

# Workforce and Education Reform Programme



## Profession Specific Interventions

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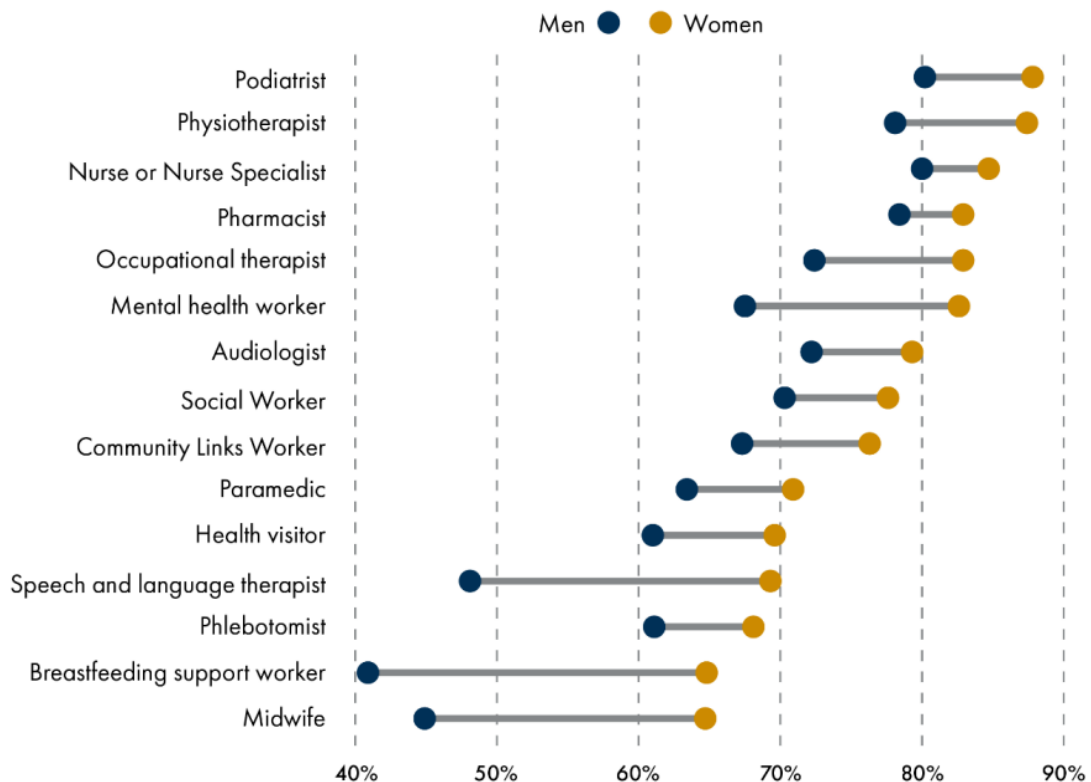


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# Profession Specific Interventions

The NHS long term plan sets out a 10-year programme to improve health and care for local people to get the right care in the place at the right time. There is a movement towards proactive, predictive, and personalised prevention with Primary care networks (PCN's) creating multi-disciplinary teams (MDT's) to increase capacity and provide services closer to home(1). As outlined in the priorities and operational planning guidance 2022/2023, this project supports the priorities set out in several ways; by investment in our workforce; with the aim to increase the utilisation of the additional roles' reimbursement scheme funds within primary care for podiatrists, increasing workforce numbers, and thereby supporting timely access to foot health specialists within primary care (2).

This aligns with the 2023/2024 priorities and operational planning guidance of improving access to primary care services (3), considering 85% of people in a large public survey stated they would like direct access to a podiatrist without going through the GP (see image 1) (4). This would increase capacity for lower limb assessment and diagnosis with a focus on prevention (improved population health management), early detection of problems, and therefore a more effective use of resources. Ultimately, this should position the patient in the right place, at the right time, with the right expert clinician to facilitate assessment completion, reducing delayed and incorrect treatments that impact on patient quality of life and result in excessive costs to both primary and secondary care.



Source: The Scottish Parliament

### Image 1

Survey results demonstrating which health care professionals the Scottish public would like to see without going directly through a General Practitioner (4).

In 2021, The Saks Report identified recommendations for the scope of podiatry with official definitions of role and practice and encouraging podiatrists to be seen as first point of contact practitioners for issues directly or indirectly associated with the lower limb. First Contact Practitioners (FCP) were introduced approximately eight years ago. It put Allied Health Professionals (AHPs) with an extended level of training at the forefront of patient care; to decrease GP demands, improve patient care with the correct assessment, diagnosis and treatment or to get a referral in the quickest time. Unfortunately, the FCP role within podiatry has a relatively low uptake despite government funding via the Additional Roles Reimbursement Scheme (ARRS) to support this 'new' local-level working. A recent audit carried out by the RCPod (2023) (5) confirmed 30-35 FCP



podiatrists were currently in position. Uptake by Primary Care Networks (PCNs) of podiatry via the ARRS is currently underspent and underutilised. Scoping was carried out to identify potential barriers to the growth of this role within the PCNs.

# Project scoping findings

From the initial stakeholder engagement with Higher Education Institutions, independent podiatrists, NHS podiatrists, NHS podiatry managers and other AHPs; including physios, OTs, nurses, GPs and PCN leads, it was clear the role of FCP Podiatry is poorly understood. Stakeholder engagement and webinars confirmed a poor level of understanding of the role throughout the profession, the PCN and with other AHPs. A low-level of awareness of role value may have equated to fewer roles being created. It is also likely that the low-level awareness of the role within the podiatry profession has equated to a reduced uptake of advertised FCP roles. For example, three roles have recently been advertised within English PCN regions with one applicant. Whilst, in another single region with increased role promotion, four applicants for two part-time posts was observed.

## Deliverables

Marketing and increasing awareness are seen as a key part to the positioning of podiatrists in FCP roles. The development of promotional material to educate and best position podiatrists in FCP roles is needed, specifically to inform the following groups:

1. The public.
2. The PCNs and associated primary care teams and team members.
3. Podiatrists and student podiatrists.

The developed marketing content is intended to inform podiatrists about how they can develop into the role, the required process, the required skillset, and how that fits with both national foot health requirements and local PCN targets.

A podiatrist within primary care within a first point of contact role will assess and diagnose all presentations of the foot and ankle, ensuring that patient care is optimised and that people are seen

in the correct place, in the quickest time with appropriate tests and information exchange, and reducing the workload of the GP. There is a clear clinical and operational need for this to happen and the promotional content uses national figures demonstrating not all presentations of the lower limb are MSK. Incorporating national figures of wounds, diabetes, peripheral arterial disease, and amputation rates, alongside musculoskeletal conditions, this project demonstrates the variety of diagnoses for lower limb presentations and why podiatrists should be in a position to assess them and instigate treatment in primary care.

Previous marketing and education for the profession includes a session dedicated to podiatrists in primary care in 2022 at the RCPod's Annual Conference and Exhibition and a publication in *The Podiatrist* that showcased FCP podiatry. As a continuum, a dissemination plan is in place to further showcase the findings of this project via articles in *The Podiatrist*, and multiple national conferences including:

- National Primary Care Conference
- National Royal College of Podiatry Annual Conference
- National Faculty of Podiatric Surgery Conference
- NHS Confederation Primary Care Conference.

Presentations to some university cohorts of undergraduate and Masters programmes have also been planned to inspire career planning and direction. The project has been presented at a range of national meetings to begin to inform stakeholders of the current position of where podiatry fits and what we can contribute to primary care.

The main deliverables will be promotional videos and a website build. The website will be a portal of all resources to support FCP podiatry. The website aims to inform what FCPs are, benefits of the role, and how they fit into primary care. The website will link with all supporting documents, resources, strategies, and frameworks. Demonstrating the cost effectiveness of the FCP and how they can support the PCN in meeting business and quality targets. Showcasing career journeys and case studies and linking to supporting courses, the website content and promotional material and



videos will aim to inspire people to join the profession and to upskill and consider these roles. An FCP space will provide information about our PCN and data collection and studies including the current position statement based on an audit by the RCPod (2022) (5) of FCP position and activity. Promotional videos will use animations. Support from existing FCPs will demonstrate the skills, role and worth of FCP's. These resources will be accessible through the webpage but can also be used to support PCN presentations, students' education and social media promotions to continue informing and promoting the role going forward.



# Workforce planning

As outlined in The Fuller Report (6), two cultural shifts are required to meet the increasing challenges within Primary Care. These are to move towards a psychosocial model of care and reorientation of the health and care system to a local population health-based approach. Workforce data recorded is inaccurate, and there is not a nationally accessible way of collating and aggregating the data of the workforce. To enable planning based on population health needs, accurate and nationally accessible data of population health needs is necessary to inform workforce planning. Further work to establish minimum safe staffing levels for podiatry across all workforce settings is also needed. This is to anticipate and reduce any unexpected consequence of workforce shift arising from implementation and adoption of ARRS.

## Recommendation

To develop supportive tools for an analysis of population health for use by the PCN. This will enable:

1. Targeting of what services or hubs podiatry could best contribute to, at place/local population level.
2. Maximisation of the FCP's skillset to suit the needs of the neighbourhood. The FCP podiatrist has a varied skillset, and this skillset can be enhanced in any area of lower limb speciality to suit the needs and demands of the neighbourhood. Identify workforce population needs to maximise the potential for this and to build on the delivery capabilities of the primary care podiatrist. Therefore maximising outcomes for patients and ultimately reducing the burden on secondary care.
3. Collation of exemplar models; an example of how greater utilisation of podiatry in primary care could improve population health management is provided:  
A cardiovascular hub model utilising ARRS funded roles in primary care.

The potential for utilisation of primary care podiatrists within primary care hubs to maximise population health management in cardiovascular disease. On attending the NHS Confederation Primary Care Conference 2023, a cardiovascular hub set within primary care was presented. It did not contain any podiatry input. The hub was created based on identified population health needs and to provide care closer to home, integrating secondary care teams into primary care settings and utilising ARRS funded roles. Coronary heart disease, cerebrovascular disease, or peripheral arterial are well known risk factors for lower extremity amputations with or without the presence diabetes mellitus. 90% of the annual 5000 major leg amputations can be attributed to arterial disease (7). Within primary care, community specialist podiatry services are established for clinical presentations of symptomatic intermittent claudication, tissue loss and critical limb ischaemia which is already an advanced presentation of peripheral arterial disease.

One in 5 people with symptomatic intermittent claudication will go on to have a stroke within five years (8) and claudication is a major ratifiable risk outlined towards all outcomes. With prevention being the key component of national strategies, earlier vascular evaluation of this patient collective could improve outcomes and the associated financial burden of these patients.

Ahmad (2016) (9) found although diabetic patients continue to experience six times the rate of amputation than non-diabetics, 50% of major amputations in his prevalence study were non-diabetics. Diabetic patients have regular foot screening, risk stratification and access to foot protection teams whereas the non-diabetic cardiovascular patients may not present until peripheral arterial disease has become symptomatic or critical. Having an FCP within the hub, they can: detect this earlier in the disease process; carry out screening and risk stratification (helping meet the primary care targets); fast track diagnostics, investigations, and referrals; carry out medicines optimisation at the point of pick up; and once the patient reaches the foot protection team, they would be optimised with all diagnostics in place to enable continued care within their team.

# Understanding our workforce

It is estimated approximately 60% of the podiatry workforce sits within the independent sector. A substantive number that could be providing private contracts to support the needs of the PCNs. When exploring the model of the provision of care adapted by first contact physiotherapists, many private procurement contracts are providing MSK services utilising the ARRS funding. The RCPod has recruited a Research Officer in independent practice who, as part of their remit, is collating data reviewing skillsets, scope of practice, current business models and staffing levels. The data and recommendations of this piece of work could feed into this model and will be vital for workforce planning to ensure quality assurances are in place within the independent sector to enable provision and support of wider services, such as first contact roles within independent podiatry.

Throughout stakeholder discussions, hybrid working models with part-time employment in multiple sectors of the profession appear to be a successful way of working. This is in terms of enabling career growth, flexibility, and work-life balance.

Within podiatry, hybrid working examples have been interviewed, including the following hybrid scenarios:

- NHS advanced-level practice/ independent sector/public health projects
- Academia/NHS primary care provision
- Independent sector/public health/academia.

Themes from the interviews:

- A varied and flexible working week
- Expanding skills-mix and opportunities for the individuals

- Support and stability with NHS employment (holiday pay, sick pay, pensions and support for development and progression) combine well with the flexible earning potential and flexible hours of independent practice.

## Recommendations

- Promotion and recognition of the benefits of the hybrid working model nationally could encourage a return to NHS practice and encourage advancing practice within the profession. The support and creation of 0.4/0.5 roles with flexible working within primary care could be attractive to the larger cohort of podiatrists that sits within independent practice
- Promotion of the hybrid working models within NHS employment would encourage bridging the gap and contribute to streamlining the services for the patient as the two sectors would build up knowledge of process, referral pathways and referral routes; therefore potentially reducing delay to treatment cases
- The promotion of advancing clinical opportunities within the NHS alongside the additional known benefits of NHS employment such as holiday, sick pay, maternity/paternity leave and pensions to encourage return to work in the NHS in hybrid models
- A full scoping exercise to determine locations, scope and staff levels of the independent sector could inform and enable a deeper understanding of the workforce; a potential output of the Research Officer's project
- Determining a model for first contact provision for independent practice to secure private procurement contracts with the PCNs.

# Understanding the models of employment for first contact podiatrists

FCPs are employed under a variety of models which may be part time, full time, or hybrid:

- Secondment from NHS Trust to PCN
- Direct employment by the PCN
- Direct employment by GP practice on behalf of PCN
- Host employment model (non-GP host employment model)
- Private procurement.

From stakeholder engagement the strongest employment model for retention and progression in first contact roles was the host employment model where FCPs are employed by the NHS organisation who contract to the PCNs. The employees within this model appear best supported and are well retained. This model ensures adequate levels of governance, support and mentorship within existing podiatry services and is in line with Agenda for Change (AfC) terms and conditions. It is a model that has been utilised by the physiotherapy profession and would appear to reduce the barriers of progression in this role by being directly employed by the PCN.

Stakeholder engagement identified the barriers to retention of first contact podiatrists included within PCN employment models, these included:

- General low-level support of role within the PCNs
- Feelings of isolation
- Lack of clinical supervision
- Lack of identity within the PCN's 'ARRS staff'

- FCP being utilised out of job description to reduce backlogs of community service provision e.g. backlog recovery of diabetic foot assessments.

Other barriers with direct PCN employment include:

- Exclusions of agenda for change terms and conditions - such as differing holiday and sickness pay
- ARRS funding not covering the costs of supervision, which is an essential component of role implementation.

### **Recommendations**

- Encouragement of NHS organisations to be involved in provision of primary care podiatrists and move from the PCN model and to promote the host employment model to improve support, supervision, progression, and retention.

# Supervision considerations for first contact podiatrists

Within stakeholder discussions it is reported there is a shortage of registered supervisors within podiatry. Reasons for this could include a reduced awareness of the process, why support of FCP is necessary, where FCP fits within the profession alongside national teams and community and acute services, and how advanced-level podiatrists could contribute to and support growing the FCP arm of the profession. 70 hours of supervision is required for the roadmap, which a GP supervisor would oversee, but there is the potential for this to be shared amongst multiple supervisors and it would reduce time, load, and pressures on primary care GPs.

## Recommendations

- Consideration of a more bespoke option for podiatry that supports our smaller workforce numbers for supervision. This model could integrate the advanced clinical skills already within the profession as a portal for learning; further integration of the role with existing pathways, such as podiatric surgery, could be a way of supporting this
- The PCNs need to understand the importance and process of supervision; national teams could signpost them to the RCPod's website to access this information
- GP supervision needs to be accounted for and funded in addition to the ARRS
- Development of a potential funding stream for external supervision either regionally or nationally to provide a portion of supervision delivery.

## Deliverables

- Multiple Annual Conference presentations have been arranged to disseminate project findings and promote involvement of advanced-level podiatrists and podiatric surgeons who

hold a clinical Masters degree to complete the supervision training (two days) and become roadmap supervisors

- A dedicated section for supervision will be accessible via the web resources, demonstrating outcomes of questionnaires to FCPs, hurdles and solutions with supervision. An emphasis on service exchanges in the absence of ARRS funding to support the supervision. The value that training the FCP in-house can provide to the PCN and how the supervision can be divided into multiple supervision paths alongside an overall lead GP supervisor to oversee. These steps may promote greater utilisation of podiatrists in these roles.



# Data to support first contact podiatrists

An evaluation of service carried out by the RcPod was distributed throughout the FCP Primary Care Network. It identified between 30-35 FCPs in roles and demonstrated the current position (although actual numbers confirmed by NHS England is now 59), demographics, skillset and activity of these podiatrists. Six podiatrists are actively collecting audit or service evaluation data and three were involved in contributing data for the national evaluation. The findings suggest each FCP can save 80 GP or other primary care staff appointments per week. It is estimated that 76% of FCP podiatrist caseload was managed independently by the podiatrist, 5% required GP input, 4% PCN team input, and 15% resulted in onward referral to community and secondary care services.

## **Deliverables**

- The service evaluation is being incorporated into a position statement that will be accessible via the RCPod web site.

## **Recommendations**

- Robust workforce activity data is required; this would need to reflect lower limb complaint incidence rates, and indicate expected activity arising to inform a workforce calculator
- Development of a national audit data collection tool to collate and measure activity and outcomes through the PCN
- Podiatrists from existing pathways could contribute to data collection to support the positioning of FCP.

# Integration with existing pathways, an example of collaboration with Podiatric Surgery

The skillset of the FCP and the range of assessment and diagnosis skills required at enhanced-level clinically was evaluated and compared to existing pathways within podiatry. Enhanced Band 7 clinical evidence is required to commence the roadmap but the Masters in Theory of Podiatric Surgery, Podiatry MSc, provides core training in clinical assessment, clinical investigations and diagnostic imaging which would be a strong foundation to FCP roles. This could be enhanced by modules in injection therapy modules and Lower Limb Ultrasound which would also bring a vital skillset in instigating treatment. Building on these foundations with professional development in primary care with personalised care, holistic patient assessment, safety netting and new consultation models would add strength, value, knowledge, and experience to the podiatrist, whichever career path they were to progress along.

Increasing numbers of FCPs in primary care would be invaluable to enhancing the quality and volume of referrals to podiatric surgery units with conservative options exhausted and a sound preparation of the patient prior to their surgical assessment. This could be demonstrated by improved conversion rates to surgery. All of which would ultimately improve patient experience, treatment time and quality of life with quicker access to the correct services.

## **Deliverables**

- Dissemination of the FCP role and how podiatric surgery can support through supervision, data collection, promoting the role to colleagues and extended scope podiatrists; It is

planned to be introduced via the newsletter and then presented at the Annual Conference and Exhibiton in 2023.

### **Recommendations**

- Research to explore comparative referral and conversion to surgery rates for lower limb presentations between FCP podiatrists and GPs
- Research to explore the potential for dual educational pathways, demonstrating the two roles of Podiatric Surgery Trainee and FCP; including potential to develop novel dual training posts.

# Inclusive engagement of advancing practice and research

The Allied Health Professional's Strategy for England (2022), aims to secure the future workforce supply, bridging the gap between education and work and enabling the workforce to deliver and grow AHP development. Areas of focus include AHP commitment to research and it highlights the need to strengthen the evidence base, inform service design, and include personalised podiatric care approaches with people and their communities. This project is further steered by The Saks Report that highlighted a limited and incomplete research base and the need for systematic data gathering and more prioritised clinical research for public and patient benefit. In promoting advancing levels of practice in clinical and research areas within the profession this could be key to bridging the gap between education and work and it is vital to workforce development and to progression of the profession.

# Project scoping results

Approximately 50-60% of the podiatric workforce sits within independent practice. Stakeholder engagement and scoping by surveys and interviews highlighted a lack of understanding as to the value, process, and opportunities to be involved with research. A further piece of research investigating the current position of private podiatrists by Cameron et al (2023) (11) found more than 50% of independent practice podiatrists that responded to the survey would like to be involved in research and one-third of respondents expressed a desire to know more about the opportunities in research for private practitioners.

Career journeys were collated and interviews were carried out with independent practitioners who have successfully carried out advanced levels of research e.g., PhD alongside their practice. Key challenges were discussed alongside recommendations of how the process could be improved and inclusivity better achieved. Themes, including challenges with ethics, support and securing funding were discussed and demonstrated how the involvement in research has enhanced both personal and professional development and development of the practice.

This project is also in line with the RD&I Committee (already established by the RCPod) which has its own strategy to reimagine the research landscape and to develop the capability and impact of podiatry.

## **Deliverables**

- To demonstrate a simplistic pathway and 'how to guide' which will link in with the RD&I Committee. It will demonstrate the process of developing a research idea through this Committee; it will also show how to engage with HEIs to sign them up to a hub-style system to direct the podiatrists about funding, ethics, and topics of speciality.

- The main deliverable is a web resource to pool information that informs the profession about the process of being involved in research at various levels and its benefits. It will also educate about the process and provide links to external support and to a direct link to the RD&I Committee.
- The case journeys will be accessible through the promotional web resources for this topic and an article has been coordinated through *The Podiatrist*, the RCPod's professional membership magazine, to further demonstrate a successful business model integrating research into independent practice. It is hoped that by encouraging activity in this area it will promote greater inclusivity and knowledge for this part of the profession to have greater involvement in research at any level and advancing practice
- The creation of an Independent Practice Advisory Network at the RCPod with involvement of the Research in Independent Practice Officer; to feed into the Research, Development and Innovation Committee (RD&I) so it can begin to scope how independent practice can engage with research to generate income and potentially look at independent projects, join with industry and reach out to independent practitioners for wider involvement.

## Recommendations

- The creation of a hub system that is based on geography and is topic dependant is an area that would streamline direction for podiatrists interested in developing in research.



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