

Workforce Summary – Chiropody and Podiatry

October 2008 – England only

Summary of findings

Currently in the podiatry workforce, overall supply largely meets demand. In order to maintain this balance WRT recommends that SHAs, PCTs and employers focus on developing the skills of the newly qualified workforce, together with recruitment and retention strategies for more experienced practitioners. WRT information gathering indicates around 50% of qualified chiropodists work in private practice and therefore WRT recommends that workforce planning takes account of all sectors, not just the NHS. WRT recommends that employers should consider using increased numbers of podiatry assistants, working with qualified therapists, to carry out low risk maintenance care and therefore free up more time to allow qualified podiatrists to carry out more specialised care.

Analysis

1. Brief profession description

Chiropodists and podiatrists (the titles are synonymous) deal with the assessment, diagnosis and treatment of the lower limb. They give advice on the prevention of foot problems and on proper care of the foot. They work with people of all ages but play a particularly important role in helping older people to stay mobile and, therefore, independent. In the NHS particularly, chiropodists and podiatrists see many patients at high risk of amputation for example those who suffer from diabetes. Chiropodists and podiatrists work in the NHS, voluntary and independent sectors, WRT information gathering indicates around 50% of qualified chiropodists work in private practice.

Pattern of training

Registered chiropodists and podiatrists enter the profession via a BSc (Hons) in podiatry, which, upon completion, allows them to apply for registration with the Health Professions Council (HPC), and then become a qualified podiatrist. There are currently 15 podiatry courses running at 13 HEIs across the UK, 11 are in England and two courses begin with a foundation year. Currently, a large proportion of applicants to these courses are mature (aged in their 30s / 40s) due mainly to the flexibility offered by a career in podiatry.

2. Current workforce

Table 1 – Current qualified podiatry workforce

	Headcount	FTE	FTE/HC
Consultant therapist	42	27	0.63
Manager	187	165	0.88
Therapist	3,494	2,843	0.81
Technician	75	59	0.79
Tutor	1	1	1.00
Qualified staff	3,799	3,095	0.81

Source - Information Centre (IC) Non-Medical Workforce Census 2007

Table 1 shows that according to the Information Centre (IC) non-medical workforce census, there are currently 3,799 qualified podiatry staff working within the NHS in England. The majority (92%) of the workforce is made up of therapists.

Figure 1: Age distribution of the qualified podiatry workforce working in the NHS in England

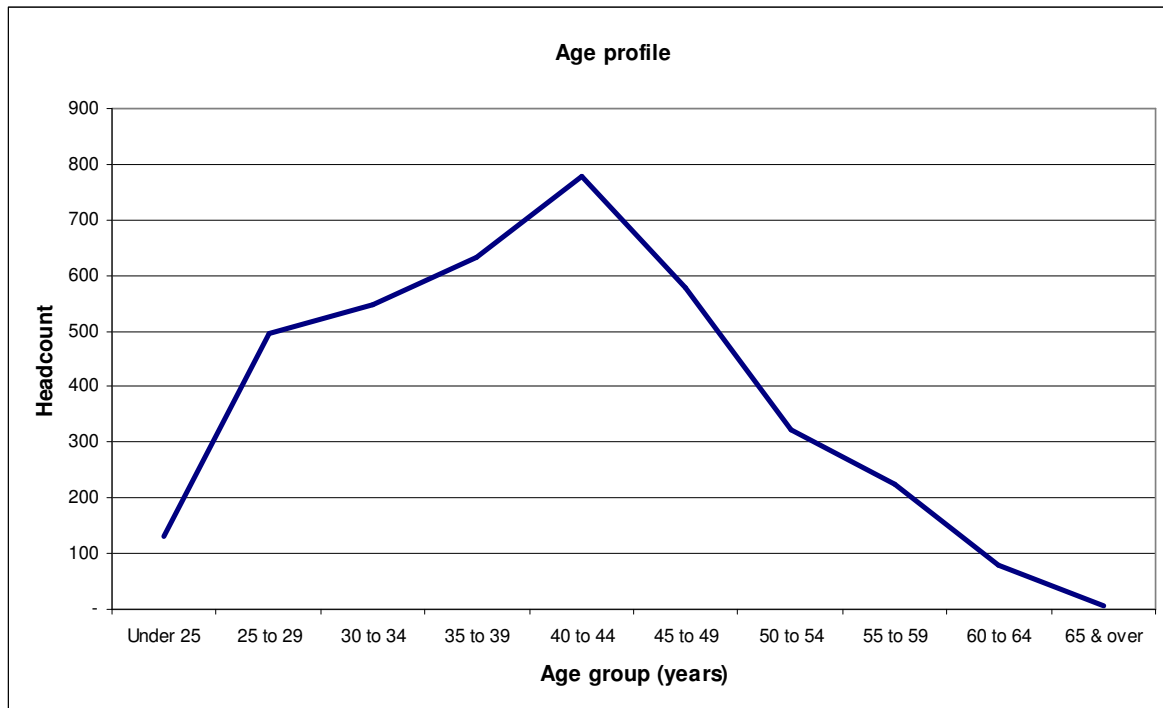


Figure 1 shows that podiatry has a relatively young workforce, with 68% aged 44 years and under. Only 8% of the workforce is aged 55 years and over and likely to retire in the next 10 years, therefore there is no retirement bulge expected in the podiatry workforce in the near future. Figure 1 also shows that there are few qualified podiatrists aged 25 years and under, this is because a large proportion of applicants joining training programmes are mature students.

3. Demand drivers and estimates

Diabetes

Podiatrists are a core member of specialist and primary care diabetic teams. Podiatrists spend a large proportion of their time caring for diabetic patients. Research suggests that up to one in three people with diabetes have some loss of sensation, called neuropathy, in their feet. Those who suffer from diabetes are also 15 times more at risk of having to have a limb amputated.

The number of people diagnosed with diabetes in the UK has risen by more than 167,000 since last year, bringing the total diagnosed diabetes population to almost 2.5 million. According to the Quality and Outcomes Framework (QOF) 2,088,335 people aged over 17 years in England currently have diabetes.

The demand for podiatry services is expected to rise in the future due to the increased incidence of diabetes and the rise in general health care expectations.

Skill mix

Podiatry assistants, also known as chiropody or foot-care assistants, act as clinical assistants to podiatrists working within the NHS, private practice and the retail sector. Training for this role occurs on the job and usually involves a minimum of 500 clinical hours as well as practical, theoretical and oral assessments. A podiatry assistant's work includes cutting toe nails, applying dressings and some clerical work such as booking appointments. This helps to free up the qualified podiatrist's time and allows them to focus on more specialist care. However, podiatry assistants do require constant supervision from a qualified podiatrist.

Ageing population

Podiatrists play a particularly important role in helping older people to stay mobile and independent. Podiatrists also play a role in assessing other health factors in elderly patients whilst carrying out a leg and foot assessments. The demand for podiatry services is also expected to rise in the future due to the ageing population.

4. Workforce supply

Table 2: Qualified podiatry workforce working on the NHS in England 1997-2007

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006*	2007
Headcount	3,286	3,325	3,368	3,473	3,561	3,638	3,807	3,941	3,913	3,755	3,799
FTE	2,730	2,750	2,771	2,847	2,894	2,916	3,027	3,117	3,103	3,056	3,095
FTE/HC	0.83	0.83	0.82	0.82	0.81	0.80	0.80	0.79	0.79	0.81	0.81

*In the 2006 IC Census, a new process for collating figures identified a number of duplicate records which were eliminated, thus reducing the headcount figures, and introducing a disconnect with earlier data, FTE data was not affected. Between 2005 and 2006, the number of qualified podiatrists recorded in the census fell by 158 (4%), however as the FTE figure only fell by 1.5%, data changes are likely be the main reason for the decline in headcount.

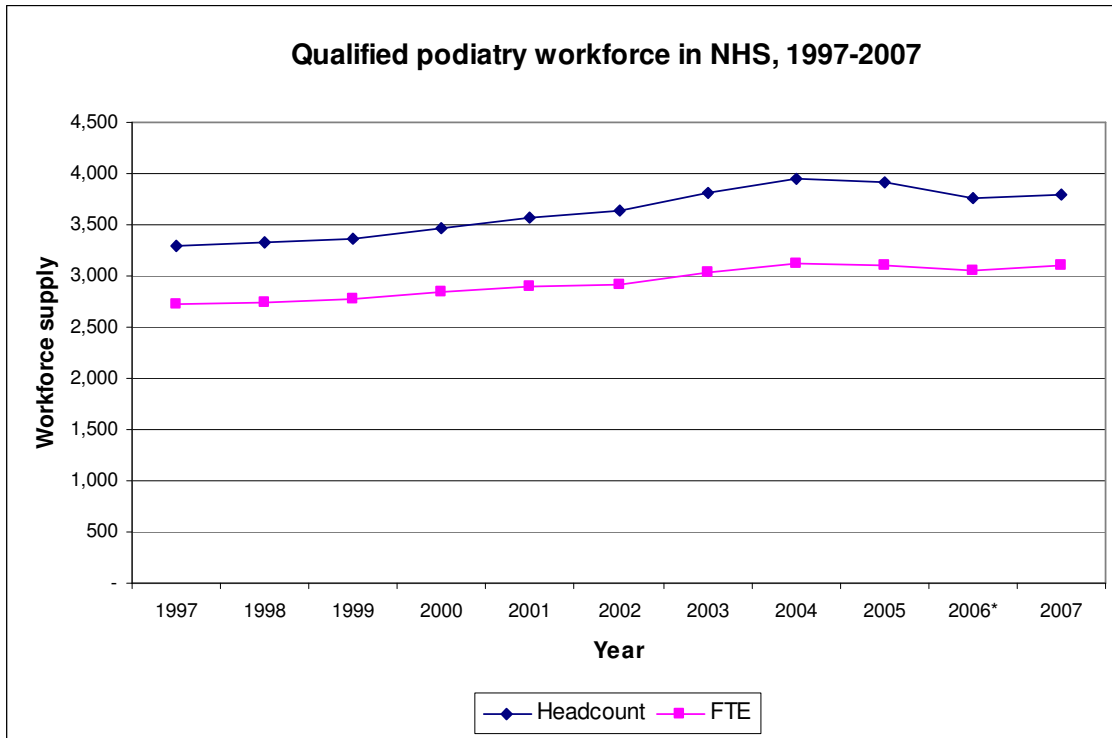
Figure 2: Qualified podiatry workforce working on the NHS in England 1997-2007

Figure 2 and Table 2 show that the qualified podiatry workforce working in the NHS in England increased steadily from 1997 to 2004, before experiencing a small reduction. Overall between 1997 and 2007 the headcount increased by 513, a percentage increase of 16%.

Figure 3 uses a simple linear trend analysis, which extrapolates the trend from existing workforce data, to forecast the number of podiatrists working in the NHS in the future.

Figure 3: Podiatry supply forecast using linear trend analysis

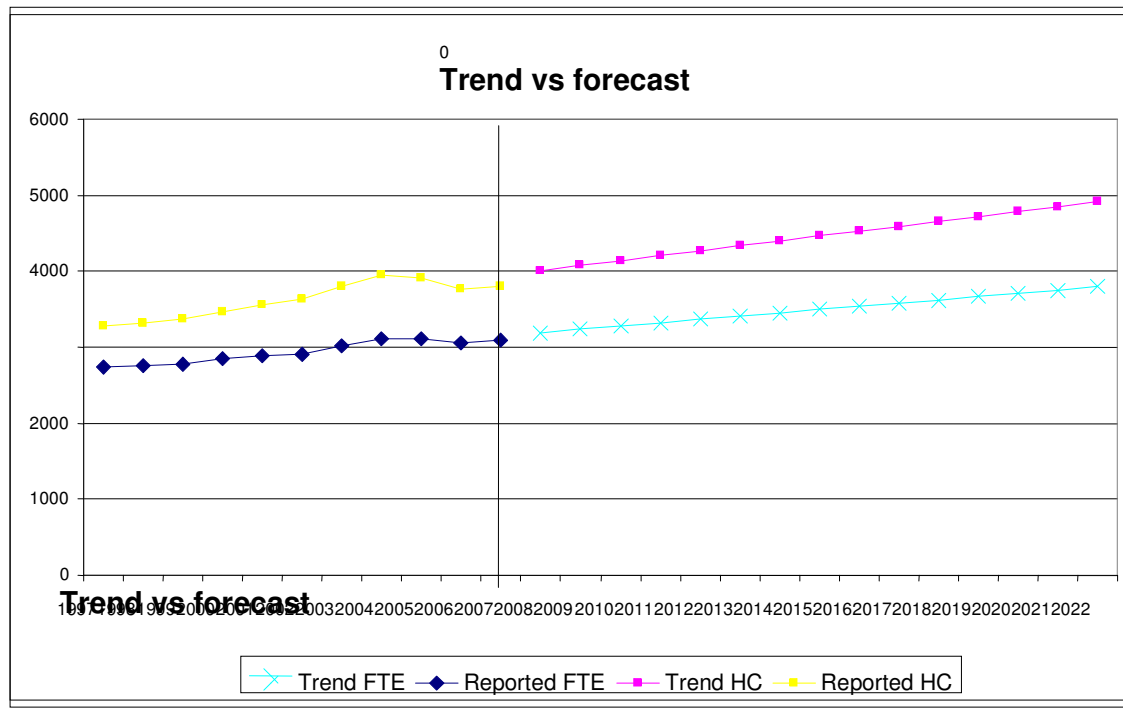
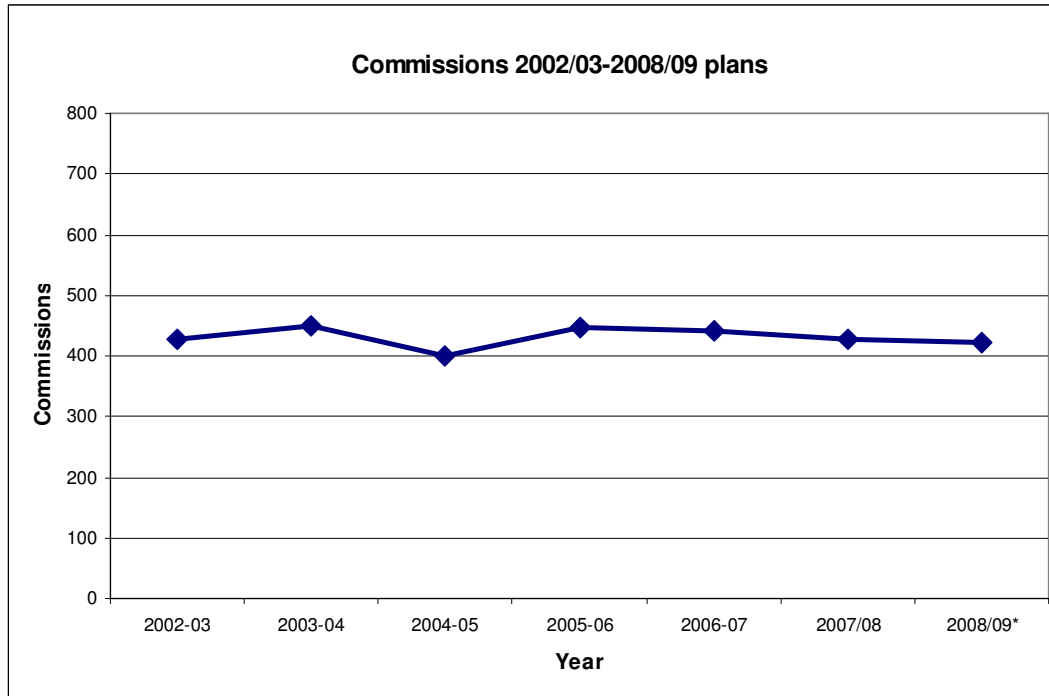


Figure 3 above shows that if current trends continue, the qualified podiatry workforce will continue to rise steadily, reaching a headcount of around 4600 in 2018.

Figure 4: Commissions for podiatry courses 2002/03 – 2008/09 plans

*Planned commissions only for 2008/09, all other years show actual commissions

Figure 4 above, shows that between 2002/2003 and 2007/08 commissioning numbers for podiatry courses have been maintained at a similar level. Figure 4 also shows that plans for 2008/09 are to maintain podiatry commissions at the current level.

WRT review findings indicate there is currently a lack of clinical placements available in the NHS, for students undertaking the BSc (Hons) in podiatry. The case load in the NHS tends to be made up of a majority of high risk patients, meaning it is difficult for students to gain low level care experience. Students are not attractive to employers as they require a lot of supervision and there is a lack of supervisors available in the NHS.

WRT review findings also indicate that there is also a lack of Band 5 posts available in the NHS. It is becoming less cost effective for employers to take on Band 5 staff as they need supervision and are likely to be moved up to Band 6 in a relatively short time period. There is anecdotal evidence of graduates going straight into Band 6 posts. New graduates require supervision and mentoring, and do not have the experience to deal with complex cases.

Graduate unemployment rates vary but are generally very low in this profession. According to the Society of Chiropodists and Podiatrists (ScPOD) currently, of those who want a job, about 83% of students are employed within 6 months of graduation and 100% within the first year of graduation.

5. Summary of key issues

Currently in the podiatry workforce, overall supply largely meets demand.

However, the demand for podiatry services is expected to rise in the future due to the ageing population, the increased incidence of diabetes and the rise in general health care expectations. Therefore it is likely that there will need to be an increase in supply to meet this demand. Results from a simple linear trend analysis carried out by WRT indicate that if current trends continue, the qualified podiatry workforce will continue to rise steadily, reaching a headcount of around 4600 in 2018.

The Society of Chiropodists and Podiatrists (ScPOD) recommend that any workforce planning function should maintain an overview of supply and demand across the four UK countries and not just England. This is because podiatry is a small and mobile profession and students do not necessarily get jobs in the UK countries in which they trained. The closure of a school in one country could therefore have an adverse effect on supply in other countries.

WRT information gathering indicates around 50% of qualified chiropodists work in private practice and therefore WRT recommends that workforce planning needs to take account of all sectors, not just the NHS. WRT review findings indicate that there are large numbers of newly qualified graduates in the profession, but vacancies for experienced practitioners are harder to fill. Therefore WRT recommends that SHAs, PCTs and employers need to focus on developing the skills of the newly qualified workforce, together with recruitment and retention strategies for more experienced practitioners.

WRT information gathering indicates that podiatry services in the NHS have been re-profiled to target the highest risk patients, with less focus placed on maintenance care. WRT recommends that employers should consider using increased numbers of podiatry assistants, working with qualified therapists, to carry out low risk maintenance care.

6. Bibliography

National level Quality and Outcomes Framework Data website www.ic.nhs.uk – Accessed on 21 October 2008

The Society of Chiropodists and Podiatrists (ScPOD) website <http://www.feetforlife.org/> - Accessed on 22 October 2008

Universities and Colleges Admissions Service (UCAS) website <http://www.ucas.com/> - Accessed on 22 October 2008

The Information Centre for Health and Social Care website <http://www.ic.nhs.uk/> - Accessed on 22 October 2008

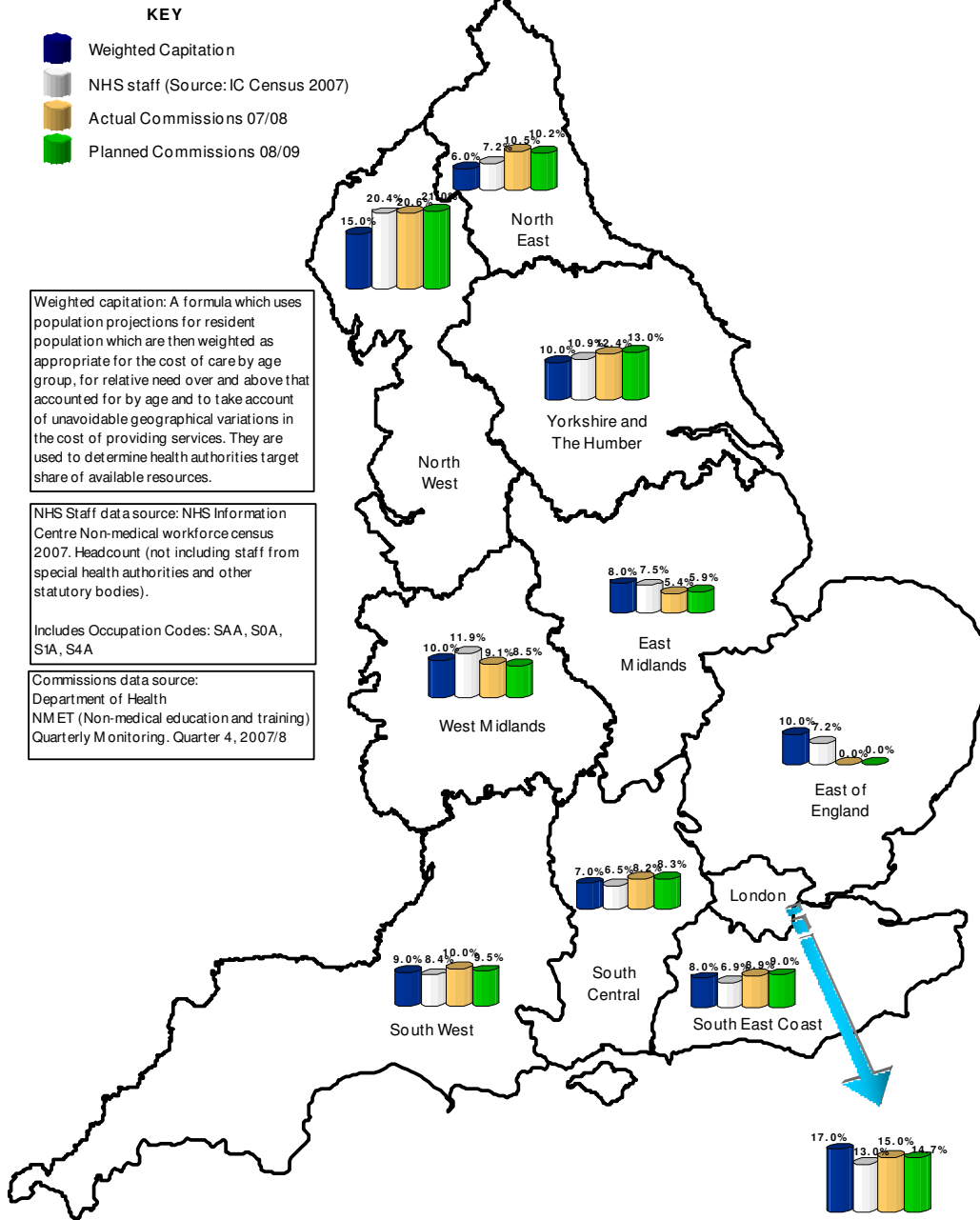
Diabetes UK (2008) *Diabetes Growth Doubles in a Year* website http://www.diabetes.org.uk/About_us/News_Landing_Page/Diabetes-growth-doubles-in-a-year - Accessed on 20 October 2008

NHS Careers website <http://www.nhscareers.nhs.uk/index.shtml> - Accessed on 5 November 2008

Appendix 1

Comparison of Weighted Capitation, Staff in Post, and Commissions for Chiropody and Podiatry by SHA

Based on latest data available as at August 2008



The above map shows the regional distribution of commissions, weighted capitation (a measure of equitable allocation of health resources) and staff in post for chiropody and

podiatry. These maps are designed to provide a starting point for understanding the interaction between SHAs local commissioning levels and the national picture.

The map shows that currently the North West, North East, Yorkshire and the Humber and West Midlands SHAs have podiatry workforces that are larger than their weighted capitation, therefore they are over capitated.

East Midlands, London, East of England, South East Coast, South Central and South West SHAs have podiatry workforces that are below their weighted capitations, therefore they are undercapitated.

Of the SHAs that are currently undercapitated South East Coast, South Central and South West all have actual and planned commissions above their weighted capitation.

Of the SHAs that are undercapitated the East Midlands and London SHAs have actual and planned commissions below their weighted capitation.

N:\WRT\Workforce Summaries\AHP's\Chiropody & Podiatry\Under construction\2008-Chiropody & Podiatry Workforce summary-V1-FG-DPproofed