



## CONSULTANT FELLOWSHIP

The Faculty of Podiatric Medicine

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### **Award of Consultant Fellowship of The Faculty of Podiatric Medicine of The Institute of Chiropodists and Podiatrists**

#### **Guidelines for Applicants wishing to apply for Consultant Fellowship**

Submissions are invited from Members or Academic Fellows of The Institute pursuant to granting them additional recognition as a Consultant Fellow of the Faculty of Podiatric Medicine of the Institute of Chiropodists and Podiatrists (CFPodM). This allows Fellows to progress to further advanced training and practice indemnified by the IOCP.

Consultant Fellowship is a clinical award for senior members of the profession, recognising and demonstrating their seniority and an advanced scope of clinical practice. The minimum attainments of individuals seeking the award must be as follows:

- They must be current registrants of the Health and Care Professions Council, in good standing, at the time of application without pending disciplinary action.
- They must be current full Members or Academic Fellows of the Institute of Chiropodists and Podiatrists with current IOCP Option 4 professional indemnity insurance.
- They must have a degree in Podiatry or Podiatric Medicine awarded by a UK university.
- They must have Local Anaesthesia (POM-A) and Prescription Medicine (POM - S) annotations recorded on their HCPC registration entry. OR have POM-A and Supplementary Prescribing/ Independent Prescribing recorded on their HCPC annotations.
- They must have a minimum of 12 years of clinical practice as a podiatrist.
- They must submit evidence of a pattern of continuing professional development throughout their career to date in subjects appropriate to podiatric medicine.
- They must submit a curriculum vitae showing their journey through the profession to the date of application and this must demonstrate how they believe themselves to have a scope of practice that merits the title 'advanced/Consultant'.
- They must agree to submit a presentation/lecture to the IOCP Annual Conference demonstrating their advanced knowledge/practice/research.



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The Award is via the agreement of the panel of the Consultant Fellowship Board of the IOCP who will ensure that all of the minimum standards have been met. Applicants will also be required to successfully undertake an interview and provide two professional references including a statement/sponsor of support. Once the criteria have been met and the appropriate application paperwork submitted to the registered offices of the Institute, the award will then be formally issued upon payment of the nominal administration fee of £150.

### **How to apply**

To apply for this Award please complete the attached form in BLOCK CAPITALS and return the form, along with the relevant payment of £150.00 to The Institute of Chiropodists and Podiatrists, 150 Lord Street, SOUTHPORT, PR9 0NP.



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## **Consultant Fellowship Application form**

IOCP membership ID: \_\_\_\_\_

### **Personal details:**

Title: Mr / Mrs / Ms / Miss (\*delete not applicable)

Surname (family name): \_\_\_\_\_

Forename(s): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Nationality: \_\_\_\_\_

Correspondence address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Tel. (Inc. Area Code): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### **Professional qualifications:**

HCPC Registration number (DOHI in the Republic of Ireland): \_\_\_\_\_

Where did you receive your primary qualification? \_\_\_\_\_  
(please enclose copies of your training / CPD certificates where applicable)

How long have you been practicing? \_\_\_\_\_

Do you belong to any other chiropodial / podiatric organisation? Yes  No

Are you a Fellow of any other chiropodial / podiatric organisation? Yes  No

If you've answered 'yes' to either of the above, please give details below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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### **Current employment details:**

Job title: \_\_\_\_\_

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Tel. (Inc. Area Code): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### **Declaration by the applicant (please read carefully):**

Please place a cross in the box ONLY if any of the below points are applicable

I hereby make application for election as a Consultant Fellow of The Institute of Chiropodists and Podiatrists on the basis of the particulars given below. I declare that:

1. I have not been subject to a disciplinary sanction by any professional body, employer; tribunal, or education provider;
2. The particulars I have given in this application are correct and I recognise that if I am elected to Consultant Fellowship, but later found to have provided untrue or misleading information in connection with this application I may be subject to disciplinary action and;
3. I undertake, if elected, to comply with the Laws of the Institute, to uphold The IOCP's professional standards and to comply with the Code of Ethics, adopting the fundamental principles in my working life.

### **Fees:**

I enclose a cheque for the Consultant Fellowship application fee of £150.00 (2018).

Signed: \_\_\_\_\_ Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_



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### **Payment methods:**

We accept the following methods of payment:

- **Credit / Debit card payments**

If you would like to pay by credit or debit card please telephone +44 (0)1704 546 141 and your payment card to hand.

- **BACS**

When making payment via this method, please quote your surname/CFellApp

Nat West Bank, Southport - Account: The Institute of Chiropodists & Podiatrists

Sort Code: 60-20-11

Account No. 35629576

- **Cheque**

Please make cheque payable to 'The IOCP' and write your IOCP membership number on the back.



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### **Your Consultant Fellowship Application – some points to remember**

Please read the 'Guidelines for Applicants wishing to apply for Consultant Fellowship'.

Have you included everything with your application?

Please use the check list below to ensure you have completed everything we need in order to process your application quickly.

- |   | <b>Please tick</b>       |
|---|--------------------------|
| • Consultant Fellowship Application form duly completed, signed and dated | <input type="checkbox"/> |
| • Enclosed your CV and supporting documents                               | <input type="checkbox"/> |
| • Enclosed the appropriate fee  | <input type="checkbox"/> |

**Please send your completed application to:**

The IOCP  
150 Lord Street  
SOUTHPORT  
PR9 0NP  
UNITED KINGDOM

\*Please ensure that you keep a copy of your application for future reference