

Louis Mamode – a Podiatrist journey from First Contact Practitioner to Advanced Practitioner

This case study will explore the journey of a podiatrist's transition from First contact role to Advanced Clinical Practitioner



Prior to moving into primary care, I was working as a private podiatrist and set up within a GP practice in Dorset. I developed good working relationship with the some of the GPs and when the ARRS role was introduced, I was offered to be interviewed by the PCN director to create a PCN podiatry service, given the success of the private service I had set up. Upon reading the DES contract and ARRS role job description I realised that the clinical skills for the role was different and varied, but I saw an opportunity for career development and to expand my scope of practice. Following a successful interview process, I worked full-time as

a PCN podiatrist, taking on a leadership role to further develop the service as my knowledge and skills increase to meet the local population need under the guidance of my GP mentor and the FCP roadmap.

Due to a change in personal circumstance, I was looking to move closer to family and came across a PCN closer to home who were looking to set up a PCN podiatry service. Following a successful interview stage, I began the whole process (again) however by implementing what I had learnt from my initial experience I was up and running in no time with a busy caseload of more complex foot, ankle and lower limb conditions, owing to working within a location with a higher percentage of patients with co-morbidities. After nearly three years into the role, I wanted to expand my clinical knowledge further, I came across an opportunity from the Wessex Primary Care School to apply for a fully funded MSc in Advanced Clinical Practice at Bournemouth University. I was encouraged by my practice manager and GP mentor to apply for the course and following an interview process I was awarded a place on the course. Doing this three-year part-time course was a pivotal point in my career in primary care, it widened my scope of practice and autonomy as a clinician. An advanced clinical practitioner (ACP) in primary care is a level of practice, rather than a specific role, defined locally by the job description and nationally by the multi-professional framework for advanced clinical practice published by Health Education England (Now NHS England) in 2017 and professional regulatory bodies. ACPs come from different clinical backgrounds such as registered nurses, pharmacists and certain AHP professions i.e. physiotherapists, Occupational therapist, podiatrists, Dieticians etc. As a MSc qualified ACP, I have a lot of variety to my working week in primary care, I split my role between seeing patients presenting with urgent or acute issues such as respiratory, abdominal or genitourinary complaints which helps increase capacity in primary care to seeing acute and chronic foot and ankle and lower limb complaints.

As a podiatrist, I am a keen advocate for the inclusion of this role in primary care, and my skillset continues to be greatly utilised within my PCN. Becoming an ACP has greatly impacted how I manage foot & ankle and lower limb long-term conditions in primary care, from differentiating and managing undiagnosed DVTs, foot infections, musculoskeletal conditions; to utilising dermoscopy to refer urgently to dermatology for suspicious skin lesions, investigating peripheral arterial disease, and managing referrals for patients with suspected critical limb ischaemia; managing patients acutely and chronically for gout flare

up; utilising blood tests, x-rays imaging and independent prescribing for acute and long term pharmacological management of their condition, to using advanced physical assessment and decision making skills to examine and auscultate for suspected heart failure in patients presenting with foot & ankle and lower limb oedema managing their referrals.

Aside from clinical practice, I am continually working on developing the other pillars of advanced clinical practice. I am currently half-way through the Thames Valley and Wessex Primary Care School fellowship exploring education and leadership in primary care, so far this has led to the opportunity to undertake an education focused project within my PCN as well as guest lecturing at a higher education institution.

My role over the years in primary care has greatly evolved and advanced owing to a drive to expand my scope of practice through experience, formal education and taking on new opportunities as they present through networking and exploration of different avenues available for primary care clinicians.