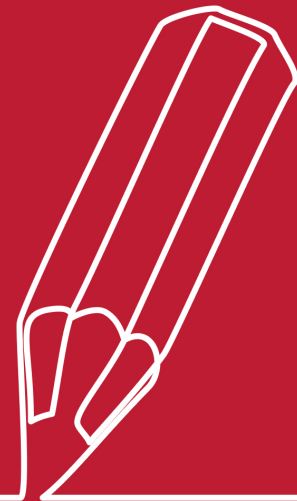


# Manifesto for the 2024 General Election



## General Election 2024

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# Manifesto for the next General Election 2024

## Who we are and what we do

The Royal College of Podiatry is the professional organisation and trade union for podiatrists in the UK. The College represents qualified, regulated podiatrists across the UK and supports them to deliver high-quality foot and lower limb care and to continue to develop their skills.

Podiatrists are highly skilled healthcare professionals trained to diagnose, treat, rehabilitate, and prevent complications of the foot and lower limb. They manage foot and ankle musculoskeletal pain, skin conditions of the legs and feet, treat foot and leg infections and assess and manage lower limb neurological and circulatory disorders. Podiatrists are unique in working across conditions rather than a disease-specific area.

A podiatrist's training and expertise extends across population groups to those who have multiple chronic long-term conditions, which place a high burden upon NHS resources. Podiatry is intrinsic to multiple care pathways and podiatrists liaise between community, residential, domiciliary, and secondary care, primary care, and independent sector settings. They specialise in being flexible and responsive, ensuring focused patient care irrespective of the clinical setting. Podiatrists are at the forefront of delivering innovation in integrated care; they deliver high quality and timely care as well as embracing safe and effective technologies that lead to improved patient outcomes.

# Health inequalities

## Where are we now?

People in areas of high socio-economic deprivation are more likely to suffer from poorer health outcomes. Exposure to social deprivation is a potential risk factor for diabetes-related foot disease. Deprivation together with high comorbidity burden, ethnicity, being male and history of foot disease is strongly associated with increased risk. The most deprived 20% of the English population are twice as likely to have a toe, foot, or leg amputated than the wealthiest 20% of the population. This means that the poorest in our society are twice as likely to die prematurely within five years of having a lower limb amputation.

## Where do we need to get to?

- People in areas of high socio-economic deprivation have earlier and more complex illness than those in areas of relative prosperity, therefore, the health and social care system need to target deprived areas to ensure that they are able to live better
- The cost of poverty to the NHS is **£29bn** per year. Investment in prevention and early intervention are needed to enable people to live well, engage in society, become economically active, thereby enabling people to live to their full potential.

## How do we get there?

- Health funding for poorer areas needs to be enhanced to meet the increased need
- Investment in early detection and preventative care needs to be at the heart of national and regional health strategies
- A recognition from commissioners of healthcare services that investment in primary care and community health services in more deprived areas is likely to realise savings within acute budgets



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*of* PODIATRY

- Properly rewarding those who work in healthcare in partnership with trade unions, including the Royal College of Podiatry
- Pathways to utilise independent podiatrists and podiatric surgeons to reduce waiting lists.

# Physical activity for all

## Where are we now?

Physical inactivity is associated with 1 in 6 deaths in the UK and is estimated to cost the UK £7.4 billion annually (including £0.9 billion to the NHS alone).

Around 1 in 3 (34%) of men and 1 in 2 (42%) of women are sufficiently active for good physical health. Many factors affect levels of physical activity including age, preexisting conditions – both physical and mental health – and access to appropriate facilities and environments for individual needs.

## Where do we need to get to?

- Enabling improved physical activity for all, addressing all physical and mental conditions that otherwise limit physical activity
- Increasing the availability of regular lower limb health checks – link to social health care clinics and targeting of deprived areas to increase awareness and availability of speciality healthcare to improve mobility and fitness
- A fitter, healthier and more mobile population.

## How do we get there?

- Podiatry as the lead service for physical activity
- Podiatrists provide holistic care and treatment, underlined by a preventative approach
- Breadth of skills and interventions provided by the podiatry services to be commissioned by NHS services

# Workforce

## Where are we now?

As UK population demographics shift towards an older population, more healthcare professionals will be required to provide preventative podiatric care to keep people active, healthy, and mobile. The numbers of podiatrists in the UK are currently contracting. People are developing preventable foot ulcers, infection, and toe, foot and lower limb amputations. A lack of early interventions for musculoskeletal complications are preventing people from returning to the workforce. The healthcare system needs to fundamentally shift its focus to keeping people healthy, and preventing complications, rather than allow the population to slip into ill health and then attempt to pick up the pieces. Healthcare professionals also need well-rewarded and progressive careers.

## Where do we need to get to?

- To train enough podiatrists to ensure that the increasing aged population can remain healthy and mobile and make podiatry a rewarding career
- A variety of entry points into the profession: apprenticeships, undergraduate programmes, and pre-registration master's degrees.

## How do we get there?

- Clear commitment to funding programmes
- Encouragement to develop new programmes in the areas of need
- Recognition of the need for fully funded podiatry services.

# Retention

## Where are we now?

- Retaining workforce is an issue, especially within the NHS, with some podiatrists making an active choice to move into independent practice
- Workforce shortages mean there are vacancies, which increase pressure on those who remain
- The need to prioritise patient care, as well as pressure on budgets, leaves limited opportunities for career development
- Staff are burned out and our members report high levels of stress. For some, this results in an early exit from the workforce (possibly exacerbated by the pandemic)
- Making NHS roles more rewarding and attractive.

## Where do we need to get to?

- There is a need to ensure work is a safe environment where podiatrists feel valued, recognised and rewarded; workloads are reasonable, and there are opportunities for career development
- There must also be opportunities for greater flexibility, which can promote job satisfaction and morale.

## How do we get there?

- National retention programme
- National commitment to staff wellbeing
- Clear actions to recruit more podiatrists, including investment in training
- Protected time and dedicated funding for CPD for all
- A dialogue with trade unions on pay, terms and conditions based on partnership working.

# Transformation

## Where are we now?

Podiatry is intrinsic to multiple care pathways, and podiatrists liaise between community, residential, domiciliary, secondary care, and primary care settings. They specialise in being flexible and responsive, ensuring focused patient care irrespective of the clinical setting. Podiatrists are at the forefront of delivering innovation in integrated care; they deliver high-quality and timely care, as well as embracing safe and effective technologies that lead to improved patient outcomes.

Podiatrists are a central part of early intervention to limit a range of long-term conditions and the cumulative impact of multi-morbidity.

## Where do we need to get to?

- There is a need for greater integration of pathways and health and care settings to enable early intervention, detection and prevention
- Greater integration between primary care and community health services to ensure a reduction in diabetic and non-diabetic foot ulceration, infection, and lower limb amputation
- There is a need for increased utilisation of podiatric surgery services to reduce elective waits and enable greater mobility in the population.

## How do we get there?

- Podiatrists, in the independent sector and in the NHS, can contribute to transforming the health service through having a more active role in primary care and community, thereby putting early detection and prevention at the heart of care.



## Our asks of government are:

- Enhanced funding for podiatry services to enable increased preventative care in areas of socio-economic deprivation
- Raise the profile of podiatry within the healthcare system and encourage commissioning of services in all disciplines of podiatry, enabling prevention, early detection and physical activity
- Raise the profile of podiatry with the public, and promote the concept of holistic health through increased mobility and physical activity for all
- Acknowledge the role of podiatry in preventative healthcare
- Acknowledge that there is a podiatry workforce crisis
- Encourage new podiatry education programmes in areas of need, and foster cross sector placements
- Develop a clear strategy for recruitment and retention
- Improved integration of pathways between primary care and community services to ensure early detection and prevention are at the forefront of care.

For further information, please contact Royal College of Podiatry Chief Executive and General Secretary, Jane Pritchard at: [jane.pritchard@rcpod.org.uk](mailto:jane.pritchard@rcpod.org.uk)