

Diabetic foot care assistants for the developing world



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Diabetes has taken on pandemic proportions. Worldwide, more than 250 million people have diabetes and estimates for 2025 suggest that this number will rise to 380 million (International Diabetes Federation [IDF], 2007). As a consequence, the incidence of diabetic foot disease is also on the rise. Epidemiological reports from around the world add up to suggest that more than 1 million lower-limb amputations are performed on people with diabetes each year (Boulton et al, 2005).

Podiatry is the cornerstone of good foot care. However, only 19 of the world's 212 countries have licensed schools of podiatry. These 19 countries (13 of which are in Europe) train podiatrists for their own medical services – a process that takes 3–4 years, and longer still in the US (Bakker et al, 2005). These countries supply podiatrists to between 15 and 20 other countries who have no licensed podiatry schools (International Working Group on the Diabetic Foot [IWGDF], unpublished data). This number is inadequate to fully address the extent of the diabetic foot problem worldwide, and highlights the need for diabetic foot care education to be made available in every country.

Ideally, countries currently lacking a podiatry service would employ podiatrists and train their own people in the discipline. However, one has to realise that establishing university-level schools of podiatry is a long-term objective. For a more immediate solution, interested healthcare professionals should be offered a standardised diabetic foot care education to implement in their healthcare setting as an adjunct to their professional responsibilities. In the absence of university-level schools of podiatry, the

need for affordable and practical diabetic foot care education below the level of podiatry must be recognised and suitable programmes designed accordingly.

The Diabetic Foot Care Education Working Group (DFCEWG), chaired by Sue Tulley, on behalf of the IDF Consultative Section and the IWGDF, has developed two curricula for diabetic foot care (Tulley et al, 2008). The curricula were presented by Sue and her team at the 7th Scientific Meeting of the Diabetic Foot Study Group, 11–13 September 2008 in Pisa, Italy (*Figure 1*). The development, design and implementation of these two courses are discussed in more detail in this issue of *The Diabetic Foot Journal* (pages 14–22).

The courses are designed to be offered to a broad range of people, primarily those who already deal with the diabetic foot. This is to ensure that the healthcare professionals who are currently treating the diabetic foot are doing so in a way that will promote positive outcomes. The courses are not designed to be offered either to podiatrists or to be run in the countries where podiatrists practice. However, it is envisaged that there may be a demand for courses in the countries where the small number of practicing podiatrists are unable to cope with the number of cases of diabetic foot disease.

The DFCEWG feels that many of the healthcare professionals who are currently offering treatment under less than ideal circumstances could benefit from the support and knowledge-sharing that these courses offer. It is envisaged that the course will not only deliver practical information for clinical implementation, but also enhance awareness of the diabetic foot in local communities, among professional personnel and at the level of governing bodies.

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Some successful courses to address local diabetic foot care issues are already in practice in the developing world (Bakker et al, 2006; Pendsey and Abbas, 2007). The courses offered by the DFCEWG do not aim to detract from those courses already in place; rather, it is hoped that these new courses will offer a standardised, internationally recognised curriculum that any country without a podiatry service can undertake.

Encouragingly, some countries without podiatry education, such as Lithuania, Slovenia, the Czech Republic and Chile, have already adopted the DFCEWG advanced course curriculum as a model for their university-level programmes. It is expected that more countries will follow. This suggests that these courses might not only be useful for the short-term training needs of a country without a podiatry service, but also become an interphase to the development of a mature podiatry education system.

Many of the details for the implementation of this programme are still in discussion. However, the proven consensus method of

implementation that the IWGDF has used for the roll-out of past guidelines suggests that the team will find its way in making this programme a reality for those countries in which it is most needed. The launch of this programme is another important step toward improving diabetic foot care and preventing amputations around the world. ■

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Tulley S, Foster A, van Putten M et al (2008) *Diabetic Foot Care Education Programme: For the Training of Certified Diabetic Foot Care Assistants*. Available at: <http://tinyurl.com/atgojx> (accessed 25.02.09)



Figure 1. The Diabetic Foot Care Education Working Group presented the Diabetic Foot Care Education Programme: For the Training of Certified Diabetic Foot Care Assistants at the 7th Scientific Meeting of the Diabetic Foot Study Group, 11–13 September 2008, Pisa, Italy. Left to right: Margreet van Putten, Ali Foster, Karel Bakker, Vilma Urbančič-Rovan and Sue Tulley.