

*King's* Fund

RESEARCH AND DEVELOPMENT: THE PODIATRY AGENDA

Report of a Workshop  
held at the King's Fund Centre  
on 30 June 1995

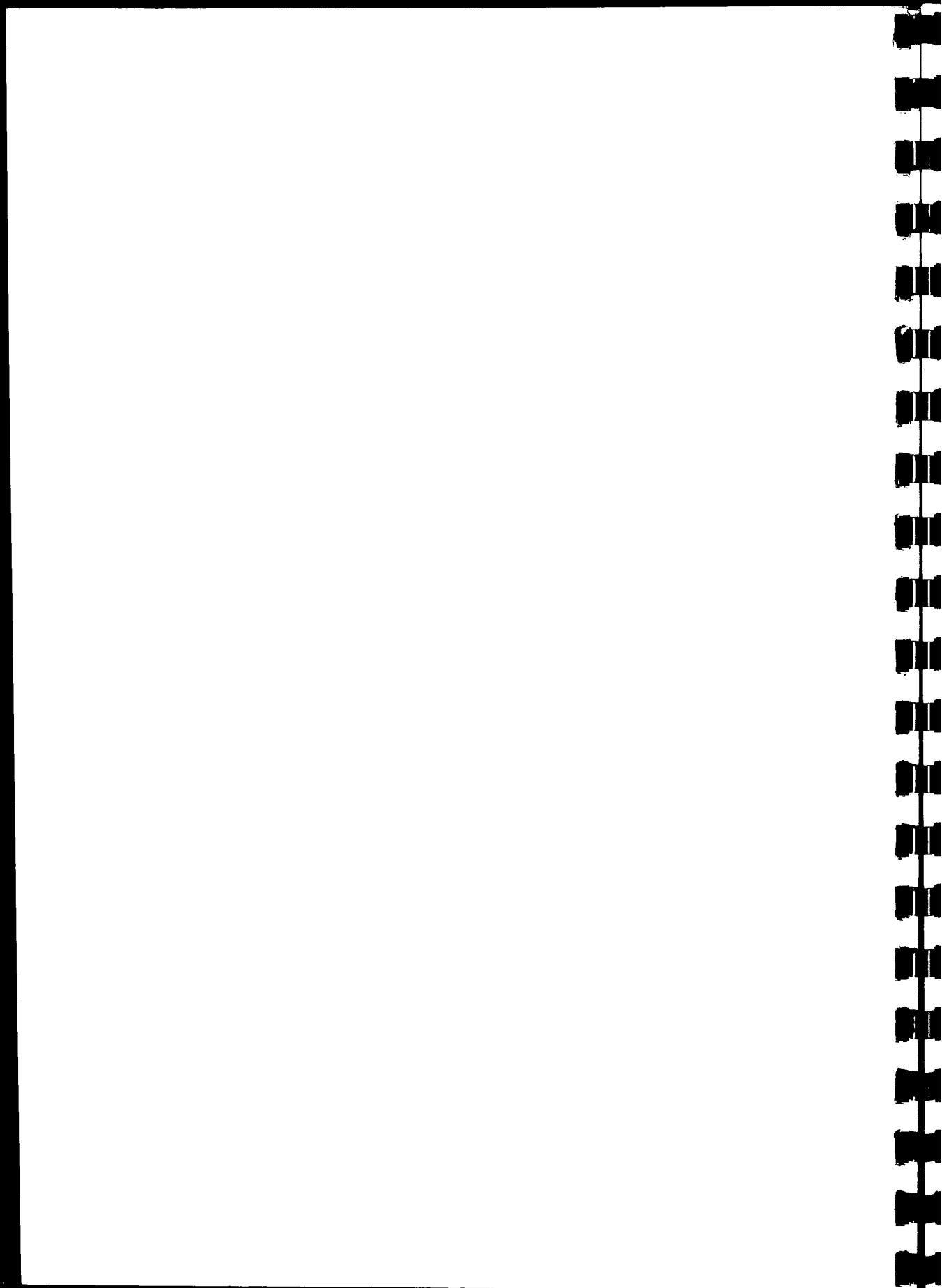
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## Introduction

There is general agreement amongst the podiatry profession about the need for a more focussed approach to both clinical research and the effective delivery of services. The Chiropody Task Force report Feet First and accompanying NHS Executive letter EL(94)69, emphasised the need for a more coherent approach to research and development. To begin the process, the King's Fund was asked to advise on ways in which the profession could identify research and development priorities and plans for implementation and change.

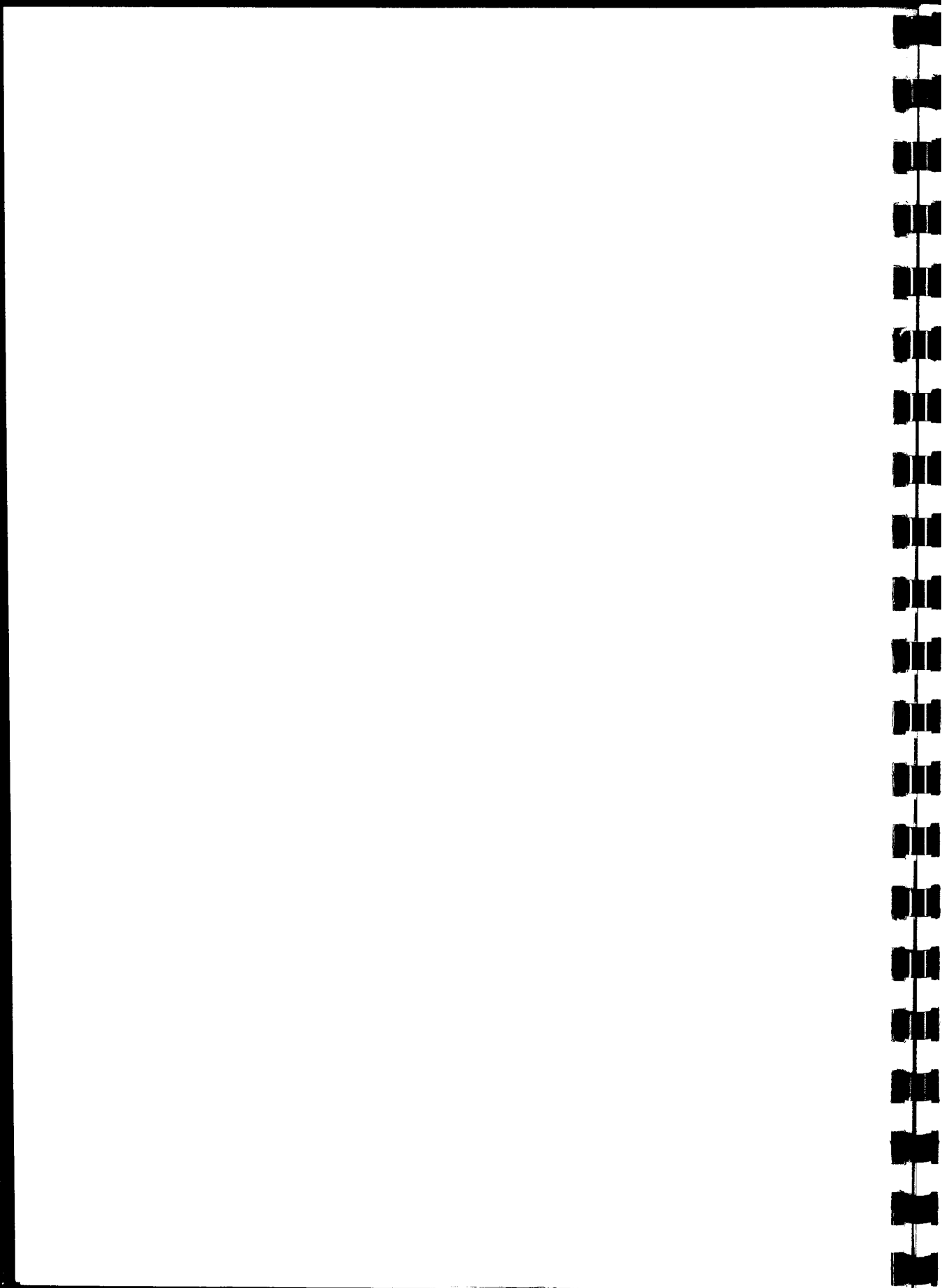
The first stage of the process was a workshop held on 30 June 1995 where invited participants considered research needs and priorities and discussed strategies for advancement. Participants came from all fields of podiatry including practice, management and academia.

This report presents the outcomes of the workshop under the headings: 1) The Workshop Process; 2) Research Priorities; 3) Measures of Effectiveness; 4) An Agenda for Change. 5) The way forward. Summaries of the presentations are in Appendix 1.

Four specific areas of podiatry were chosen for focussed work. They were: General Practice Podiatry; Podiatric Surgery; Podiatric Rehabilitation; and Tissue Viability.

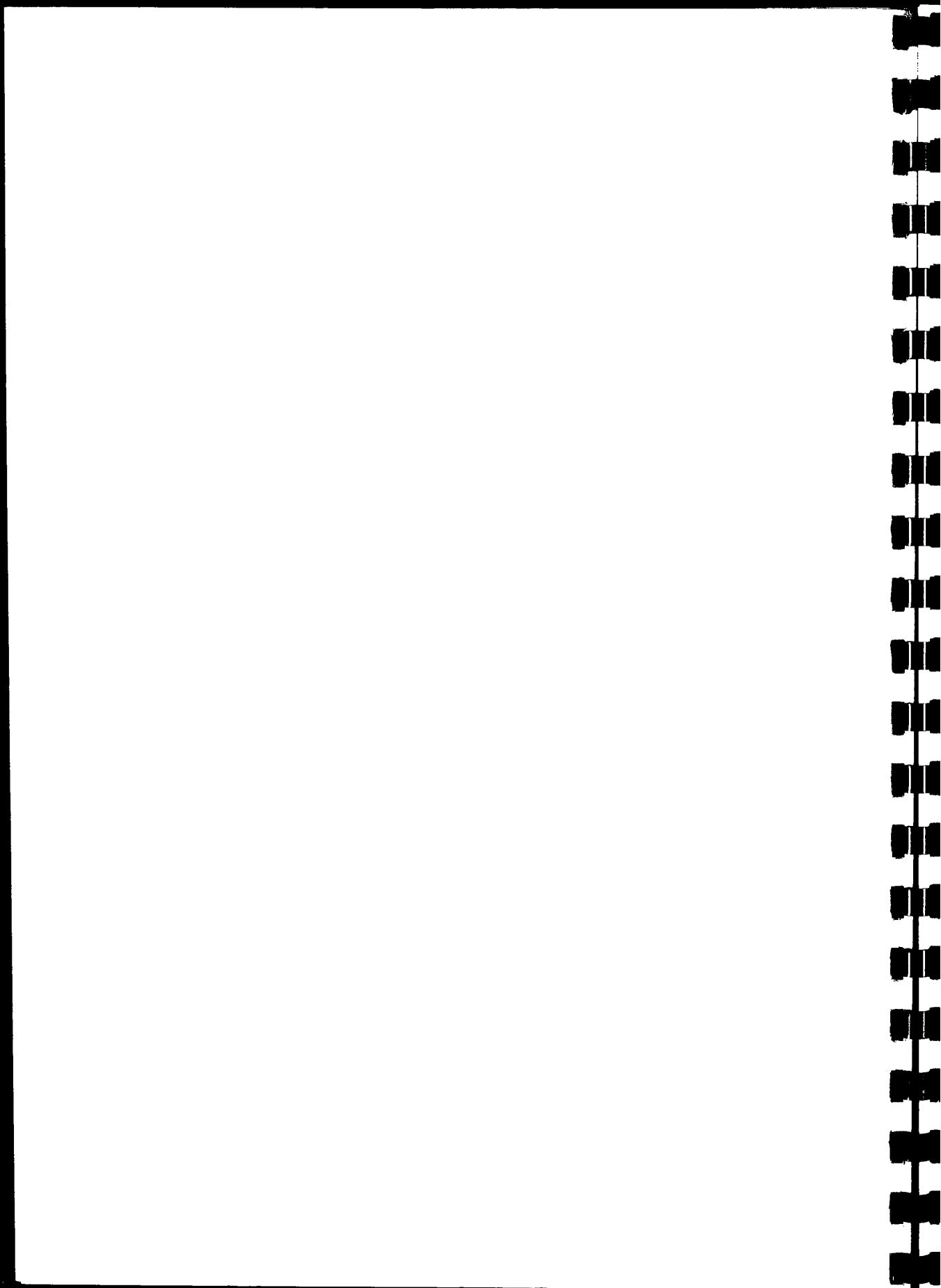
## Acknowledgements

- \* to all the participants whose commitment to improving podiatric services ensured a lively and positive debate;
- \* to Marcel Pooke who was generous with his time and expertise in the planning and execution of the workshop;
- \* to the NHS Executive R & D Committee which funded the workshop.



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## 1. The Workshop Process

The objectives of the workshop were:

- \* to set a national agenda for research and development in podiatry
- \* to establish priorities for research and development
- \* to begin to identify measures of effectiveness (outcomes) for clinical interventions and service provision.

Participants were invited on the basis of their involvement in research. Places were limited and it was not possible to invite all the podiatrists who fitted this category. The aim was to collect together a group of people with academic, clinical, and service backgrounds, to pool their experience and expertise in pursuit of an agenda for podiatric research and development.

The workshop began with an introduction from Christine Farrell who emphasised the need to work together to achieve good research outcomes and improve professional practice. It was essential to establish an evidence base for podiatry services within and outside the NHS.

Professor Whiting gave the keynote address and afterwards, participants worked in four topic groups. Each group began with a short presentation which was followed by facilitated discussion of research needs, priorities and measures of effectiveness. The topic groups and presenters were:

- |                              |   |
|------------------------------|---|
| 1) General Practice Podiatry | Liz Welsh, Senior Registrar in<br>Public Health Medicine, Somerset Health<br>Commission |
| 2) Podiatric Rehabilitation  | Jim Woodburn, Department of Podiatry,<br>University of Huddersfield                     |
| 3) Podiatric Surgery         | Tim Kilmartin, Specialist in Podiatric<br>Surgery, Ilkeston Community Hospital          |
| 4) Tissue Viability          | Wendy Tyrell, School of Podiatry,<br>Cardiff Institute of Higher Education              |

All the presentations are summarised in Appendix 1.

The aim of each group was to identify and prioritise major research topics and discuss measures of effectiveness (outcomes) within the subject under discussion. The outcome of the discussion was a list of research topics ranked in order of priority and a preliminary list of suggestions for ways of measuring podiatric treatments and service outcomes.

## 2. Research Priorities

Several common themes emerged from the research topics identified by the four topic groups. The need for research in these areas was identified as a priority by all or at least three of the four topic groups.

- \* the epidemiology and aetiology of common foot problems and deformities.
- \* the effectiveness of techniques and interventions.
- \* needs assessments for general and local populations, for specific groups and for specific conditions. Criteria for assessments and standardised formats (protocols, guidelines) for assessment need to be developed and evaluated to guide the process of needs assessment.
- \* the effectiveness of methods of service delivery including cost effectiveness and multidisciplinary working.
- \* outcome measures.
- \* continuing education and training for professional staff; and for GPs and purchasers who need to know what services are provided and when to refer patients.

These research themes are completely different to those identified by the NHS Executive Task Force in its report Feet First (1994) although most of their priorities could be subsumed within one or other of the themes listed above. The specific priorities identified by the Task Force:

- \* prevention and foot health education;
- \* arthrosis;
- \* comparison of surgical podiatry with orthopaedic surgery;
- \* management of foot ulcers;
- \* the foot problems of diabetics;
- \* the orthotics/chiroprody interface

↙ ↘  
+ effective GPFH on chiropody  
+ use of footwear assistants  
to improve cost-effectiveness  
+ use of purchasing power to  
develop chiropody & surgical  
podiatry.

were also identified within the workshop topic groups. For example, the Tissue Viability Group identified the foot problems of diabetic people as a priority and the management of foot ulcers is also an issue within the tissue viability category. Prevention and foot health education was identified by the General Practice Podiatry Group, the Rehabilitation, and the Tissue Viability

Groups.

What the workshop seems to have achieved is a much broader agenda for podiatry research. This agenda includes basic scientific research to identify the causes of foot problems and deformities; epidemiological and needs assessment research to identify the nature and extent of these problems; the effectiveness of techniques, interventions and methods of service delivery to evaluate what works and for whom: outcome measures to be used in the measurement/evaluation of effectiveness and finally, issues around the most effective ways of working with other professionals.

Within these themes more specific priorities were identified by the topic groups. These are listed below.

General Practice Podiatry

Definition = foot problems needing regular maintenance ie corns, calluses, deformed nails

The group identified the following key priorities:

Research Priorities

- \* the incidence of foot problems in general/local populations;
- \* assessment of need and the need for standardised assessments;
- \* effective methods of informing GPs and purchasers about podiatric services;
- \* patient compliance;
- \* the value of state registration
- \* measures of effectiveness

A complete list of all the research topics identified by this group follows:

#### Epidemiology

Incidence of foot problems in general populations who have them and demographic factors; the epidemiology of lesions and nails.

#### Assessment of Need

Criteria and standard format for need assessments; need versus demand; diagnosis; measures of health.

#### Pathogenesis

Foot function; how sufferers are affected; causes of conditions; community care for nail deformity.

#### Effective Interventions

Do traditional interventions work? The effectiveness of simple appliances; do aggressive treatments lead to improvements? Use of clinical padding; patient compliance with footwear; the effectiveness of footwear advice; benefits to patients in relation to intervention(s); health gain from podiatry; criteria for ending treatment for corns and calluses.

#### Service Delivery

How many patients really need regular treatment? Does frequency of appointments affect outcomes? Treatment intervals. Discharge patterns. Does footwear design influence service take-up? How much NHS provision is a 'life service'? The definition of need. Evidence of interventions.

#### Professional Issues

Education of peers. Podiatry versus medicine - nail surgery -orthotics. Do podiatrists want to improve patients with corns and calluses? Criteria for skills of footcare assistants.

### User Perspectives

Does social group affect access to NHS services? Public expectations of podiatry services.

### Resources

Can we afford podiatry for all? Manpower requirements; how many WTEs per head of population? Competition for finite resources.

### Podiatric Rehabilitation

Definition = Therapeutic treatment provided to an individual who requires assistance to return towards a former level of functioning

This group identified a model for rehabilitation research priority areas which involved looking at professional identities, intra/inter professional awareness and assessment, the scope of practice, multidisciplinary teams and research, audit and evaluation. Their priorities were:

### Research Priorities

- \* definition of the role of podiatric rehabilitation and underpinning research to support it
- \* identification of a need for a definition of rehabilitation and the role of podiatry in the whole process of rehabilitation
- \* a survey of current practices, needs assessment and health gain indicators associated with this area
- \* the impact of multidisciplinary team working and the placement of podiatrists in the multidisciplinary team associated with rehabilitation
- \* comparisons of models of care and the multidisciplinary team and the impact podiatrists will have in this area

- \* awareness of issues relating to podiatric rehabilitation
- \* education of the public and the medical profession about the role of podiatrists to increase awareness of service provision and the appropriateness of referrals.

#### Podiatric Surgery

Research priorities identified by the Podiatric Surgery Group were not given any priority order.

- \* a critical review of existing literature and data *Pub. Kugelfund 1997*
- \* clinical effectiveness and comparisons (including costs) with other service interventions of a similar nature
- \* the impact of podiatric surgery on foot health, podiatric services and orthopaedic services in health districts
- \* the rate of complications associated with podiatric surgery and comparisons with other surgical interventions
- \* objective criteria for pre-operative and post-operative assessment with standardised information possibly linked to Read codes
- \* the aetiology of common foot deformities
- \* the effectiveness of different techniques
- \* patient returns for further surgery; numbers and reasons
- \* inputs versus outputs of care
- \* therapeutic objectives

## Tissue Viability

The conditions providing the context for research in tissue viability are:

- \* diabetes
- \* peripheral vascular disease
- \* neuropathy
- \* connective tissue disorders

Any research in the field of tissue viability should be in the form of collaborative projects in multidisciplinary teams. Where possible, these should be multi-centre. Research into tissue viability should be structured around three main areas:

1. Needs Assessment

Indicators for podiatric need could include:

- \* incidence of foot ulceration
- \* use of antibiotics for foot infection
- \* screening of the elderly through routine surveillance for PVD
- \* patients' perspectives.

2. Service Requirements

Areas for research could include:

- \* need for continuing professional development (CPD)
- \* most effective models of CPD

3. Outcomes of Care (using ulceration/amputation rates as the principle outcome measure).

Other areas for research could include:



- \* the role of health promotion
- \* evaluation of optimal clinical structure and protocols
- \* evaluation of the effectiveness of the multidisciplinary team.

### 3. Measures of Effectiveness (Outcomes)

After the identification of research priorities participants were invited to consider ways of measuring outcomes related to these priorities. This is difficult ground to cover within such a limited timescale (1.5 hours) but some useful indicators and observations were made.

#### Assessment of Need

The need to develop standard criteria for the assessment of need for both services and specific interventions was mentioned by every group.

It will only be possible to measure the effectiveness of service provision and clinical interventions when these criteria have been identified and agreed. Some specific examples of existing processes, scales and rating were mentioned, together with suggestions for new ones. These included:

- \* standardised definitions of podiatric conditions; nails, calluses, corns, lesions etc
- \* mobility/activity levels
- \* discomfort/pain scales
- \* review of existing literature (UK and USA) for other assessment ratings and scales in use
- \* gap analysis of needs versus unmet needs
- \* primary care surveillance and screening procedures for elderly patients

### Clinical Effectiveness Measures/Evaluation

- \* increase/decrease in mobility/activity levels
- \* complication and infection rates
- \* amputation rates
- \* rates of return to 'normal' or optimum function
- \* healing scales similar to Waterlow healing rate of pressure sores
- \* pain relief scales
- \* reduction in lesion severity
- \* reduction in risk episodes
- \* quality of life scales (SF36 et al)
- \* function analysis
- \* health gain indicators (QUALYs HBGs)
- \* randomised control trials
- \* models of compliance with footwear, orthotics foot advice
- \* cost benefit analysis

Audit tools and processes will be important ingredients  
of outcome measurement

Patient expectations, experience and views are an  
essential component of outcomes research.

### Related Issues

Standardised data collection formats facilitate research and outcome measurement.

Clear objectives for clinical procedures make the process of evaluation more effective.

Measurements and audits from other related disciplines (orthopaedics, diabetic specialists etc) can  
be useful development points.

## An Agenda for Change

In a final plenary session participants discussed ways in which the profession could move forward quickly to begin to achieve the essential research and evidence base for podiatry and podiatric services. They agreed that the developments listed below would do much to encourage their peers.

- \* The establishment of a national podiatric research forum and network to develop a research culture within the profession; to promote good practice in research; and to explore the most effective methods of getting research findings into professional practice. Regional groups should also be established where they do not already exist, and linked to the national forum.
- \* Education and training for podiatry should incorporate basic research methods and the skills of critical evaluation of research and practice at the undergraduate level. More postgraduate courses at masters and doctorate levels should be available.
- \* Practitioners, academics and postgraduate students should be encouraged to write and publish their research in refereed journals.
- \* Collaborative work with other professional groups is essential and would help with research funding.
- \* The Department of Health/NHS Executive could actively support the development of the research base by acknowledging the need for development and by providing funds to pump-prime the process. Although funds for research are available from the R&D Programme, these monies currently appear to go primarily to medicine/doctors and the process of tendering mitigates against the inexperienced. Other sources of research funds ie industry, business, charities and the research councils, should also be more actively pursued.
- \* Publication of the workshop report and/or summary report in the professional journals.

## The Way Forward

The workshop enabled participants to share ideas, identify research priorities and suggest ways of moving the profession towards a more productive research environment.

In terms of immediate action, the most important suggestion to emerge was that a National Forum for Podiatric Research should be established. There was a lot of support for this proposal and it would provide a useful starting point for many other initiatives. If regional research groups were to be closely linked to the National Forum, its impact would be effectively spread across the country. It would also provide a neutral meeting place for members of the profession. It should be possible to establish the Forum within three months and for it to be operational by 1996.

Research funding was identified as a barrier to getting research off the ground and it was suggested that the NHS Executive Research and Development Committees should priorities podiatric research for pump priming funds during the next round of initiatives. If this could happen it would certainly encourage those already active in research. Yet there are other routes which should be pursued at the same time. Despite funding difficulties and inexperience in research methods, all that really needs to happen is for practitioners to ask questions and to try to answer them. For practising podiatrists it is a relatively simple matter to ask the question, 'What works?' After that, good systematic, record keeping and effective clinical audit procedures are all that is required. In this way most of the priorities identified under the headings effective techniques and services could be addressed.

The issue of encouraging practitioners to publish research findings in peer reviewed journals was also identified as a problem. This is a longer term task and one which the profession, a National Forum and regional groups should consider in depth.

Research into the epidemiological and aetiological aspects of foot problems and deformities was high on the list of identified priorities. Given the longer term and more scientific nature of this kind of work it would probably be better carried out in academic departments where access to basic science expertise is more readily available. Several departments are already engaged in this kind of work but funding is a problem. Suggestions were made by workshop participants about ways in which funding sources could be identified and this is another issue which the National Forum could pursue.

The assessment of need and standardised criteria for assessments were research themes given a high priority. Some purchasing authorities have already done useful work on assessment of need and many professional criteria for the assessment of different conditions exist. The difficulties seem to lie in the sharing of this work so that agreements can be reached about the most effective ways of making assessments. This is another task which the National Forum may wish to take forward.

The need for multidisciplinary and collaborative working was emphasised by every topic group. Recognition of this need and the determination to work with other professions is a sign of professional maturity. Effective audit processes can educate and enhance the benefits of working together for patients and professionals. Closer consideration could be given by the profession to existing audit methods and outcomes.

During the past ten years podiatry has made substantial advances in its education and training programmes. The need to become a research based and reflective profession was recognised and curriculum changes made to achieve this. The effects of these changes are already beginning to show in the number of postgraduate students and degrees awarded; in the enthusiasm which practitioners and students display for research and the increasing number of research based publications.

Although there is still a long way to go, many members of the profession are committed to improving their knowledge base and the effectiveness of their practice. Creating the right kind of environment to allow a research culture to flourish is not easy but implementing the suggestions made in the workshop would build on the progress already achieved.

## Summaries of Presentations

Trends and Opportunities in Podiatric Research

**Professor Michael Whiting**

Professor Whiting's objective was to give an overview of current research in podiatry. He admitted that the amount of research was limited and, on the basis of literature searches, appeared to be somewhat moribund. However, literature searches did not illustrate the amount of research actually being done.

He felt that podiatry research was at a neo-natal stage and that it was important that the profession established itself, particularly in the scientific press, by ensuring that research findings were published in appropriate journals.

He also made reference to the Culyer Report 'Supporting Research and Development in the NHS' (September 1994) and the importance for the profession as a whole to absorb some of its recommendations. By using national standards and references, the profession would be able to join the research fraternity and achieve some fundamental developments in these areas.

He went on to say that health economics also had a major impact on the implementation of Research into Practice and that the profession should be looking at things like QUALs and Health Gains as indicators of the value of clinical research.

He outlined the opportunities available to podiatrists in the current research and development programme if:

- \* the profession had clear, articulated policies in health on a multidisciplinary, multi-agency basis
- \* funding was secured and made available to develop the research within our profession
- \* the expertise within the profession be increased to ensure that all developments could be undertaken on a scientific basis.

The implementation plan in the Department of Health Research and Development Strategy (April 1995) gives clear guidance and says that there should be support for research and development on a much wider spectrum than medical research alone.

#### **Research Training**

Professor Whiting went on to emphasise the need for newly qualified practitioners to have the necessary expertise to critically review research and to intelligently apply research and development findings.

Higher degree programmes are being developed; but it is also important to develop research careers. The profession would not make progress until such career opportunities were available.

He concluded on a positive note, welcoming the opportunities that this workshop created, and looking forward to seeing good outcomes and developments.



## Research in General Practice Podiatry

Liz Welsh

The previous priority groups for NHA treatment were identified and discussed and a definition of general practice agreed.

Five key issues for the service are:

1. what is the health gain from podiatry?
2. is there unmet need in the population?
3. are referrals appropriate?
4. what is the optimum skill-mix?
5. do services reflect need?

The research potential to answer these questions included:

- \* basic science to identify causes;
- \* epidemiology to establish need;
- \* education of patients, carers, and professionals;
- \* investigations of the effectiveness of footcare assistants, podiatric surgery and NVQs;
- \* consideration of policy issues eg footwear.

Finally, five new priority groups for NHS chiropody were defined. These were:

1. people with diabetes and other systemic diseases resulting in peripheral vascular disease or reduced tissue viability;
2. people with severe foot abnormalities, those of sufficient severity to require orthoses or prescribed footwear;

3. people requiring an episode of care for symptomatic conditions, such as in-growing toe nails or warts;
4. people needing no active or maintenance treatment but where they or their carer require advice or education about footcare;
5. people with foot problems needing regular maintenance, ie corns, calluses and deformed nails.

## Research in Podiatric Rehabilitation

Jim Woodburn

### WHO Definition of Rehabilitation

*"an active process by which those disabled by injury or disease achieve a full recovery or, if not, realise their optimal physical, mental, and social potential and are integrated into their most appropriate environment"*

Whilst a holistic approach to rehabilitation would have us concerned with all aspects of the care process including mental and social aspects, it is evident that podiatrists concentrate on aspects of physical rehabilitation (and although mental and social benefits may arise out of treatment, we seldom consider or measure these dimensions).

What is our fundamental approach? Our day-to-day role suggests a reductionist scientific approach to management and this may facilitate the development of sound research practices in the future.

Models of rehabilitation in many fields of patient care frequently neglect to mention the role of podiatry. However, we, as a profession, know through experience that podiatry has a valuable role to play in the multidisciplinary rehabilitative team but this role is seldom defined, has a relatively low profile and is generally misunderstood by others within that team. This in part may be due to the relatively low amounts of relevant research, as individuals or within a multidisciplinary team, either in the past, or currently. The 'podiatry agenda' may go some way to addressing these problems for the future.

### Areas Which Need Work

- \* Needs assessment for podiatric rehabilitation.
- \* Role of podiatry in rehabilitation team.
- \* Determination of aetiology of disease necessitating rehabilitative intervention.

\* outcome measures (evaluation techniques eg:

- pain
- functional loss
- disability
- handicap

\* scientific basis for and efficacy of podiatric therapies (including orthosis intervention, footwear, physical therapies)

\* role of podiatry in rehabilitative podiatric services, including community and hospital based practice, audit, standard setting, funding, use and evaluation of technology, education (undergraduate and postgraduate levels).

These areas of research can be applied in fields of:

- \* geriatrics
- \* paediatrics
- \* orthopaedics
- \* rheumatology
- \* sports and recreation
- \* occupational health

Rehabilitative research in podiatry requires: planning, coordination, and investment to determine the needs of patients, to evaluate and develop rehabilitative therapies, and to increase the profile and status of a profession who undoubtedly have an important role to play in this field of care.

## Research in Podiatric Surgery

Tim Kilmartin

It was suggested that research in podiatric surgery was required in three key areas.

1. Analysis of the effectiveness of different procedures according to age-group and foot condition. In particular, the problem of hallux valgus was discussed. There are currently approximately 150 different operations available for hallux valgus which does indicate that not one is entirely satisfactory. Previous scientific research on hallux valgus surgery indicates that, while the majority of patients do well, a small but consistent minority are made worse by the operative intervention. This may well be because the wrong operation is being provided for the particular foot type or age-group. There is little hard scientific fact to determine the value of one procedure over another and this will be necessary before a satisfactory outcome can be guaranteed for all patients.
2. The second area of research is in the area of basic foot science. Before we can establish what the optimum procedures are to surgically correct foot deformity, it is necessary to develop good methodology for measuring the effect of surgery as well as measuring those parameters that could influence the outcome of surgery. This will require collaboration with many other disciplines, as well as the use of laboratory equipment and facilities.
3. The third area of research necessary in podiatric surgery is the field of service development. To-date, most podiatric surgery units are fully committed to simply setting up the unit and keeping it running on an even keel. Due to the success of these units, we are now faced with opportunities for further development, and it is important now to consider what facilities and support services are required to develop the optimum podiatric surgery unit.

## Research in Tissue Viability

Wendy Tyrell

The value of podiatric therapies in maintaining tissue viability in the foot is without question. Podiatrists have a unique role to play not only in the restoration of viability in necrotic tissue but also in initial prophylaxis and in the prevention of recurrence.

The underlying causes of tissue necrosis were evaluated and were associated with the various pathological states of which they may be a symptom. Additionally, the promotion of healing following therapeutically induced necrosis and tissue excision was considered.

It was suggested that of the many investigations related to tissue viability in the foot, little had been published by podiatrists. An overview of recent relevant research initiatives was outlined and gaps identified. Within the gaps it was suggested that the investigations needed were numerous and included both therapeutic analysis and an extensive cause and effect spectrum.

Research into the consequential effects related not only to the physical well-being of the patient, but also to the social and psychological consequences of the condition. In addition, the effects on family and community needed to be assessed. The evaluation of the effectiveness of podiatric service provision and a comprehensive cost utility analysis was seen as a major requirement. Thus the need for multi-centre and for inter-disciplinary research was highlighted.

The requirement for standardisation of measure both in association with identification of the point at which clinical interventions should be undertaken and as a measure of clinical effectiveness was also emphasised.

## APPENDIX II

### Research and Development: The Podiatry Agenda Workshop on Friday 30 June 1995

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#### LIST OF PARTICIPANTS

Prof R L Ashford  
Head of West Midlands  
School of Podiatry  
University of Central England

Mr R Beech  
Little Plumstead Centre  
NORWICH

Sharon Birch  
Chiropody Service Manager  
St George's Hospital  
LINCOLN

Gail Bligh  
Birmingham School of Chiropody  
and Podiatric Medicine  
Mathew Bolton College

Emma Crowe  
LONDON

Adam Darkins  
Medical Director  
Riverside Community Health Care  
LONDON

Ms Julia Daw  
Sussex School of Podiatry  
EASTBOURNE

Christine Farrell  
Director, Clinical Change Programme  
King's Fund Centre

John Fletton  
Senior Lecturer in Podiatry  
Plymouth School of Podiatry

Duncan Fraser  
Head of School of Podiatry  
University College Salford

T R Galloway  
Consultant Podiatrist  
HEREFORD

Hilary Gilbert  
Project Officer  
King's Fund Centre

Nicholas G O Gilbert  
Consultant Podiatrist  
HEREFORD

R B Graham  
Specialist in Podiatric Surgery  
CHELMSFORD

Heather J Hogg  
Business Development Directorate  
Mancunian Community Health NHS Trust

Robin Hull  
Monkgate Health Centre  
YORK

Dr Tim E Kilmartin  
Specialist in Podiatric Surgery  
Ilkeston Community Hospital  
DERBY

Dr Linda Lang  
Head of School  
Sussex School of Podiatry  
EASTBOURNE

Donald Lorimer  
Chair  
Society of Chiropodists and Podiatrists

Linda Merriman  
Northampton School of Podiatry

David Milne  
Chiropody Service Coordinator  
Chesterton Hospital  
CAMBRIDGE

Mrs J Mooney  
Senior Teacher  
The London Foot Hospital

Angela Nisbett  
Podiatry Department  
South Derby Community Health

James M Pickard  
Senior Lecturer  
Huddersfield School of Podiatry

Marcel Pooke  
Department of Health Podiatry Adviser  
NORTHAMPTON

Mike Potter  
Sussex School of Podiatry  
EASTBOURNE

Trevor D Prior  
Specialist in Podiatric Surgery  
St Leonards Primary Care Centre  
LONDON

Penny Renwick  
Department of Podiatry  
University of Huddersfield

Paul Shenton  
Edinburgh School of Podiatry  
Queen Margaret's College  
EDINBURGH

Ann Stephens  
Sutton Health Centre  
SUTTON-IN-ASHFIELD

Lewis A Stuttard  
Specialist in Podiatric Surgery  
Rochdale NHS Healthcare Trust

Telford Thomson  
IPSWICH

Ian Turbutt  
BEDFORD

Wendy Tyrell  
School of Podiatry  
Cardiff Institute of Higher Education

Wesley Vernon  
Podiatry Manager  
Community Health Sheffield

Rebecca Ward  
Senior Chiropodist  
SHEFFIELD

Francis G A Webb  
Chief Podiatrist  
CHEADLE

Liz Welsh  
Senior Registrar in Public Health  
Medicine  
Somerset Health Commission

Mr A White  
Chiropody Manager  
WORTHING

Professor Mike Whiting  
Faculty of Health  
University of Brighton

Anita Williams  
Chief Chiropodist  
Hope Hospital  
SALFORD

Anne S H Wilson  
Principal  
London Foot Hospital and  
School of Podiatric Medicine

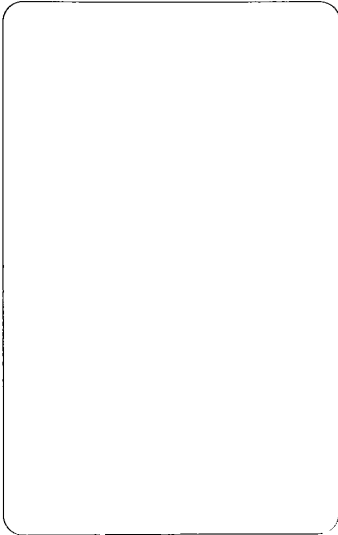
Jim Woodburn  
Department of Podiatry  
University of Huddersfield



King's Fund



54001000714603



48572 020000 0485

*King's* Fund

11-13 Cavendish Square  
London W1M 0AN  
Tel: 0171-307 2400