

Saks Report: Executive Summary



THE REPORT OF THE ROYAL COLLEGE OF PODIATRY
WORKFORCE, EDUCATION AND DEVELOPMENT STRATEGY GROUP

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ROYAL COLLEGE
of **PODIATRY**

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Royal College of Podiatry
Quartz House, 207 Providence Square,
Mill Street, London SE1 2EW
Tel: 020 7234 8620
Email (general enquiries): contact@rcpod.org.uk
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Foreword

The Saks Report builds on the excellent achievement of the College of Podiatry in gaining royal status in March 2021. The distinction provided by royal patronage is typically granted to institutions considered to be in the public interest as in the case of learned professional societies like the College of Podiatry, whose members provide essential healthcare services. This focused report has grown out of the work of a Workforce, Education and Development Strategy Group established in July 2020 which has now met on several occasions to further aid the evolution of podiatry as a whole and the Royal College of Podiatry in particular.

As a context, what is now the Royal College of Podiatry was incorporated as a learned society in 1945, and also serves as an independent trade union. It provides a wide variety of membership services to podiatrists throughout the United Kingdom and overseas, including amongst others education, employment support, legal advice, malpractice insurance, professional practice guidance, regular journal publications, and scientific conferences. The College has numerous podiatry branches for meetings and promotes continuing professional development. It is a key source of expertise for healthcare bodies and the public.

All the College's members in professional practice are currently statutorily registered with the Health and Care Professions Council. The College is increasingly strongly rated by its membership, as indicated by the 2021 Membership Survey. Its mission is to promote guidelines and standards of practice that are evidence-based and ensure the safety of patients and clinical effectiveness – with a focus on clinical and public health outcomes.

As such, the College endeavours to influence the governments of the four countries of the United Kingdom, ensuring that they understand that podiatry encompasses specialist care, surgery, limb salvage, general practice and public health, and makes a central contribution to population health. Linked to this, it campaigns to ensure podiatry services across all sectors are supported by government policies which includes enabling a healthy supply of podiatrists for the workforce and sustaining well-funded and supported podiatry services.

In a related manner, the College promotes the highest professional values, practice and standards with an emphasis on governance and quality assurance. It campaigns to raise awareness at the public and

government level that good lower-limb and foot health is essential to mobility and that podiatry is a key element in prevention. It provides members with guidelines relating to patient care which must be adhered to in order to comply with membership requirements. Its policies are informed by the United Kingdom's most prominent podiatrists, scientists, and researchers, as well as product suppliers and users of services.

In this context, the report is very timely as it comes at a point where podiatry stands at the crossroads. Having achieved numerous successes to date, it faces a range of challenges as a result of rapid internal and external change and now needs to assess how it may develop further as a sustainable profession. This report makes recommendations to the Council of the College, based on detailed work undertaken by the Strategy Group, designed to take podiatry positively forward in the future. It is intended to feed into the development of the College Strategic Plan for the period 2022-2025. It has been my pleasure to Chair this Strategy Group and contribute to the strengthening of this important area in the years ahead.



Professor Mike Saks BA, MA, PhD, FIKE, FIoD, FRCCM, FRSA, MIRL
Emeritus Professor, University of Suffolk, UK
& Visiting Professor University of Lincoln, UK
Royal Veterinary College, University of London, UK
University of Westminster, UK and
University of Toronto, Canada

The report of the Royal College of Podiatry Workforce, Education and Development Strategy Group

1. Background and remit of Strategy Group

The Saks Report begins by outlining the background and remit of the Royal College of the Podiatry Workforce, Education and Development Strategy Group, consisting of experts spanning the four countries in the United Kingdom, drawn from the College, NHS and independent practice, senior personnel from a range of cognate organisations including the NHS and university sector. Both recent graduate and minority ethnic and other constituencies were represented – as well as users through a number of non-podiatric members of the Group. The Strategy Group was chaired by Professor Mike Saks.

The mission of the Strategy Group was to ensure that the NHS podiatry workforce and pre-registration pipeline grow to meet patient need in all areas of practice in support of the vision of the *NHS People Plan* which sets out what can be expected from leaders and each other. Podiatry in this context is taken to include areas like podiatric surgery and other specialisms. The Group met on five occasions to facilitate the preparation of this report.

The overall purpose of the Strategy Group was to develop an effective strategy with a focus on raising the profile and understanding of podiatry at both national and regional leadership levels. It has sought to ensure a clear demonstration of podiatric knowledge and skills and greater recognition of the available knowledge and skills across the profession as health services adjust, expand and adapt to new ways of working not least in the era of Covid-19 – with all its implications for policy and practice.

2. Podiatry: Definition and its position in healthcare

This report, which is intended to feed into the development of the Royal College of Podiatry's Strategic Plan 2022-2025, begins by briefly outlining the history and current nature of podiatry – including

its regulation along with fourteen other allied health professions under the Health and Care Professions Council in the United Kingdom. It notes current debates about the focus of the scope of practice of a podiatrist on the foot and lower limb, in what is a relatively small profession with a fluctuating population of between ten and fifteen thousand practitioners at any one time.

It observes that its registrants are typically degree educated with a training in podiatry. This includes a broad range of subjects such as general medicine, podiatric medicine, pathology and pharmacology – as well as prescription-only-medicines, public health, epidemiology, infection control and health promotion centred on evidence-based practice. The aim is to support and treat people with a wide variety of foot and/or lower limb disorders, diseases, and complications and to help populations to remain systemically healthy, mobile and active.

Podiatrists in the United Kingdom work primarily in the NHS and independent practice. There are also many opportunities within a range of working environments and clinical specialisms – including the areas of sports podiatry, forensic podiatry and podiatric surgery. In addition, there is a range of College recognised support workers with their own training in the NHS and a still wider span of foot health practitioners with various titles and levels of qualification in private practice.

3. Issues in podiatry: SWOT analysis

A systematic analysis of the strengths, weaknesses, opportunities and threats relating to internal and external developments relevant to podiatry in the United Kingdom was compiled from a brainstorm by individual members of the Strategy Group, which also incorporates the views of the Council, Executive and Professoriate of the College. The outcome of this exercise – along with data directly provided by the College and the results of literature searches – formed

a major strategic fulcrum for making recommendations for the future to the Council of the College.

Aside from a literature search, much of this report derives from the work of Reference Groups and other parties that have serviced requests made by the Strategy Group in considering the following areas in depth from an evidence-based perspective:

- Apprenticeships relevant to podiatry
- Covid-19 and podiatry
- Data collection and membership
- Definition of podiatry
- Equality, diversity and inclusion
- Impact of technology on the profession
- Independent and NHS practice
- Influencing and media report
- Interpretation of key documents
- Patient and public involvement in podiatry
- Podiatry's role in primary care and public health
- Podiatry workforce
- Private practice data
- Recruitment and retention
- Research in podiatry
- Sustainability within the podiatry profession
- The support workforce in podiatry

4. Recommendations for moving podiatry forward

Podiatry in the United Kingdom has many positive features. At the end of undergraduate education there is almost certain employment. There is also a good range of continuing professional development for those entering podiatry with career opportunities linked to the implementation of pathways in fields such as musculoskeletal care, diabetes and surgery – in an area increasingly underpinned by a research base.

There have been efforts to tackle diversity issues in recruitment and other fields and to strengthen the profession in face of NHS workforce shortages in the United Kingdom. There is also good leadership, with some senior leaders in a position to influence healthcare decision making. Podiatrists on the ground are generally committed and well-motivated and have often proved adaptable in dealing with the Covid-19 pandemic – in a way that highlights the potential scope of their future role.

However, this said, podiatry needs to build on its historic past and its exciting new-found Royal College status to proactively develop further and meet the

major challenges that it currently faces in serving an increasingly ageing population beset by long-term conditions and co-morbidities in the United Kingdom. Although podiatry is a small profession, steps towards enhancement – reinforced by a range of government drivers – can greatly increase its influence and impact as a profession.

After careful analysis, the Strategy Group made a variety of recommendations. The summary of the twenty-eight recommendations made by this report, under seven headings, is given below. Such recommendations will need to be prioritised by the Council of the College on a short- to medium- or longer-term basis – and most certainly within a five-year time frame. In this respect, some of the initial recommendations are generic, while others are more specific and pressing such as those related to ensuring an appropriate supply of podiatrists.

The College is invited to respond to these recommendations as appropriate with operational plans, actions, responsibilities and timelines. In so doing and in communicating the actions internally and externally, the approach should be firm and direct in a climate in which health and welfare as well as skills, jobs and economic recovery are central, focusing on the following main features of podiatry:

- Its purpose (what it is, what it does and why it matters, and what impact it has)
- Its people (what makes up the profession, how it is structured and trained, and with what career pathways/opportunities)
- Its place (how it interacts with society and other health and social care practitioners)
- Its potential (its vision for the ongoing advancement of practice and public benefit)
- Its performance (its demand, representation, and impact on health and wellbeing).

Recommendations

General recommendations for podiatry

1. There needs to be more positive emphasis on proactivity and openness in podiatry in face of major transformational changes in society, not least in advancing inclusivity.
2. Podiatrists need to make better use of technology in areas ranging from keeping records to the employment of telemedicine and virtual consultations.
3. Podiatrists should make greater efforts to overcome the sometimes needless insularity and protectionism affecting practice on the ground, including in enhancing team working.
4. There needs to be greater protection by podiatrists of exclusivity of key areas of practice of podiatry in maintaining and expanding its jurisdiction amongst the health profession.
10. There is a need to foster better links between podiatrists working in the NHS and the independent sector, particularly in dealing with moderate- to high-risk patients.
11. Further support should be provided for solo practice in the independent sector to avoid unnecessary limits on this form of operation.
12. More delegation of routine work to support workers needs to be undertaken in a controlled and routinised way in podiatry, in light of workforce shortages.
13. Consideration should be given to greater incorporation of unregulated practitioners into designated roles on a skills escalator under supervision without compromising standards.

Recommendations about the scope of practice of podiatry

5. Podiatry's scope of practice needs to be revisited and extended beyond simply the foot and/or ankle to highlight its more holistic and positive role in service and other contexts.
6. This wider definition of podiatry needs to be more strongly included in official definitions of podiatry's role, podiatric practice and the higher education curriculum.
7. Further encouragement needs to be given to podiatrists being seen as first contact practitioners for issues directly or indirectly associated with the foot and lower limb.
8. The positives gained from expanded practice during the experience of the Covid-19 pandemic should be used as stepping stones to a more enlightened future.
14. Priority attention should be given to the diminishing supply of podiatrists, especially in an increasingly ageing profession.
15. Every effort must continue to be made to recruit more students for the NHS and elsewhere, which they will find more attractive with a wider scope of practice.
16. Student recruitment can be improved by further publicising the attractions of areas such as sport, fashion and technology – along with largely guaranteed employment.
17. More use needs to be made of flexible educational approaches like apprenticeships with appropriate monitoring and quality control, alongside conventional opportunities.
18. It is also important to improve the retention of podiatry staff – not least through professional development and making careers in NHS podiatry more attractive.

Recommendations about the organisational and support structure of podiatry

9. The podiatry career structure needs enhancing with more supported opportunities to develop in advanced practice/specialisms like podiatric surgery and further use of mentoring.

Recommendations about patient and public involvement in podiatry

19. It would be helpful if the College extended its engagement of patients and the public in its activities, including in its committee and decision-making structure.

20. Choice for patients needs to be expanded by the provision of fuller information about podiatry and the facilitation of greater direct access to practitioners.
21. The College should develop a shared policy position for practitioners and podiatry service users on self-care and self-management that is resonant with government strategy.

Recommendations about publicity and lobbying

22. More effort is needed in developing a marketing strategy targeting the media to increase public, government and other health professionals' general understanding of podiatry.
23. Particular campaigns should continue to be launched – such as to increase minority group presence in podiatry, including redressing the gender balance of the profession.
24. Coordinated leadership in podiatry could more effectively advance podiatry as a profession externally in a self-reflective way given its clinical, economic and societal benefits.
25. There needs to be greater recognition of the advantages of collaborating more closely with other professions in allied healthcare and beyond, where appropriate.

Recommendations for future research into podiatry

26. There is scope for more prioritised clinical research for public and patient benefit in podiatry to underpin practice, drawing on a wider range of financial and other support.
27. Beyond Brexit more funded international collaborations should be sought in education, practice and research.
28. Further research, including systematic data gathering, monitoring and analysis, needs to be undertaken into specific clinical and organisational aspects of podiatry to inform practice.

Further information:

Royal College of Podiatry
Quartz House
207 Providence Square
Mill Street
London
SE1 2EW
Tel: 020 7234 8620
Email: contact@rcpod.org.uk
Web: www.rcpod.org.uk

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