Reviewer’s report

Title: The Changing landscape of professional practice in podiatry, lessons to be learned from other professions – a narrative review

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Reviewer: Alan Borthwick

Reviewer’s report:

Thank you for the opportunity to review this timely and relevant paper. It seeks to identify key factors that influence the capacity and readiness of health services to engage change, at a time when Western healthcare is having to adapt to a shifting landscape due to demographic change, neoliberal policy values and economic restraint. This is especially relevant to the context of the Anglophone world, where nations do share some similar system structures and cultural values, although the distinctions and differences are also important and relevant.

I think the paper would benefit from greater clarity in certain areas, as the breadth of coverage seems large and there is a danger of drawing too many assumptions between different healthcare policy contexts, and the conclusions seem to be largely UK centric.

Forgive me, but I sense it is perhaps a little risky to assert what appears to be a personal opinion in stating in the first paragraph of the abstract that "It is this evolution that should be driving change…", as if you might harbour a bias that guides the direction of the paper - I realise this is not so, of course, but I still think it might be wise to re-phrase the comment (for the avoidance of doubt).

Both the abstract and method section outline the use of a narrative literature review, but I am aware of quite some literature that is relevant to barriers to professional boundary change and changes in scope of practice that do not feature in the review, which is a shame bearing in mind the comment that there is "minimal evidence" in podiatry. It is also mildly embarrassing for me to raise my own publications as an exemplar - those relating to boundary change (extension in scope and resistance to it) in the fields of podiatric prescribing and podiatric surgery, for example, and there is a plethora of work on nursing and AHP boundary change - from Davina Allen's work in nursing to Nicky Britten's work on pharmacy, to Richard Hugman's or John Ovreviet's work in physiotherapy, or Anne Witz or Gerry Larkin or Hogg and Hogg on radiography and so on. Sociology of Health and Illness is replete with papers addressing forms of boundary work, scopes of practice change, resistance, and so on. However, this also raises the issue of theory or an over-arching framework to enable the reader to be clear about the focus of the work - are you exploring change theory more broadly? If so, it would be helpful to see some reference to the theory (for example, Lewin's change theory) and how it applies to the review. I will return to this point a little later, but I think a little further work on this would be hugely helpful.
In the Background section you refer loosely to the importance of legislative change, and this is highly relevant when attempting to draw comparisons of changing scope of practice across national boundaries, and this may be worth exploring. For example, Common law in England and Roman law (as found in many other nations) has a profound impact on what professions can and cannot do. In England we are fortunate to be able to extend scope of practice largely without constraint, unless the law specifies otherwise (eg. medicines legislation), whereas in many other countries professions are confined to a limited practice as the law forbids expansion unless it specifically is changed to enable it (eg. "controlled acts" in Canada). Without the readers appreciating this fact, it is difficult to draw comparisons across nation states. The exemplars used appear to be drawn from a range of nations - from the UK and USA to Australia and Iceland. Each has a specific context as well as shared influences. All these Western nations may share similar drivers (demographic change /ageing populations, chronic illness management etc) and political values (neoliberal values remain largely in the ascendancy), but may differ in legislation (constraining scope) and system structure (organisational change possibilities). As you mention the fact that your review "includes studies from predominantly primary care in developed countries", it is clear that context will be important in each case.

You also mention that there is "minimal evidence around barriers to changing professional practice", which does not reflect the weight of material available in sociological studies addressing change, professional boundaries, scope of practice and so on (medical dominance remains an important, if diminished, inhibitor of scope of practice change, for example).

In the method section you speak of carrying out a literature review and a "thematic analysis of the findings". It is thus unclear if you are carrying out a narrative literature review and reporting the global findings of the review or if you are undertaking a documentary analysis of these papers, thus yielding actual data. On reading the paper I think it is the former, but perhaps it could be clearer, particularly in the method section.

Having reviewed material from a range of different nations, much of the discussion element of the paper draws on UK centric policies ("AHPs into action" etc). Perhaps an over-arching framework would be helpful in drawing these strands together (use of social theory is often helpful in doing so).

There are one or two statements that may not be entirely in context. For example the point you make that "professional bodies still promote the accumulation of CPD points" is not universally the case - the 2002 DH funded study run by Sally Gosling at CSP, involving a number of different professions (I took part in it, in a very minor capacity) led to findings which influenced the HCPC decision to adopt an "outcomes led" model and not an "input led" model (the latter being the points system). The College of Podiatry (I'm glad to say) listened to those findings and also changed, so that it has not adopted a points accumulation system for some time. However, I am aware that in the USA podiatry CPD points are still very much in use.

Your own views appear to be evident when you state, "these responses should not be an approach of taking from one area to give to another". Whilst that may be a widely held view, it may not be wise to state them without referencing another source. Bracketing would be a sensible and cautious approach to adopt here, I suspect. On page 12 you also appear to make a
factual assertion that a crisis in professional identity may arise from MDT working, which may reduce motivation. How does that square with Simon Carmel's (2004) work, which addresses the way health professionals in nursing and medicine adopt an organisational identity over a professional identity when faced with MDT working on CCUs? Indeed, it is a pity that the literature review missed Carmel's important work. Equally, I was intrigued by your comment that "the role of evidence is a barrier because it is seen as 'taking over'" (P 14). I'm not entirely certain I know what you mean here, but it seems worth exploring a little further, as it is a significant statement.

The section on patients as consumers could also reference the sociological work on "active consumerism" (see, for example, Mary Ann Elston's 1991 chapter in the Sociology of the Health Service, edited by Gabe, Calnan and Bury).

In terms of minor typographical issues, I noted a few things:

P16, line 29: "Impetuous" should be "impetus"

P 19, para 3: there is a change in font halfway through it, as if it were a cut and paste

There are some repeat references: eg. Reference 16 is also reference 91.

P13-14: The "Health Care Professions Council" should be the "Health and Care Professions Council"

P 2, line 57: "the Podiatry profession" should be "the podiatry profession" (i.e. In lower case).

Since I have asked for some added clarity, I will try and reciprocate and itemise any changes I would recommend:

1. Rephrase a couple of assertions that may be mistaken for personal opinion, as readers can sometimes be harsher critics than we would wish (there are two points I have referred to above)

2. Clarify in the method section if this is a literature review alone or a documentary analysis with a thematic analysis of the derived data.

3. Consider widening the literature to include material from sociology or other sources in podiatry that may have been missed (possibly because the British Journal of Podiatry is more or less a grey literature source). Use of sociological literature might have been missed through the search terms used, but I'm not sure. Obviously, this might be a really difficult request to meet, given that you have already undertaken the review, so I would not insist on it, but it might be worth bearing in mind in future.

4. Identify any relevant legislative or policy context in the different countries from which studies are drawn, as this can be relevant to the veracity of any overall conclusions.
5. Consider whether or not the use of theory/ or an overarching framework would be helpful
   in bringing the paper together more clearly.

6. Address the typographical errors identified above.

Finally, thank you for submitting a paper addressing a relevant, timely and important topic to the
Journal of Foot and Ankle Research. With a little refinement it will make a useful contribution
to the wider literature in the field.

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