

Course Information



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Corticosteroid Injection Therapy

Corticosteroid Injection Therapy

Dear delegate

Thank you for your interest in the course. The course provides an introduction to corticosteroid injection therapy for common musculoskeletal conditions of the foot. The course will run over two days, to be followed by a period of supervised clinical practice (to be arranged by the delegate).

To successfully complete the course and receive accreditation for it, the delegate will need to pass an end of course MCQ exam and complete a series of 10 mentored injections.

Date

Email me for the latest dates.

Cost

£395: Includes pre-reading, tuition, course notes, lunch, and refreshments.

Venue

Cripps Post-Graduate Medical Centre
Northampton General Hospital
Northampton
NN1 5BD

Course Leader



Mr. Ian Reilly MSc, FCPodS, FFPM RCPS(Glasg)
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Entry Criteria for Podiatrists

Injection therapy is an advanced treatment technique. This course is open to members of the SoCaP who are current HCPC registered Podiatrists and who hold current certification in local anaesthesia.

Programme Outline

Day 1

- Introduction to the course
- Evidenced based practice
- Legislation/medical ethics
- Pharmacology of steroids
- Anatomy/foot pathology revision
- Review/log book/mentoring

Day 2

- Surface anatomy
- Techniques and regimen
- Exam: 30 minute paper

Aims and Learning Outcomes

- The aetiology and pathology of common foot problems treatable with injection therapy
- The indications and contraindications of injection therapy
- The legal and ethical considerations of injection therapy, specifically which drugs are available on the exemptions list and which require the use of a PGD
- The pharmacological principles of the drugs used
- Surface anatomy related to needle placement
- Injection techniques
- Complications of injection therapy and follow-up care

Pre-Course Reading

A full course pack will be issued (via DropBox) covering the main areas of study: pre-reading and copies of the course lectures.

A pre-course anatomy test will also be issued. A sound knowledge of anatomy is key for successful injection therapy. The test is designed to highlight any areas of weakness and I strongly suggest that you complete it prior to the course. I will review the answers on day 1 of the course.

Post-Course Supervision

Some delegates will be taking the two-day course as part of their overall CPD without a desire to undertake mentorship in injection techniques. For those delegates who are planning to incorporate injection therapy into their clinical practice, before the period of mentored supervision starts, the delegate must also be able to produce:

- Current certificate in basic life support (BLS)
- Current certificate of vaccination for Hepatitis B

Prior to undertaking supervised injections the delegate must also supply written confirmation of an appropriate mentor/s who has/have agreed to supervise your clinical practice for a minimum of 10 injections. The mentor can be any doctor or clinician who regularly undertakes injection therapy for foot pathology. Once all 10 injections have been performed, details of the supervision should be sent to the course administrator. Subject to SoCaP confirmation, delegates will receive accreditation and annotation on completion of the course.

Further Questions

If you have any further questions, please e-mail Ian Reilly at info@podsurgeon.co.uk.

Booking

To apply, please complete the booking form and send this to my secretary, Vicki Gilbert. Please send supporting documentation, if available, together with your application form. Upon receipt of your cheque you will be sent the DropBox link.

Terms & Conditions

1. Delegate cancellation policy: £50 deductible more than one month prior to the commencement of the course. After this there is no refund.
2. I will endeavour to avoid course cancellation wherever possible. Delegates must, however, understand that in exceptional circumstances courses may have to be cancelled. In such an event there will be a full refund of the delegate fee. Course cancellations occur rarely but remain a possibility.
3. I reserve the right to adjust, amend or change course programmes as I deem appropriate. This is to ensure we can flexibly meet the needs of each group.
4. For NHS bookings: please give full invoicing details below if you wish me to invoice your Trust directly. Ensure your finance department is aware of arrangements. The delegate is ultimately responsible for all course fees if not settled by employer.
5. Exclusions – parking and accommodation are NOT included in the course fee.

Booking Form

SECTION 1: YOUR DETAILS

Name:

Address:

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Tel / Email: /

Date/place of qualification:

SoCaP / HCPC Nos /

For delegates wishing to undertake supervised mentorship:

BLS certificate Yes / No

Hepatitis B vaccination Yes / No

Written confirmation from your mentor Yes / No

(these can be confirmed prior to commencement of supervised practice)

SECTION 2: BOOKING

PAYING FOR A COURSE YOURSELF

Please enclose a cheque made payable to Ian Reilly and Assoc Ltd for the sum of £395, or by BACS to the account detailed below.

BMI Three Shires	Ian Reilly and Assoc Ltd
The Avenue, Cliftonville	Lloyds TSB
Northampton	30 96 09
NN1 5DR	56382060

NHS/CORPORATE BOOKINGS

Please send a letter of authority from your manager together with your application form or give full invoicing details below if you wish us to invoice your Trust directly. Ensure your finance department is aware of arrangements. The delegate is ultimately responsible for all course fees if not settled by employer.

Finance Dept/Contact

Address

(inc name of organisation)

I have read and accept the course description, terms and conditions of booking and wish to reserve a place.

Signed (by you) Date

You will receive an email confirmation of your place upon receipt of payment.

Office use: Paid date: Joining instructions sent date: