

# The Bone & Joint Journal

**Brown R, Bendall S, Aronow M, Ramasamy A.** Podiatrists who perform surgery: outcomes, regulation, and expanding scope. *Bone Joint J.* 2024;106-B(9):884-886.

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12 September 2024

Dear Editor,

I am writing to address and correct several inaccuracies presented in this recent editorial<sup>1</sup> and request the content forthwith to be a published rebuttal in *The Bone & Joint Journal*.

The editorial attempts to cast a negative light on podiatric surgery by conflating podiatric surgeons with non-regulated professions, which is misleading and unsupported by balanced evidence.

The editorial selectively references orthopaedic-led studies in an attempt to suggest that orthopaedic surgery yields safer and better patient outcomes compared to podiatric surgery. However, the only podiatry-led study referenced dates back to 1995 and has been taken out of context.

The article inaccurately claims that podiatry in the UK began in the mid 1960s, whereas in fact, the profession can be traced back to 1814, with podiatric surgery formally emerging in the 1970s in response to patient demand.

At present, there are 108 podiatrists registered with the Health and Care Professions Council (HCPC) in the UK who are licenced to practice podiatric surgery, working across both acute and community settings, as well as independent hospitals.

The reference to 20,000 forefoot operations cited in the editorial refers to the Faculty of Podiatric Surgery Governance Overview.<sup>2</sup> However, this document does not specify surgical numbers performed annually by the profession. The current UK Podiatric Surgery database and audit tool (PASCUM-10), launched in 2007, has recorded over 191,000 episodes of care and more than 920,000 procedures, although - as mentioned in the article - there is significant underreporting.

## **Key differences in training**

A significant distinction exists between the training of orthopaedic foot and ankle surgeons and podiatric surgeons. To achieve the Certificate of Completion of Specialist Training (CCST), trauma and orthopaedic (T&O) surgeons must complete 20 elective osteotomy procedures as confirmed in the updated August 2024 Trauma and Orthopaedic Surgery Curriculum.<sup>3</sup>

In contrast, podiatric surgery trainees are required to complete a minimum of 850 foot procedures, with most exceeding this requirement by performing two to three times the mandated number. Furthermore, orthopaedic foot and ankle fellowships are not mandatory for T&O consultant posts, even for those who subspecialise in foot and ankle surgery.

Additionally, T&O foot and ankle fellowships do not fall under specific General Medical Council (GMC) regulations.

### **Appraisals and standards**

Podiatric surgeons, whether in the NHS or private practice, are required to undergo annual appraisals as part of their ongoing professional obligations. For NHS-employed podiatric surgeons, the format and frequency of these appraisals are determined by the NHS employer. Annual appraisals which review standards of practice, professional development goals, and alignment with employers' objectives, are supported by the Royal College of Podiatry (RCPod) Governance Overview.

Moreover, annotated podiatric surgeons are required to continually meet all HCPC standards, ensuring they possess the necessary knowledge, understanding, and skills to practice both safely and lawfully at all times. The HCPC requires that podiatric surgeons renew their registration every two years, with 2.5% of all registrants' returns audited as part of the renewal process, which is the case across all of the 15 professions regulated by the HCPC.

Podiatric surgeons are defined as working as independent, autonomous surgeons who are able to undertake a range of surgical techniques in the foot and its associated structures. The vast majority of podiatric surgeons have undertaken further extended scope training to become independent prescribers. After 11 years training, HCPC regulation with specialist annotation, and independent prescribing rights, podiatric surgeons can optimise patients for surgery, admit them for surgery, and manage postoperative complications both surgically and pharmacologically. This is managed within rigorous internal and external governance frameworks and multidisciplinary team (MDT) working.

### **Collaboration and regulation**

The RCPod asserts that the net effect of regulation of podiatric surgeons by the HCPC is equivalent to GMC regulation. This assertion is supported by the HCPC itself. Both the GMC and HCPC are overseen by the Professional Standards Authority, which sets regulatory standards and conducts annual performance reviews to ensure that these regulators meet their obligations to protect the public.

The Getting It Right First Time (GIRFT) programme, an NHS England initiative, seeks to improve patient outcomes by reviewing services, benchmarking practices, and supporting evidence-based changes. The RCPod would welcome a national foot and ankle review by GIRFT, which includes both orthopaedic and podiatric surgeons.

### **Misleading comparisons**

The editorial erroneously compares podiatric surgeons to unregulated professions, such as surgical practitioners, anaesthetic associates, and physician associates, which are not currently regulated by any professional body. These professions are expected to be regulated in the future by the GMC, but they do not fall under the HCPC, and the comparison is misleading.

Additionally, the survey referenced in the editorial - claiming that 95% of respondents mistakenly believe consultants to be medics - provides no details on how or by whom the survey was conducted. The editorial also misrepresents the position of the RCPod, which has always been transparent with stakeholders about the professional distinctions and use of title between podiatric surgeons and medical doctors.

Furthermore, the comparison, however subtle, to Dr Harold Shipman - who was liked by his patients - is not only deeply inappropriate but also profoundly offensive.

## Conclusion

In conclusion, the editorial in question presents a skewed and inaccurate depiction of podiatric surgery. Podiatric surgeons undergo extensive training, are regulated rigorously, and practice safely within well-defined governance frameworks. The comparisons made in the editorial between podiatric surgery and other professions are misleading, and the article does not reflect the realities of the profession's history, training standards, or regulatory environment. The British Orthopaedic Foot & Ankle Society are well aware that podiatric surgery has committed to working with them via a, currently pending, memorandum of understanding that covers areas such as practice agreements, acceptance of one another's albeit differing regulation and training programmes, but commitment to common ground regarding outcome registries, training opportunities for juniors, MDT working, working and learning in supportive teams, and research.

The Faculty of Podiatric Surgery welcomes continued cooperation with the Royal College of Surgeons, British Orthopaedic Association, British Orthopaedic Foot & Ankle Society, and other stakeholders to enhance the field of foot and ankle surgery in the UK.

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1. **Brown R, Bendall S, Aronow M, Ramasamy A.** Podiatrists who perform surgery: outcomes, regulation, and expanding scope. *Bone Joint J.* 2024;106-B(9):884-886.
2. **No authors listed.** Faculty of Podiatric Surgery - Governance Overview. Royal College of Podiatry. 2022. <https://heyzine.com/flip-book/facultyofpodiatricsurgerygoveranceoverview.html#page/1> (date last accessed 28 October 2024).
3. **Bowditch M, Ryan W, Gregory R.** Trauma & Orthopaedic Surgery Curriculum, August 2021 (updated August 2024). The Intercollegiate Surgical Curriculum Programme. <https://www.gmc-uk.org/-/media/documents/trauma---orthopaedic-surgery-curriculum-2021--amended-2024-pdf-107855169.pdf> (date last accessed 28 October 2024).