

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.

- 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 participate in the National Survey of Podiatrists in Ireland

Demographic Information

* 2. Please indicate the following information:

Name:

Workplace Name(s):

Workplace Location(s)
(City/Town):

Community Healthcare
Organisation (CHO)

Number (if applicable):

* 3. What is your current job title? (Select all that are appropriate)

Staff Grade Podiatrist

Podiatry Manager

Senior Podiatrist

Podiatrist (Private Practice)

Assistant Clinical Specialist

Chiropodist

Clinical Specialist

Other (please specify)

* 4. Please indicate your age group

* 5. What is your highest level of education relating to podiatry:

Higher Diploma

Postgraduate Degree (PhD)

Undergraduate Degree

No formal education in podiatry

Postgraduate Degree (Master Degree)

Other (please specify)

6. If applicable, in what educational institution did you complete your professional training in podiatry?

* 7. Please indicate the following information:

Years working as a
podiatrist / chiropodist

Years providing foot care
to people with diabetes

Year of uptake of your
current post

* 8. Please indicate, using the options provided below, the professional association of which you are a member

- 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

* 9. This survey distinguishes between community settings, hospital settings and a private practice settings. Taking this into account, in what location(s) do you work?

- I work in a hospital only
- I work in the community only (excluding private practice)
- I work in private practice only
- I work in a hospital and in the community (excluding private practice)
- I work in a hospital and in private practice
- I work in the community and in private practice

Employment Details (Hospital)

* 10. Who are you employed and funded by?

	Employed by	Funded by
HSE	<input type="checkbox"/>	<input type="checkbox"/>
Community Hospital	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary hospital	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

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 diabetes?

* 14. How did you answer the above question?

Actual data Estimation Actual data and estimation

Providing Diabetes Foot Care (Hospital)

* 15. Who are the multidisciplinary team members for diabetic foot care in your workplace?

- | | | |
|---|---|--|
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Orthotist |
| <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Public Health Nurse | <input type="checkbox"/> Endocrinologist |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Vascular Team | <input type="checkbox"/> Diabetes Nurse Specialist |
| <input type="checkbox"/> Other (please specify) | | |

* 16. Please indicate the percentage (%) of clients referred to you from the following sources (from January 2017):

Self-referral	<input type="text"/>
GP/Practice Nurse	<input type="text"/>
Public Health Nurse	<input type="text"/>
Diabetes Nurse Specialist	<input type="text"/>
Community Podiatrist	<input type="text"/>
Emergency Department	<input type="text"/>
Internal (hospital) referral	<input type="text"/>

* 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 percentage (%) of your clients are:

Moderate Risk

High Risk

Active Foot Disease

Other (please specify)

* 22. How did you answer the above question?

Actual data

Estimation

Actual data and estimation

* 23. Do you have referral access to the following services?

	I have referral access where I work	I have referral access to another hospital	I do not have referral access
Diabetes Nurse Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrinologist/Diabetologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopaedic Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthotists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* 24. Do you have referral access to the following services in the community?

	Yes	No
Chiropodist	<input type="checkbox"/>	<input type="checkbox"/>
GP/Practice Nurse	<input type="checkbox"/>	<input type="checkbox"/>
Community Podiatrist (Public)	<input type="checkbox"/>	<input type="checkbox"/>
Community Podiatrist (Private)	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Nurse	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

* 25. In general, during your 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	<input type="checkbox"/>	<input type="checkbox"/>
Refer patients with non-diabetic foot pathology such as nail conditions, corns, verrucae to the community podiatrist/chiroprapist	<input type="checkbox"/>	<input type="checkbox"/>
Annual review of moderate risk patients	<input type="checkbox"/>	<input type="checkbox"/>
Annual review of high risk patients	<input type="checkbox"/>	<input type="checkbox"/>
Treat high risk patients	<input type="checkbox"/>	<input type="checkbox"/>
Provide a rapid access service (i.e. see referrals for active foot disease within 24 hours)	<input type="checkbox"/>	<input type="checkbox"/>
Treat patients with active foot disease	<input type="checkbox"/>	<input type="checkbox"/>
Weekly review to patients with active foot disease until the foot is healed	<input type="checkbox"/>	<input type="checkbox"/>
Educate the patient in diabetes related foot care	<input type="checkbox"/>	<input type="checkbox"/>
Record activity statistics	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

* 28. What is the waiting period for patients accessing your service under the following categories:

Active Foot Disease

High Risk

Moderate Risk

* 29. How did you answer the above question?

Actual data

Estimation

Actual data and estimation

Service Overview (Hospital)

* 30. What tool do you use to screen for diabetes 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)

* 31. On average, how many patients with diabetes do you see per week?

* 32. Of your clients who are people with diabetes, how many appointments each week are DNA or cancelled appointments?

* 33. How did you answer the above question?

- Actual data Estimation Actual data and estimation

* 34. Do you provide out-of-hours diabetes consultations?

- Yes No

35. If yes, when are the out-of-hours sessions held in your area? (Tick all that apply)

- At weekends In the evenings
- Other (please specify)

* 36. Do you provide a drop-in service for patients?

- Yes No

* 37. Are you currently collecting data about the podiatry service?

- Yes No

38. If yes, what information is being collected?

* 39. 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 implementing the National Model of Diabetic Foot Care. If applicable, what are the changes you would make to the National Clinical Programme for Diabetes?

Employment Details (Community)

* 44. Who are you employed and funded by?

	Employed by	Funded by
HSE	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Ireland	<input type="checkbox"/>	<input type="checkbox"/>
Local Diabetes Initiative	<input type="checkbox"/>	<input type="checkbox"/>
Community Hospital	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary hospital	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

* 45. What is the whole time equivalent (WTE) of your position? (e.g. 0.5, 0.75, 1)

* 46. In what location(s) do you work? (Tick all that apply)

Primary Care Centre Sole GP Practice

Other (please specify)

* 47. What percentage (%) of your client load are people with diabetes?

* 48. How did you answer the above question?

Actual data Estimation Actual data and estimation

Providing Diabetes Foot Care (Community)

* 49. Who are the established multidisciplinary team (MDT) members for diabetic foot care in your workplace?

Dietitian

Diabetes Nurse Specialist

Public Health Nurse

Practice Nurse

GP

Other (please specify)

* 50. In relation to diabetic foot disease, what percentage (%) of your clients fit the following categories:

Low risk

Moderate risk

High risk

Active Foot Disease

* 51. How did you answer the above question?

Actual data

Estimation

Actual data and estimation

* 52. Please indicate the percentage (%) of clients referred to you from the following sources (since January 2017):

Self-referral

GP/Practice Nurse

Public Health Nurse

Diabetes Nurse Specialist

Hospital Podiatrist

Hospital Consultant

* 53. How did you answer the above question?

Actual data

Estimation

Actual data and estimation

* 54. 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)*

* 55. How did you answer the above question?

Actual data

Estimation

Actual data and estimation

56. If you receive inappropriate referrals, please indicate the main reasons for this:

* 57. What is the waiting period for patients accessing your service under the following categories:

Active Foot Disease

High Risk

Moderate Risk

Low Risk

* 58. How did you answer the above question?

Actual data Estimation Actual data and estimation

* 59. Do you have referral access to the following services:

	Yes	No
Chiroprapist	<input type="checkbox"/>	<input type="checkbox"/>
GP/Practice Nurse	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Podiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Nurse Specialist	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Nurse	<input type="checkbox"/>	<input type="checkbox"/>
Podiatrist (Private)	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

* 60. In general, during your 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	<input type="checkbox"/>	<input type="checkbox"/>
Diabetic foot care education	<input type="checkbox"/>	<input type="checkbox"/>
Screen and categorise risk of diabetic foot disease (i.e. low / mod / high)	<input type="checkbox"/>	<input type="checkbox"/>
Annual review of low risk patients	<input type="checkbox"/>	<input type="checkbox"/>
Annual review of moderate risk patients	<input type="checkbox"/>	<input type="checkbox"/>
Review high risk patients	<input type="checkbox"/>	<input type="checkbox"/>
Refer high risk patients to the hospital podiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Refer patients with active foot disease to the hospital podiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Record activity statistics	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

61. If you answered 'No' to any of the following statements, please indicate the reason(s) for this:

Treat non-diabetic foot pathology such as nail conditions, corn, callous, or verrucae	<input type="text"/>
Diabetic foot care education	<input type="text"/>
Screen and categorise risk of diabetic foot disease (i.e. low / mod / high)	<input type="text"/>
Annual review of low risk patients	<input type="text"/>
Annual review of moderate risk patients	<input type="text"/>
Review high risk patients	<input type="text"/>
Refer high risk patients to the hospital podiatrist	<input type="text"/>
Refer patients with active foot disease to the hospital podiatrist	<input type="text"/>
Record activity statistics	<input type="text"/>

Service Overview (Community)

* 63. What tool do you use to screen for diabetes 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 do you see per week?

* 65. Of your clients who are people with diabetes, how many appointments each week are DNA or cancelled appointments?

* 66. How did you answer the above question?

- Actual data Estimation Actual data and estimation

* 67. Do you provide out-of-hours diabetes consultations?

- Yes No

68. If yes, when are the out-of-hours sessions held in your area? (Tick all that apply)

- At weekends
- 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 podiatry 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 PPGs developed been validated?

Yes No

76. We value your insight into diabetes care. Please use the space provided to describe your experiences of implementing the National Model of Diabetic Foot Care. If applicable, what are the changes you would make to the National Clinical Programme for Diabetes?

Providing Diabetes Foot Care (Podiatrists in Private Practice)

* 77. What percentage (%) of your client load are people with diabetes?

* 78. Are you aware of the National Model of Diabetic Foot Care?

Yes

No

* 79. In relation to diabetic foot disease, what percentage (%) of your clients fit the following categories:

Low risk

Moderate risk

High risk

Active Foot Disease

* 80. How did you answer the above question?

Actual data

Estimation

Actual data and estimation

* 81. 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

Hospital Podiatrist

Hospital Consultant

* 82. How did you answer the above question?

Actual data

Estimation

Actual data and estimation

* 83. In general, during your 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	<input type="checkbox"/>	<input type="checkbox"/>
Diabetic foot care education	<input type="checkbox"/>	<input type="checkbox"/>
Refer high risk patients to hospital podiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Treat high risk patients	<input type="checkbox"/>	<input type="checkbox"/>
Refer patients with active foot disease to the hospital podiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Treat patients with active foot disease	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

84. If you answered 'No' to any of the statements above, please indicate your reasoning for this?

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)

* 85. What tool do you use to screen for diabetes 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)

* 86. Has the private practice you work in developed PPGs (procedures, pathways, policies and guidelines)?

- Yes No

87. If yes, have the PPGs developed been validated?

- Yes No

88. Please use the space provided to describe your experiences of treating people with diabetes as a private practitioner. Has anything changed since the National Model of Diabetic Foot Care was introduced?

Hospital & Community: Employment Details

* 89. Who are you employed and funded by?

	Employed by	Funded by
HSE	<input type="checkbox"/>	<input type="checkbox"/>
Community Hospital	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary hospital	<input type="checkbox"/>	<input type="checkbox"/>
Local Diabetes Initiative	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Ireland	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

* 90. In what community location(s) do you work? (Tick all that apply)

- Primary Care Centre Sole GP Practice
 Other (please specify)

* 91. What is the whole time equivalent (WTE) of your position? (e.g. 0.5, 0.75, 1)

In hospital

In the community

* 92. Please indicate the hospital model:

- Model 2 Model 3 Model 4 Don't know

* 93. What percentage (%) of your client load are people with diabetes?

In hospital

In the community

* 94. How did you answer the above question?

- Actual data Estimation Actual data and estimation

Hospital & Community: Providing Diabetes Foot Care (Hospital)

* 95. Who are the multidisciplinary team members for diabetic foot care in your workplace?

- | | | |
|---|---|--|
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Orthotist |
| <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Public Health Nurse | <input type="checkbox"/> Endocrinologist |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Vascular Team | <input type="checkbox"/> Diabetes Nurse Specialist |
| <input type="checkbox"/> Other (please specify) | | |

* 96. On average, what percentage (%) of your clients fit the following categories:

Moderate Risk	<input type="text"/>
High Risk	<input type="text"/>
Active Foot Disease	<input type="text"/>

* 97. How did you answer the above question?

- Actual data Estimation Actual data and estimation

* 98. Please indicate the percentage (%) of clients referred to you from the following sources (from January 2017):

Self-referral	<input type="text"/>
GP/Practice Nurse	<input type="text"/>
Public Health Nurse	<input type="text"/>
Diabetes Nurse Specialist	<input type="text"/>
Community Podiatrist	<input type="text"/>
Emergency Department	<input type="text"/>
Internal (hospital) referral	<input type="text"/>

* 99. How did you answer the above question?

- Actual data Estimation Actual data and estimation

* 100. 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*)

* 101. How did you answer the above question?

- Actual data Estimation Actual data and estimation

102. If you receive inappropriate referrals, please indicate the main reasons for this:

* 103. What is the waiting period for patients accessing your service under the following categories:

Active Foot Disease	<input type="text"/>
High Risk	<input type="text"/>
Moderate Risk	<input type="text"/>
Low Risk	<input type="text"/>

* 104. How did you answer the above question?

Actual data Estimation Actual data and estimation

* 105. Do you have referral access to the following services?

	I have referral access where I work	I have referral access to another hospital	I do not have referral access
Diabetes Nurse Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrinologist/Diabetologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopaedic Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthotists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* 106. Do you have referral access to the following services:

	Yes	No
Chiroprapist	<input type="checkbox"/>	<input type="checkbox"/>
GP/Practice Nurse	<input type="checkbox"/>	<input type="checkbox"/>
Community Podiatrist (Public)	<input type="checkbox"/>	<input type="checkbox"/>
Community Podiatrist (Private)	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Nurse	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

* 107. In general, during your 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	<input type="checkbox"/>	<input type="checkbox"/>
Refer patients with non-diabetic foot pathology such as nail conditions, corns, verrucae to the community podiatrist/chiroprapist	<input type="checkbox"/>	<input type="checkbox"/>
Annual review of moderate risk patients	<input type="checkbox"/>	<input type="checkbox"/>
Annual review of high risk patients	<input type="checkbox"/>	<input type="checkbox"/>
Treat high risk patients	<input type="checkbox"/>	<input type="checkbox"/>
Provide a rapid access service (i.e. see referrals for active foot disease within 24 hours)	<input type="checkbox"/>	<input type="checkbox"/>
Treat patients with active foot disease	<input type="checkbox"/>	<input type="checkbox"/>
Weekly review to patients with active foot disease until the foot is healed	<input type="checkbox"/>	<input type="checkbox"/>
Educate the patient in diabetes related foot care	<input type="checkbox"/>	<input type="checkbox"/>
Record activity statistics	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

Service Overview (Hospital)

* 110. What tool do you use to screen for diabetes 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)

* 111. On average, how many patients with diabetes do you see per week?

* 112. Of your clients who are people with diabetes, how many appointments each week are DNA or cancelled appointments?

* 113. How did you answer the above question?

- Actual data Estimation Actual data and estimation

* 114. Do you provide out-of-hours diabetes consultations?

- Yes No

115. If yes, when are the 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 drop-in service for patients?

- Yes No

* 117. Are you currently collecting data about the podiatry service?

- Yes No

118. If yes, what information is being collected?

* 119. Is this data shared?

- Yes No I do not collect podiatry service data

120. If yes, who is collected data shared with?

* 121. Has your department developed PPGs (procedures, pathways, policies and guidelines)?

Yes No

122. If yes, have the PPPGs developed been validated?

Yes No

123. We value your insight into diabetes care. Please use the space provided to describe your experiences of implementing the National Model of Diabetic Foot Care. If applicable, what are the changes you would make to the National Clinical Programme for 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 & Community: Providing Diabetes Foot Care (Community)

* 124. Who are the established multidisciplinary team (MDT) members for diabetic foot care in your workplace?

Dietitian

Diabetes Nurse Specialist

Public Health Nurse

Practice Nurse

GP

Other (please specify)

* 125. In relation to diabetic foot disease, what percentage (%) of your clients fit the following categories:

Low risk

Moderate risk

High risk

Active Foot Disease

* 126. How did you answer the above question?

Actual data

Estimation

Actual data and estimation

* 127. Please indicate the percentage (%) of clients referred to you from the following sources (since January 2017):

Self-referral

GP/Practice Nurse

Public Health Nurse

Diabetes Nurse Specialist

Hospital Podiatrist

Hospital Consultant

* 128. How did you answer the above question?

Actual data

Estimation

Actual data and estimation

* 129. 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)*

* 130. How did you answer the above question?

Actual data

Estimation

Actual data and estimation

131. If you receive inappropriate referrals, please indicate the main reasons for this:

* 132. What is the waiting period for patients accessing your service under the following categories:

Active Foot Disease

High Risk

Moderate Risk

Low Risk

* 133. How did you answer the above question?

Actual data

Estimation

Actual data and estimation

* 134. Do you have referral access to the following services:

	Yes	No
Chiroprapist	<input type="checkbox"/>	<input type="checkbox"/>
GP/Practice Nurse	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Podiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Nurse Specialist	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Nurse	<input type="checkbox"/>	<input type="checkbox"/>
Podiatrist (Private)	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

* 135. In general, during your 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	<input type="checkbox"/>	<input type="checkbox"/>
Diabetic foot care education	<input type="checkbox"/>	<input type="checkbox"/>
Screen and categorise risk of diabetic foot disease (i.e. low / mod / high)	<input type="checkbox"/>	<input type="checkbox"/>
Annual review of low risk patients	<input type="checkbox"/>	<input type="checkbox"/>
Annual review of moderate risk patients	<input type="checkbox"/>	<input type="checkbox"/>
Review high risk patients	<input type="checkbox"/>	<input type="checkbox"/>
Refer high risk patients to the hospital podiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Refer patients with active foot disease to the hospital podiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Record activity statistics	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

136. If you answered 'No' to any of the following statements, please indicate the reason(s) for this:

Treat non-diabetic foot pathology such as nail conditions, corn, callous, or verrucae	<input type="text"/>
Diabetic foot care education	<input type="text"/>
Screen and categorise risk of diabetic foot disease (i.e. low / mod / high)	<input type="text"/>
Annual review of low risk patients	<input type="text"/>
Annual review of moderate risk patients	<input type="text"/>
Review high risk patients	<input type="text"/>
Refer high risk patients to the hospital podiatrist	<input type="text"/>
Refer patients with active foot disease to the hospital podiatrist	<input type="text"/>
Record activity statistics	<input type="text"/>

Service Overview (Community)

* 138. What tool do you use to screen for diabetes 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)

* 139. On average, how many patients with diabetes do you see per week?

* 140. Of your clients who are people with diabetes, how many appointments each week are DNA or cancelled 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 your 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. Are you currently collecting data about the podiatry service?

- Yes No

* 146. If yes, what information is being collected?

* 147. Is this data shared?

- 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 implementing the National Model of Diabetic Foot Care. If applicable, what are the changes you would make to the National Clinical Programme for Diabetes?

Hospital & Private Practice: Employment Details (Hospital)

* 152. Who are you employed and funded by?

	Employed by	Funded by
HSE	<input type="checkbox"/>	<input type="checkbox"/>
Community Hospital	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary hospital	<input type="checkbox"/>	<input type="checkbox"/>
Self	<input type="checkbox"/>	<input type="checkbox"/>
Other Individual/Company	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Ireland	<input type="checkbox"/>	<input type="checkbox"/>
Local Diabetes Initiative	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

* 153. What is the whole time equivalent (WTE) of your position? (e.g. 0.5, 0.75, 1)

In the hospital

In private practice

* 154. Please indicate the hospital model:

Model 2 Model 3 Model 4 Don't know

* 155. What percentage (%) of your client load are people with diabetes?

In hospital

In private practice

* 156. How did you answer the above question?

Actual data Estimation Actual data and estimation

Hospital & Private Practice: Providing Diabetes Foot Care (Hospital)

* 157. 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)

* 158. Please indicate the percentage (%) of clients referred to you from the following sources (from January 2017):

Self-referral	<input type="text"/>
GP/Practice Nurse	<input type="text"/>
Public Health Nurse	<input type="text"/>
Diabetes Nurse Specialist	<input type="text"/>
Community Podiatrist	<input type="text"/>
Emergency Department	<input type="text"/>
Internal (hospital) referral	<input type="text"/>

* 159. How did you answer the above question?

- Actual data
- Estimation
- Actual data and estimation

* 160. 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)

* 161. How did you answer the above question?

- Actual data
- Estimation
- Actual data and estimation

162. If you receive inappropriate referrals, please indicate the main reasons for this:

* 163. Do you have referral access to the following services?

	I have referral access where I work	I have referral access to another hospital	I do not have referral access
Diabetes Nurse Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrinologist/Diabetologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopaedic Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthotists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* 164. Do you have referral access to the following services in the community:

	Yes	No
Chiroprapist	<input type="checkbox"/>	<input type="checkbox"/>
GP/Practice Nurse	<input type="checkbox"/>	<input type="checkbox"/>
Community Podiatrist (Public)	<input type="checkbox"/>	<input type="checkbox"/>
Community Podiatrist (Private)	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Nurse	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

* 165. On average, what percentage (%) of your clients are:

Moderate Risk	<input type="text"/>
High Risk	<input type="text"/>
Active Foot Disease	<input type="text"/>

* 166. How did you answer the above question?

Actual data Estimation Actual data and estimation

* 167. What is the waiting period for patients accessing your service under the following categories:

Active Foot Disease	<input type="text"/>
High Risk	<input type="text"/>
Moderate Risk	<input type="text"/>
Low Risk	<input type="text"/>

* 168. How did you answer the above question?

Actual data Estimation Actual data and estimation

169. Briefly indicate the main reasons for this waiting list period?

* 170. In general, during your 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	<input type="checkbox"/>	<input type="checkbox"/>
Refer patients with non-diabetic foot pathology such as nail conditions, corns, verrucae to the community podiatrist/chiroprapist	<input type="checkbox"/>	<input type="checkbox"/>
Annual review of moderate risk patients	<input type="checkbox"/>	<input type="checkbox"/>
Annual review of high risk patients	<input type="checkbox"/>	<input type="checkbox"/>
Treat high risk patients	<input type="checkbox"/>	<input type="checkbox"/>
Provide a rapid access service (i.e. see referrals for active foot disease within 24 hours)	<input type="checkbox"/>	<input type="checkbox"/>
Treat patients with active foot disease	<input type="checkbox"/>	<input type="checkbox"/>
Weekly review to patients with active foot disease until the foot is healed	<input type="checkbox"/>	<input type="checkbox"/>
Educate the patient in diabetes related foot care	<input type="checkbox"/>	<input type="checkbox"/>
Record activity statistics	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

Service Overview (Hospital)

* 173. What tool do you use to screen for diabetes 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)

* 174. On average, how many patients with diabetes do you see per week?

* 175. Of your clients who are people with diabetes, how many appointments each week are DNA or cancelled appointments?

* 176. How did you answer the above question?

- Actual data Estimation Actual data and estimation

* 177. Do you provide out-of-hours diabetes consultations?

- Yes No

178. If yes, when are the out-of-hours sessions held in your area? (Tick all that apply)

- At weekends
- In the evenings
- Other (please specify)

* 179. Do you provide a drop-in service for patients?

- Yes No

* 180. Are you currently collecting data about the podiatry service?

- Yes No

181. If yes, what information is being collected?

* 182. Is this data shared?

- Yes No I do not collect data

183. If yes, who is collected data shared with?

* 184. Has your department developed PPGs (procedures, pathways, policies and guidelines)?

Yes No

185. If yes, have the PPPGs developed been validated?

Yes No

186. We value your insight into diabetes care. Please use the space provided to describe your experiences of implementing the National Model of Diabetic Foot Care. If applicable, what are the changes you would make to the National Clinical Programme for 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 diabetic foot disease, what percentage (%) of your clients fit the following categories:

Low risk

Moderate risk

High risk

Active Foot Disease

* 188. How did you answer the above question?

Actual data

Estimation

Actual data and estimation

* 189. 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

Hospital Podiatrist

Hospital Consultant

* 190. How did you answer the above question?

Actual data

Estimation

Actual data and estimation

* 191. In general, during your 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	<input type="checkbox"/>	<input type="checkbox"/>
Diabetic foot care education	<input type="checkbox"/>	<input type="checkbox"/>
Refer high risk patients to hospital podiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Treat high risk patients	<input type="checkbox"/>	<input type="checkbox"/>
Refer patients with active foot disease to the hospital podiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Treat patients with active foot disease	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

192. If you answered 'No' to any of the statements above, please indicate your reasoning for this?

Treat non-diabetic foot pathology such as nail conditions, corns, callous or verrucae	<input type="text"/>
Diabetic foot care education	<input type="text"/>
Refer high risk patients to hospital podiatrist	<input type="text"/>
Treat high risk patients	<input type="text"/>
Refer patients with active foot disease to the hospital podiatrist	<input type="text"/>
Treat patients with active foot disease	<input type="text"/>

Service Overview (Private Practice)

* 193. What tool do you use to screen for diabetes 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)

* 194. Has the private practice you work in developed PPGs (procedures, pathways, policies and guidelines)?

- Yes No

195. If yes, have the PPPGs developed been validated?

- Yes No

196. Please use the space provided to describe your 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 funded by?

	Employed by	Funded by
HSE	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Ireland	<input type="checkbox"/>	<input type="checkbox"/>
Local Diabetes Initiative	<input type="checkbox"/>	<input type="checkbox"/>
Self	<input type="checkbox"/>	<input type="checkbox"/>
Other Company/Business owner	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

* 198. What is the whole time equivalent (WTE) of your position? (e.g. 0.5, 0.75, 1)

In the community

In private practice

* 199. In what location(s) do you work? (Tick all that apply)

Primary Care Centre Sole GP Practice Privately owned clinic

Other (please specify)

* 200. Are you aware of the National Model of Diabetic Foot Care?

Yes No

* 201. What percentage (%) of your client load are people with diabetes?

In the community

In private practice

Community & Private Practice: Providing Diabetes Foot Care (Community)

* 202. Who are the established multidisciplinary team (MDT) members for diabetic foot care in your workplace?

- Dietitian Diabetes Nurse Specialist
- Public Health Nurse Practice Nurse
- GP
- Other (please specify)

* 203. Please indicate the percentage (%) of clients referred to you from the following sources (since January 2017):

Self-referral	<input type="text"/>
GP/Practice Nurse	<input type="text"/>
Public Health Nurse	<input type="text"/>
Diabetes Nurse Specialist	<input type="text"/>
Hospital Podiatrist	<input type="text"/>
Hospital Consultant	<input type="text"/>

* 204. How did you answer the above question?

- Actual data Estimation Actual data and estimation

* 205. In relation to diabetic foot disease, what percentage (%) of your clients fit the following categories:

Low risk	<input type="text"/>
Moderate risk	<input type="text"/>
High risk	<input type="text"/>
Active Foot Disease	<input type="text"/>

* 206. How did you answer the above question?

- Actual data Estimation Actual data and estimation

* 207. 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)*

* 208. How did you answer the above question?

- Actual data Estimation Actual data and estimation

209. If you receive inappropriate referrals, please indicate the main reasons for this:

* 210. What is the waiting period for patients accessing your service under the following categories:

Active Foot Disease

High Risk

Moderate Risk

Low Risk

* 211. How did you answer the above question?

Actual data

Estimation

Actual data and estimation

* 212. Do you have referral access to the following services:

	Yes	No
Chiropracist	<input type="checkbox"/>	<input type="checkbox"/>
GP/Practice Nurse	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Podiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Nurse Specialist	<input type="checkbox"/>	<input type="checkbox"/>
Podiatrist (Private)	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Nurse	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

* 213. In general, during your 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	<input type="checkbox"/>	<input type="checkbox"/>
Diabetic foot care education	<input type="checkbox"/>	<input type="checkbox"/>
Screen and categorise risk of diabetic foot disease (i.e. low / mod / high)	<input type="checkbox"/>	<input type="checkbox"/>
Annual review of low risk patients	<input type="checkbox"/>	<input type="checkbox"/>
Annual review of moderate risk patients	<input type="checkbox"/>	<input type="checkbox"/>
Review high risk patients	<input type="checkbox"/>	<input type="checkbox"/>
Refer high risk patients to the hospital podiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Refer patients with active foot disease to the hospital podiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Record activity statistics	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

214. If you answered 'No' to any of the following statements, please indicate the reason(s) for this:

Treat non-diabetic foot pathology such as nail conditions, corn, callous, or verrucae	<input type="text"/>
Diabetic foot care education	<input type="text"/>
Screen and categorise risk of diabetic foot disease (i.e. low / mod / high)	<input type="text"/>
Annual review of low risk patients	<input type="text"/>
Annual review of moderate risk patients	<input type="text"/>
Review high risk patients	<input type="text"/>
Refer high risk patients to the hospital podiatrist	<input type="text"/>
Refer patients with active foot disease to the hospital podiatrist	<input type="text"/>
Record activity statistics	<input type="text"/>

Service Overview (Community)

* 216. What tool do you use to screen for diabetes 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)

* 217. On average, how many patients with diabetes do you see per week?

* 218. Of your clients who are people with diabetes, how many appointments each week are DNA or cancelled appointments?

* 219. How did you answer the above question?

- Actual data Estimation Actual data and estimation

* 220. Do you provide out-of-hours diabetes consultations?

- Yes No

221. If yes, when are the out-of-hours sessions held in your area? (Tick all that apply)

- At weekends
- In the evenings
- Other (please specify)

* 222. Do you provide a drop-in service for patients?

- Yes No

* 223. Are you currently collecting data about the podiatry service?

- Yes No

224. If yes, what information is being collected?

* 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

229. We value your insight into diabetes care. Please use the space provided to describe your experiences of implementing the National Model of Diabetic Foot Care. If applicable, what are the changes you would make to the National Clinical Programme for 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 & Private Practice: Providing Diabetes Foot Care (Podiatrists in Private Practice)

* 230. In relation to diabetic foot disease, what percentage (%) of your clients fit the following categories:

Low risk

Moderate risk

High risk

Active Foot Disease

* 231. How did you answer the above question?

Actual data

Estimation

Actual data and estimation

* 232. 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

Hospital Podiatrist

Hospital Consultant

* 233. How did you answer the above question?

Actual data

Estimation

Actual data and estimation

* 234. In general, during your 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	<input type="checkbox"/>	<input type="checkbox"/>
Diabetic foot care education	<input type="checkbox"/>	<input type="checkbox"/>
Refer high risk patients to hospital podiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Treat high risk patients	<input type="checkbox"/>	<input type="checkbox"/>
Refer patients with active foot disease to the hospital podiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Treat patients with active foot disease	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

235. If you answered 'No' to any of the statements above, please indicate your reasoning for this?

Treat non-diabetic foot pathology such as nail conditions, corns, callous or verrucae	<input type="text"/>
Diabetic foot care education	<input type="text"/>
Refer high risk patients to hospital podiatrist	<input type="text"/>
Treat high risk patients	<input type="text"/>
Refer patients with active foot disease to the hospital podiatrist	<input type="text"/>
Treat patients with active foot disease	<input type="text"/>

Service Overview (Private Practice)

* 236. What tool do you use to screen for diabetes 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)

* 237. Has the private practice you work in developed PPGs (procedures, pathways, policies and guidelines)?

- Yes No

238. If yes, have the PPPGs developed been validated?

- Yes No

239. Please use the space provided to describe your 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 development activities over the past 12 months:

- | | |
|--|---|
| <input type="checkbox"/> Often undertake/attend CPD activities | <input type="checkbox"/> Rarely undertake/attend CPD activities |
| <input type="checkbox"/> Sometimes undertake/attend CPD activities | <input type="checkbox"/> Never undertake/attend CPD activities |

* 241. Is there a protected budget for continuing professional development?

- Yes No

* 242. Do you have protected time for continuing professional development?

- Yes No

* 243. Please indicate the continuing professional development activities you engage in:

- | | |
|---|--|
| <input type="checkbox"/> Conference attendance | <input type="checkbox"/> Education/upskilling (educational course) |
| <input type="checkbox"/> Attend National Days for CPD (facilitated by the NCPD) | <input type="checkbox"/> Education/upskilling (workshop) |
| <input type="checkbox"/> Attend National Days for CPD (not facilitated by the NCPD) | <input type="checkbox"/> None |
| <input type="checkbox"/> Educate other professionals about podiatry | |
| <input type="checkbox"/> Other (please specify) | |

* 244. Do you practice self-directed CPD activities?

- | | |
|---|--|
| <input type="checkbox"/> Review journal articles/literature | <input type="checkbox"/> Reflective practice |
| <input type="checkbox"/> Watch webinars | <input type="checkbox"/> I do not engage in these activities |
| <input type="checkbox"/> Undertake learning on HSELand | |
| <input type="checkbox"/> Other (please specify) | |

* 245. Do you provide a structured education programme to any of the following professional groups?

- | | |
|---|---|
| <input type="checkbox"/> GP | <input type="checkbox"/> Allied health professionals |
| <input type="checkbox"/> Practice Nurse | <input type="checkbox"/> Medical staff in nursing homes |
| <input type="checkbox"/> Nursing staff in hospitals | <input type="checkbox"/> I do not provide structured education to other professional groups |
| <input type="checkbox"/> Medical staff in hospitals | |
| <input type="checkbox"/> 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