



CODE OF ETHICS

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INTRODUCTION

-"Membership of the College incurs an obligation to uphold the dignity; and honour of the Profession to exalt its standing and to extend its usefulness to the public. The conduct of members shall at all times be both becoming and creditable to the profession.

The Council of the College has laid down for the guidance of members certain rules which they must observe in the conduct of their professional life. Members should make themselves acquainted with these rules and should seek advice through the council before taking any action which might be considered professional misconduct."

Members have a duty to prevent a professional misdemeanour in the first place, rather than to answer charges following a complaint.

The following is a guide for Members of the College, which must be observed by them. It provides a framework to work within, but should not be considered all encompassing or fully comprehensive. Compliance with the guidance set out in the Code of ethics cannot in itself ensure that Members will not be subject to sanctions by the College.

Members will have to use their judgement as to when it is necessary to seek further advice from the College's council.

Caution is the watchword - prudence based on common sense is the best way forward. Many actions common in society carry an additional dimension when involving a professional person. An act or omission not subject to the criminal or civil law may nevertheless constitute a breach of a Member's obligations as a Member of the College.

STATUS OF SUPPLEMENTARY GUIDANCE

The Supplementary Guidance notes incorporated in this document are intended for the further guidance of members. These notes are not part of the Code of ethics but are intended to assist members to be aware of the standards and policies against which their behaviour may be adjudged. The notes should therefore be read in conjunction with the Code of ethics.

The Code of ethics and the Supplementary Guidance will be amended and developed as circumstances demand, and as Council determines.

1. STANDARDS

Use of titles

- 1.1 Members must comply with the guidance on use of titles such as "Specialist" and "Consultant" which is set out in Appendix B.

Supplemental Guidance

In considering cases brought against individual Members for breach of paragraph 1.1, the Complaints committee will use as a standard the relevant statement of policy agreed by the Council (currently Appendix B).

Specialist qualifications, Faculty membership and practice titles

- 1.2 Members must not claim to hold specialist qualifications or membership of Faculties that they do not hold. Members must not use practice titles referring to particular specialisms of podiatry unless those specialisms are provided by the relevant practice and the practitioner(s) involved have the appropriate competence/facilities outwith general practice (see also Appendix B).
- 1.3 Members with specialist qualifications or who are members of a Faculty must not hold their competence to be pre-eminent in areas of general practice, or otherwise use their status in such a way as to restrict the general practice of other Members.

2. PERSONAL BEHAVIOUR

Behaviour discrediting the profession

- 2.1 Members must adhere to appropriate standards of personal professional conduct and must not be guilty of any dishonesty, violence or use of illegal drugs, whether or not such behaviour connected with their practice as podiatrists.

Abuse of alcohol

- 2.2 Members must ensure that their use of alcohol does not adversely affect their practice as podiatrists.

Behaviour discrediting the profession

- 2.3 Members must not make statements or announcements in connection with their practice (or induce others to do so) that are untrue, misleading or unethical and must not carry out any other act or omission in connection with their practice that is liable to mislead the public.

Supplementary Guidance 2.1, 2.2 & 2.3

A Member's behaviour should not bring the College into disrepute.

3. ACTING IN THE INTERESTS OF PATIENTS

Relationship with patients

- 3.1 The professional relationship between Members in practice and their patients is such that patients are entitled to trust Members at all times to act in the best interests of patients and Members must not abuse this trust.

Protecting patients

- 3.2 A Member's obligation to uphold the honour of the profession extends to taking action to protect patients when there is reason to believe that another Member's conduct performance or health is putting patients at risk. Patients' safety comes first and must override personal and professional loyalties and in such circumstances a Member who becomes aware of the situation should raise the matter with the registrar of the College.

Supplementary Guidance

In judging cases brought before it, where a breach of paragraph 3.2 is alleged, the complaints Committee will consider whether the duty of care, which a clinician owes towards a patient, has been complied with. The wellbeing and safety of patients must be paramount and must also be seen to be paramount. This concept overrides all professional loyalties and all Members will be adjudged against the standards of clinical practice and professional behaviour described in regulations and as published by the College. Professional activity must never breach any applicable law.

Meeting standards

- 3.3 Members must comply with such guidance and standards as the College may issue from time to time, in addition to all applicable statutory requirements.

Supplementary Guidance

In judging cases of clinical negligence or misconduct brought before it the complaints committee will draw on statutory requirements, and will consider whether the conduct in question complies with those requirements. In addition, Members will be expected to have complied with other College guidelines as may be published.

Delegation and referral

- 3.4 Where applicable, Members must comply with the following guidelines for delegating and accepting and making referrals:

"When you delegate care or treatment you must be sure that the person to whom you delegate is competent to carry out the procedure or provide the therapy involved. You

must always pass on enough information about the patient and the treatment needed. You will still be responsible for the overall management of the patient.”

"Referral involves transferring some or all of the responsibility for the patient's care, usually temporarily and for a particular purpose, such as additional investigation, care or treatment, which falls outside your competence. Usually you will refer patients to another registered medical practitioner. If this is not the case, you must be satisfied that such health care workers are accountable to a statutory regulatory body, and that a registered medical practitioner retains overall responsibility for the management of the patient.”

"When you refer a patient, you should provide all relevant information about the patient's history and current condition. Specialists who have seen or treated a patient should, unless the patient objects, tell the practitioner the results of investigations, the treatment provided and any other information necessary for the continuing care of the patient." (Extract from *Good Medical Practice* published by UK GMC July 1998).

Working in conjunction with other professions

- 3.5 When working in conjunction with other professions, Members must comply with the guidance set out in Appendix A "Working under the clinical direction of another profession”.

Supplementary Guidance

Members should maintain cordial and respectful relations with Members of other professions. Appendix A sets out the position as agreed by the Council, and further guidance may be, from time to time, produced by the Council and be published for the information of Members.

Confidentiality

- 3.6 Members must comply with their duties of confidentiality towards their patients.

Supplementary Guidance

Where a breach of patient confidentiality is alleged, the Complaints Committee will expect a Member to be able to prove confidentiality of patient information, where there has been a disclosure of such information so that a presumption arises that the member has failed to keep the information confidential.

Explaining treatment costs

- 3.7 Members treating patients privately must clearly identify to their patients the contractual terms applying to their treatment and the basis of charging. Wherever possible the actual or probable costs of treatment must be given. An up to date written statement of the basis of charging must, where possible, be displayed within the surgery area and must be supplied to patients on request

Risks of treatment and consent

- 3.8 Members must explain the nature, purpose, extent and risks of any treatments proposed to be given by them and to give information on any available alternatives. Members must obtain patients' informed consent to receiving all treatment. Members are further advised, therefore, to obtain a patient's signed consent and in all cases must do so where there is a risk to the wellbeing of patients, or treatment may entail pain or suffering on the part of patients.

Supplementary Guidance 3.7 & 3.8

All Members involved in patient care should be able to demonstrate that the relevant information on the costs of treatment (if applicable) was made available to the patient. Members should also always be able to demonstrate that they gained from individual patients, or their carers, "informed consent". There should be written and signed evidence that patients have received adequate levels and types of information, in a format which they were able to understand. Evidence of compliance with this standard will be sought if there is any allegation that informed consent has not been obtained.

The onus for proving that sufficient efforts were made to obtain "informed consent" lies with the Member, not the patient. Information given to individual patients should include alternative intervention possibilities, details of the intervention(s) proposed, and the risks and benefits involved.

Presence of a third person

- 3.9 When conducting examinations involving minors or where there is clearly an issue of modesty or a potential for a claim of assault, Members are advised to ensure that a third party is present. When giving treatment where there would be a known risk to the patient's health or wellbeing if a Member became (for whatever reason) incapable of completing that treatment, Members must ensure a third party is present.

Supplementary Guidance

When considering cases brought before it, the Complaints committee will take into account the arrangements to allow third party presence (i.e. chaperoning).

If a Member fails to ensure the presence of a third party in an appropriate case, the Complaints Committee will expect the Member to disprove any allegations of improper conduct made against the Member.

Domiciliary care

- 3.10 Members must ensure that treatment given in patients' homes or otherwise outside the clinical environment, is limited to treatment that can safely and appropriately be given in such environs.

Supplementary Guidance

Members should be able to demonstrate that they have addressed all appropriate health and safety issues, from the point of view of themselves, as well as the patient, when carrying out domiciliary visits. Evidence or accusations of failure to comply with safe practice guidelines in the context of domiciliary visits will need to be disproved by the Member.

Treating difficult patients

- 3.11 In the course of treatment, Members must not intimidate or act aggressively towards patients, or, except in order to defend themselves or others from injury, physically restrain patients, however uncooperative they may be. Where Members take the decision to cease treating patients who are uncontrollable or who are otherwise unable to receive treatment they must give a full and appropriate explanation to the patient and/or the appropriate carer/relative and they must inform the patient's general medical practitioner and/or the initial referrer of the situation by letter. Appropriate notes must also be made in the patient's records.

Supplementary Guidance

When considering allegations of breaches of paragraph 3.11 brought before it, the Complaints committee will require appropriate assurances from the Member concerned that no physical restraint or aggression was used towards a patient or patients. This does not mean that a Member may not take reasonable and appropriate action to prevent a patient from injuring the Member or other persons. If a Member considers that a patient's behaviour prevents proper treatment, or prevents the completion of treatment, these circumstances should be noted in the records, and, wherever appropriate, reported in writing to the relevant referrer. This last point will go some way towards ensuring that any fellow health professional is made aware of potentially aggressive behaviour by a patient.

Emergency cover

- 3.12 Members must ensure that their patients are made aware of the "out-of-hours" or "emergency" care available to them. Members are, however, entitled to rely upon such care being provided by patients' general medical practitioners or local Accident and Emergency Departments, in which case they must ensure that, where appropriate, patients are provided with suitable letters of explanation of the treatment given to them, in order to facilitate the providing of appropriate emergency care by the practitioner providing such care.

Supplementary Guidance

When considering allegations of breaches of paragraph 3.12 brought before it, the Complaints committee will seek to establish from a Member what arrangements had been made with the patient to deal with adverse reactions/emergencies. There will be a need for the Member to demonstrate that the patient had been adequately informed of any action to take in such circumstances and had been provided with such clinical information, where appropriate in writing as to allow safe treatment by a fellow health professional. If no 'out of hours' service is available, then patients must be made aware of this fact.

Handling complaints

- 3.13 Members must endeavour to resolve patient complaints at practice level and must ensure that a process for receiving complaints and dealing with them is put in place. Members are advised to publish a complaints pathway and make this available to all patients.

Supplementary Guidance

When considering a complaint brought before it that has previously been raised with the relevant Member, the Complaints committee will expect to be given information on the methods employed by the Member for dealing with the complaint. The Member should be able to demonstrate that the substance of the complaint was adequately addressed as soon as reasonably possible upon receipt of the complaint.

Rudeness and discourtesy

- 3.14 Members must endeavour not to be rude or discourteous towards patients.

Delegation of treatment

- 3.15 Members must ensure that persons to whom they delegate any aspect of the treatment of patients have the training and competence to carry out the treatment delegated to them and that such persons have the benefit of appropriate and adequate professional indemnity insurance covering such treatment.

Supplementary Guidance

The Member should not delegate activities that properly fall within the remit of a podiatrist, unless to another podiatrist. In addition, a Member delegating activities to a colleague or to a student must satisfy himself that the colleague is covered by Professional Indemnity Insurance.

In other cases of delegation, it is expected that the Member shall be able to demonstrate that they delegated a task to an appropriate individual, either registered by another regulatory body or to an individual who had undertaken a course of training approved by the College.

When considering cases alleging improper delegation brought before it, the Complaints Committee shall expect the Member to be able to demonstrate that he/she did not improperly delegate.

4. PROFESSIONAL RELATIONSHIPS AND RESPONSIBILITIES

Professional demeanour

- 4.1 In their public and professional life Members must at all times act in a manner justifying public trust and confidence, upholding and enhancing the good standing and reputation of the profession and serving the public interest and the interests of patients.

Loyalty

- 4.2 Members must be loyal to other Members and respect their individual standing, competence and ability. In particular:-
- (a) relationships between Members should always be cordial and Members must be ready to assist fellow Members professionally including by providing them with any required treatment on a gratuitous basis; and
 - (b) Members must be honest in their dealings and relationships with other Members, with the public and with their employers.

Supplementary Guidance

It is not appropriate for individual Members to make public statements on a fellow Member's competence, ability or standing. It is, however, the role of the membership to bring to the attention of the College in the first instance, or their employing authority, their concerns with respect to the competence, ability or conduct of a colleague.

Association with other practitioners

- 4.3 Members must not associate in any way in their clinical practice with practitioners of podiatry who are not licensed. When delegating treatment of patients to support workers, Members must accept full legal, ethical and financial responsibility for the conduct of such support workers.

Supplementary Guidance

Members may only practise or associate with podiatrists who hold the necessary qualification for statutory registration. In the situation of delegation the Member will be deemed to carry full responsibility (legally, ethically and financially) for the conduct of the individual to whom he/she has delegated an element of care. In employment

situations, it will be deemed the responsibility of any employer not to place statutory registration of individuals in jeopardy.

Shared care

- 4.4 Members must work as part of a wider health team, both in a uniprofessional and multiprofessional way. Members must work in a collaborative and co-operative manner with other members of the team with a view to achieving the best possible care for patients. In particular, when in the patient's best interest, Members must advise the patients' primary care physician and other relevant practitioners of the treatments given by them, accepting that the primary care physician is the primary point of reference and contact for all health care. When Members are jointly responsible for the care of patients, they must co-operate to the benefit of the patients concerned.

Patients of other members

- 4.5 Members must make no effort to influence the patient to leave the care of such Member and should uphold, as far as possible, and in no way disparage, the treatment methods of such Member.

Patients changing their treatment to other members

- 4.6 Where patients of Members choose to receive treatment from other Members or other Members set up in practice near at hand, Members must not allow this to influence the cordial relationships that should exist between all Members.

Non-solicitation of patients on termination of employment

- 4.7 Members who have been employed as assistants by other Members must not, at the termination of their employment or on the death of their former employers (in circumstances where the former employer's practice is acquired by another Member), send circulars or other publicity information to, or otherwise attempt to induce patients to forsake the practice of such former employer.

Honouring of contracts/setting up competing practices

- 4.8 Members must at all times honour their contracts of employment or association with a fellow Member as a partner, assistant or locum tenens.

Supplementary Guidance

Any agreements between Members, which were freely negotiated and entered into, are from a legal point of view enforceable by law.

5. PRACTICE ARRANGEMENTS

Practice agreements

- 5.1 Members are advised to seek appropriate professional advice before entering into partnerships or other contractual arrangements relating to their practices and wherever possible to ensure such arrangements are evidenced in writing.

Supplementary Guidance

Any practice or partnership agreement between Members would be enforceable in law whether or not set out in writing. However, proving contract, if it is an oral contract, may be particularly difficult and encouraged to ensure that any such agreement is in writing.

Members should seek redress for any breach of contract actions between Members through the Courts or other appropriate channels. Consideration of such disputes by the Complaints committee would be inappropriate and any decision reached would not be binding on the parties to the dispute.

Unreasonable financial pressure

- 5.2 Members must not accept positions of employment or themselves employ other Members on terms which require them to achieve or to seek to achieve any financial targets. Such targets place unreasonable pressure on practitioners and are not in the best interests of patients.

Supplementary Guidance

No unreasonable financial pressure should be applied to a Member or colleague which requires them to achieve earnings targets or sales/bookings targets, since these could be deemed to compromise the patient's interest. In considering relevant cases brought before them, the Complaints committee will require production of evidence that such unreasonable financial pressures have not been brought to bear.

Leaving practice

- 5.3 Members leaving or otherwise ceasing individual practices must use all reasonable endeavours to ensure that any current treatment programmes for patients are completed without detriment to the patients' interests and, in the case of transfer of treatment records to another Member or podiatrist, must obtain the consent of the relevant patient before the transfer.

Supplementary Guidance

Members should be able to demonstrate that all active patient treatment programmes can be completed following their cessation of practice. In the event of alternative provision not being arranged by the member concerned, he/she should be able to demonstrate that all current patients were advised in writing that care would cease at a certain time and that they would need to seek alternative provision.

Premises

- 5.4 Members must ensure that the premises in which they conduct their practices are such as shall preserve the dignity of the profession and of their patients and that, where premises are located within larger premises where retail or other commercial activities are carried out, the premises are clearly distinct and separate from such activities.
- 5.5 Members must ensure that the premises in which they conduct their practices and the means of access to them are safe, suitably equipped, meet all statutory requirements and comply with such guidance as the College may issue from time to time.

Supplementary Guidance

The Member's practice must be distinct where they are within larger retail or other commercial premises, and the practitioner must be easily identifiable for the information of patients.

Practitioner identification

- 5.6 Members must ensure that there is prominently displayed within their practices the name(s) of the principal(s) of the practice and the name(s) of the practitioner(s) currently delivering care. In the case of private practices, a notice giving the address of the College must also be prominently displayed.

Supplementary Guidance

The information concerning the address of the Member accountable within a practice, and of the Member's accountable authority, must be available to the patient. In the case of a private practitioner this will be the contact details of the College.

6. ADVERTISING

Canvassing

- 6.1 Members must not use personal contact such as house to house visits, unsolicited telephone calls or other methods likely to bring the profession into disrepute as a means of promoting their practices.

Incentives

- 6.2 Members may not pay or permit the payment of financial incentives to third parties in return for those parties encouraging or promoting the treatment by Members of specific individuals and Members may not receive any financial or other inducement for referring patients to any person for consultation or treatment.

Letterheads

- 6.3 Members must ensure that their professional letterheads (and those of any companies through which their practices are conducted) reflect the dignity and status of the profession and (in the case of companies and partnerships) comply with all applicable statutory requirements.

Promotion of products and services

- 6.4 Members must not promote products, services or treatments in a manner that may be detrimental to their relationship with patients and must in any event not promote any product, service or treatment that is not relevant to the podiatric needs of patients.

Advertising to be legal, decent, honest and truthful

- 6.5 Members must ensure that publicity and advertising materials used to promote their practices are legal, decent, honest and truthful and reflect the dignity and status of the profession.

Unacceptable content of advertising

- 6.6 Members must ensure that publicity and advertising materials used to promote their practices:-

- (a) cannot reasonably be regarded as bringing the profession into disrepute;
- (b) do not make claims that cannot be substantiated;
- (c) do not contain any reference to the efficiency, skills or knowledge of any other podiatrist or practice;
- (d) do not make claims which suggest superiority over any other podiatrist or practice; and
- (e) do not recommend a specific product.

Name(s) of podiatrist(s) to be included

- 6.7 Members must ensure that publicity and advertising materials used to promote their practices include the names of all podiatrists normally in attendance at their practices (as such names appear in the membership register of the College, where applicable).

Interaction with the media

- 6.8 Members must ensure that all statements made by them to the media are accurate and do not breach patient confidentiality and must use all reasonable endeavours to avoid bringing the profession into disrepute by avoiding making statements to the media in circumstances where such disrepute is a reasonably possible consequence of such statements.
- 6.9 A member who, in any advertisement, includes a statement of fees for a specific service:
- (a) must ensure that the statement sufficiently describes the fees and services so as to enable the recipient or intended recipient to understand the nature and extent of the services to be provided and the cost to the patient , and
 - (b) must not in the advertisement compare the fees charged by the member with those charged by another member.
- 6.10 Unless otherwise authorised by the Act, the regulations, these bylaws, or the council, a member:
- (a) must not use the title "specialist" or any similar designation suggesting a recognised special status or accreditation on any letterhead or business card or in any other marketing, and
 - (b) must take all reasonable steps to discourage the use, in relation to the member by another person, of the title "specialist" or any similar designation suggesting a recognised special status or accreditation in any marketing.
- 6.11 For one year after the date of publication or broadcast of any advertisement or brochure, a member must retain to provide to the council upon request:
- (a) a copy of any such publication,
 - (b) a recording of any such broadcast made by use of any electronic media, including radio, television and microwave transmission, and
 - (c) a written record of when and where the publication or broadcast was made.
- 6.12 It is the duty of the member, when called upon by the complaints committee, inquiry committee, or the council to do so, to verify the statements made in his or her marketing.
- 6.13 Members who limit their practices to certain branches or areas of the profession may state in any marketing the branch or area to which the practice is restricted.
- 6.14 The name used by a member in an advertisement shall be the same as the name shown in the register.

College letterhead and logo

- 6.15 Members must not use the College's letterhead and logo for any purpose except with the express permission of Council.

Appendix A

WORKING UNDER THE CLINICAL DIRECTION OF ANOTHER PROFESSION

It is important for members to appreciate the difference between Clinical Supervision and Direction. Practitioners may be subject to management, whether by Team Leaders, Managers or Medical Directors. It is accepted and required that Clinical Supervision will form a part of the normal audit activity.

Clinical Direction may be described as the instruction by another professional of treatment of a patient. This process should be carefully resisted, as we are a clinically independent profession. However, members may be required to work in a multidisciplinary team, and the need to be receptive to such arrangements is not disputed. Members should take note of the guidance that follows:

1. The profession of podiatry exists as a clinically independent profession treating the whole foot.
2. Members have the rights to work both for a Health Authority and private sector. The Member must retain these rights. A decision to accept or not to accept private referrals is a personal one (NB; Note must be taken of College guidance on conflict of interests).
3. When working in a clinical team within a hospital, it is likely, but not inevitable, that the Senior Clinician will be a Registered Medical Practitioner.
4. The Senior Clinician may be a surgeon, anaesthetist or physician.
5. Whatever the specialism of this individual, the Member must be left to carry out the treatment that he believes is appropriate, without specific direction.
6. This does not preclude multidisciplinary consultations and advice in any situation.
7. Responsibility for the patient, and for any treatment, rests with the Member.
8. Any arrangement to divide areas of responsibility between members of the clinical team should be carefully considered. Members are reminded of Item 1 above, and should enter such arrangements on a personal basis only.

Where the Member is in postgraduate training or residency, direct supervision may apply as part of a training programme.

If necessary, guidance may be sought from the council.

Appendix B

USE OF TITLES INDICATING ADDITIONAL OR SPECIALIST TRAINING IN CLINICAL PRACTICE

When dealing with patients, it is incumbent upon us that patients are not misled as to the qualifications and experience of the practitioner.

Members of the College should bear in mind that the use of titles such as Specialist and Consultant indicate training or qualifications beyond those required for membership. Patients are entitled to expect that practitioners with such titles be qualified to use them. Council may require a member to justify the use of such titles.

This could be especially important when in a legal dispute with a patient. Patients may base their claim on their expectation of care from a Consultant or Specialist. You should be able to easily demonstrate your right to such titles, both to the patients and the College. It is important that the profession does not devalue the meaning of existing titles commonly used in healthcare practice, as these titles are markers against which conduct or knowledge will be judged.

No member should be discouraged from obtaining a higher specialist training, whether within a medical or surgical residency program or from an academic institution with the award of a higher degree. Following such an award, it may be appropriate that the individual should use the title Specialist in conjunction with the clinical aspect of the course, eg Sports Podiatry. Use of specialist or other titles should be only be used if approved by the college council.