Other (please specify)				

246. If you provide structured education, how is the education provided? (Tick all that apply)	
Information only One-on-one sessions Group sessions	
Other (please specify)	
* 247. Are you aware of the CORU registration plan for podiatrists?	
Yes No	
* 248. Have you prepared an appropriate and up-to-date CPD portfolio for CORU?	
Yes No	

End of survey	
Thank you for taking the time to complete the National Survey of Podiatrists. Your contribution will provide valuable understanding of the organisation of podiatry services in Ireland and is greatly appreciated by the research team. If you require further information or wish to withdraw your information from the study, please email ESPRIT at esprit@ucc.ie	