

**Report on the HEE South East Podiatry
workforce sustainability & transformation
project.**



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1 Executive Summary

The 14 Allied Health Professions¹ (AHPs) work across health and social care settings and represent the third largest clinical workforce in health. The pre-pandemic People Plan workforce planning illustrated that 27,000 additional AHPs will be needed by 2024 to meet future AHP workforce demand. This is considered a conservative estimate given the additional workforce demand arising from the Diagnostics Review (Richards Review) and AHPs in primary care.²

The National AHP data task force identified the Podiatry workforce as being significantly challenged for supply to meet demand forecasts up to 2024 pre pandemic. The covid pandemic has complicated this situation and created an additional demand for recovery and growth. As a result, the South East (SE) AHP programme are undertaking profession specific workforce reform programmes.

The SE AHP Podiatry workforce programme has three key workstreams to:

- Build & strengthen the Podiatry leadership & influence across the South East region
- Support developing AHP Faculties to focus on key Podiatry recruitment & resourcing to ensure sustainability and growth
- Retain & transform: Supporting Podiatrists education & development, career pathways, digital technologies & enable new ways of working

This report focuses on the second and third workstream - sustainability and transformation. The report is based on information gathered throughout the duration of phase 1 of the project. The overall project included participation and feedback from the South East region. Targeted interventions across selected ICS's, including focus groups and podiatry work force data collection, provided granular detail into the challenges facing these systems.

¹ podiatrists, dietitians, occupational therapists, operating department practitioners, orthoptists, osteopaths, prosthetists and orthotists, paramedics, art therapists, drama therapists, music therapists, physiotherapists, diagnostic radiographers, therapeutic radiographers, speech, and language therapists.

² <https://www.england.nhs.uk/publication/diagnostics-recovery-and-renewal-report-of-the-independent-review-of-diagnostic-services-for-nhs-england/>

1.1 Recommendations.

1. Consider a follow up online webinar or similar event towards the end of the task & finish (T&F) group lifespan to highlight progression and celebrate achievement.
2. Consider a collaborative approach to podiatry service provision in the SE that includes engagement with commissioners of podiatry services that enables sustainability conversations to be held in tandem with service commissioners.
3. Consider investing in additional upskilling of existing staff and to expand the offering into advancing practice areas, in line with the recommendations from the Centre for Advancing Practice, and to integrate this approach into workforce planning initiatives.
4. Consider evaluation in 12-18 months via questionnaire to evaluate impact; topics to include new initiatives for the support workforce, practice-based learning and apprenticeships, new ways of working, advancing practice, recruitment, and retention.
5. Consider a follow up round of focus groups in 12 months to compare findings with those in this report.
6. Continue to bring together HEIs and NHS education leads via the podiatry HEI forum to enable continued, sustained, and innovative development of practice-based learning activity in the South East.

2 Context

2.1 Why has the work been commissioned?

Regional AHP vacancy data (May 2021) has shown a significant variation in Podiatry vacancy rates across the six integrated care systems in the South East (SE), with one ICS reporting up to 55% Podiatry vacancy rates compared to 1-15% across other systems across the South East. In November 2021 a request was made to NHSEI & HEE regional workforce planning to request extraordinary vacancy data submissions to include more granularity and benchmarks across the 6 systems. This further confirmed the unexplained variation found in one ICS.

This project has provided dedicated workforce interventions and subject matter expertise to support podiatry workforce sustainability & transformation across the SE region in addition to targeted initiatives for one ICS to help mitigate the inevitable pressures reflected by this excessively high vacancy rate.

2.2 What was included in the plan of work?

The plan of work included the 4- point plan described below:

1. Support the HEESE AHP programme lead with a SE regional Podiatry workforce group, providing subject matter expertise.
2. Support ICS' to consider identified workforce interventions to help sustainability & transformation to include:
 - review challenges & opportunities for skill mix including the Podiatry support workforce and new ways of working
 - opportunities for developing clinical educator and clinical supervision capacity and capability
 - support for early careers, transition & preceptorship
 - quality learning environments & pre reg placement expansion
 - apprenticeships (e.g., level 3, 5 & 6 for Podiatry support workforce and pre reg Podiatry)
3. Link with SE regional AHP Council and SE region AHP faculties
4. Provide a final report capturing the above points.

2.3 Execution of the plan

While the focus of the project was initially triggered by unexplained vacancy data variations seen across the region, the project interventions included work across the SE region. The SE HEE leadership team wanted to provide opportunities for sharing good practice across the SE and to offer opportunities for cross region support and collaboration.

The following activities were conducted between October 2021 and April 2022:

- Three focus groups were held on the 11th of October 2021 with Podiatrists from two ICS (see appendix 1)
- Workforce data was gathered and analysed for both ICS- with an emphasis on understanding where the most challenging areas are, e.g.- vacancy rates at which banding. Case load and skill mix, support workforce, support for newly qualified podiatrists (NQP's) and apprentices etc.
- Supporting information was gathered for Podiatry services- e.g., locum usage and costs, current & previous recruitment/ retention strategies, recruitment processes, adverts/JDs, meeting notes/ NDFA data, caseload info, training & development opportunities and career progression, preceptorships, RTP, student placements, etc. (see appendix 2)
- A SE region wide Podiatry workforce webinar event took place entitled 'Change to Transform' on 17th March 2022. The webinar included a morning of keynote speakers followed by breakout groups evolving ideas from the keynote topics. Participants across the SE region were invited to attend to allow wider thinking and experiences and good practice examples to be shared (see appendix 3 and section 7 for further detail).

3 Analysis and discussion.

Focus groups were facilitated by Dr Beverley Durrant using a method like that outlined in the bitesize guide produced by NHS England ³. Further information on conducting focus groups was also used from Barbour (2007)⁴. The Focus group brief followed for all focus groups is described in appendix 1: Two key discussion areas were established throughout the focus groups. These were placements and practice-based learning and staff recruitment. Embedded across these topics, a series of themes and subthemes were established (see section 5.2)

3.1 Table 1 Summary of topics arising from focus group discussions

<i>Theme</i>	<i>Sub theme</i>
<i>Cost of living</i>	Cost of staff and student travel
	Cost of student accommodation
	Proximity to nearest HEI for student placements
	Retention of staff
	Geography
<i>Caseload</i>	High risk caseload
	Time for each patient
	Commissioning
	Experience limited to high-risk caseload
<i>Clinic configuration</i>	Single chair clinics
	1:1 model of student supervision
	IT and student access
	Lack of administration time
	Apprenticeships are time consuming
<i>Staff experience and skill mix</i>	What placement sites can offer
	Staff development
	Supervision needs of students
	Staff experience in having students

³ <https://www.england.nhs.uk/wp-content/uploads/2016/07/bitesize-guide-focus-groups.pdf>

⁴ Barbour, R. (2007). Doing focus groups. SAGE Publications Ltd <https://dx.doi.org/10.4135/9781849208956>

Staff recruitment and retention

Educator training
High staff job vacancies
High cost of living
preceptorship
Staff development
IT systems
Clinical supervision

3.2 Key discussion areas for Practice Based Learning (PBL)

3.2.1 Cost of living

It is accepted that the cost of living in the South East is higher than many other parts of England and the UK. For the health education sector where student placements form much of the prerequisite training hours for AHPs, nurses and midwifery students, this can have challenging consequences for both students and staff living and studying in the region. Focus group discussions were quick to highlight cost of living as being a significant barrier to recruitment and retention of staff working in the region as well as for students commencing long and short work-based learning placements. Although students can access the learning support fund (LSF) to help cover the costs of travel and accommodation while on placement, claims are currently retrospective, and it is this delay that students have reported as a significant factor when making placement choices.

3.2.2 Geography

In the South East, the region is bordered by three Universities: to the east by the University of Brighton (UOB), to the West by the University of Southampton (UOS) and to the North the University of East London (UEL). The region is geographically large covering west to east the New Forest to Medway and north to south from Buckinghamshire to the Isle of Wight. UOS and UOB are the largest users of placement capacity within the region and focus placement utilisation to the area closest to them. UOS takes most of their placements from Solent NHS Trust covering the geographical areas of Southampton, Portsmouth, and the Isle of Wight. This means that while Solent is at placement capacity– other locations within the BOB and Frimley ICS remain

underutilised. With UOB meeting all their placement demand from the KSS ICS', BOB and Frimley have remained the smallest podiatry placement providers in the SE region.

3.2.3 Clinical accommodation for student placements

Many clinical placements are provided in community clinic sites held in health centres/ walk in centres/ community hospitals with a small number of clinics in acute care locations. Many of the community sites offer single chair clinic access and often facilities are compact. With a drive to expand clinical placement provision, the environmental limitations of clinic space are a barrier in some situations. Many clinic locations can cater for a one-to-one model of supervision and increased ratios are prohibitive due to space capacity concerns. These accommodation issues have limited the uptake of student placement provision in some areas.

3.2.4 Staff as educators

Where placement capacity is underutilised within the system, the pedagogic mindset of a 'clinician as educator' quickly diminishes when students and apprentices are not regarded as part of the 'business as usual' arrangement. When students and apprentices are absent or minimal, often the time spent developing staff as educators is absorbed into other areas of service provision. Without the consistency of regular and frequent educator updates, CPD, and interaction with Practice education Facilitators (PEF's), and fellow educator colleagues, the familiarity of being an educator in practice is quickly lost. Where HEI requests for placement provision is lacking, some staff do not engage with the student/ apprenticeship body at all in their daily podiatry role. Given the complexity of the case load mix and the additional stress burden of high vacancies on remaining staff, it is arguably unsurprising that increasing student placement capacity has remained low priority.

3.3 Key discussion areas Staff Recruitment and retention

3.3.1 Staffing

Staff retention in one of the ICS is among the highest in the SE region and in some places is near 50%. Many of the vacancies are for newly qualified graduate positions at agenda for change (AfC) band 5 and at band 6. Despite advertising and readvertising band 5 and 6 posts have remained vacant. To help ease the increased caseload burden on existing staff – agency staff have been employed to temporarily bridge the gap and to allow 'normal' service provision to continue. However, throughout

the pandemic it was increasingly difficult to source agency staff. That coupled with HMRC challenges for agency locum workers this has meant that there is now a shortage of agency staff to cover the clinical caseload gap created by long term vacancies. The impact of this is seen in waiting list growth for new patient assessment, nail surgery and some MSK provision. In some areas extended appointment times for existing patients when re booking for ongoing treatment have also been experienced.

In some locations where band 5 recruitment has been unsuccessful, some of those posts have been converted to band 6 posts attracting current band 5 podiatrists who will see this as a development opportunity. However, sometimes these posts are filled with new graduates that then require significant support to develop confidence and capability in the role.

Where Band 5 posts have been eroded, fewer opportunities exist to develop and retain junior staff. For instance, there are excellent examples in the South East of preceptorship programmes for new staff – esp. at graduate entry and band 5. Without the availability of these posts, it is difficult to appreciate the positive impact that this support might have on staff retention and progression for new graduates.

Additionally, the benefit to students on placement in providing a ‘snapshot’ of potential future employment is diluted if students cannot see where they might ‘slot in’ as a new graduate podiatrist.

For a variety of reasons there are Trusts that do not take students on placement. There is anecdotal evidence that where placement openings for students are absent or limited, opportunities to showcase employment benefits on offer when students attend block placements are being impacted.

Another notable consequence is the overall effect on the career pathway pipeline. For example, support workers wishing to progress to the regulated sector may find a lack of band five posts a barrier to their progression. The apprenticeship NHS career path trajectory is dependent on progression points not only for learning but also in the availability of appropriately banded posts.

There is a delicate and interconnected link between recruitment, retention, and practice-based learning. Where one of these facets’ changes impact is likely to be felt in the other facets. Future sustainability depends on all the moving parts being present.

3.3.2 Caseload mix

Over the last two decades NHS podiatry services have seen a decrease in low-risk provision of foot care services and a corresponding increase in high-risk foot service provision. Many NHS Trusts have ceased to provide MSK services and instead physiotherapy provide the service. Alternatively, in other areas MSK services have been outsourced. For example, Healthshare Oxfordshire is an outsourced MSK podiatry provider. This type of commissioning model has led to a predominance in some NHS settings in the SE of a high risk wound care service with reduced scope for those wishing to specialise in other areas of practice e.g., MSK, surgery and rheumatology. This selective provision of inhouse NHS podiatry services has provided additional challenges for staff recruitment and retention. Trusts find retaining staff to these posts tough and post holders tend to be a transient population especially for band 5 and 6 posts where post holders are looking at professional development and gaining depth and breadth of experience. Those wishing to specialise in clinical areas other than high risk wound care often move to other Trusts or private practice settings where a wider range of podiatry services are provided to patients.

The high-risk nature of the caseload in some areas is cited as a key barrier to staff recruitment and retention. Where vacancy rates are high, staff feel the need to be protected from unintentional stress on their mental health. Focus group participants spoke of this, experienced while trying to provide a high level of service to patients with a high-risk foot health status with co morbidities and complex polypharmacy etc. Podiatry services in the South East, along with the rest of England have been asked to modernise and reform services in line with the recommendations of the NHS Long Term Plan. However, staff note that meeting the reform agenda in the face of significant adversity is challenging.

3.3.3 Cost of living

Cost of living in the South East is cited as a major staff retention challenge. In NHS Trusts bordering London where the cost of living is similar, staff will seek employment in London because some of the cost of living will be negated by the High-Cost Area Supplement (HCAS). Additionally, travel to clinic locations is easier using public transport in London and so a car is not essential, thus making further cost of living savings. Notwithstanding, there is no evidence about the permanency of these

arrangements. Podiatrists also alluded to the tiresome effect of a daily commute into the city and the effect this has on their feeling of work-related stress. Therefore, conclusions are difficult to draw from these comments.

3.3.4 Clinic administration

Some Trusts report not having clinic administration support and that in some instances podiatry assistants provide clinic admin support. Others report having to complete administration tasks in lunch breaks and at the end of day. On occasions no time is allocated within a clinical session for this to happen and staff report working longer hours to complete these tasks. Where podiatry assistants are providing admin support, opportunities to offer career progression to support staff, for example, to offer apprenticeships to those who wish to progress, is undermined in these circumstances.

3.3.5 Preceptorship, staff development and support.

There are some excellent examples of support for new and existing staff. For example, in Oxfordshire all new graduates in band 5 posts are enrolled onto the Trust Flyer Programme enabling all new Band 5 and Band 6 staff to have monthly mentorship/competency monitoring sessions with both their Band 7 Clinical Lead and their Band 7 Operational Lead.

The routes to advanced clinical practice were discussed, however, there is still confusion about eligibility criteria and what support is available to staff to support them meeting the advancing practice criteria and recognition of prior learning (RPL).

In some Trusts staff have access to a range of CPD and career development opportunities. For example, access to study for an MSc Advanced Clinical Practice (includes clinical/NHS leadership and educator courses), independent prescribing, in-house leadership - e.g., PG Cert in Leadership, access to NHS Improvement Leadership Training and in house Competency Framework Assessment and facilitation of appropriate training to address any gaps in knowledge or skills. Although there are examples of excellent support and development opportunities, further consistency across the system would be valuable to provide equitable opportunities.

There have been various retention initiatives introduced that staff can take advantage of including flexible work patterns (part time hours, late starts/early finishes, 9-Day fortnight, 4-day weeks etc), sessional contract opportunities - i.e., extra

hours/enhanced pay, funded training opportunity and internal recruitment with fast-track promotion for the committed staff.

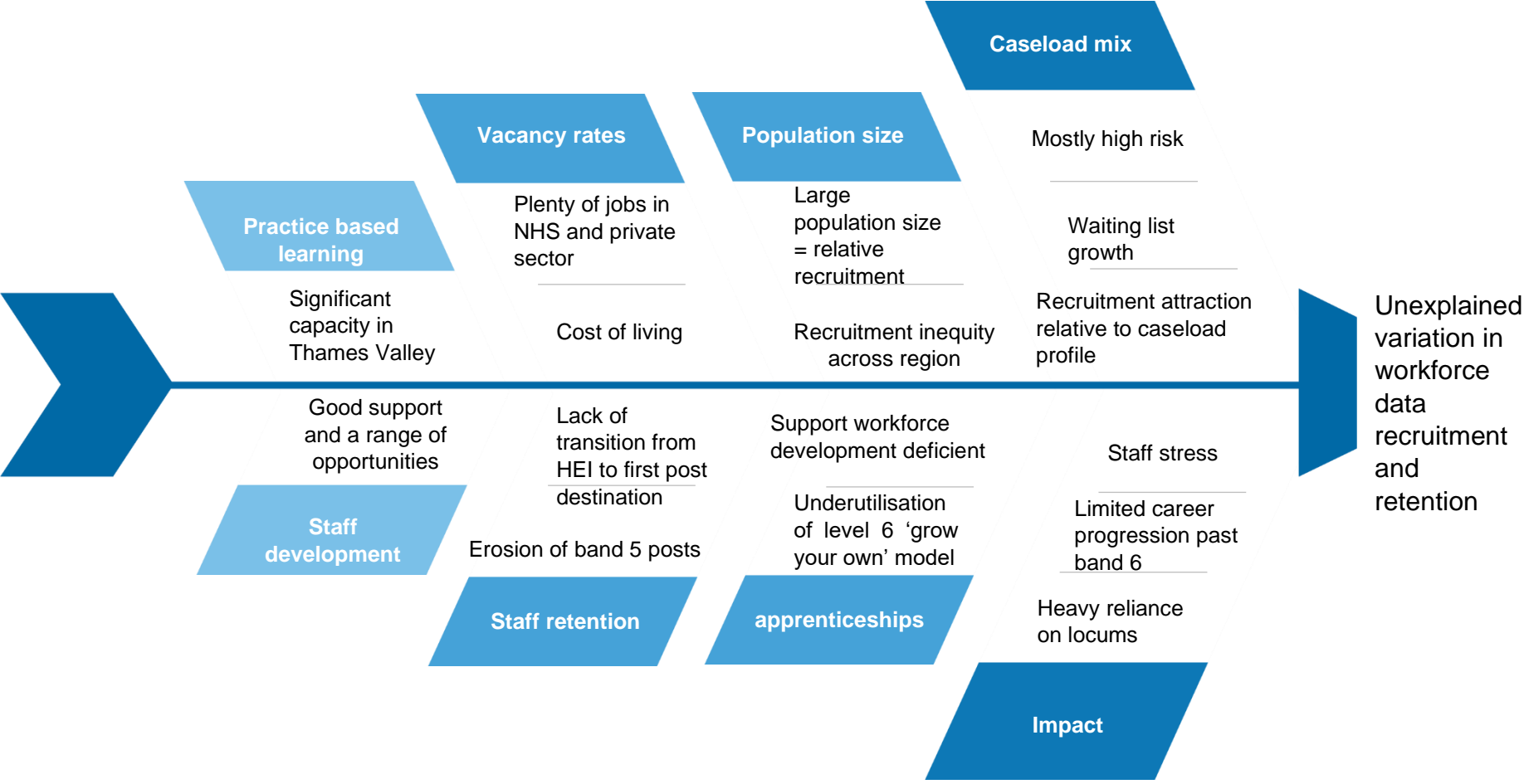
3.3.6 Apprenticeships

Although there is a general acceptance and support for developing the workforce through apprenticeships across the systems, much of the emphasis is on level six apprenticeships. Throughout the focus group discussions, the concept of 'growing your own' workforce from level 3 to level 7 was underexplored. Most staff were engaged in the level 6 apprenticeship route, but few staff talked about support workforce development through apprenticeships at level 3 and level 5. In areas where band 5 posts have been replaced with band 6 posts, opportunities to internally develop podiatry assistants has become more challenging. For the 'in house' career development pathway from support worker to registered professional to be realised, apprentices need to have a post to be recruited into on completion of the apprenticeship and without band 5 posts this concept becomes less tangible. Level 7 apprenticeships were not discussed although level 7 study and career development were.

3.4 Key issues highlighted through the data collection exercise.

Staff in the two ICS were asked to complete a data collection request. For further information on what was requested please see appendix 2. The Ishikawa diagram (fig.1) summarises the key information gathered. The diagram identified key challenges associated with the initial 'trigger' statement (arrow of diagram) for the investigative data collection. The identified topics are related directly or indirectly to the trigger topic and its associated challenges.

3.4.1 Figure 1: Ishikawa diagram representing data summary for BOB and Frimley ICS.



4 Symbiosis between data themes

There were common themes seen between the focus group discussions and the data submission. There is a complex interrelated co-dependency across several of the topics arising from the analysis. For example, due to staff recruitment and retention challenges, staff find having students on placement problematic. In some instances, student placements have ceased. The effect of this action erodes the opportunities for students to learn about potential new graduate employers and staff lose the opportunity to promote what the Trusts can offer to new graduates. Not having students placed at these locations means staff lose the necessary educator/mentorship skills and less investment is placed on developing staff for these roles. However, mentorship and support are required for existing staff too, and peer support is key for mentorship between staff as career development opportunities arise.

In some Trusts band 5 jobs have been replaced with band 6 posts, essentially removing graduate posts and new graduate development opportunities. This means that experienced staff are required to fill the vacant posts and, while in the short term, band 5 staff from out of area trusts, looking for progression, may provide a quick win, this action has essentially created a reduced market to recruit from.

In a job market where there are far more vacancies in the NHS and the private sector than there are podiatrists available to fill them, reducing the recruiting pool is a risky strategy. Furthermore, in areas where Trusts have invested significantly to provide career development opportunities and preceptorship opportunities for newly qualified staff it is even more important to keep the recruitment pool as wide and deep as possible.

Staff cite the cost of living in the South East as a key deterrent to potential employees, and so driving recruitment initiatives and showcasing what is on offer to support and develop staff could offset the cost-of-living burden. During the focus group discussions, staff indicated that some had made conscious career choices to progress their career in the South East region despite the inflated cost of living because the right career development rewards were available to them.

Consideration of the needs of new graduates, preceptorship support, 'growing your own' through apprenticeships and expanding the support workforce are quickly assigned a lower priority when service provision is at a critical state and 'firefighting' to maintain essential and vital caseload management is the daily norm. However, the irony is that if these 'new thinking' interventions can be harnessed in tandem with maintaining service provision, sustainability becomes a real possibility.

5 Taking the work forward

Following the data submission and focus groups there were several areas for development that the SE regional AHP leadership team considered key. The SE HEE AHP leadership team wanted to create a locus that would focus on development and transformation that would support its regional workforce initiatives for 2022. At the same time, interventions needed to focus solutions on the trigger question for the outlier ICS (see figure 1).

The three topic areas identified included:

- Thinking differently about our support workforce & future supply
- Maximising the potential for practice-based learning
- Advancing practice

A two-step process initiated a kickstart to the intervention. The SE webinar provided a space for discussion and debate, while embedding key data to provide a real time 'backdrop' to create the climate and motivation for discussing and developing new ways of working. The pan SE webinar event (see appendix 3) consisted of keynote presentations from strategic leaders working across the SE region, covering topics such as:

- The case for change
- Looking after our people and growing for the future
- New ways of working and delivering care

The keynote sessions were followed by a series of breakout workshops where participants were given the space to explore and discuss three key topic areas. These included:

- Thinking differently about our support workforce and future supply
- Maximising the potential for practice-based learning
- Advancing practice

Each breakout session was led by a subject expert/s and co facilitated with a small audience. All participants attended all sessions. See appendix 3 and 4 for more information.

Follow up on the webinar event has taken forward the key topic areas into regional T&F groups. These groups have been set up to build on the work from the webinar event. The T&F groups feed into the regional SE Podiatry workforce programme priorities 2022/3. These priorities include:

- Strengthen Podiatry leadership & influence,
- Support sustainable growth of Podiatry workforce
- Transform & retain the Podiatry workforce.

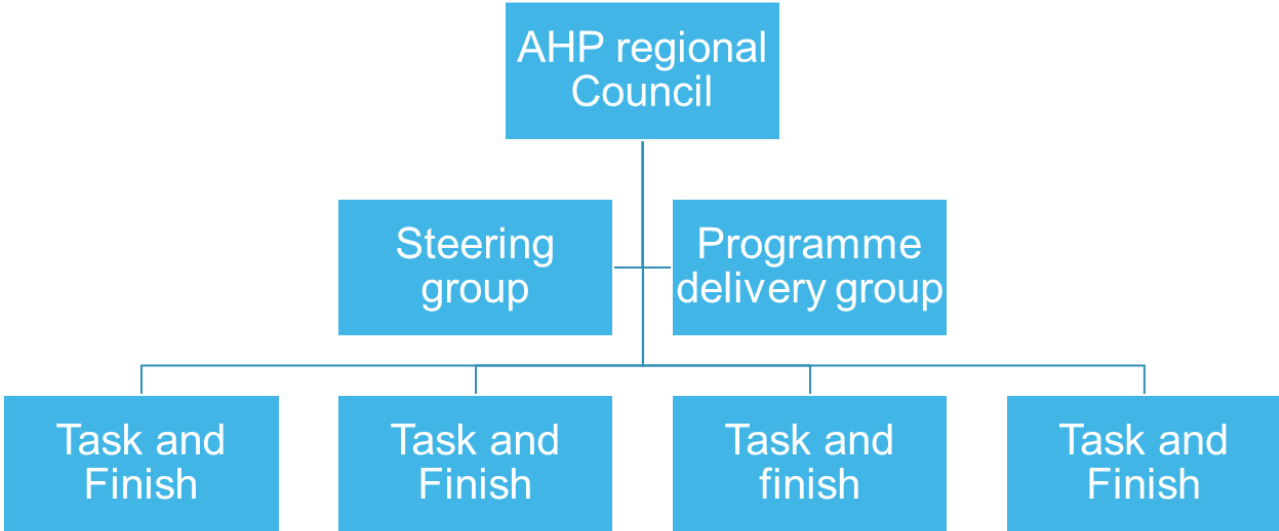
The five T&F groups are covering the following topics:

- Leadership and increasing the visibility of the profession
- Pre-registration and student placements
- Widening participation, support workforce and apprenticeships
- Transformation and new ways of working
- Recruitment into the NHS:
- Return to practice and international recruitment

The groups sit within the operational infrastructure currently in place for the SE.

Figure 2 describes the governance of the transformation work as it moves into phase 2 of the podiatry workforce sustainability & transformation project.

5.1.1 Figure 2 Podiatry workforce sustainability & transformation Governance⁵



Each T&F group has subject matter expert lead and a membership comprised of representation from clinical, education and leadership, management and quality settings. Each group is in the process of defining its aims, objectives and KPIs. Each group reports to the steering group and the programme delivery group.

5.2 HEE Podiatry Forum

To further facilitate practice-based learning and promote collaboration between HEI podiatry education providers and NHS placement providers within the SE region, a HEE Podiatry HEI Forum, hosted by HEE SE, has been established. The forum is currently functioning to provide the membership and leadership to the pre-registration and student placements T&F group. Once the T&F work is complete the group will set updated terms of reference for the next stage of its maturity.

Historically within the HEI sector there is little cross collaboration between neighboring HEIs within the region. By providing a conduit for closer working arrangements to flourish an opportunity has been provided for new ways of working for both HEIs and ICSs across the SE region. The forums success, via the recommendations in section 7 will justify its continued function.

⁵ Taken from slide deck produced by Maria Mitchell AHP workforce programme lead Health Education England, South east

6 What happens next?

New ways of working will help sustainability with an increased pipeline supply, skill mix, and retention and/or expansion of skills. T&F groups are established and will mature over the next 9 months. Outputs and achievement of KPI's will feed up and into the appropriate governance groups detailed in fig 2. The recommendations described in section 7 provide other opportunities to capture success.

7 Recommendations

1. Consider a follow up online seminar or similar event towards the end of the T&F group lifespan to highlight progression and achievement.
2. Consider a collaborative approach to podiatry service provision in the SE that includes engagement with commissioners of podiatry services that enables sustainability conversations to be held in tandem with service commissioners.
3. Consider investing in additional upskilling of existing staff and to expand the offering into advancing practice areas, in line with the recommendations from the Centre for Advancing Practice, and to integrate this approach into workforce planning initiatives.
4. Consider evaluation in 12-18 months via questionnaire to evaluate impact; topics to include new initiatives for the support workforce, practice-based learning and apprenticeships, new ways of working, advancing practice, recruitment, and retention.
5. Consider a follow up round of focus groups in 12 months to compare findings with those in this report.
6. Continue to bring together HEIs and NHS education leads via the podiatry HEI forum to enable continued, sustained, and innovative development of practice-based learning activity in the South East.

8 Appendices

8.1 Appendix 1

Focus group brief

Facilitation roles

BD facilitator

Ideally a note taker and observer – but not essential

Timing

Focus group to run for approx. 1 hour

Online and recorded – ask permission on day

Explain why we are holding the focus group – part of a package work looking at workforce challenges/ workforce reform/ sustainability and caseload/ skill mix. We want to hear from a range of staff from a range of roles and grades.

Set scene – Intros and explain that there is no script that we are following and there are no right or wrong responses, whatever your view we want to hear about it.

Focus group discussion guide

The guide provides a prompt for the facilitator to keep the discussion focused. The four areas below provide broad topics for the discussion.

Aim of focus group:

To explore the working environment of the podiatry department.

Discuss the challenges and joys of working in the podiatry department.

Explore staff support, career development and progression

Explore inhouse training e.g., practice educator training/ staff supervision (reflective practice supervision as opposed to staff supervision).

Topic prompts: Practice educators, students on placement, skills development, workplace development, preceptorship, staff retention.

Discuss caseload/ skill mix/ team dynamic

Closing Group:

Summarise and provide info on how the information will be used for – e.g., Feeding into planning for the study day in March and making recommendations for workforce sustainability/reform.

8.2 Appendix 2 Data collection request

	<i>Provider 1</i>	<i>Provider 2</i>	<i>Provider 3</i>
Departmental Structure			
Vacancy rate & bandings			
Number of posts vacant for more than 6 months (& banding)			
locum usage and costs			
retention initiatives			
NDFA data			
caseload info: <ul style="list-style-type: none"> ○ size ○ areas of specialism ○ unmet needs / clinical risk ○ opportunities 			
training & development opportunities (incl. Apprenticeships)			
Opportunities for career progression			
Preceptorship Strategy			
Number of RTP in last 2 years			
Student placements – Capacity 21/22 HEI providers Placement trends (increasing / decreasing capacity)			

8.3 Appendix 3 Slide deck from 17th March Webinar event.

Change to Transform- The Podiatry Workforce

Thinking differently about our support workforce and future supply: maximising the potential for practice-based learning; developing the workforce & the newly released RCPod Career Framework



Rebecca Tyrrell, Regional Head of AHPs, Health Education England, South East

www.hee.nhs.uk

We work with partners to plan, recruit, educate and train the health workforce.



Package

8.4 Appendix 4 Newsletter Bulletin



HEE SE Education and Training Bulletin - 13 April 2022 FINAL.pdf