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Memorandum of understanding

October 2024



Memorandum of Understanding

Royal College of Podiatry (RCPod) and the British Orthopaedic Foot and Ankle Society - 2024

1. Introduction

1.1 Podiatrists Practising Podiatric Surgery (PPPS) and Trauma and Orthopaedic Surgeons practising Foot and Ankle Surgery both deliver valuable healthcare to the UK public.

1.2 The Royal College of Podiatry's (RCPod) Faculty of Podiatric Surgery (FOPS) and the British Orthopaedic Foot and Ankle Society (BOFAS) have worked together to establish areas of agreement and a basis for future working relationships.

1.3 The main aim is to:

Understand each other's training and regulation.

1.4 There are two pathways to become a foot surgeon in the UK, a medical/orthopaedic model and an Allied Healthcare Professional (AHP)/podiatric surgery model. There are significant differences in training, regulation and activity, however there are also areas of overlap and core values that are shared.

2. Practice Agreement

2.1 To make the patient our first concern.

2.2 Standards of care should be adhered to as laid out by the regulators for each profession: the General Medical Council (GMC) and the Health and Care Professions Council (HCPC).

2.3 BOFAS and FOPS encourage working with colleagues in ways that best serve the interest of patients.

2.4 All foot surgeons should;

2.4.1 treat patients as individuals and respect their dignity

2.4.2 supply accurate, contemporaneous, evidence-based information to patients in a way they can understand



- 2.4.3 respect patients' rights to reach their own decisions about their treatment
- 2.4.4 work within their area of competence
- 2.4.5 be honest, open, act with integrity, and adhere to any duty of candour obligation
- 2.4.6 never discriminate unfairly against patients or colleagues
- 2.4.7 not undermine trust in respective professions.

3. Regulation

- 3.1 Podiatric surgeons are regulated by the HCPC as podiatrists firstly and then undertake further training to be annotated on the HCPC Register as "podiatrists practising podiatric surgery" (PPPS).
- 3.2 Orthopaedic surgeons are regulated by the GMC as doctors firstly and then undertake additional training to be on the GMC Specialist Register.
- 3.3 The HCPC sets standards, holds a register of podiatrists practising podiatric surgery, quality assures and approves their education and training for annotation, as well as investigating complaints.
- 3.4 The GMC regulates doctors in the United Kingdom. They set standards, hold a register, quality assure the training pathway to the level of Award of Certificate of the Completion of Training (CCT), accreditation, and day-to-day training as well as investigate complaints.
- 3.5 The GMC and HCPC are both overseen by the Professional Standards Authority (PSA). The Privy Council hold overarching responsibility for any changes to the statutory health regulatory bodies, including the GMC and HCPC.

4. Appraisal and renewal or revalidation

- 4.1 Podiatric surgeons are required to undergo annual appraisal by their NHS employer as part of their contractual requirement. The HCPC does not specifically list appraisal in its requirements for allied health professionals including podiatric surgeons. The HCPC is of the view that the format and frequency of appraisals are a matter for the employer.



- 4.2 Appraisal for PPPS is supported by the Royal College of Podiatry Governance Overview for podiatric surgeons (Appendix A) which includes standards of practice, continuing professional development, future practice aims and objectives and how these align with their employers' objectives.
- 4.3 Registrants with the PPPS annotation are to continually meet the requirements across all HCPC standards (Appendix A). The HCPC standards are designed to protect the public and are set at the minimum threshold level to ensure that podiatrists practising podiatric surgery have the knowledge, understanding and skills which are necessary for effective podiatric surgery practice, allowing PPPS to practice both lawfully and safely.
- 4.4 The HCPC requires that podiatric surgeons complete the renewal process of their HCPC registration every two years to maintain their registration.
- 4.5 Renewal is an online process where the registrant makes a self-declaration that they have met all of the standards in Appendix A.
- 4.6 The HCPC formally audits 2.5% of all of its registrants' renewal returns, which is the case across all the 15 professions regulated by the HCPC.
- 4.7 Orthopaedic surgeons are required by their NHS employer to undergo appraisal.
- 4.8 Their regulator, the GMC, also require them to undergo an annual medical appraisal.
- 4.9 GMC revalidation is based upon the summative reports from the five previous annual appraisals. These appraisals are scrutinised by a Responsible Officer (RO) before the surgeon is recommended for revalidation to the GMC by the RO.
- 4.10 The GMC review all submissions for revalidation and make the final decision to approve their revalidation.
- 4.11 GMC revalidation is a statutory requirement to maintain a doctor's License to Practise.
- 4.12 In the independent sector, orthopaedic and podiatric surgeons must complete an appraisal in order to keep practising privileges.



5. Training and Scope

- 5.1 The two current pathways to train to operate on the foot are summarised in Appendix B.
- 5.2 The GMC regulates every stage of the training and examination of the orthopaedic surgeon up to and including the award of a Certificate of the Completion of Training (CCT) to work as an independent Consultant Orthopaedic Surgeon. The GMC regulates Medical Schools, Foundation Training Posts and Core Surgical Training. For higher surgical training, the GMC reviews the Trauma and Orthopaedic Surgery syllabus every two years, defines the standards for educational supervisors, quality assures the FRCS Orth examination process and oversees the progress of trainees through the orthopaedic training programmes. The orthopaedic training programmes are transparent, closely regulated, summative processes, which are funded and overseen by NHS England or equivalent and delivered locally in NHS hospitals and clinics.
- 5.3 The GMC maintains educational standards via a continuous monitoring process both locally and nationally with an annual national survey of training.
- 5.4 The T&O syllabus is reviewed by the GMC every 2 years.
- 5.5 The GMC sets standards for trainers and annotates the GMC register to denote T&O surgeons fulfil the requirements. Training is discussed as part of yearly medical appraisal.
- 5.6 Orthopaedic fellowship posts in foot and ankle surgery are post-CCT. These posts are therefore not regulated by GMC training processes.
- 5.7 The HCPC sets standards for the education and training of podiatrists during their index degree; BSc (Hons) Podiatry. This includes programme admissions, management and resources, curriculum, practice placements and assessments.
- 5.8 The HCPC approves the entry requirements into the Masters of Podiatric Surgery (MOPS) programme, which includes completion of the index BSc Podiatry degree, and a merit in the MSc Theory of Podiatric Surgery. The MSc Theory of Podiatric Surgery curriculum is not regulated by the HCPC but set by the Higher Education Institutions (HEI's) and accredited by the RCPod.



- 5.9 Annotation onto the HCPC register as a podiatrist practising podiatric surgery is permitted after the attainment of a third degree; Masters of Podiatric Surgery (MOPS) or other equivalent HCPC approved course (Scotland), which confirms the podiatrist has met the 19 additional standards for podiatric surgery. MOPS is an academic programme with three year NHS training placements.
- 5.10 The HCPC maintains educational standards via their approval and monitoring processes with review every three years.
- 5.11 The MOPS course is hosted by HEIs and is subject to trainee and surgical tutor feedback.
- 5.12 NHS trainers are regularly reviewed with the HEI to maintain their registration as a trainer, and have their supervisory roles reviewed as part of their annual employer-led appraisal. Trainees and their NHS surgical tutors have reviews with the HEI throughout the academic year. There is opportunity for further feedback via elected representatives directly to the RCPod national podiatric surgery faculty board, and where in place contractually; apprenticeship reviews. The agreement of training is tripartite – HEI, RCPod and the NHS employer.
- 5.13 There is further RCPod review and accreditation of the training course by the RCPod's Academic Quality Assurance Committee.
- 5.14 Feedback from the above, which leads to any significant changes to curriculum, learning outcomes or assessments, requires review by the HCPC.
- 5.15 The RCPod oversees a further three years NHS training beyond HCPC annotation as a Specialty Registrar in Podiatric Surgery. The RCPod sets standards, minimum numbers of surgical activity and research activity leading to the award of a Certificate of Completion of Podiatric Surgery Training (CCPST). The CCPST is awarded at a minimum of seven years postgraduate training since registration as a podiatrist.
- 5.16 The CCPST is required by the RCPod and NHSE for the appointment of a podiatric surgeon into NHS Staff Grade or Consultant posts. The CCPST is not regulated by the HCPC, the RCPod is the Awarding Body.
- 5.17 Podiatric surgeons are defined as working as independent, autonomous surgeons, who are



- able to undertake a range of surgical techniques within the foot and its associated structures.
- 5.18 The vast majority of podiatric surgeons have undertaken further extended scope training to become independent prescribers.
- 5.19 Therefore after 10 years training, HCPC regulation with specialist annotation and independent prescribing rights, podiatric surgeons can optimise patients for surgery, admit them for surgery, and manage post-op complications surgically and pharmacologically. This is done in a framework of governance and Multidisciplinary Team (MDT) working.
- 5.20 The GMC does not define a scope of practice, but lays down that T&O surgeons be competent and to work within the limits of their competence and refer patients onwards when it suits the patient's needs.
- 5.21 Trauma and orthopaedic surgeons are trained, as doctors, to autonomously diagnose, manage and treat patients with any musculoskeletal disorder including all traumatic conditions. This includes preventative medicine, management of general medical disorders and complications of surgery.

6. Title

- 6.1 Patients and the public must be able to discern who is treating them and the use of the appropriate title is important.
- 6.2 Consultant titles were introduced into the NHS for non-medical professionals in the mid 1990s (<https://shura.shu.ac.uk/22082/>)
- 6.3 The title 'surgeon' is not protected, but it remains a criminal offence to falsely claim to be medically qualified (Medical Act 1983).
- 6.4 The title 'podiatrist' is protected.
- 6.5 Podiatric surgeons should not refer to themselves as orthopaedic surgeons nor medical doctors.
- 6.6 Orthopaedic surgeons should not refer to themselves as podiatric surgeons or a PPPS.
- 6.7 It is the view of BOFAS that the use of the term 'surgeon' by allied health professionals can confuse patients who may falsely assume that the surgeon is medically qualified.



6.8 The RCPod state that the title 'podiatric surgeon' is not an issue as it has been used widely in the UK for decades and is a reflection of custom, practice and function. Podiatric Surgeon is in commonplace use by NHS Trusts, employers, NHS Staff Council, the RCPod, and by the public.

6.9 The RCPod require PPS to use the term surgeon with the preceding word 'podiatric' and has required its members to use the title 'podiatric surgeon' for over 10 years, supported by its governance standards and official RCPod literature (Appendix A).

7. Trainers

7.1 PPS and Trauma and Orthopaedic Surgeons have differently regulated training standards and therefore there must be clear and unambiguous separation between the two professions.

7.2 It is in the interest of patients that healthcare professionals work in a multidisciplinary manner in a department and therefore a distinction must be made between training and working together. For example, a trainee PPS or Trauma and Orthopaedic Registrar may work together with a supervisor.

7.3 It is noted that informal rotations and co-working models across T&O and podiatric surgery exist in some Trusts providing trainees with enhanced experience.

8. Outcomes

8.1 Patient outcome data collection is increasingly important in the governance of healthcare both individually and organisationally.

8.2 There are currently a mixture of mandatory and voluntary registries or databases that surgeons contribute to.

8.3 Orthopaedic surgeons are expected to contribute to the National Joint Registry, National Joint Infection database, National Consultant Information Programme and the Private Hospital Information Network. The BOFAS National Foot and Ankle Registry remains voluntary.

8.4 Podiatric surgery trainees are required by the RCPod as part of their training submissions to



submit full Podiatric Audit of Surgery and Clinical Outcome Measurement (PASCOM) data covering procedures, patient reported outcome measures (PROMs) and post-op sequelae.

8.5 Outcome data can be called upon as part of the T&O and podiatric surgeon's annual appraisal.

8.6 A single UK outcome registry for foot and ankle procedures could improve patient safety and comply with the requirements of Medical Device Outcome Registry (MDOR). Both parties recognise the benefits of this potential opportunity for a common registry of foot and ankle operations.

9. Working and Learning in Supportive Teams

9.1 Both parties agree that there are numerous advantages to our patients from working together in clinical teams. There are many good models of good team working already in place between orthopaedic and podiatric surgeons in the UK.

9.2 All surgeons working on patients with complex medical needs should ensure appropriate local arrangements for MDT working.

9.3 Both parties encourage learning and peer review by attendance at joint local or regional MDT meetings.

10. Research

10.1 Collaboration between BOFAS and RCPod in foot and ankle research would benefit the quality of healthcare delivered to the public.



11. Summary of Agreements

- 11.1 BOFAS and RCPod agree that there are potential advantages for the public and patients from working more closely together.
- 11.2 Both parties recognise that they each have a different system of regulation.
- 11.3 Both parties accept that all medical doctors have annual appraisals and five-yearly revalidation, which is a statutory requirement from their regulator, whereas PPPS are required to have an annual appraisal by their employer, and submit a two-yearly self-declaration renewal to the HCPC. 2.5% of self-declarations to the HCPC are scrutinised by the regulator.
- 11.4 Both parties accept that the GMC regulates all aspects of medical and orthopaedic education & training from medical school entry to the level of CCST to the level of independent practice, but not post-CCT foot and ankle fellowships. The HCPC regulates the index degree and the MOPS degree or equivalent to the level of annotation. The HCPC does not regulate the MSc Theory of Podiatric Surgery, which is managed by the HEI and accredited by the RCPod Academic Quality Assurance Committee.
- 11.5 Annotation is insufficient to allow independent consultant practice and the necessary further training to CCPST is delivered in the NHS, overseen by the RCPod, rather than the HCPC.
- 11.6 Both parties recognise the opportunity for a common national registry of foot and ankle operations.
- 11.7 Both parties agree that there are opportunities to collaborate on research.
- 11.8 Given equivalent regulation, both parties agree that there are potential training opportunities for trainees across the specialties.

12. Summary of Disagreements

- 12.1 BOFAS believes that all surgeons should be regulated to the standards as set out by the GMC with the entire career pathway and day-to-day practice fully regulated by the regulator and



that this is not the case currently.

12.2 In response, the RCPod state that the net effect of their regulation from the HCPC is of equivalence to the GMC, which is supported by the HCPC.

12.3 BOFAS is of the view that the training and regulation of PPPS is not sufficient to always safely permit them to treat the full range of foot conditions or patients with increasingly complex medical problems and that there should be clarity on this, along with more robust regulation.

12.4 In response the RCPod disagree and confirm that PPPS can treat the full range of foot conditions. PPPS practice within the boundaries of their knowledge and skills, with appropriate regulation providing legal and safe care.

12.5 Both parties note that PPPS are not part of the Major Trauma Networks and do not provide NHS emergency trauma services.

12.6 BOFAS is of the view that the titles 'Podiatrist Practising Podiatric Surgery' and 'Trauma and Orthopaedic Surgeon' should be adopted.

12.7 It is the view of the RCPod that the use of the title 'podiatric surgeon' is widely used across the NHS and the title is not an issue.

13. Regular Communication

13.1 BOFAS and RCPod commit to regular communication and meetings, with the aim of working toward further agreements and collaboration.

13.2 BOFAS Council and Faculty of Podiatric Surgery boards will coordinate communication and report back to senior teams and governing boards as appropriate.

13.3 Each organisation will appoint a senior member of staff to lead on the work of the ongoing communication. The designated lead member of staff for each partner will be the Dean of Faculty for Podiatric Surgery at the Royal College of Podiatry and the President of the British Orthopaedic Foot and Ankle Society.



The Memorandum of Understanding (MOU) should be regarded as a comprehensive document, with its sections intended to be read together to prevent misinterpretation.

This document is not designed to enforce any legal obligation, it is however formally recognised as a foundational document between BOFAS and RCPod, aimed at fostering mutual understanding and serving as the basis for future collaboration.



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Appendices

Appendix A

1. GMC standards of Good Medical Practice
<https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/good-medical-practice>
2. The role of the Responsible Officer
<https://www.england.nhs.uk/professional-standards/medical-revalidation/ro/ro-faqs/>
3. The GMC Standards for appraisal and revalidation
https://www.gmc-uk.org/-/media/documents/RT_Supporting_information_for_appraisal_and_revalidation___DC5485.pdf_55024594.pdf
4. The Standards for Orthopaedic Training <https://www.jcst.org/committees/specialty-advisory-committees-sacs/>
5. The standards for a podiatric surgeon
 1. 19 standards for podiatrists practicing podiatric surgery (designed following public consultation and input from key stakeholders including the Royal College of Podiatry, NHS Education for Scotland (NES), the British Orthopaedic Foot and Ankle Society (BOFAS), the British Orthopaedic Association (BOA), the Royal College of Surgeons (RCS) and the General Medical Council (GMC)). <https://www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/standards-for-podiatric-surgery/>
 2. 15 standards of proficiency (updated Sept 2023) which set out the requirement for podiatrists to take part in quality management and evaluation processes external to the HCPC.) <https://www.hcpc-uk.org/standards/standards-of-proficiency/chiroprodists-podiatrists/>



3. 10 standards of conduct, performance and ethics. <https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/>
4. 5 standards of continuing professional development <https://hcpc-uk.org/standards/standards-of-continuing-professional-development/>
5. Prescribing standards
<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf>
<https://www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/standards-for-prescribing/>
6. Podiatric Surgery Governance <https://heyzine.com/flip-book/facultyofpodiatricsurgerygoveranceoverview.html>
7. What is a Podiatric Surgeon 2013?
<https://heyzine.com/flip-book/rcpodwhatisapodiatricsurgeon.html>



Appendix B

The two Training pathways

1. Training for Orthopaedic Surgeons specialising in Foot & Ankle Surgery

Stage	Duration
Medical School	4-6 years
Foundation Doctor	2 years
Entered onto the GMC Register as a Medical Doctor	-
Core Surgical Training (award of MRCS - Membership Royal College of Surgeons)	2 years
Higher Surgical Training (award FRCS (TrOrth) of Joint Committee Intercollegiate Exams)	7-8 years post Reg
GMC awards Certificate of Completion of Surgical Training (CCST)	Minimum of 9 years post-graduate clinical experience
Once Entered onto GMC Specialist Registry and able to work independently at Consultant level	-
Optional Fellowship in Foot & Ankle Surgery (not overseen by GMC)	6-18 months post CCST
Total Minimum Duration to CCST	15 years



2. Training for Podiatrists who Practice Podiatric Surgery

Stage	Duration
BSc (Hons) in Podiatry or Podiatric Medicine (Regulated by HCPC)	3-4 years
Entered onto HCPC Register as a Registered Podiatrist	-
Postgraduate experience preferred	2 years
MSc Theory of Podiatric Surgery (dependant on university and job release)	1 year full time, 2-5 years part time
Merit required to be eligible to continue onto:	-
Masters of Podiatric Surgery (regulated by HCPC), concurrent with NHS podiatric surgery training post	3 years
Annotated onto HCPC Register as a Podiatrist who Practices Podiatric Surgery (PPPS)	-
Further NHS foot and ankle surgical training post-annotation as StR Podiatric Surgery	3-5 years
RCPod Awards Certificate Completion Podiatric Surgery Training (CCPST)	Minimum of 10 years