



# **ALLIANCE RULEBOOK 2017**

**and the**

**PROFESSIONAL  
STANDARDS  
AUTHORITY  
APPROVED....**



**professional<sup>™</sup>  
standards  
authority**

**accredited register**



## **1. ALLIANCE MISSION STATEMENT**

*The purpose of the Alliance is to promote Private Sector Practice and support safe delivery of service to the public by voluntary registration, education, and skill-enhancement. Alliance members are either registered with the Health & Care Professions Council or with the Accredited Register of Foot Health Practitioners.*

*The Alliance recognises that trained and qualified private sector practitioners possess knowledge and skills from which service users may benefit, and that they can effectively deliver those skills directly. The Alliance advocates and promotes best practice and continuous practitioner development as the most positive means of ensuring the safety and protection of service users.*

*The private sector has always delivered that which the public seeks. The Alliance intends that this shall always be available and safely delivered, whilst appropriately qualified practitioners shall be fully represented, protected and gain benefit from their legitimate endeavour. The Alliance also recognises that the public sector alone cannot offer the scope and service level demanded by the population of the United Kingdom.*

## 2. AIMS AND OBJECTIVES

**The purpose of the Alliance** is to promote private sector practice and enhance the training level, skill, and knowledge-base of those practitioners accepted into membership as the most effective way of ensuring best user experience and safety of the service user.

**Protection of the public** is assured by definition of training parameters, recognised skill levels and stated ethical standards of delivery. The Alliance will ensure proper treatment of the public from its members by setting standards of training, conduct and delivery.

Alliance Podiatrist members are registered with the HCPC. The Alliance keeps a register of its Foot Health Practitioner (FHP) members to demonstrate their intention to work to ethical standards. The Alliance's register is the '*Accredited Register of Foot Health Practitioners*', assured and approved by the Professional Standards Authority for Health and Social Care in accordance with the provisions of the Health & Social Care Act, 2012.

**The Accredited Register of Foot Health Practitioners** lists practitioners that meet its standards of training. A member of the public can check on the public register website that a member is listed. The members list is annotated with details of any disciplinary issues both pending and current, so that an intending service user can make an informed choice when selecting a practitioner.

**The Registrar of the Accredited Register of Foot Health Practitioners** will ensure that matters of discipline or alleged malpractice are properly notified on the published Register, and that the outcome of any subsequent investigation is also displayed for the information of the public and other service users. The Registrar will also monitor and ensure that any further training, suspension of membership, striking-off or other sanction is observed and runs its intended course, and is notified to other regulators and safeguarding agencies, as appropriate to each case.

**Practice-related education** is provided by the staging of a balanced programme of workshops, lectures, talks and presentations for continuing professional development (CPD). In addition, an Annual Convention, held over two days presents a programme of lectures and presentations with trade exhibition and opportunity for networking and social interaction with colleagues. Alliance branches present independent programmes directed towards development of practice at regional venues. CPD opportunities are made available by post, at several venues, and online. CPD is recognised as relevant engagement with the profession or professional colleagues, and should be gained by a variety of activities.

**The Alliance represents its membership** in matters concerning regulation, and inputs into consultation on issues of regulation and accreditation. Those practitioners of other training backgrounds that are not listed on statutory registers are encouraged to take up accredited registration with a view to demonstrating good intention, thus ensuring recognition and any benefits that may arise from such recognition.

**The Alliance constitutes a repository of practice experience** that exists for service users and members to draw upon. The Alliance provides a central point for members' concerns, and for the guidance of service users, and will advise so far as it is able, or redirect to sources that can offer appropriate advice.

**The Alliance will explore every opportunity to secure and raise the status of its members by the pursuit of ethical, compassionate and efficacious practice.** These matters call for steadfastness and tenacity, and the Alliance will involve itself wherever and whenever possible to expedite changes that may be of benefit to members, and ultimately to the public.

### **3. STRUCTURE**

- a) **The Alliance and the Accredited Register of Foot Health Practitioners are controlled by a team comprised of experienced health professionals and executive directors.** The control and direction of the Alliance is determined by the team in order to ensure reliability, continuity, and stability.
- b) **Administration of the Alliance is conducted by the Managing Director.**
- c) **The Managing Director of the Alliance is also the Registrar of the Accredited Register of Foot Health Practitioners** which is accredited (approved) by the Professional Standards Authority for Health and Social Care (PSA, the 'Authority').

### **4. MEMBERSHIP GRADES**

There are three grades of membership:

- 1) **Fellowship is the senior grade awarded in recognition of academic achievement.**  
Fellowship is awarded where a Member has pursued and successfully completed any three of the advanced practice courses in addition to their initial qualification, or has undertaken training elsewhere deemed to be equivalent. Fellows display the designation **FPSPract**.
- 2) **Membership is the regular grade for those qualified and working in the profession.**  
The right is reserved to refuse membership of the Alliance, and of the Accredited Register without reason being given. Members display the designation **MPSPract**.
- 3) **Honorary Membership** is awarded to persons deemed to have supported or given valuable professional service to the Alliance, or have administrative association with the Alliance. Honorary Membership carries no voting rights, and there is no entitlement to public liability insurance.

## 5. MEMBERSHIP

**To qualify for entry into membership of the Alliance and the Accredited Register of Foot Health Practitioners you must:**

- i) *be able to demonstrate normal hand control and hand/eye co-ordination,*
- ii) *speak and write English sufficiently well as to allow effective record-keeping and communication,*
- iii) *prove training to a level deemed to be equivalent to NVQ level 4, with a minimum of 10 days of approved practical training,*
- iv) *be currently engaged in delivery of the service, and be suitably insured to deliver that service*
- v) *undertake to practice within the requirements and rules of the Alliance of Private Sector Practitioners and the Accredited Register of Foot Health Practitioners.*

a) Applications for Membership of the Accredited Register must initially be directed to the Registrar at Alliance Head Office: Plas Eirias Business Centre, Colwyn Bay, Conwy, LL29 8BF.

b) All Alliance practitioners must have professional indemnity insurance, or declare that they will have such indemnity when practising. **Alliance insurance is not available to those not holding Alliance Membership.**

c) Membership or Fellowship shall be granted or maintained only upon receipt of the annual fee. Any benefits attached to membership shall cease to apply in the event of non-payment of the retention fee within 30 days of the due date. In the event of late payment of membership fees, an additional administration fee of £50 will apply.

d) It is a condition of membership that, from the conclusion of the year of qualification, all members shall then acquire a minimum of 40 Continuing Professional Development points in each full membership year. Failure to attain the minimal number of CPD points may result in increase of premium or withdrawal of insurance cover and expulsion from membership. **In the year following qualification, 40 CPD points gained by involvement with your occupation will be required.**

Newly qualified members are awarded 20 CPD points on completion of their initial course and this is considered to be sufficient for the first year.

e) A random annual audit will be held in order to ensure that the CPD requirement is fulfilled. Two-and-a-half per cent of the membership each year will be required to demonstrate their completed CPD. CPD must be current and cannot be 'carried over'.

f) If CPD cannot be shown to have been undertaken, and no evidence or acceptable mitigation is offered, then a 90-day period will be allowed for submission of the quantity of CPD seen to be deficient. Failure to return the required amount of CPD by the end of this term will result in administrative expulsion from the Accredited Register of Foot Health Practitioners, notification of such expulsion on the Register's public website for a period of 90 days, and expulsion from the Alliance of Private Sector Practitioners. Return to Membership and re-listing upon the Register following expulsion remains at the discretion of the Registrar and even if granted will incur an extra administrative cost.

## 6. INSURANCE

- a) Insurance cover for £6m Public Liability and Treatment Risk is available to fully paid-up Alliance of Private Sector Practitioners Members and Fellows only.
- b) Insurance cover will be lost in the event of failure to pay Membership Fees by the due date. A late payment penalty of £50 may be charged.
- c) Insurance cover will be made void in the event of conduct found on examination to be dangerous to the public or prejudicial to the Alliance or the Accredited Register of Foot Health Practitioners. Cover will also be withdrawn in the event of striking-off or serious sanction by the Health Care Professions Council or other statutory regulator following determination of any case found by them to be prejudicial to safe practice. The Alliance and the Accredited Register will share and exchange information with other regulators and safeguarding authorities on matters of public safety.
- d) Membership or Fellowship shall begin on the first day and shall cease immediately upon expiry of the membership year. Membership shall be required to be renewed annually, on or before the due renewal date. An administration fee of £50 will be levied for late payment of Membership fees.

*Every member must, without fail, keep a professional portfolio recording evidence of their engagement with their profession.*

## 7. DISCIPLINARY PROCEDURE

- 7.1 Issues may be raised directly with the Managing Director, or may be received via the Ethics Committee. The Managing Director shall, in the event of a concern being raised or a complaint being made, attempt to find an immediate informal resolution if this can be found, and will seek to prevent escalation of a concern wherever this proves possible, if necessary in consultation with her fellow Directors.
- 7.2 The Managing Director may offer mediation as a quick, fair and inexpensive way of resolving an issue with the consent of a complainant and the member/registrant (the subject of a complaint). Where a Practitioner member /registrant becomes aware they are the subject of a complaint they shall refer the matter to the Managing Director, notify their insurer and may suggest mediation to the complainant if this is reasonably practicable for them to do. Mediation (a confidential and consensual process whereby a resolution agreement might be reached) shall proceed in

accordance with the “Rules for Mediation” which are available to download from the alliance website (link).

- 7.3 If a concern or complaint cannot be informally resolved, or in the case of informal resolution being insufficient or inappropriate to deal with the gravity or magnitude of the concern, then a formal process outlined in paragraph 7 (a) to (m) becomes necessary. Whether or not mediation has begun (and if it has it shall terminate forthwith), the Managing Director shall in fairness to the member / registrant (subject of the complaint) inform that person that the matter or concern or complaint is so serious that mediation is inappropriate and that disciplinary proceedings are contemplated. The complainant then becomes a witness in disciplinary proceedings against the member / registrant, who shall have no further direct contact with the complainant.
- 7.4 The Managing Director shall enquire into the nature of the concern and identify the parties involved. The formal disciplinary process shall proceed according to the following rules (a) to (m)
- a) **Concerns and complaints will be examined** by Panels specially assembled for the purpose of examining and resolving issues of unprofessional behaviour, technical incompetence and business malpractice.
  - b) **Panels** will be comprised of an Alliance Executive Officer who will chair the panel, a Healthcare Practitioner who has no connection to the Alliance or the foot care professions, and a Lay Person with a particular interest in the wellbeing of the public.
  - c) Care will be taken to exclude from the constitution of a Panel any person with direct involvement or personal vested interest in the matter under consideration.
  - d) **The Investigating Panel** shall consider whether there is a case to answer and shall consider the assembled evidence and take statements and testimony from the complainant and the Practitioner (-) The Practitioner may submit that there is no case to answer and the Investigating Panel may agree or disagree with that submission. Where the Investigating Panel decide there is a case to answer they shall marshal the statements, evidence, copy documents and prepare a case summary outlining any issues of fact and proceed to refer the case to the Adjudication Panel and pass the evidence to the Adjudication Panel; where it is decided there is no case to answer then the Investigation Panel shall so report to the Managing Director who may in her absolute discretion offer informal resolution by mediation. In either case the parties shall be informed of the decision and the next steps to be taken.
  - e) **The Adjudication Panel** will examine the case, interview witnesses, consider the evidence, and determine a course of action deemed to be just, fair and appropriate. They may apply sanctions ranging from requiring an undertaking, a period of refreshment or re-training, to striking the registrant from the Accredited Register and Alliance membership. One option is to impose an interim order - a period of

suspension on a registrant while investigations are ongoing, an appeal is being heard, or otherwise, to protect the public.

- f) **The Appeal Panel** will re-examine the case, consider any new evidence, or conduct further investigation at their discretion. The Appeal Panel's decision following that re-examination shall then be final. **Intention to appeal against the determination of the Adjudication Panel must be notified to the Registrar within 7 days, and hearing will normally take place within 28 days of that notice.** Unless the intention to appeal is notified within 7 days of the hearing, the outcome will be posted on the public register page.
- g) If the complaint is found to have substance, the Adjudication Panel would then consider whether the particulars of the case justified the application of sanctions. The subject is entitled to appeal against the sanctions, and following notice of appeal any interim order would be extended to cover the appeal period.
- h) The interim order could, at the Adjudication Panels' discretion, be extended to cover a period of re-training before the suspension order was lifted.
- j) Where the Adjudication Panel has concerns that the complainant witness has been the subject of pressure, oppression, coercion or inappropriate contact from the Practitioner member /registrant or his or her representative or other person, the Panel may in their discretion protect witnesses by hearing them at a different time to so that they will not meet the subject of the complaint. Where there is an issue of fact (the Investigating Panel shall have a duty to identify issues of fact) that ought in fairness to the Practitioner to be resolved by questions being put to the witness/complainant, then a video link is best practice. The Practitioner's right (especially where loss of livelihood may be involved) to defend him or herself and in so doing have advanced notice of the case against them, notice of any issues of fact, copy documents and evidence relied upon, includes the right to ask questions of witnesses and this latter right shall only be overridden in exceptional circumstances. Proceedings without the complainant present for questioning shall be exceptional.
- k) Members have a duty of candour, and refusal to engage and co-operate with the Panels in the course of investigation will itself count as gross misconduct and may lead to being struck from the Register. The Panels will be obliged to make decisions in absentia in the event of non-co-operation or refusal to engage. The Panel will continue to deliberate and reach a decision and this cannot be prevented or avoided by resignation or permitting lapse of membership during the process. Outcomes of investigations will be reported on the public register.
- l) **Sanctions available to the Panels** range from imposition of a period of monitored practice, requirement of further education/training culminating in expulsion from Alliance Membership and the Accredited Register, depending upon the severity of the offence and the threat to the public - 90 days for administrative expulsion – 5

years for misconduct and a life-time ban from membership where the public would again be put at risk by re-instatement.

- m) **The outcomes of hearings will be posted on the Accredited Register website** for the information of the public and the guidance of practitioners, but only on conclusion of the appeal process, and the appeal not being upheld.
- n) **In the event of expulsion**, insurance cover will be immediately withdrawn and striking-off will be notified on the Accredited Register webpage. In the event of gross misconduct prejudicial to the safety and protection of the public the Alliance is duty bound to inform the Professional Standards Authority, the Police, the Disclosure & Barring Authority, and other statutory regulators, as appropriate.

## **8. RE-INSTATEMENT TO THE REGISTER**

- a) Any person that lapses from the register by failure to renew their listing at the appropriate time (administrative lapse) can apply for re-listing on the register. In order to qualify for re-listing, all of the original requirements for listing must be met: i.e. the applicant must be engaged in current practice, be suitably insured or seeking insurance for practice, be fit to practice, agree to abide by the rules of the Alliance and be free of any sanction or impediment to practice. A person that has been suspended from the register pending a re-training order or need to submit requisite CPD can apply to be re-listed upon completion of that re-training or submission of the requisite CPD.
- b) If, when suspended or struck from the register, any significant new evidence can be presented which merits re-examination of the case, a person can apply to the Appeals Panel for re-consideration of their status. If, on re-examination, there is found to be good reason to vary the determination of the Adjudication Panel, the Appeals Panel will make any appropriate variation.

**In the absence of significant new evidence, or that evidence being deemed not to warrant change of status, and in all cases where re-instatement might expose the public to renewed risk of professional malpractice, the striking off will not be reversed and expulsion will be permanent.**

## **9. CONTINUING PROFESSIONAL DEVELOPMENT**

- a) Continuing Professional Development (CPD) is mandatory for all practising Alliance Members, Fellows and Accredited Register members. In order to ensure that sufficient CPD is undertaken to justify continuation of insurance cover, it is necessary to gain 40 CPD points in each membership year. Most professional interactions/activities count towards CPD if they are written-up and the Alliance office is informed.
- b) A wide range of CPD is provided by the Alliance in the form of Open Clinical Forums, Annual Conventions, website-download material, practice advancement courses, and

publication of a Journal, extending to CPD recognition of contributions made to the Journal. The Alliance stages CPD events such as Basic Life Support courses and workshops throughout the year. CPD gained from any other source also counts so long as it is relevant to practice and at a professional level.

c) **Each member must, without fail, keep their own personal CPD portfolio.** Evidence of attendance at CPD events needs to be retained. Reflectivity is encouraged, and Reflection Forms are available for download from the Alliance website. CPD will be audited annually and a random 2½% sample of the membership will be taken. Failure to produce a CPD portfolio when requested at audit, or not completed within 90 days following such request will result in termination of Alliance Membership and cessation of listing on the Accredited Register, with attendant loss of insurance. Such termination will be notified on the Accredited Register of Foot Health Practitioners public website for a period of 90 days.

d) Members are expected to hold a current Basic Life Support Certificate, valid for three years.

*CPD is recognised as relevant engagement with the profession or professional colleagues, and should be gained by a variety of activities.*

## 10. CODE OF CONDUCT & PROFESSIONAL ETHICS

*Professional ethics are to be upheld by all Alliance Members and Members of the Accredited Register. Many of the rules of professional conduct and behaviour concern compliance with the law. Other rules are based on moral values. Morality and law are inextricably combined in the practices that a professional person undertakes to follow in order to protect his/her person, his/her colleagues, and the all-important patient. The Code of Conduct defines the boundaries that professional people accept in return for professional status and autonomy.*

a. **The professional person is self-motivating and self-critical**, capable of autonomous self-audit, decision-making, planning and action. The practitioner must understand and respect the relationship with other professionals and recognise when and where to refer. This is why level 4 training is seen to be important.

*NVQ Level 4 - NVQ Level 4 is the fourth level of NVQ (National Vocational Qualification), where you will learn to apply workplace knowledge to a broad range of scenarios that range from the simple to the very complex. The approximate academic equivalent of NVQ level 4 are: Key Skills level 4, Certificates of Higher Education, Higher National Diplomas and a National Diploma in Professional Production Skills.*

b. **Professionalism requires recognition of, and compliance with accepted standards of behaviour towards colleagues, patients and members of the public.** Failure to behave professionally puts the public at risk, incurs disapproval from professional colleagues and damages the reputation of all practitioners.

- c. **The patient, and the welfare of the patient, is always the focus of consideration.** The patient, when receiving the attention of a professional, must be given total and undivided attention. Sessions should be free, so far as is possible, from the interruption of ringing telephones and other intrusions. All must be done to ensure that the patient receives full consideration of their case and address of their problems, without distraction. **All practitioners must work within their remit and ability.**
- d. **Confidentiality is to be observed and respected at all times.** Every effort must be expended to keep information that is entrusted to the practitioner in a safe and proper manner to avoid loss or unlawful dissemination of patient details.
- e. **The professional enters into a consultation unburdened with personal concerns.** These issues must be set aside and not brought into the consultation. Private life must be separated from work so that only the professional persona is seen by the patient.
- f. **Despite giving full attention, support and empathy to the patient, we must not allow ourselves to become emotionally or personally involved** with them in the course of our professional work, but must maintain an appropriate professional relationship at all times. All practitioners must work within their scope of practice.
- g. **We must ensure and defend the dignity of our clients** at all times during the course of our work.
- h). **Any treatment delivered must reflect good scientific, evidential practice and be recognisably of professional standard.** Hurried and shoddy workmanship is not acceptable and is not worthy of professional recognition.

*The application of good practice leading to the best and most satisfactory outcome for the client is always the measure against which our work can be assessed.*

## **11. RULES AND GUIDELINES**

- a) Members must uphold and safeguard their patient's confidentiality at all times.
- b) Give the patient your full, undivided attention during their treatment period.
- c) Concentrate on the present patient - forget the previous one.
- d) Do not carry-over problems from previous sessions.

e) Ensure that patient records are correct and up-to-date with all relevant personal details, current medication, and treatment provided by the end of each treatment session. Treatment records must be kept for at least 8 years after the last treatment episode, or in the case of treatment to minors, until they are 25 years of age. **Note that to keep records on electronic storage devices (computers, smartphones, iPads, etc.) requires an annual licence from the Information Commissioner's Office [www.ico.org.uk](http://www.ico.org.uk).**

f) On referral of your patient to their GP or other professional practitioner, ensure that a copy of all correspondence is attached to the patient record for reference.

g) Wear a white coat or uniform - this is an assertion of your professionalism - and serves to delineate the relationship between you and your patient.

h) Wear your badge of qualification - this projects your professional status.

i) Be seen by your patient to wash your hands before commencement of treatment, and do so again immediately upon cessation of treatment. Use an alcohol hand sanitiser where washing facilities are not available.

j) You must lay the treatment options before the patient. Communicate fully with the patient and respect their preferences. You cannot impose treatment without the patient's permission. Having informed them of the proposed treatment, associated cost and expected outcome, you should obtain a signature to record that the patient has understood the proposed treatment plan and given their '*informed consent*' for the treatment to go ahead.

k) Communicate freely and clearly, but never indulge in gossip.

l) Help if you can, but do not allow emotional involvement with a patient or their problems. You are advised always to practice with a slight detachment from your patient.

m) Put your personal interests and difficulties aside so that they do not cloud or influence your professional judgement.

## **12. STANDARDS OF BEHAVIOUR**

a) The Alliance expects the highest professional standards to be maintained at all times by its members. Implementation of efficacious best practice should be the aim of every practitioner, and this should in turn be related to the scientific evidence base.

b) Members should at all times conduct themselves with decorum and dignity appropriate to their occupation, and must treat clients, colleagues and members of the public with respect.

- c) Acceptance of a patient obligates the practitioner to deliver the best treatment of which s/he is capable, irrespective of race, creed, orientation or personal beliefs.
- d) The practitioner must be seen to treat all patients even-handedly and without favour, dispensing treatment and advice to each according to their need.
- e) Practitioners will, by the very nature of the work and their presence in peoples' homes, find themselves placed in positions of trust. Practitioners must at all times rise above temptation, behave with honesty and integrity, and conduct themselves honourably in accordance with the law and the highest values of their profession.
- f) Practitioners must demonstrate respect for fellow professionals. It is unethical to take over another practitioners' clients without their permission, or 'poach' or otherwise steal clients. Nobody owns a patient - or a territory.

### **13. HEALTH AND SAFETY**

- a) The safety of yourself, your patient and the public is paramount.
- b) Ensure your patient's comfort and privacy before, and after treatment.
- c) Be seen to wash your hands before start of treatment - and immediately after treatment.
- d) Always wear professional protective equipment, i.e. white coat/tunic/uniform, gloves, mask, eye protection, etc., as appropriate to the task.
- e) Always ensure that you have an up-to-date and complete First Aid Kit available. Check it regularly and make up any losses immediately after use.
- f) **Practitioners are expected to hold a valid First Aid/Basic Life Support Certificate from a recognised training provider.**
- g) Equipment must be well-maintained in accordance with current guidelines and legislation.
- h) Contaminated instruments or equipment must be isolated from clean equipment until cleaned and/or sterilised.
- j) Ensure that surgery chairs and plinths are used within manufacturers stated load limits. **Do not allow overloading of patient chairs.**
- k) Electrical equipment must be regularly inspected, serviced and maintained. Autoclaves are required to be submitted for annual inspection, calibration and pressure-testing by a qualified autoclave engineer, and must have a current Pressure Vessel Test Certificate.

## 14. THE ETHICS COMMITTEE

The Ethics Committee can be approached directly by a member of the public. This statement appears on the public-facing Accredited Register webpages:

*Raising a Concern.*

*'you can go directly to the Ethics Committee to raise a concern about the Alliance itself. For more information about the Ethics Committee and its purpose. see: Our policies*

*-write to:*

*Mrs Sharon Doody,  
6 Pendorlan Avenue,  
Colwyn Bay,  
Clwyd,  
LL29 8EA'*

**The Ethics Committee** is formed of four lay persons that have no association with the Alliance, and apart from the re-imbusement of their paid expenses, they have no financial association with, or other interest in the Alliance. The Ethics Committee exists to examine issues raised about the Alliance itself, or its personnel.

The Ethics Committee is comprised of:

Mrs Sharon Doody - Chair - Senior Assistant Pharmacist

Melanie Langton-Davies - Accountant

Thomaz Droznowicz - Registered Pharmacist

Denise Picton - Focus Care Wales - working with people with special needs.

The Ethics Committee will be convened when concerns arise. If members of the committee cannot attend, then every effort will be made to find suitable replacement members.

The findings of the Ethics Committee will be entered by the Registrar into the Agenda of a Board Meeting, so that the Directors can be informed and learn from the outcome. The Directors are pledged to accept the findings and recommendations of the Ethics Committee, and will seek to address the issue to prevent the concern or conflict arising in the future.

**The CPD points system allows indication of value of individual activities and overall quantification of the minimal acceptable engagement with your profession.**

# THE ACCREDITED REGISTER OF FOOT HEALTH PRACTITIONERS



*Practitioners who are not Members of the Alliance can apply to be listed on the Accredited Register*

*It is a condition of Alliance membership that all Members are listed: either on the HCPC Register if Podiatrists, or on the Accredited Register of Foot Health Practitioners*

## 15. DESIGNATORY LETTERS

Designatory letters are written thus:

**Fellow of the Alliance of Private Sector Practitioners**

**FPSPract**

**Member of the Alliance of Private Sector Practitioners**

**MPSPract**

**Note the exact spacing and use of upper and lower case letters  
-this is the only correct format.**

**Quote your letters correctly.** It is advised that you apply them in the manner:

Your name\*comma/space\*qualification letters\*comma/space\*FPSPract or MPSPract.

e.g. *James Smith, DipCFHP, MPSPract*

**NB**

**There are no letters attached to being a member of the accredited register...MAR must not be used.**

**You can state: 'Member of the Accredited Register of Foot Health Practitioners' - if so entitled.**

**There can be no variation on this, and none will be allowed.**

## 15. THE MEANING OF THE ALLIANCE BADGE



The lion rises from the fire exactly as does the mythological phoenix. The Alliance was born of fire (rebellion against injustice and lack of honest representation). The device on the shield depicts the rebirth of the lion (the Alliance) out of the flames of conflict with another body (now deceased). The shield itself demonstrates that we defend ourselves with knowledge as the best protection for our patients, and ourselves. The device serves to warn those who refuse to take us seriously that we have survived against the odds, grown and prospered, and are not to be dismissed lightly.

### THE COLLEGE OF FOOT HEALTH PRACTITIONERS

The College has been almost two years in present premises: Telephone is still: 0121 559 0180

First Floor Suite, Parkside House, Oldbury Road, Blackheath, West Midlands, B65 0LG



**THE ALLIANCE KEEPS THE  
PROFESSIONAL STANDARDS AUTHORITY APPROVED:  
ACCREDITED REGISTER OF FOOT HEALTH PRACTITIONERS**



**The Accredited Register of Foot Health Practitioners  
is run by the  
Alliance of Private Sector Practitioners  
and accredited by the  
Professional Standards Authority for Health and Social Care.**

**TO CONTACT THE ALLIANCE:**

The Alliance can be contacted:

by email: [admin@thealliancepsp.com](mailto:admin@thealliancepsp.com)

or by telephone: **01492 534333**

or by writing to:

**The Managing Director  
The Alliance of Private Sector Practitioners  
Plas Eirias Business Centre  
Colwyn Bay  
Conwy  
LL29 8BF**

website: <http://www.thealliancepsp.com>

**TO CONTACT THE ACCREDITED REGISTER:**

The Registrar can be contacted on the telephone or email address above or you can write to **The Registrar** at the above postal address.

## **Privacy and Copyright Statement**

If you are a Foot Health Practitioner and register with the Accredited Register, the information you provide will be used to update the register, administer and maintain your registration, process complaints, compile statistics, and send you guidance, updates and news. We display and make available only the following details to any enquirer:

**Only the following information will appear on the public register webpage:**

- **Full name**
  - **Profession**
  - **Approximate work location**
  - **Registration number**
  - **Post qualification achievements**
  - **Register status / endorsements**
- 
- A registrant's home address, contact details, date of birth and other data are not made available to the public.
  - The Register will not share information other than the publicly available register information with third parties, including agencies, partners or spouses.
  - The Register does not automatically capture or store personal information about visitors to our web site.

All applications are to be made through the Plas Eirias, Colwyn Bay Head Office.

The Register runs an on-going CPD monitoring programme and you must keep, record and collect evidence of your CPD activities so that it can be inspected on request.

The Register will not sell, or supply your details to any commercial organisation or use your details for anything other than the purposes quoted above.

## **Consent to Collect Personal Information**

In compliance with the Data Protection Act 1998, each registrant and new applicant to the Register will be asked to give formal consent for the registrar to collect and process their personal information.

## **Changes to your Personal Details**

Changes to your personal details may be made in writing or via e-mail from your recorded e-mail address. You should include your registered address, work address and your registration or application number for reference. If you wish to change your personal details over the telephone you will be asked security questions to confirm you are the party in question i.e. date of birth, postcode etc. You must inform us within 28 days if your contact or personal details change.

## **Complaints about Breaches of Privacy**

Any candidate or applicant who believes that a breach of privacy in relation to personal information held by the Register may have occurred should, in the first instance, contact the Registrar. If a candidate or applicant wishes to lodge a formal complaint about a possible breach of privacy, they must write to the Registrar, including their own full contact details.

## **Data Protection Registration**

The Register entry under the Data Protection Act 1998 for the Register is PZ8629154.

To search the Data Protection Register and see the classes and uses of data at the Register go to [www.dpr.gov.uk/search.html](http://www.dpr.gov.uk/search.html) and input our registration number **PZ8629154**

If you wish to inspect your records at the Register you must put your request in writing enclosing evidence that you are the data subject (registrant or applicant) and a cheque for £10 drawn on a UK bank. Copies of available information will be supplied to your registered address. Please note that some items of information are confidential (this includes references), and will not be supplied.

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Private Sector Practitioners need to be fully supported in matters of regulation at the appropriate level, and this has always been the Alliance's stated aim and intent. The 2012 introduction of accreditation of registers by the Professional Standards Authority for Health and Social Care (PSA - previously the Council for Healthcare Regulatory Excellence) allows registered practitioners to demonstrate their commitment to high standards of care and delivery of service. The Register is audited and reviewed annually in order to ensure that the Professional Standards Authority's published standards are administered and maintained.

*“This means that employers, commissioners and members of the public will be able to choose to use people in health and social care who are on a register of an organisation that has been assessed by us and accredited.”*



Only members of an Accredited Register can use the PSA Accredited Register logo

**The Professional Standards Authority oversees the nine statutory health care regulators by annual review: they also accredit the registers of health professionals who do not come under statutory regulation.**

**Members are reminded that Trading Standards apply to webpages and any other advertising material that you generate. Advertisements must be honest and truthful and must make no false claims. The Alliance offers checking and proof-reading of business cards, flyers, website material and advertising material – there is no charge for this service. If in doubt – ask! We will be pleased to help and advise.**

**Warning!!!**

You must not claim to be, or imply that you are a Chiropodist/Podiatrist unless you are an HCPC registrant. Further, you must not claim to offer chiropody or podiatry unless you are an HCPC registrant. The titles *Chiropodist* and *Podiatrist* are statutorily reserved for the exclusive use of HCPC registrants. The use of derivative words such as *chiropodeal* and *podiatric* must also not be used by non-HCPC registrants.

*You can be fined £5,000 for non-compliance.*

Quotations used throughout this publication are taken from the Professional Standards Authority webpage, which we strongly recommend you to view:



<http://www.professionalstandards.org.uk>

**View the Alliance webpages at [www.thealliancepsp.com](http://www.thealliancepsp.com) for further information and interaction with the Alliance.**

**The public Accredited Register webpage can be viewed at:**

**[www.foothealthpractitionerregister.co.uk](http://www.foothealthpractitionerregister.co.uk) and you are advised to check your entry.**

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