

Priorities for the Profession

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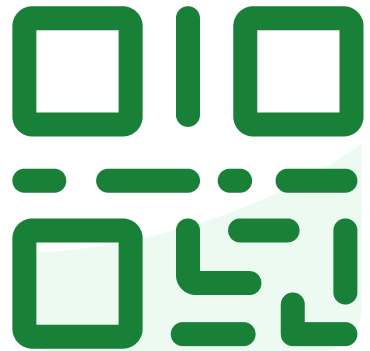
Former National

Education and Training

Lead (NHSE)



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From Support worker to National Education and Training Lead

Oct 1991
Started employment
as a Podiatry
Assistant



2003 started part-time BSc
(hons) degree in Podiatry
at Huddersfield Uni



2007 Graduated
Employed as a band 5 Podiatrist



2007 Band 6
Podiatrist



2010 band 7
Advanced Podiatrist
Diabetes



2018 Principal Podiatrist
Diabetes



2019 Non Medical Independent
prescriber

2022 secondment to HEE National education & Training
Lead



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What sector do you work in ?

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Centre of AHP Education & Transformation



Consists of 13 National leads for 15 AHP professions





Centre for AHP Education & Transformation

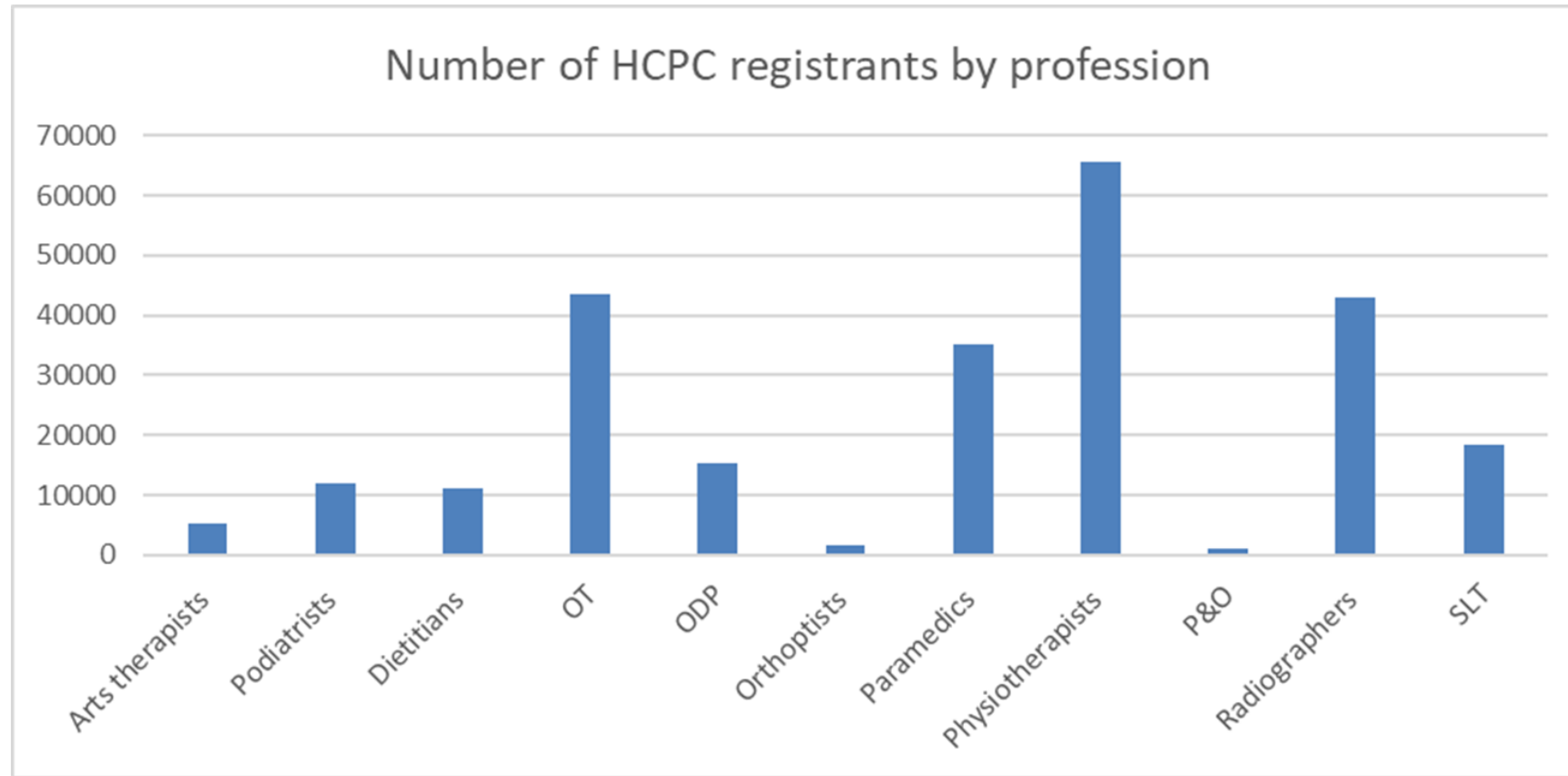
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What do you consider a priority for Podiatry

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Podiatry is one of the smaller AHP Professions.



What the data tells us

- Population changes, increased number of older people.
- Increased numbers of people living with long term conditions.
- 9096 Podiatrists registered in England, 700 less than in 2014.
- Approximately a third of HCPC Podiatry registrants in England are employed in the NHS.
- NHS Podiatry has an aging workforce, 18.6% over 55 years old with an average age of 44.
- 55% of those leaving the HCPC register since Oct 2021 was due to retirement
- 81% of the NHS podiatry workforce are white
- 8 % of the Podiatrists responding to the HCPC voluntary survey reported a disability
- The national vacancy rate for NHS podiatry is estimated at 14%, with variation between regions

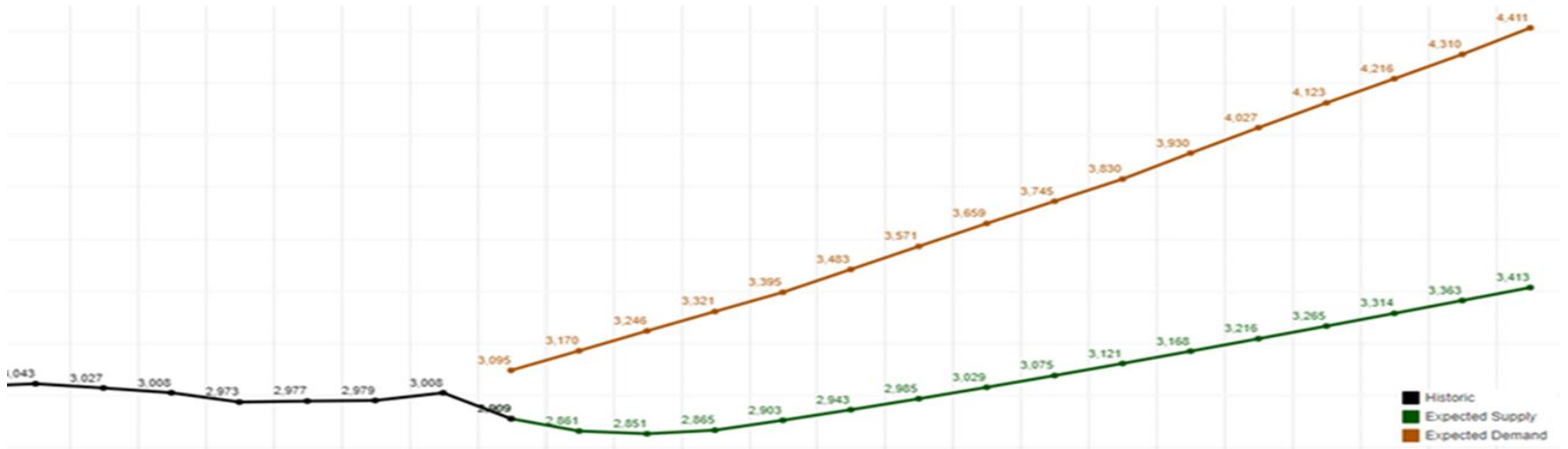
Office for National Statistics accessed October 2023

HCPC 01.03.23

Workforce data NHSE May 2023

Diversity Data Report 2021. Health and Care Professions Council 2021

Analysis : Projected Gap Between Expected FTE Supply and Expected FTE Demand



Year	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	
Supply								2,909	2,861	2,851	2,865	2,903	2,943	2,985	3,029	3,075	3,121	3,168	3,216	3,265	3,314	3,363	3,413	
Demand								3,095	3,170	3,246	3,321	3,395	3,483	3,571	3,659	3,745	3,830	3,900	4,027	4,123	4,216	4,310	4,411	
Gap								-186	-308	-395	-456	-492	-540	-586	-630	-670	-709	-742	-811	-858	-902	-946	-998	
% Change	1.4%	-0.5%	-0.6%	-1.2%	0.1%	0.1%	1.0%	-3.3%	-1.6%	-0.4%	0.5%	1.3%	1.4%	1.4%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	
Delta	11	-16	-18	36	4	2	29	99	4	10	14	38	40	42	44	45	46	47	48	49	49	49	49	50
% Delta								6.0%	9.7%	12.2%	13.7%	14.5%	15.5%	16.4%	17.2%	17.3%	18.5%	19.4%	20.1%	20.8%	21.4%	22.0%	22.6%	

In 2022	To 2025	To 2027	To 2032	To 2037
2,909	-44 (1.5%)	+34 (1.2%)	+260 (8.9%)	+504 (17.3%)
3,095	+226 (7.3%)	+388 (12.5%)	+835 (27.0%)	+1316 (42.5%)

Average Expected Growth FTE - Supply
 Average Expected Growth FTE - Demand

To 2025	To 2027	To 2032	To 2037
-0.5%	0.2%	0.9%	1.1%
2.4%	2.4%	2.4%	2.4%

Long Term Workforce plan 2023

Professional group		Training intake*					Plan**
		Baseline (2022)	2025	2026	2027	2028	2031
Medical	Medical school places***	7,500	8,200	8,700	9,350	10,000	15,000
	GP trainee places***	4,000	4,500	4,750	5,000	5,000	6,000
Nursing and midwifery	Nursing – adult branch	19,805	21,429	22,949	25,478	27,901	37,959
	Nursing – child branch	3,798	3,614	3,543	3,471	3,402	3,798
	Nursing – learning disability branch	543	629	664	717	794	1,089
	Nursing – mental health branch	5,714	6,452	6,825	7,333	7,902	11,012
	Nursing associates	5,000	5,660	6,211	6,665	7,000	10,500
	Midwifery	3,778	4,269	4,269	4,269	4,269	4,269
	Health visitors	768	825	825	866	900	1,339
	District nurses	708	842	842	961	1,000	1,787
	Registered school nurses	335	370	370	401	427	662
Advanced care practitioners	Advanced care practitioners	3,433	4,132	4,502	4,806	5,000	6,371
Allied healthcare professionals	Prosthetists and orthotists	57	89	89	89	89	89
	Dietitians	587	776	776	776	776	776
	Occupational therapists	2,610	2,788	2,788	2,875	2,966	3,500
	Operating department practitioners	1,242	1,058	1,058	1,088	1,119	1,242
	Orthoptics	120	167	167	167	167	167
	Paramedics	3,440	3,437	3,437	3,503	3,573	4,070
	Physiotherapists	3,652	4,050	4,050	4,050	4,050	4,050
	Podiatrists	375	408	408	442	479	668
	Radiographers (diagnostic)	1,648	1,778	1,778	1,844	1,937	2,300
	Radiographers (therapeutic)	370	475	475	475	475	475
	Speech and language therapists	817	1,193	1,193	1,193	1,193	1,193
	Art, music and drama therapists	158	165	165	170	176	292

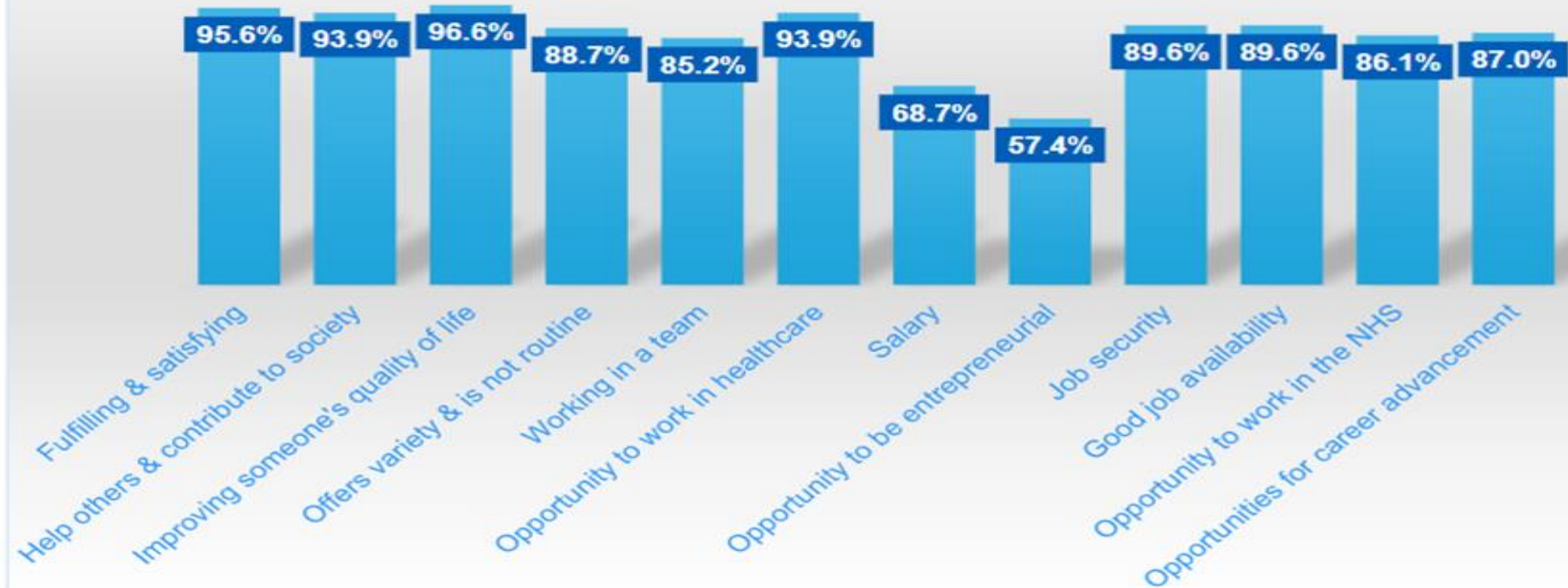
Podiatry student starters per region from 2015 - 2022

Sum of Starters								
Row Labels	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023
East of England							5	3
London	33	42	25	21	24	23	27	27
Midlands	26	52	43	25	37	54	67	76
North East and Yorkshire	72	76	81	72	62	84	92	79
North West	69	85	79	36	53	76	85	73
Not Specified	33	42	25	23	24			
South East		26	38	40	41	72	78	47
South West			11	15	0	37	29	54
(blank)								
Grand Total	233	323	302	232	241	346	383	359



- Exposure to the profession either themselves or a family member as a patient.
 - Know a Podiatrist
- Most students stated they choose the profession because:
- Specialised nature of profession
 - Job security/ employability
 - Opportunities to progress/ develop

Motivations for choosing a podiatry career (% of sample who agreed/strongly agreed)



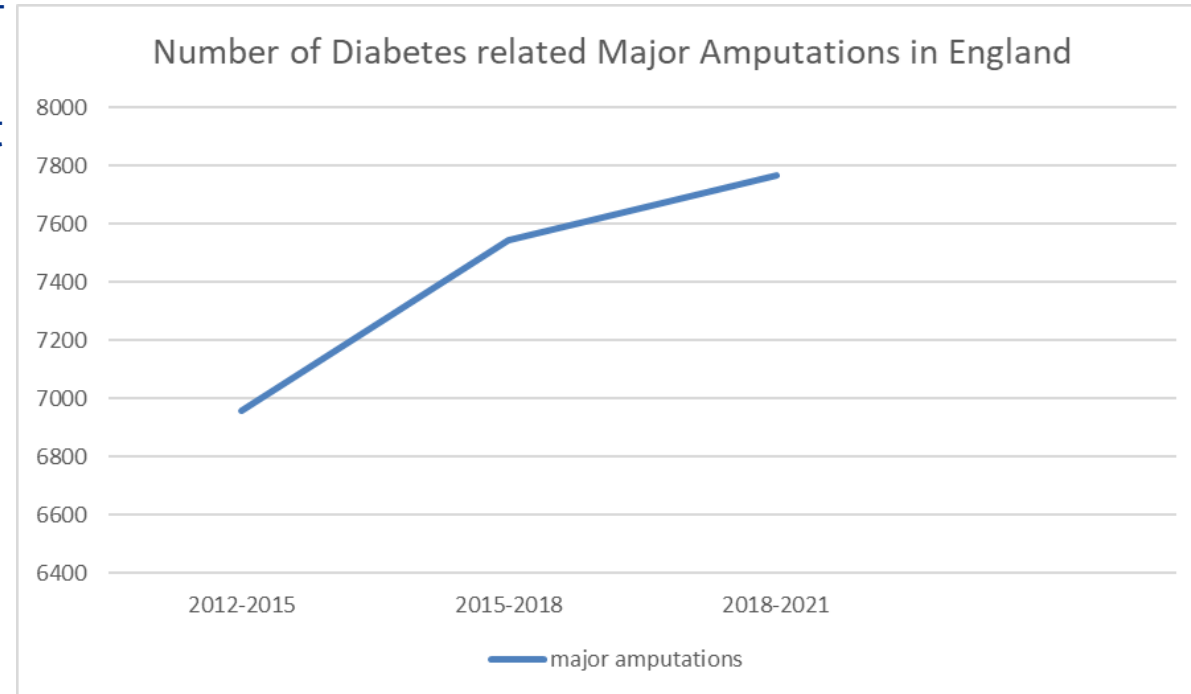
Education

- 9 providers in England offering traditional BSc (Hons), 2 pre reg Msc and 5 offer the Degree apprenticeship
- All courses are heavily reliant on clearing with many not filling all places.
- Geography of providers impacts ability to recruit. East of England having the lowest number of starters and no HEI provider,
- The LTWFP proposes expanding apprenticeships to 80% of the annual intake, so they become the main entry route.
- Lower-level 3 and 5 apprenticeships offering podiatry specific programs are limited.



Implications / Cost

- Lower limb amputation rates are rising, approx. 80% of diabetes related amputations are preventable.
- 55 % of Lower limb amputations are in patients without diabetes diagnosis.
- Data suggests a four-to-five-fold variation in rates of lower extremity amputations from the least to most deprived neighbourhoods.
- Need to map Podiatry resources to local population needs and address health inequalities.
- Survival rates post amputation are worse than some cancers. Mortality rate as high as 80 % within 5 years.
- If the NHS were to reduce the prevalence of diabetic foot ulcers in England by one-third, the gross annual saving would be more than £250 million.

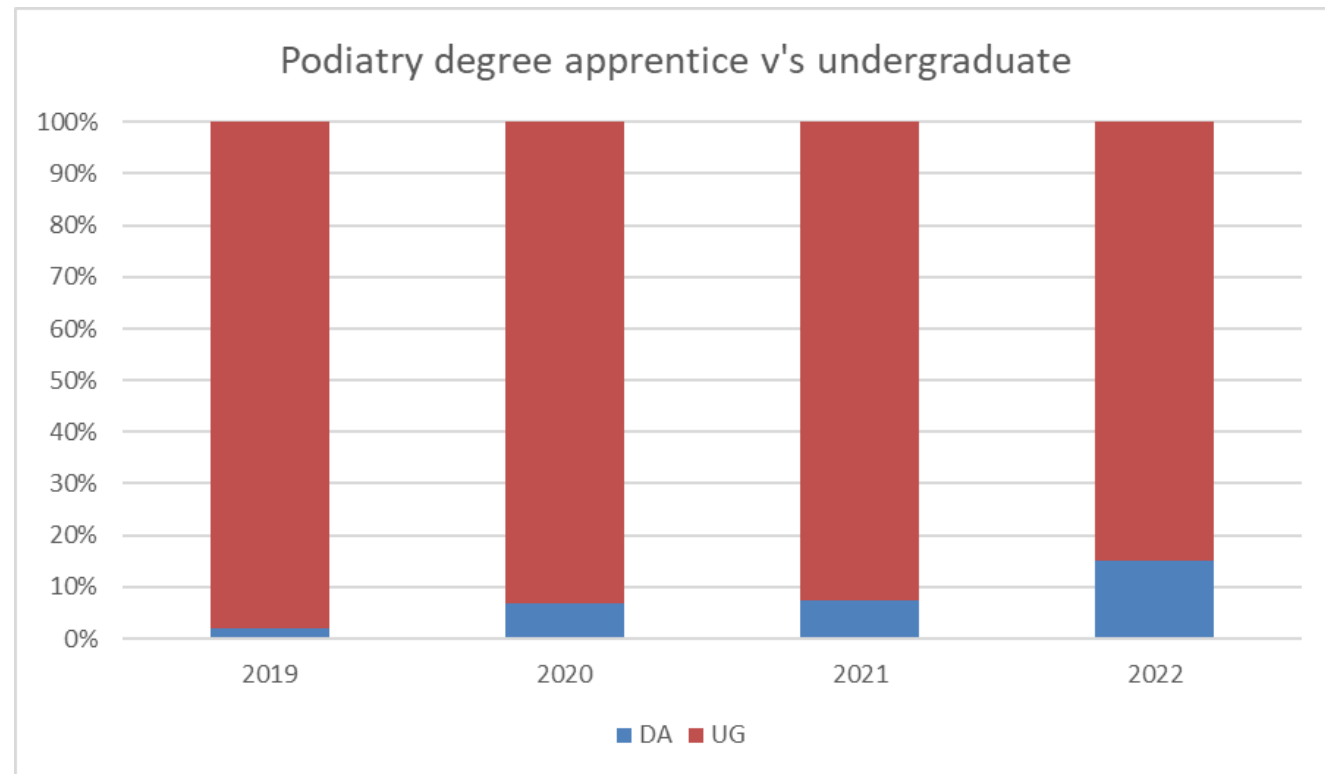


Podiatry Potential

- Workforce shortages and commissioning restrictions has led to NHS podiatry becoming a reactive service, focussing on wound care not preventative strategies to reduce complications associated with long term conditions
- Restrictive NHS practice is leading to deskilling in certain aspects such as MSK. Reduced job satisfaction and low staff morale translating into poor retention.
- Podiatry has a key role in early identification and intervention programs, particularly in more deprived communities.
- Positioning First Contact Practitioners appropriately, to liberate the understanding within primary care and the wider system of the unique skill set podiatry can bring to improve the management of people living with long term conditions.

Apprenticeships / The Game Changer

- Apprenticeships are showing steady growth. Further expansion is required to meet the aspirations of the LTWFP.
- Current workforce shortages present challenges in all sectors.
- Intelligent skill mixing with apprentices working as support workers to maintain capacity.
- Organizations to grow own workforce especially in hard to recruit to regions.
- Feedback obtained at CAHPET event suggests a lack of awareness by employing organisation's regarding access to levy and support.
- Pool of appropriate support workers running dry need to expand to school leavers



Retain

- Aging workforce Action - legacy posts ? Retain knowledge and skills
- National vacancy rate does not reflect the UNMET NEED. Risk of hard to recruit to posts being dissolved (CIP).
- Agency is not a solution. There are insufficient numbers of suitably skilled bank and agency staff to plug the volume of NHS vacancies with less than 15 % of the WTE vacancies reported being filled by agency staff.
- NHS Podiatry sickness levels are high, morale is low, risk of burn out as remaining podiatrists are carrying highly complex caseloads.
- NHS managers need guidance and support on how to pitch commissioning conversations.
- Traditional commissioning model of assessment diagnosis treatment and refer / discharge does not apply to those high-risk caseloads that require ongoing podiatry intervention.

Inequalities

- Inequity of podiatry service provision across England impacting upon population health.
- Differing thresholds for access and no standardised service specification based on good practice.
- Commissioning needs to level up and support early detection and management of PAD in all population to reduce onward costs associated with vascular intervention.
- NWCSP address variation in foot ulcer management and outcomes for people without diabetes who develop foot ulcers.



Advanced and Consultant Practice

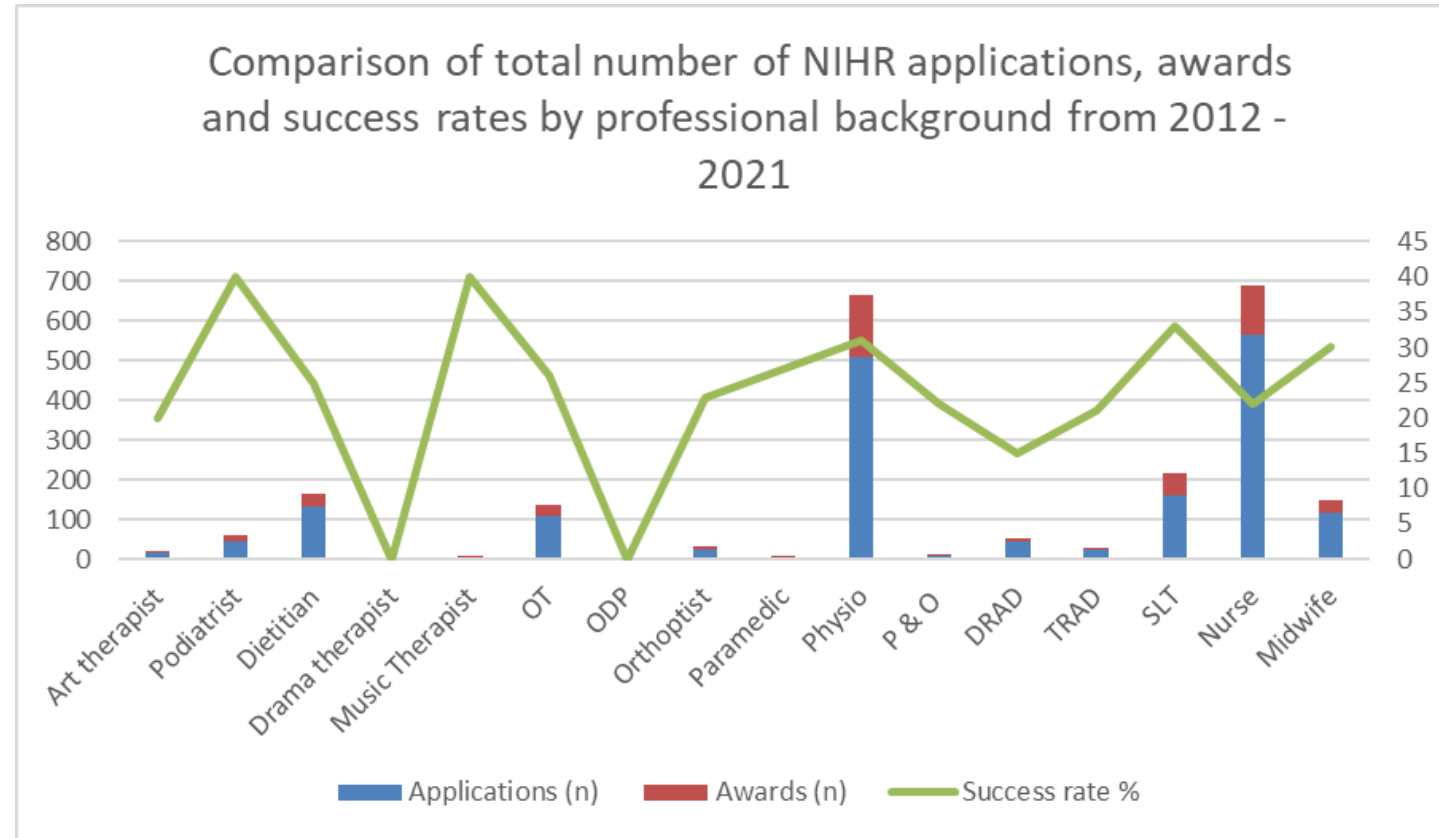
- Advanced roles within podiatry and integrated vascular or diabetes services are gaining traction.
- Foot surgery accounts for 15% of Orthopedics' activity, redirecting part of this workload to podiatric surgeons has the potential to release Orthopedic resources.
- There are 96 registrants with 'podiatric surgery' annotation in England.
- In 2017 HEE supported Huddersfield University to develop the Master of Podiatry Surgery (ACP) apprenticeship course
- 47 consultant Podiatrists reported on ESR, who are all white and 92% from the UK.
- The number of Consultant Podiatric surgery posts must increase to support growth of trainee podiatric surgeons and registrars.
- Fit notes – RCPod continues to lobby for a review of current legislation regarding fit notes.
- Standardising outcome measures and reporting national data will support research and development.
- Podiatrist need to ensure they are represented at a strategic level, few Chief AHP's from the profession.

Research

There are low levels of evidence in Podiatry and there is a need to collate robust evidence to inform best practice.

Data from the National Institute for Health and care Research (NIHR) Academy Evaluation, Business Intelligence and Impact Team, indicates applications for podiatry has increased over the last decade with a total number of applications of 43 and an average success rate of 40%.

In comparison to much larger professions such as physiotherapy nursing and midwifery Podiatry have a relatively high success rates for NIHR funding

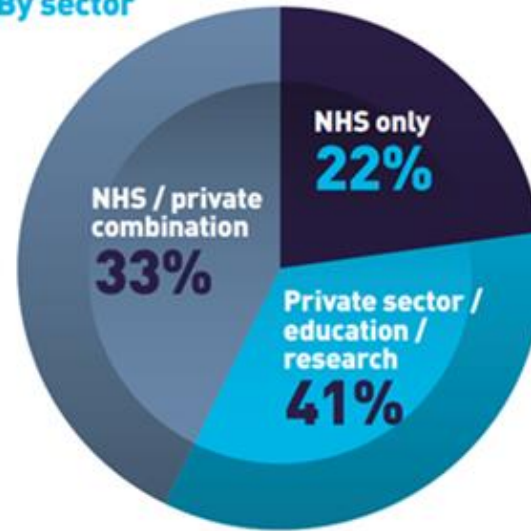


Reform

“ The independent Podiatry sector provides an essential service to those not eligible for health service podiatry ”



By sector



It is essential that independent practitioners have access to escalate to relevant NHS services. The Foot Health Standards and the RCPod Podiatry Career Framework supports safe and effective development and integration across sectors and levels of practice. Encouraging collaborative work will improve patient safety and confidence. A third of Plymouth's apprentice cohort are employed within the independent sector, demonstrating a positive step towards a shared responsibility to train. Enabler: apprentices to rotate across sectors as a place-based apprenticeship cohort introducing system facing apprenticeships with universities supporting educators and rotation across systems. Podiatry as a profession would benefit from leading a return to NHS movement by promoting and enabling NHS portfolio careers to support colleagues to work across sectors.

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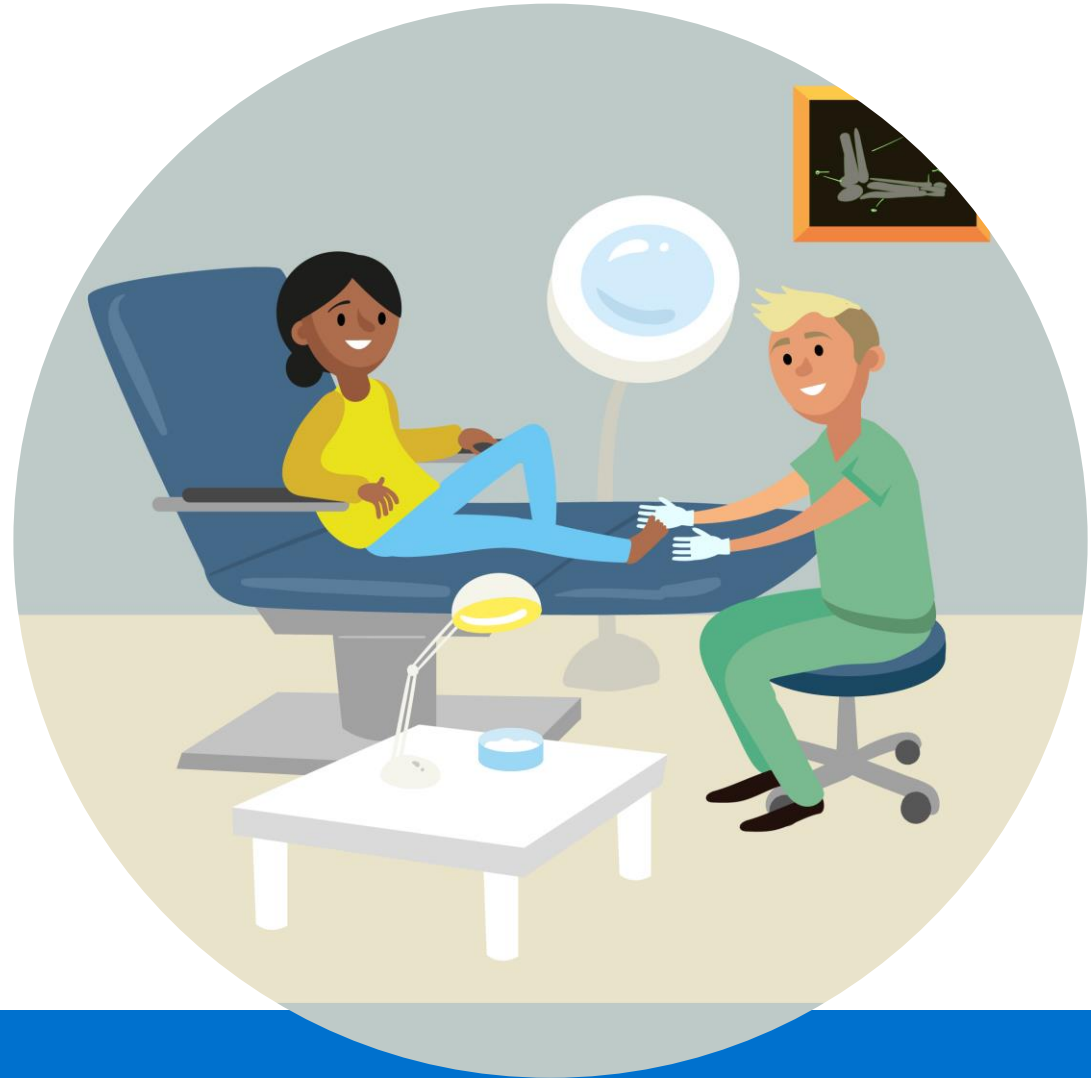


What do you consider a priority for Podiatry

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Priorities

- Raise the profile of the profession
- Secure educator capacity to support training and development at all levels
- Collaborate across sectors promoting portfolio careers
- Support retention by creating opportunities to develop ECP, ACP, Consultant, Research, Education, Leadership.
- Increase representation at senior leadership level.
- Reduce inequalities and standardise NHS service provision.
- Improve access to research funding across sectors and share data across systems.



Thank you

