The development of support workers in allied health care: a case study of podiatry assistants

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The Development of Support Workers in Allied Health Care:

A case study of Podiatry Assistants.

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Abstract

The aim of this study was to investigate why support workers were introduced, the development of the role and the impact this had on the UK podiatry profession. A documentary analysis was used to explore this subject over a 25 year time period, from 1977, when assistants were introduced, to 2002. All documents referring to podiatry assistants were studied and analysed using the framework approach. Analysis revealed that assistants were introduced to supplement a profession which was experiencing recruitment and retention problems at the time. Their training was given in-house as this was cost-effective and could accommodate local departmental needs. There was originally a large degree of opposition from the podiatry profession to support workers, which resulted in a strict control of the role. In the last decade however, there has been more support and acceptance for assistants, which has led to an increase in their scope of practice. This paper suggests a number of strategies, which should be considered in further developing the support worker role to allow them to be fully utilized in the health care arena.

Key words – podiatry; podiatry assistant; support worker;
Introduction

The past decade has seen a proliferation of support worker roles, which represent the fastest growing tier of workers in the National Health Service. However as professional staff move into more complex areas of patient care the role of the support worker may also need to change. Many allied health professions including podiatry, physiotherapy, occupational therapy, speech and language therapy, dietetics and radiography use support workers to assist with daily duties. No formal education or age requirements are needed for entry into most of these roles however appropriate qualifications such as a National Vocational Qualification may be required for more advanced work in some professions.

The majority of assistants are employed in local NHS Primary Care Trusts and the education requirements tend to be locally controlled and co-ordinated. As support workers are not registered with the Health Professions Council, their employer controls their work, which has led to a lack of national perspective on their role. This is the case in podiatry and has resulted in the evolvement of numerous roles and titles across the NHS.

A recent survey of podiatry assistant roles highlighted the numerous duties they carried out. These ranged from providing simple foot care for patients and clerical duties to a broader range of tasks including assisting in nail and foot surgery and an educational role, though the latter were carried out less frequently. The diversity of roles illustrates what capabilities assistants have, given the appropriate training and education. In podiatry however, some managers are reluctant to broaden the assistant scope of practice mainly due to confusion over clinical supervision and insurance.
requirements. Some departments have fully utilised assistants by allowing them to undertake tasks, which were previously carried out by podiatrists. This allows professional staff to develop and enhance their skills and career prospects as they can concentrate on more specialist areas of care.

Workforce development embraces the concept of team working across professional boundaries in conjunction with modernising education and training to ensure that staff are equipped with the skills they need to work within a complex and changing NHS. As demands on NHS podiatry departments increase podiatry assistants are available to fill any potential gaps in a service vacated by podiatrists eager to take advantage of further training and education. The principle of increased flexibility for staff to cut across outmoded professional boundaries is also outlined in the NHS Plan giving value and support to the enhancement of this support worker role.

The debate on the future use of this large pool of support staff in podiatry needs to address and rectify the reasons why they are presently underused with a variety of roles, little career development and a lack of standardised training and national guidelines on working practice. In order to look at any future development of the role, understanding of its evolution, development and impact on the UK podiatry profession needs to be researched. This will highlight important factors to consider when implementing any future recommendations associated with workforce planning.

**Method**

Local research governance requirements were adhered to before undertaking this project. Documentary analysis was the method used to explore the impact and
reactions of the UK podiatry profession to the introduction and development of assistants. This method was chosen, as it is a stable and repeatable review that allows the collection of accurate historical events that would not be possible using questionnaires or interviews over such a long period of time.\(^7\)

A document has been defined as:

‘an instrument in language which has, as its origin, and for its deliberate and express purpose, to become the basis of, or to assist, the activities of an individual, an organisation or a community’. \(^8\)

This reflects the potential scope and diversity of documents forming the sample.

In order to gain access to the largest amount of documentary data on the podiatry assistant and given the lack of published literature on this subject, it was decided to conduct a review of the professional podiatry journals. This is where information and debate has been recorded throughout our relevant timescale. The documents forming the data set were retrieved from journals commencing January 1977 until December 2002. All journals from this period were available to access and retrieve limiting selection bias and ensuring a representative sample. The journals were searched using search terms: *foot care assistant, chiropody assistant, auxiliary, support worker, podiatry assistant, aides and attendants*.

Documents included in the sample were copied, retrieved, given a reference number and stored chronologically. Two experienced podiatrists and a podiatry assistant familiar with the context of the study were engaged in the journal search.
Over 200 documents were included in the sample, which included reports of meetings, statements from the NHS and professional bodies, text reporting government proceedings and personal communications. Due to the nature of the documents they were considered to be genuine, credible and meaningful in context. 

Analysis

Analysis of the sample texts was conducted using the framework approach described by Ritchie and Spencer. 

- The researchers re-read the texts in chronological order to familiarise themselves with the whole sample
- A thematic framework was devised around the three main research questions (Why and how were podiatry assistants introduced? What impact did they have on the podiatry profession?)
- Each document was then indexed according to the thematic framework
- Charts were then devised incorporating themes and sub-themes

The sifted and charted data was analysed and associations found to provide explanations for the emergent themes and to answer the research questions.

Findings

Analysis of the documents revealed four major themes: recruitment, training, role and scope of practice (see Figure 1).

Recruitment

Podiatry assistants were initially introduced in 1977 as a direct response to a shortage of podiatrists qualified to work in the NHS. Patient demand for podiatry services was high but recruitment levels for podiatrists were low despite a recent substantial
pay award and annually increasing student numbers. To ease this problem the Government suggested several remedies within existing financial constraints, one of which was to use foot hygienists to perform simple foot care under direction from a qualified NHS podiatrist. This would allow podiatrists to spend time on more complex areas of work to facilitate the extension of their professional scope of practice.

The Chiropodists Board however, did not welcome this solution believing there was no ‘...justification for an auxiliary grade’.  

Age Concern felt the shortage of podiatrists was a result of the service receiving a low priority and reduced investment within the NHS:

‘...effective foot care for the elderly has never been attributed to the financial or professional status as have other parts of the health service’.  

One opinion suggested that a complete review of foot care services was necessary but that any restructuring of the profession should take place with full consultation of all affected parties,

‘It may well be that [podiatry] has evolved to the point where stratification of, and specialisation within, the profession is desirable and perhaps inevitable, not only to meet socio-political pressure, but also as a basis from which to pursue our own expansion and development’.

The Government also felt that support staff would reduce the cost of treatments:
‘…part of a trained chiropodist’s time is spent on work which does not require his 
skills and expertise…this type of work can be done by supportive staff’.

Some members of the profession tried to resist the introduction of the role but their 
attempts were unsuccessful and the role was implemented.

**Training**

Training of these workers was the next issue to arise from the analysis. The 
representative body for podiatrists anticipated no formal training would be needed due 
to the simple nature of the duties involved namely normal nail care of patients who 
were unable to self-care. They feared that training would provide more competition 
in the unregulated private sector and would put patients at risk.

It was decided that instruction would be given on the simple task to treat patients after 
an initial assessment by a podiatrist. The training would be in the employers remit as 
there were no formal or national guidelines to follow. This resulted in a disparity of 
the skills and knowledge of assistants across the NHS and led to the development of a 
structured training programme by the Association of Chief Chiropody Officers 
(ACCO). This included six months practical experience followed by an examination. 
This package was very successful and resulted in many departments following this 
training manual. It was hoped that this training would eventually be integrated into 
schools of podiatry. Although NHS managers were in favour of this, in-house 
training was preferable, as it was more economical and appropriate to local needs.
Role

The necessary role of the assistant was defined by ‘Feet First’, the joint report from the Department of Health and NHS Chiropody Task Force.\textsuperscript{20} It recommended that priority should be given to specialist services such as diabetic foot clinics and surgical podiatry and to use, where appropriate, assistants to support the podiatrist. It also recommended that assistants working in support of the podiatrist could increase their value for money by allowing the podiatrists to concentrate their time on tasks for which they are only trained.

Professional bodies representing UK podiatrists did not welcome this development, as they were concerned that NHS podiatry assistants may defect to the private sector and directly compete with private practitioners.\textsuperscript{10} They also resisted any training or development of the assistant grade beyond provision of:

‘activities of a simple nature such as those a healthy adult would normally undertake for themselves’.\textsuperscript{21}

It was felt that any increase in scope of practice beyond these tasks might encroach on the podiatrists role with the fear that patients might be put at risk if these assistants left the health service to set up in the unregulated private sector.\textsuperscript{16}

Supervisory requirements were laid down to restrict further development of the assistant role. Direct supervision was defined as the assistant being in the same room as the overseeing podiatrist, and if this was not adhered to the podiatrist would be liable in the event of a proven claim.\textsuperscript{22} Further role development was therefore halted
and statements were released to prohibit the improper delegation of duties or functions requiring the knowledge and skills of a podiatrist. 23

Over the last decade assistants have become an accepted part of the modern podiatric team. This was highlighted by a survey of General Practitioners (GPs), podiatrists and service users conducted by Macdonald and Capewell. 24 74% of podiatrists supported an increase in the use of assistants if this enabled the podiatrists to introduce more advanced treatments. 61% of service users and 59% of GPs also supported an increase their use. Service Users were prepared to see an increase in the use of podiatry assistants to provide much of their routine treatments at home and in a clinic. However service users did expect the NHS to continue to provide normal nail care even if the role of support staff progressed beyond this.

Scope of Practice
The Feet First report20 which has been previously mentioned, emphasised the better targeting of services based on clinical need, and the greater use of assistants to free podiatrists to make better use of their skills. However, concerns were raised that this may result in job losses:

‘as assistant posts increase, podiatry posts will decrease: the podiatry time freed by the employment of assistants will not be used for more specialised care…it was suggested that up to 30% of existing NHS podiatry patients might be referred to assistants. If this happens…one out of every three NHS podiatrists would be potentially redundant’. 20

No further documentary evidence was found to support this view.
The scope of practice of an assistant has mainly been concerned with normal nail care and the preparation of a patient for surgery, though some enhanced tasks had been suggested:

‘to the existing assistant level training should be added the use of scalpel, debridement and simple padding. Training could be by means of part time courses in association with existing schools. It was most important that assistants were trained in Schools so that podiatry students learned how to work with them’.

The issue of scalpel use by podiatry assistants resulted in disciplinary action against one podiatry manager. The publication of proceedings served as a reminder that:

‘the original verdict of guilt remains an indicator that scalpel work is considered to be within the province of State Registered Podiatrists and not, therefore to be delegated to assistants’.

It is evident from this that the professional body viewed this single skill as the preserve of the podiatrist and felt if this was awarded to the assistant it would encroach on the podiatric role. No documentary evidence was found to suggest that any further attempts have been made to train assistants in the use of scalpels. The scope of practice did widen a little, most significantly, with the ability to work in single surgery departments and domiciliary situations in some departments. The actual nature of their tasks however, had not changed, only the context.
Discussion

Analysis of the documents reveals the reasons why and how the podiatry assistant role was introduced and what the major impact was on the UK podiatry profession. There has been much debate over the last 25 years from all levels of the profession. This has centred on issues such as fear of potential competition in the private sector with patients being put at risk and protection of professional status from podiatrists, which initially created barriers to the acceptance of support workers. These issues reflect the broader influences operating within professions, most notably between the opposing tensions to emerge from monopolising strategies aimed at resisting threats to professional boundaries and the creation of status hierarchies through the introduction of subordinate grades subject to the control of the professional. Recent evidence suggests that this tension has been increasingly resolved as podiatry assistants are seen as an integral part of the podiatry team.

The introduction of associate membership for assistants in 2002 to The Society of Chiropodists and Podiatrists suggests a major step forward in acceptance of the role. This was previously considered in the 1980s but was vetoed at the Annual General Conference, 1987. In comparison associate membership for physiotherapy assistants has been in place for many years, which gives them many benefits including being able to work at national council and committee level and stand for election to the Physiotherapy Assistants Board. This status is not afforded to podiatry assistants at the present time.

The range of services currently offered to podiatry assistants by inclusion in a professional body includes continuing professional development, life long learning...
and membership of a trade union. Further developments could be made using physiotherapy as an example of good practice in role integration. This would serve to embrace the role and signal the value the profession placed on all members of the podiatry workforce.

Training of podiatry assistants is locally undertaken which presents inequalities in roles undertaken by different NHS trusts. In order to create a wider pool of potential podiatry assistants with standardised training and work experience, training might be considered alongside podiatry students on a national level. This would prepare podiatrists and assistants for their role in the NHS workplace and employers would be assured of appropriately trained assistants to provide a benchmarked quality service. This could relieve podiatrists of elements of their practice in order for them to use skills in which only they have been trained, benefiting patient care.

National training and education of student assistants would result in increased numbers of staff for employment in the UK podiatry workplace. The demographic profile of podiatry assistants is predominantly female with over half in the later stages of their careers. This may be a suitable time to consider the training and education needs of replacement staff before there is a huge shortfall in staffing levels.

Farndon and Nancarrow suggest that existing assistants could enhance their skills by accessing Step-on Step-off courses available at some universities. This would allow them to acquire new skills by undertaking different modules required for specific tasks with associated grading recognition. These could be run alongside new assistant training within podiatry schools.
As previously mentioned the scope of practice and level of supervision of podiatry assistants varies between employing trusts. This has also found to be the case within the physiotherapy profession. A survey of physiotherapists and assistants revealed staff changes or shortages of qualified staff were regarded as being instrumental in the development of the assistant’s practice. This differs in podiatry where the expansion in the podiatric role seems to be the driving force to extend the assistant’s practice. However training, levels of responsibility and supervision were also seen as similar issues of concern for the physiotherapy profession. The same study also highlighted pay and career development as a specific area of dissatisfaction with physiotherapy assistants though there had been an indication of increasing responsibility, independence and increased specialist skills. Similar issues were found in podiatry, but as professions expect more and more from their support workers, training, career structure and pay must be improved to reflect role development. The Chartered Society of Physiotherapy has offered support to its assistant members and is campaigning to ensure the role of the assistants is recognised in NHS job evaluations associated with Agenda for Change.

Supervisory requirements have restricted the expansion of the podiatry support worker role. Saunders suggests task analysis should be carried out to decide which jobs are suitable for delegation. Following application of criteria to allocate tasks to personnel, cost benefit analysis is used to consider whether training investment is worthwhile. This study also advocated a good working relationship with good communication between the professional and assistant to facilitate delegation and ensure that the patient received the most appropriate care. This model of systematic
delegation though used for physiotherapy, could be applied to podiatry to improve skill mix economically by matching the most appropriate member of the podiatry team to provide the specific care required by the patient. This could potentially reduce the amount of supervision required by assistants and allow independent working.

This study has explored the historical background of the podiatry assistant, put the present day role into context and suggested reasons for its current place within the UK podiatry workforce. Comparison with the physiotherapy profession highlights examples of good practice and provides possible solutions to developing this valuable and necessary role within the NHS.

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WHY AND HOW WAS THE ROLE OF THE FOOT CARE ASSISTANT INTRODUCED INTO THE NHS AND WHAT IMPACT DID IT HAVE ON THE UK PODIATRY PROFESSION?

WHY

Recruitment
Recruitment & retention problems in NHS podiatry services
High demand from patients for podiatry care

HOW

Training
Training at existing schools of podiatry considered
In-house training accepted based on Association of Chief Chiropody Officers training course as cheaper and could respond to local demands

IMPACT
(1977 - late 1980s)

OPPOSITION
From NHS podiatrists - threat to scope of practice/supervisory & delegation duties not clearly defined
Private practitioners - may set up as independent practitioners & compete
The Society of Chiropodists & Podiatrists – threat to role and scope of practice of podiatrists

RESULT
Controlled role & scope of practice

IMPACT
(Early 1990s - present)

Support & acceptance of the role
Threats to podiatry profession did not occur

Further routes of education & training
As the role now integral to NHS podiatry care

Diminishing of existing role
Due to changes in NHS podiatry services leading to a reduction in nail care provision
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