

Backbench Business Debate – Podiatry Workforce and Patient Care

Tuesday 20th June, 16:00-16:30

Key Ask: That the government would meet with the Royal College of Podiatry to discuss how we can secure the future of the Podiatry workforce to enable population health for future generations.

Introduction to Podiatry

Podiatrists are highly skilled healthcare professionals trained to assess, diagnose, prevent, treat, and rehabilitate complications of the foot and lower limb. They manage foot, ankle, and lower limb musculoskeletal pain, skin conditions of the legs and feet, treat infection and assess and manage lower limb neurological and circulatory disorders. Podiatrists are unique in working across conditions and the life course rather than a disease-specific area.

A podiatrist's training and expertise extends across population groups to those who have multiple chronic long-term conditions, which place a high burden upon NHS resources (diabetes, arthritis, and cardiovascular disease). In addition to delivering wider public health messages to minimise isolation, promote physical activity, and support weight loss strategies and healthy lifestyle choices, podiatrists keep people mobile, in work and active throughout their life course.

Podiatry is intrinsic to multiple care pathways and podiatrists liaise between community, residential, domiciliary, and secondary care and primary care settings. They specialise in being flexible and responsive, ensuring focused patient care irrespective of the clinical setting. Podiatrists are at the forefront of delivering innovation in integrated care; they deliver high-quality and timely care as well as embracing safe and effective technologies that lead to improved patient outcomes.

The role of podiatrists in managing diabetic foot complications

Podiatrists have a vital role to play in the prevention and management of diabetic foot complications which cost the NHS in England £1 billion a year. In three years (2017/18 to 2019/20) there were over 190 amputations (minor and major) per week in England. Of these, 79% will be confined to one room by their amputation within one year, with 80% tragically dying within five years. This is an outcome for patients that is worse than the majority of common cancers.

The impact of lower limb amputations on patients' quality of life and the chance of survival is shocking. We must do everything we can to prevent diabetic foot complications in a timely and targeted manner to ensure people have the best possible chance of living long and fulfilled lives.

By 2025, it is estimated that 1.2 million people with diabetes in the UK will require regular podiatry appointments if they are to remain ulcer, infection, and amputation free.

Podiatrists are skilled and trained in the prevention and management of diabetes-related foot complications. Podiatrists must be at the heart of NHS plans to eliminate unnecessary amputations and consequent avoidable deaths. The broader cost of diabetic foot ulcers is costing the NHS more than £1 billion per year.¹ Equivalent of just under 1% of the entire NHS annual budget. Prioritising effective and early intervention for diabetic foot complications before ulceration could save thousands of lives and millions of pounds each year.

The workforce challenge facing podiatry

The need for focused recruitment

By 2025, it is estimated that 1.2 million people with diabetes in the UK will require regular podiatry appointments if they are to remain ulcer and amputation free. In the absence of this treatment, many people will face premature disability and death as a result of preventable complications.

There are currently just under 10,000 HCPC registered podiatrists, (just 1 per 5,5000 residents) in England and this number is due to decline due to age demographics. In 2016, the removal of NHS bursaries for student podiatrists has seen the number of undergraduate students studying podiatry decline by 38%. Before this, the student bursary was set at £9,000 a year i.e., it covered the cost of tuition per 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 diabetic complications out of the pandemic.

The average age of podiatry students on graduation is 32 years, the majority of whom are pursuing a second degree. A second student loan is making it harder for universities to recruit. This will have a damaging impact on the ability of universities to recruit undergraduates to train as podiatrists. By leaving it up to the market, we face the prospect of not training the workforce required to meet the needs of an ageing population.

Of those podiatrists currently qualified in England, approximately 40% work within the NHS. It is projected that many of these podiatrists not heading for retirement are likely to move to work in the private sector in the next five years. Cited reasons include lack of career development opportunities, repetitive workloads with limited skill mix, and high demand and low capacity leading to unsafe staffing levels and staff burnout.

Expansion of the Podiatric workforce across primary, community, and secondary services may address some but not all issues. Support for workforce growth is critical. Support for those already qualified to progress to Advanced Clinical Practice and Consultancy is also critical to workforce retention and ensuring adequate capability in senior clinical, leadership, education, and research roles.

Policy is needed for closer working across providers and delivery of a foot health strategy

There is a significant opportunity to expand the foot health workforce to include non-registered roles, supported by qualified expert podiatrists. There is also an opportunity to consider alternate workforce models that are inclusive of podiatrists working in private practice, or the wider foot health workforce in third/voluntary sectors for example. A clear workforce strategy is needed to explicitly underpin how the foot health workforce is optimally configured, funded, implemented, trained, and what the core outcomes for foot health services must be to meet the needs of our future population. Currently, there is no workforce strategy, no clear statement of aim, and a standardised set of core outcome measures informed by public health or policy. Clear foot health policy is urgently needed to maximise all the benefits that podiatry can offer across an integrated care system before the profession becomes unsustainable, staffing levels unsafe, and avoidable patient harms, amputations and deaths relating to lower limb disease rise.

Key asks

1. Reinstate the £9,000 bursary for student podiatrists

If podiatrists are to be able to support the millions of people who will require their expertise, the Government must reinstate the full podiatry student bursary of £9,000 per year. This is essential if the podiatry workforce is to be secured and expanded for future generations. In the absence of long-term funding confidence, allied health professions such as podiatrists are unable to commit substantial and consistent investment towards maximising recruitment and retention, both of which will be crucial in securing the future viability of this vital profession.

3. National collection of podiatry vacancy rates and inclusion of podiatry in workforce planning

The publication of a national workforce plan which includes a future need for allied health professions such as podiatrists, must be a priority for the Government. This plan must take into account current trends in recruitment and retention and future needs-based public health comorbidities and their impact on disease prevalence. A national workforce plan will also act as a crucial evidence base for the allocation of long-term workforce funding.

2. Strengthening guidance on ICS membership to include Allied Health Professionals

The absence of national guidance or recommendations regarding which organisations and individuals should be included in Integrated Care Partnerships has resulted in a patchwork of access for allied health professionals including podiatrists to be involved in Integrated Care decision-making. Without meaningful engagement in these discussions, there is a danger that the invaluable contribution that podiatrists can make to the delivery of care might be overlooked. Strengthened national guidance on the makeup of Integrated Care Partnerships, which includes representation of Allied Health Professionals such as podiatrists should be developed and implemented at the earliest opportunity.