

## INTRODUCTION

The benefits of multi-disciplinary foot ulcer clinics (MDFUC) for patients suffering from chronic non-healing diabetic foot ulcers have been well reported in the medical literature.<sup>1,2,3,4,5,6</sup> Reduction in wound healing time, increased percentage of healed ulcers, diminished incidence of amputation and improved prognosis for limb salvage have been attributed to these types of specialist units. As a result MDFUCs are now considered best practice in managing multifaceted foot conditions, which require a highly specialised level of expertise.<sup>7,8</sup> The concept and advantages of heterogenous teams is not new to the medical or business literature. These types of groups increase the diversity of viewpoints, which subsequently augments the range and innovation of solutions for complex problems.<sup>9</sup> Research has highlighted the relative significance of this type of inter-departmental cooperation over within-group cooperation.<sup>10</sup>

Despite the fact that MDFUCs are the accepted gold standard for the management diabetic foot ulcers, there is a paucity of information in the literature on the logistics involved in establishing such a clinic. This deficiency was noted in early 2002 when the Royal Perth Hospital's (RPH) Podiatry Department set about establishing a MDFUC to compliment and coexist with their existing high-risk foot clinic (HRFC). This article will initially discuss the reasons as to why the specialised clinic was established. More importantly however it will outline the business case proposal, how key stakeholders were involved and the process by which approval for the clinic was obtained from the hospital executive. The overall aim of the article is to provide practical advice for those wishing to establish similar MDFUCs within their health service. It is anticipated that future articles will be published in regards to qualitative and quantitative data collected from the clinic.

**Keywords:** multi-disciplinary foot ulcer clinic, diabetic foot

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