



International Federation of Podiatrists
Fédération Internationale des Podologues

footsteps



2013 FIP World
Congress of
Podiatry **3**



Local Impact
– International
Reach **16**



Measuring the Impact of
Podiatry **19**



fyi

Check out the Podiatry
conference list on the back
cover!

President's message



Janet McInnes

Welcome to the new and improved way of connecting to and with the FIP family.

This is the inaugural issue of our new quarterly publication format. To keep costs down we will be producing it as an electronic publication and posting it on the FIP website. But we'll be sure to send you notices as each one is produced.

The FIP has been working hard to find more and more ways of staying in touch with our members and this new magazine is just one of the many avenues we will be using to communicate. We've also got a blog on the front page of the FIP website that is updated every month – and sometimes more frequently, as events take place.

We've also started a monthly eblast to FIP members in our database. And we continue to send news out to member

country association delegates through our administrative secretary, Odette Vaudray.

We've also posted a mini survey on the website's front page, and it will be changed regularly over the coming months. We are also considering a Facebook page to enable our members around the world to connect with one another.

If you want to make sure you're getting information when it's sent out, be sure to log on to the FIP website.

I believe that the best approach to effective communication is to create opportunities for two-way communication. So we encourage you to get in touch, provide updates, ask questions and make suggestions about articles, events, etc., that you'd like to see happening. 🌐



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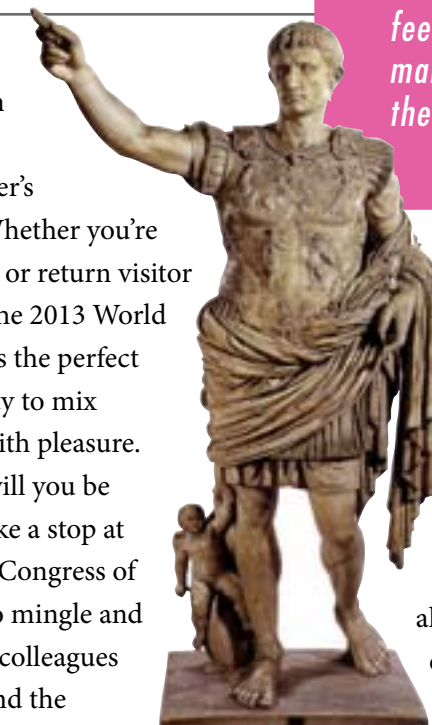
October 3-5, 2013

2013 FIP World Congress of Podiatry to be held in Rome

The World Congress of Podiatry has been taking place every three years since the first World Congress was held in Brussels, Belgium in 1966. The World Congress allows podiatrists from all over the world to come together for a few days to meet, exchange information on foot related topics, and expand on their professional knowledge. Last year's World Congress, in Amsterdam, The Netherlands, was a great success, and set the bar high for the 2013 World Congress that will be held in Rome, Italy. This will be the second time that Rome hosts the event; the first time was in 1988.

Rome is the capital city, and also one of the most popular tourist attractions in Italy. Rich in history and beauty, Rome is home to many world famous sites like the

Coliseum, the Vatican Museums, and St. Peter's Basilica. Whether you're a first time or return visitor to Rome, the 2013 World Congress is the perfect opportunity to mix business with pleasure. Not only will you be able to make a stop at the World Congress of Podiatry to mingle and learn with colleagues from around the world, but you also get to take a vacation and explore the wonders of an ancient civilization. Over the years, the World Congress of Podiatry has been hosted in countries such as



The FIP website will be the source of up-to-date information about the 2013 World Congress, including call for papers, accommodations and fees. Check often to make sure you get all the details.

Austria, Germany, Spain, France, and Italy. Making a point to attend the World Congress not only gives you access to the valuable information and workshops that the event has to offer, but it's also a great way to travel and experience new places and meet new people.

So mark your calendar for October 3-5, 2013, plan to attend the FIP World Congress and take an unforgettable trip to lovely Rome, Italy, a city not to be missed. 🌐



New Ways to Continue your Medical Education

Your medical education doesn't have to stop once you leave the classroom to enter the work world. There is always more to learn and new ways to expand on your podiatry knowledge. With many CPD/CME (continuing professional development/continuing medical education) options available, your professional development can continue to grow and improve along with your practice.

One option, and possibly the most exciting option, is taking an educational cruise. A fairly

new way to educate, educational cruises will take you on trips to exotic locations as you attend seminars and mingle with other professionals in your field of expertise. While on board, you will have the opportunity to enjoy interactive training workshops hosted by leading podiatry experts, as well as attend practitioner forums. On top of the seminars and workshops, you can also gain many valuable network opportunities as you swim, dance and sightsee as a professional community.

From an instructor's perspective, educational cruises can create a sense of comfort for all parties, simply because the environment of the ship enables a more relaxed relationship to form between lecturers and learners. Also "not having to work towards formal

assessments and exams is very liberating for teachers" says one cruise instructor.

While taking an educational cruise might be the most extreme form of CPD/CME, there are other options available. Another way to obtain CPD/CME is to take part in online education. In fact, the FIP offers free online courses to all of its members, and these courses can be accessed through the FIP website (www.fipnet.org). There are also numerous other websites that provide online podiatry courses, such as PresentWare, etc. A quick google search will provide a diverse range of options.

If learning at home on your computer or attending conferences at sea don't really appeal to you, you can always receive CPD/CME by attending conferences and seminars on land. In 2013 the FIP is hosting the World Congress of Podiatry in Rome, Italy, and it is the perfect opportunity to meet with podiatrists from around the world and gain new information about the practice.

Don't limit your education to the classroom. Even after you step out into the professional world, there are always opportunities to expand your knowledge, and perfect your practice. Whether it is through a luxury cruise, attending a conference near home, travelling to a new city or country or learning online, there are CPD/CME options available to fit your specific needs. 🌐

Sun, Sea and CPD/CME

For a personal perspective on educational cruises, we connected with FIP President Janet McInnes, who participated as an instructor on a cruise in November 2010.

Janet and husband Alistair McInnes were both invited to lecture on a cruise organized by Footrescue+, one of many companies that offer educational course for podiatrists. It was their first time instructing on a cruise ship and also their first time as cruise participants. When asked what it was like to teach in this moving environment, Janet said it was a really great experience.

"For lecturers used to the university setting for teaching, the ship environment enables a more relaxed and convivial relationship to develop between lecturer and learner. By being in each other's company for longer than usual also allows both lecturers and students to relax and feel more comfortable about Q&A sessions," Janet stated. CPD/CME on board a ship allows discussions to slip into social occasions, which makes for more relaxed discussions.

Also, not having to work towards formal assessments and exams is very liberating for teachers."

Janet also commented on her and Alistair's perspective as first-time cruisers. "For a rookie cruiser, having the group to help us with the conventions of cruising shifted the relationship so that we were asking help of the learners. I think this made the relationship more equal. They were experts in cruising and we were experts in our subject."

The perspective of attendees is also very favourable. One annual attendee, Catherine White, a practice manager for her husband Michael's busy practice, attends both the cruise and the lectures. "I always attend the practitioners forum. It is extremely useful and there's no extra cost. You can't put a price on the many invaluable hours of motivational podiatry and business-related seminars offered outside of the seminars.

As Footrescue® Managing Director Jim Leigh points out "where else can

One recent perspective

you attend a lecture in an Hawaiian shirt and Bermuda shorts and not look out of place." He points out that the lecture rooms are of the highest quality with modern technology and fantastic sea views.

Much like CPD/CME courses available through numerous sources, at sea educational conferences are also available from many different podiatry organizations. 🌐

- No boundaries for knowledge
- AT HOME
- ON-LINE
- AT SEA
- SEMINARS
- CONFERENCES
- CLASSROOM



FIP Officials Discuss Affiliation with PAHO/WHO

FIP President Janet McInnes and FIP Past President Dr. Robert Chelin met with Dr. Alberto Barceló at PAHO offices in Washington, D.C. on March 18, 2011. The purpose of the meeting was to seek information about a previous proposal and opportunities for future collaboration between the two organizations.

Dr. Barceló advised that three projects were submitted for approval, one of them being the FIP proposal, but unfortunately none of them were accepted. According to Dr. Barceló, the issue wasn't the proposal itself, but rather internal PAHO fixed costs. He also stated that although PAHO requirements do not allow for a proposal to be resubmitted, there might be a way for the FIP to redefine the parameters of the proposal. Discussion took place about future steps from both a regional and a global perspective. This includes finalization of a formal affiliation agreement with PAHO and

development of a work plan that will combine the efforts of the FIP with PAHO for the benefit of people with foot problems.

As a result, the FIP will soon embark on research to identify the various foot health prevention programs that are being conducted around the world. If you know of any foot health prevention programs in your country, please send this information to the FIP to help with our research efforts.

The FIP is also planning to meet with the World Health Organization (WHO) to begin discussions about similar opportunities that exist with them. 🌐



How connected are you?



a foot ailment of some sort could simply look it up, and find a person who benefited from a visit to the podiatrist.

With sites like Facebook and MySpace literally taking over the on-line population, it is a smart move for businesses to take advantage of the advertising opportunities available to them. With a large percentage of people, specifically young people but including people of all ages too, logging into Facebook on a daily basis, podiatrists can take advantage of this social media approach to reach them. Having a Facebook page dedicated to the importance of podiatry will help get your information out to the public and it will spread throughout global networks at an incredible rate. For example, you could inform people about the importance of diabetic foot care by creating a Facebook page on this topic.

Creating these opportunities online is relatively easy. Simply having brochures, an online link, or even a small sign in a podiatry office that states 'Join us on Facebook' can be the first step, and once a person creates a link to that page, others will instantly have direct access to the information. The same goes for other branches of social media – 'Follow us on Twitter', or 'Check out our Foot Care Tips on YouTube'. Once the first step is made, the cycle can begin, and information will spread from one user to the next, and one country to the next.

Another tool that can be beneficial in keeping podiatrists connected around the globe via the internet is an online translator, such as Google Translate. Programs such as these can help remove language barriers, and information can be exchanged swiftly between people from differing countries, cultures and languages. By providing a link to an online translator, conversing and conducting business online can become a convenient and interesting activity.

Of course social networking, like almost any form of communication, comes with its cons. While there are several benefits to using social networking to generate awareness about podiatry, there are also some negatives. While sites like YouTube, Facebook, and Twitter can be used to inform people about positive podiatry experiences, they can also be used to inform people about negative experiences. Also, when using a program like Google Translate to converse back and forth, there will be times when the computer will be unable to translate conversations with complete accuracy, and bits of information may be missed.

But with modern generations around the world thriving online, it pays to tap into this market. Advertisements and information can be just a click away, buzz can be generated, podiatrists can be recommended, and maybe even some lives can be saved. 🌐



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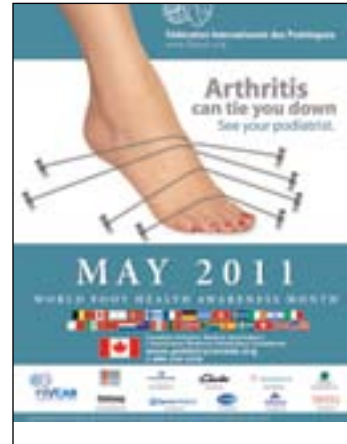
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Far in advance of ever needing the material, an FIP committee gets busy thinking, planning and executing a vision for the benefit of all FIP members.

First is the brainstorming process – what topic should be covered, what will the focus be, what potential partners are there, what is the best way to present it. Through much discussion, the committee reaches consensus and determines the focus of the next year’s campaign.

Next is the planning stage, determining who does what, what resources are needed and what are the deadlines. After these factors are decided, the committee then gets down to work making the vision come to life. This happens year after year, with the committee always striving to create something better than the previous year.



Have you guessed what committee we’re talking about?

Here’s a couple of clues:

1. it’s a yearly event
2. all FIP members are encouraged to use it
3. there is no cost involved for FIP members
4. it can make a huge impact on the profession, its practitioners, clients and the general public
5. you can download it from the FIP website.

The answer is – the FIP World Foot Health Awareness Month Committee!

The 2011 materials were posted on the FIP website a couple of months ago. The theme of arthritis is captured in posters and a special focus section of the resource guide. There is also a corporate resource guide to help FIP members to connect with the FIP’s corporate members. If you haven’t yet downloaded the materials, take a moment to do so, and take advantage of the free FIP resources available to you. It’s a great way to create greater awareness about your profession and the problems that podiatrists prevent or treat. 🌐

Planning for next year ...

The committee is already hard at work creating the 2012 materials, even though the 2011 WFHAM event hasn’t taken place. Recognizing that FIP members have requested receiving materials much early than before, the committee is striving to have the 2012 materials completed by the end of this summer! The committee has already met and determined the theme for 2012 – biomechanics – and is starting to outline the various components for next year’s campaign.

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Sealing the partnership

One the activities of a recent trip to Washington, D.C. was the signing of a Memorandum of Understanding between the FIP and Special Olympics International (SOI). In attendance from the FIP were President Janet McInnes and Past President Dr. Robert Chelin. From SOI, attendees included Vice President for Health Programs Darcie Mersereau; Vice President for Constituent Services, Dr. Stephen Corbin; Director of Program Development and Analysis, David Evangelista; Fit Feet Manager Martin Wisor and several other SOI staff.

The memorandum of understanding (MOU) signing secured a partnership to expand the Special Olympics Fit Feet program and help Special Olympics athletes correct gait problems, bone deformation, and other conditions that affect their health and well-being.

“With more than 80,000 FIP members around the world, we have highly qualified people ready to participate in the Healthy Athletes Fit Feet Program wherever it is held,” said Janet McInnes, FIP President. “The FIP is especially proud to be associated with the Special Olympics program and delighted that our knowledge

and expertise can be of benefit to so many wonderful athletes.”

People with intellectual disabilities have health conditions of the lower extremities at much higher rates than the general population. Globally, 55.4% of Special Olympics athletes have gait abnormalities; 23.3% have bone deformations; and 48.7% have skin and nail conditions of the feet.

“We are extremely proud and honored to work with such an internationally well-known and highly-regarded organization,” said Dr. Timothy Shriver, President and CEO of Special Olympics. “Our movement’s athletes represent the most medically underserved population in the world. With FIP’s help, we can offer them the health screenings that they so badly need and deserve.”

It is anticipated that the MOU will increase volunteer participation of FIP member podiatrists at Special Olympics Healthy Athletes events. If you are interested in getting involved with the Fit Feet program, visit the FIP website to find the local director in your area. 🌐

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Council of European Podiatrists/Podologues

By Serge Coimbra

Recent CEP activities concerned revision of the European Directive regarding recognition of professional qualifications. As you know, since its application in 2005, the European Community has been asking the states and the professional organizations to let them know which drawbacks or major problems they met in terms of more convenience and efficiency. The CEP is participating in this consultation and we have requested your remarks. Thank you to those who have provided feedback.



Meeting of the CEPLIS Board with Mrs. Trautmann Euro Deputy of the European Parliament

During the January 19, 2011 plenary assembly, the European Parliament adopted the compromise about the Directive concerning the application of the patients' rights for health care. Practically, all European citizens will be, from now on, reimbursed for the healthcare serviced by healthcare practitioners in any other state member as far as the received treatment and its costs should have been usually covered by the healthcare insurance system in their own country. Consequently, each member state will have to organize a "Contact Point" to inform and help (in the case of bad practice) patients who would look for treatment abroad. Regarding reimbursement of podiatric healthcare for diabetes, such procedures will be applied for our profession. Contact your health ministry to advise of the podiatrists who could be registered in these "National Contact Points".

All these matters are jointly followed with the CEPLIS Board, of which I am a member. 🌐

FNP/ France

By Louis Olie

The engineering of the French Podiatry curriculum is over. The new curriculum will include 6 half-year periods each one giving 30 ECTS. It will be in force from the next year starting in autumn 2011. The Ministry of High Education and Research will recognize the curriculum to a Bachelor's Degree in condition that the School of Podiatry has contracted with the university. FNP is alarming the Ministry of Health about the risk there was a same curriculum giving or not a grade of Bachelor's Degree whether the School of Podiatry has or not contracted with the University. FNP is asking for measures to make it compulsory not to disadvantage the future certified practitioners who could not further go on to Masters and Doctorates. 🌐

IPAHK update

By Chan Ka Lun, Peter, Chairman IPAHK

IPAHK members have been meeting regularly for training and development activities and we have recently started a journal club.

Executive Board members have been meeting with the Hong Kong Government Legislative Council Member for Medical Services in Hong Kong, Dr. Joseph Lee, regarding registration for all allied health professionals in Hong Kong. We are hoping for some progress in this area in the near future.

In November 2010, we were very happy to receive a flying visit from our new FIP President, Mrs. Janet McInnes. Janet was presented with a 'silver dragon boat' on behalf of IPAHK by Ms. Heidi Corcoran, Vice-Chairman. 🌐



FIP President Janet McInnes accepts a silver dragon boat from IPAHK Vice Chairman, Heidi Corcoran



AIP/ Italy

In the first quarter of 2011, the AIP, in addition to our usual activity, was strongly committed in the following areas: organization of the XXVI National Congress, the fight about illegal practice, minimum footcare studies and assistance to the elderly.

The XXVI National Congress will take place May 12-15, 2011 in Principina Earth in the province of Grosseto, a seaside resort 100 to 170 kilometres respectively from Rome and Florence. We anticipate participation of about 300 podiatrists, doctors, students and representatives of institutions. The main topic of Congress this year will be about the collaboration between physicians and podiatrists. We have also allotted considerable space for training courses about innovative treatments for podiatric diseases. The provisional program is available on our AIP website: www.associazionepodologi.it.

Our efforts to fight illegal practice are a real challenge. Each message received was sent to the Italian institutions in charge of healthcare such as ASL, the Ministry and the NAS. Furthermore, AIP has developed a standard defining the minimum requirement to open an office of podiatry, including the minimum required equipment, the minimum premises requirement and the devices required to manage computerized medical records. The documentation is now at the Ministry of Health and we are awaiting an appropriate decision about this matter.

AIP is committed to developing agreements with the concerned institutions to deliver the proper care to elderly people. Agreements are in finalization either with public or private units, either for social or health care in the institutions where the elderly people manage themselves. 🌐

AMSP/Morocco

By Hind Benziane

The AMSP association is working closely with the Moroccan Federation of Diabetes, and participates in several events throughout the country. It was also present in the awareness campaign about the complications of diabetes organized by the Ministry of Health. 🌐



Journée Kasbath 31 octobre 2010



Journée oued zem le 24 octobre 2010

Geneva roadside
from Pont du
Mont Blanc



SSP/ Suisse Romande

By Jennifer Maré

On behalf of the SSP committee, I welcome you in Geneva for the FIP General Assembly, which will be held Saturday May 7, 2011. We are delighted to host the meeting and do hope that you will enjoy our pretty town located at the end of the Lemman Lake.

Our next National Congress will take place in Morges, 40 kms from Geneva, on May 13, 2011 -- one week after the FIP AGM in Geneva. You can register on our website: www.podologues.ch.

Our new website was fully redesigned. It now includes a section for the public, another section for practitioners and one section dedicated to the SSP members through a specific code. It is very attractive and easy to use.

Gestiopod podiatric management software

For many years, within the quality insurance process, SSP has been working to the design of a podiatric management software in straight collaboration with a computer company. The aim is that a maximum number of SSP podiatrist members use it to have the same patient files and be able to do statistics. It is now officially launched. In agreement with the SSP Board and the computer company, the software is available to SSP members against the payment of a monthly renting amount.

Recognition of our healthcare by the LAMal

LAMal is the law about health insurance. LAMal decides which are the medical healthcare professions and which are their activities reimbursed to the patients. SSP is working hard to the creation of a



Geneva, St Antoine walk, old city

file to deposit a recognition request of our podiatric healthcare near the LAMal near the Federal Office of the Public Health – OFSP.

SSP Promotion

Every year during spring, Sandra Mounier, a podiatrist and member of the committee goes and visits the School of Podologues in Geneva to explain to students the advantages of becoming a member of the Federation who is representing the profession and the administrative process required when they are graduated to be able to practice. In Switzerland, the profession is regulated by laws upon the healthcare professions, which are different in each area.

A guide to open a podiatrist office has been designed to help podiatrists create their independent office when they have graduated (practice authorization, installation practice, replacements, law, articles, insurance, retirement, etc.)

We are looking forward to seeing you in Geneva in May 2011. 🌐

South Africa/Afrique du Sud

By Gina Badenhorst, National Secretary
SAPA (South African Podiatry Association)

The South African Podiatry Association (SAPA) will be involved in the re-curriculum process of the Podiatry degree at the University of Johannesburg. The process has been put into motion and is expected to be completed during this year.

Our Association is divided into branches that incorporate the podiatrists across the country and ensure active membership. We are fortunate that all the branch chairs are very enthusiastic and active in their branches and have regular meetings throughout the year where CPD (Continued Professional Development) points can be obtained. The HPCSA (Health Professions Council of South Africa) stipulates that a practicing podiatrist must earn 60 CPD points over a two year period. One CPD point is equal to one hour of participation in a podiatric-related activity such as workshops, journal club meetings, conferences, etc.

Conferences that will be held across the country for 2011:

Governance within Medical Aid Schemes Conference,
23-24 February 2011
Gallagher Estate, Midrand – www.syncombi.co.za

Biennial Foot Congress, 4-5 March 2011
Lord Charles Hotel, Cape Town – ww.footcongress.co.za

SEMDSA Congress, 8-12 April 2011
Bloemfontein – www.semdsa.org

Dermatology Congress, 26-30 April 2011
Pretoria – www.derma.co.za

AIDS/HIV Congress, 7-10 June 2011
Durban – www.dirasengwa.org

CDE Forum, 22-24 July 2011 – www.cdecentr.co.za

Rheumatism Arthritis Assoc, 8-11 September 2011
Misty Hills – www.saraa.co.za

SASMA Congress, 17-20 October 2011,
Sandton – www.sasma.org.za

The most important congress this year is our biannual SAPA Congress 29-31 July 2011, Parys, Gauteng. If you have never visited our beautiful country then this is the perfect opportunity! Join us at the Congress: see details on www.podiatrist.co.za. 🌐

Society of Chiropodists and Podiatrists UK

By Joanna Brown

The Coalition Government has announced major changes to the National Health Service in England that will take effect over the next couple of years. These could impact on the provision of podiatry in the NHS and the working lives of our members.

Responsibility for deciding which services will be offered in a local area will be transferred to General Practitioners (GPs). Local councils will also have a new role in deciding the health needs of their local population, and there will be a greater emphasis on reducing the health inequalities between rich and poor.

In our experience many GPs do not understand the specialist skills of podiatrists. We will need to give our members the tools to influence their local GPs and councils, and demonstrate the value of providing podiatry. These tools include a new Society publication "A guide to the benefits of podiatry to patient care", which makes a powerful case for podiatry. The guide examines the full range of podiatry from basic foot care through to podiatric surgery and demonstrates that the provision of timely care prevents much more expensive interventions being needed.

It will be equally important to give our members the confidence and skills to influence and negotiate locally, as there will be far less top down direction from government.

The other significant change is that any service provider in an area, whether from the NHS, independent or voluntary sectors, will be able to provide NHS care providing they meet the required standards of quality and pricing. There are a number of complicated issues to resolve before we know how this will work out in practice. However, it potentially opens up opportunities for Society members in private practice providing NHS services, whilst at the same time threatening the job security and pay and conditions of members who currently work in the NHS.

These changes are not being adopted by the governments in Scotland, Wales and Northern Ireland, so we could well end up for the first time with four different health systems in the UK.

These are challenging times for the Society, and we are putting a lot of resources into political advocacy in the four countries. We are looking forward to sharing our experiences of political advocacy at the FIP AGM in Geneva. 🌐

FIP Seal of Approval/Acceptance Program



The FIP Seal of Approval/Acceptance program has been in existence for three years. We acknowledge and thank Novartis for their support in being the first company to use the FIP Seal. This source of non-dues income has provided us with the opportunity to expand FIP membership on six continents. The seal program has also provided Novartis with the opportunity to use the FIP

seal as a credible and promotional tool paralleling the launch of their new over-the-counter foot care product line. The seal program is based on the "claims made" by the company on their product(s). The FIP seal can be used on the product(s), the product packaging and the promotional material about the product(s).

Moving forward, the FIP Board felt it was time to revisit our seal program and to consider modifications that would benefit the FIP and those applying for the seal. A new seal application needed to be developed

and an independent seal committee was needed to evaluate all products submitted for consideration of the FIP seal.

Several companies have approached the FIP about our seal program. For some of the smaller or less global companies, program pricing was out of their reach. After much discussion, modifications have been made to the FIP seal program to enable a broader range of companies to participate. It should be noted that FIP corporate partners are afforded a discount on the seal program in relation to their level of partnership. 🌐

Corporate connections enhance FIP efforts

As a not-for-profit association, the FIP is focused on providing opportunities and materials for its members, while also trying to keep membership costs as low as possible.

In order to do this effectively, in 2002 the FIP board recognized the value of establishing relationships with podiatry-related companies.

This initiative resulted in the FIP Corporate Advisory Board (CAB). Its role was to provide both a source of income and advice to the FIP and its members. Initially, the CAB was populated by representatives of seven diverse international corporations. The chair of this new board was chosen from within this group and meetings with the CAB took place yearly in conjunction with the FIP Annual General Meeting. One of the first joint activities was the development of the FIP's successful World Foot Health Awareness Month program. This was followed by many workshops and programs jointly sponsored by the FIP and the CAB.

The FIP is indebted to those individuals and corporations who supported the FIP during the last nine years. However, as the FIP grows in membership and activities, so too does the involvement of corporations wanting to work with our organization.

Much like the CAB, the new Corporate Partnership Program (CPP) is chaired by a corporate member and populated by a variety of companies interested in working with and supporting the FIP. The Chair of the FIP Economic Development Committee and the FIP Director of Corporate Development and Communication provide liaison and support for the CPP.

The CPP's three-tiered program provides greater opportunities for a broader range of companies to connect and be part of the FIP. The original CAB level of partnership equates to the Silver level of the CPP. All benefits provided through the former CAB have been maintained for the Silver level, plus additional perks have been added. The CPP is already generating interest and involvement in all three levels and the support is enabling the FIP to continue to grow. 🌐



In 2010, at its fall board meeting, the FIP Board unveiled its new Corporate Partnership Program (CPP), which provides three levels for corporate support and involvement:

Bronze Member

Silver Member

Gold Member

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Special Olympics Fit Feet and Fédération Internationale des Podologues

Special Olympics is an international movement dedicated to providing year round sports training and athletic competition to children and adults with intellectual disabilities.

In addition to the global sports program, Special Olympics has made great strides in promoting the importance of health care and maintaining a healthy lifestyle to compliment this sports platform. This global health program, called Healthy Athletes®, offers public health screenings in a variety of areas.

The Special Olympics Fit Feet (Fit Feet) program is one of the most active, and impactful, programs

that Healthy Athletes offers. In partnership with the International Federation of Podiatry/ Fédération Internationale des Podologues et Podiatres (FIP), the Fit Feet program has helped to truly enhance the overall sports, and life, experience of Special Olympics athletes. The connectivity between quality podiatric foot care and sports/life performance is strong and has been consistently emphasized by Special Olympics athletes and coaches alike. The Fit Feet program not only provides free, quality health services for athletes, but also serves as an important, specialized educational opportunity for health care

professionals interested in serving one of the most marginalized populations. The Fit Feet program implements a 4 station assessment that offers an extensive health screening, interventions such as insoles, socks and sneakers where applicable, and referrals to local providers where follow-up services are needed.

The Fit Feet program, collaborating with volunteer Clinical Directors worldwide, has screened over 30,000 athletes and is growing at a very fast pace. In 2010 alone, over 16,000 Special Olympics athletes were screened at local, national and regional events worldwide, engaging

over 200 volunteer podiatric clinical volunteers. Through the dedication of concerned corporate sponsors, Fit Feet was able to distribute close to 1,500 insoles free of charge to athletes, affording them a more comfortable sports experience, one that translates both on and off the field of play.

Special Olympics and FIP share a common objective of educating clinical professionals, students, parents and caregivers across the globe on the importance of quality foot care and footwear products, and the need to ensure that no individual is left behind. 🌐

2011 Special Olympics World Summer Games

The Special Olympics Movement will execute the largest sporting event on the planet in 2011, with the Special Olympics World Summer Games in Athens, Greece. These games will bring together over 7,500 athletes, 2,500 coaches, 40,000 Special Olympics families, and the full mobilization of the country of Greece toward this historical event. In addition, this event will mark the first time that the Special Olympics Movement has held its Summer Games, the Movement's flagship event, in the home of the Olympic spirit and flame. The World Summer Games will offer 22 Olympic-type sports, as well as a robust health program under the Healthy Athletes banner.



Adding to the FIP family



From left to right: Dr. Joe Caporusso, Uruguay Podiatry Association President Liliana Bello, Elena Regaldo and Aldo Palomino.

In previous communication (newsletters/blog/annual general meeting), there have been updates about FIP involvement with various activities in South America. Some of the activities have included lecturing at a conference, being involved in a country-organized event and attending various meetings. The most recent meeting was held last fall in Brazil.

During this meeting, FIP Vice President Joe Caporusso met with several South American podiatry associations. "It was a great experience being there and getting to spread the FIP word," said Dr. Caporusso. "We started off on Saturday with a meeting between myself and representatives from Uruguay, Brazil and Peru as well as a representative from Spain who was in Brazil for the same conference. Each country went over the educational process in their country. I then presented the FIP perspective via Power Point presentation and answered their questions. That meeting lasted about 4 1/2 hours.

On Sunday and Monday, I spent time speaking individually with these representatives for anywhere from 2-5 hours each. The president of the Uruguay podiatry association was very interested in FIP membership. I emailed her some more information, which she shared with her board."



Dr. Caporusso also met separately with both the vice president and the president of Brazil's podiatry association and reported that both meetings were productive and favourable. He also met with Armando Bega, the head of the school in Sao Paulo, who was very enthusiastic about FIP membership too.

Dr. Caporusso is quick to point out that none of these meetings would have taken place without the tremendous efforts of Aldo Palomino from Peru. "He truly is the FIP's ambassador in South America," noted Dr. Caporusso. "He was there whenever I needed him and acted in great support of the FIP."

Trips like these are part of the success behind the FIP's increase in member countries over the past few years. In fact, most of the new member associations in the past four years have resulted from scheduling meetings in their respective countries to talk about the FIP and the value of membership.

Dr. Caporusso is very pleased that the Uruguayan Podiatry Association has applied for membership, which will hopefully be ratified by the FIP Delegate Assembly at the May 7, 2011 meeting in Geneva, Switzerland. Two other countries have also applied for membership – the Czech Republic and the Australasian College of Podiatric Surgeons, along with one individual from Dubai. 🌐

Measuring the Impact of Podiatry A Case Study

Solent Healthcare Podiatry Service chose the COM-Q service from CoMetrica to evaluate the impact of the work of their prevention team.

Mike Townson, Professional Head of Podiatry, needed to measure the outcomes achieved by this team. A project was set up by Mathew King, Prevention Team Leader with CoMetrica in September 2010 to measure ALL patients seen by the team.

Mike and Mathew chose the COM-Q service for the following reasons:

- Comprehensive cover of all patients rather than sampling
- No extra work for staff
- Flexible, dynamic question content linked to specific patients so the impact of health advice given could be evaluated.
- Ability to use standard measures
- Continuous measurement with quantitative & qualitative results
- Results linked to patient data

Patient comments and quantitative results were seen within a week of going live. High response rates were achieved which quantified a gain in foot health and general health with good experience scores. The impact of health advice for relevant patients could be seen and the results continue to be reported live.



In times of economic restraint, quantifying the value of health services provided becomes even more important. This case study describes how Solent Healthcare Podiatry Services used patient outcomes to evaluate the impact of their prevention team work.

By Stuart Mathieson, HDCR DMS (Health) MBA (Oxon)

When services are faced with limited or reduced funding yet demand continues to increase, an equitable means of evaluating the benefits of services provided becomes a key tool in planning services.

Traditionally, services have been commissioned on the basis of historical demand and waiting lists with little matching of outcomes and provision. With the new government's focus on health outcomes, services are increasingly looking for a means to prove the effectiveness of their services and prioritize delivery.

With an increasing emphasis on patients perception of value in public services, patient reported outcome measures (PROMS) and patient reported experience measures (PREMS) become the key tools in providing this assurance. Using patient reported measures has the additional benefit over traditional clinical ratings in that it provides a strong patient mandate where change needs to be considered.

Outcome Measures

Health outcome measures in the form of PROMS are useful in that they can be standardised and allow comparison and benchmarking in terms of health status before and after treatment. This can be translated into recognized "Quality of

Life" metrics such as Quality Adjusted Life Years (QALYS). However, one of the drawbacks of some PROMS is that, based on their pharmaceutical research heritage, they can have many questions and be less successful for mainstream service use. There is a balance to be struck between individual reliability achieved through repetitive content and cohort reliability achieved through high survey volumes.

The choice of which PROMS and PREMS to use in mainstream and specialist areas to get representative, reliable and sensitive results requires specialist advice and resources.

A comprehensive approach

When the Podiatry Service of Solent Healthcare needed to measure the outcomes and experience of their prevention team patients, they chose the COM-Q service provided by CoMetrica. This service provided the necessary inclusion and flexibility, and included consultancy to help with measure choice and interpretation.

Mathew King, Prevention Team Leader, needed not only to measure Podiatry outcomes, but also the patient understanding and motivation provided by his team's role in providing more general health advice.

Measurement Aims

The service had carried out their own outcome survey before but found the work involved laborious and overwhelming to achieve even basic high-level reported results.

A better system was needed to achieve the following aims:

- To measure clinical outcomes of the treatment, as perceived by patients
- To measure the experience & satisfaction of the Podiatry service patients by clinic and patient type
- To measure health advice impact by having dynamic question content matched to individual patients for Diabetes, Weight management, Smoking Cessation, Falls Risk and Alcohol consumption
- To achieve a more detailed measurement capable of “drill down” of results to a more detailed level, for example by patient age, geography, treatment provided, etc.

- To enable comprehensive representative coverage with minimal effort
- To provide a channel for patients comments and results to be seen on a continuous basis rather than having to have an analysis process and subsequent report write-up

Survey Scope

1000 patients over a 5 week period in September/ October 2010 were included, covering all patients seen by the team.

Census Points

Following consultation with CoMetrica, the department chose to measure baseline EQ5D general health status score and an FHS2 foot health score at the treatment start together with health advice measures to assess the understanding and motivation provided by the advice

A second census point 90 days after a new referral was used to assess the impact of the patient’s podiatry treatment and any health advice given together with the patients perception of clinical competency.

At both stages, a satisfaction score and comment opportunity were provided.

The CoMetrica service included access to standardised PROM and experience measures so little work was required in selecting the questions to be used. The dynamic content meant that no irrelevant questions were asked, minimizing content and maximizing response rates.

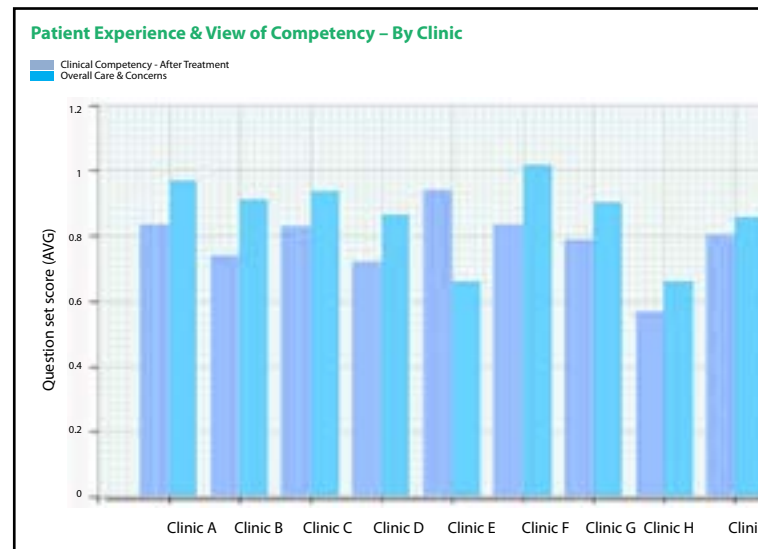
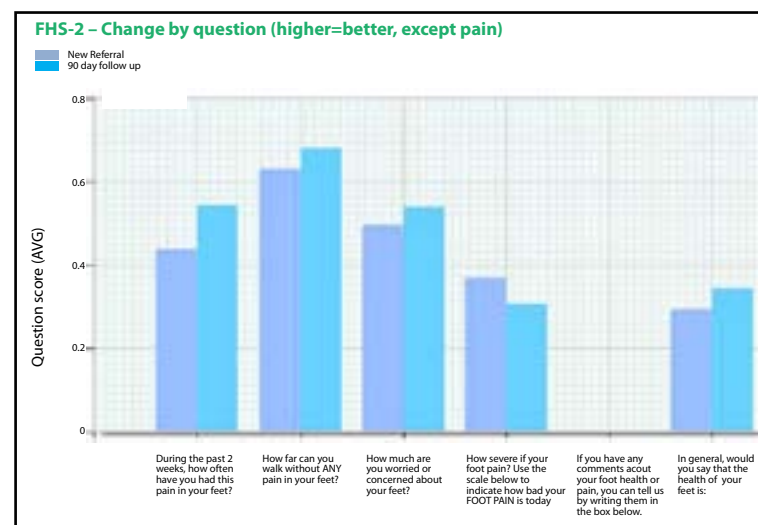
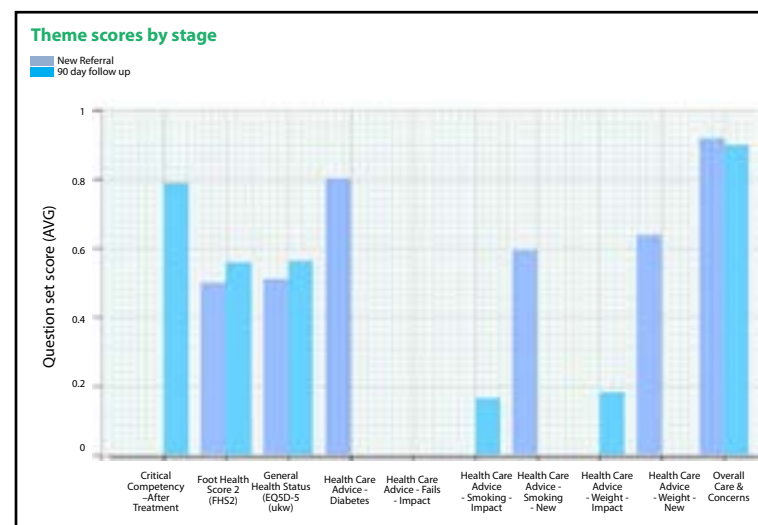
How the service works

The COM-Q service works on a continuous daily basis triggered by secure data from the Trusts information service. This creates personalized electronic questionnaires at each census point. CoMetrica handled all the printing & postage so patients received the questionnaire within a couple of days of their referral being recorded on the Trusts administration system.

Patients were invited to respond online or complete the included paper questionnaire. 98% of patients chose the paper route and most returned their questionnaires within a few days to CoMetrica’s reading centre to be immediately read into the COM-Q system. The podiatry service could then see results daily.

Measures used at each census point			
Measures	Questions	Treatment Start	After 90 days
Generic health PROM - EQ5D-5	5	✓	✓
Foot health PROM - FHS2	5+ comment	✓	✓
Experience: Clinical competency	6+ comment		✓
Health Advice - sections: smoking cessation and/or weight management and/or diabetes and/or falls	3 per theme used	advice given & motivation	impact
Experience: Overall satisfaction	1+ comment + proxy indicator	✓	✓

	Scale	At treatment start	After 90 days
Responses	n	207	304
Generic health PROM - EQ5D-5	0 = feel like “death” 1 = perfect health	0.49	0.57
Foot health PROM - FHS2	0 = maximum pain, mobility restriction 1 = no pain, restriction	0.51	0.58
Clinical competency perceived	0% = “poorest” 100% = “best possible”		81%
Experience overall satisfaction	0% = “poorest” 100% = “best possible”	92%	91%
Health Advice (only for relevant patients)	Health Advice (only for relevant patients)	Motivational	Made a difference?
Diabetes	Explanations understood of impact, specific advice given	80%	
Smoking		60%	17%
Weight management		67%	17%
Falls risk		Insufficient data currently	



High response rates

The project is still running, there have been 511 responses to-date and the response rate is expected to exceed 60%. Since all patients were included, no follow-up letters or telephone phone calls were required to make the results statistically valid.

Results

Composite scores for the two PROMS showed a 16% improvement in foot health and general health of new patients after 90 days of treatments. Overall satisfaction was at 92% at the start of treatment and 91% after 90 days. Clinical competency, which included the key received communication scored 81% after 90 days.

The FHS2 measure showed improvements in mobility, pain level & frequency, concern and perceived foot health. More detailed reports showed that Diabetic patients had the greatest improvement in foot health although results for some diagnoses are currently inconclusive due to low volumes.

Patients perception of competency and care & concerns was high amongst most clinics. The health advice for relevant patients was well received by patients. In some patients, a measurable impact of the advice was seen after 90 days (e.g. Smoking 17% and Weight management 18%).

Conclusion

Although the project is still running, clear quantitative evidence of the value of the podiatry intervention service is seen in general and foot specific health. In addition, the health advice which is being given to relevant patients is being recognized and understood by patients with some reporting an improvement as a result. Response rates are very high with statistically robust results emerging.

Further Information about the COM-Q service can be obtained from Stuart Mathieson on 07973 212306 or via email Stuart.Mathieson@CoMetrica.co.uk More case studies are available on the website: www.CoMetrica.co.uk

Register today
on the FIP
website

www.fipnet.org is a website that podiatrists around the world should be visiting often. User friendly, the FIP website was created to provide readers with up-to-date information on podiatry today. The FIP would like to encourage all of its members to take the time to register on the website as soon as possible. That way you won't miss out on any of the information and news that is available exclusively to FIP members. After registering, take the time to explore the website and all of the great information that it has to offer you and your practice.

Because FIP members come from all over the world, it is the aim of the FIP website to be internationally accessible. The FIP translator on the top right hand corner can translate

www.fipnet.org

the website to make the information readable to all who visit. Under the News/Events link, users have easy access to the FIP newsletter, a newsletter written for and about podiatrists from many different backgrounds. Users also have access to Scientific News, a section concerning science and podiatry, and they can also read about podiatrists that have appeared in the news on a global scale.

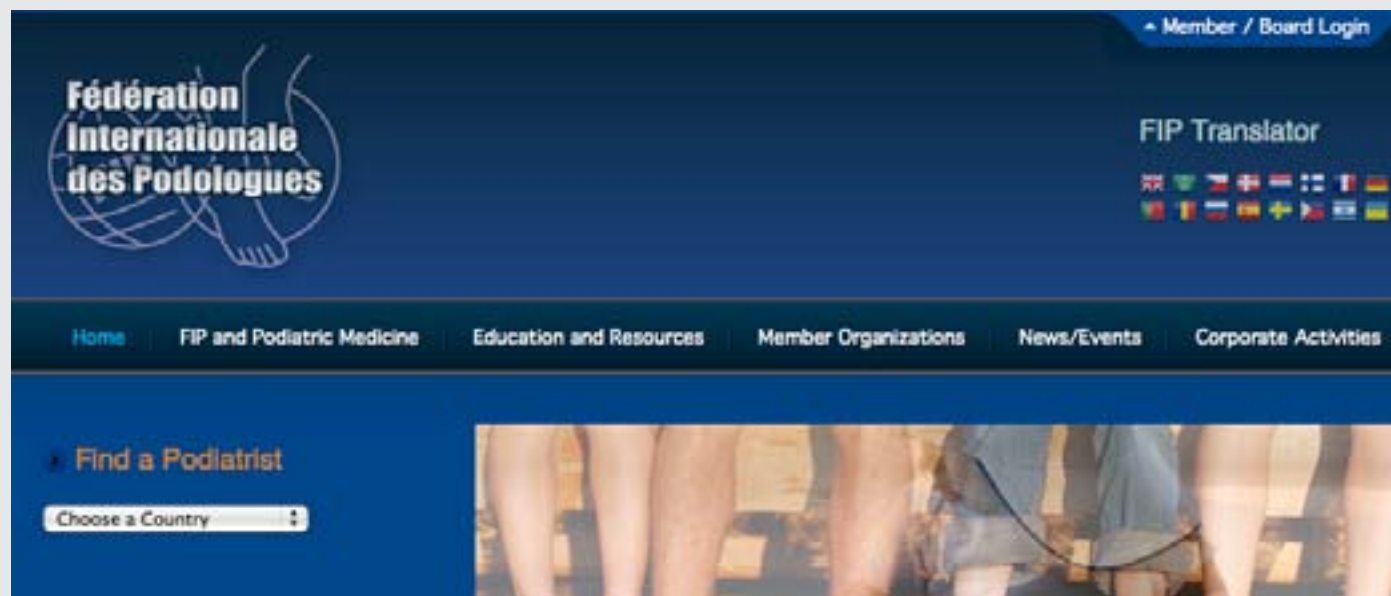
The FIP re-launched its Virtual Exhibition Hall (VEH) last fall. The VEH was created to give users information about some of the great new products and services provided by FIP corporate partners. By simply clicking on the VEH link, you have instant access to many informative videos about FIP corporate partner products.

The website also includes a selection of online courses. Under the top banner "Education and Resources" are links that lead you to online courses

and educational initiatives. These educational opportunities are provided by the FIP at no cost to further the podiatric education of its members.

There are many other great resources available on the FIP website that are simply a click away. Users can read messages from the FIP president Janet McInnes on the FIP blog, they can find out details about upcoming meetings and the FIP World Congress and they can learn more about the Academy of Podiatric Medical Educators.

The FIP website was created to keep members involved in podiatry around the world. Updated often, and full of useful information, the FIP website is a tool that all podiatrists should take advantage of on a regular basis. Register now and get access to even more information provided by and about the FIP and podiatry worldwide. 🌐



IN THE NEWS

Help us celebrate successes!

If you know of recent appointments or achievements of podiatry colleagues, please send the information to Jayne Jeneroux, FIP Director of Communication and Corporate Development, so we can include it in this column. Email the information (and photos if possible) to jjeneroux@xplorner.com



STUART BAIRD

Stuart Baird, Chair of the Society of Chiropodists and Podiatrists of the United Kingdom, was recently appointed as Professor of Podiatric Medicine at Glasgow Caledonian University. Glasgow Caledonian University has become one of the largest universities in Scotland with nearly 17,000 students. The campus is self-contained and situated right in the heart of the lively city of Glasgow. The University is made up of six academic schools in the areas of business, health and science and technology.



Your FIP Membership

FIP membership is a valuable tool available for podiatrists around the world. A non-profit association, the FIP was created to develop podiatric medicine, and to raise awareness about foot and ankle health on a global scale. You immediately qualify for an FIP membership if your national podiatry organization holds membership with the FIP, or you can apply for individual member status if your country does not have a podiatry association by submitting an application to the FIP membership/recruitment committee.

FIP membership provides you with a wide range of international podiatry information, including access to

member news, updates and information on the FIP website (www.fipnet.org). Your FIP membership can also link you to podiatrists in other countries. If faced with a patient who travels frequently, or a patient who is moving, your FIP membership can help you locate podiatrists and make international referrals.

One of the biggest benefits that the FIP has to offer is a series of online courses. There are currently 31 online courses and 5 podcasts available that can be accessed in the members section of the FIP website. With the intent to further the podiatric education of its members, the FIP and its educational partner eMedtrain offer these courses free of charge. 🌐

PLAN TO ATTEND

2011

May 7, 2011

FIP Annual General Meeting
Geneva, Switzerland
www.fipnet.org

April 26-29

Australasian Podiatry
Conference
Melbourne, Australia
<http://www.podiatry.asn.au>

May 11-14

International Symposium on
the Diabetic Foot
Noordwijkerhout, The
Netherlands
www.diabeticfoot.nl

May 31 - June 4

58th Annual meeting and
2nd World Congress on
Exercise is Medicine
Denver, Colorado
www.acsm.org

July 28-31

American Podiatric Medical
Association Scientific
Seminar
Boston, Massachusetts, USA
www.apma.org

September 22-24

Diabetic Limb Salvage
Washington, D.C. USA
www.dlsconference.com

October 6-7

The 3rd Egyptian Diabetic
Foot conference
Cairo, Egypt
<http://www.esdf.me/ENsite/Conference.aspx>

November 24-26

SOCAP Annual Conference
and Exhibition
Harrogate, United Kingdom
[www.feetforlife.org/
podiatry-news/annual-
conference](http://www.feetforlife.org/podiatry-news/annual-conference)

2012

March 15-17

DFCon Podiatry Conference
Los Angeles, California USA

April 19-22

Midwest Podiatry
Conference
Chicago, Illinois USA
www.midwestpodconf.org

August 16-19

APMA Annual Scientific
Meeting
Washington, D.C. USA
www.apma.org

September 13-15

Biennial Conference
Auckland, New Zealand
www.podiatry2012.org.nz/

2013

July 21-25

APMA Annual Scientific
Meeting
Las Vegas, Nevada USA
www.apma.org

October 3-5

World Congress of Podiatry
Rome, Italy
www.fipnet.org

2014

July 24-27

APMA Annual Scientific
Meeting
Honolulu, Hawaii USA
www.apma.org

2015

July 28-31

APMA Annual Scientific
Meeting
Orlando, Florida USA
www.apma.org

NOTE: if you know of a conference or event taking place, please send details so that we can include the information in future issues and post it in the FIP website.