

Report on the Feedback Received from NHS Managers on the Publication of the Standards for the Foot Health Workforce



Dr Beverley Durrant

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1. Introduction and Context

The Standards for the Foot health Workforce (the Standards) were published in September 2021 following an open consultation that ran for 12 weeks. Amendments were made to the Standards following the consultation and the final version of the Standards, alongside the consultation findings, were published in May 2022 and are available on the HEE website.

The clinical and education Standards provide a clear understanding of the footcare treatments nonregulated practitioners are trained to provide upon qualification. The Standards are threshold and set out what a newly qualified practitioner can safely provide for their patients in the NHS. It is recognised that as individual practitioners gain experience and undertake additional qualifications, their role boundaries and scope of practice may increase. Common themes underpin the clinical practice of all levels of practitioner. These include health and wellbeing; person-centred care, treatment, and support; communication; team working; personal, people and quality improvement; health, safety and security; duty of care and candour; safeguarding; equality and diversity; and basic life support. Educational Standards are articulated at Levels 3, 4 and 5 of the Regulated Qualifications Framework (RQF) and the Framework for Higher Education Qualifications (FHEQ). The determination of role boundaries and scope of practice has been informed by the American Society of Anaesthesiologists Physical Status Classification System.

Following publication of the Standards, four NHS managers groups have provided feedback about the perceived challenges and benefits of the Standards to the NHS podiatry support workforce.

The content of this report is based on feedback received and summarised findings. At the end of the report there are recommendations for HEE to consider when planning the next steps.

1.1. Why has the feedback been submitted?

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. Following the open consultation that took place during November 2020 to February 2021, a series of amendments were made to the Standards reflecting the consultation feedback. Only 17% of consultation responses received came from the NHS sector with the majority (68.4%) coming from the private sector. There was no obvious reason for the low response rate from the NHS sector. All sectors had equal access to the communications information disseminated from Foot health sector leaders and HEE via twitter feeds, newsletters, blogs and website updates.

Notwithstanding, NHS managers groups in the Southeast (SE) and the Northwest (NW) report that they were unaware that the consultation was taking place and only knew of the Standards once they had been finalised and published on the HEE webpages. This situation has understandably led to some anxiety surrounding the implications of the Standards and how they will affect the current NHS podiatry support workforce.

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1.2. How was the feedback delivered?

Initially, written feedback was submitted from two different managers groups. An email letter was sent to the HEE National Allied Health Professions (AHP) Officer and a second email letter to one of the Regional AHP leads. HEE commissioned a review of the feedback received and NHS regional leads across the country were notified that HEE was collating feedback following the publication of the Standards. Key stakeholders – such as the members of the Consortium of Foot Health Leaders were contacted and notified of the review. All were asked to cascade the request to teams and memberships and to submit any feedback received that they wished to be considered in the review.

The following NHS regions submitted written feedback.

- NHS Southwest region
- NHS Southeast region
- NHS East of England
- NHS Northwest region

Face to face online meetings were offered to further discuss the concerns raised.

1.3. What were the key concerns raised?

The key concerns raised surrounded 5 main areas.

- Interpretation of the term 'Threshold' used in the Standards purpose and Context section (section i)
- ASA grade alignment to current NHS caseload
- Clinical domains
- The alignment to the current training of podiatry assistants and footcare assistants.
- The dissemination and circulation of the draft Standards and communication around the consultation engagement with NHS managers.

2. Summary of the feedback received

2.4. Interpretation of the term 'threshold'

Concerns were raised around the term 'threshold' - what the term means and how it is applied in the context of the NHS support workforce. Additionally, managers reported confusion about how an individual might transition to carry out tasks that were deemed above threshold.

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Further comments were raised about how the term related to roles and responsibilities for current NHS support workers and where 'beyond threshold' stopped. For example, the potential overlap between a support worker at level 5 and a newly qualified level 6 podiatrist. Managers' groups raise concern around how the 'threshold' was going to be monitored especially in the independent sector, to ensure that only those that were competent, progressed past the threshold standard. Necessary support and resource may be required to enable individuals to progress through threshold within the NHS. Guidance was requested around what governance arrangements would facilitate this.

2.5. ASA grading

The feedback related to this item consistently reports that the current NHS patient caseload does not ordinarily include patient groups classified as ASA 1 and 2 (i.e., Healthy patient and non-compromised patient). Most patients will fall into ASA 3-4 groups (i.e., medically compromised and severe systemic disease). There are occasions where ASA 1 and 2 patient groups may be seen in the NHS. For example, nail surgery and some MSK conditions, however this caseload does not represent most of the current NHS podiatry caseload. Concerns were raised that NHS podiatry support staff will be entering the workforce well above the threshold standard set in the Standards in defining patient caseload.

2.6. Clinical domains

Comments related to the clinical activity cover several areas across the clinical domain descriptors. These include:

- Nail and skin care 2.2, 2.3 and 2.4
- Vascular assessment 1.3 and 1.4

For the nail and skin domain there is concern that by having nail and skin amalgamated in one domain, the role of the NHS support worker is more difficult to align to the Standards. For example, currently podiatry assistants or FCA's may provide nail care however may not provide scalpel debridement to non-pathological callus. Since scalpel debridement is the prevailing descriptor, the role of the FCA or podiatry assistant may be limited by the definition currently used in the Standards.

Secondly, if the skin and nail were divided into two domains would there be scope for the ASA group to change, reflecting the patient groups seen by the NHS. i.e., nail care for ASA groups 2 and 3 at level 3.

2.7. Current training of foot care assistants and podiatry assistants within the NHS

The Royal College of Podiatry (RCPod) Assistant Practitioner (AP) training course is reported as the 'gold standard' training for many podiatry support workers in the NHS. It is the preferred default course for NHS podiatry support workers to undertake. The course is also available to non-NHS support workers within the independent sector; however, much of the uptake is by the NHS sector.

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Managers' report poor alignment of the threshold standards to the RCPod AP course. The content mapped to level 3 and 4 within the Standards does not include key content provided by the RCPod AP course, however the activity forms part of the current clinical caseload seen by NHS podiatry support workers. NHS managers cite vascular assessment of non-healthy patients as a key example. This activity does form part of the RCPod training course. Within the Standards this activity is described as threshold at level 5. When referencing the RCPod AP course, it is important to recognise that this course does not award credit to its learners and therefore assessing volume and level of learning is arbitrary.

Both the SE and the NW managers' groups confirmed that the content described at level 5 within the Standards provides a better overall alignment to what podiatry support workers currently provide, although none of the current support staff are required to complete level 5 training to enable them to carry out their job role. There is variable uptake of some activity described as threshold at level 5 within the Standards, such as scalpel debridement on non-pathological callus for medically compromised patients.

Furthermore, managers' report it is not uncommon for NHS Trusts to support patients to self-care. As the current NHS caseload predominantly aligns to ASA 3, the situation may arise where the threshold level for trained podiatry support staff exceeds what patients may be advised to provide for themselves. These self-care practices might include observations on vascular and neurological status. Managers note that many nursing assistant roles with less formal training than their podiatry counterparts, may be asked to conduct screening of vascular and neurological status e.g a diabetic foot check, however this is not considered threshold for podiatry support staff working at the same level.

2.8. Communication with NHS managers about the Standards and the Consultation

Managers' report a perceived lack of engagement from HEE to NHS manager groups about the consultation that took place during 2020/2021, reporting that HEE did not engage directly with NHS managers about the consultation despite the impact the Standards would inevitably have on the NHS support workforce. Managers' expectations that there could have been direct contact via listening events, or via the regional HEE leadership teams had not been met.

3. Discussion and Analysis

3.9. Post Consultation recommendations and the NHS

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. Sustainability of future podiatry services is at a critical moment.

HEE is committed to making an effective contribution to tackling these challenges. The wider AHP work programme includes careers and retention work, reviewing the NHS support worker roles, widening participation for AHP training through apprenticeships, international recruitment programme, practice-based learning expansion programme and a range of local initiatives particular to each region.

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Preceding the development of the Standards, and an initiative specific to Podiatry, a range of partner organisations came together with HEE to form the Foot Health Consortium. This collaboration was one of the efforts to help ensure that Podiatry services in the NHS have a sustained supply of registered podiatrists and support workers to care for patients in the NHS in England who need their services. The Foot Health Consortium spearheaded the development of the Standards. They were collaboratively produced, with representation from all sectors of the foot health workforce, including NHS managers and clinicians, professional body representation, support workers from the NHS and the independent sector and support worker education providers from across the sector. The Standards underwent an open consultation. A total of five recommendations were made following the consultation, its analysis and subsequent reporting. Two of the five are described below, with the remaining three discussed in 2.2 (page 8). Both the recommendations below have been adopted and are aligned to current and ongoing workforce transformation initiatives led by HEE.

- 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.
- 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.

The wider HEE AHP support workforce review has led to a HEE commissioned AHP Support Worker Competency, Education and Career Development Framework (support worker framework) published in 2021. The following excerpt captures the key intention of the framework

“This framework enables employers, networks, integrated care systems (ICSs) to effectively plan, develop, and deploy their AHP support workforce. It provides guidance on training, education, and competencies for AHP support workers and demonstrates a clear pathway for recruitment and progression, with common and transferrable skills across eight domains.”

The support worker framework was developed simultaneously with the Standards by different but connected teams within HEE. A key part of the related work undertaken during the production of the Standards has been to review the podiatry workforce including the support workforce (this aligns with the wider NHS AHP workforce review). The creation of the standards for the non-regulated foot health work force 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 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, can provide career progression opportunities for the support workforce. 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

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podiatrists, thus expanding joiners to the profession. HEE is committed to providing support and resources in all the areas identified above, across the NHS AHP landscape.

3.10. Post Consultation Recommendations and the Independent Sector

The demographic of responders to the consultation includes both the NHS and independent sectors as well as public sector organisations, education providers and individual private and NHS podiatry practitioners. The NHS represented 17% of responses with the majority coming from the private and independent sectors (68%) or responses. The full analysis can be accessed via the HEE web pages.

Three recommendations arising from the consultation analysis were made, recognising the strength of feeling conveyed by the independent sector during the consultation. The recommendations were:

- For discussions to continue across the sector to explore how the Standards, once finalised, may be used, and implemented within the independent/private sector.
- That consideration is given to explore how support and governance arrangements for independent and NHS practice, could be more closely aligned.
- For foot health leaders to consider how the standards could be used to aid standardisation of education and training of the non-regulated sector provided by the independent sector.

The consultation document described how variability in the education and training of Foot Health Practitioners (FHPs) limits the ability of the NHS to recognise the potential contribution of this workforce to NHS podiatry services. It proposed establishing an accreditation process for FHP programmes which would provide assurance that practitioners completing those programmes have met the Standards. This would in turn support service providers in considering recruitment of FHPs into NHS podiatry support worker roles. It would also help facilitate pathways into the NHS workforce through step on routes into assistant practitioner and pre-registration podiatry programmes. The consultation document also suggested a similar mechanism could be put in place to assess existing FHPs against the Standards. Discussion with the Foot Health Consortium has subsequently identified that any accreditation and assessment system should also extend to the existing NHS podiatry support workforce.

Since the publication of the Standards a formal tendering process has completed. The successful tenderer (RCPod) will work to establish a system to accredit education and training programmes and assess individual practitioners against the Standards. Education providers and individuals in both the NHS and the independent sector will be eligible to apply for accreditation once the system is up and running.

As part of the development of an accreditation route for education and training providers will be the production of Education Standards. This core component of the work will consider the volume of learning as well as the clinical and non-clinical elements of the training. The work will be governed by the creation of a representative 'oversight group.' With the infrastructure described the Standards should be effective for both the NHS and independent sectors.

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3.11. Threshold level

The threshold level within the Standards has been set with consideration of education and training offered for the non-regulated foot health sector. The threshold also takes account of the highly variable 'volume' of learning that foot health practitioner and support worker training providers offer. A combination of credit and credit level recognises the volume and level of intellectual difficulty of the learning undertaken, as well as the notional workload, study hours or learning time required to achieve them. The variance that exists for podiatry support worker training includes the credit awarded and the credit level of the study. Additionally, the supervision and governance arrangements may differ for those support workers and FHP's working in the independent sector, when compared to NHS support workers who work under the direct supervision of an HCPC registered podiatrist.

NHS managers indicated that the explanation of 'threshold' detailed within the Standards was not sufficient to provide a robust understanding of how threshold is applied in implementing the Standards. The following extended explanation is intended to provide further clarity.

The Standards for the Foot Health Workforce set out, for each role and each level of educational attainment, the threshold knowledge, understanding, and skills required for safe and effective practice. They have been developed based on collaboration with foot health sector stakeholders. They do not have any statutory status but are designed to support the skills mix and development of the workforce which provides foot health treatment to NHS patients.

'Threshold' means that the standards describe, based on sector consensus, the 'entry-level' or 'minimum' competencies for each role and level. It also means that these standards may be exceeded by education providers, practitioners, and service providers. It is recognised that an individual practitioner's scope of practice may vary dependent on a variety of factors including, for example, their education and training, access to supervision and the requirements and expectations of their employer. A practitioner's scope of practice is likely to change over time, as they gain more experience and undertake additional education and training.

NHS podiatry services can draw on the standards to inform their decision making about the treatments that various parts of their foot health support workforce can safely deliver; to consider the skills mix they require; and to design services to meet increased patient demand. As the Standards can be exceeded, podiatry services are able to make their own informed decisions about the activities they require to be performed by practitioners employed in different roles. They will consider what local training, supervision, and clinical governance arrangements they need to have in place to ensure safe and effective patient care.

3.12. Training of podiatry support workers

Work to harmonise the AHP support workforce training and education within the NHS is being led by HEE's national allied health professions (AHP) support workforce programme. The programme has been established to provide national leadership and support on recognising, developing, and expanding the non-registered AHP workforce.

Over the last six months and in the weeks and months to come the programme will deliver several initiatives including: a readiness toolkit, a series of Quick guides, national procurement of level 3 senior healthcare support worker and level 5 assistant practitioner apprenticeships, implementation webinars, support worker case studies across professions and regions and the

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formation of a national steering group. More information on the programme can be found on the HEE web pages.

Historically, the RCPod has been the main provider of podiatry support worker training for the NHS podiatry profession. However, working in conjunction with HEE and being a main collaborator of the Standards, the RCPod recognises that there is an opportunity for a different approach to the education and training of the podiatry support workforce. Work continues to better align the podiatry support worker training to the Standards and to a wider HEE national programme of work. This transformative work may result in an alternative education provider/s offering training to the podiatry support workforce in future, both in the NHS and the independent sector. In the spirit of partnership working HEE and the RCPod are committed to collaboration to find the right solution for podiatry support worker training and believe it to be paramount to the progression of the work.

As a result of a collaborative effort with Royal Colleges, professional bodies, other arm's length bodies, such as NHSEI, the national AHP support workforce programme intends to deliver improved education standards, access and uptake for AHP support workers, growth in the AHP support workforce alongside the registered workforce, improve retention of the AHP support workforce and reduce vacancies and improve the diversity of the AHP support workforce.

Open communication about these initiatives and how specifically podiatry will be affected by them is being facilitated. Discussions with HEE national and regional leads, RCPod, NHS podiatry manager groups and subject matter experts working for and on behalf of HEE, are vital to the success of this ground-breaking effort to transform NHS podiatry services.

Nationally, NHS Trusts have been asked to map their current support workforce against the educational recommendations in the Support Worker Framework and to scope the current AHP support workforce using a provided tool kit. Additionally, NHS Trusts are identifying additional learning needs across the support workforce. Participation in regular webinars and community practice events has been encouraged to ensure there is good cross referencing and sharing of key information. This provides an ideal opportunity for NHS managers to shape and influence the future training of podiatry support workers. This initiative is due to report at the end of May 2022. Furthermore, future engagement with NHS podiatry managers is part of the solution to the implementation of the Standards.

4. Summary and Recommendations

NHS managers have offered valuable insight and feedback following the publication of the Standards. Thanks, and gratitude is offered for the time afforded in compiling the feedback and for the additional time taken to clarify aspects of feedback through face-to-face meetings.

All Trusts and regions will have a unique approach to adopting the Standards. For that reason, the limitations of extrapolating feedback of a small number of regions with all service providers must be acknowledged. There will undoubtedly be variation regionally and between service providers as to the activities that the support workforce delivers.

Notwithstanding, there are interconnected areas that will require close alignment as the work progresses. NHS podiatry managers have a key role in ensuring that the NHS podiatry workforce reform initiatives are rooted in the 'real life' realities of NHS clinical podiatry practice and reflect the needs of the patients that require those services.

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At the time of drafting this report there are activities underway that are likely to impact the implementation of the Standards. These include the commissioning of an accreditation and assessment framework for the implementation of the HEE Standards for the foot health workforce, and the current HEE NHS support workforce mapping exercise. In addressing the podiatry managers concerns it is important to bear this in mind.

The table below suggests recommendations and a timeline for making decisions around adopting them.

Recommendations

Recommendation 1:

Recommendation to set up NHS regional podiatry manager Implementation Groups, to develop an Implementation tool kit for the Standards for the Foot Health Workforce, which will take account of the threshold level and articulate a pathway that offers NHS support workers a progression route where the Standards can be safely exceeded. This will require detailing the supervision and governance arrangements to enable this to happen.

When:

When the wider HEE AHP support workforce programme has reported on its Trust and Faculty support worker mapping exercise and after considering any recommended action.

Recommendation 2:

Recommendation that HEE and foot health sector leaders continue to collaborate to establish a suitable training route for the education and training of NHS podiatry support workers that will utilise and map to the Standards, harmonising existing HEE work in this area, such as the recently announced National HEE procurement tender for training providers to deliver the Senior Healthcare Supporter Worker Level 3 and Assistant Practitioner Level 5 apprenticeship standards.

When:

Immediate

Recommendation 3:

Recommendation to set up a representative task and finish group to carefully assess whether amendments are required to the clinical domain as detailed in section 2.5 and 2.6 of this report. This recommendation cautions against making immediate changes to the Standards. A carefully thought through NHS implementation plan/ tool kit may negate the necessity to make substantive changes to the published Standards.

When:

When recommendation one has reported

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Recommendation 4:

Recommendation that HEE requests NHS podiatry representation is included in the 'oversight group' associated with the Standards implementation and accreditation tender awarded to RCPod.

When:

Immediate

Recommendation 5:

Recommendation that any future amendments to the Standards, or consultative processes surrounding the Standards, include targeted engagement events with regional NHS Podiatry managers' groups to ensure the relevant information is communicated in way that reaches all the NHS groups likely to be affected by the activity.

When:

When appropriate

5. Conclusion

The focus of this report is NHS podiatry services and specifically the NHS podiatry support workforce. However, professional bodies and other stakeholders have a vital role in building a sustainable podiatry service for the future. Membership to these organisations extend beyond the NHS, and therefore a balance that must be struck for all stakeholders to benefit from the initiatives described in this report. The strength in collaboration in achieving this cannot be underestimated. At the heart of this work is providing patients with the best possible care with the resources available. Patients may seek podiatry care in settings other than the NHS and therefore it is right that what is proposed for the NHS is also shared and disseminated to all who may provide podiatry and foot care services to patients. Where appropriate, collaboration on striking a balanced approach to developing services should be adopted.

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