

The Royal College of Podiatry's comments on HEIW's AHP workforce development plan

March 2024

Introduction

The Royal College of Podiatry 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. They enable people to manage foot and lower limb pain, skin conditions of the foot and lower limb, treat foot and lower limb infections, and detect, assess and manage lower limb neurological and circulatory disorders. Prevention and management of foot ulceration and infection are critical to preventing lower limb amputation, with high associated morbidity and mortality.

We welcome the opportunity to comment on this draft AHP workforce development plan. Along with other allied health professional (AHP) bodies we have been calling for a full AHP workforce plan for some time, as exists for other professional groups and for AHPs in other parts of the UK. We hope that this workforce development plan will be the first step in moving towards a more detailed and long-term plan to create a workforce capable of delivering on the long-term vision for health services in Wales.

The podiatry workforce

The Royal College of Podiatry is seriously concerned about the sustainability of the podiatry profession in Wales over the medium to long term, and the impact this could have on patient care and people's quality of life unless there is a considerable increase in the number of podiatrists qualifying.

In recent years, podiatry has faced significant recruitment and retention challenges. Notably, recent data has confirmed a decline in NHS joiner rates for podiatry without a sufficient decline in leaver rates to counteract this deficit.¹ In April 2019, across the UK there were 12,833 podiatrists registered with the Health Care Professions Council (HCPC). As of 1 March 2023, there were only 11,977 podiatrists on the HCPC register, indicating a loss of 856 podiatrists (a 15% reduction) from the registered workforce in four years.²

In addition, the existing workforce has an age profile that is significantly older than for other Allied Health Professions; over 55% of the podiatry workforce in Wales is aged 50+. There are risks to our podiatric workforce in Wales, which will have a negative impact on patient care. We must have adequate numbers of podiatrists being trained to replace those who are retiring, and this requires urgent attention.

The impact of this workforce crisis is further compounded by the needs of an ageing population that is presenting with increasing acuity and living longer with multiple long-term conditions, and a diabetes prevalence that is the highest in the UK, with 8% of adults diagnosed with the condition.³

We need urgent action to address the workforce issues in podiatry. Whilst we welcome this AHP workforce development plan, we do not feel it does enough to address the immediacy of these issues and poses a risk to the future of podiatric care in Wales.

Comments on the plan

An engaged and motivated workforce

We agree that retention and promoting workforce wellbeing needs to be a key area of focus. Recent [reports in the media](#) suggest that NHS employees are under huge strain; this corresponds with feedback we hear from our members. We recommend serious engagement with trade unions in this work as they will be able to offer useful insights into what members of the workforce are experiencing, which might help HEIW to arrive at some more informed actions. We would also suggest that the wording of the priority for development is strengthened from 'Develop a multi-professional plan that includes considerations for AHPs' to 'Develop a multi-professional plan that has AHPs at its core'.

Attraction and recruitment

The Royal College of Podiatry is focused on recruitment and retention to the profession. We welcome HEIW's priority developments in this area and would be happy to discuss how we might support this work.

Apprenticeships in podiatry

As HEIW will be aware, the Royal College of Podiatry responded positively to the consultation on degree-level apprenticeships for podiatry in Wales. HEIW staff heard this message reiterated when they attended a meeting with Heads of Podiatry in Wales as part of their consultation engagement, where there was enthusiasm for an alternative route to qualify as a podiatrist, but a recognition that there are barriers to implementation. We note the recommendations following consultation included:

- 1. HEIW will identify and prioritise, from the consultation findings, the healthcare professions which would welcome a more in-depth discussion on the potential for degree apprenticeships or equivalent higher-level work-based learning pathways.*
- 2. HEIW will work with these identified professional sector areas to make recommendations as to the best education delivery model to support sustainable workforce developments.*

As a profession that expressed interest in the potential for degree apprenticeships, we look forward to a future in-depth discussion. We note that the workforce development plan lists a priority for development is to collate and implement feedback from this consultation by July 2024, but would suggest that this has already been done in HEIW's post-consultation report, which this action plan does not appear to refer to. In this context, the priority for development only appears to replicate work already done. In addition, we were surprised

that there is no indication of what might happen after July 2024, given that developing new apprenticeships and work-based learning pathways will take longer than this to develop.

Placements

We would stress the need to consider placement issues in other allied health professions as well as OT and physiotherapy. We would also emphasise that for smaller professions, such as podiatry, there may be additional constraints on placement capacity, and the learning from OT and physiotherapy may not be transferrable. We would like to see additional commitments around enhancing placement opportunities in other professions, such as podiatry.

Seamless workforce models, including public health roles

We are not clear what “HEIW to map across to Strategic Programme for Primary and Community Care in terms of AHP numbers” means. The Royal College of Podiatry is supportive of an approach that promotes direct access to podiatrists in primary and community care, and a variety of these services already exist in Wales. Thus we are keen to understand what is meant by this statement – for example, whether it refers to the need to model how many new roles could be created in primary and community care for AHPs, the sorts of roles that these might be (eg First Contact Practitioners), the numbers of AHPs already working in primary and community care or greater integration of pathways of care between primary care and community health services.

Workforce supply and shape

We welcome the priority for developing better workforce data for AHPs, as we believe that a lack of accurate data has been an obstacle to accurate workforce planning and commissioning of education places. We believe that the AHP ESR dashboard should be publicly available and would welcome a commitment to this. We would also like to see a future action added that goes beyond creating this dashboard resource by September 2024, detailing how this data will then be used to inform workforce planning.

Other comments

We were surprised that there are no priority developments reflecting the need for greater sustainability in healthcare, given the commitment for the NHS in Wales to be net zero by 2030, as well as the link to public health. We suggest that the development plan should include priority developments to support AHPs to take action in this area and influence change on both a system wide and individual level.

We also note that while the plan contains various actions to support and develop the existing workforce, there is little that addresses the urgent need for more qualified AHPs in Wales and how an increase in these numbers can be achieved. As highlighted in the evaluation results from the deliberative event there must be recognition that whilst there is a need for new roles, there are not staff to fill them, nor support to undergo education to reach these targets (see p.14). Until this question is more directly addressed, we are concerned that the capacity of the AHP workforce to evolve will be severely limited, resulting in inconsistent service provision and availability across Wales.

For further information, please contact:

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References

¹ Durrant B, Consultation analysis – Standards for the foot health workforce University of Salford. [internet]. 2021 [cited 2023 March 14] Available from https://www.hee.nhs.uk/sites/default/files/Consultation%20analysis%20-%20Standards%20for%20the%20Foot%20Health%20Workforce_2.pdf

² HCPC. Registrant data and statistics [Internet]. 2023 [cited 2023 March 18]. Available from: <https://www.hcpc-uk.org/about-us/insights-and-data/the-register/>

³ See <https://phw.nhs.wales/news/48000-additional-people-with-diabetes-in-wales-by-2035-new-analysis/>. Accessed 5 April 2024.