

## **COMPARING DATASETS WITH PASCOM-10**

In this brief report David Tollafield considers PASCOM-10 (P-10) clinical diagnostic activity data for podiatry and podiatric surgery



ver mindful of Health **Commissioners and** their quest to cut service provision, without evidence, we need more

than ever to rely on a national dataset, Building on outcome evidence is not just something the PASCOM team are working on alone, and meetings are coming together to see how we can expand our evidence to promote podiatric intervention for all groups. Only by looking at audit trails can we make any inference with some confidence about our own activity.

In many ways the PASCOM team prefer invasive and non-invasive terms for activity as podiatrists provide different services. Table 1 offers a snap shot of the top five conditions representing clinical activity from data collected for six vears 2010-2016.

Podiatric colleagues can usefully record their own activities over a fourweek period against Table 1. Does your practice vary? Clearly the values will change depending upon the area of podiatry you practise in.

Podiatry considers 'fasciitis' and 'ulcers' as conditions of greatest frequency, while podiatric surgeons diagnose and manage 'deformities of the toes'. The table does not represent a definitive statement for podiatrists and there are reports available within P-10 that cover other aspects

## DAVID TOLLAFIELD

Table 1 Comparative data for two groups. top 20 diagnoses.

'Podiatric Medicine' implies non-invasive and covers all podiatric domains . except surgery. Nail surgery stands alone as a domain and can be used by either podiatrists or podiatric surgeons. Italics represents repeat categories for both groups with the actual numbers alongside the percentage.

of podiatric care. If 32% (podiatric surgeons) represent 12,500 cases, and 15% (podiatrists) represent 65 cases is this likely to be considered an accurate picture of practice for the top diagnoses?

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P-10 is my almanac, my bible and calculator. It keeps me on track and maintains a standard in my practice that I am proud to demonstrate to any outsider. Sure it has some shortfalls, but the extra effort I put in pays dividends when I review the quality of data I have at my fingertips. Once you start collecting data it is hard to stop, as it grows rapidly, rewarding your efforts with fertility for your practice.

This is not a system for podiatric surgeons alone and we appeal to all colleagues to consider adopting PASCOM so we can build on the existing 90,000 patients currently logged (May 2010- June 2016) and demonstrate the true shape of UK podiatry. Our jobs may depend on data. Your College (and Society) has had the wisdom to invest in a programme over the last 17 years. Perhaps it is time for the profession to invest more in supporting a Collegeowned national database?

An expanded article has been posted on the PASCOM-10 website: pascom-10.com for those interested in further information about podiatric data and PASCOM. If you have any difficulties or wish assistance, please contact the College of Podiatry or go direct to the website where you will see a list of trainers.

## Part 1 of this article, The Impact that came out of the Blue, was published in Podiatry Now, January 2017:10-12.

The expanded version of this article can be viewed at pascom-10.com

Order of commonality	Non-invasive podiatry	Percentage (numbers)	Invasive podiatry	Percentage (numbers)
1	Plantar fasciitis	15.0 (65)	Hallux valgus	32.2 (12,575)
2	Ulcer diabetic	13.9	Hammer toe	22.0 (8,623)
3	Flat foot	11.8	Hallux rigidus	9.4
4	Corn & callus	3.7 (16)	Morton's neuroma	5.4
5	Synovitis joints	3.0	Ingrowing nail	3.5
6	Hallux valgus	2.8 (12)	Internal fixation problem	2.5
7	Other acquired deformities ankle/foot	2.8	OA dorsal midfoot	2.0 (790)
8	Posterior tib. tendon dysfunction	2.5	Hallux valgus rigidus	1.9 (739)
9	Verruca pedis	2.5	Tailor's bunion	1.8
10	Hallux rigidus	2.5	Metatarsalgia unspec.	1.8 (699)
11	OA dorsal midfoot	2.5 (11)	Ganglion	1.3
12	Morton's neuroma	2.1	Plantar fasciitis	1.3 (512)
13	Hammer toe	2.1 (9)	Other deformity of hallux	1.1
14	Hallux valgus rigidus	2.1	IPK recalcitrant to treatment	1.0
15	Achilles tenopathy	2	Other deformity toes	1.0 (377)
16	Charcot's arthropathy	1.6	Synovitis	0.9 (357)
17	Sinus tarsi syndrome	1.4	Corns & callus	0.8 (324)
18	Other deformity toes	1.2 (5)	Hallux valgus – simple bunion	0.8
19	Metatarsalgia unspecified	1.2 (5)	Bursal cyst	0.7
20	Tarsal tunnel	0.9	Lesion of plantar nerve	0.7