

Workforce and Education Reform Programme



Modernisation and Reform of the 21st Century Podiatrist

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Title of Project:	Modernisation and Reform of the 21 st Century Podiatrist
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<p>Executive summary</p> <p>In response to the growing demand on healthcare services in England, Health Education England (HEE) funded the allied health professional (AHP) bodies with a WFER programme. This is to ensure each profession and its workforce is prepared and in alignment with recent publications, such as the AHP Strategic Framework for England¹ and NHS Long Term Plan² (LTP), which plots healthcare trajectory. As the dynamics of health conditions and treatments evolve, podiatrists must stay current to provide safe delivery of care for our service users. At the Royal College of Podiatry (RCPod), we are mindful of our reach across the four nations. Therefore, the college has expanded this work to the four nations it supports, to reduce the variability between podiatrists trained across the four nations.</p>	

Modernisation and Reform of the 21st Century Podiatrist

This project aims to support podiatry in evolving with the ever-changing landscape of healthcare by modernising and reforming the education and training of podiatrists in line with the NHS Long Term Plan (LTP) trajectory.

Through consultations and literature scoping, RCPod has been exploring and considering the knowledge, skills, and attributes of what the 21st Century podiatrist can and should hold. These activities highlight opportunities for podiatry leadership in service provision and its impact in future healthcare priorities, enabling the RCPod's Head of Education to review the undergraduate curriculum to reflect this movement. Alongside this consideration was given to how the revision and refreshment of the career framework can engage, inspire, and represent the future workforce and that it is accessible to all podiatrists and promotes professional growth.

On 1 March 2023, 11,977 podiatrists were on the HCPC register³ equating to approximately one podiatrist per 5,700 residents in the UK⁴. The population of the UK is projected to increase by 3.2% in the next 10 years⁵, with England's population projected to grow faster than the other UK nations. The number of people aged 85 years and over is expected to almost double in the UK by 2030⁵. This will impact service demands and pressures across the healthcare system. As people grow older the likelihood of illness and disability increases⁶, alongside an increased risk of falling⁷, reduced independence, and increased risk of infection⁸ and healthcare costs⁹.

After thematic analysis of stakeholder contributions, podiatry's 21st Century clinician was highlighted as an 'Enhanced Generalist with a Special Interest', mapping to a Band 6 role within the current career framework structure. The **Podiatry Workforce Review**⁶ highlights the largest proportion of the workforce in Northern Ireland (NI) sits in a Band 6 role (Figure 2), **as also seen in**

England¹⁰, and these roles of have a core skill mix, knowledge, and behaviours associated with musculoskeletal (MSK), vascular, dermatology and wound care.

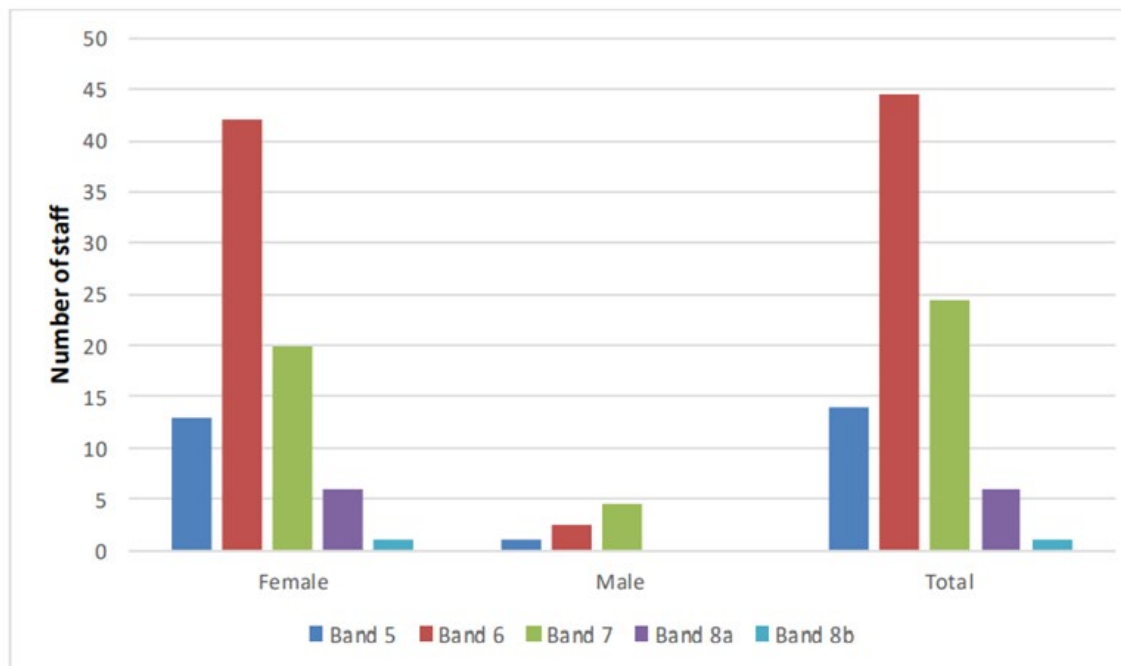


Figure 2: Graph depicting number of podiatry staff in part-time role in NI.

The NHS LTP² pushes for an acceleration of the shift from dominance of highly specialised roles to a better balance with more generalised roles, which is being mirrored by the revision of the Podiatry Career Framework. Figure 3 is depictive of a 'sludge' graph demonstrating the Band 6 level workforce as providing the largest breadth of service provision.

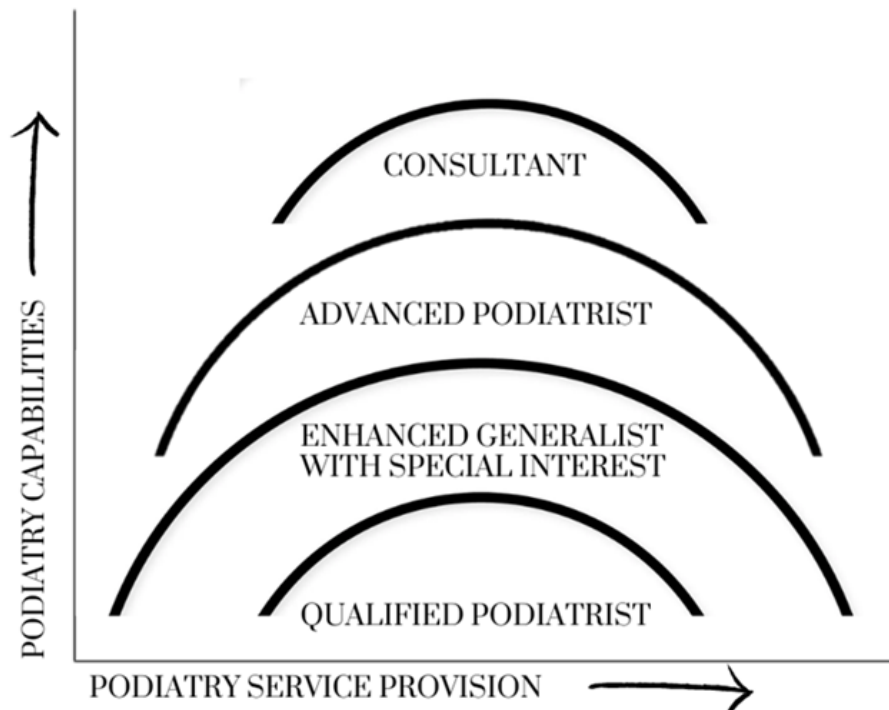


Figure 3: Graph depicting breadth of podiatry service provision as capabilities increase.

To establish the skills, knowledge and attributes of this group, themes were mapped by exploring the capabilities of podiatry specialisms, identifying the service provision need, and the service podiatry offers. This scoping exploration has highlighted the similarities noted between the NHS LTP's 'Big Truths' and the podiatry profession:

- Pride – in our profession and its vast array of services
- Concern – staffing, lack of recognition
- Optimism – the opportunity to demonstrate podiatry's impact in healthcare service.

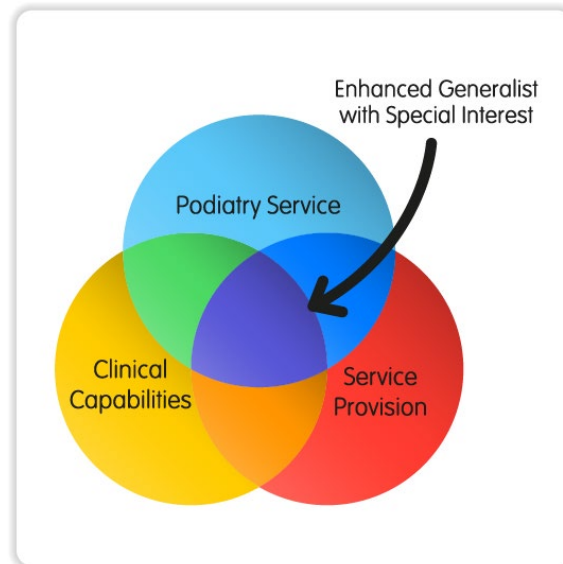


Figure 4: Mapping of Enhanced Generalist with a Special Interest.

Capability Frameworks checked against:

- **Capability Framework for Integrated Diabetic Lower Limb Care: A User's Guide**
- **Musculoskeletal core capabilities framework for first point of contact practitioners**
- **Musculoskeletal Capability Framework**
- **Multi-Professional Advanced Capabilities Framework for Lower Limb Viability**
- **Public Health Skills and Knowledge Framework.**

Power-sharing, Responsibility of Care and Working in Partnership

The relationship between the Allied Health Professional (AHP) and the service user

This theme explores the dynamics of this relationship and how to balance the power shared decision-making, and supported self-management should be the foundation of the partnership between those delivering healthcare services and those receiving care. The WHO's reflection on what is needed by an AHP to deliver care, which is to understand the experience of illness from the patient's perspective¹¹, fundamentally aligns with Compassion¹² as one of the NHS Values. A movement often seen replicated across other areas of the AHP skillset, such as **compassionate leadership**.

Public, Hyperlocal and Individual Health; Prevention and Early Diagnosis

Public, hyperlocal, and individual health approaches are essential and core to a **whole systems approach** care delivery. All four nations across the UK have several similar priorities: health and wellbeing in early years, supporting healthy lifestyles, self-management and parity of esteem between physical and mental health^{2,13-15}. The AHP community must work across systems to design pathways that emphasise prevention and early intervention¹⁶.

Podiatry has a significant role in optimising and supporting the transformation of the overall health and wellbeing of our population through:

- Being active in health promotion, health improvement, diagnosis, early detection, early intervention and self-management
- Supporting service users to avoid and prevent illness and complications;
- Supporting people of all ages to manage chronic conditions e.g. diabetes and rheumatology⁶

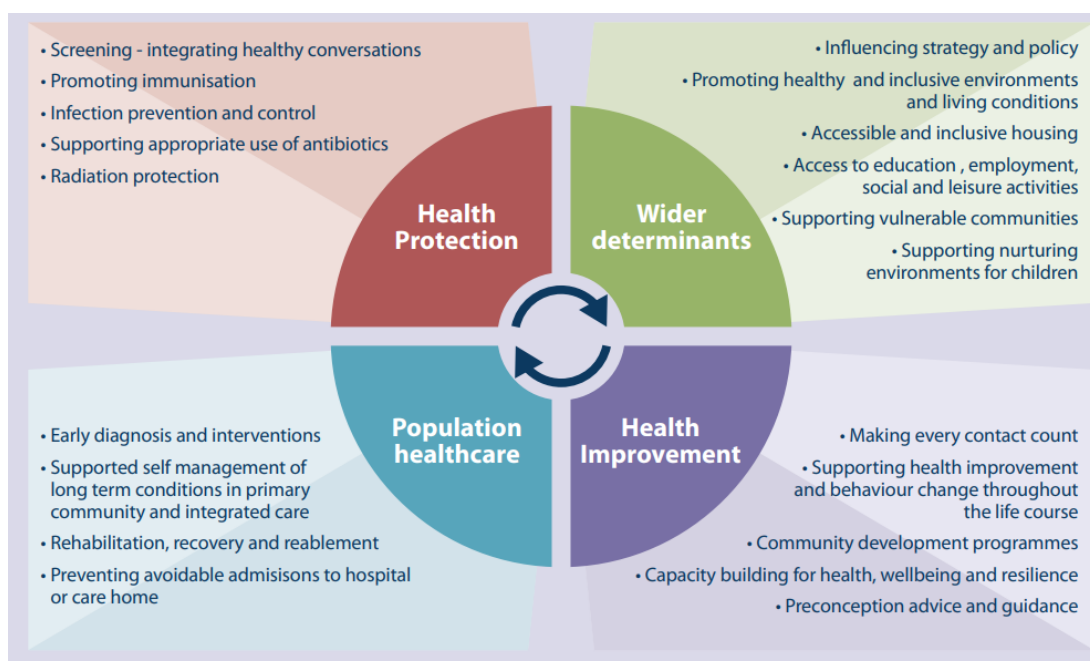


Figure 5: Public Health skills, knowledge, and behaviours of 21st century Podiatrist.¹⁶

Podiatry's Core Offering for Prevention and Early Detection

Podiatry's Core Offering
Wound Care (diabetic and non-diabetic)
Musculoskeletal (with options to specialise in areas such as podopaediatrics, rheumatology etc.)
Vascular
Dermatology
Surgical

Inter/a-professional Collaboration; Leadership

To meet the complex needs of service users with comorbidities, podiatrists must work outside of the capacity of one sole clinician. This involves navigating inter/a-professional relations and partnering with other providers and communities across sectors for effective health care delivery. In a recent stakeholder engagement with a variety of AHPs, 75% reported collaborations were easier internally in the NHS, as opposed to external collaborations between NHS and private sectors. NHS podiatrists have demonstrated an interest in working across sectors, by utilising the RCPod Branch Networks as an intermediary, where some Trusts are providing continued professional development (CPD) focused on the 'High Risk Foot' to a private sector audience. Despite The Sak's Report¹⁸ highlighting the 'siloed' nature of the profession on an individual and organisational level, social media forums, such as the UK Podiatry Facebook page are a clear example of peer-to-peer support networks.

Quality care needs great leadership at all levels of working, including self-leadership, compassionate leadership, and eco-leadership. Self-leadership should be prioritised at undergraduate and into the early start of being a qualified clinician. Whereas eco-leadership would be demonstrated by AHPs during multi-disciplinary interactions, further strengthening the recognition of each discipline's value. Compassionate leadership qualities are to be most notified in managerial positions, as the NHS LTP highlights the need for greater emphasis on mental health and well-being in the workplace.

Training and Work; Urgent Care

The NHS LTP expansion of Advanced Clinical Practice (ACP) and First Contact Practitioner (FCP) roles enables clinicians to develop new capabilities formally recognised in specific areas of competence². This will allow clinicians to shift or expand their scope of practice to other areas more easily, creating a more adaptable workforce². The NHS LTP² discusses funding for ACP roles to target the ageing population, cancer, and prevention techniques, all which podiatrists are skilled and prepared to enhance on.

The enrolment on Urgent Treatment Centres (UTCs) across England provides appropriate positioning for ACP and FCP podiatrists to maximise their skill set and provide care for those who do not need to attend hospital. Similarly, 'One Stop Shop' hubs are being trialled for ulcerations, where Podiatrists, Tissue Viability Nurses and District Nurses collaborate to support the needs of those ulcerations on the lower limb. Additional skills being accompanied in these settings, include assessing for holistic and psychosocial elements of care delivery, e.g., MUST screening for malnutrition.

The introduction of independent prescribing (IP) into the undergraduate curriculum is not in the distant future for podiatrist's training. Independent prescribing enables timely and responsive care for patients particularly associated with limb threatening foot infection. Podiatrists are established clinical leaders in wound debridement, management and prevention, the need of which is increasing¹⁹. However, initial focus is being highlighted on our POM-S annotation to save GP wasted time writing prescriptions for medications within Podiatry's POM S annotation. Stakeholder consensus deems IP too soon to be embedded into the undergraduate curricula, highlight a need to further enhance the current pharmacology training already received at undergraduate level and considering an expansion of POM-S medications initially.

NHS LTP one of the top reasons for people leaving is that they do not receive the development and career progression that they need². Throughout the WFER programme, RCPod has taken a greater

focus on career development and enhancing transitional journeys through embedded four pillars at undergraduate level in placements (**Placement recovery and expansion**), into preceptorship (**Retention and support for students, the newly-qualified workforce and careers**), and should be continued into mentorship for growth into an ACP/FCP role (**Profession specific interventions**), alongside revising the 'career ladder' into an adaption of the KAWA model being explored by the **AHP Career Framework**.

Digital & Technology

Digital advances have become widely integrated into healthcare delivery during and post-COVID-19 period. A unique collaboration between NHS Western Isles, Technology Enabled Care, Cardiac Nursing teams and the Podiatry Department, utilised Kardia, a mobile device that enabled on-the-spot digital single-lead ECG (Electrocardiogram) testing for patients suspected of an undiagnosed problem with their heart rhythm. Since NHS Western Isles podiatrists began using Kardia, over 80% of participants avoided the need for a GP ECG.²⁰

Further digital advantages have been echoed within podiatry, both in the private and public sector. The private sector was quick to introduce virtual consultations through COVID-19, alongside review appointments, such as insole or post-surgical. Some NHS Podiatry teams have been introducing phone consultations to reduce unnecessary home visit referrals. There is a greater ability to further enhance the utilisation of digital advances through incorporating technologies such as Halogens, Google Glasses, into training and education sectors. Furthermore, other departments, are linking with virtual wards, however, further progression in this area is needed to identify impact.

Research, Innovation, and Evidence-Based Care

All research and innovation are driven to improve service delivery experience by the end user. Greater emphasis on quality improvement and audits should be explored to boost the confidence of podiatrists to demonstrate their impact. Research funders, **such as Versus Arthritis, provide opportunities for students and new graduates to be involved in research.**

To continue, stakeholder opinion reports how essential it is to be aware of evidence-based innovations during decision making for development of a care plan for a service user. Discussions around best practice and utilising evidence-based knowledge to decide treatment plans was also highlighted as an attraction from our student focus group and was often noted more on NHS placements compared to private. An understanding of research aids in supporting a decision made on a treatment plan, especially when working in a multi-disciplinary setting.

Sustainability

Sustainability is a movement being monitored by a multitude of individuals and organisations, including the NHS and RCPod. A greater prevalence bio-degradable personal protective equipment, and education of single use items have emerged from podiatry suppliers.

Despite this theme focusing on environmental sustainability, it's transferable application to the sustainability of the podiatry profession is an essential exploration noted in **AHP 8's** work through maximising support worker contributions in the foot health team.

The Career Framework

To develop podiatrists' capabilities and skills to meet 21st century needs, the career framework has been reviewed utilising a wide-stretching approach to include a vast array of key stakeholders. Themes from stakeholders included: 'readability to the public', 'linkage to HCPC audit', 'inspirational guidance', 'digital', 'easy to use', 'integrative of all foot health professions'. The modernised career framework explores and supports ACP pathways and multisectoral working; collaborating with other organisations and models, such as KAWA to reflect the true reality of professional growth as opposed to a historical linear model.

Conclusion

The 21st century podiatrist has been highlighted as an Enhanced Generalist with a Special Interest, which would sit as a Band 6 Podiatrist in the current career framework structure. With Band 6's being the highest number of working podiatrists, this workforce group will maximise podiatry's

service provision capacity.

This clinician would demonstrate a balanced portfolio across the four pillars of practice, with these capabilities at the core for career and professional development. The undergraduate curricula reformation, whereby placements are to incorporate the four pillars of practice, will provide a foundation for preceptorships to continue enhancing these capabilities and podiatry's core offering capabilities (MSK, surgical, vascular, wound care and dermatology), and therefore provide necessary preparations to continue career development utilising the revised career framework into ACP roles, which is podiatry's maximum service offering.

To develop current workforce-ready podiatrists into this new role, podiatrists need targeted continued professional development on the four pillars of practice to help identify their capability level, recognise these skills within current practice, and create a developmental action plan. Further CPD should be considered on the core podiatry's offerings to ensure all skill sets are the same. Finally, further support is needed for the qualified clinician by utilising preceptorships to enable to enhancement of the breadth of skills into this new role.

Recommendations

RCPod Recommendations:

- A more rigorous and robust approach to mapping the skills, attributes, and knowledge of the 21st century podiatry should be conducted (research proposal)
- Marketing from RCPod to deliver clarity between Podiatrist and Support Worker for public and workforce understanding to provide a foundation to the upskilling and foot health team vision, whilst highlighting the revised career framework as a toolkit to support this agenda.

Undergraduate curricula recommendations:

It is recommended that the podiatry core curriculum be updated to further embed the NHS four pillars of practice and prepare the 21st century podiatry graduate for enhanced generalist practice. A systems-based approach should be maintained with greater emphasis on health promotion and prevention strategies, to support self-management. Further opportunities for interprofessional learning and multidisciplinary team working are recommended, such as in musculoskeletal, diabetes and vascular teams, across a range of sectors. Development of compassionate leadership, digital literacy and research, audit, service evaluation and quality improvement skills are necessary to prepare graduates for modern podiatric practice. Prescriber readiness should be supported through enhanced pharmacology teaching and additional opportunities to experience POM-A and POM-S utilisation in practice.



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