

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [dyfodol ymarfer cyffredinol yng Nghymru](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [the future of general practice in Wales](#)

GP12 : Ymateb gan: Coleg Brenhinol Podiatreg | Response from: Royal College of Podiatry



The Royal College of Podiatry's response to the Health and Social Care Committee inquiry into the future of general practice

18 March 2025

Introduction

The Royal College of Podiatry is the professional organisation and trade union for podiatrists in the UK. The College represents qualified, regulated podiatrists across the UK and supports them to deliver high-quality foot and lower limb care and to continue to develop their skills.

Podiatrists are highly skilled healthcare professionals trained to diagnose, treat, rehabilitate, and prevent complications of the foot and lower limb. They enable people to manage foot and ankle pain, skin conditions of the foot and lower limb, treat foot and lower limb infections, and detect, assess and manage lower limb neurological and circulatory disorders. Prevention and management of foot ulceration and infection are critical to preventing lower limb amputation, with high associated morbidity and mortality.

We welcome the opportunity to respond to this important inquiry into the future of primary care in Wales. We believe that greater direct patient access to podiatrists in general practice settings, as well as across primary and community care, will increase the capacity of both primary and secondary care, improve health outcomes for the population, enhance patient experience and provide cost savings to Health Boards.

We would also like to highlight the [Primary and Community Care Allied Health Professions Guidance](#) (2021) produced by the Strategic Programme for Primary Care which emphasizes that allied health professions' (AHP) expertise is vital to achieving the required paradigmatic shift from over-reliance on hospital-centred care, and is paramount to addressing unmet needs. In discussing the future of general practice, it is vital that the Committee considers the whole multidisciplinary approach needed to transform primary care, including the allied health professions, and the potential for new AHP roles in general practice which will enable a more preventative approach to care.

Podiatry in primary care

Increasing numbers of people are presenting to primary care with foot and lower limb complications resulting from long term conditions including, diabetes, peripheral arterial disease and musculoskeletal (MSK) conditions. This is set to continue due to an ageing population, increasing rates of obesity, diabetes and other long-term conditions.

There are a variety of ways in which podiatrists can work as a first point of contact, whether this is in a direct access podiatry service within community health services or a podiatrist working as a First Contact Practitioner within a GP cluster. The benefit to patients is rapid access to the right person, at the right time, in the right place, receiving tailored advice, diagnostics, treatment and onward timely referral as appropriate.

Podiatrists provide a valuable offer to the primary care system both in terms of increasing capacity and reducing the societal and healthcare burden associated with poor foot health or reduced mobility. The Royal College of Podiatry believe that people should be able to access podiatric expertise in primary care so that they are able to remain active, in work, and socially connected. It is only by having podiatrists placed within primary care settings that these multiple needs will be met.

A fully integrated primary care podiatry service can safely detect, assess, diagnose, manage, rehabilitate, and prevent disease related complications of the foot and lower limb, particularly around MSK, diabetes, rheumatoid arthritis, peripheral arterial disease and dermatological conditions. Podiatrists also have a significant role in the public health and prevention agenda, specifically around falls prevention, cardio-vascular risk reduction, medicines management and reconciliation, antibiotic stewardship, as well as the broader role of keeping people mobile and active. In addition, podiatrists can utilise advanced diagnostic techniques, including imaging, and can prescribe independently, for a range of lower limb conditions, saving GP time and resource.

Placing podiatrists at the centre of primary care settings will:

- Minimise the impact and consequence of long-term conditions
- Prevent and delay onset of deterioration of chronic conditions
- Maintain and maximise mobility
- Help to reduce the number of falls
- Enable independence, leading to improved quality of life and reduced social exclusion
- Reduce the need for secondary, surgical or pharmacological intervention
- Reduce hospital admissions and unnecessary hospital referrals
- Keep people mobile and in work
- Reduce the burden on GPs and other members of the primary care team

We believe that this will improve equitable access to care and quality of care experienced by patients, reducing waits to access lower limb expertise. The impact of this will be to restore public trust in general practice.

[Podiatrists as First Contact Practitioners](#)

The high burden of poor foot health is currently falling on already stretched GP services. As the experts in lower limb health and disease, podiatrists have the requisite knowledge, skills and training to work as first point of contact practitioners (FCPs) in primary care. A recent survey carried out by the Royal College of Podiatry found that 'enabling people who have foot pain to self-refer to a podiatrist working as a FCP and/or foot health service has the potential to significantly reduce the burden of foot and/or ankle pain on GPs'.¹

Our survey of existing First Contact Podiatrists (2023)¹ demonstrated the potential value and saving of both time and cost within primary care:

- Each FCP can save 80 GP or other primary care staff appointments per week;
- It was estimated that 76% of a FCP podiatrist caseload was managed independently by the podiatrist;

- 5% of the caseload required GP input, 4% PCN team input, and 15% resulted in onward referral to community and secondary care services.

There are a number of First Contact Podiatrists established in England. However, to our knowledge, there are not currently any working in general practice in Wales. We hear anecdotal evidence that clusters say they do not have the budget to support this model, despite the benefits it could offer in their capacity to meet population need in a more timely way. We believe that there needs to be greater support for the adoption of First Contact models in general practice, given the benefits that are becoming apparent from established models in England.

The general practice workforce

Within podiatry there are already known risks to workforce sustainability. The number of podiatrists working for the NHS in Wales has reduced: in June 2019 there were 249.4 WTE; by June 2024 this had fallen to 218.2 WTE.² There are already difficulties recruiting podiatrists at all bands – for example, we hear from Health Boards of there being no applicants for multiple posts advertised. Added to this, the existing workforce has an age profile that is significantly older than for other Allied Health Professions; HCPC data shows that podiatry is significantly older than other workforce groups: 54% are aged over 50, compared with 28% for all HCPC regulated professions.³

These workforce issues are likely to complicate recruitment to new roles in primary care, particularly if there is uncertainty around the future of such roles – for example if they are short-term funded. For the full benefits of podiatric access in primary care to be achieved, the wider context of these workforce challenges must be addressed. There is an urgent need for a focused plan to train and recruit more podiatrists in Wales.

To make new roles in general practice attractive, we would emphasise the need to offer extra support for the new roles that are established in general practice, for example through preceptorship and/or mentoring for podiatrists while in transition to roles in new settings. Our survey⁴ highlighted that there was a lack of support for the set-up of new first contact roles, and that training and support was needed for those in the new roles.

We would also emphasise that it is essential that there is equity of access to training opportunities for all staff in general practice settings. For professions that have traditionally worked in community health services and secondary care settings, such as podiatry, we would also underline that there will be benefit for individuals' to be able to maintain their connections with teams in other settings (eg community care) to support their continuing professional development as well as benefit from maintaining their professional identity.

Data and digital

Podiatrists work across the breadth of health services and are involved in the care of patients across different settings and teams. Where there is a multiplicity of IT systems that do not necessarily communicate with each other, there will be risks to patient care, as information cannot be easily shared with those who need it. It is essential that any podiatrist moving into a role in primary care can access IT systems that support safe patient care, and that training in any different IT systems used in primary care is a mandatory

element of their induction. This is key to maintaining patient safety and improving patients' experience of general practice.

Digital systems offer unprecedented opportunities to improve care delivery and patient outcomes. However, achieving this requires careful planning, adequate investment and ongoing support for staff and patients. By addressing challenges proactively and prioritising inclusivity and interoperability, there could be huge benefits for both staff and patients in general practice and across the NHS.

[Estates/physical barriers](#)

Our survey of First Contact Podiatrists revealed that estates were a barrier to the establishment of such roles.⁵ We have heard similar concerns reiterated by GPs, and the SPPC have also highlighted that “the current continuum of Primary Care estate undoubtedly needs further understanding in terms of scope, opportunities and associated barriers due to the additional requirements colocated multiprofessional teams would bring.”⁶ It is essential that this is addressed; without sufficient spaces to work in, the new model of place-based primary care cannot be established in Wales, and the availability of appropriate spaces is likely to dictate the pace of change that can be achieved.

[For further information, please contact:](#)

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[References](#)

¹ Royal College of Podiatry (June 2023). First Contact Podiatrists: growing the profession. Downloaded from <https://rcpod.org.uk/policy/podiatrists-in-primary-care> [accessed on 26/02/2025].

² See <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Staff/Non-Medical-Staff/othernonmedicalstaff-by-jobtype-areaofwork-year>. [accessed on 26/02/2025]

³ See HCPC Diversity data: chiropodists/podiatrists - March 2023, accessed online at <https://www.hcpc-uk.org/resources/data/2023/diversity-data-chiropodists-2023/>. [accessed on 26/02/2025]

⁴ Royal College of Podiatry (June 2023). First Contact Podiatrists: growing the profession. Downloaded from <https://rcpod.org.uk/policy/podiatrists-in-primary-care> [accessed on 26/02/2025]

⁵ Royal College of Podiatry (June 2023). First Contact Podiatrists: growing the profession. Downloaded from <https://rcpod.org.uk/policy/podiatrists-in-primary-care> [accessed on 26/02/2025].

⁶ SPPC (November 2021), Primary and Community Care Allied Health Professions (AHP) Workforce Guidance: organising principles to optimise workforce utilisation. Accessed online at: <https://heiw.nhs.wales/files/short-read-primary-and-community-care-allied-health-professions-ahp-workforce-guidance/> [accessed on 26/02/2025].