Podiatric Research from the United Kingdom



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Research is now widely recognized as pivotal to "best practice" in health care. It ensures the continual advancement of our knowledge, our understanding, our practice, and thus the health care we deliver. Research in health care is everybody's business. Yet in podiatric medicine, a culture persists in which research is divorced from clinical practice.

In the last decade, there has been an undeniable increase in research activity in podiatric medicine. This special edition of JAPMA demonstrates that podiatry in the United Kingdom is producing researchers. However, internationally, the reality is that research is a low strategic priority. In terms of building research capacity, podiatric medicine is still in its infancy, and many institutional and professional barriers are still in place. Such barriers will remain unless there are radical changes in the culture of the profession.

So how do we change the current situation and embed research into our profession? Undoubtedly, our professional attitudes, ethos, and practices are shaped predominantly by our initial education. Most of what we know about feet can be traced back to our experiences during podiatry training. It is there that we acquire the knowledge and skills to enable us to become part of a clinical work force. As important, and knowingly or not, our educational experiences shape our future professional ethos, one that we hope comprises, among other things, enthusiasm, pride, inspiration, and a deep commitment to patients and ourselves as professionals. Podiatry schools should consciously nurture such a vision and facilitate the training of practitioners skilled in critical thinking and independent problem solving. Embracing such a philosophy is crucial to the advancement of our profession. It is naive to consider podiatric medical education as merely a mechanism by which clinical knowledge and skills are transferred. Podiatry schools provide the bedrock from which students begin their professional journey, and it is there that research should be firmly integrated into our profession.

In the last few years, there have been considerable and positive changes in the provision of podiatric medical training. In the United Kingdom, podiatry students are taught from the very first day to adopt a problem-solving, analytic approach to the management of their patients in clinical practice. Literature-based study and critical appraisal are core features of many aspects of contemporary podiatric medical training. If such changes are to produce podiatrists who are both clinically qualified and research-aware, academic institutions must instill in students an ethos of critical thinking and systematic investigation. The vision of a *research-based profession* can be achieved only by training students in a scholarship-rich environment made up of educators with a strong research philosophy. It is only through such an environment that we can create and support podiatric medicine's champions, key actors in critical appraisal of podiatric medical practice, and people who can lead and support the acquisition of new knowledge through rigorous research, ultimately influencing clinical and professional agendas at national and international levels.

What is required is a challenging, multidisciplinary,

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and dynamic learning environment in which podiatric medical education is driven by leading-edge clinicians and actors from a wide range of fields, all of whom are driven by engagement in research. The student will subsequently enter the work force a more complete health-care professional, not only clinically educated and proficient, but also enthused and confidently striving toward advancement of his or her own practice and the profession. Crucially, he or she will be aware of the key role that research should play in one's own practice. Contrast this utopian training environment with *teaching* environments that do not marry serious research activity with the education of students. In a culture burdened with administration and audit, research is too often perceived to be a separate or supplementary activity.

Internationally, podiatric medical schools have already taken steps toward creating a suitable scholarly environment. Although it is a slow process, the number of podiatrists possessing or working toward doctoral degrees is increasing, as is the number who attract research funding and hold research positions at the postdoctoral level. Let us hope that these people can be kept within the podiatric education sector—indeed within podiatric medicine itself.

Not all that can be done to improve the profile and level of research within podiatry has been done. If research is to inform best clinical practice and produce professional leaders, the relationship between academic institutions, health-service providers, and specialist professional bodies must evolve so that these various elements are fully integrated. While the Podiatric Research Forum (http://www.prforum.co.uk/ 5) has provided a platform for the research agenda in the United Kingdom, a tangible strategic recognition that research plays a key role in changing the shape of our profession has not been forthcoming at a national or an international level.

The key to changing the role of research in podiatric medicine lies with those who set the "podiatry training" agenda. Clinical educators based in academia and those in the health services must address this agenda in a strategic and coordinated way. If those in charge of current podiatric educational funding believe they can produce an adequate future work force through institutions in which research capability is distanced from podiatric training, they are mistaken. Creating an environment that will produce the "complete" health-care professional does mean good clinical educators and good infrastructure, but it also means high-level research activity. All podiatric physicians should be research-aware, but all podiatry leaders and educators should be *research-active*.

For the United Kingdom, the move to university-based podiatry education has been a major positive step for the profession, but until the funding bodies actually begin to support the education of the "complete podiatrist," they are likely to get an inadequate work force, ill prepared to meet the challenges of a modern health-care environment in which research has a rising profile. Such professionals would be unable to drive the profession toward improved status, enhanced public image, and ultimately improved quality of patient care. Internationally, there is growing evidence that positive steps have been taken to ensure that research is not podiatry's Achilles' heel, but these are rarely strategic measures, relying on local champions of the research cause. Much more is needed to ensure the sustained growth of individual podiatrists *and* the profession.

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