Health Education England

# Consultation analysis draft standards for the Foot health workforce.

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# Executive summary

Podiatry and foot health are a core part of NHS provision, services are provided by HCPC registered podiatrists and a small support workforce. In recent years Podiatry has faced numerous recruitment and retention challenges. Notably, recent data has confirmed a decline in NHS joiner rates for podiatry with no corresponding decline in leaver rates enough to counteract the declining joiner rates. This translates to a shortage within the NHS podiatry workforce of approximately 575 podiatry job vacancies or 1 in 5 NHS podiatry posts being vacant or a 17% vacancy rate. [1]

HEE is committed to making an effective contribution to tackling these challenges. A range of partner organisations have come to together with HEE to form the Foot Health Consortium. This collaboration will help to ensure that there is sustained supply of registered podiatrists and support workers to support the care of patients in the NHS in England who need their services. The wider work programme includes careers and retention work, widening participation in podiatry through apprenticeships and now a government funded NHS international recruitment programme.

A key part of the work undertaken has been to review the podiatry workforce including the non-regulated support workforce and the regulated podiatry workforce (this aligns with the wider NHS AHP workforce review being undertaken). The creation of the standards for the non–regulated foot health work force (The Standards) is an opportunity to expand and harmonise the role of the podiatry support workforce and earn and learn routes to become a podiatrist within the NHS. This will enable, for the first time, recognition of the translation of skills across sectors and the potential contribution of foot health practitioners (FHPs) to the NHS support workforce. Additionally, the Standards will provide opportunities to further consolidate and enhance work already underway around the development of career pathways for support workers to become a podiatrist, thus improving the expansion of routes into podiatry.

Education routes such as apprenticeships, which provide career progression opportunities for the support workforce are being explored as well as supporting routes into podiatry pre-registration degree programmes. The level 5 foundation degree provides opportunities for upskilling the existing support workforce and providing step on points to the degree routes to train as podiatrists, thus expanding joiners to the profession.

The Standards themselves were commissioned by HEE and developed by the Standards Writing Group. The development of the Standards was overseen by the Foot Health Education and Training Standards Group. Members of these groups included professional body representatives, educators, academics, clinical

[1] Data courtesy of Tom Speller Deputy Head of Workforce Planning – Modelling and Medical/Dental Planning (MMD) Workforce Planning and Intelligence Directorate

managers, clinical practitioners, foot health practitioners and assistant practitioners in podiatry.

The draft Standards underwent an open consultation that ran from Monday 23 November 2020 until midday Monday 15 February 2021. Most of the data collected was qualitative free text responses. The responses were centred around 5 key questions. The Standards cover academic levels 3,4, &5.

There was a total of 433 responses. Two methods have been executed in the analysis of the responses. First, a pragmatic deductive, analysis of the responses that specifically addressed the questions posed was undertaken. Secondly, thematic analysis was conducted on the remaining responses. The responses that did not directly address the questions posed formed a large qualitative data set best suited to an inductive thematic analysis. The analysis has been used to finalise the Foot Health Standards, as well as making recommendations for further work.

The two largest groups who responded to the consultation were podiatrists (59%) and foot health practitioners (25%). The largest sector responses came from private practice (68%), followed by the NHS (17%). Responses were received from all devolved nations, although the majority (90.5%) were from England.

In addition to specific amendments to the Standards the following recommendations have been made:

1. Recommendation for HEE to work with colleagues to provide clear alignment of the Standards to existing apprenticeship programmes at level 3/5/6. Using the Standards to identify gaps in provision could help develop an apprenticeship route that would deliver profession specific content offering bespoke routes into the podiatry workforce.
2. Recommendation that NHS implementation is undertaken with service leaders as part of wider NHS work across HEE and NHSEI to support services facing a 17% vacancy rate, as part of the wide suite of support activities.
3. Recommendation for discussions to continue across the sector to explore how the Standards, once finalised, may be used, and implemented within the independent/private sector.
4. Recommendation that consideration is given to explore how support and governance arrangements for independent and NHS practice, could be more closely aligned.
5. Recommendation for foot health leaders to consider how the standards could be utilised to aid standardisation of education and training of the non-regulated sector provided by the independent sector.

# Introduction

## Background to the consultation

The consultation documents and the Standards document were hosted on the HEE website for direct download and completion. The link to the consultation was distributed via professional networks and the Foot Health Consortium representative professional bodies. Twitter cards were used to further disseminate and facilitate distribution. Reminders were sent out using the same mechanisms at 4 and 2 weeks before the consultation closed. Responses were collected via survey software online surveys.

To accompany the Standards document, a supporting consultation document was produced, providing the background, rationale and an explanation of the process and structure that supported the creation of the Standards. This information can be found on the HEE website HEE Foot Health Consultation.

## Objective of the consultation

The Foot Health Education and Training Standards are the result of a year's work to increase the supply of podiatrists in the NHS, while expanding the role of the support workforce within the NHS. The Standards will ensure that the NHS recognises the knowledge and skills of the wider foot care support workforce.

The Standards are intended to support the NHS in utilising the full skills mix of the foot health workforce to meet demand, by providing a clear understanding of the footcare treatments that foot health practitioners and the podiatry support workforce can safely perform. The needs and safety of patients is central in this work.

Hearing the views and engaging widely with stakeholders and those individuals interested in the work is useful to further develop the Standards and better understand the issues and challenges around this topic.

# Responses

In total there were 433 responses. Most of the responses (97.9%) were from individuals with a small number of responses coming from organisations (2.1%). It is difficult to give a response rate given the wide-ranging methods of dissemination employed, however, knowing the estimated size of the sector the total number of responses received represents a small percentage of the number of potential responses.

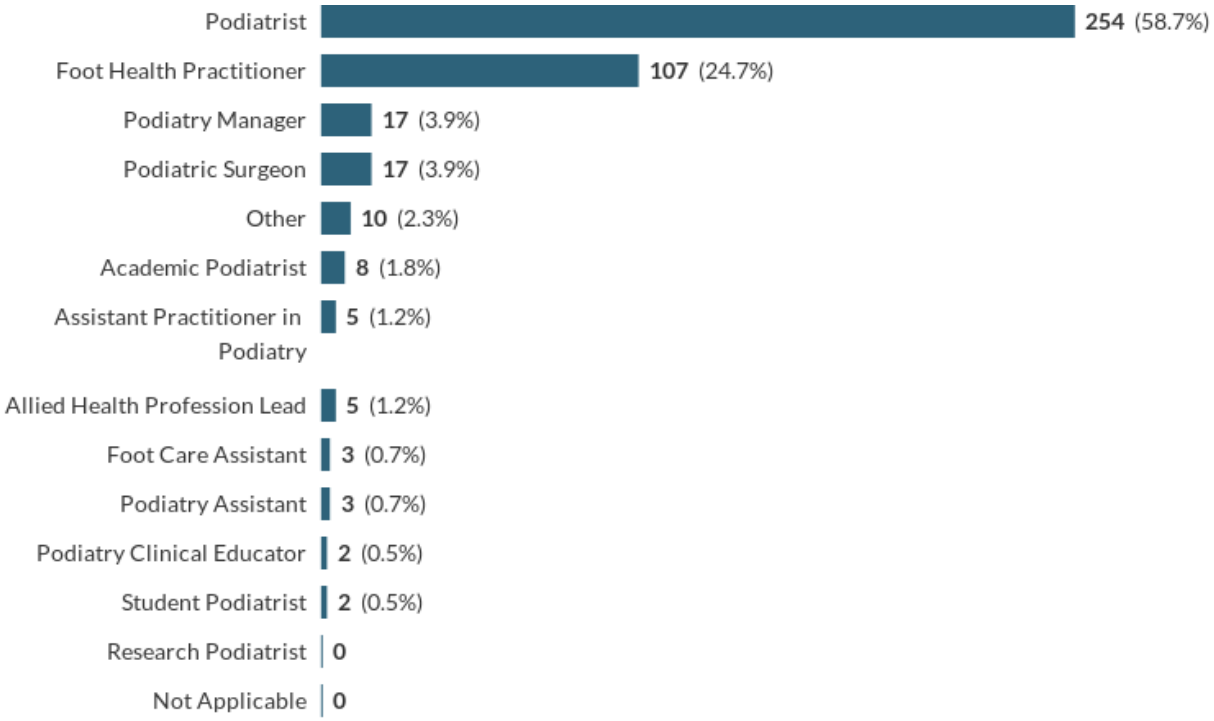
The consultation asked respondents to comment on key questions about the Standards. The questions are summarised below. Respondents were also able to make free text suggestions on additions and amendments.

### Table 1 Consultation questions

| **Questions** |
|---|
| For each of the educational Standards and clinical Standards:<br>a. Are there any Standards that should be added?<br>b. Are there any Standards that should be amended or removed?<br>c. Do you have any other comments on these Standards? |
| **Responses** |
| Q1 Level 3 |
| Yes: 137 (31.6%) No: 296 (68.4%) |
| Yes: 119 (27.5%) No: 314 (72.5%) |
| See thematic analysis |
| Q2 Level 4 |
| Yes: 106 (25.5%) No: 327 (75.5%) |
| Yes: 116 (26.8%) No: 317 (73.2%) |
| See thematic analysis |
| Q 3 Level 5 |
| Yes: 76 (17.6%) No: 357 (82.4%) |
| Yes: 83 (19.2%) No: 350 (80.8%) |
| See thematic analysis |
| Q4. Do you have any comments on how the Standards, once finalised, might be used, and implemented? |
| Q5. Do you have any other comments on this work? |

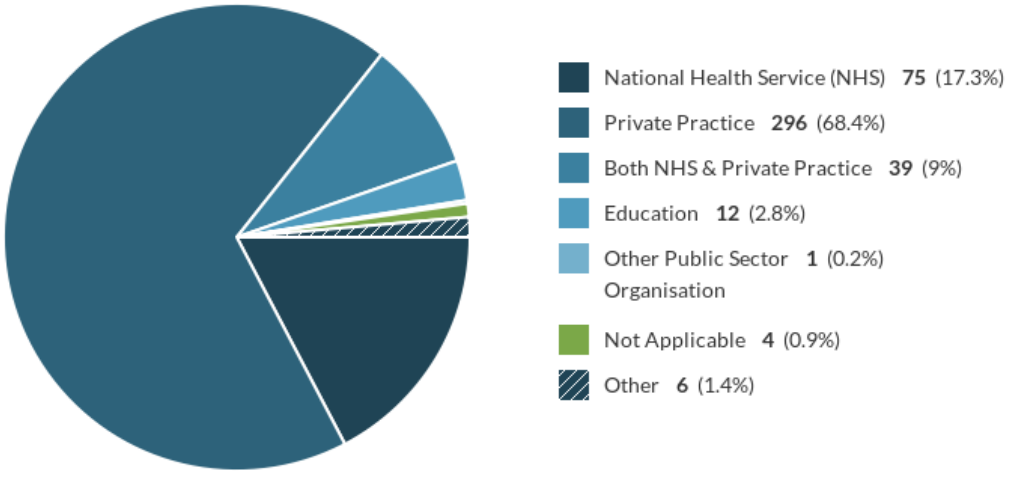
The breakdown of the responses including professional group, role, sector, and geographical location is displayed in the figures below.

### Figure 2 Breakdown of respondents by professional group



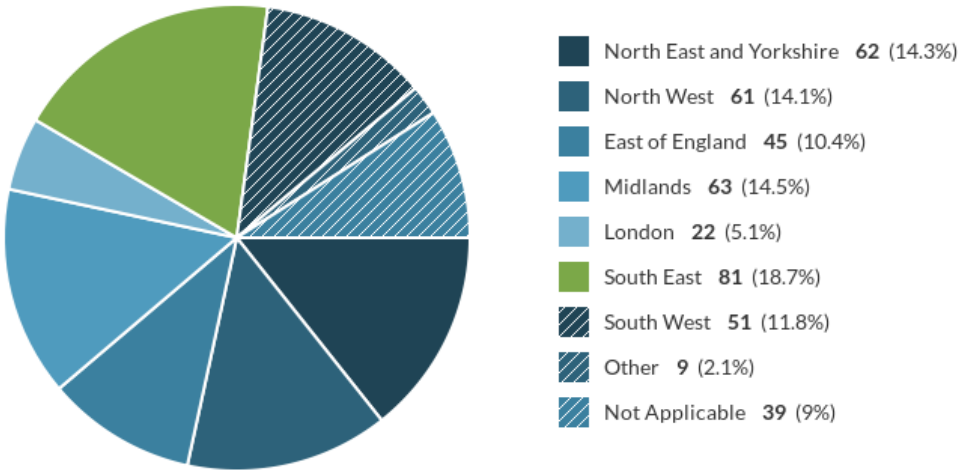

Podiatrist 254, FHP 107, Podiatry manager 17, Podiatric surgeon, 17, Other 10, Academic podiatrist 8, Assistant practitioner in podiatry 5, AHP lead 5, Foot care Assistant 3, Podiatry assistant 3, Podiatry clinical educator 2, Student podiatrist 2, Research podiatrist 0, NA 0.

### Figure 3 Breakdown of sector responses



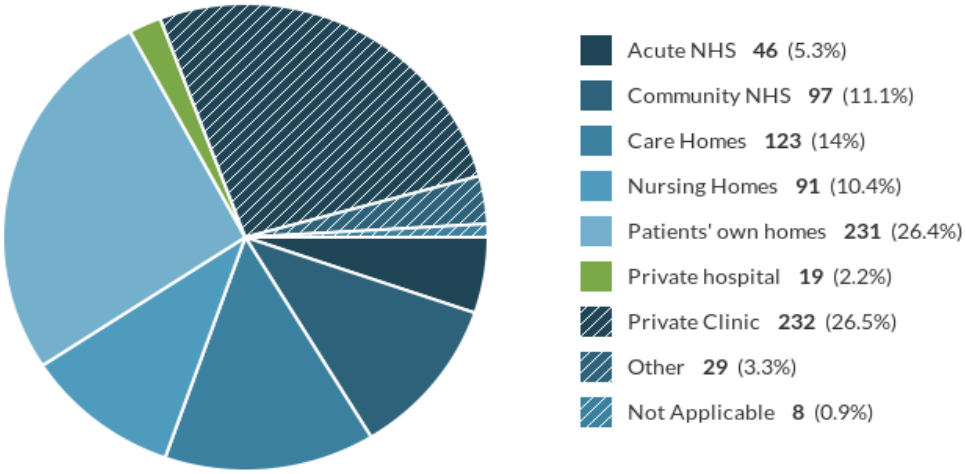

National Health Service (NHS) 75 (17.3%), Private practice 296 (68.4%), Both NHS and private practice 39 (9%), Education 12 (2.8%), Other public sector 1 (0.2%), other 6 (1.4%).

## Figure 4 Geographical location of respondents



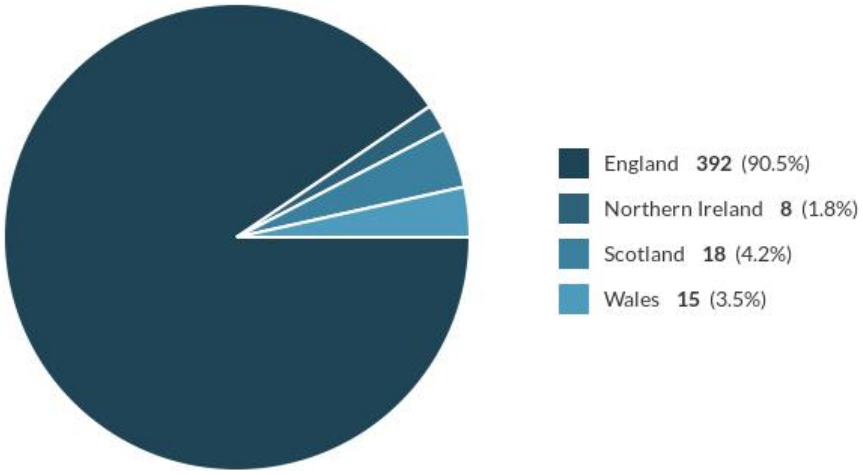

North East and Yorkshire 62, North West 61, East of England 45, Midlands 63, London 22, South East 81, South West 51, Other 9, NA 39.

## Figure 5 Breakdown of sectors served by




Acute NHS 46, Community NHS 97, Care homes 123, Nursing homes 91, patients' own homes 231, private hospital 19, private clinic 232, other 29, NA 8.

### Figure 6 Demographic split of responses across the UK




England 392, Northern Ireland 8, Scotland 18, Wales 15.

# Method of analysis

## Inductive and deductive methods

Two methods have been executed in the analysis of responses to the consultation questions posed. First, a pragmatic deductive, analysis of the responses that specifically addressed the questions posed was undertaken (see section 8&9). Secondly, thematic analysis was conducted on the remaining responses. Many responses did not directly address the questions posed. The responses formed a large qualitative data set best suited to an inductive thematic analysis. Sections 4-7 detail the results of the inductive analysis.

The thematic analysis undertaken followed a method like that outlined in the literature (Barbour, 2007[2]; Braun & Clarke, 2006)[3]. This model of analysis was employed as it offers a flexible approach to qualitative data analysis and is a widely used method employed to analyse data collected from a variety of mediums. It allows the organisation of the data which in turn describes the data set in rich detail using the generated themes which are exposed through the process. Embedded in critical realist epistemological positioning; thematic analysis aims to enable the researcher to uncover the reality, experiences, and meanings of the key issue under investigation. The type of thematic analysis that was undertaken utilised an inductive approach. That is to say that the researcher was not trying to 'fit' the data around a specific question. (Barbour, 2007; Braun & Clarke, 2006; Shaw et al., 2010[4]).

[2] Barbour, R. (2007). Doing Focus Groups. GB: Sage Publications Ltd.
[3] Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77-101. doi: 10.1191/1478088706qp063oa
[4] Shaw, J. A., Connelly, D. M., & Zecevic, A. A. (2010). Pragmatism in practice: Mixed methods research for physiotherapy. Physiotherapy Theory and Practice, 26(8), 510-518. doi:10.3109/09593981003660222

This approach meant that there was flexibility within the coding method since the investigator was not trying to code with reference to a specific coding framework, as might have been the case if a deductive approach had been adopted.

The data analysis was conducted by the consultation lead. The data analysis began with reading and re-reading the data. Keywords and phrases were captured from the entire data set. These were recorded initially in an ad hoc manner. Later, the key words and phrases were organised into loosely related groups. Next, descriptors or thematic names were given to the clustered key words.

The initial manual coding was verified by two independent co-workers experienced in qualitative research and/or data analysis, who were able to review the codes and initial themes.

From here an initial thematic map was created (**Error! Reference source not found.**). From the initial thematic map, further reading of the data set, refining of the keywords, and coding, led to a final thematic map detailing 3 main themes and 10 sub themes (**Error! Reference source not found.**).

**Figure 7 Initial themes and sub themes**

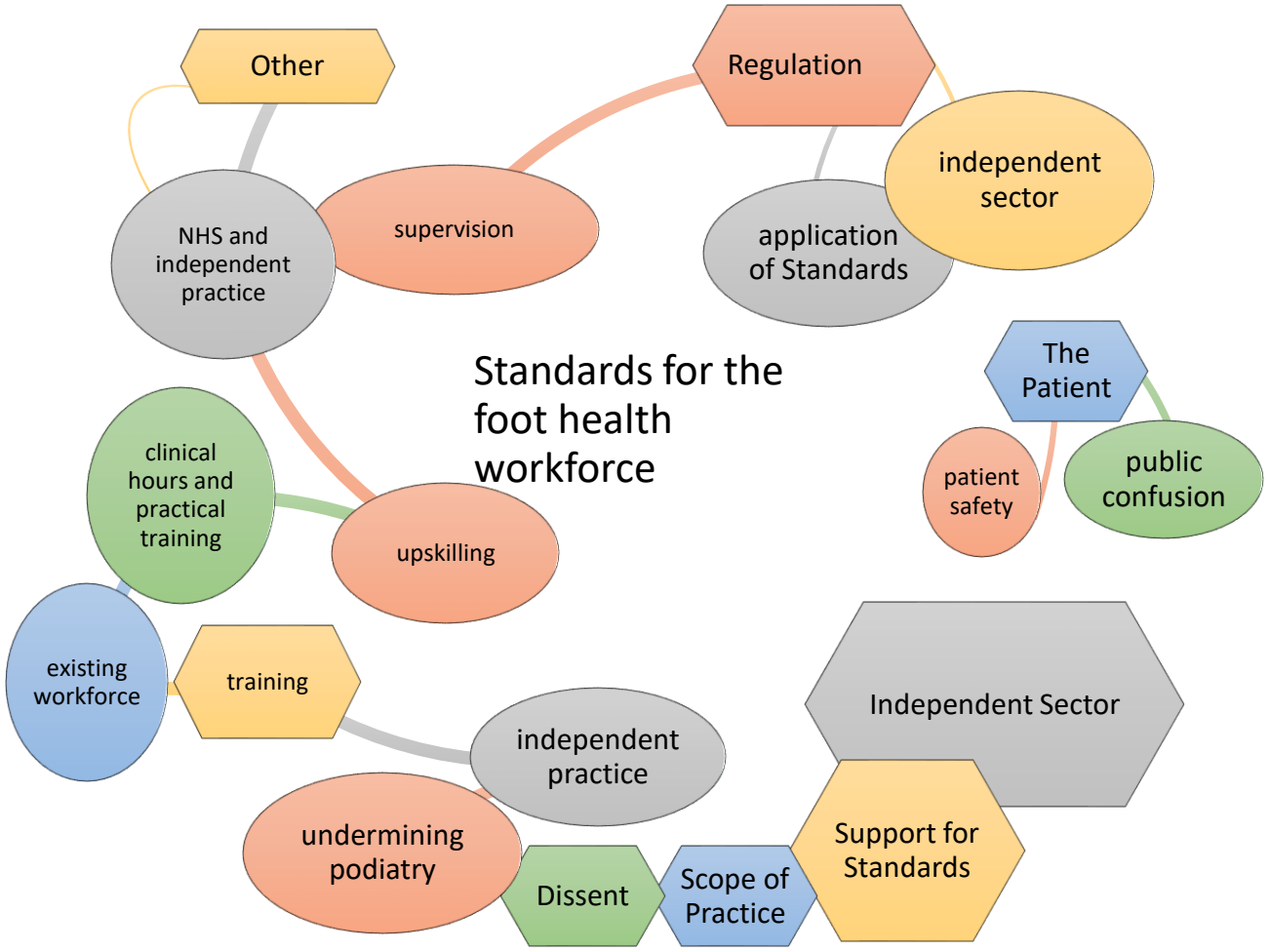
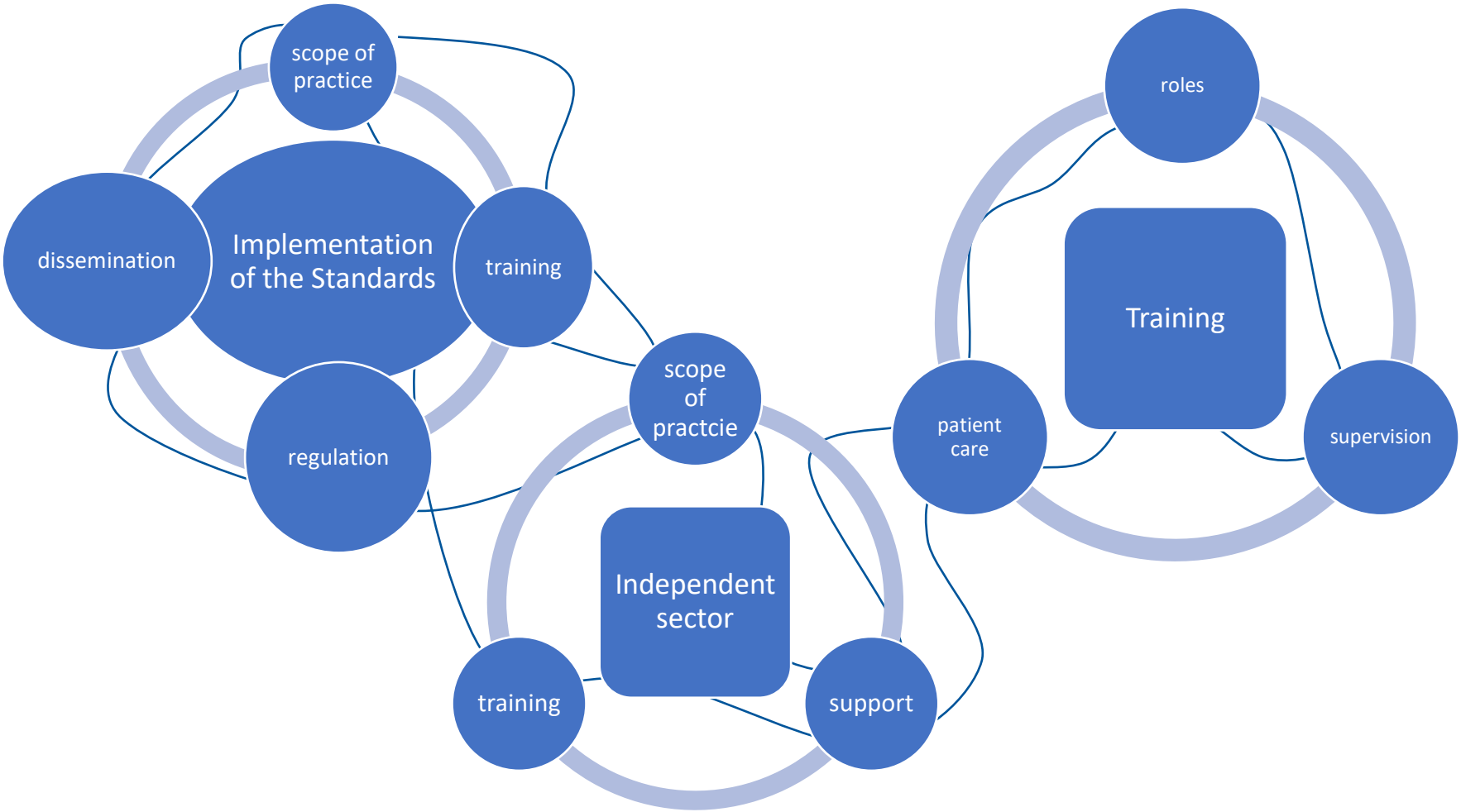


**Figure 8 The final thematic map of 3 themes and 10 sub themes.**



# Results

This section describes the results using the main themes as section headings. The sub themes are embedded within the context of the results described under each section heading.

## Implementation of the Standards

One of the intended benefits of the Standards is to bring unification and clarity to a diverse and often divided podiatry and foot health workforce. Some responses shared this vision.

"This is a great idea, decades too late but at least it's happening now……"

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"I welcome these Standards being implemented and think that the opportunities that will be given to upgrade yourself are great"

_____

"I would like to thank all of those who helped create this document. It must have been a long and sometimes problematic process, so I just wanted to say that the end result and the foundation that it creates, is much appreciated"

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"It is long overdue! Thank you to the team who have got together and worked through this to come up with a list of Standards. I fully support it and I look forward to a more harmonious working relationship with FHPs as a result."

Respondents representing the NHS sector broadly support the implementation of the Standards,

"We currently use this role [level 3] within our service as staff who work as Assistants play a valuable role in the care of the patients but also to allow the workload to be shared, so patients are seen in a timely manner and by the right clinician first time"

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"I see a need for foot health clinics to be run in our GP surgeries providing regular foot health checks for patients with diabetes. These clinics could be run by level 4 FHPs alleviating the pressure on nurses specialising in diabetes."

Some responses recognise that implementing the Standards will be challenging.

"How do you progress from FCA level 3 to 4. If there are no FHP in the NHS currently- the FHP's- However this tends to be on the job training following completion of their course"

Other responses have questioned how the Standards would be implemented. At times, comments focussed on the negative consequences of introducing the Standards and reflected concern about the impact it may have on both individuals and the podiatry profession.

"It's all very well using FHPs in the NHS, but it does nothing to control those in the Private Sector who are non-regulated and unaccountable. Surely some kind of regulation for FHPs

should come first".

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"Flooding the NHS with non-regulated uncontrolled practitioners is not the answer. This was tried years ago with 'Foot Care Assistants'. They got additional training from the NHS (at taxpayers' expense) then left after about a year to set up in the private sector and described themselves as 'NHS trained'.

Some responses saw the Standards in a negative way and expressed concern that the podiatry profession would suffer because of having the Standards.

"I feel FHP [sic] is such a threat to podiatry. It feels like we are giving up on podiatry and trying to focus on the more cost-effective FHP training"

Other comments focussed on how the Standards were going to be implemented and who was going to ensure that the Standards were being met?

"Which organising body will be involved in assessing the standard of training that has been already given. Some FHPs have only done a minimal course that is sometimes only a number of weeks' long. Will they then have to be registered with such body e.g., HCPC? And will they be audited and required to carry out a minimum amount of CPD annually? "

Further responses call for regulation of the podiatry support workforce like that of the HCPC regulated workforce.

"Regulated education and sign off through regulated institutes"

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"The title 'Foot Health Practitioner' needs to be a protected title with regulation such as the HCPC."

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"A new single mandatory register for all newly qualified and currently practicing FCA, FHP and AP should be implemented."

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"All current FCA, FHP and AP should demonstrate they are working within and to the new Standards".

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"who is regulating this? Will they be required to reassess all current patients who are unsuitable for their skill set?"

Some comments voiced anger and frustration at the idea of allowing non-regulated individuals working as part of the NHS workforce.

"do not support FHPs being employed in the NHS as it undermines our profession…"

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"do not believe FHPs should be employed in the NHS at all"

Conversely, some comments from foot health practitioners demonstrated frustration that there was not a stronger bond between the two main groups of responders – podiatrists and foot health practitioners.

"Trying to get help from podiatrists is impossible if you are an FHP"

Some commented that there is an unacceptable level of disrespect within the independent sector from the regulated sector toward the non-regulated sector.

"Verbally abused by podiatrists over the years"

Within the independent sector there was concern and anger about the scope of practice detailed within the Standards. Comments conveyed a desire to stop the non-regulated sector from practicing independently.

"They must not be allowed to work independently"

Some responses claim the current training of FHP's is not sufficient to meet the Standards.

"Remove FHPs as their course does not allow for enough clinical hours to allow safe practice on their own and they are not regulated …"

Finally, under the implementation theme there were comments around the implementation being NHS focussed and that the Standards should be rolled out across both the public and independent/private sector.

"My major concern is this appears to be all NHS based, not taking into account the vast majority of Foot Health Practitioners are private practitioners. I do not want to work for the NHS, I want to be self-employed."

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"Standards need to be implemented across both NHS and independent sectors to ensure stability and regulation of the foot health economy. This may require these Standards to sit within legislation, to define the different roles."

———

"How is this going to be enforced in the private sector? Looking at section 3 "clinical domains", that is all well and good in an NHS setting where roles can be controlled and patients are treated by the appropriate clinician, but if you think these patient groups are safe to be treated by these levels of training in the NHS, the same applies in Private Practice, surely? So how will that be enforced?"

## Training

Responses related to the second theme depicts a landscape where the diverse education and training of the non-regulated foot health workforce is leading to confusion and discrepancies around level and scope of practice, particularly within the independent sector.

"There should possibly be a clear way of understanding any further courses the FCA's have attended furthering their education. Specifically, what they have learned and to what clinical standard in comparison to a podiatrist level of training."

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"I feel all FHP should have a certain level of practical training & mentorship during the first 6 months of registration. There needs to be a properly operated body for registration of FHP that is open & visible."

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"I think the role title is not specific enough Assistant Practitioner (Podiatry) is too long, too vague. In dentistry there are clear and specific titles and roles that the public and practitioners understand easily. This needs to be the same for podiatry."

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"With such little training allowing this level of practitioner to undertake sharps debridement even of the healthy patient Is wrong and puts patients at risk. it is a skill that requires a higher level and longer training. I work with excellent FHP who provide excellent nail care and foot health education, but I do not feel their level of education provides them with the competency required to sharps deride [sic]."

Notwithstanding, respondents could see that the Standards would be a useful addition for the NHS support workforce.

"Very useful piece of work around reviewing the clinical workforce. Should help us to 'grow our own' staff in a much more effective way to fill vacancies."

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"I only have experience with training Foot care assistants which is always a good professional session. In NHS clinics they can have a very supportive role both for the Clinician and Management."

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"I have supported and mentored many FHPs trained by private training schools. In my experience, I feel that these new levels of foot health practitioners will enhance their skills."

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… "encouragement should be given for an FCA to further their career within the Podiatric profession. Pathways of training should be given to the right candidate after a period of two years…"

Comments referred to the diversity in training that foot health practitioners receive in the independent sector. This has raised questions about this sector's competence to practice in the way that the Standards outline at each level.

"As there are diverse training facilities with differing Standards – Practical and theoretical skills should be at a required level before entry into Level 3 Foot Care Assistant/ Foot Health Practitioner"

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"Perhaps NHS trusts can get involved with training foot health practitioners so that would know everyone is working at the right level. This would help to bridge the gap between NHS Podiatrists and Foot Health Practitioners working in the private sector"

Some respondents raised concerns around the level of practical training provided by private companies.

"The training needs to be standardised. Being able to 'qualify' with absolutely no hands-on experience from some training facilities is damaging to everyone else that invested much more in time and money to be able to train and qualify at a competent level."

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"The fhp [sic] courses around vary greatly from many hours of written and practical training to very cheap online courses with little to no practical work."

———

"These FHP colleges are churning out 'fully qualified' practitioners on weekly/fortnightly basis. Demeans the 'gold standard' Podiatry degree practitioner who have studied for 3 years. There must be more public awareness of the significant differences between the studies and knowledge of Podiatrist and FHP."

———

"Minimum clinical hours before qualified needs to increase and they should all be licensed by a registered body and have a podiatrist to oversee their work"

———

"Longer practical training and the possibility of an Apprenticeship scheme in which a student attends a clinic for a minimum of a 12-month period, the colleges currently do not deliver enough hands-on training….."

Responses also shared concern for the level of supervision available to the non-regulated sector working independently.

"Many Foot Health Practitioners are individual workers, with limited resources and support. Whilst NHS Podiatrists have many more opportunities for support and information…."

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"The skills a [sic] level 4 should be for those people who are working with/alongside HCPC registered podiatrist. Independent use of these skills in isolation/independent private practice should NOT be allowed."

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"Community footcare should be at level 3 only if NOT working under the direction of a HCPC podiatrist."

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"Who is going to supervise them in a private setting?"

The roles associated with the proposed Standards has led to some respondents questioning whether further clarity over roles and job titles is required.

"This is a Confusing title for the General Public to grasp and is deliberately confusing as Foot Health practitioners advertise under the umbrella or associate themselves with the term Chiropodist/Podiatrist, a protected title."

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"I think the titles of the roles need to be looked at. It's confusing for the public and in my opinion, doesn't differentiate enough between the Standards required for the roles."

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"These are not protected titles, [sic] the public will be misled. The public expects, and would assume, that an NHS practitioner is a regulated professional with standardised training."

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"Public perception is that Podiatrists and Foot Health Practitioners are already the same thing, so how will the Standards ensure that the public know the difference and know what Standards the practitioner they are seeing should stick to?"

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"I think there will be confusion over the title foot health practitioner. This is not a protected title and is currently used in private practice. There will be significant variation in Standards between NHS FHPs and private practice FHPs, and this will cause significant public confusion."

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"Assistant Practitioners often have extremely honed skills in their field of work and should be acknowledged for this e.g., orthotic technician. Once again it is educating the general public the clear difference between each discipline of FCA's podiatrists and assistant practitioners. Each has their own skill set and valuable place within the system with the correct education and training."

## Independent Sector

The final theme focusses on responses that share a view on the implications for the independent sector should the Standards become operational. There were mixed views on a range of topics. There were strong opinions on the lack of inclusion of the private sector within the remit of the proposed Standards.

"This has been geared to NHS, no thought to PP and how it will be affected."

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"PP has been thrown under the bus with regulation of ALL FHPs ignored."

Some responses support the Standards and convey how they could be used to assist private practitioners in the independent sector.

"It would be useful to use these Standards as a pathway for career development. It would also be useful to use these Standards as a way to educate the public about what the foot care workforce offers and what the different qualifications mean. I appreciate that this work is for the NHS, but the Standards could be used to assist private practitioners to know."

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"In general, the Standards for this area of clinical practice are satisfactory and I would not wish to amend these Standards. I would encourage HEE to consider a mechanism by which the Standards would apply to all Foot Health Practitioners working within both the NHS and Private Sector."

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"More widely, will these standards be applied to all individuals working within 'foot health' but who are not Podiatrists and perhaps who are not working in the NHS? Will the titles 'Foot Care Assistant', 'Foot Health Practitioner' and 'Assistant Practitioner' be protected in law? By whom? Will these titles be able to be used in the Independent Sector? Will they be recognised by insurance companies?"

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Other responses suggest that the Standards should be linked to the education providers. Education providers meeting the Standards would bring a common understanding to the level of training provided to the non-regulated foot health sector by independent education providers.

"implementation should be with the training providers and having reached the Standards should be registered and accredited. Training providers who do not offer teaching to the required Standards must be prevented from operating."

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"Colleges, universities and further education establishments should be encouraged to develop courses around the Standards and work with local NHS boards to ensure there will be uptake of students once qualified."

———

"We need more podiatrists; I don't like the idea of Foot Heath practice being nearly equal to podiatrists. A degree is what should be introduced, we work hard and still don't get the credit we deserve half the time."

Some concerns were raised by responding FHP's about how implementation of the Standards will affect them as individuals.

"Existing practitioners should be offered any upskilling needed to at least meet minimum standards and operate at that level."

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"Worried for us fhps [sic] who have trained and work hard to provide a great service to our clients. Have we all got to be retrained?? At our own expense to be allowed to continue to practice."

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"All level three FHP should be grand-parented up to level 4 if they have been practising for over three years. if [sic] not any extra training needed to continue seeing the same client list and doing the job they have already been doing should be free of charge and they should be able to carry on working during this."

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"How are the Standards going to apply to fhps [sic] currently out there in private practice. How are they going to be regulated to these Standards when their training and experience varies massively"?

Other respondents have commented on the need for strengthening support arrangements and co-working for the non-regulated foot health workforce working in independent practice.

"I would like to see more details on referral to senior colleagues."

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"Be provided with opportunities to develop working relationships with higher qualified practitioners."

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"Impressive and a lot of work gone into them. May be challenging for those working who have not kept up their skills in all the different skill sets covered at their level. Would support/training be available and who would provide/ fund it?"

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"It would be beneficial if independent FHP's have supervision and referral pathways built into the Standards."

## Final Comments

Patient safety has always been central to the development of the Standards. Comments from responders echo the need to ensure that patients and the public should be front and central to the implementation of these Standards.

"I think it's good to have a standardised qualification. The key to the success of this project is to involve and engage the end user- the general public."

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"Once Standards have been implemented, there will be a need to massively increase public awareness."

In concluding this section, some final sentiments on what may assist implementation.

"In a fair way - all podiatrist and Fhp's to respect the new tiered system and allowing all members of the foot health team to be able to attend all foot related training days. Development of a new footcare magazine that supports all levels of the footcare team."

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"I welcome these Standards as having them can only be beneficial for the profession and secure jobs for all levels and a clear career path."

# Discussion and recommendations

The results demonstrate that amongst respondents there is diverse opinion and views about the development of the foot health standards. To make sense of the responses two types of analysis have been completed. The most straightforward deductive analysis has informed the amendments to the standards (see questions 1-3 fig.1) prior to finalising (see section 8&9). The second part of the analysis is less straightforward as it deals with views and opinions, many of which do not correspond to the questions posed within the consultation. For these responses, an inductive thematic analysis has been conducted. The discussion and recommendations section focusses on further exploring the main themes and sub themes. Providing context and further detail to help capture the essence of the sentiments shared within the responses follows. This approach helps to make sense of the data in a constructive way that can then be used to inform further work in this area. The recommendations (see section 7) pick up on the key findings from the consultation, suggesting a possible route for stakeholders and leaders to consider.

## Implementation Theme

The implementation theme provided the most diverse responses. Positive benefits have been identified by responses, and there is general support for implementation of the Standards within the NHS sector. Perhaps unsurprisingly there was a sense of anxiety when it came to implementation within the private and independent sector.

Podiatry responders saw implementation of the Standards as a threat to podiatry, and some respondents shared concern about how assurances would be provided that the Standards are being met. Conversely FHPs indicated that that in the independent sector there is a hostility from the regulated workforce towards the non-regulated sector.

Furthermore, respondents demonstrated a sense of disappointment that the Standards were only NHS focussed. Some responses call for the Standards to be implemented across both the NHS and the private/independent sector.

Notwithstanding the sentiment conveyed by respondents it is important to recognise the function of HEE when putting into context the findings of the consultation. HEE is part of the NHS, and works with partners to plan, recruit, educate and train the NHS health workforce. The emphasis of the consultation is NHS focussed because HEE have commissioned the development of the standards. The Standards are intended to support the NHS in utilising the full skills mix of the foot health workforce to meet demand, by providing a clear understanding of the footcare treatments that foot health practitioners and the podiatry support workforce can safely perform. The needs and safety of patients has been central in this work.

For both sectors (NHS and independent/ private) views and opinions were shared about how the Standards will be implemented and what the implications are for those already practising at the level described.

Some responses suggested that regulation of the non-regulated sector should be considered. While some called for preventative measures to stop independent practice in the non-regulated workforce.

The development of the Standards is needed to recognise what contribution the non-regulated workforce can make to the footcare needs of patients within an NHS setting. The standards therefore seek to recognise what is currently being provided by the support workforce. Since there are no standards currently available that provide a comprehensive understanding of what level of care and interventions the non-regulated foot health workforce do provide, HEE is unable to assess how this group of practitioners can assist in providing NHS foot care to patients in an NHS setting.

Through collaboration with representative stakeholder groups, for the first time, a detailed profile of the work of the non-regulated foot health sector is being captured. Moreover, the Standards provide the opportunity to document a reliable and accurate understanding about what the non-regulated sector can contribute to the support workforce within an NHS setting.

As an organisation, HEE has no powers to legislate how the independent/private sector of non-regulated practitioners operate. Further discussion is needed with foot health leaders and stakeholders surrounding implementation of the Standards in the independent/private sector. Furthermore, before the implementation stage, the Standards must be finalised and published. Once published the Standards could be used to support implementation within the independent sector (See section 7 for more information).

Responses calling for regulation of the non-regulated sector must also be considered here. HEE has no function in regulating or making recommendations to regulate either the independent sector and/or the non-regulated sector. The following statement is taken from the HCPC website:[5]

“The most up-to-date statement of Government policy on professional regulation is 'Enabling excellence – Autonomy and accountability for health care workers, social workers, and social care workers. This says that the Government will in future only consider regulating further

[5] https://www.hcpc-uk.org/about-us/who-we-regulate/regulation-of-further-professions/

groups ‘in exceptional circumstances’, where there is a ‘compelling case’ and where voluntary registers are considered insufficient to manage the risk involved.” They go on to explain:
Accredited registers
“The Professional Standards Authority (PSA) holds a list of accredited voluntary registers which they have independently assessed against their own standards. They cover professions that are not regulated by law, with professionals working within and outside the NHS.”

Within the consultation documentation the function of the PSA was explained (see section 2, 2.5 Consultation on standards for the non–regulated foot health workforce p.14)[6]

## Training Theme

Responses allied to the Training theme have highlighted the diverse views and opinions toward the level of training provision for the non-regulated foot health communities. Calls were made for the training to be standardised, and for there to be a much increased clinical ‘hands on’ component. HEE recognises there is huge variation in the education and training of foot health practitioners (Consultation on standards for the non–regulated foot health workforce p.15)[7]. This discrepancy in levels of training prevents the NHS recognising the contribution from this community towards NHS foot health services.

HEE acknowledges some foot health practitioners are educated to level 3 or level 4 (recognised as completing the equivalent of half of the first year of an undergraduate programme). Some training programmes have not been accredited to an educational level. Some of these training programmes include no practical training, others require two weeks of assessed practical training.

The consultation responses demonstrate opinions and often controversial suggestions on how these discrepancies could be dealt with. Within the consultation documentation there is evidence of how the Standards could help to standardise the training of the non-regulated workforce. The NHS already has an established apprenticeship route at level 3 and level 5. The Standards could be used to map to these existing educational routes, and thus provide a standardised training route to help upskill and facilitate greater skill mix within the NHS footcare workforce.

Regarding standardising training of both training provider courses and individuals there is discussion on this within the consultation documentation (Consultation on standards for the non–regulated foot health workforce section 3, 3.3.1 p.20)[8]. It is proposed that the Standards would form the basis of an accreditation process.

Education providers delivering foot health practitioner programmes that choose to participate would be quality assured against the Standards. This would provide assurance that programmes produce practitioners who have met the threshold educational and clinical standards required for patient safety. A similar mechanism could also be put in place to assess and recognise existing foot health practitioners who can demonstrate that they meet the Standards.

Further commentary highlights concern and issues around clinical supervision and support for those nonregulated practitioners working in independent practice. The standards provide detail

[6] https://www.hee.nhs.uk/our-work/allied-health-professions/education-employment/consultation-draft-standards-foot-health-workforce
[7] https://www.hee.nhs.uk/sites/default/files/documents/HEE_Foot_Health_Consultation_0.pdf
[8] https://www.hee.nhs.uk/sites/default/files/documents/HEE_Foot_Health_Consultation_0.pdf

on supervised practice and the need to make onward referrals to the regulated sector (also see section 8 on proposed amendments to the Standards). In an NHS setting there are existing support arrangements that would ensure that the requirements for supported practice are upheld.

However, responses from the consultation from the regulated sector highlights concern about how both the training and the supervision of non-regulated individuals translates into independent practice in a meaningful way demonstrating how the standards are being upheld.

Should the Standards be adopted within the independent sector, further collaboration with stakeholders and foot health leaders would be required to ensure the equitable level of support was available to the independent sector. In this context perhaps a 'clinical support framework' is needed as a way of supporting FHPs working autonomously in independent practice and to ensure patient safety can be assured if the Standards were adopted in the independent sector.

Further collaboration with foot health leaders and stakeholders, as well as education providers, both within the public sector and those providing foot health education in the private sector, would be required should the Standards be adopted within the independent sector.

Consultation responses also indicated perceived confusion of the public and patients about the differing role titles for the non-regulated sector, with further comments around what level of practice the title permits. The established educational routes within the existing apprenticeship framework provides some consistency of role titles. The 'foot health care map' within the Standards (see p. 13 for details)[9] adds further clarity about role titles and how this maps across to different sectors. Should the Standards be adopted in the independent sector there would need to be a signposting campaign to raise awareness so that patients and the public have a clearer understanding (see amendments on the proposed changes to the foot health care map).

## Independent Sector theme.

This theme deals mainly with responses surrounding the implementation of the Standards within the independent sector. Some of the comments have shown a level of frustration and anger toward the lack of inclusion of the independent/ private sector in the context and introductory section of the Standards. This had led to comments voicing concerns surrounding the effects that implementation of the Standards may have on this sector of the foot health workforce.

While HEE has collaborated with a range of stakeholders – including the independent sector in the development of the Standards, HEE themselves are not able to dictate how the Standards are adopted outside of an NHS setting (see section 6.1). However, through continued collaborative working with foot health leaders and stakeholders, much of the issues raised under the 'Independent Sector' theme could be addressed. For example, some of the concerns raised in this section, including how the standards will affect individual FHP's already practicing, standardising education routes, supporting independent practitioners within the non-regulated sector, creating referral pathways and consolidating existing patient referral pathways, could be addressed by the suggestion in section 6.1 and 6.2 above.

Finally, it is important to refer to the demographic spread of the data responses. The standards have been commissioned by HEE with the NHS workforce in mind. Given that most responses (68%), were from the independent sector it is unsurprising that the responses are focussed on this group, particularly when it comes to implementation of the Standards. This demonstrates

[9] https://www.hee.nhs.uk/sites/default/files/documents/HEE_Foot_Health_Standards.pdf

the strength and passion within this sector to ensuring that their voice is heard. Despite the context of the consultation being around the NHS support workforce and routes into the regulated sector within the NHS, the voice of the independent sector cannot be ignored.

Considering this, the next section details recommendations about what further engagement might look like and how this may be achieved.

Foot health stakeholder leaders have an opportunity here to take the work forward. The consultation analysis provides a solid bedrock, on which to build. The work so far to harmonise the podiatry workforce – both the regulated and the unregulated within the NHS could be expanded to include the independent/private sector.

# Summary and recommendations arising from the thematic analysis

The consultation ran for a total of 12 weeks. The consultation dissemination was via downloadable PDF files on the HEE website, with an online version of the documents and a link to the survey tool https://www.onlinesurveys.ac.uk/ .

Responses arising from the consultation demonstrated diverse and often opposing views on their development. Responses were varied with some hinting at tension and at times anger surrounding the development of the Standards while conversely some were supportive and encouraging. Thematic analysis was the chosen method of analysing this data (for further information see section 4.1). The responses in this data set did not directly respond to the 5 consultation questions (see section 3. Figure 1), and therefore a deductive analysis was not appropriate. The results have been captured by 3 thematic themes and 10 sub themes (see section 4.1. Figure 8).

Implementation of the Standards is the next natural step once the Standards are finalised. Implementation within an NHS setting should be relatively straightforward since the support infrastructure is already in place, established apprenticeship routes for support workers are evident and there are already examples within an NHS setting how the standards could assist with role diversification and skill mix.

To highlight some of this work already underway an infographic within the Standards consultation document was provided (see p.12 standards for the non–regulated foot health workforce)[10].
Based on the evidence from the consultation responses further work is required and the following recommendations are suggested:

1. Recommendation for HEE to work with colleagues to provide clear alignment of the Standards to existing apprenticeship programmes at level 3/5/6. Using the Standards to identify gaps in provision could help develop an apprenticeship route that would deliver profession specific content offering bespoke routes into the podiatry workforce.

2. Recommendation that NHS implementation is undertaken with service leaders as part of wider NHS work across HEE and NHSEI to support services facing a 17% vacancy rate, as part of the wide suite of support activities.

3. Recommendation for discussions to continue across the sector to explore how the Standards, once finalised, may be used, and implemented within the independent/private sector.

This could be achieved within the current structure of the Foot Health Consortium, or within an alternative structure. To take this work outside of the NHS and HEE, leadership within the sector would need to be created.

[10] https://www.hee.nhs.uk/sites/default/files/documents/HEE_Foot_Health_Consultation_0.pdf

Additionally, based on the output from the consultation, and considering the strength of opinion on the topic, further work would be required to demonstrate that an acceptable level of governance and support could be provided to the independent sector.

4. Recommendation that consideration is given to explore how support and governance arrangements for independent and NHS practice, could be more closely aligned.

5. Recommendation for foot health leaders to consider how the standards could be utilised to aid standardisation of education and training of the non-regulated sector provided by the independent sector.

# Amendments to the Standards

Specific amendments to the Standards have been made following a pragmatic, deductive analysis to the responses to questions 1-3 posed (see figure 1, p.4). This arm of the analysis focussed on respondents' views and opinions on suggested changes and amendments to the Standards. The broader responses to questions 4&5 have been included within the thematic analysis.

The deductive analysis conducted followed a method consistent with content analysis [11] As with many qualitative approaches to data analysis, the first process is to become familiar with the content. This involved reading and re-reading the questionnaire responses. For each of the responses to each of the questions, a compilation of responses was arranged in one continuous document. This meant that the investigator was able to read and re-read the responses collectively, which helped with familiarity. Next, the investigator highlighted words, phrases and comments that were repeatedly reported and grouped them together. Next, the investigator, cross referenced the comments with the Standards document. This ensured that there was clarity about the sections within the Standards document that were being referred to. Once this process was complete a detailed document was compiled identifying the suggested amendments. This was presented to the Standards writing group for consideration. Following internal scrutiny, agreed amendments were made to the Standards document.

The table below highlights the sections of the Standards that have been amended.



[11] Krippendorff, K. (2012). *Content Analysis: An Introduction to Its Methodology*: SAGE Publications.

## Table 9 Amendments to the standards

| Standards Section | Amendments made | Rationale | Mapped themes and subthemes |
|---|---|---|---|
| Purpose and Context | Additional paragraphs added. | To provide additional clarity surrounding support/supervision arrangements for support workers and the AFC banding and examples of roles and training routes. | Implementation and Training<br><br>Training, Support, Roles. |
| Career map | Typographic error corrected and changes to the wording to some areas. | To better reflect current workforce development and role descriptors. | Implementation and Training<br><br>Roles. |
| Common Themes | Additional wording added . | To provide improved clarity around supervision/ support/ competence/referrals. | Implementation and Training<br><br>Scope of practice. |
| Clinical domains | Additional/ changes to wording/ typographic errors corrected. Further clinical examples added or modified. | Signposting to additional text around support/supervision and to provide additional clinical examples. Expand prerequisites e.g. Mandatory training requirements. Improve general consistency in language and improved clarity. | Implementation and Training<br><br>Supervision, Patient care, Support, Training. |
| Education Standards | Additional wording to some areas and changes in the wording in places. | To provide improved clarity, improve language consistency, abbreviations explained, | Implementation and Training<br><br>Scope of practice, Training, Support, Supervision. |

| | | | |
|---|---|---|---|
| | | evidence provided for term ‘physiological callus’. | |
| Clinical Standards | Changes and additions to wording throughout all levels Additional activity added to some levels (e.g. nail drill), some clarity changes to wording e.g. preparation of drugs for LA, fitting of orthoses. Podiatrist put first before registered health care professional where supervision is referred to (podiatrist/ registered health care professional). In places, role identification replaced with activity (e.g. assisting in theatre rather than theatre assistant). | To provide consistency in language, ensure that what currently happens is reflected at the appropriate level. Sign posting to additional wording in context section. Additional wording around supervision and signposting to additional wording at level 5. | Implementation and Training<br><br>Patient care, Scope of practice, Roles, Training, Supervision, Support. |

# Concluding and finalising the consultation report

## Procedure for signing off the amendments and consultation report.

Following analysis, the suggested amendments to the Standards were presented to a representative subgroup of the writing group (see the Consultation on standards for the non–regulated foot health workforce p.16[12] and the Draft Standards for the Foot Health Workforce p.6[13]). Once the amendments had been agreed with the writing group, both the consultation report, and the amended Standards document were presented to the Foot Health Education and Training Standards Group (FHESG) – the group who oversaw the writing of the Standards (see the Consultation on standards for the non–regulated foot health workforce, 3.1 p.17).

Finally, both the amended Standards and consultation report document passed through a two stage sign off process with the Foot Health Consortium. The first stage provided an opportunity for the foot health leaders to consult with their respective organisations, and at the second stage the Foot Health Consortium collectively signed off both the amended Standards and the consultation report.



[12] https://www.hee.nhs.uk/sites/default/files/documents/HEE_Foot_Health_Consultation_0.pdf
[13] https://www.hee.nhs.uk/sites/default/files/documents/HEE_Foot_Health_Standards.pdf