

# Diabetes: annual foot examination (children T2DM)

NICE indicator

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[www.nice.org.uk/indicators/ind309](https://www.nice.org.uk/indicators/ind309)

This other replaces IND54.

## Indicator

Proportion of children and young people aged 12 to 18 years with type 2 diabetes who have a record of a foot examination in the previous 12 months.

## Indicator type

Network / system level indicator. The indicator would be appropriate to understand and report on the performance of networks or systems of providers.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

## Rationale

This indicator aims to reduce risk of children and young people developing foot problems associated with diabetes such as foot ulcers. Annual foot examinations can detect foot problems early allowing appropriate management to prevent them becoming more severe.

## Source guidance

Diabetic foot problems: prevention and management. NICE guideline NG19 (2015, updated 2019), recommendations 1.3.2 and 1.3.11

## Specification

**Numerator:** The number of people in the denominator who had a foot examination in the previous 12 months.

**Denominator:** The number of children and young people aged 12 to 18 years with type 2 diabetes.

**Calculation:** Numerator divided by the denominator, multiplied by 100.

**Exclusions:** None.

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines, does not attend or if foot examination is not appropriate.

**Data source:** National Paediatrics Diabetes Audit and National Diabetes Audit Young People with Type 2 Diabetes Dashboard.

Expected population size: The National Paediatric Diabetes Audit for 2023 to 2024 indicates that 0.001% of people in England are children and young people aged 12 plus years with type 2 diabetes: 0.1 per 10,000 patients served by a network. There is no minimum number of patients required for network level indicators. However, consideration should be given to whether the majority of results would require suppression because of small numbers.

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