

Workforce and Education Reform Programme



Support Workforce

For further information:
Royal College of Podiatry, Quartz House, 207 Providence Square, Mill Street, London SE1 2EW
Email: contact@rcpod.org.uk

Title of Project:	Workforce and Education Reform Programme Short title: Support Workforce
Date:	31 March 2023
Project team:	Joanne Casey and Dr Benjamin Bullen
<p>Executive summary</p> <p>This Health Education England (HEE) support workforce project established a climate and facilitates a cultural shift toward greater understanding of the opportunities presented by the podiatry support workforce. A prime consideration was the integration of the established Foot Health Practitioner (FHP) workforce into NHS podiatry teams. While FHPs are autonomous practitioners in independent and voluntary settings, the vision is for their incorporation between the current foot care assistant (FCA) and assistant practitioner (AP) roles, recognising the knowledge, understanding and skills required for safe and effective practice, along a career continuum. A complete career trajectory, from FCA to Consultant Podiatrist or Podiatric Surgeon, is now possible within some larger National Health Service (NHS) podiatry settings, harnessing the power of apprenticeships, once an emerging and now an accelerating development in England. Pockets of excellent practice were established throughout the country, with lessons learned from FHP integration within the independent and voluntary sectors. Exemplar job descriptions, aligned to the Foot Health Standards, case studies demonstrating good practice and appraisal proformas will be hosted on the Royal College of Podiatry (RCPod) website throughout project delivery. A concurrent Accreditation of the Support Workforce Project will provide an ideal opportunity for alignment of future continuing professional development (CPD), mapped to academic Levels 3, 4 and 5. Engagement with key stakeholders identified a need for ‘essentials of’ CPD suites, specifically concerning podiatry support worker screening, delegation and supervision.</p>	

1. Introduction and rationale for the study

Project Overview

This workstream was co-led by Workforce and Education Reform Programme Lead, Joanne Casey, and Head of Education and Professional Development, Dr Benjamin Bullen, of the Royal College of Podiatry (RCPod). The Support Workforce workstream establishes a climate and facilitates a cultural shift toward greater understanding of the opportunities presented by the Allied Health Professions (AHP) support workforce. This Health Education England (HEE) funded project involved strategy and workforce scoping, thematic analysis of stakeholder views and case study and indicative job description generation. The RCPod has also further bolstered support offered to current Assistant Practitioners (APs), by building AP/Supervisor networks which meet monthly and the ongoing development of a suite of CPD modules on the RCPod learning management system, TALUS. Triannual CPD updates have commenced, including a wound care update and the essentials of foot assessment.

Project Aims

The main objective of this project was, ultimately, to increase the supply into podiatry and ensure that the NHS recognises the knowledge and skills of the support workforce. This workstream supports the national AHP support workforce programme to undertake support workforce mapping across the AHP system to:

- set out the scope of practice of the podiatry support workforce to maximise professional confidence in their skill set;
- recognise the value of these roles as part of a wider skill mix;

- develop education and training resources to maximise the role and scope of practice of the support worker
- build on the AHP support workforce national project.

Philosophy

This project has been funded by HEE and, necessarily, has England and the NHS at its heart. When considering the support workforce, it is relevant to consider the many unregulated groups that operate within the foot health arena. Supported self-management, by definition, involves the patient in their foot care. Simple nail cutting, gentle filing of callus and identification of foot problems are all within most individual's gift, with or without the support of a friend, partner, caregiver or family member. Many further benefit from purchasing over-the-counter foot and heel balms and in-shoe padding, for example. Promoting good foot health and care is central to podiatry's offering, including the support workforce. It is also important to note that an additional foot health workforce also exists in the charitable (third) sector, for people experiencing homelessness and those persons unable to self-fund or access traditional podiatry services. Basic nail care is delivered in this space by a workforce with varying levels of training. This review seeks to recognise the podiatry support workforce in total.

Ethical considerations

At the beginning of each webinar, a General Data Protection Regulation (GDPR) and Consent Statement were read aloud, informing attendees their contribution was voluntary, would support project development and that while recordings were downloaded, transcribed and stored on Microsoft Teams, only the transcript will be stored on RCPod internal systems for reference after 60 days ([Webinar Pdf for February 2023](#)). To ensure delegates could speak freely, assurances were offered that they would "not be quoted directly but any themes formed from the discussions may be referenced to inform the project development and discussions." The possibility of member-checking following the webinar was explained, however, additional verbal consent was gained for all



subsequent correspondence and, while the opportunity to withdraw commentary was available to all, none withdrew such consent.

2. Methodology

Literature review

The largest electronic scientific abstract and indexing database, Scopus, was last searched on 27 February 2023 for the Boolean search string, “podiatry” AND “support” OR “assistant” in article titles, abstracts and/or keywords, without further limitations. The grey literature was also explored with these search terms. Literature scoping further involved synthesising information from ten national strategic plans, standards, frameworks, toolkits and reports:

- **NHS Strategic Plans**
 - The NHS Long Term Plan¹
 - Interim NHS People Plan²
 - Allied Health Professions (AHPs) Strategy for England 2022 to 2027³
- **Professional Standards**
 - Standards for the Foot Health Workforce (up to HCPC Registered Podiatrists)⁴
- **Professional Frameworks**
 - HEE Allied Health Profession (AHP) Support Worker Competency, Education and Career Development Framework⁵
 - Capability Framework for Integrated Diabetic Lower Limb Care⁶
- **Toolkits and Guides**
 - Allied Health Professions Support Workforce: Readiness Toolkit 2021⁷
 - Allied Health Professions Support Workforce: A Guide to Embedding Public Health in Practice⁸
- **Podiatric Reports**
 - The Support Workforce in Podiatry⁹
 - The Saks Report¹⁰

Stakeholder engagement

The team took this project to professional consultation on 5 December 2022 and this ‘The Support Workforce Webinar’ event was analysed for codes and themes in January 2023. These themes were presented at a dissemination webinar on 27 February 2023, where delegates were again asked for their views on these and associated project deliverables. Webinar attendees comprised a range of stakeholders, representing the support workforce, students, NHS and independent sector podiatrists, podiatry service managers and academic staff. Individual and group discussions were also held with support workers, podiatrists and podiatry/service managers, across the independent, NHS and third (voluntary) sectors.

Thematic analysis

Qualitative discourse analysis principles guided the coding of data, development and refinement of themes and reporting of findings from a one-hour recorded ‘The Support Workforce Webinar’ (Taylor *et al.* 2012¹¹, Wetherell *et al.* 2001¹²). Thematic analysis was undertaken on discourse from the webinar slides, video recording, transcripts and responses to questions using the Slido live polling system (Cisco Systems 2022)¹³. Analysis sought to determine the current cultural climate and facilitate a shift toward greater appreciation of the opportunities presented by the AHP support workforce, through “the study of meanings, a way of investigating the back-and-forth dialogues which constitute social action, along with the patterns of signification and representation which constitute culture” (Wetherell *et al.* 2001¹²).

3. Results

Engagement with policy, literature and stakeholders and the collation and development of case studies and exemplar job descriptions led to the title and overarching ethos of this project, ‘A Rising Tide Lifts All Boats.’ Li and Bhangu (2022)¹⁴ recently applied this metaphor to collaborative research positing, “we must recognize that the time and energy spent by researchers and staff is better served in answering bigger questions that will translate into tangible improvements in patient care on a national or global scale.” Data collection and the intertwined need for and roles in collecting such data became the first of six themes developed throughout discourse analysis, summarised below, and informed by relevant policy and literature:

1. Data collection: intertwined needs and roles
2. Reception and support staff are first contacts
3. The changing health landscape and emerging roles for the support workforce, given finite resources
4. Value: seeing value in the role and the individual
5. ‘Flat structure’ and the leaky pipeline
6. Appraisals and continuing professional development.

Data collection: intertwined needs and roles

Despite its 45-year history, the true scope and contribution of the podiatry support workforce remain elusive, due to variable education and training routes, scopes of practice, job titles and roles (Coughtrey 2021)⁹. In 2021, a UK Podiatry Workforce Strategic Sub-Group found “a lack of robust workforce data concerning the individual contributions of support workers in NHS teams or within the independent sector” (Coughtrey 2021)⁹. This project, therefore, necessarily scoped the workforce in addition to the published literature. Snowdon and colleagues (2022)¹⁵ Australian study has since suggested podiatrists may delegate more non-clinical tasks (including for research and

quality purposes) than physiotherapists, however, clinical tasks made up around two-thirds of activity across health professions and podiatry figures were pooled with psychology. It is noteworthy that for these 51 AHP assistants, combined research and quality tasks were the least reported item, amounting to only seven minutes per day.

More data is required to demonstrate contributions made by the support workforce, to justify current and future service provision. This, necessarily, includes financial considerations, but also confidence in an enhanced patient experience, through local service evaluation. Intertwined needs and roles concerning data collection emerged as a key theme with stakeholders. Delegating task-oriented data collection activity would allow podiatrists additional time to conceive and design audits, service evaluations and research projects and analyse and report outcomes. In Northern Ireland, podiatry health care assistants (AfC Band 2/3) photograph and collect wound-related data, before inputting it into their national database, while some teams in England and Wales deem inputting into the National Diabetes Footcare Audit (NDFCA) an Advanced Practitioner role (AfC Band 7). The Capability Framework for Integrated Diabetic Lower Limb Care (McCardle et al. 2019)⁶ makes no distinction between AfC Band 2 and 3 roles, however, assisting with audit or research data collection was deemed appropriate for 'Level A,' indicative of AfC Band 2. There are opportunities for cost savings through more effective utilisation of support workers in this regard.

Reception and support staff are first contacts

While independent practitioners typically accept self-referral, this is less common among NHS podiatry services. NHS England (2023)¹⁶ planning guidance seeks to “expand direct access and self-referral” into community podiatry settings by September 2023, recognising a need to expand the AHP support workforce to achieve this aim. The wider AHP support workforce is uniquely

positioned to support individual and community public health initiatives, by spending more time with patients and bringing invaluable local knowledge (Health Education England 2022)⁸.

Effective utilisation of the support workforce necessarily means paying particular attention to temporal and practical considerations. For NHS podiatry managers, Getting It Right First Time will

require clarity around the timing of and delegation of tasks to support workers¹. What is clear, is that reception and support staff are often the first team members to interact with patients, necessitating well-developed communication skills. Reception staff greet patients and play a key role in managing the logistics of busy community and acute podiatry departments. They must, necessarily, be able to determine each individual's key concerns and communicate their needs to the clinical team. This promotes effective triage and delegation of tasks by podiatrists. A lack of recognition of reception staff was recently captured on the microblogging website, Twitter (Sparkles 2023)¹⁷, with users describing feeling 'invisible,' 'forgotten' and 'dismissed,' with roles beyond answering the telephone and booking appointments. This is consistent with findings from stakeholder engagement throughout this project.

The podiatry support workforce provides essential services under the delegation of a podiatrist. Typically, initial assessments, diagnostics and management plans are drawn up by the podiatrist, before delegation of technical tasks. A model more akin to that adopted in many podiatry schools is one way of realising additional efficiencies here. In this model, podiatry students 'work-up' new patients, take personal details, medical and podiatric histories and lists of medications and allergies, for example. They are also encouraged to undertake a range of biomechanical, dermatological and neurovascular assessments, to guide their proposed management plan. This plan is then reviewed and overseen by a supervising podiatrist. A 6:1 staff: student ratio could be replicated in a multi-chair clinical setting, with screening performed by Foot Health Practitioners or Assistant Practitioners, with interpretation of findings and management plans directed by podiatry staff. As one webinar delegate enthused, "as long as we've trained the support worker to identify 'red flags' and know when their scope of practice ends and know when to refer on in a safe manner... they could be much more valuable to us with the patients, when we're looking at consultations and advanced diagnostics, advanced treatments."

The changing health landscape and emerging roles for the support workforce, given finite resources

The COVID-19 pandemic has vastly changed the foot health landscape, with many NHS services prioritising management of ‘High-risk’ individuals and those with active foot disease. This has resulted in increasingly complex caseloads for both podiatrists and assistants, in the NHS (Abbott and Wylie 2020)¹⁸. The scope of practice of the podiatry support workforce is evolving rapidly and it has long been recognised that the UK podiatry workforce alone cannot sustain provision of foot care services for all people with diabetes (Diabetes UK and NHS Diabetes 2010)¹⁹. Support workers can and do contribute significantly to both prevention and management strategies. People with diabetes have a 23-fold increased risk of amputation, however, over half of all major amputations occur in people without diabetes (Kerr 2017²⁰, Ahmad *et al.* 2016²¹, Moxey *et al.* 2020)²². A unified National Wound Care Strategy Programme (2020)²³, therefore, promotes “commissioning equitable and accessible services for all patients with foot ulceration,” further necessitating different ways of working and a more effective skill mix.

Public service rationalisation has, in turn, reshaped the private and third sector caseload, comprising many individuals at increased risk of foot disease, including ulceration, and lower limb amputation. The support workforce has similarly had to upskill to accommodate the increased complexity of their workload across these sectors. As the support workforce develops and expands, this will allow podiatrists to practice as enhanced generalists, with special interests and further opportunities to progress into advanced and consultant roles. Consulted parties emphasised the role of podiatry support workers in conducting diabetes foot screening, delivering patient education and supporting self-management. Beyond ‘working-up’ new patients, the support workforce also ‘check-in’ with patients following nail surgery procedures, between wound management appointments or following musculoskeletal interventions, such as orthotic therapy.

Support workers also offer virtual consultations, a pragmatic, person-centred and cost-saving alternative to traditional face-to-face appointments, particularly for musculoskeletal conditions.

Podiatrist-prescribed orthoses and rehabilitation regimes can be supplemented with support worker ‘check-ins.’ The future workforce was described as a ‘technology interface,’ selecting, administrating and monitoring data from Apps and Smart foot temperature and pressure monitoring socks and insoles (Tang *et al.* 2023)²⁴. Individuals could be alerted to areas of increased pressure, reduced stability or abnormal vital signs as part of ongoing multidisciplinary foot protection, falls and balance and cardiovascular risk management initiatives, respectively.

Value: seeing value in the role and the individual

The concept of ‘value’ was weaved throughout many conversations during this project, spanning individual values and how individuals see their work adding value to patient care, their team and inputting into the values of individual NHS Trusts. Value did not necessarily mean moving up the career ladder, however, as individuals should be supported to remain and develop in their current roles if that is what they want. A ‘**Value Chain Analysis of UK Foot Health Service Provision 1996 – 2020**’; Abbott and Wylie 2020)¹⁸ recognised “value is potentially being lost across the academic tiers of service delivery,” however, “it is evident that within a delegated scheme of responsibility, assistant practitioners add value within the NHS value chain, by providing nail/soft tissue interventions, health education, foot checks, corn and callus debridement and wound care on complex high risk patients”.

Flat structure’ and the leaky pipeline

A Webinar attendee offered, “one of the biggest issues we have at the moment is that they can't go on from being support workers if they want to move on to be a podiatrist.” While this was true for some NHS Trusts in the devolved nations, in England some NHS Trusts have adopted apprenticeship routes, where an individual can now progress from Level 2 to Level 8 practice, within the same Trust and department (**Derby NHS Case Study**). Establishing a clear career structure for the podiatry support workforce was seen as critical as the current ‘flat structure’ was not aspirational. Webinar delegates encouraged caution when onboarding new support staff at higher grades, particularly Foot Health Practitioners (FHP). The RCPod was recognised as a current Assistant Practitioner in

Podiatry (AP) training provider and further development of CPD was encouraged. Future CPD will be aligned to the needs of the podiatry support workforce, informed by an associated Accreditation of the Support Workforce project. Engagement with key stakeholders identified a need for ‘essentials of’ CPD suites, specifically concerning podiatry support worker screening, delegation and supervision.

Appraisals and continuing professional development

In 2019, the NHS Long Term Plan recognised, “many of those leaving the NHS would remain if employers can reduce workload pressures and offer improved flexibility and professional development” (National Health Service, 2019a, p. 8)¹. The RCPod could develop an appraisal proforma to support appraisal conversations, geared toward developing meaningful personal development plans. The focus of these materials, following consultation with stakeholders, should celebrate achievements, share goal setting and identification of developmental needs against NHS Knowledge and Skills Framework (KSF) dimensions, and identify any additional training or support required. One example mapped achievements across three domains: supportive, developmental and creative to strategy and individual objectives.

The RCPod will also develop, host and accredit a suite of continuing professional development (CPD) and training resources, inclusive of both theoretical knowledge, particularly as triage becomes a larger part of the support workers role, and practical upskilling, including nail and skin management techniques. The RCPod will continue to raise the profile of the invaluable podiatry support workforce, including targeted sessions at the annual conference and, possibly, hosting and promoting employment opportunities on the RCPod website and bimonthly magazine, The Podiatrist. There is also potential for the College to host online podiatry support worker CPD profiles and appraisal booklets, to map such learning to the Foot Health Standards.

4. Project Recommendations and Future Considerations

This project sought to facilitate a cultural shift toward greater appreciation of the opportunities presented by the podiatry support workforce. More data is required, across all sectors, with a clear need for high quality service evaluation, audit and research data to further qualify and quantify the distinct and unique contributions of each tier of service provision. Future capability frameworks should also be mindful of the need for greater granularity. For example, the Capability Framework for Integrated Diabetic Lower Limb Care (McCardle et al. 2019)⁶ makes no distinction between AfC Band 2 and 3 foot health roles. This is understandable, given the Foot Health Practitioner (FHP) workforce have operated entirely in the independent and third sectors before the upcoming portfolio route to NHS practice, established throughout the **Accreditation of the Support Workforce Project**.

This project has several recommendations, necessarily dependent on the conclusion of a concurrent **Accreditation of the Support Workforce Project**. While digital CPD opportunities were discussed, future professional and CPD activities must be mapped to **academic Levels 3, 4 and 5 of this document**. The Foot Health Standards themselves may also need to be revisited to ensure that activities align to those of the current workforce, particularly concerning wound care. Throughout this project, case studies representing good practice were presented. Such case studies, together with exemplar job descriptions, aligned to the Foot Health Standards and supportive appraisal proformas will all be hosted on the RCPod website throughout the delivery of this project. In keeping with the **Accreditation of the Support Workforce Project**, harmonisation of podiatry support worker job titles would offer further clarity to patients and the public. One possible suggestion is Podiatry Support Worker, Enhanced Podiatry Support Worker and Advanced Podiatry



Support Worker, recognising advancing knowledge and skills across the support worker continuum.
It is recognised that 'support worker' may not be so readily adopted in the independent sector.



Contributors

Berkshire Healthcare NHS Foundation Trust

Derbyshire Healthcare NHS Foundation Trust

Northern Health and Social Care Trust

Royal College of Podiatry Associate Members

South Eastern Health and Social Care Trust

York and Scarborough Teaching Hospitals NHS Foundation Trust

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Further information:

The Royal College of Podiatry
Quartz House
207 Providence Square
Mill Street
London SE1 2EW
Tel: 020 7234 8620
Email: contact@rcpod.org.uk
Web: www.rcpod.org.uk