

Saks Report



THE REPORT OF THE ROYAL COLLEGE OF PODIATRY
WORKFORCE, EDUCATION AND DEVELOPMENT STRATEGY GROUP

Introduction

In 2020, the Royal College of Podiatry (RCPod) approached Professor Mike Saks and asked him to Chair a cross-profession strategy group of some of the UK's most reputable professionals working in the field of podiatry. Separately, an internal Reference Group of staff and Council members was formed to support this work and its outcomes. The aim of the strategy group was to look at every element of podiatry in 2021 and to make assessments and recommendations for the future. What follows is the Saks Report; Professor Saks' in-depth report on their findings.

Everybody at the Royal College of Podiatry is proud to publish this landmark report, and hopes that the whole profession will use it as a blueprint for the future.

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ROYAL COLLEGE
of **PODIATRY**

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Foreword

The Saks Report builds on the excellent achievement of the College of Podiatry in gaining royal status in March 2021. The distinction provided by royal patronage is typically granted to institutions considered to be in the public interest as in the case of learned professional societies like the College of Podiatry, whose members provide essential healthcare services. This focused report has grown out of the work of a Workforce, Education and Development Strategy Group established in July 2020 which has now met on several occasions to further aid the evolution of podiatry as a whole and the Royal College of Podiatry in particular.

As a context, what is now the Royal College of Podiatry was incorporated as a learned society in 1945, and also serves as an independent trade union. It provides a wide variety of membership services to podiatrists throughout the United Kingdom and overseas, including amongst others education, professional practice guidance, employment support, regular journal publications and annual scientific conferences. It has numerous branches where podiatrists can meet and promotes continuing professional development for members – as well as advising other healthcare bodies and providing expert advice to the public.

All the College's members in professional practice are currently statutorily registered with the Health and Care Professions Council (HCPC). The mission of the College is to promote guidelines and standards of practice that are evidence-based and ensure the safety of patients and clinical effectiveness, with a focus on clinical and public health outcomes. It campaigns to raise awareness among the general public and at government level that good lower-limb health is essential to mobility and that podiatry is a key element of preventative medicine.

As such, the College endeavours to influence the governments of the four countries making up the United Kingdom, ensuring that they understand that podiatry encompasses specialist care, surgery, limb salvage, general practice and public health, and makes a key contribution to population health. Linked to this, it campaigns to ensure podiatry services across all sectors are supported by government policies which includes enabling a healthy supply of podiatrists into the workforce and sustaining well-funded and supported podiatry services.

In a related manner, the College promotes the

highest professional values, practice and standards, as well as enhanced public awareness of good lower-limb and foot health. It provides members with guidelines and standards relating to patient care which must be adhered to comply with membership requirements and good governance. Its policies are informed by the United Kingdom's most prominent podiatrists, scientists, and researchers, as well as product suppliers and the College's wide caseload of users.

In this context, the report is very timely as it comes at a point where podiatry stands at the crossroads. Having achieved numerous successes to date, it faces a range of challenges as a result of rapid internal and external change and now needs to assess how it may develop further as a sustainable profession. This report makes recommendations to the Council of the College, based on detailed work undertaken by the Strategy Group, designed to take podiatry positively forward in the future. It is intended to feed into the development of the College Strategic Plan for the period 2022-2025. It has been my pleasure to Chair this Strategy Group and contribute to the strengthening of this important area in the years ahead.



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& Visiting Professor University of Lincoln, UK
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University of Westminster, UK and
University of Toronto, Canada

Executive summary

1. Background and remit of Strategy Group

The Saks Report begins by outlining the background and remit of the Royal College of the Podiatry Workforce, Education and Development Strategy Group, consisting of experts spanning the four countries in the United Kingdom, drawn from the College, NHS and independent practice, senior personnel from a range of cognate organisations including the NHS and university sector. Both recent graduate and minority ethnic and other constituencies were represented – as well as users, through a number of the non-podiatric members of the Group. The Strategy Group was chaired by Professor Mike Saks.

The mission of the Strategy Group was to ensure that the NHS podiatry workforce and pre-registration pipeline grow to meet patient need in all areas of practice in support of the vision of the *NHS People Plan* which sets out what can be expected from leaders and each other. Podiatry in this context is taken to include podiatric surgery and other specialisms. The Group met on five occasions to facilitate the preparation of this report.

The overall purpose of the Strategy Group was to develop an effective strategy with a focus on raising the profile and understanding of podiatry at both national and regional leadership levels. It has sought to ensure a clear demonstration of podiatric knowledge and skills and greater recognition of the available knowledge and skills across the profession as health services adjust, expand and adapt to new ways of working not least in the era of COVID-19 – with all its implications for policy and practice.

2. Podiatry: Definition and its position in healthcare

This report, which is intended to feed into the development of the Royal College of Podiatry's Strategic Plan 2022-2025, begins by briefly outlining the history and current nature of podiatry – including its regulation along with fourteen other allied health professions under the HCPC in the United Kingdom. It notes current debates about the focus of the scope of

practice of a podiatrist on the foot and lower limb, in what is a relatively small profession with a fluctuating population of between ten and fifteen thousand practitioners at any one time.

It observes that its registrants are typically degree educated with a training in podiatry. This includes a broad range of subjects such as general medicine, podiatric medicine, pathology and pharmacology - as well as prescription-only-medicines, public health, epidemiology, infection control and health promotion centred on evidence-based practice. The aim is to support and treat people with a wide variety of foot and/or lower limb disorders, diseases, and complications and to help populations to remain systemically healthy, mobile and active.

Podiatrists in the United Kingdom work primarily in the NHS and independent practice. There are also many opportunities within a range of working environments and clinical specialisms – including the areas of sports podiatry, forensic podiatry and podiatric surgery. In addition, there is a range of College recognised support workers with their own training in the NHS and a still wider span of foot health practitioners with various titles and levels of qualification in private practice.

3. Issues in podiatry: SWOT analysis

A systematic analysis of the strengths, weaknesses, opportunities and threats relating to internal and external developments relevant to podiatry in the United Kingdom was compiled from a brainstorm by individual members of the Strategy Group, which also incorporates the views of the Council, Executive and Professoriate of the College. The results of this exercise – along with data directly provided by the College and the results of literature searches – formed a major strategic fulcrum for making recommendations for the future to the Council of the College.

Aside from a literature search, much of this report derives from the work of Reference Groups and other

parties that have serviced requests made by the Strategy Group in considering the following areas in depth from an evidence-based perspective:

- Apprenticeships relevant to podiatry
- COVID-19 and podiatry
- Data collection and membership
- Definition of podiatry
- Equality, diversity and inclusion
- Impact of technology on the profession
- Independent and NHS practice
- Influencing and media report
- Interpretation of key documents
- Patient and public involvement in podiatry
- Podiatry's role in primary care and public health
- Podiatry workforce
- Private practice data
- Recruitment and retention
- Research in podiatry
- Sustainability within the podiatry profession
- The support workforce in podiatry

4. Recommendations for moving podiatry forward

Podiatry in the United Kingdom has many positive features. At the end of undergraduate education there is almost certain employment. There is also a good range of continuing professional development for those entering podiatry with career opportunities linked to the implementation of pathways in fields such as musculoskeletal care, diabetes and surgery – in an area increasingly underpinned by a research base.

There have been efforts to tackle diversity issues in recruitment and other fields and to strengthen the profession in face of NHS workforce shortages in the United Kingdom. There is also good leadership, with some senior leaders in a position to influence healthcare decision making. Podiatrists on the ground are generally committed and well-motivated and have often proved adaptable in dealing with the COVID-19 pandemic – in a way that highlights the potential scope of their future role.

However, this said, podiatry needs to build on its

historic past and its exciting new-found Royal College status to proactively develop further and meet the major challenges that it currently faces in serving an increasingly ageing population beset by long-term conditions and co-morbidities in the United Kingdom. Although podiatry is a small profession, steps towards enhancement – reinforced by a range of government drivers – can greatly increase its influence and impact as a profession.

After careful analysis, the Strategy Group made a variety of recommendations. The summary of the twenty-eight recommendations made by this report, under seven headings, is given below. Such recommendations will need to be prioritised by the Council of the College on a short- to medium- or longer-term basis – and most certainly within a five-year time frame. In this respect, some of the initial recommendations are generic, while others are more specific and pressing such as those related to ensuring an appropriate supply of podiatrists.

The College is invited to respond to these recommendations as appropriate with operational plans, actions, responsibilities and timelines. In so doing and in communicating the actions internally and externally, the approach should be firm and direct in a climate in which health and welfare as well as skills, jobs and economic recovery are key, focusing on the following main features of podiatry:

- Its purpose (what it is, what it does and why it matters and what impact it has)
- Its people (what makes up the profession, how it is structured and trained and with what career pathways/opportunities)
- Its place (how it interacts with other health and social care practitioners, and society)
- Its potential (its vision for the ongoing advancement of practice and public benefit)
- Its performance (including its demand, numbers and impact on health and wellbeing).

Recommendations

General recommendations for podiatry

1. There needs to be more positive emphasis on proactivity and openness in podiatry in face of major transformational changes in society, not least in advancing inclusivity.
2. Podiatrists need to make better use of technology in areas ranging from keeping records to the employment of telemedicine and virtual consultations
3. Podiatrists should make greater efforts to overcome the sometimes needless insularity and protectionism affecting practice on the ground, including in enhancing team working.
4. There needs to be greater protection by podiatrists of exclusivity of key areas of practice of podiatry in maintaining and expanding its jurisdiction amongst the health professions.
10. There is a need to foster better links between podiatrists working in the NHS and the independent sector, particularly in dealing with moderate- to high-risk patients
11. Further support should be provided for solo practice in the independent sector to avoid unnecessary limits on this form of operation.
12. More delegation of routine work to support workers needs to be undertaken in a controlled and routinised way in podiatry, in light of workforce shortages.
13. Consideration should be given to greater incorporation of unregulated practitioners into designated roles on a skills escalator under supervision without compromising standards.

Recommendations about the scope of practice of podiatry

5. Podiatry's scope of practice needs to be revisited and extended beyond simply the foot and/or ankle to highlight its more holistic and positive role in service and other contexts.
6. This wider definition of podiatry needs to be more strongly included in official definitions of podiatry's role, podiatric practice and the higher education curriculum
7. Further encouragement needs to be given to podiatrists being seen as first contact practitioners for issues directly or indirectly associated with the foot and lower limb.
8. The positives gained from expanded practice during the experience of the COVID-19 pandemic should be used as stepping stones to a more enlightened future.
14. Priority attention should be given to the diminishing supply of podiatrists, especially in an increasingly ageing profession.
15. Every effort must continue to be made to recruit more students for the NHS and elsewhere, which they will find more attractive with a wider scope of practice.
16. Student recruitment can be improved by further publicising the attractions of areas such as sport, fashion and technology – along with largely guaranteed employment.
17. More use needs to be made of flexible educational approaches like apprenticeships with appropriate monitoring and quality control, alongside conventional opportunities.
18. It is also important to improve the retention of podiatry staff – not least through professional development and making careers in NHS podiatry more attractive.

Recommendations about the organisational and support structure of podiatry

9. The podiatry career structure needs enhancing with more supported opportunities to develop in advanced practice/specialisms like podiatric surgery and further use of mentoring.

Recommendations about increasing the sustainable supply of podiatrists

14. Priority attention should be given to the diminishing supply of podiatrists, especially in an increasingly ageing profession.
15. Every effort must continue to be made to recruit more students for the NHS and elsewhere, which they will find more attractive with a wider scope of practice.
16. Student recruitment can be improved by further publicising the attractions of areas such as sport, fashion and technology – along with largely guaranteed employment.
17. More use needs to be made of flexible educational approaches like apprenticeships with appropriate monitoring and quality control, alongside conventional opportunities.
18. It is also important to improve the retention of podiatry staff – not least through professional development and making careers in NHS podiatry more attractive.

Recommendations about patient and public involvement in podiatry

19. It would be helpful if the College extended its engagement of patients and the public in its activities, including in its committee and decision-making structure.

20. Choice for patients needs to be expanded by the provision of fuller information about podiatry and the facilitation of greater direct access to practitioners.
21. The College should develop a shared policy position for practitioners and podiatry service users on self-care and self-management that is resonant with government strategy.

Recommendations about publicity and lobbying

22. More effort is needed in developing a marketing strategy targeting the media to increase public, government and other health professionals' general understanding of podiatry.
23. Particular campaigns should continue to be launched – such as to increase minority group presence in podiatry, including redressing the gender balance of the profession.
24. Coordinated leadership in podiatry could more effectively advance podiatry as a profession externally in a self-reflective way given its clinical, economic and societal benefits.
25. There needs to be greater recognition of the advantages of collaborating more closely with other professions in allied healthcare and beyond, where appropriate.

Recommendations for future research into podiatry

26. There is scope for more prioritised clinical research for public and patient benefit in podiatry to underpin practice, drawing on a wider range of financial and other support.
27. Beyond Brexit more funded international collaborations should be sought in education, practice and research.
28. Further research, including systematic data gathering, monitoring and analysis, needs to be undertaken into specific clinical and organisational aspects of podiatry to inform practice.

The report of the Royal College of Podiatry Workforce, Education and Development Strategy Group

1. Background and remit of Strategy Group

1.1 Mission and purpose

The mission of the Royal College of the Podiatry Workforce, Education and Development Strategy Group was to ensure that the NHS podiatry workforce and pre-registration pipeline grow to meet patient need in all areas of practice in support of the vision of the *NHS People Plan* which sets out what can be expected from leaders and each other (NHS 2020). The Group met on five occasions to facilitate the preparation of this report.

The overall purpose of the Strategy Group was to develop an effective strategy with a focus on raising the profile and understanding of podiatry at both national and regional leadership levels. It has sought to ensure a clear demonstration of podiatric knowledge and skills and greater recognition of the available knowledge and skills across the profession as health services adjust, expand and adapt to new ways of working not least in the era of the COVID-19 pandemic – with all its implications for policy and practice.

It has addressed current and future commissioning challenges, considering existing provision as well as ensuring that podiatry is acknowledged for its ability to contribute effectively to the needs of the NHS health workforce in the context of the People Plan. It has also looked to ensure the profile of the profession is supported by equitable access to funds to support it to achieve these aims. It will aim to further develop education at pre-registration and postgraduate level to ensure a sustainable supply of appropriately qualified podiatrists for the NHS and to meet future demand.

The main responsibilities of the group in setting a forward direction for the profession have included as initially given, amongst other things:

- Establishing key networks of influence for the support of the profession at all levels of health and social care.
- Identifying key lobbying points and positioning the profession to access them as required.
- Developing a data strategy that ensures collation of good data and effective methods of applying the data to demonstrate our value and potential to the health economy.
- Developing a position and narrative that will help inform a public relations strategy that showcases all of the potential of the profession and engages the public in greater understanding and demand for podiatry.
- Creating a strong position locally, regionally and nationally for the profession that encompasses all of the points above and continuously relates them to significant and contemporary issues in healthcare, policy and education.

The role of the Strategy Group is to be an advisory board and make a series of recommendations to the Council of the College in a written report at the close of its proceedings, also with due regard where appropriate to the international context.

1.2 Membership

Membership has been by invitation, with appointment to the group based heavily on relevant high-level experience, including participants from the recent graduate and minority ethnic and other constituencies – as well as users, through a number of the non-podiatric members of the Group. The presence of a minimum of five members of the Strategy Group has been necessary for quoracy, although meetings have always been very well attended. While there have been occasional changes of membership as the Strategy Group has progressed its work, it has comprised the following participants at various points over the period of its existence:

Professor Mike Saks	Emeritus Professor, University of Suffolk (Chair)
Ganesh Baliah	Regional Lead for Allied Health Professions, Health Education England
Professor Alan Borthwick OBE	Emeritus Professor, University of Southampton, member of Council (Royal College Council representative)
Peter Burbidge	Head of Podiatry Services for the South Eastern Health and Social Care Trust
Patricia Cairns	Specialist NHS Podiatrist, Worcestershire
Matthew Collison	Advanced MSK Podiatrist, Greenwich Adult MSK Service, Oxleas NHS Foundation Trust
Gareth Evans	Director of Therapies, Betsi Cadwallader Health Board, Wales
Robin Hull	Head of Service, Harrogate and District NHS Foundation Trust
Lord Roy Kennedy	President of the Royal College of Podiatry
Denise Killough	Head of Podiatry Services, Belfast Health and Social Care Trust, Northern Ireland
Professor Kate Springett	Emeritus Professor, Canterbury and Christ Church University
Louise Stuart MBE	Senior Partner, Gold Standard Footcare
Stella Vig	Consultant Vascular and General Surgeon, Croydon Health Services NHS Trust
David Wylie	Associate Nursing, Midwifery and Allied Health Professions Director, NHS Education for Scotland
James Coughtrey	Head of Education and Professional Practice Development, Royal College of Podiatry
Ross Barrow	Policy and Public Affairs Officer, Royal College of Podiatry

Both the Chief Executive and General Secretary of the Royal College, Steve Jamieson, and its Chair, Matthew Fitzpatrick, have also helpfully attended selected meetings as observers. Professor Alan Borthwick has provided the Council of the College with an update at relevant Council meetings. Internally James Coughtrey has been the Senior Responsible Officer for this project and Ross Barrow has co-led the internal organisation of activities central to the group. Alison Hart, Education and Quality Officer at the Royal College of Podiatry has taken the minutes of the meetings and been invaluable in the internal organisation of meetings and further group resources. Strategic oversight of budgets has been set by the Finance and Establishment Committee of the College and approved by the Council.

1.3 Findings and recommendations

The findings and recommendations of the Strategy Group are outlined in the sections that follow, vis:

- Podiatry: Definition and its position in healthcare
- Issues in podiatry: SWOT analysis
- Podiatry as a profession
- Scope of practice of podiatry
- Organisational and support structure
- Increasing the supply of podiatrists
- Patient and public involvement in podiatry
- Podiatry's public face: Publicity and lobbying
- Future research in podiatry
- Recommendations: Moving Podiatry Forward.

Much of the text of this document, aside from the formal references, derives from the work of Reference Groups and other parties that have supported the proceedings of the Strategy Group. This work commissioned through the Steering Group is included throughout this report as appropriate in the following documents available at:

www.rcpod.org.uk/saksreport

- Apprenticeships relevant to podiatry
- COVID-19 and podiatry
- Data collection and membership
- Definition of podiatry
- Equality, diversity and inclusion
- Impact of technology on the profession
- Independent and NHS practice
- Influencing and media report
- Interpretation of key documents
- Patient and public involvement in podiatry
- Podiatry's role in primary care and public health
- Podiatry workforce
- Private practice data
- Recruitment and retention
- Research in podiatry
- Sustainability within the podiatry profession
- The support workforce in podiatry

The Strategy Group would like to record its sincere thanks to those who have variously compiled the Reference Group documents including:

Lawrence Ambrose	Head of Policy and Public Affairs, Royal College of Podiatry
Claire Angus	Director of Membership Services, Royal College of Podiatry
Professor Stuart Baird	Member of Council, Royal College of Podiatry
Ross Barrow	Policy and Public Affairs Officer, Royal College of Podiatry
Dr Paul Chadwick	Clinical Director, Royal College of Podiatry
James Coughtrey	Head of Education and Professional Development, Royal College of Podiatry
Matthew Fitzpatrick	Member of Council, Royal College of Podiatry
Martin Furlong	Head of Employment Relations, Royal College of Podiatry
Tom Kelly	Member of Council, Royal College of Podiatry
Emma McConnachie	Communications and Media Officer, Royal College of Podiatry
Martin O'Connor	Senior Communications, Media and Marketing Manager, Royal College of Podiatry

While each Reference Group document has separate authorship, Professor Stuart Baird has chaired the Reference Group proceedings overall and Lawrence Ambrose was the College staff lead.

The Strategy Group also thanks Professor Steve West, a consultant podiatrist and the current President of Universities UK, and Suzanne Taylor, Consultant Podiatrist and Dean of the Faculty of Podiatric Surgery, for their helpful input to a final draft of the report – and their openness to further engagement to advance the position of podiatry. The responsibility for the finalised contents of the report are owned by the Strategy Group itself.

2. Podiatry: Definition and its position in healthcare

2.1 What is a podiatrist?

In the United Kingdom podiatrists (following on from the heritage of chiropody) are part of a wider cluster of allied health professions (AHPs) spanning from dieticians and occupational therapists to physiotherapists and radiographers – each of which has a narrow scope of practice around a particular philosophy of care, technology or body part. Podiatrists, including podiatric surgeons and other specialisms, have traditionally fallen into the latter category, although, as will be seen, perhaps they should no longer be constrained by this compartmentalisation (Nancarrow and Borthwick 2021).

As such, they have deep historical origins in the United Kingdom going back far beyond the early podiatry training programmes established in London in the early twentieth century (Nancarrow and Borthwick 2021). They were initially statutorily regulated by the Council of the Professions Supplementary to Medicine in 1960, which has now morphed into the HCPC which regulates fifteen health and care AHPs and sits alongside bodies such as the General Medical Council and the Nursing and Midwifery Council overseen by a meta-regulator, the Professional Standards Authority (Allsop and Jones 2018).

In the twenty-first century, the podiatry profession has emerged as one of the smaller and more specialised AHPs (Health Education England 2017). While numbers have fluctuated, there are at any one time between ten and fifteen thousand podiatrists on the register in the various home nations in the United Kingdom who are qualified (Health and Care Professions Council 2020). This equates to one podiatrist for every 5,500 members of the United Kingdom population and raises the question of what is a podiatrist. The view of the HCPC which outlines the definition underpinning statutory regulation and its protected title is that a podiatrist (historically termed a chiropodist) diagnoses and treats disorders, diseases and deformities of the feet.

Podiatrists registered in each of the UK home nations



 = 1,000 Podiatrists

Numbers of podiatrists registered in UK by home country in 2020

There is some debate as to whether the scope of podiatry should in fact be extended further to a more holistic framework centred on a wider role related to mind and body – to which we shall return later. But for the moment it is important to note that the HCPC interpretation is also limited in another respect in so far as it refers to the feet alone and not to the lower limb. This is a fundamental issue and it is worth observing too that it focuses on what the profession does rather than how.

As it stands, though, podiatrists remain degree-educated AHPs regulated by the HCPC and working to its standards and those of the College. Pre-registration training in podiatry includes a broad range of subjects such as general medicine, podiatric medicine, pathology, pharmacology – as well as training in prescription-only-medicines, public health, epidemiology, infection control and health promotion centred on evidence-based practice.

Podiatrists therefore have considerable clinical training designed to develop their critical decision making and reflective practice, knowledge and skills. As trained diagnosticians, with independent ability to diagnose and treat without referral from other healthcare practitioners, a podiatrist's education focuses on multi-disciplinary approaches to the management of complex multi-morbid patient groups across a range of service settings – supporting people with a wide variety of foot and/or lower limb disorders, diseases, and complications and helping populations to remain systemically healthy, mobile and active.

Podiatrists working in multidisciplinary teams, for instance within general practice, add to system capacity – especially as they have skills in disease management and pharmacological management. In addition, podiatrists can assist in public health, in aiming to understand the needs and motivations of patients as individuals and as active partners in their own healthcare. This is evident in their role in supporting recovery from ulceration, as well as cardiovascular modification, podiatry-supported exercise, weight management and smoking cessation programmes.

Podiatry practice based on assessment, diagnosis, treatment and rehabilitation is typically refreshed through a professional commitment to continuous learning and improvement (Rose, Best and Higgs 2005). This, together with growing research interests in podiatry based on a lengthy history, reshapes and extends its boundaries through upskilling to ensure podiatrists meet the challenges of increasingly complex case-loads in a society with an ageing population and a growing number of multiple long-term conditions that require careful management (Jamison 2007).

2.2 Podiatrists in the healthcare division of labour

Podiatrists can be reached via medical or self-referral and sometimes can be the first port of call for any foot or lower limb concern of the public. Healthcare systems like the NHS can provide integrated care pathways to ensure the flow of patients to podiatrists. Since increasing numbers of people require access to podiatry, a healthy pipeline of new graduates into the profession is needed to maintain and increase workforce numbers that the NHS commissions.

Here it should be recognised that many qualified podiatrists in the United Kingdom work in the private sector, as well as the NHS – sometimes in an intersecting manner. In the former they have set up independent practices and run their own businesses on a commercial basis. There are also many opportunities within a range of working environments and clinical specialisms – including such specialisms as sports podiatry, forensic podiatry and podiatric surgery.

The demand for practitioners in the private sector has existed largely because of the need for foot care for low-risk conditions by users who can pay and do not wish to wait for NHS appointments. However, it has recently risen because of the current focus of the NHS on complex medical need and public health initiatives, meaning more patients seek care outside the state system. These include rising numbers with long-term conditions such as diabetes who are at moderate risk of foot ulceration. The NHS Employers Guide to Podiatry (2021) noted that “by

2025 it is estimated that over five million people in the UK will have been diagnosed with diabetes, 24 per cent of which (1.2 million) will require regular podiatry appointments to ensure they remain ulcer and amputation free.”

This further increase in the numbers seeking foot care has been dealt with not just by professionally qualified podiatrists, but also by a variety of differently qualified or trained footcare practitioners in the independent sector. These have included groups like foot health practitioners, beauty therapists and reflexologists who operate outside the statutory register of podiatrists in private practice in the wider ecosystem, but nonetheless independently minister to the healthcare needs of the public.

However, a more formalised support workforce has existed in podiatry working in the NHS and independent practice since 1977, when it was first introduced by the Department of Health to contribute to the treatment and management of conditions of the foot and lower limb in face of workforce shortages. Having said this, there was resistance from some members of the profession who feared that such practitioners might compete with podiatrists in the private sector and increase the risk to patients from unregulated providers, although such objections were overridden by government due to public need and the cost savings involved (Nancarrow and Borthwick 2021).

The introduction of assistants into the NHS was initially slow and varied, with not all departments following the guidance and training available at the time. However, the College recognised the need and acted to establish a central training pathway. From the beginning, the assistants worked to prescribed treatment plans under the delegated authority of the chiropodist/podiatrist. Now the College formally recognises a suite of assistant practitioners locally determined by the employing organisation. More recently podiatry assistants were given associate membership of the College which provides them with access to professional networks, newsletters and employment support.

Nonetheless, importantly, the scope of practice of podiatry assistants must not go beyond guidelines set by the College, which have particular exclusions due to the risks involved, particularly in dealing with vulnerable populations. As such, podiatric support workers perform various tasks such as information management, communication, record-keeping, data collection and stock control. In terms of clinical skills, these are restricted to operational activities like patient and clinic preparation, the application of skincare products, diabetic screening, wound management and dealing with pathological nails on low-risk patients (Nancarrow and Borthwick 2021).

The *NHS People Plan* is clear about shortages in the NHS podiatric workforce where an increased supply is seen as needed. This shortage contributes to the less well-qualified thriving in the private sector (NHS 2020). In addition, the NHS Long Term Plan highlights many areas relevant for podiatry practice including prevention, ageing well, diabetes and respiratory conditions (NHS 2019). Given that podiatrists work in areas of acute care, community practice and prevention, there are many potential roles for them to fulfil operating under the auspices of Public Health England and the NHS Executive, and devolved bodies such as Public Health Scotland, Public Health Wales and Northern Ireland’s Public Health Agency.

3. Issues in Podiatry: SWOT Analysis

A systematic analysis of the strengths, weaknesses, opportunities and threats relating to internal and external developments relevant to podiatry in the United Kingdom has been compiled by members of the Strategy Group, which also incorporates the views of the Council, Executive and Professoriate of the College, as well as stakeholders. The results of this exercise are summarised below. They form a major strategic fulcrum for this report – along with data from the College and the results of literature searches – to which it will return in the analysis and presentation of future recommendations.

3.1 Strengths

- The podiatry scope of practice is centred on the HCPC which allows it to be embedded in the NHS, with observation, assessment and diagnosis in NHS settings
- Podiatrists are based in many fields and settings, which assists with returning intelligence, skills benefiting the profession, promotion of the profession, interactional contact and understanding professional positions, constructs and contexts
- Podiatrists share aims with, and for, service users to improve, maintain and enable, prevent health and social care issues, and provide palliative care with a caring attitude
- They can meet the increasing need for foot and lower limb health and greater mobility among ageing, obese and multi-morbid population to improve the quality of life
- They are flexible and clinically adaptable in diagnosis, treatment and evaluation
- Podiatrists are receptive to change and there is good succession planning
- They are valued team members working with other professionals in various settings
- They have multifaceted specialisms from acute foot care to surgery, with a unique interest in the foot and lower limb
- There is an increasingly robust career framework, especially in independent practice.
- Good reporting and supervision systems exist, with pockets of podiatric excellence
- Gaining of prescribing powers/extending practice compares favourably to other AHPs
- COVID-19 has enabled podiatrists to showcase the breadth of their skills
- Podiatrists have established care pathways with audit capability at various levels
- The College is recognised as the leading professional body in its field, whose size and financial security provide stability and enable it to innovate
- The profession has good leadership and governance, with the ability to make decisions
- Senior leaders hold positions of key policy influence with exemplary role models
- Podiatry is long-established, with a history of shaping national and regional level policy
- Podiatrists have a unified voice and great commitment, ambition and motivation
- The College membership offer and benefits are strong, with good professional services and communication channels for its loyal members
- Student recruitment is facilitated by a recruitment model, wide range of programmes, HEE education plan, student placement model, competency framework, podiatric careers framework, and almost certain employment post-qualifying
- There is a very sound undergraduate scientific base for independent practice
- Academic quality assurance for podiatric higher education courses is strong
- There is a new website publicising the range of continuing professional development
- Attracting Black, Asian and Minority Ethnic (BAME) students is being taken forward
- Assistance by the College as a trade union is provided to members in financial need

- DoH/HEE Workforce Planning data on podiatry shortages exists and future needs are clear in the NHS, with growing demand at graduate/postgraduate level
- There is a long history of working with other AHPs on the Council for AHP Research
- Podiatrists are increasingly active in quality research nationally/internationally
- Podiatrists have also evidenced their research capability (e.g. NIHR grant successes)
- Research centres of excellence exist in areas like podiatric rheumatology/diabetes
- The College supports podiatric research priorities going forward.

3.2 Weaknesses

- Some staff are resistant to change in facing transformational challenges, within a culture of slower actions and approvals than competitors
- The pace of change in the NHS, business and technology outstrips the profession
- More College engagement is needed with government and health and care providers
- The College tends to be more reactive and less proactive and forward-looking compared to other AHPs
- There is a gap between the membership offer and what is perceived to be provided
- Greater political voice is needed for podiatrists – this is difficult as it is a small and less well funded profession often excluded from national decision making
- More flexibility is needed through less rigid structures and governance
- The traditional focus on the foot alone may limit the scope of practice in podiatry
- The podiatric scope of practice is potentially extensive, diverse and interesting but is not well understood by the public, other healthcare professions or the media
- There are difficulties in translating government podiatry support into regional/local service provision and NHS management without losing its scope of practice.
- Apart from diabetic limb salvage, podiatric services were not seen as critical in the COVID-19 pandemic
- There could be more emphasis on sub-themes for the promotion of the profession to target students, NHS leads/managers and current and potential service users
- The leadership of podiatry educators in promoting the profession could be stronger
- The external professional narrative academically and clinically could be improved
- Limited public relations activity means a lack of awareness of the full range of benefits of podiatry not only by the general public, but also other health professions
- The College website needs further development in marketing the profession
- Podiatry literature could be used more appropriately with target audiences (e.g. cost-benefit data for service managers, case examples for the public and other media)
- The profession is unable to sustain the promotion of podiatry despite past good work
- Evaluation of promotional and professional development initiatives is too limited
- The confidence of podiatrists in their clinical expertise is not always great – which makes it difficult for even specialists/consultants to self-promote
- Podiatrists themselves sometimes have poor knowledge of their profession
- There is too great a fragmentation of practice and segmentation of the profession and the wider foot health economy which is fractured and fractious
- There is a public perception that cheaper may be better in face of competition
- Podiatrists do not talk enough about their work in multidisciplinary teams
- The College and its membership are insufficiently diverse in composition

- Podiatrists tend to be insular and need to think beyond professional boundaries
- Tribalism and protectionism in the profession must be overcome
- The reliance on paper records is too heavy and IT systems are not always joined up
- A diminishing number of people are being recruited to the profession
- Decrease in supply – not least with an ageing senior workforce and staff burnout
- There may be too great a spread of schools of podiatry, with variable added value
- Undergraduate and postgraduate education could have a clearer definition of what the profession aspires to be – focusing on lower limb pathology or holistic foot health
- The work on the National Framework is not being shared with those in practice which may deter them from progressing their careers or lead them to leave the profession
- The podiatry career structure itself could be strengthened
- There is a need for more podiatrists to develop into advanced practice
- The historic blocking of emergent talent by middle management needs to end
- A culture of mentorship/supervision is not embedded within the profession
- Too many podiatrists operate at the lowest level of practice
- There is too much lone working which restricts ambition and leads to inconsistency
- Small/single practice models fail to connect with national health needs
- More devolution of routine work (e.g. corns, calluses) to support workers is needed
- There is a lack of industry/business support, investment and engagement.
- Covid restrictions may impact on future research and its funding
- There is the lack of an evidence base in some areas
- Research cultures may be limited by the small number of active researchers
- Research is not always promoted in everyday practice, despite opportunities
- Other AHPs are more proactive than podiatrists in research matters.

3.3 Opportunities

- Government drivers form a directional focus for promoting the profession
- Maximise the benefit of podiatry being designated as a Royal College as an AHP
- Promotion of podiatry has too often focused on its scope of practice, as opposed to bringing societal benefit in preventing emergency admissions, population mobility/wellbeing, value to the economy and meeting global health challenges
- Practitioners can ask their patients to disseminate and promote the profession
- Seek out the industry sectors where there are benefits in promoting podiatry
- Influence via social media (e.g. a podiatry storyline on EastEnders/Coronation Street)
- PASCOM as a clinical audit tool provides overview evidence of podiatry surgery outcomes – consider similar tools for promoting podiatry more generally
- Upscale the production of podiatrists, including through bursary enhancement and demographic change in the numbers of 18-year-old students
- Publicise practices in the private podiatry sector that are particularly successful in terms of location, self-promotion and areas such as biomechanics and sports
- Knowledge of podiatry can make it very attractive to student recruits because of its independence, an interesting and diverse working life, and links to sport, fashion and surgery – together with the starting salary, job guarantee and career path
- Office for Students (OfS) mature student data show that often students take up a place following experience in podiatry roles or knowing someone who has been
- The international student market may be a medium/long-term strategy for recruitment
- Lockdown has increased recruitment interest in the health and care professions
- New training approaches (e.g. apprenticeships and flexible learning pathways) need to be more extensively introduced, including with private providers
- Learning should take place from podiatry schools with more recruitment success

- There may be value in local/flexible podiatry schools to meet mature student demand
- A radical rethink is needed of the approach to podiatry in education
- Respond to the increasing aged population and prevalence of long-term care
- Career opportunities linked to the implementation of the Diabetes Pathway, advanced practice models, podiatry surgery, CPD and sharing good practice
- Provide career staff grades to deliver social care aspects of podiatric care
- Re-imagine career opportunities by increasing advanced practitioner roles, specialisation, and more rewarding careers with a broader scope of practice
- Encourage mentorship for leaders in podiatry from key figures in NHS, business, government and higher education
- Podiatrists becoming first contact care practitioners for all lower limb problems (including dermatology, circulatory and wound care) – assessing, diagnosing, triaging and signposting to other healthcare practitioners to upscale the profession
- Enhance podiatry's position in interprofessional teams to improve cost-effectiveness
- Consider establishing podiatric physicians in hospital-based medicine
- Exploit to a greater extent growing global demand for lower limb healthcare
- Podiatrists could become key influencers in public health
- Capitalise on the growing interest in outdoor exercise following COVID-19
- Incorporate some of the unregulated practitioners in a support worker role under podiatrist without diluting standards
- Provide a foot portfolio career to enable an expansion of the foot health workforce, based on a skills escalator model for foot healthcare in workforce redesign
- Expand the foot health practitioner workforce with new educational models under the College – with podiatric membership for those meeting standards
- Use more technology within practices – including digital health and telemedicine
- Positively learn from the Covid experience to pave a way to the new normal for podiatrists (e.g. virtual consultations)
- Support the NHS Plan around carbon neutral – it is important to show how podiatry is contributing to this through digitalisation.
- COVID-19 has shown how podiatrists can be an integral part of the healthcare team and be involved with many other areas beyond the foot and ankle
- Learn from the Covid experience the importance of podiatrists when services were withdrawn (e.g. involvement in swabbing teams and being trained in vaccinations)
- Engage in more international collaboration in education, practice and research
- The professoriate of podiatry could become key drivers of clinically relevant research for patient benefit and clinical and cost-effective management strategies
- Increase the evidence base of the podiatry profession through more research
- Grow support for new and emerging researchers for the future profession, with Principal Investigators providing leadership in supporting early career researchers.

3.4 Threats

- Isolationism and the need to enhance the culture of service provision
- Podiatrists need to be more willing to embrace change and adapt
- Working multi-professionally is a strength for service users, but the fudging of professional boundaries has created a legacy of confusion
- There are not enough podiatrists with staff leaving and retiring
- Qualified podiatrists often provide routine treatment within their comfort zone
- There is a need to use the full range of podiatric skills in practice
- Podiatrists seem unable to maintain certain skill sets as exclusively podiatric
- Expanding scope of practice of other professional services to detriment of podiatrists

- Other AHPs are better resourced and faster to respond to opportunities
- Transfer of some aspects of podiatry to other professions – from nursing (e.g. diabetic and vascular foot care) to physiotherapy (e.g. musculoskeletal care)
- Unregulated foot health practitioners operating beyond their competence
- Opposition to unqualified practitioners subverts an integrationist policy
- Elements of podiatry work may not always need a professional input
- Podiatry practitioners do not always adapt to leading associate/assistant practitioners employed to meet the shortfall of podiatry staff in the state and private sectors
- Financial pressure may be put on the College of Podiatry by increasing insurance claims against podiatrists – which may lead to a rise in premiums
- Cuts in NHS resources in the wake of Covid may negatively impact the funding of healthcare, including podiatry – especially if it is seen as a low priority service
- Covid may lead to more remote clinical working in a hitherto face-to-face profession
- Podiatrists need to make themselves more critical to the healthcare workforce
- An effective workforce plan for podiatry, including for succession, is currently lacking
- There is a slow response of the profession to momentous external changes
- The profession fails to speak with one consistent and assertive political voice
- COVID-19, Brexit and United Kingdom fragmentation may affect podiatry applications
- There are too many schools of podiatry – which may need to be consolidated
- There is too little interest among students in joining the profession
- Podiatry recruitment falls short of NHS workforce requirements
- Recruits are not sufficiently aware of progression and specialisation in podiatry
- Podiatry has not been made sufficiently appealing and important as a career
- Negative public imagery of podiatry as a profession
- Graduates are going straight into private practice as opposed to the NHS
- Lack of stimulation and extension of practitioners in NHS is diminishing staff retention
- Age, gender and ethnicity balance within the profession is skewed
- Inability to effectively support a research culture and new/emerging researchers
- Lack of future planning and insight for podiatric research.

4. Podiatry as a profession

4.1 Proactivity and inclusivity

The Strategy Group felt that podiatry as a profession could be more proactive in face of recent seismic changes in the wider society. This is well illustrated by the generic issue for AHPs of inclusivity where the Chief Allied Health Professions Office for England is establishing a BAME Strategic Advisory Forum focused on race equality to influence, support and advise on the implementation and delivery of strategies, policies and practice that have a positive impact on BAME AHPs and the communities they serve by improving their diversity and experience. This is supported by the *NHS People Plan* (NHS 2020).

This issue is also vital in podiatry specifically where more needs to be done to ensure that BAME podiatrists have equality of opportunity following the Black Lives Matter campaign. This is necessary too in access to leadership development and leadership roles. One of the aims of the College's Leadership Programme, launched in 2019 to provide for future healthcare leaders, should be to ensure that those gaining access are from a diverse background including BAME and are aware of how to access it.

In addition, it is critical that podiatry is more responsive to parallel gender issues in its leadership (Roberts 2020) – not least with pay differentials and when some 75% of its registrants are female (HCPC 2020) at a time when gender and other forms of inequality in society are coming ever more under the microscope. Conversely, as the College is increasingly aware – not least through its recent series of articles in *Men's Health* – there needs to be more attention given to increasing male participation in the podiatry workforce. More generally there should be greater efforts to recruit a more diverse range of students.

Recommendation 1: There needs to be more positive emphasis on proactivity in podiatry in face of major transformational changes in society, not least in advancing inclusivity.

4.2 More extensive use of technology

Technology has increasingly been involved in professional service delivery, even before COVID-19. More professions are now having their roles questioned by rapidly developing technological change in 'the fourth industrial revolution' (Susskind and Susskind 2017). This has included knowledge becoming more available through the expansion of the internet – with professions like law, medicine and accountancy all feeling an impact revolutionising their traditional operation (Saks 2021). The inclusion of digital technologies in NHS long-term planning and audit has been a further accelerator in healthcare (NHS 2019).

A recent BBC (2015) survey suggested that podiatry, along with occupational therapy, was among the jobs least likely to be replaced or automated in the next twenty years given the face-to-face nature of the tasks involved. However, technological change like the increased employment of immersive technologies and artificial intelligence has since had a great influence in diagnosis and treatment in clinical settings, with further major innovative practices in the wake of COVID-19 (Najafi 2020). Growing use is now being made in digital record storage, shared decision making, virtual placements, remote consultations, early warning systems in telemedicine, and interactive teaching on Teams and other channels.

The importance of technology in areas like podiatry is underlined by the Topol Review which examined how the technologies of genomics, artificial intelligence, digital medicine and robotics are likely to change healthcare delivery and education (Health Education England 2019). Scotland's *Digital Health and Care Strategy* also highlighted the opportunities to develop the way technology is used in health and social care (Scottish Government 2018). As a result, significant financial support is already being given to Technology Enhanced Learning and other projects. However, while many podiatrists seem to be adopting telemedicine – as, for example, in managing foot wounds remotely – it is vital that the rest of the profession is better prepared for change, even if questions remain about optimising the effectiveness and safety of new technologies (Bristow, Fitzpatrick and Borthwick 2020).

Recommendation 2: Podiatrists need to make better use of technological innovation in areas ranging from keeping records to the employment of telemedicine and virtual consultations.

4.3 Combatting insularity and protectionism

The *NHS Long Term Plan* highlights many areas relevant for podiatry practice such as prevention, ageing well, diabetes and respiratory conditions (NHS 2019). Similarly, Scotland's *National Clinical Strategy* discusses the importance of ensuring that healthcare meets the future needs of the population, with specific reference to diabetes care, reducing the impact of inequalities and growing multidisciplinary teams (Scottish Government 2016). Given that podiatrists work in a wide range of areas including acute care, community practice and prevention, there are many potential roles that they could carry out for Public Health England and the NHS Executive and bodies in the devolved nations, such as Public Health Scotland, Public Health Wales and the Public Health Agency in Northern Ireland.

In addition, there are several benefits from team working across professions, including providing a more cost-effective service. Here the *NHS Long Term Plan* highlights the advantages of professionals coming together to coordinate healthcare delivery, breaking down the barriers between institutions, teams and funding streams (NHS 2019). These benefits are very apparent in terms of the integrated and person-centred care of the patient and, indeed, the broader public interest (Brown and Flores 2018).

Showcasing these areas for further expansion is a good reason for combatting the unnecessary insularity and protectionism that has to some degree historically surrounded podiatry in terms of its engagement with wider areas of practice and team working with other AHPs and healthcare professions like medicine and nursing.

Recommendation 3: Podiatrists should make greater efforts to overcome the sometimes needless insularity and protectionism affecting practice on the ground, including in enhancing team working.

4.4 Preservation of professional exclusivity

At the same time, it is very important that podiatrists do not allow other professions to encroach illegitimately on what has been their territory. Here they find themselves under particular pressure from some members of the medical profession at the higher end of the pecking order. This is exemplified by the tensions that – notwithstanding recent efforts at rapprochement – can arise between podiatric surgeons and orthopaedic surgeons in specialist areas of foot surgery (Borthwick 2000), where the label of 'podiatric surgeon' has been a contested area with medical surgeons (Borthwick, Boyce and Nancarrow 2015).

For the remainder of the podiatry profession, there remains the threat of further incursion from health professions operating laterally in the division of labour including such AHPs as physiotherapists who have long striven to take over a number of podiatrists' tasks (Larkin 1983). Equally, podiatrists have spent much

time fighting off competition from non-registered personnel from below like foot care practitioners and complementary therapists, mainly in generalist fields in private practice (Stressing and Borthwick 2014).

If podiatry is to survive and prosper in future, it is therefore vital that podiatry has a defined territory, including in its unique combination of approaches, which is part of its occupational identity. This means that shifting boundaries must be carefully managed and there is a clear legally regulated definition of its scope of practice in an increasingly multi-professional environment. Indeed, as will be seen in what follows, there are opportunities for extending this further – albeit while avoiding the silo-based working that has afflicted the health workforce in Northern Ireland and other parts of the United Kingdom (Bengoa Report 2016).

Recommendation 4: There needs to be greater protection by podiatrists of exclusivity of key areas of practice of podiatry in maintaining and expanding its jurisdiction amongst the health professions.

5. Scope of practice of podiatry

5.1 Revisiting podiatry's scope of practice

Despite the HCPC's definition of a podiatrist as diagnosing and treating disorders, diseases and deformities of the feet, this is contentious as it is excessively narrow, such that it may deter potential students from joining the profession (Heath Education England 2017). Certainly, some podiatrists – who do not live within their own comfort zone – argue that it should be extended further in a more holistic direction, centred on the wider mechanics of walking and its role in promoting public health and health and social care more generally.

The present official definition of podiatry contrasts with AHPs like physiotherapy which operates with a more expansive notion of its behaviours, knowledge and skills. This links it to maximising people's ability to move and function, and playing a significant part in improving their health, wellbeing and quality of life, in recognition of the physical, psychological, social and environmental factors involved (Chartered Society of Physiotherapy 2020). The broader scope of practice in physiotherapy compared with podiatry is clear and there is no reason why podiatry should not take a similar path, which will require acceptance in service and other organisational environments. This will be aided by the flexibility and agility of podiatry.

To underline this, the Scottish Government (2018) stated that: "A fully integrated primary care podiatry service can safely diagnose, manage, rehabilitate and prevent disease-related complications of the feet, ankles and lower limbs, particularly around musculoskeletal, diabetes, rheumatoid conditions and peripheral arterial disease. They also have a significant role in the public health and prevention agenda specifically around falls prevention, cardiovascular risk reduction, medicines management and reconciliation, antibiotic stewardship and keeping people mobile and active."

Recommendation 5: Podiatry's scope of practice needs to be revisited and extended beyond simply the foot and/or ankle to highlight its more holistic and positive role in service and other contexts.

5.2 Employing the wider definition of podiatry

Since it has long been a significant policy focus for all governments in the United Kingdom to shift the balance of care away from secondary and acute services centred mainly on hospitals to primary and community-based care settings (Klein 2013), such a definition of podiatry in primary care and public health would certainly open up greater operational territory. This will allow the profession to seize current policy opportunities as presented, for example, by the Welsh Government (2018) plan to shift health resources to the community.

It follows that the College should be pushing to include a broader concept of podiatry in official definitions - as well as encouraging practitioners to take a wider purview of their work. If the Royal College of Podiatry is also able to influence the primary care agenda through engagement with primary care networks and integrated care systems, this will add greater weight to its mission. So too will the notion of podiatry as a public health intervention involved in such activities as early stroke detection in keeping people mobile and healthy in multidisciplinary teams in general practice (Royal College of General Practitioners 2019). Here AHPs across Scotland are certainly focusing more on prevention and early intervention in a manner resonant with wider definitions of podiatry (Scottish Government 2019).

Assuming that this can be translated even more strongly into the higher education curriculum, it may add greater stimulus to student recruitment to the profession - a key issue to be addressed which will be explored a little later in this report. In addition, it will provide a firmer basis for a more enhanced concept of podiatry underpinning the role of podiatrists as first contact practitioners.

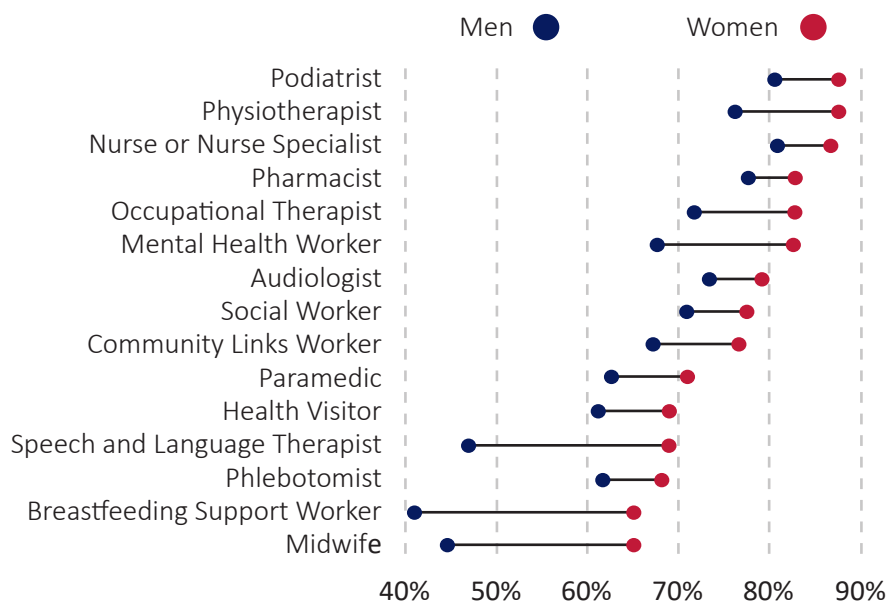
Recommendation 6: This wider definition of podiatry needs to be more strongly included in official definitions of podiatry’s role, podiatric practice and the higher education curriculum.

5.3 Podiatrists as first contact practitioners

A policy paper explicitly centred on podiatrists working as first point of contact practitioners was recently published by the College of Podiatry (2020). This argued that employing podiatrists as first contact practitioners without medical referral would ensure people got the right advice at the right time, without unnecessary and potentially damaging delays, and would significantly reduce the workload of already heavily overloaded general practitioners, from whom they would have typically been referred.

The case was backed up by data indicating that referral to a podiatrist is the third most common made by general practitioners (Ferguson 2019). A large public survey was also cited showing over 85% of people would like direct access to a podiatrist without going through a general practitioner (Scottish Parliament Health and Sport Committee 2019). This was the highest proportion of any health profession surveyed, with podiatry ranking above physiotherapy, nursing and pharmacy. Given that general practitioners are under considerable pressure (Royal College of General Practitioners 2019), there is therefore a powerful case for integrating podiatry more fully into primary care.

Respondents were asked: “Would you like to be able to see other health professionals in the primary care team without going through your GP?”



The College of Podiatry (2017) published a policy paper on the greater involvement of podiatrists in primary care addressed to governments, healthcare professions and the public. Such increased engagement was supported on the basis of factors like their understanding of general medical management and their experience of community-based vascular assessment. Hence it was no surprise when in 2020 an NHS Podiatry team from Swansea Bay University Health Board won the Welsh Government award for prudent healthcare at the UK Advancing Healthcare Awards, with half of patients presenting as a first point of contact.

Recommendation 7: Further encouragement needs to be given to podiatrists being seen as first contact practitioners for issues directly/indirectly associated with the foot and lower limb.

5.4 Using COVID-19 as a stepping stone to advance

At the start of the devastating COVID-19 pandemic, podiatrists in the NHS were generally diverted from routine work to high-risk care. Moreover, podiatrists in independent practice were deemed to be exempt from closure as they were seen as providing an essential service – albeit with College and government advice on the most critical podiatry interventions, and what type of face-to-face appointments could be justified in the circumstances.

In this context, there is a danger that the shifting emphasis of podiatry services will lead to a rise in foot ulceration and infection cases. The pandemic has also had a devastating impact on the finances of independent podiatry practices, with rising fixed costs for safe practice and a sharp decline in patients due to fears about the pandemic. Equally, higher education institutions offering podiatry have had to move very rapidly to more remote teaching, with the use of simulated learning in place of placement experiences.

However, there have been major gains for podiatry. They include podiatrists showing their worth in team leadership in redeployed roles in multi-professional settings as, for instance, in intensive care and rehabilitation units. Podiatrists have also taken more of a lead in triaging foot and lower limb cases (Chadwick et al 2020). This is in addition to the shift to remote consultations and the increasing use of digital services. Herein potentially lies the future of redesigned podiatric services with a broader scope of practice.

Recommendation 8: The positives gained from expanded practice during the experience of the COVID-19 pandemic should be used as stepping stones to a more enlightened future.

6. Organisational and support structure

6.1 Strengthening the podiatric career structure

On the plus side, podiatry currently provides flexible and varied career opportunities, which range from being an NHS employee to running a private practice – as well as acting as a medical sales representative or a university lecturer. There have also been developments in the past that have improved opportunities such as those related to the creation of the role of podiatric surgeon (Nancarrow and Borthwick 2021).

However, there is a need to enhance the podiatric career structure – particularly in the NHS. Here there are a number of levels of operation in podiatry ranging from entry-level podiatrist, specialist podiatrist and team leader/advanced podiatrist to podiatric surgeon, consultant podiatrist and consultant podiatric surgeon. Although there is little consistency amongst AHPs in defining advanced practice (Hardy 2021), there are also opportunities to move into more generic managerial and other posts, including in academia.

Whilst there are prospects for forward career movement in the NHS and an online mentoring service has been introduced by the College, more incentives could be provided – particularly at the early career stage where there seemed to be blockages by middle managers to emerging talent. Here it was felt that better support could be provided for podiatrists to engage in advanced practice and specialisms – not least through the use of mentoring as an aid to progression in podiatry as employed in other countries (see, for instance, Couch et al 2018) and other health professions (Rose, Best and Higgs 2005).

Recommendation 9: The podiatry career structure needs enhancing with more supported opportunities to develop in advanced practice/specialisms like podiatric surgery and further use of mentoring.

6.2 Improving NHS-independent sector links in podiatry

The NHS has increasingly focused podiatry provision on complex medical need and public health initiatives, thereby creating a group of patients who still require care but are not eligible for state-funded provision. In recent times, therefore, patients with long term conditions such as diabetes and those with a moderate risk of foot ulceration are being given care packages that involve less direct contact with podiatry, with increased patient activation and personalised care.

This has led to an increase in the numbers seeking private foot care for conditions of the foot and lower limb that involve more than just low risk. However, the relationship between independent practice and the NHS has not been strong – with a recent College study suggesting a majority of practices do not have a direct referral relationship to the NHS, although many have a working relationship with local general practitioners. This has created a need for stronger collaboration and joint working between the two sectors, in line with government's desire for new, more effective, ways of working (NHS 2020).

The College has recognised work was needed to improve the referral pathways between the two sectors to ensure patient outcomes were optimised, with a reduced risk to practitioners and, more importantly, to patients. It therefore initiated work in 2019 to support the development of an innovative care-pathway approach focusing on patients at greater risk of morbidity and mortality in order to reduce delays, improve outcomes clinically and enhance relationships between the two sectors. This work ceased with COVID-19, but should be built upon going

forward with the necessary business planning and learning from other sectors like pharmacy and dentistry that work across the NHS-private divide.

Recommendation 10: There is a need to foster better links between podiatrists working in the NHS and the independent sector, particularly in dealing with moderate- to high-risk patients.

6.3 Moving on from isolated solo working in independent practice

There is very little current data on the number and size of podiatric practices in the independent sector. However, a preliminary survey by the College showed that a very large majority of independent practitioners worked exclusively in the private sector, with very few working in the NHS alongside their private practice work. Most worked in a clinic, with just under a quarter offering a home visiting service and around a third employing other staff. Most dealt mainly with corns, calluses and nail complaints in low-risk patients.

The motivations for independent practice were predominantly greater work-life balance, flexibility and freedom and control as compared to the NHS. Few private practices were College accredited and close to two-thirds of podiatrists were in solo practice which has implications for how open they might be to new clinical developments and peer group influence – in an era when even solo general practice in the NHS has mainly become a feature of the past (Klein 2013). This raises issues about how more efficient and cost-effective group-based practice can be encouraged, as has happened in dentistry and other areas to enhance safety, quality and affordability.

At the very least questions need to be asked as to how the College can support its members in a heavily solo practice-based environment. One way to do this is by encouraging solo practitioners to connect with local colleagues to share learning and best practice. In addition to pre-existing generic branch activity, the College has started working with the Private Practice Networks via the Independent Practice Group to enhance regional links, but this work needs expanding – not least given concerns about health and safety and employment.

Recommendation 11: Further support should be provided for solo practice in the independent sector to avoid unnecessary limits on this form of operation.

6.4 More delegation of routine work to support workers

In light of the considerable pressures on podiatrists themselves in face of growing demand, it is clear that devolution of more routine tasks to support workers is highly advisable from the viewpoint of managing workloads – including, for instance, in the use of a nail drill by those suitably qualified on otherwise healthy patients. The introduction of a podiatry support workforce formally recognised by the College has certainly been helpful in this sense (Nancarrow and Borthwick 2021), although it is not without its challenges.

First, there has been an inconsistent approach to the roles support workers perform more generally in the United Kingdom (Saks and Allsop 2020). This has applied to podiatry itself where there is a lack of standardisation of the activities that podiatry assistants undertake in support work and, indeed, in the titles of the role itself – the names of which also range from healthcare assistant to foot care assistant (Saks et al 2000), as well as the relatively new College-designated role of podiatry associate, of which there are some 150 registrants.

Second, a balance needs to be struck in the extent and form of support worker employment. The rise of podiatry assistants in the United Kingdom may have been initiated by the profession, but it has at times become a force against it – even if the use of support workers has enabled other health professions to shed ‘dirty work’ and achieve

status enhancement (Nancarrow 2020). In this respect, podiatrists may have lost control by neglecting low-risk tasks and increasing unfettered, unregulated competition. This potentially threatens users of services delivered through foot health practitioners as sometimes they carry out more complex procedures than reasonable without appropriate podiatric supervision.

Recommendation 12: More delegation of routine work to support workers needs to be undertaken in a controlled and routinised way in podiatry, in light of workforce shortages.

6.5 Greater incorporation of unregulated practitioners

Following on from this, the *NHS People Plan* is clear about shortages in the podiatric workforce where an increased supply is seen as needed (NHS 2020). As noted above, this enables the less well-qualified to thrive, particularly in the private sector. Many competitors have therefore arisen in the unregulated workforce in the independent sector who do not use legally protected podiatric titles, but instead can practice under the Common Law in such names as beauty therapists, nail therapists and foot aides.

Although there is variability in levels of qualification, these practitioners may have little or no formal training and therefore the question of standards is paramount. Rather than simply treating such practitioners in the independent sector as occupational competitors, there may be merit in offering the opportunity of incorporation on a skills escalator of quality-assured training and development with clear educational levels, paralleling that in dentistry and elsewhere in the NHS. This may ultimately lead to such practitioners becoming fully registered, degree qualified podiatrists themselves as with other healthcare professions.

Such incorporation would of course be advantageous in restricting possible competition (Nancarrow and Borthwick 2021), but it would also – most importantly – help to better protect users in the private sector, albeit providing that the standards set at each stage are at an appropriate level, within officially prescribed roles and responsibilities. These standards would need to be underpinned by a system of regulation to ensure that they are enforceable. In this respect, wider recognition by the Professional Standards Authority would be helpful.

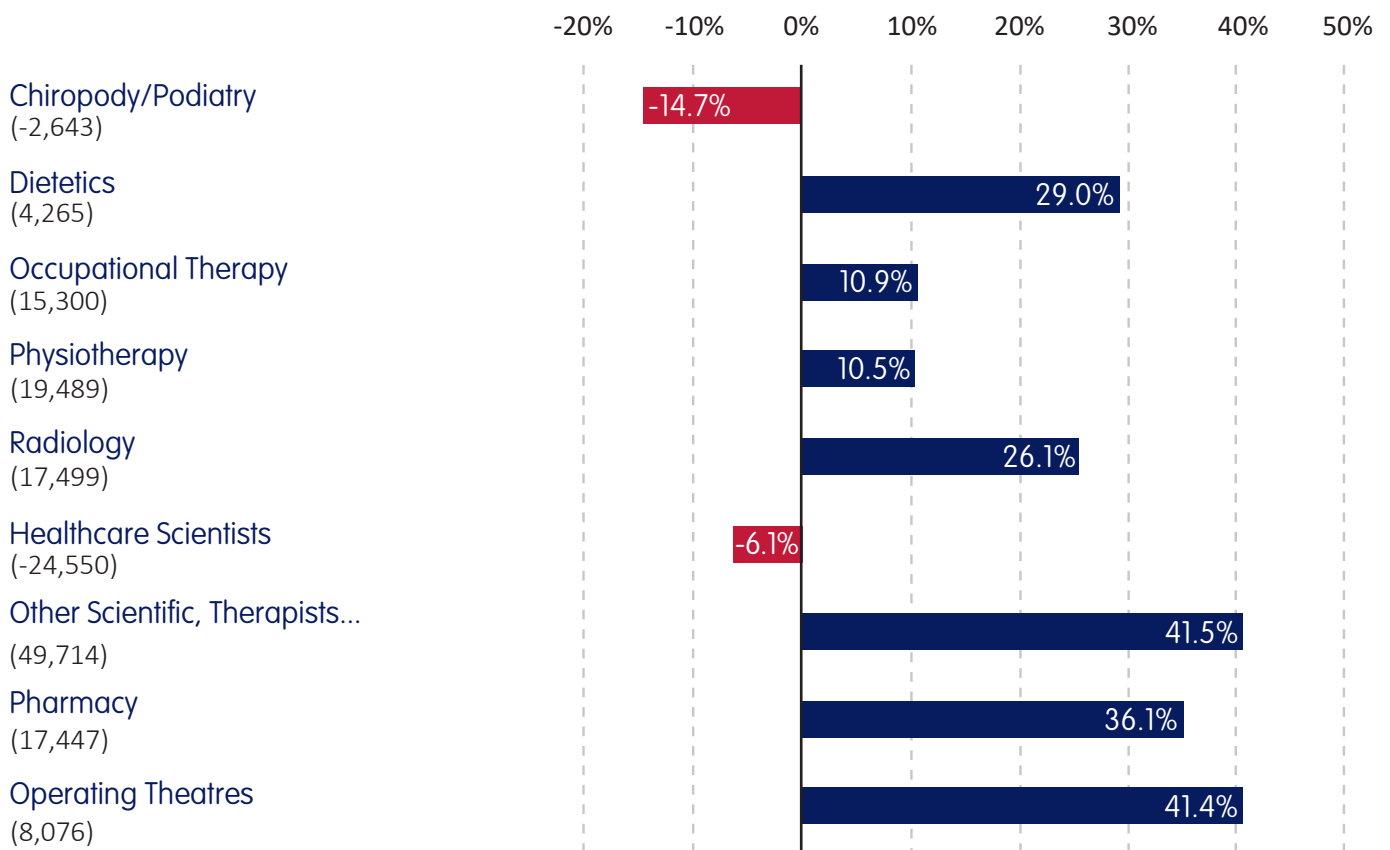
Recommendation 13: Consideration should be given to greater incorporation of unregulated practitioners into designated roles on a skills escalator under supervision without compromising standards.

7. Increasing the sustainable supply of podiatrists

7.1 Prioritising the diminishing supply of podiatrists

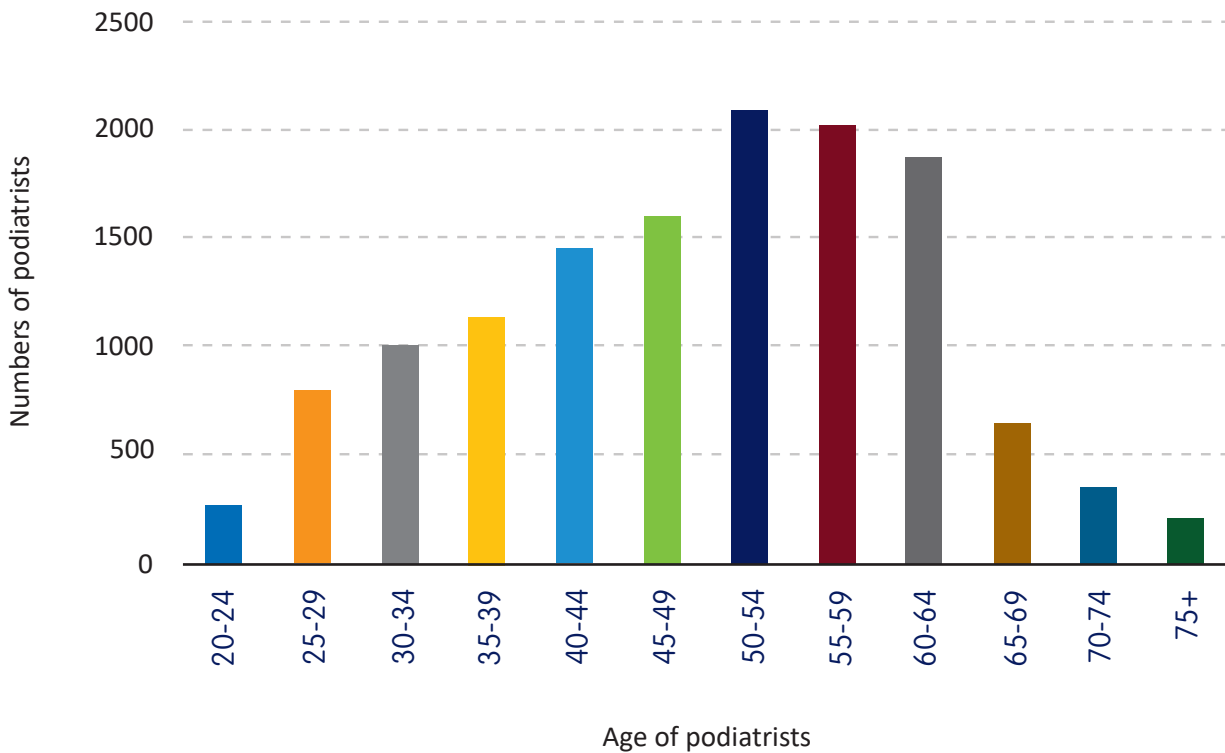
There was a steady decline in the NHS podiatry workforce from 2009 to 2018, which accelerated further in the wake of the discontinuation of NHS training bursaries for pre-registration education in the AHPs in 2017. According to national workforce statistics, there was an 8% NHS vacancy rate in England and a 5.5% vacancy rate in Northern Ireland in 2020 – coupled with a 6% and 8% decline in Scotland and Wales respectively over the past five years. In contrast, the NHS workforce in other AHPs has typically had 3-5% increases.

Percentage change in UK FTE scientific, therapeutic and technical staff by specialty 2009 to 2018



From an NHS commissioning perspective, this situation is not helped by the fact that more than 60% of the College’s members work in the private sector. The further decline in the NHS podiatry pipeline has many explanations including an ageing College workforce, with 20-30% due to retire in the next five years; the unattractiveness of dealing largely with high-risk NHS patients, more flexible working, potentially higher pay and a better work/life balance in the private sector; and limited career progression to advance practitioner roles.

Distribution of UK podiatry workforce by age



As the SWOT analysis has shown, one of the major issues for podiatry in the United Kingdom is that there are too few students being recruited into the profession. Although there was an increase in student recruitment in the current academic year with the welcome reinstatement of bursaries, there was a 40% reduction in this area between 2017 and 2019. The main reasons are lack of awareness of the profession, poor funding for the heavily mature student entry and the removal of the university funding cap for competing healthcare courses. This diminishing supply in podiatry relative to other AHPs requires urgent attention.

Recommendation 14: Priority attention should be given to the diminishing supply of podiatrists, especially in an ageing profession, in face of increasing demand.

7.2 Student recruitment strategies

Since 2017 the College has been working closely with Health Education England to develop a strategic workforce plan to improve student recruitment in podiatry. It has also been an integral part of the Office for Students (2019b) Strategic Interventions in Health Education Disciplines programme which has generated several useful interventions that podiatry can employ to improve its position.

The work that the College has done over recent years has confirmed that lack of awareness of the profession remains the primary issue that has negatively impacted on the supply pipeline (Health Education England 2017). This, together with the ageing nature of the profession, helps to explain why people under thirty have been particularly targeted in recent AHP recruitment campaigns.

This has paralleled campaigns, as in other AHPs, aimed at mature students, for whom the pipeline begins several years before entry and centrally involves sensitising potential recruits to the opportunities that lie ahead (Office for Students 2019a). To these students, who may begin their studies in a further or higher education context, a widened scope of practice for podiatry is likely to make a difference in their choice of course – with all the career paths that this opens up to them.

Recommendation 15: Every effort must continue to be made to recruit more students for the NHS and elsewhere, which they will find more attractive with a wider scope of practice.

7.3 Further publicising the attractions of podiatry

The question of settling the scope of practice of podiatry is very significant given the lack of consensus about what is podiatry and the misunderstandings about the role and status of the profession in the United Kingdom. While this needs to be realistic as to where podiatric opportunities primarily lie given the large public need for chronic disease management, an outdated view of chiropody that clouds the perceptions of potential students, colleagues in other professions and the general public unfortunately still remains.

Whilst there has been recruitment and retention focused outreach and advertising work undertaken over the past four years, significant work has still to be undertaken to change that view to reflect the modern, dynamic, elevated role of the podiatrist in holistically co-ordinating and delivering advanced lower limb care in the public interest (Scottish Government 2018), including in podiatric surgery at the current apex of the profession. This may require further research as to why students choose podiatry as a career route.

This modern view of podiatry takes the various audiences into exciting worlds like those of sport and fashion which can be very attractive to potential students. It also positions podiatry, as discussed earlier, at the cutting edge of technology through the vehicles of digitalisation, virtual consultations and telemedicine – not to mention, with current significant under recruitment, the lure of virtually certain employment in the NHS. This is a key strategy, along with local agendas, of finding the appropriate number of highly skilled staff required to deliver sustainable healthcare services (Scottish Government 2018).

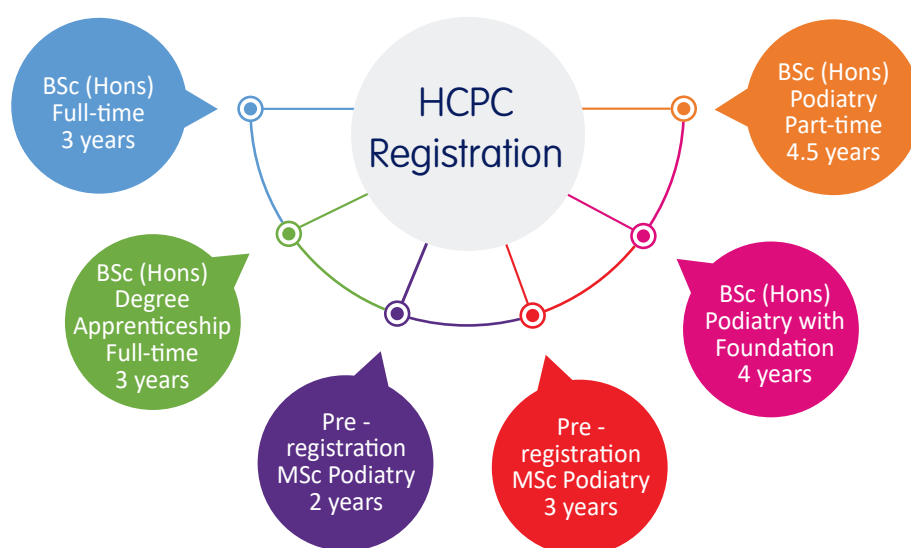
Recommendation 16: Student recruitment can be improved by further publicising the attractions of areas such as sport, fashion and technology – along with largely guaranteed employment.

7.4 New educational approaches

The Strategy Group noted that work has already been undertaken to supplement and enhance traditional routes of entry into podiatry. This has primarily been through podiatry making further progress in establishing apprenticeships – involving paid jobs incorporating on and off the job training. In this respect, podiatry is the first healthcare profession to have an accelerated pre-registration MSc apprenticeship route and a condensed BSc (Hons) programme that fulfils pre-registration requirements in just over two years. To these can be added further apprenticeship schemes for the support workforce and advanced practitioners.

These apprenticeships, available in England, develop those involved into regulated professionals, creating a small but valuable conveyor belt of talent into the workforce. Typically, they are employer-led with higher education provider support. The government envisages that apprenticeships will make up ever more education provision in future (Department for Education 2017). In recent years interest in podiatry apprenticeships has also grown with the following routes, including with the addition of an apprenticeship pathway into podiatric surgery.

Current UK pathways to registration



As yet, though, despite support in the *NHS People Plan* (NHS 2020), the apprenticeship model is only used peripherally as an entry route to the podiatry profession. But the role of apprenticeships now needs to be extended further, albeit with appropriate monitoring and quality control. They have the facility to take an individual from having no relevant qualifications to working at the forefront of modern podiatry practice – and can therefore play an important role in meeting workforce targets. In parallel with local higher education access courses, they may prove to be of particular value in areas that have difficulty in recruiting and retaining a podiatry workforce. This includes by establishing apprenticeships in the devolved nations.

Recommendation 17: More use needs to be made of flexible educational approaches like apprenticeships with appropriate monitoring and quality control, alongside conventional opportunities.

7.5 Staff retention

Part of the picture of swelling the staff numbers in podiatry relates not simply to recruiting more students, but to retaining staff who are already in post in face of increasing levels of retirement in an ageing profession. There are many other factors involved in declining retention rates in the profession, particularly in the NHS, but there is no doubt that career opportunities are central amongst these.

The College has attempted to counter many of the contributing factors in order to increase retention rates – not least in association with Higher Education England. The initiatives that the latter two parties have worked on include, amongst others, a national preceptorship framework, a report on professionalism in podiatry, mentorship developments and return to practice initiatives. The latter is particularly encouraged by the *NHS People Plan* which has a focus on retaining the 55 years old and over workforce (NHS 2020).

Advanced clinical practitioner developments have also offered additional opportunities for podiatrists to develop into role-emerging occupations in primary care settings – with podiatrists working in such settings as general practice and Accident & Emergency departments, in addition to an apprenticeship route through to podiatric surgery. As noted earlier, though, further attention needs to be given to developing positive career frameworks in podiatry underpinned by continuing professional development, including those underpinned by the more flexible narrative of portfolio careers.

Recommendation 18: It is also important to improve the retention of podiatry staff – not least through professional development and making careers in NHS podiatry more attractive.

8. Patient and public involvement in podiatry

8.1 Public engagement with the profession

In the professions, there has been a strong recent movement for greater formal engagement of the public in their work, including their governance (Saks 2021). Various governments in the United Kingdom have also acknowledged the importance of putting users and their carers at the centre of healthcare (Scottish Government 2017) and increasing civic engagement and public consultations in health (Northern Ireland Office 2020).

While the College is based on a podiatric membership, public engagement has been encouraged by increasing awareness of podiatry (<https://cop.org.uk/about-us1>). For instance, it campaigned in Foot Health Week for the promotion of good foot and lower-limb health to the public. However, it does not yet have formal patient and public involvement in its activities. Where public or patient input is required, the College has used informal channels like Diabetes UK's patient group, Diabetes Voices. It has also requested feedback for specific patient-facing initiatives from patients in NHS Trusts and members' patients.

Nonetheless, more formal patient and public involvement, as in other health professions, would be helpful. At a minimum level, this could, for instance, help ensure that the content of service user literature is relevant, understandable and accessible. It could also usefully contribute to strategic workstreams within the College, like health inequalities based on poverty and deprivation. More widely, the College might consider the value of patient representation on its committees to more fully embed patient and public involvement to complement clinician-led thinking – with reference to such engagement in other professions.

Recommendation 19: It would be helpful if the College extended its engagement of patients and the public in its activities, including in its committee and decision-making structure.

8.2 The involvement of individuals as consumers

A further aspect of patient and public participation is that, in the current climate, patient choice in the market is now not just expected but demanded across many areas of life, including healthcare (Tonkens 2016). The College aims to facilitate this, to foster co-operation and a partnership approach between individuals and podiatrists, as well as supporting the public to make positive choices about their own healthcare.

One example of this is in disseminating information, with reference to which these decisions can be made. The main source of such information lies in the 'find a podiatrist' function on the College website that allows any member of the public to identify their nearest podiatrist(s) by typing in their postcode. Other patient information is also given on the website about various conditions such as foot problems and diabetes.

However, patient choice would be enhanced by following other health professions in expanding the information on each of the podiatry practices listed on the web search function in terms of specialism – as well as providing more generic explanations of what accreditation means and more material on foot complications and self-care. The availability of self-referral options without going through a general practitioner in accessing NHS care also need to be extended further by policymakers with the support of the College.

Recommendation 20: Choice for patients needs to be expanded by the provision of fuller information about podiatry on the College website and the facilitation of greater direct access to practitioners.

8.3 People taking responsibility for their own situation

There has been an increasing trend in recent years for clients of professions to take more responsibility for their activities – which has been clearly manifested in the health arena in part because of a growing challenge to professional dominance (Saks 2021). With the COVID-19 pandemic, there has been even greater emphasis on client self-care and self-management as a result of social distancing requirements, which have meant that access to face-to-face healthcare has been severely limited or stopped for many months. This earlier established trend is illustrated by the clear policy intent of the Welsh Government (2018) to encourage people to take responsibility for their own health and wellbeing.

In podiatry, this trend has led to the College being faced with ever-greater requests from across the United Kingdom for advice and support by providing podiatry self-management materials. As part of this, the College has been approached by third sector partners and has co-designed promotions supporting people to look after their feet at home – such as the ‘footcare at home’ leaflet with Alzheimer’s Scotland. The use of peer-to-peer patient ambassadors may also support self-help and other user engagement activities.

The theme of self-care and self-management is likely to continue to be a key policy driver in the ‘new normal’ following the pandemic as a facilitator of shared decision making (NHS 2019). The College, therefore, needs to develop a policy position on this – also involving carers – recognising that greater weight was being given to encouraging people to become equal partners in their own healthcare, alongside clinicians, even before the pandemic. The door is therefore open to podiatry to become one of the leaders in facilitating personal responsabilisation in this field.

Recommendation 21: The College should develop a shared policy position for practitioners and podiatry service users on self-care and self-management that is resonant with government strategy.

The report of the Royal College of Podiatry Workforce, Education and Development Strategy Group

9. Podiatry's public face: Publicity and lobbying

9.1 Greater use of the media to publicise podiatry

The College is active in projecting an image of what podiatrists do for a public-facing audience and stakeholders such as MPs/MSPs, commissioners and healthcare professionals. The policy and public affairs team engage with policymakers and influencers such as Ministers, Shadow Ministers, MPs and Peers, as well as arm's length bodies such as Health Education England and Public Health England, and their equivalents in the devolved nations, to inform decision-makers about key issues as policy is being developed.

Such links often lead to parliamentary questions being tabled and the College works closely with All-Party Parliamentary Groups to ensure that subjects specific to podiatry are embedded in their work programmes and reports. Moreover, through horizon scanning, the College ensures that it responds to Parliamentary inquiries as relevant and makes timely and appropriate submissions to influential government healthcare bodies.

However, the Strategy Group felt that the marketing strategy should be developed further – in line with modern marketing techniques (Thomas 2020) – to ensure greater use was made of the media, including social media, to advance the cause of podiatry. This was felt to be particularly helpful, for instance, to prompt the appearance of storylines relevant to podiatry in such well-viewed television programmes like *Casualty* and *EastEnders* – to make sure that positive messages about the profession are put out.

Recommendation 22: More effort is needed in developing a marketing strategy targeting the media to increase public, government and other health professionals' general understanding of podiatry.

9.2 Targeted publicity for particular campaigns

The leadership in podiatry needs to continue to launch specific media campaigns to encourage minority groups into the profession, such as BAME and male candidates. The kind of action required is illustrated by a recent report for the Office for Students (2020) on Male Participation in Nursing and Allied Health Higher Education Courses. This made a number of recommendations relevant to podiatry directed at universities and colleges, professional and health sector bodies, healthcare employers and career advice providers.

These included promoting careers in ways that appeal to both genders, including the availability of creche facilities and opportunities for part-time working, and developing media strategies to increase male student participation. Universities and colleges were encouraged to set targets to increase male participation, along with providing male role models and ensuring gender sensitivity in promotional material. Professional and health sector bodies were recommended to promote the skills, rather than gender, aspect of such professions, while healthcare employers were exhorted to make available male mentors.

Whatever approach is taken in this and other areas in specific media campaigns, they need to be suitably informed and targeted within an overall marketing strategy (Thomas 2020). In the illustrative case of ethnic minority recruitment, which is below average for NHS professions, this remains a significant item for the profession to pursue. This will require great effort at a range of levels from schools and colleges upwards to make a real impact.

Recommendation 23: Particular campaigns should continue to be launched – such as to increase minority group presence in podiatry, including redressing the gender balance of the profession.

9.3 The need for more influential leadership in profiling podiatry

Although podiatry is a relatively small profession, it is still quite fragmented with particular differences between those working in the independent and NHS sectors – as well as between those in different specialisms. It is therefore very important that the profession is unified in projecting a coherent and comprehensive image of its activities, whether through wider virtual networks or some other means.

It is appreciated that there is regular monitoring of media stories by the College using metrics drawn from the national, local and trade press. One recent example of success was the campaign in 2020 to raise awareness of podiatry careers among young people studying sports science and sport-related careers in the United Kingdom. Injury data from the top European football leagues from OPTA formed the basis of this campaign, which highlighted the role of podiatrists in sports injury management.

However, the Strategy Group felt more might be done to showcase not only the clinical benefits of podiatry, but also its socio-economic and other benefits (NHS Confederation 2020). This might increase the profile of the College on social media and in the press – with direct implications for student recruitment and the public perception of podiatry. In such campaigns, though, there is a need to fully evaluate impact and effectiveness to inform future actions. An advisory group drawn from high-profile individuals linked to podiatry might also be established to assist in raising the profile of the profession. Podiatry needs such influential leaders with a clear message and strategy designed to deliver impact.

Recommendation 24: Coordinated leadership in podiatry could more effectively advance podiatry as a profession externally in a self-reflective way given its clinical, economic and societal benefits.

9.4 The advantages of alliances with other allied health professions

As regards lobbying, there are many examples where such alliances with AHPs – and other professional groups – has shown its worth, going back to the achievement of ‘supplementary to medicine’ standing for chiroprody over fifty years ago (Larkin 2002). Such alliances have often proved helpful in ensuring the cluster of smaller AHPs can punch above their individual weight, albeit ideally outside situations where there is a conflict of their individual interests.

There are also significant opportunities in sharing knowledge with colleagues in other AHPs about new developments and models of best practice. For instance, there is considerable mileage in doing so in the still relatively uncharted area of support worker roles. A greater understanding of how they are utilised in other AHPs could facilitate a more unified, mutually beneficial, approach across the sector – and indeed the various countries forming the United Kingdom.

Thus, although the AHPs have different histories of development which have led to separate identities (Nancarrow and Borthwick 2021), the Strategy Group felt there was more to gain than not in terms of the patient experience and professional positioning from closer strategic alliances between podiatry and other AHPs, as well as the health professions generally.

Recommendation 25: There needs to be greater recognition of the advantages of collaborating more closely politically with other professions in allied healthcare and beyond, where appropriate.

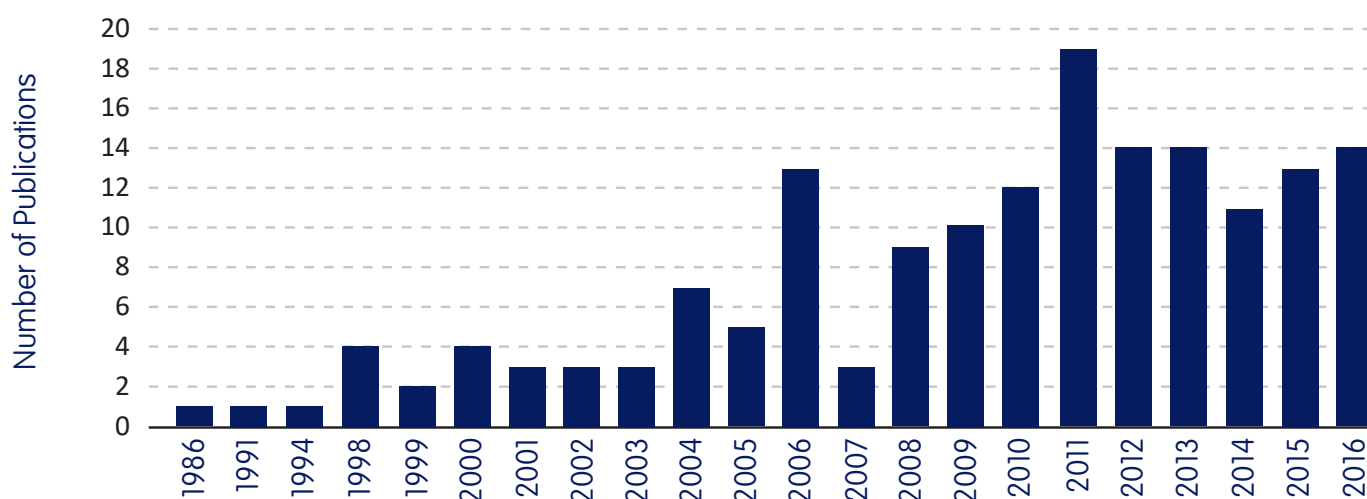
10. Future research in podiatry

10.1 The need for more clinical research

With College encouragement and a long-established and broad-ranging research strategy, podiatry has made considerable strides in developing clinical research centred on research methods such as systematic reviews and randomised controlled trials (see, for example, Ahmed et al 2020; Spink et al 2011). United Kingdom podiatrists have also formed research centres and gained research funding from national bodies, such as the National Institute for Health Research, with rising research reporting on the main electronic databases.

Systematic Review of the evidence

Distribution of Included Articles by Year of Publication shows a year on year trend in increase of evidence for podiatry



One of the important areas related to podiatry that has recently been carefully analysed – while drawing on research in other AHPs – is the extent to which clinicians take ownership of changes underpinned by evidence-informed research to drive innovatory practice forward. This has particularly looked at the barriers to changing professional practice and the lessons that podiatry can learn from other healthcare professions (Harrison-Blount, Nester and Williams 2019). It complements the work of the James Lind Alliance, comprised of a range of stakeholders, on priority setting in foot health research.

Yet, for all the advances, the research base in podiatry has remained limited and incomplete – as highlighted in areas such as assessing the cost-effectiveness of clinical podiatric practices (Carter, Farrell and Torgerson 1997). The Strategy Group felt that more in-depth clinical research by a less restricted group of individuals is needed as this compares unfavourably with other AHPs. More research support and leadership are required from the College professoriate for early career researchers and others and greater engagement is needed with business and industry in terms of investment and commissioning support, beyond current small seed funding – preferably through focused academic research centres.

Recommendation 26: There is scope for more prioritised clinical research for public and patient benefit in podiatry to underpin practice, drawing on a wider range of financial and other support.

10.2 The value of international links

Podiatry has drawn on some international links in research, as epitomised by the *Journal of Foot and Ankle Research*, the official journal of the Australian Podiatry Association and the College, which encompasses all aspects of policy, organisation, delivery and clinical practice related to the assessment, diagnosis, prevention and management of foot and ankle disorders. This is in addition to its affiliation to a number of professional bodies with broader links such as the Osteoarthritis Research Society International.

However, the Strategy Group felt that the international aspects of the College's work could be pushed further in priority areas, especially in relation to research where collaboration with other international organisations like research-intensive universities is the key to securing prestige funding. Such activity is particularly important post-Brexit with the phasing out of European Union research funding and the associated Erasmus scheme. Research in podiatry now needs to be funded by Research Councils, industry and universities

Selective international links could also helpfully be pursued in other areas. For example, sharing best practice with other countries would be beneficial to the profession in coping with change (Nancarrow and Borthwick 2021). Moreover, with limits on recruiting European Union students, higher education institutions delivering podiatry courses might helpfully cast their nets further in recruiting overseas students, to complement recruitment from the home countries. It is salutary that in 2019 only some 5% of podiatry staff came from outside the United Kingdom.

Recommendation 27: Beyond Brexit podiatry needs to look for more funded strategic international collaborations in education, practice and research based on strategic priorities.

10.3 Further organisational research

There are many areas of podiatry that remain under-researched – where the evidence base is limited, despite the longstanding all-graduate base of the profession. This does not just refer to gaps in knowledge about the efficacy of some clinical interventions by podiatrists, but also to the wider organisational environment in which podiatrists are engaged – which are also very important to podiatry practice. All of this will shape future decisions in podiatry at a time when governments across the United Kingdom, such as in Wales, are actively encouraging combining research with clinical roles (Welsh Government 2018).

This future research includes, for example, the effectiveness and safety of the adoption of ever-changing technologies – as well as workforce efficiency issues concerning the use of support workers, and apprenticeship schemes, and the effects on foot health of shielding and other consequences of the COVID-19 pandemic. These shade into audit and service evaluations. As previously noted too, the somewhat opaque area of independent practice in the private sector still requires further in-depth investigation as a key dimension of the operation of podiatry in the United Kingdom.

As in the rest of the podiatric agenda, systematic data gathering and analysis will be essential. Such research will involve a range of approaches – including quantitative, qualitative and mixed methods (Saks and Allsop 2019). It may therefore include research techniques like snowball sampling to improve qualitative access to hard-to-reach populations like those in independent practice and quantitative survey methods to gather data on a more top-down basis on the impact of technology on professional practice and Covid foot health. In this latter case, there are growing opportunities too for the College to engage in the collection, interpretation and dissemination of such big data to professional benefit.

Recommendation 28: Further research, including systematic data gathering, monitoring and analysis, needs to be undertaken into specific clinical and organisational aspects of podiatry to inform practice.

The report of the Royal College of Podiatry Workforce, Education and Development Strategy Group

Recommendations: Moving podiatry forward

Podiatry is, and has been, a positive and developing profession, which now has both HCPC and royal recognition. Podiatrists in the United Kingdom work in a wide range of contexts, including in the NHS and independently. Here they are contributing to health and wellbeing in many ways through both generalist practice and various specialisms, within an established career framework. They are gaining increasing prescribing and other powers in a more devolved division of labour characterised by support and other associated roles.

The student recruitment model is driven largely by commissioning in the NHS and the range of higher education providers offering education and training in podiatry in the United Kingdom. At the end of undergraduate education there is almost certain employment. There is also a good range of continuing professional development for those entering podiatry with career opportunities linked to the implementation of new pathways in fields such as musculoskeletal care, diabetes and surgery that are increasingly underpinned by an evidence base.

There has been some attempt to tackle diversity issues in recruitment and other fields and to strengthen the profession in face of NHS workforce shortages in the United Kingdom. There is also good leadership, with senior leaders in a position to influence healthcare decision making. Podiatrists on the ground are generally committed and well-motivated and have often proved adaptable in dealing with the COVID-19 pandemic – highlighting the potential scope of their future role.

However, this said, podiatry needs to build on its historic past and its exciting new-found Royal College status to proactively meet the major challenges that it currently faces in serving an increasingly ageing population beset by long-term conditions and, indeed, co-morbidities in the United Kingdom. Although podiatry is a small profession, steps towards enhancement – reinforced by a range of government drivers – can greatly increase its influence and impact.

In this respect, the outline of the twenty-eight recommendations, organised under seven headings, made by this report is set out below. Such recommendations will need to be prioritised by the Council of the College in their engagement with them in a phased manner on a short- to medium- or longer-term basis – and certainly within a five-year time frame. Some of the initial recommendations are more generic, while others are more specific and pressing such as those related to ensuring an appropriate supply of podiatrists. The College is accordingly invited to respond as appropriate to the recommendations with operational plans, actions, responsibilities and timelines.

In so doing and in communicating the actions internally and externally, the approach should be firm and direct in a climate in which health and welfare as well as skills, jobs and economic recovery are key, focusing on the following main features of podiatry:

- Its purpose (what it is, what it does and why it matters and what impact it has)
- Its people (what makes up the profession, how it is structured and trained and with what career pathways/opportunities)
- Its place (how it interacts with other health and social care practitioners, and society)
- Its potential (its vision for the ongoing advancement of practice and public benefit)
- Its performance (including its demand, practitioner numbers and impact on health and wellbeing).

General recommendations for podiatry

1. There needs to be more positive emphasis on proactivity and openness in podiatry in face of major transformational changes in society, not least in advancing inclusivity.
2. Podiatrists need to make better use of technology in areas ranging from keeping records to the employment of telemedicine and virtual consultations.
3. Podiatrists should make greater efforts to overcome the sometimes needless insularity and protectionism affecting practice on the ground, including in enhancing team working.
4. There needs to be greater protection by podiatrists of exclusivity of key areas of practice of podiatry in maintaining and expanding its jurisdiction amongst the health professions.

Recommendations about the scope of practice of podiatry

5. Podiatry's scope of practice needs to be revisited and extended beyond simply the foot and/or ankle to highlight its more holistic and positive role in service and other contexts.
6. This wider definition of podiatry needs to be more strongly included in official definitions of podiatry's role, podiatric practice and the higher education curriculum.
7. Further encouragement needs to be given to podiatrists being seen as first contact practitioners for issues directly or indirectly associated with the foot and lower limb.
8. The positives gained from expanded practice during the experience of the COVID-19 pandemic should be used as stepping stones to a more enlightened future.

Recommendations about the organisational and support structure of podiatry

9. The podiatry career structure needs enhancing with more supported opportunities to develop in advanced practice/specialisms like podiatric surgery and further use of mentoring.
10. There is a need to foster better links between podiatrists working in the NHS and the independent sector, particularly in dealing with moderate- to high-risk patients.
11. Further support should be provided for solo practice in the independent sector to avoid unnecessary limits on this form of operation.
12. More delegation of routine work to support workers needs to be undertaken in a controlled and routinised way in podiatry, in light of workforce shortages.
13. Consideration should be given to greater incorporation of unregulated practitioners into designated roles on a skills escalator under supervision without compromising standards.

Recommendations about increasing the sustainable supply of podiatrists

14. Priority attention should be given to the diminishing supply of podiatrists, especially in an increasingly ageing profession.
15. Every effort must continue to be made to recruit more students for the NHS and elsewhere, which they will find more attractive with a wider scope of practice.
16. Student recruitment can be improved by further publicising the attractions of areas such as sport, fashion and technology – along with largely guaranteed employment.
17. More use needs to be made of flexible educational approaches like apprenticeships with appropriate monitoring and quality control, alongside conventional opportunities.
18. It is also important to improve the retention of podiatry staff – not least through professional development and making careers in NHS podiatry more attractive.

Recommendations about patient and public involvement in podiatry

19. It would be helpful if the College extended its engagement of patients and the public in its activities, including in its committee and decision-making structure.
20. Choice for patients needs to be expanded by the provision of fuller information about podiatry and the facilitation of greater direct access to practitioners.

Recommendations about publicity and lobbying

21. The College should develop a policy position on self-care and self-management for podiatry service users that can also be shared with policymakers.
22. More effort is needed in developing a marketing strategy targeting the media to increase public, government and other health professionals' general understanding of podiatry.
23. Particular campaigns should continue to be launched – such as to increase minority group presence in podiatry, including the gender balance of the profession.
24. Coordinated leadership in podiatry could more effectively advance podiatry as a profession externally in a self-reflective way given its clinical, economic and societal benefits.
25. There needs to be greater recognition of the advantages of collaborating more closely with other professions in allied healthcare and beyond, where appropriate.

Recommendations for future research into podiatry

26. There is scope for more prioritised clinical research for public and patient benefit in podiatry to underpin practice, drawing on a wider range of financial and other support.
27. Beyond Brexit podiatry needs to look for more funded strategic international collaborations in education, practice and research.
28. Further research, including systematic data gathering, monitoring and analysis, needs to be undertaken into specific clinical and organisational aspects of podiatry to inform practice.

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