ROYAL COLLEGE of PODIATRY

Evidence to the NHS Pay Review Body 2025

November 2024

1. Introduction

About the Royal College of Podiatry

The Royal College of Podiatry (RCPod) is the professional membership body and trade union for podiatrists and podiatry assistants in the UK. The College represents over 10,000 qualified, regulated podiatrists across the UK and supports them to deliver high quality foot and lower limb care and to continue to develop their skills. The RCPod welcomes this opportunity to submit evidence to the Pay Review Body and is happy to give oral evidence as well.

The RCPod believes that Pay Review Bodies should be fully independent and work in partnership with all stakeholders, especially the recognised NHS trade unions.

What Podiatrists do

Podiatrists are experts in all aspects of foot and lower limb function and health. They are highly skilled healthcare professionals trained to diagnose, prevent, treat, and rehabilitate anomalies of the foot and lower limb. Podiatrists are autonomous practitioners who make clinical decisions based on current evidence. They also prevent, manage and correct foot irregularities, relieve pain, treat and prevent infection, and keep people of all ages healthy, mobile and active. Podiatry is vital in preventing more debilitating and costly conditions, such as diabetes and vascular-related foot disease, lower limb amputation and hospitalisation, which are estimated to cost the NHS one billion pounds a year.

Podiatrists work in the NHS, independent practice, research, and academia to ensure that those with complex co-morbidities including diabetes, rheumatoid arthritis, and vascular disease, which can lead to lower limb complications, remain fit, healthy and mobile, through reduction in musculoskeletal pain and prevention of ulceration, infection and amputation. Within the NHS podiatrists mainly work across Bands 5-8 with some higher-level managers and podiatric surgeons in Band 9. They work both in community and acute clinics, as well as specialist clinics including MSK, high risk foot (diabetes, chronic kidney disease and peripheral arterial disease), rheumatoid arthritis, paediatric, minor surgery, and podiatric surgery.

We also have members in the NHS who are Podiatry Assistants, and they are also covered by this evidence.

Podiatrists in the NHS work within an environment where risk is high; they are highly qualified and operate within a wide and advanced scope of practice. We do not believe their full scope of practice is properly recognised within current job descriptions in the NHS.

A summary of the evidence we received from our members states: that pay and conditions in the private sector are considerably better than within NHS services. There is increased opportunity in the private sector for our members to build careers and therefore, as previous evidence has shown, many podiatrists move directly in the private sector on graduation. This is leading to a workforce crisis that must be addressed by fair and competitive salaries

being available in the NHS. This year, as well as reporting on the outcomes of an annual survey of members, we are including evidence from Understanding Independent Practice in Podiatry[1].

Finally, we wish to restate to the PRB that the profession of podiatry has a serious workforce crisis. Recent statistics form the Health and Care Professions Council (HCPC) show that the number of podiatrists has dropped over a ten-year period from 12,911 to 11,868, at a time when population need for podiatric services has increased. We have a 5-year strategy in place aimed at increasing the number of qualified podiatrists and awareness of the profession. We believe that a properly funded reward structure in the NHS for podiatrists, within agenda for change, can play a major role in overcoming this crisis.

2. Economic and other external contexts and Royal College of Podiatry Claim

The UK Economy

The NHS staff side has published its views on the pay position in the UK, to which the RCPod has inputted, and we would refer the PRB to that document which will be forwarded to you seperately. Despite the current rate of inflation being lower than it has been, 2.3% in October 2024, we are still feeling the effects of the cost-of-living crisis where inflation peaked at 11.1% in October 2022[2]. The evidence for our survey is that NHS staff are still on lower real pay rates then before the cost of living crisis and when the effects of austerity are added, the sense of lagging behind is palpable.

This is laid out more in the outcome of the survey which is covered in more detail in the next section.

The government in its remit letter[3] highlights the importance of recruitment and retention – two aspects that our strategy aims to address – and the results of our survey highlight the pressure that the NHS is under in podiatry units across the country. It is time that action is taken to make podiatry a rewarding profession in terms of reward as well as rewarding terms of improving the health of the nation.

The RCPod claim

[1] Understanding Independent Practice in Podiatry is a major piece of research undertaken by the Royal College of Podiatry into the independent sector. It will be published in January 2025 and a copy will be sent to the PRB

[2] ONS 17th January 2024

[3] Remit letter from Secretary of State to the PRB dated 30th September 2024

The formal position of the RCPod on pay in the NHS is unchanged from our last evidence and it is set out below:

> ***'The Royal College of Podiatry wants all our members in the NHS and other bodies undertaking NHS work, such as social enterprises, to receive a consolidated pay rise exceeding inflation. Ensuring members can navigate the cost-of-living crisis which has affected the UK for some time. We believe our members work to a high standard and furthermore play a critical role in the health of the nation, this needs to be recognised in a substantial pay rise which will also help recruitment and retention into the Podiatry profession and NHS workforce'.***

We would add that we fully support the additional work being undertaken around the structural issues affecting agenda for change that the Secretary of State referred to in the remit letter and we are committed to working with the government to achieve these aims and improve patient outcomes when accessing the NHS.

3. Research

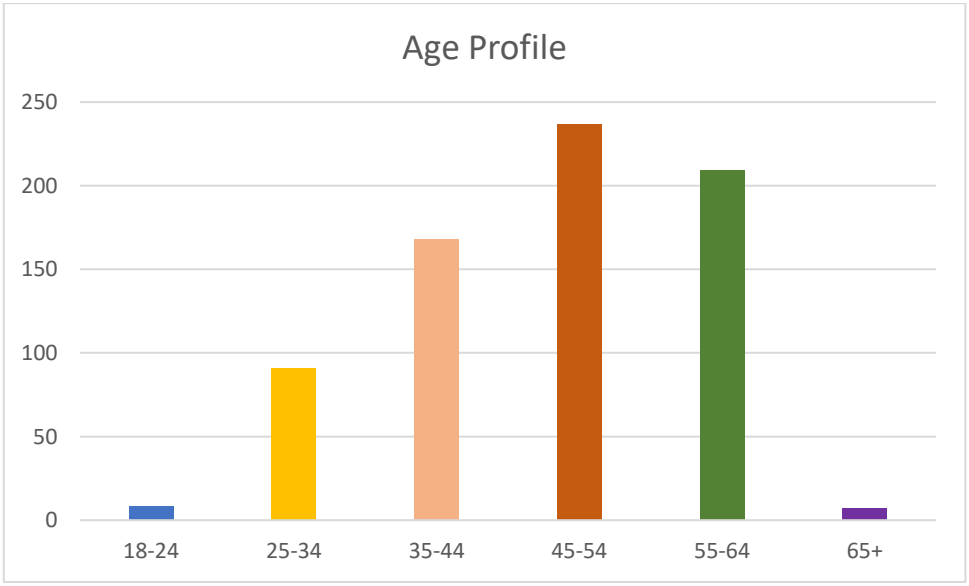
During October and November 2024, the RCPod undertook a survey of its members who work in the NHS and this evidence is largely made up of the responses from that survey.

This survey has been conducted each year now for several years and we are able to see trends developing. This year we are also including evidence from a survey of members in the independent sector that adds additional weight to these points. The evidence produced in previous years is still relevant and should also be referred to.

From our 2022 evidence we would remind the PRB of the makeup of our membership which we believe has not changed since then but is relevant today – as there has been no material change in the makeup of our membership, we did not ask these questions this year but will in future submissions.

73% of the respondents in 2022 were female. We are a profession with a pre-dominance of female workers. Flexible working is therefore an important feature to our members as is child and elder care.

The age breakdown of the respondents is shown below and reflects our membership data and that of the HCPC



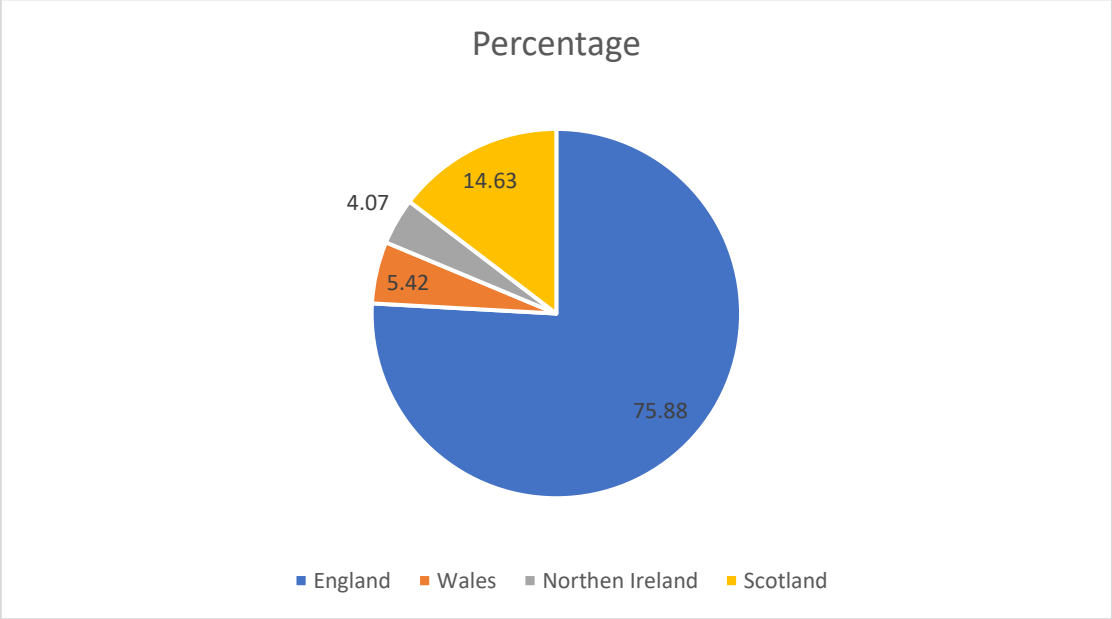
As this shows, we are not a young profession.This is reflected later in data regarding pay scales. As a result, podiatrists are very likely to have families, mortgages and other financial commitments.

Of those responding previously, 9% have a disability.

Turning to this year's responses.

The respondents were from all parts of the UK – again this spread matches the data available from the HCPC as the regulator for podiatrists within the UK so it is a representative sample.

Additionally, we would advise that we had a response rate of 11% to our survey of NHS members and as such provides a good reflection of views.



The survey showed that 71% of those we surveyed for this evidence are the primary income providers in their households. This is up from 66% in 2023. This year 43% of them have taken on secondary employment to support their and their family's standard of living. The increase in both these figures shows the stress that household incomes of our members are under and is repeated in burnout figures later on.

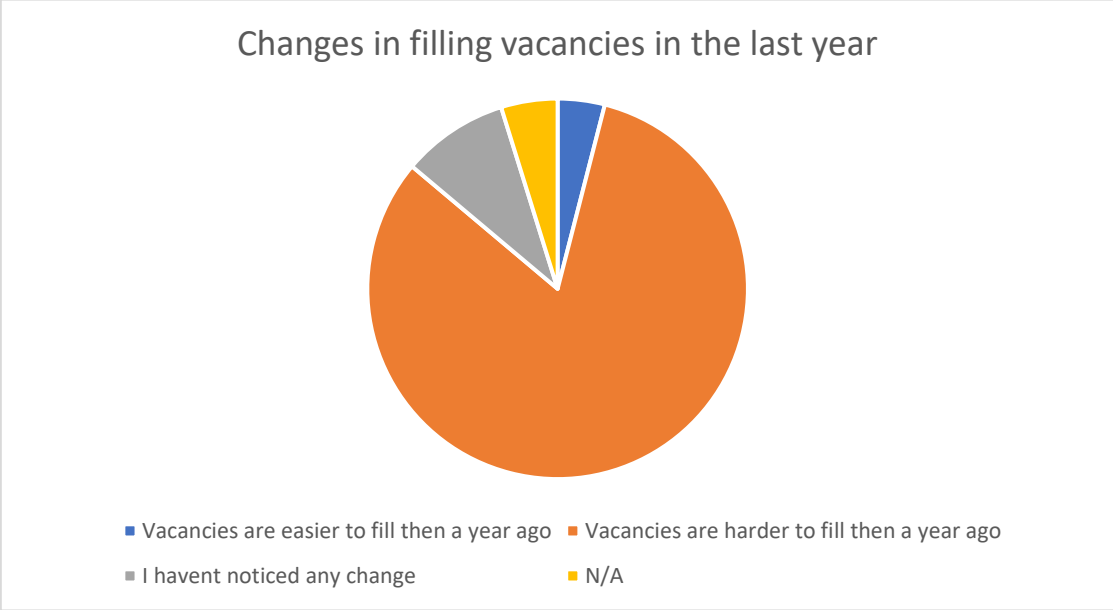
The survey was conducted after the vast majority of NHS podiatrists had received their uplift effective from 1 April 2024. However, even taking that into account, 82% do not feel that their salary adequately rewards them for their role.

Only 14% agreed that the 5-5% pay rise would make a material difference to household budgets by making everyday expenses easier to manage.

The PRB has an interest in recruitment and retention and 95% of our members reported in the survey that recruitment and retention challenges pose a significant concern within their departments and the wider NHS. Clearly more needs to be done to attract staff into the NHS generally and podiatry has a specific need which is shown by the survey.

The soon to be published '*Understanding podiatry in Private Practice'* reports that employed podiatrists outside the NHS can earn in excess of Agenda for Change Rates – up to £70,000,00pa whilst self-employed podiatrists can earn much more. Clearly this existance of a healthy and bouyant alternative to the NHS in the profession can make working in the NHS a challenge.

As an additional question this year, we asked members if there had been any change in how easy or hard it was to fill vacancies in the last 12 months and 82% reported that it had become harder, and the graphic below shows this in more detail.



We once again asked our members if the difference in pay between UK countries impacts on where NHS staff choose to live and work and 71% of respondents reported that it does.

Whilst this figure has reduced from 80% from our last survey, a significant percentage are saying that the variations in pay between the nations are affecting which roles they apply for, and a significant number are basing decisions on this variation.

As we have reported previously, a large number of our members are at or near the top of their pay bands, so we also asked what reasonable measures could be put in place to recognise and reward the expertise of staff, particularly those at the top of their band.

This is a question we have asked regularly, and a number of themes emerged this year.

Firstly, a pronounced and clear feeling that podiatrists are working at a higher clinical level than ever before, taking on more risk and responsibilities and not being rewarded for it. Below are a few comments from the survey on this point[4]; -

- *Start podiatrists at band 6, as most likely the work that is done is at this band*

[4] Please note. Some quotes have been edited for clarity and easier but without changes to the content

- *extended scope such as NMP have a pay enhancement attached we keep getting compared to private sector when it comes to pay rises / inflation issues however most private companies offer packages which include Private health care etc the ability to retire early (60) without penalty. This is a physically and mentally demanding role. We are expected to work in challenging conditions often working from the floor. How many are realistically going to be able to sustain this level until 67.*
- *Additional pay banding in line with responsibilities - I like to be a clinician rather than have a management role, but I do so much more/take on other responsibilities than others too that are also top of their band*
- *High risk podiatrists should be band 7 minimum, with majority on 8s*
- *Pay should reflect the level of expertise and experience required to meet the demands of this challenging position which has significant input in reducing risks and improving outcomes for our patients*
- *Recognise that we are independent practitioners and are responsible for implementing invasive treatment plans and our banding should reflect that.*
- *The NHS still don't recognise what Podiatry does for patients who present with high-risk foot conditions and our nail surgery procedure which should be recognised with a pay reward*
- *Nothing reflects the additional skills and stresses that are currently put on staff that wasn't there 10 years ago -patients are much more high risk and litigation is on the rise - staff are going part time or changing jobs as stress levels are so high and demand for contact numbers are also high - less patients and increase staff required would be a start*
- *Pay needs to reflect the type of clinical role staff do. We are being asked to take on more clinical risk and responsibilities without being paid appropriately. Living in London is expensive and the cap on the high-cost area is unrealistic. The difference between pay bands is negligible and so staff are choosing not to progress because the pay does not reflect, and reward experienced staff so junior staff are choosing not to progress into specialist roles or opting to go into private practice. The NHS will ultimately lose experienced clinicians and subsequently podiatry services will lose quality. Pay at the top of the band, especially for a Band 7 is poor and once decisions are paid, it's not reflective of someone who is highly skilled. The newer generation of NHS podiatrists don't want to progress because the pay is not rewarding. This means that there will be no experienced clinicians to come and take over our specialist posts when we retire or leave practice.*
- *Review job descriptions- I've been at the top of band 7 for many years, have undertaken post grad learning (MPhil) and my clinical role has changed alongside an increasingly complicated caseload. No 8a clinical specialist roles in a large city teaching hospital or across whole city.*
- *Should be better standardisation across the country for those carrying out extended scope roles. I have worked 33 years in NHS and recently had to go part time private for my own mental wellbeing.*

- *Today marks my 35th anniversary of working as an NHS Podiatrist. I started at Senior 2 and am now Band 6 so essentially the same grade. I have vast experience, and I am now, not through choice working in wound care at a level that would have been regarded as a Band 7 role. We definitely need recognition and recompense. I can claim my full pension in 4 years and as things currently stand, I can't imagine staying beyond aged 61- and 40-years' service.*

Linked to the above is a reporting of stagnation at the top of pay bands but with nowhere to go despite sometimes having extra responsibilities. Here are some comments to support this as a theme.

- *scheme so we don`t get stuck at the top of the band, not able to progress. Not all progression is into management, some specialist clinical skills can be recognised and additional pay sort. why does the banding have to be linear?*
- *Fundamentally, NHS pay banding structure needs to be reviewed. At 28 years of age, there will be no further pay progression for me should I wish to stay clinical....*
- *Progression to next band I have been at top of band 6 since AFC came in, there are only a few bands 7 posts available within the trust so I have no chance of any progression.*
- *Pay staff at the level they work, nearly all staff work at least one pay grade above their level of pay*
- *AFC was supposed to be for those that perform more complex work would be rewarded for greater skills, instead this has just become generic. AfC pay is not fit for purpose.*

Another theme was the continued lack of incentive to take on higher bands – especially management roles. Whilst the changes to the managers pay structure introduced this year are welcome, they do not seem to have addressed the highlighted issue – that the gap between the top of one band and the bottom of the next is too small. Again, here is a selection of comments.

- *I have moved up a band currently from the top of B6 to B7 and accepted a lot more responsibility for £150 a year. Its three years until I actually will see a meaningful pay increase. This is putting people off looking for promoted posts. I certainly am wondering why I bothered. I could earn much the same without a lot of additional hassle.*
- *For 8a the 5-year gap between increment is significant and for 5 years working at a higher level for £60 a month is not worth it. Increments need amended.*

Another theme was around the challenges of making household budgets work given the challenges of rising prices and the effect of Austerity prior to the cost-of-living crisis and here are some further comments on that; -

- *Pay us the same as Wales and Scotland. That would make a start. Recognition that the South has higher living costs and therefore more difficult to recruit outside London as wages do not keep up with rents. A one bed flat in Dorset is around £900 per month plus bills. that is over half take home pay for even top of Band 6, so you are not going to get anyone applying.*
- *Better pay, more CPD days, more holidays to give better work/life balance and help with mental and soft health to cope with stress levels of such demanding workload.*
- *They could offer 22% to us like they did the doctors, we are all in the same boat*
- *After working very hard to gain the degree and as a band 6 only £18 an hour is not enough. Although roofer, plumbers, car mechanics charge minimum £40 an hour and a barber earn £30 an hour. We all have skills and serving communities and make sure they got right treatments on the time. Still very less payment than we are receiving. In private nail surgeries charges £250-£300 and we are doing in same rate as £18.*
- *Pay NHS England, Wales and Northern Ireland staff the same as NHS Scotland staff. Bring back government funding for people to train as HCPs at university. I graduated with a degree in Podiatry in 2010 and came out with NO DEBT. The funding has been taken away and graduates come out with thousands of pounds worth of debt to pay for university fees- no wonder far less people are now studying Podiatry. My NHS Trust that I work for are hiring from South Africa- let's bring back government funding for degree courses and GROW OUR OWN.*
- *The difficulty in recruitment and retention in the NHS needs to be addressed financially to stop staff leaving for private practice*
- *Reasonable pay rises in line with inflation or inflation + x%*
- *Higher remittance would help - and actually receiving the pay rises when they're announced. I still haven't had the April 2024 rise. I couldn't recruit to a post recently because private practice offered £10K more for the same role*

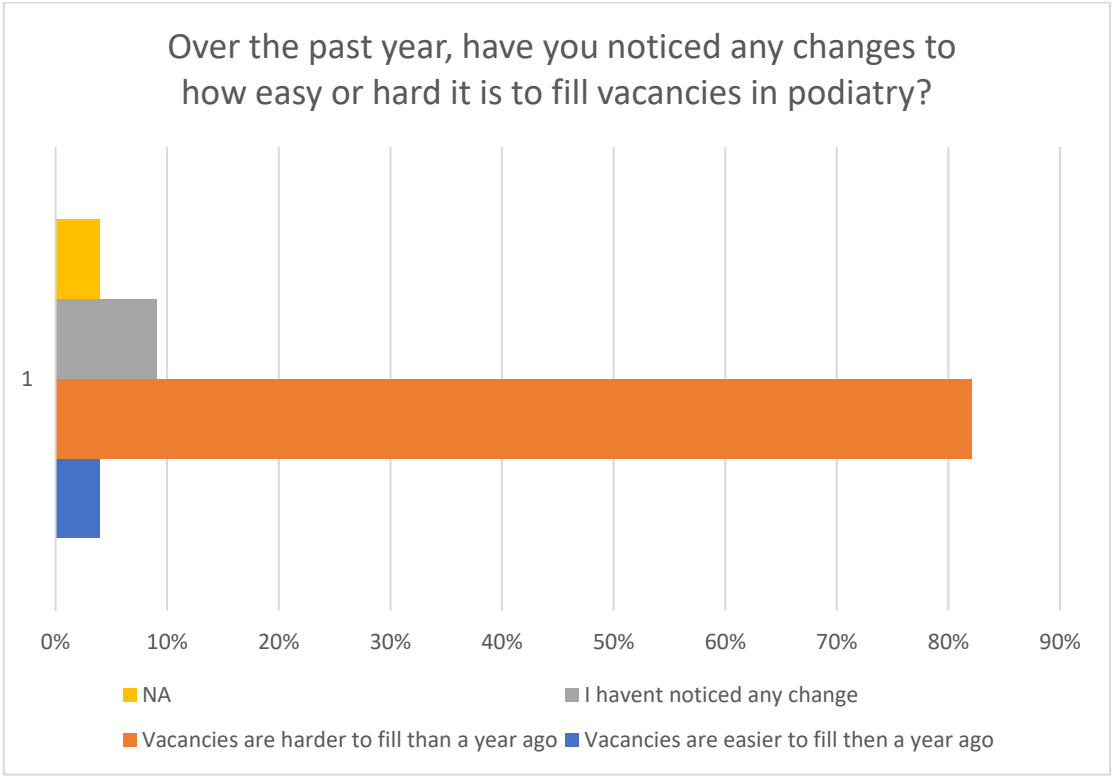
These are just a taste of the comments made. Due to the volume of the responses, they cannot all be reported here, but other themes were around flexible working needing to be improved, additional leave and more time for proper note keeping.

Many of the comments above refer to career progression and the responses point to many podiatrists not feeling that they have sufficient opportunities to progress their careers and in a specific question on this issue, 76% reported that they did not believe that there are sufficient opportunities for career progression.

When we asked members what could be done to improve this, the responses clearly show both a desire and a willingness amongst podiatrists to expand their skills and their scope of practice but also clearly that there needs to be funding in place for this to happen. This investment would bring longer term benefits to the NHS and the wider economy in terms of prevention of amputation and better patient outcomes. The responses also clearly showed that the NHS needs to recognise the wide skills of podiatrists.

95% of the respondents said yes when asked if recruitment and retention challenges pose a significant concern within their department or wider workplace. This only adds to the evidence that the system is at breaking point, and this is caused by an underpaid and overwhelmed profession. This is up from an already high 82% last year – so the problems are getting worse.

This can be seen to a greater extent in the following graphic when we asked members if it has become easier or harder to fill vacancies in podiatry



Clearly the recruitment crisis is not improving, and more investment is needed in NHS pay to convince podiatrists that the NHS is a more attractive proposition.

The next section of our evidence reflects members feelings about health and wellbeing.

Only 60% of members reported that they had a good work life balance – the NHS has recently introduced more flexible working policies, but our members continue to report that requests for flexible working are often denied and more needs to be done and over 80% say that they have suffered the symptoms of burnout over the last 12 months.

Only 39% of respondents stated that they did felt that staffing levels in their workplaces are safe.

This evidence shows that the podiatry service in the NHS is struggling to cope due to staff shortages and additional pressures, many of which could be alleviated by improved pay rates to attract staff into the NHS.

We asked members what measures they thought should be taken to improve their health and wellbeing and overwhelmingly the responses called on better pay to increase staffing numbers to safe levels.

Finally in this section we asked members about the way that the NHS promotes the development of podiatry apprentices, and the results are mixed.

Only 60% of members felt that their workplace was positive in encouraging the take up of apprenticeships. Additionally, only 43% of respondents report that they felt their workplace was welcoming to apprentices.

Given the NHS has such ambitious targets in respect of using apprenticeships to be the pipeline of the future, especially for AHP professions like podiatry, more needs to be done. Our view is that until staffing levels, and pay, are improved for podiatry units, the additional work in supporting apprenticeships will continue to

4. Conclusions

The conclusion of the above evidence is that the RCPod fully supports the claim made above.

The evidence we have provided here, and we are happy to expand on in the oral sessions, paints a vivid picture of podiatry in the NHS being in a state of crisis. Our members report that they are being underpaid, overworked, and undervalued.

Whilst we support the concept of Agenda for Change, we feel that it is time for a review, especially around the way that roles are linked with pay bands.

Our members feel that they are worked to a much higher level of risk and to a higher scope of practice than AFC was designed for.

As well as a structural review, we are calling for a pay rise for our members that goes towards restoring their earning power which has been undermined by austerity and the cost-of-living crisis but also matches external markets which are often more attractive to our members.