

A Call for Action:

A Nordic Consensus on Preventive
Diabetic Foot Initiatives in Primary Care



Key Message

Preventing diabetic foot complications is a shared societal responsibility. Strengthening preventive structures in primary care and improving coordination across sectors can significantly reduce avoidable suffering, loss of function, and long-term healthcare and societal costs.

This Nordic consensus provides a shared reference point for continued dialogue and cooperation on how preventive diabetic foot care can be organized more effectively within existing healthcare systems. By focusing on prevention and early intervention, the Nordic countries can improve outcomes for people living with diabetes while using healthcare resources more sustainably.

Why a Nordic Perspective

The Nordic countries share comparable healthcare systems and face similar challenges related to a growing population of people living with diabetes. These shared conditions create a strong rationale for Nordic cooperation and mutual learning, while allowing solutions to be adapted to national contexts.

Purpose

This consensus presents a shared Nordic organizational perspective on how preventive diabetic foot care in primary care can be strengthened. It builds on established international clinical guidelines, including the principles of the International Working Group on the Diabetic Foot (IWGDF), while focusing explicitly on system organization, access to care, and collaboration across sectors. Its purpose is to support policy and system-level discussions rather than prescribing national solutions.

The timing of this consensus is intentional. In April 2026, Copenhagen will host the Global Podiatry Summit, bringing together practitioners and professional organizations from across the world. The summit provides an opportunity for the Nordic countries to strengthen regional collaboration and contribute Nordic experience to international dialogue.

Call for Action

Across the Nordic countries diabetic foot complications remain a largely preventable cause of reduced quality of life, increased dependency on health and social services, and premature mortality. As the prevalence of diabetes continues to rise, structural and organizational gaps in preventive foot care risk leading to predictable and avoidable consequences for both individuals and healthcare systems.

Addressing these challenges requires stronger systems for early identification of risk, timely access to preventive foot care in primary care, and improved coordination between primary and specialized services. Ensuring equitable access to healthcare is also essential, so that all people living with diabetes can obtain preventive foot care regardless of their financial circumstances or place of residence.

The Challenge

Diabetic foot complications are among the most serious, costly, and life-altering consequences for people living with diabetes and healthcare systems.

The core problem is a structural and organizational gap: preventive foot care is not consistently identified early, accessed in a timely manner, or coordinated across sectors. As the number of people living with diabetes continues to rise, failure to strengthen preventive structures in primary care will result in increasing human and societal costs.

Prevention from the Patient and Societal Perspective

For individuals and families, diabetic foot complications are life changing. Foot ulcers and amputations often result in reduced mobility, and loss of participation in working and social life. Preventive foot care is therefore essential to maintaining independence, dignity, and quality of life.

From a societal perspective, prevention is a matter of equity and sustainability. Effective prevention reduces long-term dependency on healthcare and social services while supporting active citizenship.

Organized Preventive Care and the Role of Podiatrists

In line with established international guidelines, prevention of diabetic foot complications relies on systematic identification of risk and timely, preventive interventions adapted to individual risk levels. Central to this approach is the use of regular, structured foot assessments to identify early signs of risk and to support risk-based organization of care.

Organized models of care based on systematic foot assessment enable differentiated follow-up. In practice, this typically includes:

- **systematic foot assessment**
- **risk-based organization of follow-up and treatment**
- **regular preventive care and patient education**

Through this approach, patients at highest risk receive intensified and frequent follow-up, while all people with diabetes are offered regular assessment, education, and preventive foot care in primary care.

Podiatrists play a key role in this preventive approach. They are geographically distributed, accessible within primary care, and specifically trained to perform systematic foot assessments (foot status), deliver preventive podiatric interventions, and support patient self-care. However, in many Nordic settings, this professional resource is not yet fully integrated into organized preventive care pathways.

Cross-Sector Collaboration

Effective prevention of diabetic foot complications depends on timely coordination between primary care and hospital-based services. When complications occur, rapid access to specialized care is essential to prevent deterioration and amputation.

Clear referral pathways and structured communication across sectors are therefore key system-level enablers, while organizational solutions will vary between countries.

The Danish Case

In Denmark, people with diabetes are eligible for publicly subsidized podiatric care and are offered systematic foot assessments to identify their individual risk of late complications. Preventive interventions are tailored to the patient's risk profile and needs. The podiatrist can also prescribe offloading or insoles for the patient's reimbursement.

The general practitioner coordinates the overall diabetes care pathway and refers patients to podiatry. Information exchange between professionals does not rely on the patient as messenger. When a podiatrist performs a foot assessment, key findings are communicated to the general practitioner in a concise and structured format, supporting continuity of care and timely intervention. The complete dataset from the foot assessment is securely stored in a central database, enabling podiatrists and hospitals to easily access a patient's assessment. If the podiatrist sees an acute foot ulcer, it is also possible in most parts of the country to refer the patient directly to a wound clinic with a podiatrist, so the patient does not have to see their own GP first.

While organizational solutions differ across the Nordic countries, the Danish model illustrates a coherent approach to organizing preventive diabetic foot care in primary care and may serve as a relevant reference for countries seeking to strengthen preventive structures, through systematic risk assessment, coordinated care pathways, and structured information sharing.

Recommendations summary

To ensure effective and equitable preventive diabetic foot care across the Nordic countries, we recommend:

1. Systematic use of podiatrists for all patients with diabetes, providing risk-based foot assessment and organized follow-up in primary care, with public/state funding to ensure equitable access regardless of financial situation or place of residence.
2. Coordinated referral and structured communication pathways between primary care and specialized clinics.
3. Early identification of patients at risk, including patient education and support for self-care.

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The International Federation of Podiatrists supports the call for action.