



**CORIEL
ORTHOPAEDIC
GROUP**



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust



Bob Prince Memorial lecture

Antony N Wilkinson

DPodM, MSc, FRCPodS, FFPM RCPS(Glasg)

Consultant Podiatric Surgeon

Doncaster and Bassetlaw Teaching Hospitals NHS
Foundation Trust

Chairman Coriel Orthopaedic Group

Council member RCPod



enquiries@corielortho.com



07946 396194



www.corielortho.com



**CORIEL
ORTHOPAEDIC
GROUP**



enquiries@corielortho.com



07946 396194



www.corielortho.com



**CORIEL
ORTHOPAEDIC
GROUP**



Toenail Fungus



enquiries@corielortho.com



07946 396194



www.corielortho.com



**CORIEL
ORTHOPAEDIC
GROUP**



enquiries@corielortho.com



07946 396194



www.corielortho.com



**CORIEL
ORTHOPAEDIC
GROUP**

The First Podiatry Association Conference Southampton 1974



Dalton McGlamry DPM Ron Laxton Ralph Graham Bob Prince Guido La Porta DPM
Tildon Sokoloff DPM



enquiries@corielortho.com



07946 396194



www.corielortho.com



**CORIEL
ORTHOPAEDIC
GROUP**



BUNION SEVERITY SCALE



enquiries@corielortho.com



07946 396194



www.corielortho.com



**CORIEL
ORTHOPAEDIC
GROUP**

CURRENT STATE OF PODIATRY

initiative

The podiatry profession and the words podiatry/podiatrist still lack common recognition in the way that many other healthcare professions do.

The Strategic Interventions in Health Education Disciplines project evidenced that many people knew that podiatry involves feet; however, there was no awareness of the breadth of the profession.

Training for a career in podiatry is reported to provide graduates with excellent employability, alongside professional autonomy and suitable remuneration. Yet, there has been a significant decline in the number of those applying to study the subject. There is limited awareness of this topic and we sought to explore the factors that attract students (from 1995-2010) to a potential career in podiatry.

**Podiatry
a health profession with
wider choices than you think**



23%
DECLINE IN THE
NUMBER OF MATURE
STUDENTS IN HIGHER
EDUCATION IN
ENGLAND SINCE
2009-10



35%
REDUCTION
IN THE
UNDERGRADUATE
PODIATRY
PROGRAMMES



enquiries@corielortho.com



07946 396194



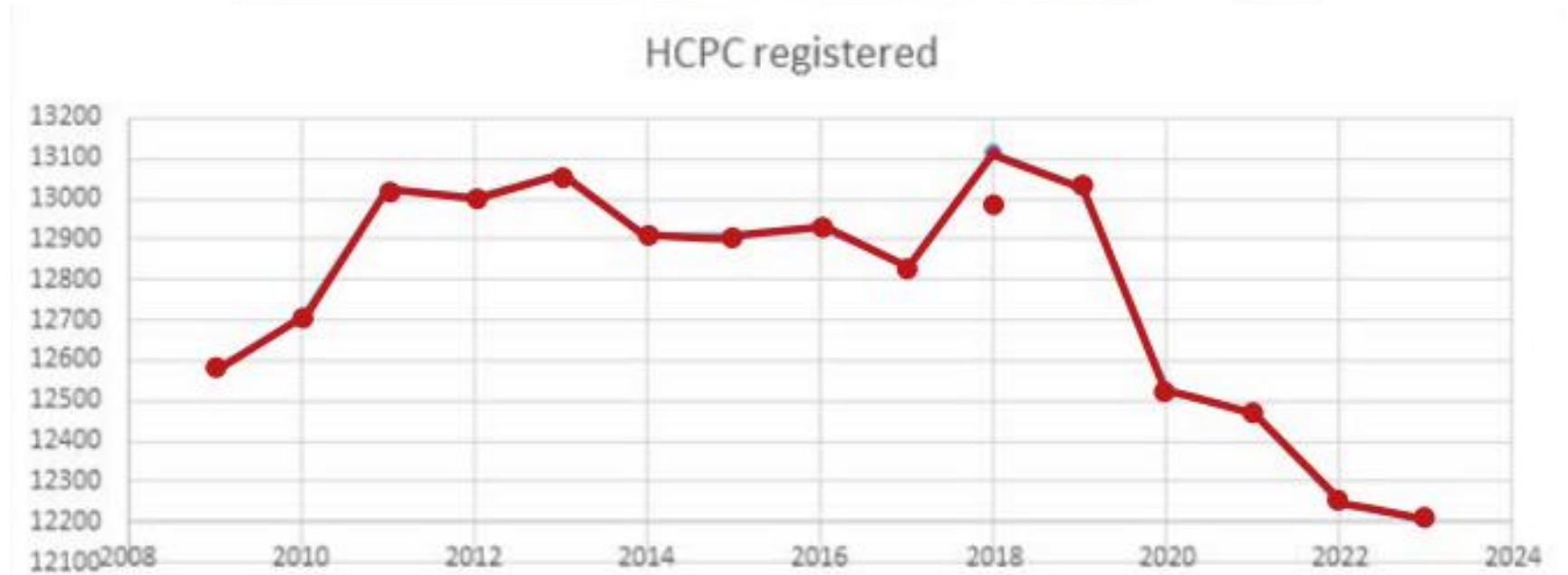
www.corielortho.com



**CORIEL
ORTHOPAEDIC
GROUP**

What is a podiatric surgeon

by David Tollafield | Dec 18, 2020 | Factsheets and advice, Footlocker Hub | 0 comments



A Podiatrist with extended qualifications

There are less than 5% of podiatrists practising podiatric surgery in the UK, yet this speciality has grown since 1974 when the first organisations came into being.



enquiries@corielortho.com



07946 396194



www.corielortho.com



CORIEL ORTHOPAEDIC GROUP



Sally Kiernan



University of
HUDDERSFIELD
Inspiring global professionals



YOUR PROFESSION NEEDS

YOU



enquiries@corielortho.com



07946 396194



www.corielortho.com



Should All Podiatrists Be Primarily Surgeons?



BY JARROD SHAPIRO, DPM

Surgical and clinical practitioners should co-exist.

Practice Perfect is a continuing every-issue column in which Dr. Shapiro offers his unique personal perspective on the ins and outs of running a podiatric practice.

With the upcoming Council on Podiatric Medical Education (CPME) 320 rewrite, the changes to the document that relate to the rules and regulations of running a residency, there has been quite a bit of discussion about the way podiatric residencies are structured. As we all know, some years back the 3-year podiatric residency became more standardized, eliminating the alphabet soup of past residency options. Gone are the days of the PPMR, PSR-12, PSR-24, PSR-36, POR, and RPR. If you don't know what those are, then don't worry about it. You're the beneficiary of a hard-earned change.

One of the possibly unfortunate and unanticipated results of this change has been a move toward a heavier focus on surgery with loss of the non-surgical side of training. Like it or not, a student is going to be trained in foot and ankle surgery. However, as many distinguished leaders in our field have stated, there is a non-surgical side to practice, which, for most podiatrists, covers the major-

ity of their practices. Very few podiatric practices come anywhere close to even 50% surgical volume. The reality for most is actually much, much less.

As a side note, for those of you currently in training, remember it is possible to create a fine and successful practice without a major surgical component. If having a non-sur-

Dr. Alan Sherman once brought up the excellent point that some number of potential applicants to podiatric colleges may be dissuaded from applying because all of our marketing is toward the surgical side. Consider this important point for a moment. There must be some percentage of potential applicants to podiatry

How many potential applicants to podiatry schools are we missing because they don't want to be primarily surgeons?

gical practice is what you want, it is strongly suggested that you make sure your residency has a clinic or that you can work in one of your attending's practices. Understand that training is likely to remain heavily surgical, but that doesn't mean a podiatric residency graduate must do surgery. Complete your minimum activity volume to satisfy the basic graduation requirements. Remember, it's also important to know which of your patients will need surgery, whether you do that surgery or not.

As many of us also know, podiatry has a recruitment problem. Having so few applicants to podiatric colleges is very bad for the profession.

school that don't want to become surgeons. Look at allopathic and osteopathic physicians. Most of them are not surgeons. Bear in mind all of the medical fields that are not surgical. Maybe some of them wanted to be surgeons but didn't make the cut, but most of them wanted to enter non-surgical professions.

With this thought in mind, why aren't podiatrists advertising both the surgical and non-surgical aspects of practice to potential applicants? Why not advertise to all of our strengths? How many people are we missing by avoiding this aspect of our practices?

This long-winded discussion

Continued on page 48

Surgeons (from page 47)

brings us to the point of today's commentary: Maybe it would be better if we created a practice structure in which non-surgical podiatrists teamed up with surgical podiatrists. This type of combined dichotomy has the potential to be highly successful.

What if surgical podiatrists partnered with high-quality non-surgical podiatrists? (let's call those practitioners *clinical podiatrists*). We should not define anyone by what they don't do, but instead by a more positive measure. The clinical podiatrist would see a certain number of patients and "specialize" in treating patients without surgery. Eventually, some of those patients will end up needing surgery, and they would be funneled to the surgical podiatrist.

Imagine how good each of those podiatrists would be if they were able to focus on the aspects of patient care about which they were truly passionate? The clinical podiatrist would gain huge experience treating foot and ankle pathology in novel non-surgical ways, while the surgical podiatrist would have thousands of surgical experiences under his/her belt.

To some extent, this model exists in large-scale organizations such as Kaiser Permanente, which

employs clinical podiatrists. These doctors provide very important treatment to the large number of patients that don't need surgery. The surgical podiatrists benefit from the large numbers of patients screened by the clinical podiatrists. Only a small percentage of patients need surgery, but all end up being referred to surgical podiatrists, creating the large surgical volume they long for.

Of course, what is yet to exist in this organization is an equal pay structure between the surgical and clinical podiatrists. Kaiser offers a lower compensation package to clinical podiatrists than it does to the surgical ones. I'm sure Kaiser has done some kind of analysis to determine pay ranges, but one would have a hard time believing the surgical ones are really worth that much more money than the non-surgical ones. It's well known that in private practice, the clinical side can bring in much more income than the surgical.

Advantages of Team Practice

That brings us to the advantages of this type of team practice. Besides improved patient care resulting from docs who emphasize their skills and passions, the docs stand to make greater incomes. Clinical practice can bring in more money than the sur-

gical except when the surgical side has very high volume. Increasing the volume brings with it economies of scale in which efficiency is maximized and less time is lost.

Another advantage brings us back to the beginning of today's discussion about podiatric college applicants. If our podiatry schools learned to equally emphasize clinical podiatry and surgical podiatry in their marketing messages, and in the way they advocate for students once they enter the schools, the schools would begin attracting all possible types of applicants, including both those looking to be primarily surgical and those looking to be primarily general practice—clinical podiatrists. Imagine what our applicant pool would look like if we let everyone know just how varied and open to opportunity the podiatric profession really is. One of the ways to do this would be to open the pathways of practice to all directions by having clinical and surgical podiatrists team up. The future will be bright for podiatric medicine—as long as we continue to innovate technologically and inclusively. PM

Dr. Shapiro is editor of PRESENT Practice Perfect. He joined the faculty of Western University of Health Sciences, College of Podiatric Medicine, Pomona, CA in 2010.

MARCH 2019 | **PODIATRY MANAGEMENT**

www.podiatrym.com

www.podiatrym.com

MARCH 2019 | **PODIATRY MANAGEMENT**



enquiries@corielortho.com



07946 396194



www.corielortho.com



CORIEL ORTHOPAEDIC GROUP



ACFAS 7600 members



AOFAS 2500 members



ROYAL COLLEGE
of PODIATRY

FOPS 108 annotated
members

(RCPod 10,000 + members)



British Orthopaedic
Foot & Ankle Society

BOFAS 500 MEMBERS



enquiries@corielortho.com



07946 396194



www.corielortho.com



**CORIEL
ORTHOPAEDIC
GROUP**

THE ICEBERG ILLUSION



enquiries@corielortho.com



07946 396194



www.corielortho.com



**CORIEL
ORTHOPAEDIC
GROUP**

1997 Battle 1.

Fighting for Identity



enquiries@corielortho.com



07946 396194



www.corielortho.com



**CORIEL
ORTHOPAEDIC
GROUP**



**THERES ONLY ONE WAY TO SORT
THIS OUT!!!!**



FIGHT!!!!!!

memegenerator.net



enquiries@corielortho.com



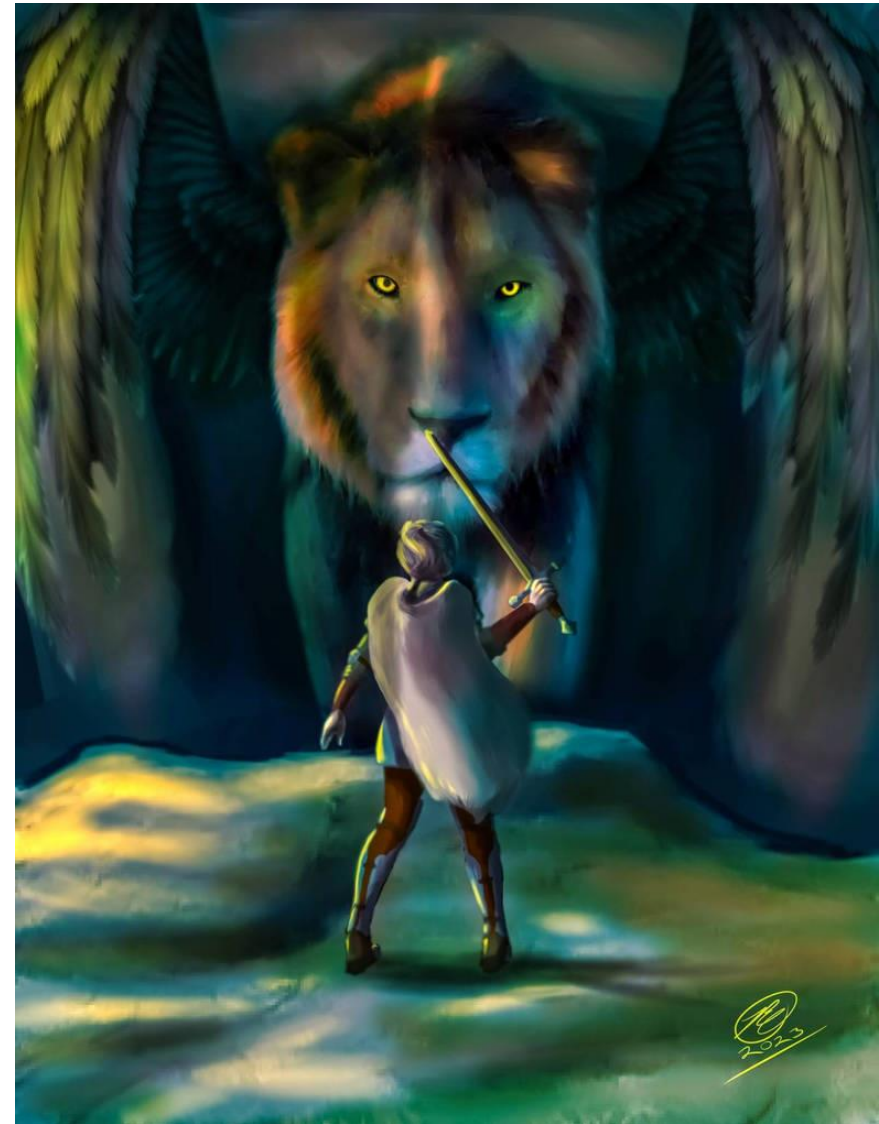
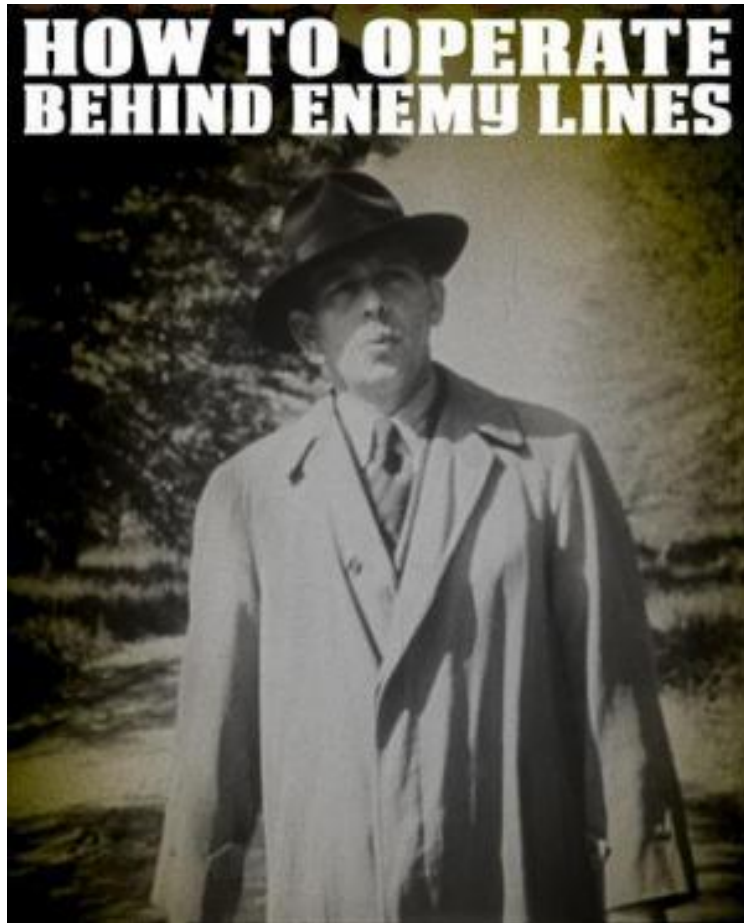
07946 396194



www.corielortho.com



**CORIEL
ORTHOPAEDIC
GROUP**



enquiries@corielortho.com



07946 396194



www.corielortho.com



**CORIEL
ORTHOPAEDIC
GROUP**

2000 Battle 2

Private Practice



enquiries@corielortho.com



07946 396194



www.corielortho.com



**CORIEL
ORTHOPAEDIC
GROUP**

2007 Battle 3

HCPC Fitness to practice

“Surgeon Cleared of OP allegations”

hcpc health & care
professions
council

The Star



www.thestar.co.uk



enquiries@corielortho.com



07946 396194



www.corielortho.com



**CORIEL
ORTHOPAEDIC
GROUP**

fieldfisher



Case Studies > Six figure sum for young woman maimed by podiatric surgery

CASE STUDY

Six figure sum for young woman maimed by podiatric surgery

...woman with long blonde hair smiles at the camera. She is wearing a light-colored top with ruffled shoulders and stands against a blurred outdoor background!

Iona Meeres-Young



The bunion 'surgeons' who are maiming their patients

By LOIS ROGERS

PUBLISHED: 02:36, 3 July 2012 | UPDATED: 15:32, 4 July 2012



At 41, teacher Beth Day, a fit aerobics and Pilates enthusiast, would not have expected to be spending much of her day shuffling about in slippers.

But she has to make sure she has a pair in her bag wherever she goes in case the pain of wearing shoes becomes unbearable.

Beth's feet have been permanently damaged after an operation to correct a bunion, a toe deformity, went wrong.



enquiries@corielortho.com



07946 396194



www.corielortho.com



**CORIEL
ORTHOPAEDIC
GROUP**

2004-20... Battle 4 Fight for title

On their website, Yorkshire Podiatry Services describe a range of foot problems with the claim that 'podiatric surgeons are the physicians most thoroughly trained' to manage them.

Bad Science

It's all in the title

September 16th, 2004 by Ben Goldacre in [bad science](#), [dangers](#), [herbal remedies](#), [nutritionists](#), [PhDs](#), [doctors](#), and [qualifications](#), [times](#) | [2 Comments](#) »

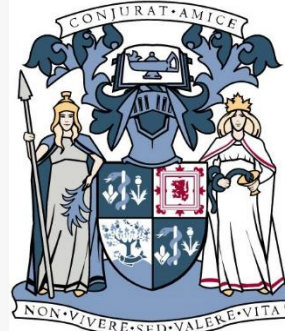
Ben Goldacre
Thursday September 16, 2004
The Guardian

It's hard to know who to trust these days, what with pseudoscientists pretending to have all kinds of qualifications and quoting authorities all over the shop. Susan Clark's consistently entertaining "What's The Alternative?" column in the Sunday Times recommends artemisinin this week, as an alternative herbal malaria prophylaxis for someone travelling to Asia. "The Global Fund to Fight Aids, Tuberculosis and Malaria is funding the shift to artemisinin-based combination therapies in 26 countries," she says. Sounds good. I'll do you a favour, and spare you the rant about how chloroquine costs 20 cents per treatment while fashionable ideas like artemisinin cost \$2.40, and stick to more important facts. Like: artemisinin is a treatment for malaria, not a preventive measure, because its half-life is too short, and the excellent and sensible Global Fund does not recommend it as a prophylaxis, nor does it endorse anything, as it is just a funding body. Perhaps Susan Clark can't tell the difference. Here's hoping her readers are a bit more cautious.

So who do you trust? What about a "consultant podiatric surgeon"? Sounds a bit like "consultant orthopaedic surgeon", doesn't it? Or "consultant vascular surgeon"? Except a consultant podiatric surgeon is just a chiropodist who has decided to charge a bit more. Nice move, but it's hard to prove that the public have been misled here. Sorry, I mean to say they have "misunderstood" the innocent phonetic coincidence between "consultant orthopaedic surgeon" and "consultant podiatric surgeon". So the British Orthopaedic Trainees Association has surveyed 262 members of the public, and what do you know: 95% thought that consultant podiatric surgeons had qualified as doctors, while only 9.5% thought chiropodists were doctors. Ker-ching. Mind you, 97.3% thought consultant orthopaedic surgeons had been to medical school, and even a few junior doctors got the answers wrong. In a world full of "Dr Gillian McKeith PhDs", until the government starts protecting professional titles, and regulating all the people who have popped up to make money out of our obsession with health, I can't start to think about the financial gain for these wily characters because (holds head sanctimoniously aloft), there are actually rather serious issues about what goes through the heads of people who think they're giving informed consent to treatment by self-appointed professionals.

Podiatrists as 'doctors' row

Font: Arial, Helvetica, sans-serif; Color: #000000; Size: 12pt; Text-align: left; Text-decoration: none; Text-indent: 0px; Vertical-align: top; Width: 100%;



ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

The British Orthopaedic Association and the British Orthopaedic Foot Society say they think podiatrists should only operate in orthopaedic departments.

From: http://www.hospitaldoctor.net/hd_news/hd_news_article.asp?ID=15402&Section=News

So who do you trust? What about a "consultant podiatric surgeon"? Sounds a bit like "consultant orthopaedic surgeon", doesn't it? Or "consultant vascular surgeon"? Except a consultant podiatric surgeon is just a chiropodist who has decided to charge a bit more. Nice move, but it's hard to prove that the public have been misled here.



enquiries@corielortho.com



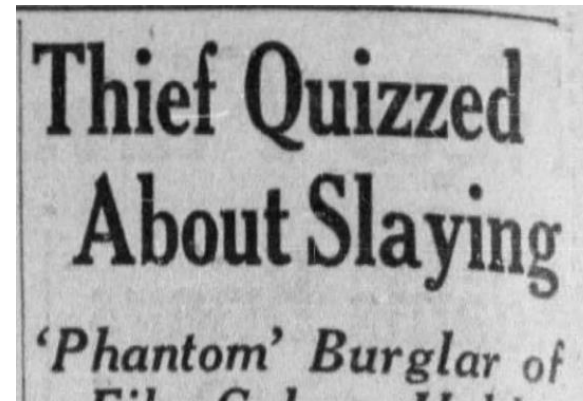
07946 396194



www.corielortho.com



**CORIEL
ORTHOPAEDIC
GROUP**



*"Fundamentally I think we should fight j
A person who cuts you open is either a s
surgeon, simple english. All the rest is c*

B B C

Sign in



Home

News

Sport

Weather

iPla

NEWS

Home | InDepth | Israel-Gaza war | War in Ukraine | Climate | UK | World | Business | Politics | Cultur

England | Local News | Manchester

David Short murder: Anthony Wilkinson arrested



enquiries@corielortho.com



07946 396194



www.corielortho.com

A toxic staffing row is splitting the NHS

complex hindfoot procedures.^{12,13} Patients have, however, been reported to be significantly more satisfied with podiatrists than with surgeons,

And the BMA has already launched a legal case against the General Medical Council, which next month is due to start regulating PAs and AAs. The union does not want the same body responsible for regulating doctors to do the same for PAs and AAs, believing it will blur the lines even further.

23 November 2024, 00:05 GMT



enquiries@corielortho.com



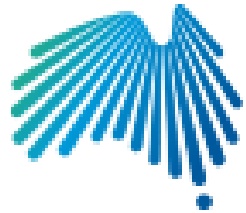
07946 396194



www.corielortho.com



**CORIEL
ORTHOPAEDIC
GROUP**



**Podiatry Board
Ahpra**

Specialist registration

Registration and
Endorsement

Fees

The Podiatry Board of Australia has approval from the Ministerial Council for specialist registration for the podiatry specialty of podiatric surgery. The protected title under the National Law is podiatric surgeon.



enquiries@corielortho.com



07946 396194



www.corielortho.com



**CORIEL
ORTHOPAEDIC
GROUP**

27 MARCH 2024

AHPRA TO AXE PODIATRIC SURGEON TITLE, KEEP SCOPE

4 MINUTE READ

AHPRA COSMETICS POLITICAL

By
HOLLY PAYNE



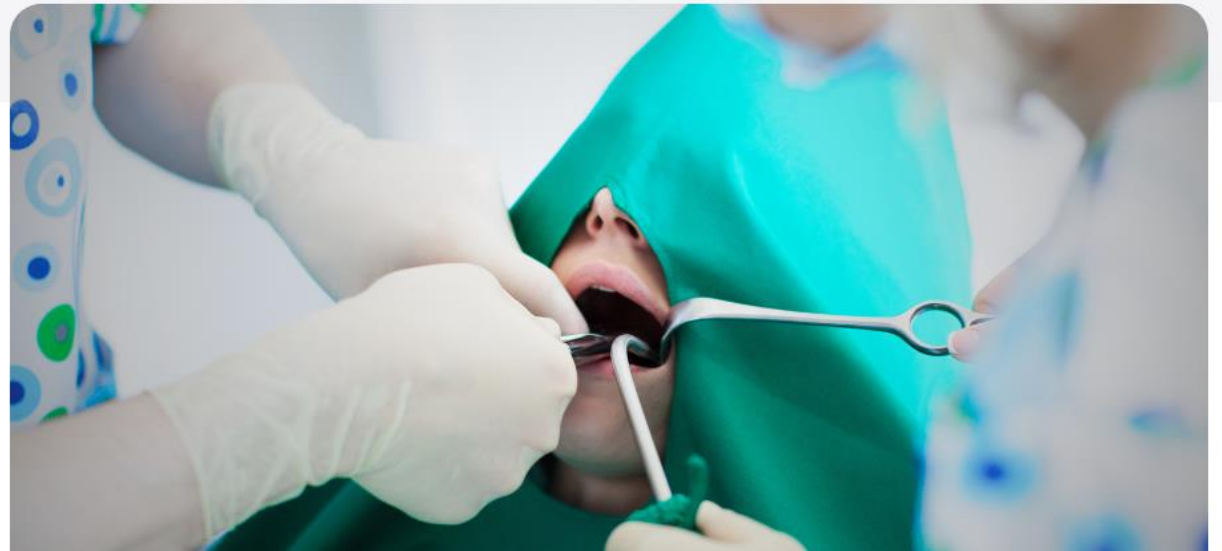
SUBMISSION

AMA submission to the rapid targeted review of the use of the title 'oral surgeon'

Published 14 November 2024



The Australian Medical Association (AMA) opposes the use of the title 'oral surgeon' as it misleads and confuses the public.



enquiries@corielortho.com



07946 396194



www.corielortho.com



CORIEL ORTHOPAEDIC GROUP

NHS

Consent Form 1
Patient Agreement to Investigation or Treatment

Patient details (or pre-printed label)

NHS Organisation: _____ Patient's first names: _____
 Patient's surname/family name: _____ Responsible health professional: _____
 Date of Birth: _____ Job title: _____
 NHS number (or other identifier): _____ Special requirements: _____
 Male Female (eg other language/other communication method)

Name of proposed procedure or course of treatment (include brief explanation if medical term not clear)

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)
 I have explained the procedure to the patient. In particular, I have explained: _____
 The intended benefits: _____
 Serious or frequently occurring risks: _____
 Any extra procedures which may become necessary during the procedure:
 blood transfusion
 other procedure (please specify): _____

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.
 The following leaflet/tape has been provided.

This procedure will involve:
 general and/or regional anaesthesia local anaesthesia sedation

Statement of patient Patient identifier/label

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment, I have listed below any procedures which I do not wish to be carried out without further discussion.

 Patient's signature _____ Date: _____
 Name (PRINT): _____

A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here (see notes).

Signed _____ Date: _____
 Name (PRINT): _____

a few junior doctors got the answers wrong. In a world full of "Dr Gillian McKeith PhDs", until the government starts protecting professional titles, and regulating all the people who have popped up to make money out of our obsession with health, I can't start to think about the financial gain for these wily characters because (holds head sanctimoniously aloft), there are actually rather serious issues about what goes through the heads of people who think they're giving informed consent to treatment by self-appointed professionals.



rcpod.org.uk



What is a Podiatric Surgeon?



enquiries@corielortho.com



07946 396194



www.corielortho.com



**CORIEL
ORTHOPAEDIC
GROUP**

2020 Battle 5
Join forces and Dominate



enquiries@corielortho.com



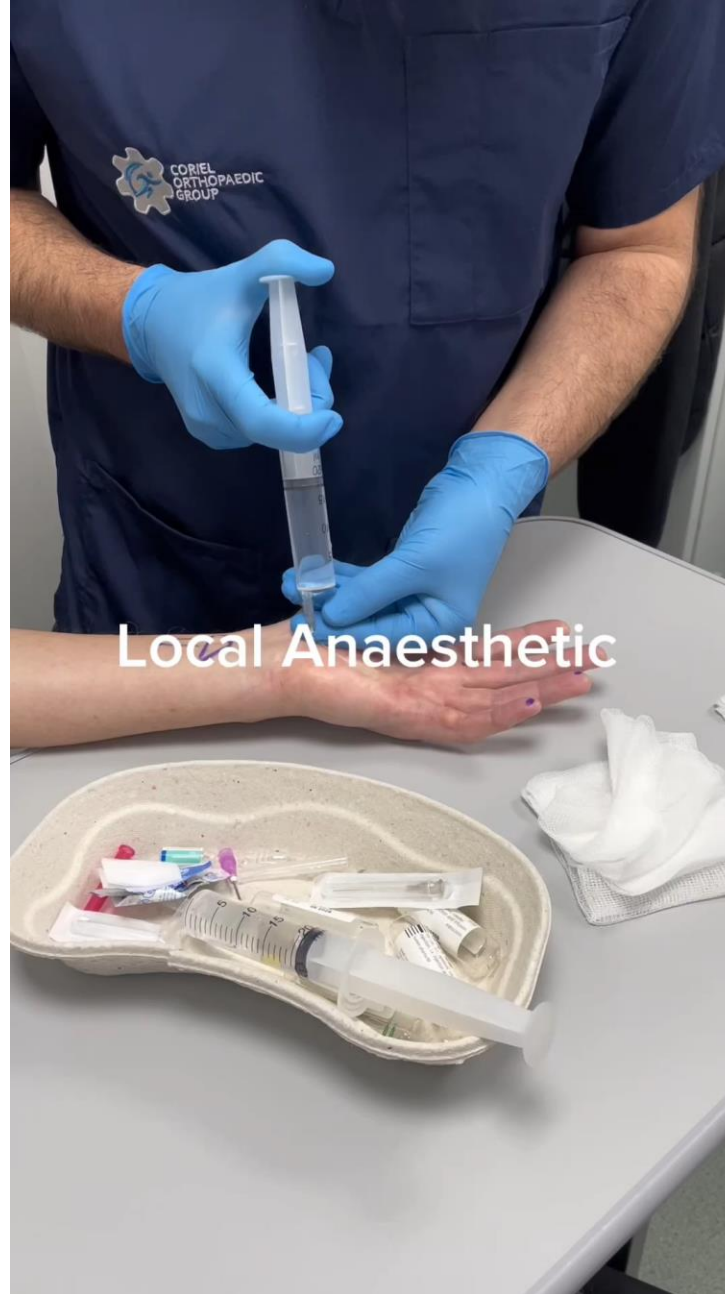
07946 396194



www.corielortho.com



**CORIEL
ORTHOPAEDIC
GROUP**



enquiries@corielortho.com



07946 396194



www.corielortho.com

Life is a fight. Don't let it
overwhelm you. Adapt,
and combat every situation
it throws at you.

Tim McIlrath

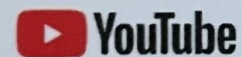




**CORIEL
ORTHOPAEDIC
GROUP**



www.corielortho.com/coriel-ortho-pod-cast



youtube.com/@CorielOrthopaedicGroup



Coriel Ortho/Pod-Cast



enquiries@corielortho.com



07946 396194



www.corielortho.com