Royal College of Podiatry submission to the NHS 10-Year Workforce Plan call for evidence

Introduction

The Royal College of Podiatry (RCPod) is the professional organisation and trade union for podiatrists in the UK. The College represents 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. Podiatrists are highly skilled healthcare professionals trained to diagnose, prevent, treat, and rehabilitate complications of the foot and lower limb. Podiatrists manage foot and lower limb musculoskeletal pain, skin conditions of the foot and lower limb, prevent and manage diabetic foot complications, and detect, assess, and manage lower limb neurological and circulatory disorders.

The RCPod look forward to NHS England's 10-Year Workforce Plan and its ambition to reshape healthcare delivery through community-based care, digital transformation, and preventative health. Podiatry is uniquely positioned to support these goals yet remains underutilised and underfunded. In the UK over 5.6 million people are living with diabetes, and over 3.3 million people have some form of peripheral arterial disease; podiatrists are essential in preventing complications such as foot ulceration, infection, and amputation, conditions that place immense strain on NHS resources. Furthermore, podiatrists sit at the front of delivering preventative care with musculoskeletal (MSK) lower limb management keeping people moving. Strategic investment in podiatry services, particularly in deprived areas, will reduce health inequalities, improve outcomes, and deliver cost-effective care. This submission provides evidence-based recommendations to embed podiatry within the future NHS workforce strategy.

Executive Summary

The Royal College of Podiatry (RCPod) presents this submission in response to NHS England's 10-Year Workforce Plan, emphasising the strategic importance of podiatry in addressing national health priorities. Podiatrists play a vital role in managing long-term conditions such as diabetes, peripheral arterial disease, and musculoskeletal disorders, conditions that place significant pressure on NHS resources and impact patient outcomes.

The submission outlines how podiatry supports the NHS's three core shifts: moving care from hospitals into communities, embracing digital transformation, and embedding prevention at the heart of service delivery. Evidence from initiatives such as the Manchester Amputation Reduction Strategy and virtual musculoskeletal services demonstrates podiatry's ability to reduce hospital admissions, improve patient outcomes, and deliver cost-effective care.

The RCPod call for strategic investment in podiatry services, particularly in underserved areas, to reduce health inequalities and improve population health. The submission advocates for urgent action to address workforce shortages through expanded apprenticeships, restoration of full training grants, and retention incentives. It also highlights the need for investment in digital infrastructure, enhanced prescribing rights, and stronger representation of podiatry within Integrated Care Systems. By embedding podiatry leadership within all areas of service, the NHS can ensure foot health is prioritised in strategic planning. Furthermore, the RCPod underscores the importance of preventative

care, advanced practice training, and community engagement to support a resilient, future-ready podiatry workforce capable of delivering high-value, patient-centred care across all communities.

1.0 The three shifts

1.1 Hospital to Community

Podiatry is a profession predominantly focussed within community, particularly in managing long-term conditions such as diabetes and peripheral arterial disease, which aligns with NHS England's vision for localised care. Initiatives such as the Manchester Amputation Reduction Strategy (MARRS), exemplifies this shift, and demonstrates how podiatry-led systems reduce amputations and hospital admissions. Over six years, MARRS achieved a 46% reduction in lower limb amputations in a pilot population of 210,000 through a tiered care model that included:

Tier 1: Community-based foot protection services
Tier 2: Specialist podiatry clinics- wound care, MSK (children and adults), nail surgery, podiatric surgery, dermatology
Tier 3: Multidisciplinary teams for complex cases

This whole-systems approach harmonised public health, community, and hospital services to ensure equitable access to limb-saving care[1]. It demonstrates how podiatry can reduce hospital admissions, improve patient outcomes, and deliver cost-effective care. These models should be scaled nationally to embed podiatry within Integrated Care Systems (ICSs).

1.2 Analogue to digital

Digital transformation is critical to modernising podiatric services. Beyond podiatry, South West London ICS implemented virtual wards to manage patients remotely, reducing hospital stays and easing winter pressures[2]. Similarly, Hampshire and Isle of Wight ICS deployed AI to reduce cataract surgery waiting times from 35 weeks to under 10, freeing up clinical staff for other duties[3]. These innovations are directly translatable to podiatric services, particularly in diagnostics, wound monitoring, and remote consultations.

1.2.1 A recent evaluation of an NHS-commissioned virtual musculoskeletal podiatry service highlighted podiatry's pivotal role in delivering timely, effective, and digitally enabled care[4]. With over 490 patients seen and more than half discharged to self-management, the service achieved significant reductions in pain scores and shortened waiting times; averaging just 34.6 days to first appointment. Podiatrists adapted clinical assessments for virtual platforms, demonstrating that conditions such as plantar fasciitis and flat foot can be successfully managed remotely. This model showcases podiatry's capacity to reduce NHS backlogs, empower patients, and align with the NHS's 10 Year Plan's goals for digital, community-based, and preventative care. Investment in digital infrastructure is essential to realise these benefits.

1.3 Sickness to prevention

Podiatry is central to preventative healthcare. Podiatry is pivotal to managing vascular disease, diabetes, and musculoskeletal conditions[5], which, if untreated, leads to costly hospital admissions and long-term disability. Early intervention in foot health prevents costly

complications, reduces hospitalisation, and improves quality of life. Multidisciplinary Foot Care Services (MDFS), supported by advanced training programmes, enable early detection and intervention, aligning with the NHS's preventative care agenda.

1.3.1 Diabetes Foot Care

The National Diabetes Footcare Audit (NDFA) data stated that Multi-Disciplinary Foot Services (MDFS) in England are affected by a pronounced postcode lottery, which has a direct impact on patient outcomes, such as avoidable amputations[6]. The NDFA identified regions where fully established, well-resourced MDFS provide rapid, guideline-compliant access to expert diabetic foot care, which result in lower rates of emergency admissions, reduced length of hospital stay, and significantly fewer major amputations among people with diabetes. However, this level of provision is not universal; in many areas, MDFS are either not fully established or remain under-resourced. NDFA data consistently shows delays in patient referral, suboptimal access to multidisciplinary expertise, and worse clinical outcomes in these localities.

The RCPod calls for mandated patient pathways and NICE guidance to embed podiatry in preventative strategies, particularly in socio-economically deprived areas where complications are more prevalent.

1.3.2 Musculoskeletal health's role in returning and remaining in work

Podiatrists play a crucial role in addressing MSK health, which is now recognised as central to keeping the working-age population engaged and productive in line with the government's ambitions to reduce economic inactivity[7,8]. MSK problems, prevalent in up to a quarter of the population, are a leading cause of work absence, contributing to millions of lost working days each year[9].

Podiatrists bring a unique combination of advanced diagnostic expertise, falls assessment, detailed gait and biomechanical assessment, and targeted interventions such as bespoke orthoses, exercise therapy, minor procedures, and functional rehabilitation. These capabilities allow podiatrists to deliver rapid relief of foot and lower limb pain, improve mobility, and prevent functional decline, all of which are vital to helping people stay in work or return to employment after periods of ill health.

1.3.3 Podiatry's role in falls prevention

Evidence demonstrates that multifaceted podiatry interventions significantly reduce the rate of falls in older people living in community settings[10]. These interventions typically include routine podiatry treatments, advice on footwear and orthoses, alongside home-based foot and ankle exercises. The meta-analysis found a falls rate ratio of 0.77, indicating a 23% reduction in falls compared to usual care. Moreover, multifactorial interventions involving podiatry referrals similarly showed a substantial reduction in falls, with a falls rate ratio of 0.73, underscoring the effectiveness of integrating podiatry within broader falls prevention initiatives. While evidence for the effectiveness of podiatry in care homes remains less conclusive due to limited data, the intervention was well tolerated with good participant adherence across community studies. These findings highlight the important role podiatry plays in improving mobility and reducing falls, contributing to better health outcomes for older adults living independently.

Government policy now calls for a new partnership on work and health, emphasising early intervention, shared responsibility, and evidence based standards such as the 'Healthy Working Lifecycle' and improved Workplace Health Provision, as outlined in the Keep Britain Working review[11,12,13].

Podiatrists are ideally placed to support the government's vision: they assess and diagnosis MSK conditions of the lower limb providing timely management, triage patients to appropriate pathways, and deliver workforce rehabilitation. This approach not only reduces inappropriate surgical referrals and pressures on GPs and orthopaedics, but also enables a proactive, preventative response, helping individuals remain active in work, and avoid long-term sickness or disability. Incorporating podiatry fully into return to work plans and occupational health initiatives meets government priorities for a fairer, healthier labour market and delivers measurable gains in productivity, social inclusion, and reduced NHS and welfare spending.

Podiatry is integral to reversing economic inactivity driven by MSK ill health. Embedding podiatry expertise throughout NHS settings, community health services, neighbourhood health centres, and workplace health programmes will ensure more people benefit from effective prevention, early intervention, and targeted rehabilitation; thereby enabling the country to return and remain in work, and for the government to deliver on its core mission for growth, opportunity, and healthier working lives.

1.3.4 Cost effectiveness of Podiatry Surgery in community

Community-based podiatric surgery has demonstrated significant cost effectiveness by reducing reliance on hospital inpatient beds and decreasing costly hospital admissions. Elective foot surgeries performed in the community setting can be delivered efficiently as day-case procedures under local anaesthesia, reducing the need for expensive hospital infrastructure and anaesthetist input[14].

This approach has proven to generate substantial cost savings, including a reported saving of over £226,000 through local tariff agreements, with a lower average cost per case compared to hospital-based surgery[15]. Additionally, early surgical intervention in the community expedites ulcer healing, reduces clinic visits, and shortens antibiotic use, further lowering costs related to dressings, offloading, and patient transport. The effectiveness and patient satisfaction with community podiatric surgery contribute to these cost benefits by preventing hospital admissions, reducing the use of systemic antibiotics, and enabling more rapid recovery in a convenient setting close to patients' homes.

1.4 Strategic importance of Podiatry in system transformation

Podiatry is vital in reshaping NHS delivery through integrated, prevention focused, and digitally enabled models of care. In the UK over 5.6 million people have been diagnosed with diabetes[16], and over 3.3 million people have some form of peripheral arterial disease; thereby placing immense pressure on NHS services. Specialist podiatry services are essential in averting complications such as foot ulceration, infection, and amputation. National initiatives such as the Manchester Amputation Reduction Strategy (MARRS) have demonstrated sustained, population level reductions in major amputations through tiered, podiatry led care. Scaling such innovations across ICSs would yield systemic productivity

gains, reduce hospital workload, and plainly align with NHS priorities for community centred care models.

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2.0 Modelling assumptions

2.1 Workforce supply

The UK faces a critical shortage of podiatrists, driven by both a decade of workforce contraction and a rapidly rising burden of long-term conditions related to age, obesity, and diabetes. Fewer entrants into the profession, high rates of attrition, and a disproportionately ageing workforce have left NHS, community, and independent providers unable to fully meet rising demand. Latest registration data shows less than half of the regulated podiatry workforce employed in the NHS, with numbers overall having decreased by 800 since 2019.

Podiatry has been classified by NHS England as 'highly at risk of failure[1]' due to its low training intake (298 undergraduate intake in England in 2023) and compounded challenges in visibility, education provision, and placement availability, which threaten the sustainability of its workforce pipeline. Despite appearing stable, the profession requires significant intervention, as current mitigations are insufficient to meet NHS service needs. Strategic action must ensure a sustainable and resilient supply pipeline.

The RCPod has prioritised the development and implementation of new workforce and education reform programmes that address shortfalls and align the profession with the NHS Long Term Plan and People Plan. Apprenticeships, for example, now play a prominent role in growing the number of future podiatrists, offering accessible, place-based entry routes and delivering notable success in retaining new practitioners within their home communities. However, further expansion of apprenticeships must be balanced with the need to maintain robust, traditional undergraduate and postgraduate pathways, especially where university provision and specialist skills capacity is at risk of erosion.

Effective workforce planning must also fully leverage the podiatry support workforce, supported by clear standards and mapped progression routes, while securing funding and protected time for experienced practitioners to undertake supervision and educator roles essential to workforce growth.

2.2 Apprenticeships and local recruitment

Podiatry apprenticeships are integral to NHS England's vision of building a sustainable, homegrown healthcare workforce capable of delivering the three core shifts articulated in the 10-Year Health Plan: strengthening community based care, accelerating digital transformation, and embedding prevention as a clinical priority. This workforce development route enables individuals with prior experience in health and social care to pursue regulated podiatry qualifications while remaining embedded in their communities, thus supporting the NHS's mission to recruit locally and retain talent within underserved populations.

Evidence collated by the RCPod[2] demonstrates that 77% of podiatry apprentices remain in post with their employing organisation upon qualification, directly supporting local workforce retention, continuity of care, and service resilience. The financial model underpinning apprenticeships further advances widening participation goals: NHS employers benefit from full levy funding and private sector employers from 95% subsidy, ensuring broad access across geographies and provider types. This directly addresses national workforce modelling assumptions on equitable access and community recruitment, thereby being essential to meeting the ambitions of the workforce plan.

The RCPod strongly advocates scaling up apprenticeship routes as a major strategic lever for future supply. However, this requires parallel investment in clinical educator capacity, protected time for supervision, structured pathways for continuing professional development, and local coordination to absorb increasing trainee numbers without compromising service quality. These factors must be proactively addressed within national implementation plans to maximise impact and mitigate risks to educational and clinical standards.

The 2 plus 2 apprenticeship model offers a flexible and inclusive route into the podiatry profession, enabling individuals to begin their careers as support workers and progress to fully qualified podiatrists. This pathway typically involves two years of employment and training as a podiatry support worker, followed by two years of advanced study and clinical practice leading to registration as a podiatrist. It supports NHS England's strategic goals of building a sustainable, community-based workforce by recruiting locally and retaining talent within underserved areas[3]. Apprenticeships have proven effective in widening participation, improving workforce diversity, and enhancing retention. To maximise the impact of this model, national workforce planning must ensure adequate investment in educator capacity, protected supervision time, and structured progression frameworks, enabling apprentices to thrive and meet the evolving needs of the healthcare system[4,5].

Embedding an expanded podiatry apprenticeship offer within the 10-Year Workforce Plan will deliver a dual benefit, encouraging a pipeline of new clinicians, whilst supporting the sustainability of provision in high-need, underserved areas. This approach is cost-effective, inclusive, and fully aligned with government objectives to advance social mobility, address health inequalities, and build a workforce that represents the communities it serves. National action to remove implementation barriers and support collaborative workforce planning will be critical to realising these outcomes.

2.3 Undergraduate and Pre-Registration Masters

Undergraduate education remains the cornerstone of clinical safety, professional identity, and public trust within podiatry. High quality, practice based training must be maintained and modernised, ensuring parity of esteem and progression opportunities within healthcare. This includes scaling up practice placements, integrating digital literacies, and supporting research and leadership skills from the outset.

A direct link between curriculum content and population health needs is vital. Training must prepare clinicians to deliver expert care across the full scope of podiatric practice, including musculoskeletal health, diabetes care, and surgical interventions, so that all communities benefit from the profession's expertise. Targeted investment in university and employer partnerships is needed to expand placement capacity and ensure future graduates are 'workforce ready.'

The NHS Long Term Plan's commitment to expanding undergraduate places for Allied Health Professions (AHPs) must include podiatry. The profession faces declining enrolment, exacerbated by the removal of full training grants. Reinstating full training grants is vital to attracting new entrants and reversing the decline in workforce numbers. Restoring these grants will help address falling enrolment and reduce attrition.

Alongside the restoration of full training grants the RCPod propose a retention clause requiring newly qualified podiatrists to commit to a minimum of two years of service in the NHS following graduation, as a condition of receiving a full bursary, is both economically and strategically sound. The NHS Bursary Scheme, administered by the NHS Business Services Authority under the direction of the Secretary of State for Health and Social Care, is designed to support students in essential healthcare professions, including podiatry, which is critical in managing chronic conditions such as diabetes and peripheral arterial disease. Given the significant public investment in training these professionals, often covering tuition fees, maintenance grants, and additional allowances, a service commitment ensures that the NHS benefits directly from its financial support[5].

This approach is already in practice in Wales, where students receiving NHS bursaries for healthcare courses must commit to working within NHS Wales for a set period post-graduation, typically two years. Such clauses help address workforce shortages, particularly in underserved areas, and ensure continuity of care.

Implementing a retention clause aligns with broader NHS workforce planning goals and ensures that public funds are used efficiently to bolster frontline services. It also fosters a sense of professional responsibility and public service among graduates, reinforcing the social contract between healthcare professionals and the communities they serve.
Pre-registration master's programmes in podiatry provide an important pathway for individuals with prior degrees in health or science disciplines to retrain and enter the healthcare workforce.

2.4 Support workforce and skills mix

Podiatry support workers play an essential and collaborative role within the modern podiatry workforce, working closely alongside podiatrists to help deliver high-quality, efficient, and patient-centred care across a wide range of clinical settings. Their contribution enhances both the delivery of fundamental clinical interventions and the smooth running of day-to-day services. Support workers assist podiatrists in activities such as administering routine care, supporting podiatrists in surgical or specialist clinics, preparing treatment rooms, managing clinical records and stock, and providing health promotion and education to patients, thereby ensuring that podiatrists are well-supported in providing optimal care.

The integration of support workers within the podiatry workforce facilitates effective skill mix, maximising the capability of the registered podiatry workforce to focus their expertise on complex clinical presentations while extending the reach of preventative and routine care. This approach ensures that more patients, particularly those with lower risk foot health needs or chronic conditions, can access timely, person centred interventions. Current workforce models increasingly see support workers undertaking autonomous caseload management within defined parameters, such as delivering low risk care under the delegated authority and supervision of registered podiatrists.

Professional development pathways for podiatry support workers are now being strengthened through formal apprenticeship routes, accredited training programmes, and clear progression frameworks, ensuring that support workers are recognised as valued members of the multidisciplinary team. By regularly reviewing and investing in the education, training, and career opportunities of the support workforce, the profession can further

enhance its skills mix and deliver safe, effective, and sustainable services. Equally, robust governance, supervision, and accountability structures must be maintained to support patient safety and quality of care at all levels of podiatry service delivery.

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3.0 Productivity gains from wider 10 Year Health Plan implementation

3.1 Digital innovation

Digital integration in podiatry, such as single sign on systems, remote monitoring, and AI diagnostics can significantly enhance productivity. The AI initiative in Hampshire ICS, which reduced cataract surgery waiting times and freed up clinical staff, could be a model for podiatric services[1]. A similar initiative could be used for triaging high pressure areas, remote wound monitoring, providing first line advice for musculoskeletal conditions, and automated referrals can enhance productivity and reduce clinical burden.

3.2 Training gaps and upskilling

Investment in enhanced and advanced level practice programmes addresses training gaps and supports the NHS's preventative agenda. MDFSs require podiatrists trained in vascular assessment, wound care, independent prescribing, and clinical biomechanics. There is a need to ensure that the career pathway from preceptorship to enhanced practice, and advanced and consultant level practice are clearly defined, and the requisite funding is available to support upskilling and ensure service readiness.

3.3 Community engagement

Podiatry services, when strategically embedded within ICSs, play a vital role in advancing equitable access to care, particularly for underserved and high need populations. By aligning podiatry with place based care models, ICSs can address health inequalities more effectively, especially in areas with high prevalence of long-term conditions such as diabetes and peripheral arterial disease.

Innovative approaches within ICSs demonstrate the potential of podiatry to contribute meaningfully to community health. For example:

- Somerset ICS's neighbourhood teams integrate podiatry into multidisciplinary care, enabling proactive outreach and early intervention in communities with limited access to specialist services. This model supports continuity of care and strengthens relationships between clinicians and local populations.

- Suffolk and North East Essex ICS's organisational development approach highlights how podiatry can be embedded within broader workforce transformation efforts. By fostering inclusive leadership and collaborative governance, podiatrists are empowered to co-design services that reflect local needs and priorities.

These models exemplify how podiatry can be strategically leveraged to address and reduce health inequalities by focusing services on areas of deprivation and clinical need. By embedding podiatry within place based care frameworks, ICSs can ensure that individuals in underserved communities, particularly those at higher risk of complications from long term conditions such as diabetes and peripheral arterial disease, receive timely, preventative, and person centred care.

Furthermore, podiatry services designed in collaboration with local communities enhance transparency and accountability. When service users are actively involved in shaping the design and delivery of care, it fosters trust, improves uptake, and ensures that services are

responsive to the unique needs of each locality. This participatory approach strengthens the social contract between healthcare providers and the populations they serve.

In addition, integrating podiatry into ICS planning and decision making structures contributes to improved governance and workforce cohesion. It enables podiatry professionals to work alongside other disciplines within multidisciplinary teams, aligning their expertise with broader system goals. This not only supports more coordinated care but also ensures that podiatry is recognised as a core component of the integrated workforce, contributing to strategic planning, resource allocation, and service innovation.

As ICSs continue to evolve, podiatry must be recognised not only as a clinical service but as a strategic asset in population health management. Strengthening community engagement through podiatry will require investment in workforce development, data driven service planning, and sustained collaboration across sectors.

3.3 Medicines management

3.3.1 Cost effectiveness of Prescription Only Medicines (sale/supply) and non medical prescribing

Prescription Only Medicines (POM-S) sale and supply annotation and Independent Prescribing (also known as non-medical prescribing) has emerged as a cornerstone of contemporary podiatric practice in the UK. These prescribing rights enable podiatrists to deliver high value, patient centred care, with robust evidence demonstrating significant cost effectiveness, improved patient outcomes, and strategic benefits to NHS service delivery[2,3,4].

Prescription Only Medicines (Sale/Supply) POM-S and non-medical prescribing annotations allow podiatrists to assess, diagnose, and prescribe within their scope of POM-S rights or as independent prescribers, reducing reliance on GP or secondary care referrals for routine and specialist interventions. This leads to substantial efficiency gains, such as lower patient waiting times, increased practitioner autonomy, and faster access to appropriate medicines, which collectively reduce unnecessary hospital admissions and the length of stay for patients with acute or chronic foot and lower limb complications[5,6].

Economic analyses estimate that independent prescribers and those with POM-S annotation divert significant patient activity away from emergency departments, walk-in centres, and GP practices, supporting more care to remain in community settings and ensuring provision aligns with the NHS Long Term Plan’s preventive and population health goals. For commissioners, this translates directly into financial savings and optimal allocation of resources. Noblet et al. (2018)[7] found that non-medical prescribers generate increased quality adjusted life years (QALYs) for patients, a summary health measure encompassing both quantity and quality of life and widely used in cost effectiveness evaluations[8].

3.3.2 Improving patient experience and outcomes

Non-medical prescribing directly improves access, choice, and continuity of care: podiatrists who can prescribe ensure timely and coordinated management of conditions such as infection, pain, neuropathy, and vascular compromise. This capability is particularly impactful for high risk patient groups, including those with diabetes, multi co-morbidities, and complex wounds, who benefit from streamlined interventions and reduced fragmentation. The ability to prescribe enables podiatrists to manage medication reviews, provide

emergency/unscheduled care, and deliver services to socially excluded populations such as people experiencing homelessness[9].

Moreover, the professional responsibility attached to POM-S and prescribing annotations ensures that clinicians are accountable for safe and effective medicines management. This reduces errors and adverse events, contributes to antimicrobial stewardship, and supports adherence to evidence based guidelines[10].

3.3.3 System wide value and workforce impact
Currently, 67% of HCPC registered podiatrists hold POM-S annotation, though not all can fully utilise their rights due to local funding and governance barriers[11]. The Royal College of Podiatry advocates for service managers to allocate dedicated budgets for POM-S medicines and proactively incorporate supply mechanisms into local policy, thereby driving clinical and cost benefits at system level. Policy advances that facilitate greater use of these annotations will reduce costs associated with GP referrals, emergency care attendances, and unnecessary delays in patient management.

Additionally, formalised CPD, mentorship, and practice guides co-developed with the Royal Pharmaceutical Society ensure that practitioners retain competence and confidence in medicines management, further enhancing safety, quality, and workforce productivity. These measures sustainably align podiatric clinical practice with the values of the NHS 10 Year Plan.

Enhanced utilisation of POM(S) and non-medical prescribing by podiatrists is highly cost effective, clinically advantageous, and essential to future workforce strategy. Prioritising support for prescribing rights, medicines supply, and CPD in podiatry will drive long-term NHS savings, enable high quality patient care, and deliver population health benefits[7].

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4.0 Culture and values

4.1 Leadership and representation
Podiatry must be represented in ICS decision making to ensure foot health is prioritised in strategic planning. Embedding podiatry leadership within ICSs fosters collaboration, improves service delivery, and ensures that foot health is integrated into broader population health strategies[1].

4.2 Staff wellbeing and retention
Apprenticeships and clearly defined career development pathways play a critical role in strengthening workforce retention, motivation, and overall professional satisfaction. The Saks Report[2] highlighted the need for robust and progressive career structures within the podiatry profession, noting that enhanced pathways, including those leading into podiatric surgery, are central to recruitment and retention strategies. Establishing coherent frameworks that link training, accreditation, and advancement opportunities not only fosters a sense of professional identity and aspiration but also ensures that practitioners can continuously develop their clinical and leadership capabilities. Complementary policies that promote flexible working arrangements, support lifelong learning, and invest in continuing professional development are therefore vital to building a sustainable, adaptable, and future ready podiatry workforce.

4.3 Tackling health inequalities through place based care
Tackling health inequalities through place based care remains central to achieving integrated, equitable outcomes across local health systems. ICSs that have adopted podiatry led models exemplify how the profession contributes to reducing inequalities by aligning specialised foot health expertise with primary, community, and social care priorities. These integrated approaches enable early identification and intervention for those at greatest risk of complications related to diabetes, vascular disease, frailty, and mobility impairment, conditions that disproportionately affect deprived and marginalised populations.

Exemplar programmes in areas such as Somerset and Suffolk demonstrate how embedding podiatry within neighbourhood multidisciplinary teams enhances the reach and responsiveness of care models. By situating podiatrists within place based teams alongside community nurses, social prescribers, and rehabilitation specialists, these initiatives improve access for underserved groups, enable culturally sensitive and preventative care, and provide continuity through shared care planning. Co-design with service users further ensures that interventions respond to local needs and lived experiences, embedding trust and sustaining engagement.

The inclusion of podiatry within commissioned preventative pathways is supported by a strong evidence base linking foot health interventions to reductions in unplanned hospital admissions, major amputations, and the long term burden of disability. Targeted investment in podiatric capacity within ICSs, particularly in high need geographies, has the potential to deliver measurable population health gains, reduce system wide costs associated with late stage complications, and exemplify the NHS's commitment to parity of esteem between prevention and treatment. As a workforce priority, strengthening podiatry's role in place based models offers a scalable and evidence led mechanism to address health inequalities and embed preventative, person centred care at the heart of local systems.

4.4 Workforce shortages, unsafe staffing levels, sustainability and expansion
The podiatry workforce faces recruitment and retention challenges that must be addressed to support the goals of NHS England's 10-year plan. Data indicates a decline in newly qualified podiatrists, which, if unaddressed, could result in limited access to foot health services. RCPod's consultations have underscored the need for strategies to strengthen workforce sustainability. Recent HCPC data shows a reduction of approximately 1,000 podiatrists being lost over a ten year period[3]. This loss in misaligned with the increase in diabetes and peripheral arterial disease where the impact on foot health and podiatric intervention is critical to maintaining mobility, and wellbeing.

In England there are currently just under 10,000 registered podiatrists, 1 per 5,000 residents in England, and this number is due to decline as a result of the current workforce age profile and expected number of retiring clinicians. In 2016, the removal of NHS bursaries for undergraduate podiatrists, and other Allied Health Professionals (AHPs), Nurses and Midwives, saw the number of undergraduate students decline by 38%. Prior to this, the student bursary sat at £9,000 a year. In 2020, the Government reintroduced student bursaries at £5,000. While this has caused a slight improvement in recruitment to the profession, it falls far short of ensuring the future of the Podiatry workforce that will be required to deal with the oncoming wave of severe foot disease.

In 2025, 1.2 million people with diabetes in the UK will require regular Podiatry appointments if they are to remain ulcer and amputation free. This does not take into account those have peripheral arterial disease and are as at risk of foot ulceration, infection, and amputation. There are no workforce estimates for the number of podiatrists needed to also attend to lower limb vascular, neurological, musculoskeletal, or rheumatic disease for example, however there is near certainty that based upon current workforce models, Podiatry services will be understaffed and operating at unsafe workforce levels. A worst case scenario will see many people face premature death as a result of unnecessary amputation and avoidable harms.

A national Podiatry workforce strategy would act as a crucial steer for the allocation of long-term workforce structure and funding, training budget, and collaboration with non NHS sectors, yet also demonstrate how costs are recoverable when a sustainable workforce plan is implemented, and quality of care is not compromised. Introducing "golden handshake" incentives or retention bonuses for podiatrists in underserved areas could well prove productive. Similarly, standardising podiatry apprenticeships across regions and reintroducing full tuition bursaries could attract a diverse cohort of trainees. National workforce planning must reflect the increased demand for foot health services due to an ageing population[4].

4.5 CPD: Supporting full scope practice
The dynamic health needs of the UK population demand a podiatry workforce that is not only competent at the point of registration, but able to continually develop throughout their career. A robust CPD offer is essential so that every podiatrist can deliver care at the full scope of their regulated practice and participate in service transformation and innovation. The RCPod has invested in a range of accredited and digital CPD resources and is working to ensure

that CPD provision is accessible, relevant, and addresses both clinical and non clinical capabilities, including audit, business skills, and leadership.

However, practitioners report pressures related to time, funding, and the perceived over academic nature of some CPD provision. To address this, the profession must prioritise accessible, practical training formats, champion mentorship and peer led learning, and support protected time for development within job plans. CPD strategy must also acknowledge the value of leadership and quality improvement skills essential to driving innovation and meeting future system demands.

4.6 Shift, not drift

Without urgent and coordinated action, the podiatry workforce risks continued contraction and increased burnout, resulting in poorer outcomes for patients, particularly those in deprived communities already facing significant barriers to care. The 10 Year Workforce Plan must commit to bold and systemic changes addressing both pipeline and practice, with a focus on supply, training, and CPD as core enablers.

A shift in approach, moving from incremental, reactive adaptation to proactive, strategic reform, will ensure podiatry thrives as a modern, responsive, and integral pillar of multidisciplinary healthcare. With the right investment and leadership, the UK can secure a podiatry workforce fit for present and future needs, delivering high value, patient centred care to every community.

1. Royal College of Podiatry (2024) *Written evidence to the House of Lords Select Committee on the Integration of Primary and Community Care*. https://committees.parliament.uk/writtenevidence/121742/pdf/
2. Saks, M. (2021). *Report on Podiatry Workforce Development*. Royal College of Podiatry.
3. Health and Care Professions Council. Registrant snapshot- 4 October 2024. www.hcpc-uk.org/resources/data/2024/registrant-snapshot-october-2024/
4. Diabetes Footcare Resource Care Pack. NHS England 2016 https://www.england.nhs.uk/wp-content/uploads/sites/6/2018/11/Diabetes-Foot-Care-Resource-Pack-April-2016.pdf

5.0 Additional comments

To realise the NHS's vision for preventative, community based care, it is essential that podiatry is recognised as a strategic asset within the healthcare system. A number of key actions are recommended to support this goal.

Firstly, expanding and actively promoting podiatry apprenticeships can help diversify entry routes into the profession and retain local talent, particularly in underserved areas. Secondly, restoring full training grants for undergraduate podiatry students is critical to reversing the trend of declining enrolment and ensuring a sustainable future workforce.

In addition, targeted investment in advanced practice programmes will enable podiatrists to upskill in vital areas such as vascular care and podiatric surgery, enhancing their ability to manage complex cases within community settings. Successful initiatives like the MARRS programme should be scaled up across ICSs to reduce the incidence of amputations and improve patient outcomes. Finally, it is imperative that podiatry is represented within ICS governance structures to ensure that foot health is embedded in strategic planning and decision making processes.

5.1 Getting the basics right- Securing workforce supply, quality training, and CPD for Podiatry

Delivering effective, equitable, and future proof NHS podiatry services for the population relies on robust workforce planning and a clear commitment to ensuring that fundamental building blocks, i.e., supply, education, and ongoing professional development are in place. Only with the right foundations can the profession deliver its diverse and essential contributions to national health priorities, such as prevention, long term condition management, and reducing health inequalities.

6.0 Case Studies: Preventative foot health in action

1. Salford's high risk multidisciplinary model
Building on the MARRS framework, Salford implemented a 'high risk' rather than 'diabetes only' approach to lower limb wound care. Over six years, this model achieved a 42% reduction in total amputations and a 46% reduction in prevalence, outperforming regional averages (Ahmad et al., 2024). Key features included:

- Weekly multidisciplinary team (MDT) meetings with podiatrists, diabetologists, vascular surgeons, and orthopaedics.
- Upskilling podiatrists to perform diagnostics like toe pressures and order imaging.
- Integration of digital tools and streamlined referral pathways.
- Equal access for patients with and without diabetes.
- This model demonstrates how system wide transformation, co-designed pathways, and podiatry leadership can drive significant improvements in population health.

Ahmad N, Ravenscroft R, Sharpe A et al (2024) Amputation inequalities across a large metropolitan area of England and effect of a 'high-risk' rather than 'diabetes-only' multidisciplinary approach to lower-limb wound care 2015/16 to 2021/22. The Diabetic Foot Journal 27(1): 20–7

2. Morriston Hospital, Swansea- Biosurgical wound management
At Morriston Hospital, a 62-year-old patient with diabetes, sepsis and multiple grade 3B foot ulcers avoided amputation through a multidisciplinary foot protection team and innovative wound care. The team used:

- Surgical debridement followed by biosurgery (larval therapy).
- Super absorbent dressings to manage exudate.
- Coordinated care between podiatrists, orthopaedic surgeons, and district nurses.
- The patient healed within eight weeks without antibiotics or readmission. This case illustrates the importance of holistic wound care, timely intervention, and interprofessional collaboration.

Thomas, R. and Brenton, K. (2023) *Avoiding amputation using the multi-disciplinary foot team and appropriate wound care: a case study utilising Eclypse*. Advancis Medical. Available at: https://uk.advancismedical.com/blogs/case-studies/avoiding-amputation-using-the-multi-disciplinary-foot-team-and-appropriate-wound-care-a-case-study-utilising-eclypse

3. St Mary's Hospital, London- Conservative management of osteomyelitis
St Mary's multidisciplinary diabetes foot clinic achieved low amputation incidence through conservative management of neuropathic ulceration complicated by osteomyelitis. Their approach included:

- MRI-guided antibiotic therapy lasting up to six months.
- Offloading devices and regular podiatric debridement.
- Screening for peripheral vascular disease and selective surgical intervention.
- Outcomes included:
- 83% avoidance of amputation.
- 2% major amputation rate, significantly lower than national averages.
- Low relapse rates compared to shorter antibiotic regimens.

- This demonstrates how advanced diagnostics, and conservative care can preserve limbs and reduce healthcare costs.

Valabhji, J., Thorning, C. and Greenhalgh, R. (2014) *Reducing amputations at a multidisciplinary diabetic foot clinic in London*. *Diabetic Foot Journal*, 14(2), pp. 63–68. https://diabetesonthenet.com/wp-content/uploads/df_14-2_p63-4666870.pdf

4. Lancashire Teaching Hospitals- 13 Year Impact of multidisciplinary foot clinic
Lancashire's multidisciplinary foot clinic (MDFC) showed that a team based approach led to a reduction in major amputations and improved long term outcomes. Over 13 years:

- Major amputations decreased from 6.6 to 5.1 per 100,000.
- Minor amputations increased, reflecting earlier intervention and limb preservation.
- MDT included diabetologists, vascular surgeons, podiatrists, orthotists, and radiologists.
- This long term data supports the role of podiatry in early detection, patient education, and integrated care.

J Padee, UP Ranasinghe, RS Jayatilake, M Sullivan, A Egun, S Rajbhandari. Multidisciplinary foot clinic reduces diabetic lower limb amputation but cannot prevent it completely: 13 Year Experience at a Vascular Tertiary Centre. Archives of Diabetes & Obesity 2(4)- 2019. ADO.MS.ID.000141. DOI: 10.32474/ADO.2019.02.000141

5. Southampton Prescribing Pilot empowerment of NMP Podiatrists to directly prescribe
The Southampton Prescribing Pilot Report outlines a 12-month initiative (July 2024- June 2025) that empowered Podiatrists who were non-medical prescribers (NMPs) to directly prescribe antibiotics for foot infections, particularly in patients with diabetes. Traditionally, podiatrists had to rely on Patient Group Directives (PGDs) or request prescriptions from GPs, often leading to treatment delays. This pilot enabled four NMP qualified podiatrists to prescribe antibiotics for up to 6 weeks, aiming to improve patient outcomes and reduce GP workload. Over the course of the pilot, 184 FP10 prescriptions were issued, 268 PGDs were used, and 397 GP request letters were avoided. These figures highlight the pilot's success in streamlining care and reducing administrative burden. Notably, 85% of prescriptions were supported by swab or tissue results, indicating strong clinical governance.

Patient and clinician feedback was overwhelmingly positive. All 20 patients surveyed reported clear communication, understanding of their treatment, and satisfaction with the prompt access to antibiotics, many noting that previous GP dependent processes caused delays and anxiety. Clinicians expressed improved job satisfaction and clinical efficiency, citing the ability to prescribe full antibiotic courses as a significant improvement. Clinically, the pilot helped prevent 11 minor amputations and 12 non elective hospital admissions, with 14 admissions converted to shorter, elective stays. The report also flagged rising antibiotic resistance, identifying 46 bacterial strains, and emphasised the importance of antimicrobial stewardship. The pilot concluded that podiatrist led prescribing is safe, effective, and well received, recommending wider implementation, further training, and exploration of digital prescribing and osteomyelitis care pathways. The project won the 2025 HSJ Patient Safety Awards.

6. Podiatrists use of a virtual musculoskeletal service to prolonged waiting times

A recent evaluation of an NHS-commissioned virtual musculoskeletal podiatry service highlighted podiatry's pivotal role in delivering timely, effective, and digitally enabled care. With over 490 patients seen and more than half discharged to self-management, the service achieved significant reductions in pain scores and shortened waiting times: averaging just 34.6 days to first appointment. Podiatrists adapted clinical assessments for virtual platforms, demonstrating that conditions such as plantar fasciitis and flat foot can be successfully managed remotely. This model showcases podiatry's capacity to reduce NHS backlogs, empower patients, and align with the NHS's 10 Year Plan's goals for digital, community-based, and preventative care.

Brunilda A, Thanaporn T, Walton T, McManus L. An evaluation of a virtual musculoskeletal podiatry service implemented to address prolonged National Health Service waiting times. J Foot Ankle Res. 2024 Dec;17(4):e12039. doi: 10.1002/jfa2.12039. PMID: 39425474; PMCID: PMC11489304.