canonbury HEALTHCARE

everystep

AUGUST-DECEMBER 2026

The latest news & industry updates from the UK's largest podiatry product specialist.

Why more clinicians are adopting nail bracing. A webinar reflection with Gaynor Wooldridge.

Case Study: Managing fungal foot conditions. From science to clinical success.

How the right blade supports precision in practice, with Josephine Smith.

CPD: You're doing more of it than you think.

Charity work: Glad's House, Kenya.

A Message from Louise Bakker, Managing Director

I've been at Canonbury for almost 2 years now and I'm pleased to say that we're continuing to evolve. The biggest change this year is that our founder, Hans Bakker, retired after more than 40 years at the helm. Many of you will know him from exhibitions, branch meetings, or a conversation at one of our stands over the years. He's spent four decades backing podiatry, and Canonbury wouldn't be what it is without him. He'll still pop up here and there, but I'm very relieved that he's finally taking things a bit more easily!

It's been a busy few months. We launched the Canonbury Education Hub, brought in the Baehr RIWA treatment units, and expanded our ranges across DOLA Orthotics, Spirularin, Dermatonics, Kiato blades and Clinell disinfectants. We also added more multi-buy savings on everyday essentials after hearing that's what a lot of you wanted, and rebranded the packaging across our Simply Feet creams and balms.

We've been to the Foot & Ankle Show in Liverpool, the Primary Care Show in Birmingham, Royal College branch meetings, and university visits from Brighton up to Scotland and Northern Ireland. Meeting hundreds of clinicians and students face-to-face has taught us more about what you're actually dealing with day to day than any survey could.

We continue to listen. Much of what's changed this year came straight from your feedback: more product choice, better value through our Price Promise, new CPD resources, or making it easier to order from us. If you've told us something, it's likely shaped a decision somewhere along the way.

Thank you, as ever, for your support, your feedback, and for trusting us with your business. We don't take any of it for granted.

Warm regards,

Louise Bakker
Managing Director

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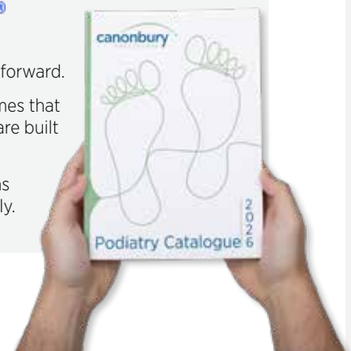
A Few Birthday Thoughts

AKILEÏNE® BERCHTOLD. Swann-Morton®

We celebrated a Canonbury birthday recently, and birthdays have a way of making you look back as much as forward.

We started out in 1983. Within a few years, we were working with Akileine, Berchtold and Swann-Morton, names that will be familiar to most of you. Decades later, those relationships are still going strong. Partnerships like that are built over time, through shared values, consistency and trust.

It's easy to talk about growth in terms of new products or new markets. But for us, the real measure has always been the relationships that last, with the brands we work with, and with the podiatrists we supply. We hope you'll still be one of them for many birthdays to come.



The Power of Community

Every profession is defined by what it knows. Great professions are defined by what they share.

Every day, across the UK and beyond, podiatrists and foot health practitioners improve people's lives. They relieve pain, restore mobility, and help patients stay active and independent. But behind every successful treatment is something less visible: a profession built on shared knowledge.

No clinician develops in isolation. Knowledge passes from lecturers to students, from experienced practitioners to newly qualified colleagues, through professional bodies, conferences, webinars, and everyday conversations between peers. A new technique, a clinical insight, a shared experience - each one has the potential to improve patient care far beyond a single clinic.

That generosity doesn't stop at education. In our last edition of EveryStep, we shared Jonathan Shearer's journey to Ukraine, where podiatry skills were helping people in extraordinary circumstances. In this issue, you'll read about Wendy Palser and her team supporting young people in Mombasa, Kenya, with Canonbury donating equipment to help make that possible. Closer to home, organisations across the profession continue to support students, encourage more people into podiatry careers, and champion the importance of foot health across healthcare.

> "...podiatry has always been more than a profession, it's a community."

These stories may seem unrelated. But they're connected. They remind us that podiatry has always been more than a profession, it's a community. One where knowledge is shared, opportunities are created, and people give their time and experience so others can thrive.

You'll see that spirit throughout this edition too. From infection prevention and biomechanics to nail bracing and continuing professional development, each article reflects the same idea: learning is never really finished. Every webinar attended, every paper read, every conversation with a colleague has the potential to shape how the next patient is treated.

Canonbury is glad to be part of that community - supporting charities, working alongside professional organisations, helping universities, and creating chances for clinicians to learn from one another. It reminds us that progress happens when knowledge is shared.

There are countless stories like these happening every day, and we'd love to help tell them. If you've been involved in a charity initiative, a community project, a piece of research, or simply have an experience that could inspire

> "...progress happens when knowledge is shared."

fellow practitioners, we'd love to hear from you. EveryStep is your newsletter as much as ours, and together we can keep celebrating the people, ideas and experiences that make this profession special.

If you'd like to contribute to a future edition of EveryStep, please get in touch with our Marketing Manager, Arreta Hine at arettah@canonbury.com.

Why More Clinicians Are Adopting Nail Bracing

Gaynor Wooldridge, Consultant Podiatrist and Chair of Executive Committee for the Institute of Podiatrists

Every clinician has those patients they know well. The ones who return every few weeks with a familiar problem, where the conversation often starts before they've even taken a seat. An involuted nail that's becoming uncomfortable. A patient who's nervous about surgery. Someone whose lifestyle or medical history makes the 'right' treatment less obvious than it looks on paper.

These are the everyday decisions that formed the basis of a Canonbury webinar, delivered in partnership with the **Institute of Podiatrists**. Presented by **Gaynor Wooldridge**, the session looked at where nail bracing fits within modern podiatry, not as a replacement for established treatments, but as another option worth having on hand when conservative management suits the patient in front of you.

It wasn't really a session about how to apply a brace. It was more a prompt to think about something that sits underneath all good clinical practice: having the knowledge, and the confidence, to choose the most appropriate treatment for that particular patient.

Every patient tells a different story

Two patients can present with strikingly similar involuted nails and still need completely different plans.

One may be at the point where nail surgery is clearly the right long-term answer. Another might be apprehensive about a procedure, worried about healing, or simply keen to try something more conservative first. Younger patients, older adults, people with particular health considerations, or those with physically demanding jobs - they all bring different priorities to the decision.

Often, it's these individual circumstances, more than the condition itself, that shape the plan.

The webinar's point was a simple one: the more treatment options you understand well, the more precisely you can tailor care. Good clinical reasoning tends to start with having more than one pathway available, not with picking the 'best' one in the abstract.

Gently restore the shape of nails with non-invasive nail bracing treatments

Why nail bracing is attracting growing interest

Nail bracing has become a familiar part of practice for many podiatrists and foot health practitioners over recent years. It isn't a universal fix, it works well for a specific group of carefully selected patients, and that's really where its value sits.

Done well, it aims to gradually reduce the curvature of the nail as it grows, easing discomfort while keeping the nail intact. For patients who aren't yet at the surgical stage, or who'd rather avoid surgery where clinically appropriate, that matters.

It doesn't suit everyone, and the webinar was clear about that. Certain nail types, certain pathology, certain patients - sometimes another approach is simply more appropriate, and nail surgery still offers the best long-term outcome in plenty of cases.

The two aren't in competition. Bracing and surgery can sit alongside each other in a clinician's toolkit. Knowing when to use each is what patient-centred care really means.

Success begins long before the brace is applied

One theme ran through the whole session: outcomes depend on far more than the brace itself.

Assessment. Careful preparation of the nail. Understanding how flexible the nail plate is. Choosing the right candidate in the first place. All of it matters more than the device. Clinical judgement is still doing the heavy lifting here.

Patients need to understand what bracing can and can't do, too. It's not a quick fix. It works with the nail's own growth, so improvements tend to show over several weeks, and full treatment can run for months. Setting that expectation early, rather than letting a patient assume 'brace on, problem solved,' makes a real difference to how they experience treatment.

The patient's role matters too

Success here isn't only down to the clinician.

Footwear choices. Turning up to follow-up appointments. Sticking with the aftercare advice. If whatever caused the involuted nail in the first place hasn't changed, the chances of it coming back don't really depend on which treatment was chosen.

It's a reminder that applies well beyond nail bracing: good podiatric care is rarely one procedure or one product doing all the work. It's the combination - the right intervention, plus patient education, plus realistic expectations, plus ongoing management.

Learning beyond familiar practice

Perhaps the biggest takeaway from the webinar wasn't just about nail bracing. It was that CPD doesn't always mean learning something brand new. Sometimes it's revisiting a familiar condition through someone else's eyes, or picking up an approach that quietly widens what you can offer the next patient who walks in.

Canonbury keeps investing in this kind of education for that reason. The **Canonbury Education Hub** holds a growing library of CPD papers and resources across a range of clinical topics. All there whenever it suits you to dip in.

Want to watch the webinar?
Scan here

Looking for Training?
Register for the Institute of Podiatrists Nail Correction / Bracing course on August 21st

YOU'RE ALREADY PRACTISING BIOMECHANICS

CPD Reflection - inspired by our webinar ***Introduction to Biomechanics.***

Ask a room full of podiatrists and Foot Health Practitioners whether they "do biomechanics" and you'll probably get a mixed response. Some will confidently say yes. Others may think of gait analysis clinics, specialist assessments or custom orthotics and decide biomechanics isn't really part of their day-to-day practice.

But perhaps the better question is: what happens in your clinic every single day?

Do you reduce painful callus? Recommend different footwear? Apply padding? Suggest an insole? Watch how a patient walks into the treatment room before they even sit down?

If the answer is yes, then you're already applying biomechanics.

That was one of the most thought-provoking messages from our Canonbury webinar: '*Introduction to Biomechanics*'. It challenged the idea that biomechanics belongs only in specialist clinics and reminded us that, in reality, understanding how forces act on the foot underpins many of the decisions we make every day.

Take a patient with painful plantar callus. Removing the callus provides immediate relief, but it also changes how that patient loads the foot. Pain often causes people to unconsciously alter the way they walk. Once the painful area is treated, those forces change again. Add a simple piece of padding or recommend an insole, and you've influenced those forces further.

In other words, biomechanics isn't something that starts when an orthotic is prescribed. It starts the moment we begin thinking about why the problem exists in the first place.

That's an important shift in mindset.

It's easy to become focused on the condition in front of us: the corn that needs enucleating, the heel pain that needs relieving or the recurring callus that returns every few months. But asking one extra question - what is causing this tissue to be overloaded? - can completely change the direction of our clinical reasoning.

> Biomechanics isn't something that starts when an orthotic is prescribed. It starts the moment we begin thinking about why the problem exists in the first place.

Sometimes the answer is footwear. Sometimes it's reduced joint mobility. Sometimes it's muscle function, activity levels or simple changes associated with ageing. And sometimes an orthotic may form part of the solution. The key point is that the intervention should always follow the assessment, not the other way around.

Fortunately, developing confidence in biomechanics doesn't require expensive technology or a dedicated gait laboratory. Many of the most valuable observations happen before the patient has even reached the treatment chair. Watching someone walk, comparing one foot with the other, observing posture, assessing joint movement and listening carefully to the patient's history all help build a picture of how that individual functions.

These small observations, combined with clinical experience, often provide the foundation for better decision-making.

That's why continuing to build knowledge in biomechanics can benefit every practitioner, regardless of whether biomechanics is considered a specialist interest. A deeper understanding of foot function doesn't replace existing skills, it strengthens them. It helps connect everyday treatments with the mechanical factors that may be contributing to a patient's symptoms, leading to more informed clinical decisions and a broader range of treatment options.

For some patients, education and footwear advice may be all that's needed. Others may benefit from padding, simple offloading techniques or a change in activity. The important point is that effective treatment starts with understanding the forces at work and choosing the intervention that best addresses the individual patient's needs.

Perhaps that's the biggest takeaway from the webinar.

Biomechanics isn't a separate discipline sitting alongside routine footcare. It's woven into almost every patient interaction. The more consciously we think about how forces influence the foot, the more informed our decisions become and the more opportunities we have to improve patient outcomes.

So, the next time someone asks whether you "do biomechanics", the answer may be much simpler than you first thought.

Whether your next step is to build your confidence in biomechanical assessment or to explore the treatment options available once you've identified the underlying cause, continuing your learning is a valuable investment. We're proud to support that journey through our Canonbury Education Hub, webinars and CPD resources.

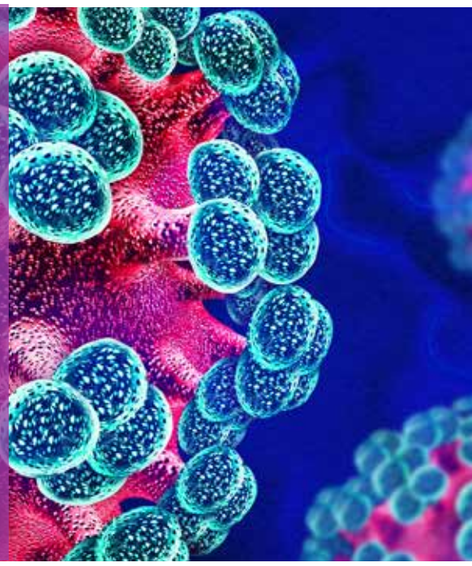
Watch the Webinar: Introduction to Biomechanics

INDEPENDENT PROFESSIONAL EDUCATION

Educational content developed in collaboration with podiatry professionals. *Designed to support* ***reflective CPD learning****.*

Canonbury Education Hub

When Routine Becomes Invisible: Taking a Fresh Look at Infection Prevention



Walk into any busy clinic and you'll see routine in action. The treatment room is prepared almost without thinking. Gloves go on, instruments are set out, surfaces wiped, notes completed and the next patient welcomed in. Repeat those actions often enough and they stop feeling like actions at all; they simply become how the day works.

That is exactly as it should be. Routine frees clinicians to focus on the person in the chair rather than the many small tasks surrounding them. But it has a blind spot: the more familiar something becomes, the easier it is to stop noticing it. Infection prevention can easily fall into that gap.

Most healthcare professionals understand decontamination principles and the standards they are expected to meet. The harder question is whether habits established five or ten years ago still match the way the clinic operates today. If you were setting up your clinic from scratch tomorrow, would you clean and disinfect it in exactly the same way?

A new treatment chair, touchscreen monitor or card reader may not feel like a major change. Neither does adding a staff member or moving equipment to make a busy session run more smoothly. Yet every change can introduce new high-touch surfaces or alter how people move through the room. If cleaning protocols do not keep pace, microorganisms gain more opportunities to move too.

It helps to look at the clinic in terms of movement rather than treatment. Where do your hands go during an appointment? Which surfaces are touched most often? What do patients touch? What is shared between colleagues? Chair controls, lamps, drawer handles, keyboards, trolleys and payment devices can all become part of the chain.

GAMA Healthcare, manufacturer of the Clinell range, highlights this through its 'Moments that Matter' campaign. Effective infection prevention is not built through occasional big pushes alone, but through small behaviours repeated correctly, appointment after appointment. Much of the practical risk sits in the minutes between one patient leaving and the next arriving. Cleaning at that point helps break the chain before it can continue.

Patients notice more than we sometimes realise. They may never comment on a disinfected worktop, but they register whether a room feels organised, whether cleaning takes place between appointments and whether hygiene is taken seriously. Those quiet observations help build confidence before treatment begins.

A review does not have to mean an overhaul or extra work. It may simply confirm that existing procedures still hold up. Check that newer equipment is included, manufacturers' cleaning instructions are understood and temporary changes have not quietly become permanent. In practices with several clinicians, clear shared procedures also reduce variation and help maintain the same standard whoever is treating the patient.

Between patients, take thirty seconds to look at the room with fresh eyes. Is every frequently touched surface part of the routine? Has newer equipment been added to the protocol? Would a new starter know exactly what is expected? When did the team last review the procedure together?

Clinical environments do not stand still, so the habits protecting them should not either. The most useful improvements rarely come from doing more. They come from noticing what routine has allowed to become invisible.

This article draws on educational resources published by GAMA Healthcare, including its 'Moments that Matter' campaign and wider infection prevention guidance. Scan the QR code to explore the supporting resources.

clinell®

Canonbury Healthcare supplies the Clinell range of infection prevention products from GAMA Healthcare as part of its wider portfolio of clinical hygiene solutions. Scan the QR code to view the range.

From Science to Clinical Success

What two real-world cases teach us about managing fungal foot conditions.

Fungal foot conditions remain one of the most persistent challenges in podiatry. Although treatment options continue to evolve, successful outcomes rarely depend on a single intervention. Instead, they are often the result of careful clinical assessment, realistic patient expectations, appropriate home care and consistent treatment over time.

Recently, Ocean Pharma shared two clinical case studies demonstrating how these principles were applied using **Spirularin®** treatment concepts. While the patients presented with very different clinical pictures, both cases offer valuable reminders that successful management extends beyond addressing the fungal infection itself.

Different Patients. Similar Principles.

The first case involved a woman in her seventies with long-standing Type 2 diabetes, advanced heart failure and poor peripheral circulation. She presented with fungal skin and nail infections alongside bacterial infection. Despite medical management, the condition of her feet had continued to deteriorate, with lymph leakage, significant inflammation and considerable discomfort affecting her quality of life.

The second patient was a healthy, active 30-year-old who experienced recurring athlete's foot and fungal nail infection. Previous courses of oral antifungal medication had failed to produce lasting improvement, with symptoms regularly returning after swimming.

Successful fungal management is rarely about one treatment alone. Debridement, patient education, home care, realistic expectations and ongoing review all contribute to successful outcomes.

On the surface, the two cases appear unrelated. One involved a medically complex patient with impaired healing, while the other centred on recurrent infection in an otherwise healthy individual.

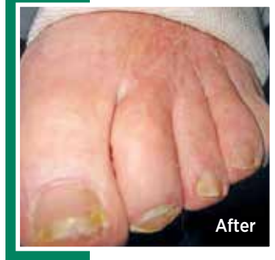
Yet both demonstrate the importance of adopting a structured treatment concept rather than relying on a single intervention.

In the first case, podiatric treatment was combined with a structured home-care routine using **Spirularin® Gel** for the skin and **Spirularin® Nail Serum** to support compromised nails and surrounding tissue. Four weeks later, visible inflammation had subsided, healthy nail growth had become distinguishable and the patient's skin barrier had improved considerably. Perhaps most strikingly, the persistent odour that had previously caused the patient embarrassment had disappeared.

Looking Beyond the Nail

The second case illustrates another familiar challenge: recurrence.

Although the patient's fungal nail infection had been treated previously, the surrounding skin continued to flare, particularly following visits to public swimming pools.



Initial presentation and four-week follow-up of a patient with multiple co-morbidities.

Rather than focusing solely on treatment, the podiatrist also addressed possible sources of reinfection. Practical advice included disinfecting footwear, washing towels and bedding at higher temperatures, changing slippers regularly and encouraging awareness of symptoms within the household where appropriate.

Alongside these measures, the patient's home-care routine incorporated **Spirularin® Nail Serum** before later introducing **Spirularin® F Foot Spray** to support the skin.

Within days, itching, redness and scaling had reduced noticeably. Longer-term follow-up demonstrated healthy nail growth over the following months.

Clinical progression in a patient with recurrent fungal infection. Improvements to the surrounding skin were evident within days, while healthy nail growth developed progressively over the following months.

More Than Product Choice

Perhaps the strongest message from both case studies is that neither relied solely on selecting an appropriate topical treatment.

Both podiatrists placed equal emphasis on helping patients understand their condition, explaining realistic treatment timescales and encouraging consistency between appointments.

This reflects an increasingly recognised approach within podiatry, where treatment pathways are built around the patient as well as the pathology.

Products such as the **Spirularin®** range, developed around the naturally derived active ingredient Spiralin®, form one part of that wider management strategy. When combined with appropriate clinical care, patient education and regular review, they can support practitioners in managing a range of common podiatric presentations.

Patient understanding often influences outcomes as much as treatment selection.

Helping patients recognise early signs of progress and understand the importance of consistency can improve engagement throughout what is often a lengthy treatment journey.

Clinical Learning in Practice

Clinical case studies cannot predict outcomes for every patient, but they remain one of the most valuable ways of sharing experience across the profession.

The two cases provided by Ocean Pharma demonstrate how different treatment concepts can be adapted to meet individual patient needs while reinforcing principles that are familiar to many podiatrists: assess the whole patient, support healthy skin, address the risk of reinfection and encourage realistic expectations throughout treatment.

Ultimately, successful management of fungal foot conditions is rarely defined by a single product or a single appointment. It is built over time through informed clinical decision-making, patient engagement and a treatment plan that patients can realistically follow.

Early improvements are not always seen in the nail itself. Restoring the skin barrier, reducing inflammation and improving patient comfort can all represent meaningful clinical progress and help encourage continued adherence to treatment.

Further your CPD by registering for our webinar Understanding and Treating Onychomycosis in Podiatric Practice, on November 19th.

* Case study content and supporting imagery supplied by Ocean Pharma, developers of Spirularin®, and reproduced with permission.

The Right Blade for the Job

Josephine Smith, Clinic Director and Lead Podiatrist at Buckingham Podiatry, explains why Kiato gouge blades have become a valued part of her clinical toolkit.

By Josephine Smith

In podiatry, the smallest details can make a real difference. The instrument I choose affects how I approach a treatment, how precisely I can work and, ultimately, how the experience feels for the patient. Having the right blade available is not simply a matter of preference. It helps me adapt my technique to the area I am treating and the result I want to achieve.

I am the Clinic Director and Lead Podiatrist at Buckingham Podiatry, an independent private clinic in Buckingham. Our patients range from young, active people to older adults living with more complex medical conditions. No two clinic days are quite the same. That variety makes it important to have a selection of reliable instruments available and to know which one is best suited to each patient and procedure.

Looking for greater precision

I first discovered Kiato blades through the Canonbury website. I was particularly interested in the gouge blades because I wanted an instrument that would allow me to treat corns and other focal lesions with greater precision and efficiency. I was used to working with standard blades, but I could see that the shape and size of the gouge blade might offer an advantage in smaller or more awkward areas. They seemed worth trying.

> "The first thing I noticed was the level of precision and control they offered."

The first thing I noticed when I began using them was the level of precision and control they offered. Compared with a standard No. 15 blade, I find a gouge blade makes it easier to remove exactly the tissue I intend to while minimising trauma to the surrounding skin. This is particularly valuable when I am working in a confined area where every movement needs to be considered.

Finding their place in practice

The sizes I use most frequently are Size 1 and Size 2. They have become my preferred choice for enucleating plantar and interdigital corns, as well as treating other focal areas of hyperkeratosis. I also use them to remove onychophosis from the nail sulci and when carefully managing heel fissures.

These are treatments where accuracy matters. A focal lesion may be small, but it can cause considerable discomfort, so I want to achieve effective reduction without unnecessarily disturbing the healthy tissue around it. The slim profile of the gouge blade helps me work in a focused and controlled way. It feels well suited to the task rather than like a general-purpose instrument being asked to do a very specific job.

That does not mean the gouge blade replaces every other blade in my clinic. It has a particular role within a broader toolkit. In fact, I often work with two scalpel handles ready. One is fitted with a No. 10 blade for reducing larger areas of callus. The other holds the Kiato gouge blade for the more precise work. Moving between them allows me to treat the wider area efficiently and then concentrate on the smaller details without having to compromise on either part of the treatment.

> "They allow me to work accurately, particularly in small or awkward areas."

What greater control means for patients

For me, the value of the gouge blade lies in the combination of precision and efficiency. I can work quickly, but still conservatively. It often helps me avoid pinpoint bleeding while achieving excellent lesion reduction. That control supports a comfortable treatment and a clean, long-lasting finish.

Patients frequently comment on how gentle their treatment has felt. Clinical technique is, of course, a significant part of that. An instrument cannot replace training and clinical judgement. However, using a blade that gives me confidence and control helps me apply that technique more effectively. When I can work accurately without repeatedly passing over the surrounding area, the whole process can feel calmer for the patient too.

> "Patients frequently comment on how gentle their treatment has been."

Comfort matters beyond the treatment chair. People may arrive feeling apprehensive, particularly if they have experienced a painful corn or are nervous about scalpel treatment. A careful, reassuring experience helps build trust. If the patient leaves feeling comfortable and pleased with the result, that shapes how they feel about returning for future care.

A valued part of my clinical toolkit

I choose an instrument according to the treatment in front of me and the level of precision required. For focal lesions or areas that are more difficult to access, the Kiato gouge blade gives me the control I am looking for.

It has become a valued part of my clinical toolkit because it supports the way I want to work. I can treat the area efficiently while remaining conservative, which contributes to both the finished result and the patient's experience. For the right procedures, it offers a clear clinical benefit and has become a blade I reach for regularly.

Would I recommend them?

I would certainly recommend trying Kiato gouge blades, particularly to podiatrists who regularly treat corns or onychophosis. I also find them very useful when managing heel fissures. They will not replace every blade in the clinic, nor should they. Instead, they offer another option for procedures where focused, accurate skin work is required.

Every podiatrist develops their own preferred instruments and techniques over time. For me, the Kiato gouge blades have earned a permanent place alongside the more familiar blades I continue to use. They help me work efficiently and achieve a high standard. I now wouldn't want to be without them.

About Josephine Smith

Josephine Smith is Clinic Director and Lead Podiatrist at Buckingham Podiatry, which opened in July 2024. She holds a First-Class Honours degree in Podiatric Medicine from the University of Northampton, where she received the Best All-round Student and Spirit of Podiatry awards. Her experience includes private practice, multidisciplinary diabetic foot care at Leicester General Hospital, podiatric surgery at Danetre Hospital and NHS community podiatry services across Milton Keynes and Oxfordshire. Josephine is HCPC registered and a member of the Royal College of Podiatry.

BUCKINGHAM PODIATRY

CPD: You're Doing More Of It Than You Think

Ask most podiatrists how their CPD is going and you'll get a slightly guilty look, as if it's homework quietly piling up in the corner. But if you discussed a tricky case with a colleague last week, or read something that changed how you approached a treatment, that's CPD. You were already doing it. You just weren't calling it that.

So, what actually is CPD?

In HCPC terms, it's simply the ongoing process of maintaining, improving and broadening your skills and knowledge so your practice stays safe, effective and legal throughout your career. It's less an event and more a habit, one most clinicians are already building without realising it.

The bit people miss.

Where things tend to go wrong isn't a shortage of activities, it's variety. The HCPC groups CPD into four broad categories: work-based learning, professional activities, formal or educational learning, and self-directed learning. The requirement isn't to rack up hours in your favourite one, it's to show a mixture, drawing from at least two categories. A folder full of case reflections (work-based) with nothing from formal or self-directed learning can still fall short at audit, even if it represents genuine hours of thoughtful practice. Knowing this early saves a lot of last-minute scrambling.

Why it's worth the effort anyway.

Beyond compliance, CPD done well keeps you confident in clinic, keeps your patients getting current best practice, and builds a record you can actually be proud of, not just produce under pressure.

Save this: your CPD mix at a glance

Tick off which categories you've covered this year. If you can tick at least two, you're on track.

- ☐ **Work-based learning.** Case discussions, shadowing, in-practice training
- ☐ **Professional activities.** Attending events, webinars, being an assessor or mentor
- ☐ **Formal/educational learning.** Courses, papers, structured study
- ☐ **Self-directed learning.** Reading journals, research, reflective practice

HCPC provides a personal record template and guidance to help conveniently record your CPD.

Where Canonbury fits in.

This is why we've been building CPD content that slots neatly into those categories. Our **CPD webinars** cover formal/educational and professional learning. They're practical, podiatry-specific sessions you can attend live then watch again later. Our **CPD papers** support self-directed and formal learning, giving you something to read, reflect on and reference in your portfolio.

Both are now available in one place: our **Education Hub** (canonbury.com/education-hub). No more hunting across emails and bookmarks. It's still growing, but it's already a handy shortcut for topping up whichever category is looking thin.

It's worth a look before your next audit, you may already be closer than you think.

Built on Trust. Proven Over Time

In healthcare, longevity isn't just about how many years a product has been around, it's about why professionals keep reaching for it, visit after visit, patient after patient.

Podiatry has changed a lot over the past twenty years, and new innovations will always have a place in the field. But some products earn a quieter kind of staying power. They become part of a clinician's everyday routine not because they're new, but because they simply work, time and time again. This year, we're marking two such milestones...

PEDIBAEHR turns 25. The range grew out of BAEHR's work in the 1990s and officially launched in 2001, and over the past two and a half decades it's become a name foot care professionals trust in more than 40 countries. PEDIBAEHR products are still recommended by clinicians today, proof that a good formulation doesn't need to be reinvented to stay relevant.

Spirularin Nail Serum, meanwhile, celebrates 15 years on the market. Built around the patented Spiralin® extract, it's become a go-to option for practitioners managing damaged or vulnerable nails, giving them one more dependable tool for ongoing nail care.

EXCLUSIVE TO CANONBURY

These anniversaries aren't really about the brands, though. They're about the practitioners who chose to trust them - every recommendation made, every treatment plan built around them, every patient who walked away better off. That's what these milestones actually represent.

Canonbury is proud to be the exclusive UK distributor for both PEDIBAEHR and Spirularin, and to help bring them into clinics across the country. As they mark 25 and 15 years, we want to say thank you to the clinicians who've made them part of their everyday patient care.

News!

New NHS Podiatry Clinic Opens at Brighton

The University of Brighton continues to strengthen its reputation as one of the UK's leading centres for podiatry education with the opening of a new NHS podiatry clinic on campus this year. The purpose-built facility will provide students with hands-on clinical experience while increasing NHS capacity for local patients, a significant milestone for both podiatry education and patient care. Brighton's commitment to excellence was also recognised this year, with one of its students taking home the Royal College of Podiatry's Student of the Year Award 2026.

More Ways to Learn, Connect and Earn CPD

The UK's podiatry events calendar continues to evolve, with several exciting developments making education and networking more accessible than ever.

ROYAL COLLEGE of PODIATRY

This November, the Royal College of Podiatry's Podiatry 2026 Conference & Exhibition heads to the ICC Birmingham. By moving to the Midlands, the College is making Europe's largest podiatry conference more geographically accessible, helping clinicians from across the UK attend two days of education, exhibition and networking.

Register for Podiatry 2026

THE FOOT HEALTH SHOW
Dedicated to Foot, Ankle and Lower Limb Health

Looking ahead to 2027, the Primary Care Show is also expanding with the launch of a dedicated Foothealth Show. Developed in response to delegate and exhibitor feedback, the new event will include podiatry-focused conference theatres, live demonstrations and an expanded exhibition, creating an even stronger platform for foot health professionals within the wider primary care community.

Register for the Foothealth Show

THE foot & ankle SHOW

The Foot and Ankle Show is expanding in 2027 with the addition of a second event at Farnborough International Exhibition & Conference Centre on 29–30 September, alongside its established Liverpool exhibition in March. The expansion reflects the show's continued success and growing demand for high-quality CPD, hands-on learning and opportunities for clinicians to connect with colleagues and suppliers.

Register for the Foot & Ankle Show

Stay Connected!

Stay ahead of the latest offers and product launches by registering for Canonbury's email updates. Visit www.canonbury.com and register at the bottom of the page.

25 YEARS PEDIBAEHR FOOT CARE

PEDIBAEHR Celebrates 25 Years

This year marks 25 years of PEDIBAEHR in the UK. Since its launch, the range has become a trusted choice for podiatrists, combining German expertise with products developed specifically for professional footcare. It's a milestone that reflects years of innovation, collaboration and the continued confidence of clinicians across the profession.

BAEHR

BAEHR NEO VIA Joins NHS Supply Chain

The BAEHR NEO VIA drill is now available through NHS Supply Chain, giving NHS organisations another route to access this compact, high-performance podiatry drill. Designed for reliability, ease of use and everyday clinical practice, its inclusion supports greater choice for NHS teams investing in modern equipment.

Plinth Achieves ISO 14001

Plinth Medical — MADE IN BRITAIN — LRQA CERTIFIED ISO 14001 ISO 13485

Plinth Medical has achieved ISO 14001 Environmental Management System certification, reinforcing its commitment to sustainable manufacturing and responsible environmental practices. Building on its existing ISO 13485 certification, the achievement demonstrates continual improvement in environmental performance while maintaining the high standards of quality and compliance expected across healthcare.

MAKING A DIFFERENCE ONE DONATION AT A TIME

CHARITY: GLAD'S HOUSE, KENYA

When we think about changing lives, it's easy to imagine that making a real difference requires extraordinary acts or travelling to the other side of the world. The reality is often much simpler. Every act of kindness, no matter how large or small, can have a lasting impact.

Recently, Canonbury was privileged to support Glad's House Kenya, a remarkable charity based in Mombasa that works with street-connected children and young people. Since 2006, Glad's House has provided safe spaces, education, healthcare, sports programmes and mentoring, helping vulnerable young people move towards brighter, more secure futures. Their philosophy is simple but powerful: every child deserves the opportunity to belong, learn and thrive.

Our contribution was modest in comparison to the incredible work carried out by the volunteers and staff on the ground, but we were delighted to donate a selection of podiatry, healthcare and physiotherapy essentials to support their ongoing programmes.

The equipment included first aid kits and medical supplies, alongside rehabilitation equipment such as wobble boards. One first aid kit will now be used at Glad's House's Safe Space in Mombasa, while another has been allocated to their boxing gym, helping provide professional first aid support for the young athletes who train there.

Volunteers took delivery of Canonbury's donation and put them to good use in Glad's House

Volunteers took delivery of Canonbury's donation and put them to good use in Glad's House.

Sport plays a far greater role than simply keeping young people active. At Glad's House, activities including boxing, football and volleyball are used to build confidence, improve physical and mental wellbeing, teach discipline and teamwork, and create positive opportunities for children who may otherwise have very few. Rehabilitation equipment helps young athletes recover safely, allowing them to continue participating in programmes that are changing lives every day.

Alongside the donated equipment, this year's volunteer team delivered an extensive education programme based around the World Health Organisation's five areas of wellbeing. Professional educators also provided internationally recognised coaching and mentoring qualifications for youth leaders in both Mombasa and Nairobi, while experienced boxing coaches and representatives from British boxing governing bodies shared their expertise to support local coaches and athletes.

Receiving photographs from the charity showing our donated products already in use brought home the true value of what can sometimes seem like simple equipment. To us, they were products sitting on warehouse shelves. To the young people in Mombasa, they are tools that help keep them safe, support recovery from injury and allow them to continue participating in programmes that offer hope, stability and opportunity.

It's a timely reminder that making a difference doesn't always require grand gestures. Every organisation, business and individual has something they can offer. Whether that's donating products, sharing professional knowledge, volunteering time, fundraising, or simply raising awareness of a worthy cause, every contribution helps build something bigger.

We are proud that our products will play a small part in supporting the incredible work of Glad's House Kenya. More importantly, we're proud to stand alongside the many volunteers, educators, healthcare professionals and supporters whose combined efforts continue to transform lives.

None of us can solve every challenge facing the world, but all of us can choose to make a difference where we can. Sometimes the smallest contribution, placed in the right hands, can have an impact far beyond what we ever imagined.

Left to right: Cheryl Scott, Wendy Palser, Suze Holford and Claire Carr

If you'd like to learn more about the inspiring work of Glad's House Kenya or find ways to support their mission, visit their website and discover how even a small act of generosity can help change a young person's future.

Canonbury Education Hub

INDEPENDENT PROFESSIONAL EDUCATION

Our new Education Hub is now live, bringing together webinars, reflective CPD papers, educational articles and upcoming events in one dedicated online space. Whether you're looking to expand your knowledge, or discover new learning opportunities, the hub has been designed to support your professional development throughout the year.

New CPD Paper Available

Our latest CPD paper, **Can we do more than debride?**, explores how podiatrists can move beyond routine debridement to help prevent tissue breakdown in people with diabetic foot disease. Drawing on insights from experienced clinicians, it examines plantar tissue stress, barriers to effective offloading and practical orthotic solutions for everyday practice.

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Download a digital version

Upcoming Webinars

Tuesday 22nd September 7pm	The Power to Double. How to double your profits in 12 months without doing extra work,with the HIVE.
Tuesday 20th October 7pm	Orthotic prescription, product & education trends, with DOLA Orthotics.
Thursday 19th November 7pm	Understanding and treating Onychomycosis in podiatric practice, with Ocean Pharma.

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