Royal College of Podiatry response to British Association of Dermatologists guideline on the management of fungal nail infection

The Royal College of Podiatry welcomes the updated British Association of Dermatologists (BAD) guideline on the management of fungal nail infection (FNI) and strongly supports its evidence-based, multidisciplinary methodology and the explicit inclusion of podiatry in the guideline development group and care pathways. The College particularly endorses the guideline's clear treatment recommendations, patient-centred outcome framework and pragmatic primary care focus, which are closely aligned with contemporary UK foot health and antimicrobial stewardship priorities.

FNI Guideline Manuscript

Section 3.0 Paragraph 4	We would welcome the inclusion of podiatry as a healthcare service that can assist patients through topical therapies in addition to nail debridement and drilling techniques.
Section 3.0 R2 (GPP)	The patient information leaflet linked in R2 (GPP) is now inconsistent with the new guidelines and should be updated before the release of the new guidelines. In particularly the current statement in the information leaflet 'Avoid cutting the cuticle, either yourself or **by a chiropodist or podiatrist** or a manicurist, since this increases the risk of nail damage and infection' is **incorrect** as podiatrists are registered health professionals and do not cut back cuticles. Suggest the following text: 'Avoid cutting the cuticle, either yourself or by a beauty/cosmetic manicuring treatment'
Section 3.0 R3	Welcome the inclusion of adjunct nail debulking and/or fenestration as part of FNI treatment.
Section 3.0 R4	We would recommend the addition of the word 'podiatrists' in this statement. 'GPs, pharmacists or **podiatrists** should ensure that people with FNI receiving treatment understand for how long they would need to apply the topical treatment or take the systemic treatment. This is important because podiatrists are referenced within the document as a provider of FNI treatment and care and are also professionally licensed to supply and administer topical antifungals.
Section 3.0 R5	We would recommend the addition of the word 'podiatrists' in this statement.

	'GPs, pharmacists or **podiatrists** should ensure that people with FNI receiving treatment understand that even if treatment is successful sometimes their nail may never look as it did before due to damage/trauma sustained.' This is important because podiatrists are referenced within the document as a provider of FNI treatment and care.
Section 3.0 R6	Welcome the inclusion of lateral flow device testing to confirm dermatophyte FNI.
Section 3.0 R13	Welcome the inclusion of dermoscopy, onychoscopy to aid detection of FNI clinically
Section 3.0 R14	Welcome the inclusion of immune status assessment in patients with confirmed proximal subungual onychomycosis or where both finger and toenail FNI is present.
Section 3.0 R15/R16	Welcome the inclusion of no treatment options.
Section 3.0 R24 and R31	As Griseofulvin is being removed as a treatment option it is necessary to update the BAD patient information leaflet at: https://www.skinhealthinfo.org.uk/condition/fungal-infections-of-the-nails/
Section 3.0 R40	Welcome the inclusion of footwear advice and sanitation
Section 3.0 R41	Welcome the inclusion of topical antifungal application to insoles.
Section 3.0 R42	Welcome the inclusion of wearing protective footwear in communal showers/spas/swimming pools
Section 4.0	Welcome the introduction of a clear patient management pathway
Section 6.0	Welcome the introduction of suggested audit points

Linking Evidence to Recommendation

Page 76-79	Welcome the inclusion of concise guidelines for primary care and referral criteria
Patient Values and Preferences Page 55	As noted above we would recommend the addition of the word 'podiatrists' in this statement. 'GPs, pharmacists or **podiatrists** should ensure that people with FNI receiving treatment understand that even if treatment is successful sometimes their nail may never look as it did before due to damage/trauma sustained.' This is important because podiatrists are referenced within the document as a provider of FNI treatment and care. We would recommend the addition of the word 'podiatrists' in this statement.

	‘GPs, pharmacists or **podiatrists** should ensure that people with FNI receiving treatment understand for how long they would need to apply the topical treatment or take the systemic treatment. This is important because podiatrists are referenced within the document as a provider of FNI treatment and care and are also professionally licensed to supply and administer topical antifungals.

For future research there is an option to include a narrative for future innovation of treatment solutions, including the work by the team at Kings College London on Sodium Hydrogen Sulphide. It should be acknowledged in this work that even though the treatments reviewed show favorable efficacy the duration of treatment and adherence from patients to apply solutions to the nail for often over a year is a major limitation of treatment success.

Overall, the recommendations do not acknowledge the role of podiatry in supporting and managing patients with this condition. Is this omission attributable to the current evidence base, which appears to exclude podiatry and thereby limits understanding of the interventions and contributions of the profession?

The College supports the stated intention to revise the guideline by 2030, with interim updates as required, recognising the rapidly evolving evidence base in antifungal pharmacotherapy, diagnostics and resistance. The identification of research gaps in non-dermatophyte mold disease, children, immunocompromised populations and long-term outcomes is endorsed and aligns with areas of clinical uncertainty regularly encountered in podiatry services.

The College would welcome ongoing collaboration with the BAD to support implementation, audit and education across professional groups, and to contribute podiatry-specific data to future updates, particularly in relation to mechanical and combination therapies, and service models that optimise access and outcomes for people with FNI.

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