

# The State of Independent Practice 2025



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The Independent Practice Group extends its sincere appreciation to the following individuals from The Royal College of Podiatry and the group for their outstanding contribution and support:

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# Glossary of terms

**Independent/Private Practice:** The terms "private" and "independent" podiatrist are used interchangeably, as both terms are commonly employed by clinicians in practice.

**Clinic:** Refers to any location where services are provided, including surgeries, patient homes, or other care environments.

**Patient:** Refers to anyone receiving care, including clients, service users, and consumers.

**Clinician:** Encompasses all service providers, care providers, and health care professionals.

**Respondents:** Members who replied to the survey call or engaged in individual interviews.

# Introduction

The podiatry profession provides care for patients in several healthcare settings. These services are predominately in the National Health Service (NHS) and the Independent sector, but also include military and other government lead services.

Developments within the profession as a response to service demands means that the role of the podiatrist has evolved and advanced roles have emerged., To have a clear understanding as to the scope of care and the delivery of service will allow for aligned support and development to be provided. Within podiatry services that sit in the NHS there are controlled management processes of service provision and clinical pathways allowing for insights into current care. Currently there is no equivalent within the independent sector and there has been no in depth data taken on Independent Practice (IP) for 15 years since the PARN report 2009<sup>1</sup>. In 2021 the SAKS report made assessments and recommendations for the future of podiatry<sup>2</sup>. It highlighted that there was limited data on what types and how much clinical work is undertaken in IP and how this work contributes to the foot health economy of the nation. It also indicated from the review that there was a need to foster links with the NHS and support development of IP.

In the absence of detailed information to assist The Royal College of Podiatry (RCPod) deliver on its future strategic aim of developing the profession the independent practice project was supported to conduct a review of current provision in this sector.

# Aim and purpose

The aim of this review is primarily to understand the type of care provided by members in the independent sector, specifically:

- The scope of practice and how this contributes to the wider foot health provision
- The model of care provided for patients by IP
- Working relationships between podiatrist in IP and other healthcare professionals.

As the UK healthcare workforce and delivery models evolve, independent/private healthcare services have experienced substantial growth in recent years, resulting in a significant number of podiatrists now practicing independently.

# Overview of method

To meet the aims and purpose, data was collected from a survey of 1,273 RCPod members with additional data being sourced from individual interviews of 40 participants across all four nations. This diverse sample of practitioners working in IP was considered a fair representation to understand and map the development of this workforce in response to the demands of 21st-century podiatry. The findings have been analysed and presented as thematic groups of content including:

- 1) Clinical Practices
- 2) Public-Professional Collaboration
- 3) Health and Wellbeing

Within each of the themes there are key areas explored and discussed to present the main points from the data collected. This information can now be included and aligned to the workstreams and strategic aims of the RCPod.

# Clinical Practices

## Survey respondents

Representation spanned all four nations of the UK, with an international presence as well. While most practices were located in urban areas, rural practices were also well-represented, providing a broad and balanced perspective. Respondents ranged from those working as single practitioners to multiple practitioners as well as multidisciplinary clinics. From the responses collected the most common regions represented were Lancashire, Surrey, and West Yorkshire. This is a different representation to previous data on practice location with membership of the Independent Practice Group predominately being from the southeast region.

In terms of qualifications, 12% of practitioners completed their training at Salford, with other notable institutions including Brighton, Glasgow, Edinburgh, and Huddersfield (7% each), as well as Cardiff (4%) and Northern Ireland (1.6%). The majority of respondents held a BSc (Hons) qualification followed by a Diploma and a BSc with 45 respondents having been grandparented into the profession. Postgraduate qualifications were recorded in 261 respondents, including 14 PhDs, 93 MScs, 52 PGDips, and 102 PG Certs. Further studies were being actively pursued by 58 respondents with four on PhD programmes, 13 an MSc, and 22 aiming for a postgraduate qualification. Despite 33% expressing interest in research, significant barriers such as time constraints (71%) and lack of funding (67%) were noted as major obstacles to participation.

## The full scope of practice

Given the experience, training, and qualifications of the survey respondents, the myth that podiatry is confined to "just cutting nails" fails to recognise the critical importance of the specialised skills necessary for podiatric care in IP.



Podiatrists perform thorough assessments, including comprehensive evaluations of gait, balance, stability, strength, and vascular health checks using tests such as the Ankle-Brachial Pressure Index (ABPI). They also carry out detailed examinations of skin changes, deformities, and neurological issues.

### A comprehensive model of care

Across private podiatric clinics, respondents noted the range of diagnostic equipment used for thorough and precise patient assessments:

*“We use diagnostic tools for toe and segmental pressure measurements, CAD/CAM imaging technology, gait and walkway labs and 3D orthotic printing”.*

*“Vascular assessment dopplers, pressure plates for gait analysis, therapeutic lasers and surgical lasers are used daily in our clinic”.*

*“We believe advanced tools and equipment enable us to provide comprehensive evaluations and tailored treatment plans for patients”.*

Clinicians also highlighted their access to a wider range of advanced techniques, often only available in private practice. These areas of practice can be highlighted and promoted in the wider range of service provision within the podiatry profession. Developing a focus on these types of exclusive treatments for common podiatric complaints promotes the specific range of care that is available in IP. Data showcased practices in:

*“Unique technologies like Swift Microwave Therapy for verruca treatment are commonplace in private practices”.*

*“We offer specialist water spray drills for treating pathological nail conditions which are not available on the NHS”.*



Digital platforms are also utilised, to provide self-care resources:

*“Many podiatrists in my network have embraced social media to offer patients a wealth of resources, including blogs, vlogs, and other informative content”.*

*“I have instructional videos on my website, covering essential but often overlooked topics such as proper foot cream application techniques”.*

In addition, retail components in independent practices provide patients with essential products for ongoing care, including specialist emollients (66%), antifungal treatments (13%) and footwear (11%). Many clinics feature modern, professional clinic layouts which enhance patient experience and reinforce brand identity. Expanding commercial options by building professional collaborations to promote business opportunities can grow this area of health provision, developing resources and support self-care for patients.

Respondents report the rise of multidisciplinary clinics which have significantly enhanced independent practice. These ‘hubs’ offer a range of services, including core and cosmetic podiatry, advanced sports injury clinics providing services for elite sports performers, and specialised interventions such as wound care and dermatology.

## Continuing Professional Development

Private podiatrists engage in a variety of Continuing Professional Development (CPD) activities to enhance their skills. Many attend conferences, such as the Royal College of Podiatry Conference and the Primary Care Conference. While these events are valuable, some respondents felt NHS-related topics dominated discussions, overlooking issues relevant to private practice. Including all areas of podiatry practice continues to be a focus for future conference planning committees to grow and nurture the resources for all podiatrists.



Online CPD modules from the Royal College of Podiatry, including tools like TALUS, are valuable, but are sometimes criticised for usability issues. Having a digital presence provides remote resources for those practicing across all four nations and is a valuable benefit for membership. Building the digital skills and supporting those in IP with routine modules on generic practices in first aid, workplace safety and revision of core knowledge would support CPD. Conversely, some respondents expressed a desire for more practical, hands-on training, as they feel current offerings are overly academic. There is also a growing interest in partnerships with external providers to offer training in broader topics like business management.

Platforms like PASCUM-10, commonly used for surgical and MSK audits, were found to be challenging to navigate and there were responders who used other methods for audit, including their own quality assurance. The value of audit as a HCPC standard<sup>i</sup> needs to be addressed with many respondents not actively recording and reporting outcomes from their practice. Creating a reliable and representative knowledge base of outcomes will enhance the understanding of quality of care provided in IP. This standard could be included in the RCPod Practice Accreditation Scheme, however views on the value of this are mixed, but many podiatrists see it as a mark of quality and credibility. There is broad agreement that simplifying accreditation could encourage wider adoption, benefiting both practitioners and patients.

### Professional networking and collaboration

Mentorship and networking are widely recognised as essential for professional development in private podiatry, with many describing informal networks and private support groups, as "game-changers." One practitioner emphasised,

*"It's important to learn from those who have been around the block in a well-established practice", " while another described experienced mentors as a "goldmine of experience and wisdom."*



These networks are particularly valuable due to the diverse range of experience within the profession, with respondents indicating service lengths that span from newly qualified practitioners to those with 59 years experience of clinical care. From the group surveyed the most common length of practice is 24 years, highlighting the depth of expertise and the critical importance of knowledge-sharing across all experience levels.

Clinicians actively build valuable connections within their communities by collaborating with local footwear retailers, employers, athletes, and sports teams to enhance patient care. Some extend their influence beyond clinical hours by supporting charities that provide free foot care to the homeless and disadvantaged across the UK. Additionally, respondents feel there is a culture of mentorship within the profession, where experienced podiatrists mentor the professional development of their newer colleagues. The formality of this could be developed with extended involvement from the regional branches and promotion of involvement in committees and working groups.

### **Business acumen**

Managing an independent podiatry practice requires balancing business and financial components for profitability and sustainability. Key challenges include handling variable patient volumes, cash flow, and overhead costs, as well as setting competitive prices.

### **Practice set-up**

In private practice, 70% of respondents work exclusively in IP, while 16% balance NHS/academia with a smaller private practice. Among private practitioners, 49% own single-chair clinics, and 15% rent rooms as associates. Most associates follow a fee-sharing model, paying 50% of fees to the clinic owner.

Regarding practice locations, 60% operate from commercial properties, 18% own their buildings, and 20% are in multi-use healthcare facilities. Most clinics (74%) were established from scratch, with 16% purchased from previous owners. Clinics are well-equipped, with 90% having reception staff



and waiting areas. Many employ a mix of podiatrists and allied health professionals.

## Pricing

Prices for key services vary throughout the UK. Table 1 presents each service provided, the number of clinics in the sample that reported this data, the average and maximum fees, and the location of the highest fee. This average price data allows clinics to use this information as a benchmark to support and guide their practice development. The range of services demonstrated in Table 1 indicate the provision of care available from those working in the independent sector and can be used to promote this area of podiatric practice.

The report dispels the perception of a geographical pricing divide, revealing no significant north-south difference in standard podiatry appointment fees, with a broad consensus on fee structures and minimal regional variations.

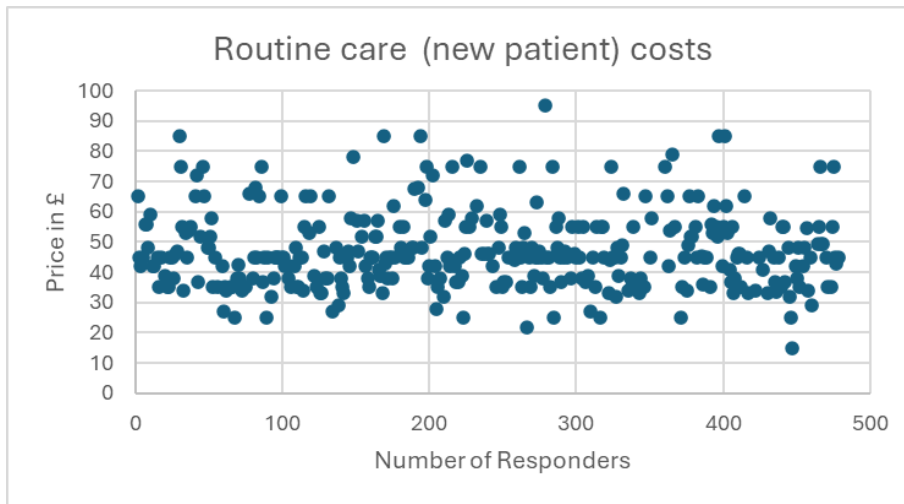
When examining three key services - Routine New Patient care, MSK, and Nail Surgery - there are significant regional differences in pricing, with some areas charging considerably higher than the average while others charge lower (see Figure 1). The range of pricing for these three key services vary dramatically in the regions and the disparity in fee structure should be addressed. These disparities may be attributed to regional restrictions or specific local conditions but should be considered when mapping services to promote equity and improve public perception. Creating a framework including guidance on fee structuring would support those in IP developing their business.

**Table 1** Presents data on the available consultations provided, the number of clinics offering each service (with percentage representation from responses), the corresponding fee structures (with standard deviation), and the highest fee (£) along with the location where that fee is charged.

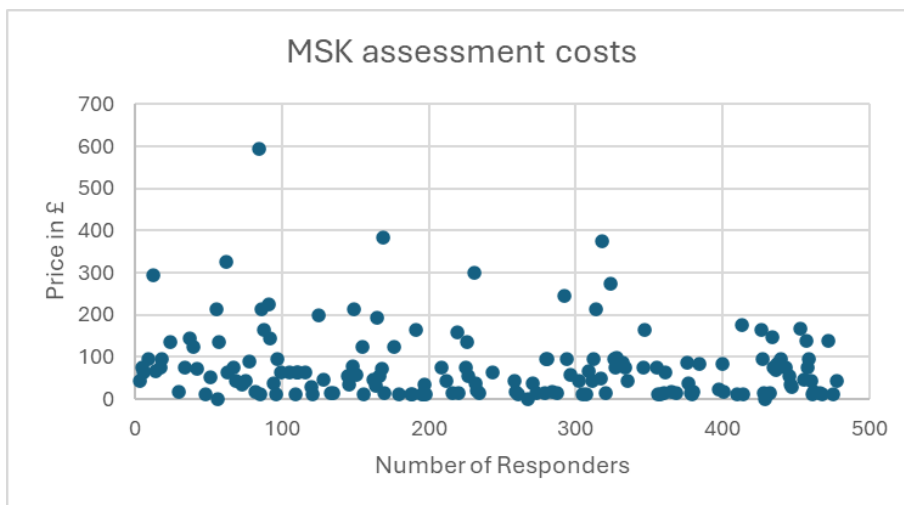
Fee	N= (%)	Average. £ (SD)	Max. £	Location of max
Routine NP	356 (74)	46.92 (12.50)	95	Bedfordshire
Routine existing	380 (79)	42.20 (9.44)	78	SW London
Routine NP nails	302 (63)	45.21 (13.48)	95	Milton Keynes
Routine existing nails	326 (68)	37.23 (10.66)	78	SW London
Routine NP corns	281 (58)	47.01 (12.50)	95	SW London
Routine existing corns	290 (60)	42.78 (10.00)	95	Newcastle upon Tyne
Support Worker	53 (11)	38.76 (11.81)	75	Exeter
Simple Insole	160 (33)	48.43 (19.90)	125	Cambridge
MSK assessment	163 (34)	79.32 (84.42)	595	Cambridge
Preform orthoses	155 (32)	56.59 (28.59)	163	Edinburgh
Bespoke orthoses	179 (37)	93.95 (126.55)	528	Hull
Nail Surgery	279 (58)	135.53 (157.01)	595	Ipswich
VP laser	47 (9)	52.53 (31.69)	175	Gloucester
VP needling	132 (27)	80.90 (98.37)	399	SW London
VP Swift	84 (17)	113.60 (116.20)	459	Sheffield
VP acid	222 (46)	41.41 (21.92)	285	Manchester
VP drying	136 (28)	45.16 (27.23)	285	Manchester
VP homeopathy	19 (3)	46.30 (14.53)	72	Gloucester
VP over counter	54 (11)	38.80 (11.13)	65	Cambridge
Fungal laser	26 (5)	60.13 (36.58)	175	Gloucester
Fungal Clearnail®	113 (23)	56.40 (52.34)	295	Lincoln/Stevenage/Coventry
Diabetic screening	205 (5)	43.33 (12.93)	95	Milton Keynes/Cambridge
Wound care ulcer	135 (23)	40.61 (12.40)	75	Milton Keynes
Wound care casting	0	0	0	NA
Children's care routine	164 (42)	46.39 (14.77)	135	Bradford
Children's MSK	119 (28)	63.91 (54.92)	385	Exeter
Sports	94 (19)	68.00 (62.27)	499	SW London
Shockwave	38 (7)	57.29 (46.75)	275	Cardiff
Mobilisation	55 (11)	51.00 (15.99)	125	Cambridge
Laser	46 (9)	60.43 (39.18)	275	Cardiff
Ultrasound imaging	24 (5)	49.00 (40.48)	165	Gloucester
Injection steroid	42 (8)	53.44 (51.35)	195	Bristol
Injection Ostenil®	31 (6)	66.74 (98.18)	475	Wiltshire
Injection PRP	0	0	0	NA
Injection saline	7 (1)	51.25 (25.66)	85	Dundee
Injection prolotherapy	5 (1)	55.00 (42.42)	85	Dundee
Cosmetic reconstruction	44 (9)	53.89 (19.77)	89	SW London
Massage	18 (3)	45.66 (8.52)	65	North London
Acupuncture	33 (6)	50.80 (27.04)	175	Inverness
Other (domiciliary)	24 (5)	63.90 (79.45)	399	Worcester



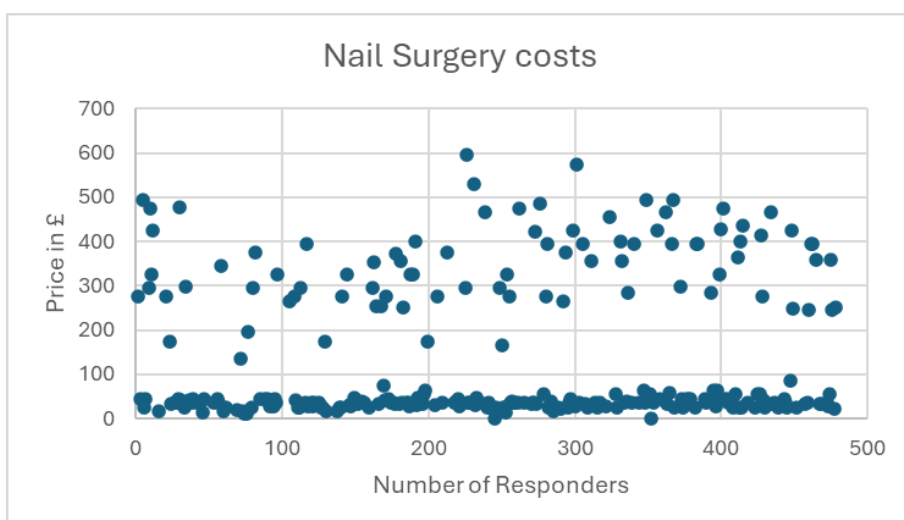
**Figure 1.** Displays representation of fees for each category: Routine Care, MSK, and Nail Surgery. It includes the average fee, standard deviation for each region. In the table, red indicates the highest fee bracket, while green represents the lowest.



National	46.92
London	52 (13)
SE	42 (7)
SW	50 (13)
South coast	52 (16)
E.Anglia	52 (14)
E.Midlands	47 (12)
W.Midlands	49 (11)
North West	42 (9)
N.Yorkshire	43 (13)
North East	42 (7.9)
Scotland	45 (6)
N.Ireland	37 (8)
Wales	41 (8)



National	79.32
London	66 (70)
SE	62 (51)
SW	90 (60)
South coast	108 (112)
E.Anglia	113 (69)
E.Midlands	80 (107)
W.Midlands	63 (76)
North West	75 (46)
N.Yorkshire	49 (51)
North East	170 (106)
Scotland	55 (51)
N.Ireland	98 (112)
Wales	86 (70)



National	135.53
London	129 (165)
SE	133 (157)
SW	168 (178)
South coast	147 (157)
E.Anglia	285 (283)
E.Midlands	141 (177)
W.Midlands	170 (175)
North West	111 (125)
N.Yorkshire	173 (171)
North East	97 (140)
Scotland	97 (118)
N.Ireland	78 (98)
Wales	112 (131)

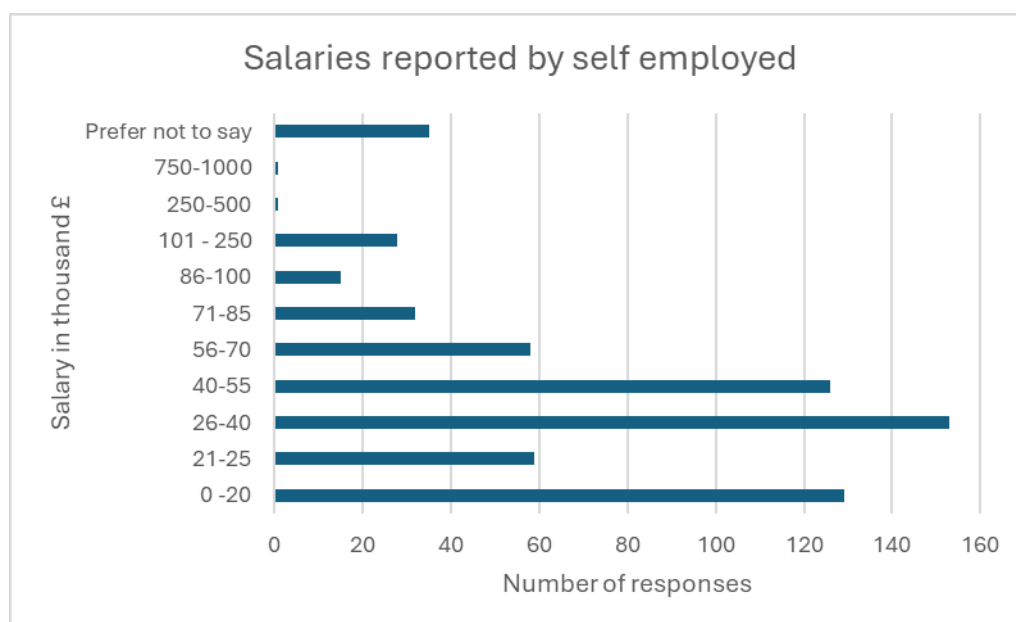
## Working hours

Among respondents, 47% work full-time and 44% part-time, often balancing their practice with personal commitments. While this flexibility is beneficial, it may contribute to the perception of podiatry as less essential than other healthcare professions.

Working hours vary significantly, ranging from 1-65 hours per week. On average, practice owners see about 11 patients daily, while those employed, by the IP business owner, as a podiatrist average around 13 patients.

## Salaries

The responses for those self-employed practitioners reported a broader income range, including 129 earning below £20,000 and 28 earning up to £250,000 (Figure 2). The average salary for respondents employed by other podiatrists ranged from £25,000 to £40,000, with four earning up to £70,000. There was no correlation between the reported number of hours worked and the monetary amount documented, demonstrating a wide variety of business models and practices.



**Figure 2.** Reported salary in thousands (£) from responders who are self-employed.



This varied representation of salaries highlights a need for a framework and benchmarking guide to support those members providing podiatry care in IP. The average pricing in Table 1 and Figure 1 should be utilised to assess the need of the patient demographic in the area reflecting also on making a viable business.

Most associates as self-employed practitioners used a fee-sharing model, paying the owner an agreed percentage of their takings. From those business owners who reported a salary only 50% paid themselves a wage, and only 20% budgeting for development. When exploring other areas of finance arrangements from those who responded only 32% had critical illness cover, 64% contributed to a pension, and nearly half (46%) had retirement plans, primarily targeting ages 60 and 65.

### Patient acquisition and retention

Efficient appointment management is vital to the smooth running of a practice. Many independent podiatrists use software systems like *Cliniko*, *Practice Pal*, *WriteUpp*, or *PPS* to streamline scheduling, handle missed appointments and send booking confirmations and reminders. These platforms also facilitate upfront payments and improve communication through mobile and desktop access.

### Clinical and on-the-job training

Private podiatrists often develop their skills through hands-on experience and on-the-job learning. One practitioner shared that early in their career, they navigated a complex landscape of healthcare policies - such as COSHH regulations - as well as employment contracts and hiring processes, gaining much of this knowledge through various management roles. They emphasised the importance of attending management and team-building courses to fully understand these challenges, noting that relying solely on on-the-job learning can sometimes leave critical gaps in knowledge.

## Regulatory compliance

Navigating regulatory requirements from evolving law changes is a constant concern. Compliance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018<sup>4</sup>, especially around data collection, storage, and usage, can feel daunting. Many practitioners also lack awareness of the importance of registering with the Information Commissioner's Office (ICO) and understanding its legal implications. Similarly, respondents from Northern Ireland indicated the challenges that continue to limit availability of resources in the aftermath of Brexit and the Windsor framework<sup>5</sup>.

## Staffing challenges

Recruiting qualified podiatrists remains a significant issue, exacerbated by the shortage of new graduates. Practices often struggle to find replacements for experienced staff. A practitioner commented, "*There's a clear difference in the approach between new graduates and seasoned staff,*" emphasising that newer practitioners often require more support and time to hone their skills.

## Health care schemes

Clinicians often face challenges with private health schemes, particularly regarding insurance claims. Respondents expressed reluctance to work with companies like BUPA due to excessive paperwork and defined fee structures, preferring patients to manage their own claims.

Others highlighted confusion over outdated terminology, with some cash plans only covering treatments labelled as 'chiroprody' rather than 'podiatry.' There is a need for clearer, more streamlined processes to reduce administrative burdens and improve efficiency.

## Business skills

Business skills are essential for running a successful private practice, yet they are often lacking in podiatry education. Many practitioners find their undergraduate training focused on NHS careers,



leaving them unprepared for the business aspects of private practice. Respondents expressed challenges in balancing business skills with patient care and regretted not pursuing management training earlier. To bridge this gap, independent podiatrists seek resources to enhance their business acumen, valuing business coaching for insights into marketing and management.

There is a clear need for ongoing, comprehensive business guidance instead of isolated courses. Current training models do not adequately prepare podiatrists for the demands of private practice management. The unique model of IP care is evident from the results of this project, there is a need for additional training beyond that of core competencies in podiatry. The data supports the development of business focused training and frameworks to build and support those in IP.

### Section summary

Clinical practices in IP are diverse and unique to this area of podiatric practice. There are many treatments that are delivered which patients are unable to access on the NHS due to commissioning changes. The data provided here gives a clear indication of how the IP sectors works and highlights key features to promote IP as a career choice. This information is valuable to the work completed by RCPod to inform discussions and support strategies. There is a need though to support those in IP to deliver successful quality care for patients whilst also providing a professional business model to the practice.

# Public-professional collaboration

## Public perception

Understanding the factors shaping public perceptions of private podiatry is key to assessing patient engagement and satisfaction. Insights from independent podiatrists reveal disparities between public expectations and patient experiences in private care. It is important to highlight that patients seek out foot care from private practices as a matter of choice. They effectively self refer themselves and will present with a foot or lower limb problem which is health related. They do understand the difference between a 'beauty' treatment and a genuine health problem.

A key challenge for the podiatry profession is the public's limited understanding of its scope of practice and techniques. Many people still visit GPs for foot issues, unaware of the specialist care podiatrists provide. Improving public understanding through positive campaigns and experiences could start to build the association of a "foot problem needs a podiatrist".

One practitioner noted,

*"There's confusion between podiatry, chiropody, and foot care provided by foot health practitioners. I've even been called a paediatrician!"*

Another respondent echoed this sentiment, stating,

*"It's important to educate the public that podiatrists are the experts in feet. It's frustrating that we've never effectively conveyed this message."*

While regular dental and eye check-ups are ingrained in public awareness, foot care remains overlooked. It is essential to educate the public about podiatrists as recognised specialists in foot health and to promote the benefits of private podiatry.



## Case study: Educating the future

Despite podiatry's growing importance due to an aging population, chronic conditions, and increased foot health awareness, some podiatrists still question whether there remains a significant lack of understanding about the profession among students and educators.

With over 32,000 schools in the UK, increasing awareness of podiatry early in education is essential. One practitioner suggested local podiatrists engage with schools to educate the public. This direct involvement can help bridge the knowledge gap:

*"I speak at primary schools regularly to start fostering an appreciation of podiatry early on. The children learn the breadth of what we do and then educate their parents."*

Furthermore, examining the undergraduate preparation and experience for private podiatry practice reveals a range of perspectives from current students, seasoned practitioners, and lecturers:

*"We had very little exposure to musculoskeletal issues at university and felt very ill prepared after I qualified."*

*"When I trained 44 years ago, we had significant exposure to real-world clinical settings, unlike today's programmes which seem to focus more on theoretical knowledge."*

There is a growing demand for universities to provide consistent skill coverage and to be more proactive in detailing their support and training offerings; the former may reduce the potential 'small area variations' detailed by health economists across disciplines, while the latter will generally enhance the quality of services provided by practitioners. Developing clinical placements in private practice at undergraduate level will positively expand the skill set of the student in preparation for practice.



## Overseas collaboration

Training as a podiatrist offers valuable international opportunities, particularly in Canada and Australia, where qualifications closely align with the UK. Podiatrists who have worked abroad report significant learning experiences.

Connecting with professional bodies like the Australian Podiatry Association (APodA), Australian Health Practitioner Regulation Agency (AHPRA), and the Canadian Federation of Podiatric Medicine (CFPM) enhances practical preparation and promotes global recognition. This collaboration supports standardised practices and creates reciprocal opportunities. The UK, facing a shortage of podiatrists, would benefit from welcoming professionals from Canada and Australia, fostering a mutually beneficial exchange.

## Cross-disciplinary relationships

Respondents identified the perception of podiatry among healthcare professionals as a key challenge. Many allied health practitioners see podiatric practice as limited to basic nail care. For example, a nurse expressed surprise upon learning that podiatrists perform nail surgery, highlighting this misunderstanding.

Similarly, physiotherapists, chiropractors, and doctors often lack awareness of podiatry's full capabilities. A podiatrist recounted a pharmacist's surprise at podiatrists' authority to prescribe oral antibiotics. With the advent of more cross collaboration between health disciplines if a patient presents with a foot related problem referral to a podiatrist should be considered when suggesting how patients manage their problem.

## NHS referrals

Channelling referrals from private practice to the NHS presents challenges due to the complexities of establishing effective connections and navigating existing pathways. One practitioner noted,



*"Establishing good contacts with NHS colleagues for referrals, especially for conditions like diabetes and vascular issues, is difficult."*

Among respondents, 68% are aware of local referral pathways, but 61% of those familiar with the process find it challenging, citing lengthy waiting times, the requirement to refer through a GP rather than allowing direct referrals, and uncertainty about urgent cases. Respondents highlighted three main concerns: gaps in information, communication lapses, and delays in urgent care referrals, which often make the process ineffective.

Some of the private podiatrists interviewed feel their expertise is undervalued, as the NHS often relies on patient self-referrals rather than professional input. However, positive examples, like the effective management of diabetic ulcers in Warwickshire where referrals between IP and the NHS podiatry clinic are seen within 24 hours, illustrate successful NHS referral pathways.

Some clinicians leverage previous NHS experience to establish vital connections for patient advocacy. Nevertheless, concerns persist regarding NHS service deficiencies, with claims that inadequate care for specific conditions hinders effective treatment. Implementing a dedicated NHS liaison or hotline could enhance communication and collaboration between private and NHS practices, streamlining referral processes and ultimately improving patient care. This lack of coherent care between the sectors is not new knowledge with the SAKS reporting indicating the need for collaboration.<sup>1</sup> However, what the data cements in this report is the difficulties experienced in establishing these links. Providing centralised guidance and national discussions with NHS leaders could then help those working in regional areas develop localised agreements and plans.

### **Purposeful collaboration**

Collaboration between NHS and private podiatrists is crucial for enhancing patient care and addressing existing gaps in service delivery. Currently, a lack of pathways and a perception of a different care provision weakens the connection between these two sectors. From the interviews



there was a common theme of IP provision being undervalued by NHS podiatry services and there was hesitation in forging relationships.

The Darzi Report<sup>6</sup>, an independent review of the National Health Service in England, stresses that greater returns are achieved through investment in primary and community care rather than acute hospital settings, highlighting the need for a shift toward a more preventative model of care. To provide and promote podiatry as being effective at delivering preventative models of care the collaboration between sectors is vital to provide a comprehensive package of care.

Prevention in podiatry as a source of healthcare provision was showcased by Roberts et al. (2022) in their ethnographic study into the venous disease<sup>7</sup>. This paper emphasised the significant contributions of podiatrists in the early identification, prevention, and management of conditions such as diabetes mellitus, peripheral arterial disease, and musculoskeletal issues. By fostering a common language and focus on preventative care, collaboration between NHS and private practitioners can be further strengthened. It may be a requirement for a patient seeking IP care to be referred into the NHS for further testing and care beyond the provision of the IP clinic. Equally there may be NHS patients who require care out of the scope of the service who could be funded for short courses of care in IP.

Physiotherapists have successfully established practices that are integrated into healthcare networks, often providing up to six free NHS appointments when patients are registered with a GP. In contrast, similar opportunities for podiatry appointments are lacking, limiting collaborative business models. Specific treatments, such as verruca management, would benefit from contracts that allow private podiatrists to offer NHS services. By building a sustainable and strategic plan, viable options for collaboration with NHS providers can be created.

Furthermore, leveraging data on average costs for routine care and specific treatments will empower private practitioners to propose a comprehensive business model to Integrated Care Boards (ICBs) for negotiation, thereby ultimately improving patient outcomes and enhancing service



delivery. ICBs only operate in England. In Scotland and Wales the commissioning of podiatry services is the joint responsibility of Health Boards. In Northern Ireland, services are commissioned by the Strategic Planning and Performance Group, and the Public Health Agency.

### Section summary

Developing stronger collaboration with NHS podiatry services as well as other healthcare providers will expand the scope of care provided in IP and promote the effective contribution from this sector of foot health. The role of prevention is ingrained in podiatric practice and should be promoted as an efficient and effective way of supporting wider health needs. Uniting the provision of podiatric care as a strong unit will support the growth and perception of the profession.

# Health and Wellbeing

Private podiatrists derive their motivation and satisfaction from the autonomy, patient relationships, clinical diversity and flexibility. The independence in treatment decisions allows practitioners to align their work with personal goals. Many cherish the opportunity to build long-term connections with patients, with one practitioner noting,

*"Being there for someone over the years, watching them grow and change, from childhood to adulthood or through the later stages of life, it's a pretty special thing. Few healthcare professionals have the opportunity to experience that."*

Respondents also expressed pride in their loyal patient base and underscored the importance of addressing community needs. For most, patient care takes precedence over the business side of practice. One podiatrist reflected,

*"I'm humbled by the skills I've attained to alleviate pain for our patients,"*

while another shared,

*"I strive to put the patient first in every encounter."*

## Self-care

While the autonomy of independent practice offers many benefits, it also presents significant challenges, with many private podiatrists reporting burnout due to dual responsibilities. A recent research study of Australian podiatrists indicated those podiatrists who worked in private practice were more likely to experience symptoms of burnout and leave the profession within 5 years due to isolation<sup>8</sup>. A concerning 57% of respondents feel isolated and overwhelmed, often citing 'constant demand for treatment' as a major concern. Only 30% believe the College adequately supports



independent practice, while 55% find help through local networks. Though 40% engage with these networks, 30% are unaware of their existence.

Most responders (60%) are satisfied in their roles, but 25% wish to grow their practices, and 43% are considering retirement. Achieving work-life balance and managing patient demand remain key challenges. This alarming rate of people leaving the profession needs to be addressed with retention strategies being implemented.

### Managing patient expectations

Managing patient expectations can be stressful for private podiatrists, especially when patients expect value for their money. This can lead to demands for additional services, even with full schedules.

In medico-legal cases, increased patient stress adds to the complexity of the situation. Furthermore, managing complaints and potential grievances can be emotionally taxing, highlighting the need for guidance on handling dissatisfied patients and refund requests. Podiatrists would greatly benefit from support and advice to navigate these challenges effectively.

### Professional isolation

Many podiatrists experience feelings of isolation while working independently, often lacking peer support. One practitioner remarked,

*"In my previous job, I always had colleagues around, which was great for learning. You pick up so much just by watching others and being part of a team—it really boosts your confidence."*

To address this sense of loneliness, some are considering spending more time in a shared clinic environment, where the presence of other practitioners and support staff creates a sense of camaraderie and support. Previously mentioned formal and informal gatherings with other practitioners may further attenuate professional isolation.

## Personal health concerns

Clinicians often face significant personal health challenges due to the demanding nature of their work, leading to neglect of their own well-being. Many report that prioritising patient care can harm their physical and mental health. Health issues, especially in the hands or wrists, can hinder their duties, while mental health struggles may affect productivity and cause feelings of overwhelm.

Additionally, the dual role of clinician and informal councillor adds emotional strain, with many feeling unqualified for such challenges. Respondents suggested that education on self-care and clear guidance for accessing support would be beneficial.

## Work-Life balance

Achieving a healthy work-life balance poses significant challenges for independent practitioners, who often make considerable sacrifices to manage patient care and administrative tasks.

Many report back-to-back appointments, allowing for minimal breaks and as few as ten holiday days per year. The demands of practice ownership require constant availability, leaving little time to disconnect. Practitioners often find that preparing for time off can be overwhelming, making holidays exhausting rather than restorative.

Despite these pressures, many podiatrists express a strong passion for their work, recognising that some challenges stem from personal choices and their commitment to the profession.

## Coping mechanisms

Private podiatrists use strategies like scheduling time off and regular holidays to prevent burnout. Self-care activities such as mindfulness and yoga promote relaxation. Many benefit from counselling and support services, while professional networks help reduce isolation and foster collaboration, enhancing overall support and making workloads more manageable.



### Section summary

To aid retention in the profession and prevent burnout or workplace injuries additional resources for wellbeing and health support are required. These resources can be linked into the professional collaborations and networks provided through branches as well as ongoing work within committees and RCPod. It is vital that the members of the profession are valued and feel purpose in their work limiting the emotional and physical demands on care provided will be one step to improve wellbeing.

# Conclusions and Recommendations

This Report provides valuable insights into the care and services delivered by private podiatrists. It offers data-driven conclusions that will help better understand membership needs and guide future decisions, aligning with broader strategy goals. This organisational-led review serves as an important resource for planning and development.

Independent clinics offer specialist services not typically available on the NHS, using innovative techniques and advanced equipment. These treatments highlight the expertise of podiatrists, presenting significant potential to raise awareness both within the profession and the wider healthcare system. The insight into podiatry in IP given in this report highlights the valuable contribution the sector makes to foot health and can be used to support reports and strategies going forward.

Routine care is provided by 74% of private practices demonstrating a public need for services. In England, where commissioning of services differs from Scotland, Wales and Northern Ireland, there are opportunities to create collaboration with NHS outsourcing services via ICBs, as seen in other healthcare services, such as cataract operations and physiotherapy referrals. This review supports opinion from other papers and research indicating a lack of cohesion and collaboration between NHS services and IP. It appears now is a time to build the relationships between the sectors to create effective and quality driven patient care.

To support IP in creating positive collaborations it is crucial for private podiatrists to receive enhanced management and financial training, as these essential skills are frequently overlooked in undergraduate education and are typically acquired only through hands-on experience. Investing in



formal training can significantly improve effectiveness and success in private practice. This along with additional resources for wellbeing and health will enhance the model of private podiatry provision.

There is a clear need to enhance the perception of podiatry, particularly in private practice, among both the public and healthcare professionals. Modernising the profession's image and integrating private care more seamlessly with the NHS will improve accessibility while showcasing the expertise and advanced technology available in private clinics. By increasing awareness of these offerings, we can contribute to positioning podiatry as a compelling and viable career choice.

# Summary of Key Points

- There are a broad range of services provided in the independent/private practice accessible to all who require care, including specialist and advanced care in musculoskeletal conditions (MSK), dermatology, nail surgery, injection therapy and acupuncture
- Practices are well equipped with exclusive services and business models ranging from one practitioner to multiprofessional care
- Business development training is required to enhance service provision and support members in the independent sector
- Improved collaboration with NHS services is necessary for co-creating and sharing patient care, accompanied by clear referral pathways
- Average fee structure pricing allows for benchmarking and reflection of geographical location
- Independent practice provides a flexible, fulfilling career choice with scope for unlimited professional development, defined specialism and tailored working practices
- Providing wellbeing support for those working alone could enhance retention and reduce feelings of isolation and burnout.

## References

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