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Independent reviewer
podiatricsurgeryreview@ahpra.gov.au

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GPO Box 9958
Melbourne VIC 3001

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Question A

Are you completing this submission on behalf of an organisation or as an individual?

Your answer:

☐ Organisation

Name of organisation: Click or tap here to enter text.

Contact email: Click or tap here to enter text.

☒ Myself

Name: [redacted]

Contact email: [redacted]

Question B

If you are completing this submission as an individual, are you:

☒ A registered health practitioner?

Profession: Orthopaedic Surgeon

☐ A member of the public?

☐ Other: Click or tap here to enter text.

Question C

Would you like your submission to be published?

☐ Yes, publish my submission **with** my name/organisation name

☒ Yes, publish my submission **without** my name/ organisation name

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Your responses to the consultation questions

1. Do you think the way podiatric surgeons are currently regulated in Australia ensures consumers are well informed and receive appropriate care from podiatric surgeons who are suitably trained and qualified to practise in a safe, competent and ethical manner?	
I do not. The public cannot differentiate between medically trained Orthopaedic Surgeons, and Podiatrists trained on a chiropody model, especially when the latter have legally been allowed to call themselves “Doctor” and/or “Surgeon”. During over 35 years of my practice, patients have been shocked to learn that their previous Podiatric surgeon was not a medical doctor – how are they supposed to know? It is simply not reasonable to expect them to Google AHPRA to confirm. So the public are not well informed, and I can document cases where these patients have received inappropriate care. I would attribute this inappropriate care to a lack of adequate training, misguided surgical judgement, and in some cases incompetence.	
2. Do you have any suggestions to improve the current system for regulating podiatric surgeons?	
In the interests of Public Safety, in my opinion, it is AHPRA’s responsibility to educate the public about the difference in training and qualifications between Orthopaedic surgeons and Podiatric surgeons. This could be in the form of practitioners having to state that they are medically trained practitioners, or not medically trained practitioners (podiatrists). Bearing in mind that respective State governments have deemed it legal for Podiatrists to call themselves “Dr” and/or “surgeon’, it is probably not feasible to differentiate on this basis, although protection of title has recently applied in the case of Cosmetic surgeons, in the interests of Public safety. The simplest way of regulating in order to protect patients would be by nomenclature – eg - Orthopaedic surgeon” as apposed to “Podiatric Technician” for example.	

Registration

3. Do you have any concerns about the registration requirements for podiatric surgeons? Are any changes needed, and why?	
I do not understand why Podiatric surgeons are not held to the same standards as Orthopaedic surgeons, if Governments allow them to perform surgery on the Public. In other words, if they hold themselves out to be as qualified as Orthopaedic surgeons, why are they not held to the same standards as an Orthopaedic surgeon, namely Fellowship of the Royal Australasian College of Surgeons, rightly considered the leading arbiter of adequate surgical standards in this country. Would a politician allow a Podiatrist to perform corrective ankle surgery on a family member? Would you allow a Podiatrist to perform boney foot surgery on yourself or a family member? Probably not, because you understand that their training is not remotely similar to that of an Orthopaedic surgeon.	

Standards, codes and guidelines

4. Do the Podiatry Board's current standards, codes and guidelines adequately help ensure podiatric surgeons perform podiatric surgery safely?
I have read the Training requirements of Podiatric surgeons. In my opinion the training requirements and standards are inadequate when compared to those required of an Orthopaedic surgeon. Whilst the codes and guidelines are drawn up with good intent, they cannot ensure safe podiatric surgery, when based on inadequate training.
5. Do the current professional capabilities for podiatric surgeons appropriately describe the knowledge and skills and knowledge required of podiatric surgeons for safe practice?
They do not. The current professional capabilities of Podiatric surgeons should be limited to surgery for corns, calluses, and nail-bed disorders, in my opinion. Surgery to bones, tendons, nerves and deep structures, by their very nature involve multiple organ systems and the inherent risks associated, for example, those associated with vascular disorders, neuropathies, diabetes, and inflammatory disorders, where the risks of wound infection, wound breakdown, comorbidities and readmission are greater.
6. Are any changes to the standards, codes and guidelines needed? If so, why? What additional areas should the standards, codes and guidelines address to ensure safe practice?

Yes. Either potential graduates of Podiatric programs should be required to sit the RACS final exam if they wish to perform safe surgery, or their scope of practice should be limited to corns, calluses, and disorders of the nail-bed.

Education, training and qualifications

7. Do you have any concerns about education and training for podiatric surgeons? Are any changes needed, and why?

Yes, Orthopaedic surgeons train for 4 years, and are required to perform approx. 2,500 to 3,000 surgical cases, in different aspects of Orthopaedic care eg spine, upper limb, lower limb, allowing a good exposure to musculoskeletal care in the setting of multidisciplinary medical care, especially in the scenario of multiple trauma care.

Podiatric surgeons are required to perform and/or assist or observe(!) at approx. 250 to 300 cases.

There is patently inadequate training for the purposes of having satisfactory experience to operate on the Public.

Podiatric training in Australia is based on a Chiropody model, although the podiatrists have attempted to disguise this model as a medical model, by aligning it it with that required of a DPM in the USA, which is a qualification based on a medical model. The two are not remotely similar.

Orthopaedic surgeons are firstly required to graduate as a medical practitioner (MB BS) and then pursue specialist training as an Orthopaedic surgeon.

Management of notifications

8. Do you have any concerns about the approach used by Ahpra and the Podiatry Board to manage notifications about podiatric surgeons, including the risk assessment process?

I have personally made complaints in the past to the Medical Board about poor care by Podiatric surgeons. I have had no feedback, and have been told that the process is confidential. I have not complained to AHPRA about cases where care was inadequate, and am unaware of such a pathway. Likewise, I have no knowledge of the management of notifications to the Podiatry Board.

Advertising restrictions

9. Do you have any concerns about advertising by podiatric surgeons and the management of advertising offences?
To the best of my knowledge Orthopaedic surgeons are prevented from advertising. I would expect that the same standards should be applied to Podiatric surgeons, in the interests of Public safety.

Further comments or suggestions

10. Do you have any further comments or suggestions relevant to Ahpra's and the Podiatry Board's regulation of podiatric surgeons?
My patients over the years have expressed concern that no financial disclosure was given by a Podiatric surgeon prior to surgery. This is a significant cause of stress and in some cases , financial hardship, as these patients have gone ahead with the (incorrect) belief that "Doctors"and "Surgeons" entitle the patient to a Medicare rebate, to offset the costs of such surgery. An example of this is those patients who undergo bunion surgery by a Podiatric surgeon, and find themselves out of pocket in the order of $5,000- $6,000.

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Contact email: Click or tap here to enter text.

☒ Myself

Name: [redacted]

Contact email: [redacted]

Question B

If you are completing this submission as an individual, are you:

☒ A registered health practitioner?

Profession: Podiatric Surgeon

☐ A member of the public?

☐ Other: Click or tap here to enter text.

Question C

Would you like your submission to be published?

☐ Yes, publish my submission **with** my name/organisation name

☒ Yes, publish my submission **without** my name/ organisation name

☐ No – **do not** publish my submission

Your responses to the consultation questions

1. Do you think the way podiatric surgeons are currently regulated in Australia ensures consumers are well informed and receive appropriate care from podiatric surgeons who are suitably trained and qualified to practise in a safe, competent and ethical manner?

Yes I do. The AOA (Australian Orthopaedic Association) promotes the idea that the public is [redacted] consulting with a podiatric surgeon, thinking they are Orthopaedic Surgeons. This is not the case at all. The patients I consult with, and that of my Colleagues, are fully aware that I am a specialist trained podiatric surgeon. In fact, they state, which is true that as I have been dedicated to the field of the foot and ankle (and related structures) I am in fact very well qualified to address their presenting complaint/s associated with the foot, ankle and lower limb. This situation would be akin to a patient consulting with a dentist or dental specialist to address their issues associated with their teeth, gums and jaw. There is absolutely no pretence about my qualifications and training and my capacity to perform foot, ankle and lower limb surgery safely and competently for my patients.

The regulation of podiatric surgeons runs parallel with all other specialties so it is appropriate.

2. Do you have any suggestions to improve the current system for regulating podiatric surgeons?

Yes [redacted] Podiatric surgery is an international specialist field and fully integrated in countries such as England and the USA, offering the highest quality of care to patients. The quality of care from podiatric surgeons in Australia is also of a high standard, but impeded by both the AOA and the AMA. The intent of their conduct is that of full control, nothing more. It is true that orthopaedic surgeons constantly block the progression of podiatric surgeons in regard to education and training. For example, preventing full integration of podiatric surgery into the health care model, inclusive of training opportunities in public hospitals. They constantly criticise our training, whilst blocking our opportunities in training. The AOA is [redacted] and function both [redacted] to impede the development of podiatric surgery in this country. I am uncertain that GP podiatrists should oversee or govern podiatric surgeons, as do they truly understand the training and accreditation requirements of podiatric surgeons?

If this inquiry is truly based on the higher AHPRA notifications podiatric surgeons have compared to GP podiatrists, then this would be an example of what I am saying. Of course, podiatric surgeons will have a higher complication rate and level of AHPRA notifications, compared to our non-surgeon Colleagues. A board consisting of either podiatric surgeons alone or in combination with GP podiatrists may work best. The Medical Board of Australia should not regulate podiatric surgery, as there exists a conflict of interest, in that they will be biased to their own kind, predominantly orthopaedic surgeons. Most medical practitioners appear to have little concern over the practice of podiatric surgery. I receive many medical GP referrals.

Registration

3. Do you have any concerns about the registration requirements for podiatric surgeons? Are any changes needed, and why?

No I do not. Again, it is obvious that podiatric surgeons will have more complication rates and AHPRA notifications than that of general podiatrists, by the very nature of the work/ treatment being undertaken. ie- surgery vs no surgery. Orthopaedic surgeons do not collect complication data in this country, so a direct comparison between the specialities cannot occur. The complication rates of podiatric surgeons is low, in view of the nature of the work being undertaken. Complications associated with foot and ankle surgery are high relatively to other types of surgery, because of the nature of the anatomy and surgery being undertaken. For example, the foot is subject to more incidences of infection than most parts of the body. The diabetic population has a higher incidence of foot and ankle complication.

Standards, codes and guidelines

4. Do the Podiatry Board's current standards, codes and guidelines adequately help ensure podiatric surgeons perform podiatric surgery safely?

Yes I think so. The type of surgery a surgeon performs is and should be based on their training exposure and experience. Over regulation may function more as a political obstacle. For example, orthopaedic surgeons wish to control the type and amount of foot/ankle surgery podiatric surgeons perform (inclusive of having us called podiatric proceduralists) whilst any orthopaedic surgeon can perform any foot and ankle surgery they choose, whether or not they have specific training in that surgery. This is where the AOA is [redacted], because they denigrate the training of podiatric surgery, whilst over-espousing their own training. They are not being fully transparent in their analyses or recommendations and are fully self-serving. If not, then they should facilitate and not impede the development of podiatric surgery in this country. Podiatric surgeons and orthopaedic surgeons co-exist in countries like England and the USA, to the benefit of the population. For example, I spent time in the UK where a foot and ankle list, was headed by a podiatric surgeon, with his orthopaedic colleague's junior to him, because he was more experienced than they were.

Also, whilst there is overlap in the provision of services between podiatric surgeons, there is a great deal of work performed by each of the specialist fields, which does not overlap. There may also be differences in treatment philosophies, which is of benefit to the public. In terms of regulation, there has to be genuine intent for the betterment of all parties involved.

5. Do the current professional capabilities for podiatric surgeons appropriately describe the knowledge and skills and knowledge required of podiatric surgeons for safe practice?

Podiatric surgeons in Australia are highly qualified. The training model is different than that of orthopaedic surgeons, but for them to assume superiority in training, is not supported by any evidence. DPM's perform more foot and ankle surgery than MD's in the USA, and yet they have a separate training model. A medical degree provides little training in the field of the foot and ankle. Most medical GP's for example, know very little about foot, ankle and lower limb pathology. The AOA tends to dismiss the training in podiatry/podiatric medicine whilst over emphasising the initial medical degree training. They also dismiss the fellowship training of podiatric surgeons, as compared to themselves. In general, they really don't know the type of training that podiatric surgeons receive. The training podiatric surgeons receive in this country is extensive and enduring. Podiatric surgeons are very well trained for the work they perform, primarily in private hospital settings. Podiatric surgeons should be integrated into the public health sector, ie – public hospitals, and with full integration, the current toxic political environment will improve, as interprofessional respect will develop. Podiatric surgeons could save the federal government millions of dollars per year, in the space of the diabetic or the high-risk foot. The evidence clearly supports this statement. However, as orthopaedic surgeons are the most powerful specialist group, they block podiatric surgeons access to the public hospital environment.

6. Are any changes to the standards, codes and guidelines needed? If so, why? What additional areas should the standards, codes and guidelines address to ensure safe practice?

I think any standards written should be consistent between professions, within reason. Any stanards established should be genuine in their attempt to ensure the highest standards and to protect the public. Again, the AOA and the AMA are [redacted]. If genuine, then collaboration can and should occur. One professional speciality should not have dominance over another in a truly democratic society.

Education, training and qualifications

7. Do you have any concerns about education and training for podiatric surgeons? Are any changes needed, and why?

Podiatric surgeons are well trained for the work that they do. However, the stress placed on podiatric surgeons and trainees is excessive because of the political environment which is currently in place. The professional recognition for podiatric surgeons and funding available is not commensurate with medically trained doctors. Orthopaedic surgeons are obstructionist to the efforts of the profession to improve itself, as all profession should do. Podiatric surgery requires better opportunity in the areas of professional recognition and funding. Funding is deficient in both the private health sector and from State and Federal governments, and yet the costs to health funds and government would be relatively low. I do not understand how a profession can be recognised by State and Federal Governments, regulated by AHPRA, and yet allowed to be stunted in development. Podiatric Surgery has a great deal to offer and has been clearly demonstrated in both the UK and USA models of care. The relevant power brokers need to sit down in an unbiased

fashion and assist in the growth of this speciality, rather than handing control over to the AMA and the AOA which is what is happening right now.

Management of notifications

8. Do you have any concerns about the approach used by Ahpra and the Podiatry Board to manage notifications about podiatric surgeons, including the risk assessment process?

Again, I remain uncertain that GP podiatrists can manage notifications associated with podiatric surgeons. I would suggest involvement of podiatric surgeons is important to manage this issue.

Advertising restrictions

9. Do you have any concerns about advertising by podiatric surgeons and the management of advertising offences?

No, I do not. Podaitric surgeons do not falsify their advertising. Again, this is an AOA and AMA [redacted]. As a podiatric surgeon, I am not pretending to be an orthopaedic surgeon. I don't want to be an orthopaedic surgeon, as I have pride in my own speciality, and in how it has advanced foot and ankle surgery around the world. Again, the AOA holds the balance of power, excessively so, and so they are able to [redacted] about my specialty with almost complete freedom. This needs to be corrected. They promote themselves as being the peak body in regard to foot and ankle health, because the playing field is uneven, as I have described. There is no evidence to support this, other than they have almost complete political power over the field of podiatric surgery in this country. They have tried in the UK and USA, but this appears to have failed and there is greater parity between specialites than there has ever been…to the benefit of the consumer. I note in Australia, the AOA now recognise USA trained podiatric surgeons. Was this always the case? No, it wasn't. USA podiatric surgeons, also had to overcome orthopaedic surgeon obstruction for decades before eventually achieving parity. It is hoped parity can be achieved in this country, but there is still a long way to go.

Further comments or suggestions

10. Do you have any further comments or suggestions relevant to Ahpra's and the Podiatry Board's regulation of podiatric surgeons?

The Board should involve podiatric surgeons in their own regulation. How this is determined should occur following comprehensive consultation. The AOA and AMA have to separate their self-interest from what they espouse as public protection. They can either facilitate the full integration of podiatric surgery into the Australian health care model or obstruct it. At this time, they have chosen to obstruct it. There is no comparison between the case load or treatment interventions between GP podiatrists and podiatric surgeons, and hence a comparison in AHPRA notifications between the two, is not possible.

With a little bit of support from State and Federal Government, and with genuine collaborative effort any concerns from all angles can be fully resolved, in regards to the full integration of podiatric surgery into the Australian health care model.

Podiatric surgeons in this country practice safely and are highly trained.

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☒ Myself

Name: [redacted]

Contact email: [redacted]

Question B

If you are completing this submission as an individual, are you:

☒ A registered health practitioner?

Profession: orthopaedic surgeon

☐ A member of the public?

☐ Other: Click or tap here to enter text.

Question C

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☐ Yes, publish my submission **with** my name/organisation name

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Your responses to the consultation questions

1. Do you think the way podiatric surgeons are currently regulated in Australia ensures consumers are well informed and receive appropriate care from podiatric surgeons who are suitably trained and qualified to practise in a safe, competent and ethical manner?
No
2. Do you have any suggestions to improve the current system for regulating podiatric surgeons?
I believe the public need to be aware that a “podiatric surgeon” is different to an “orthopaedic surgeon”. There is a level of trust in FRACS qualified orthopaedic surgeons, due to rigorous and transparent training, peer review and continuing professional development. Observing the advertising of podiatric surgeons, and having multiple interactions with podiatric surgeons, there appears to be deliberate misinformation. It causes confusion to the general public, implying equivalence to orthopaedic surgeons in terms of training and standards. With the recent protection of the title “surgeon”, in particular with regards to cosmetic surgeons, it is inconsistent that a health professional without a medical qualification can still use this title. The title should be changed to “operative podiatrist” for the sake of clarity and consistency. Other terminology that promotes confusion is the AHPRA “specialist” title for a podiatric surgeon. This confuses the general public that a podiatric surgeon is a medical practitioner with specialist qualification, when they are not.

Registration

3. Do you have any concerns about the registration requirements for podiatric surgeons? Are any changes needed, and why?

Standards, codes and guidelines

4. Do the Podiatry Board’s current standards, codes and guidelines adequately help ensure podiatric surgeons perform podiatric surgery safely?

No. I am not aware of defined limitations of the scope of practice for podiatric surgeons.

For example, I have treated a patient who underwent an ankle fusion by a podiatric surgeon. The procedure was performed very poorly and resulted in a painful deformed foot, which incapacitated the patient for 2 years. He consulted the podiatric surgeon again, who was considering performing a complex tibial osteotomy.

I consider these procedures to be well outside the expected scope of practice of a podiatric surgeon. It concerns me that he was never referred to an orthopaedic surgeon, and the patient eventually sought a second opinion from me. He then underwent complex revision ankle fusion surgery.

5. Do the current professional capabilities for podiatric surgeons appropriately describe the knowledge and skills and knowledge required of podiatric surgeons for safe practice?

This depends on their scope of practice, and professional interaction with orthopaedic surgeons, as is the expected practice in other countries.

6. Are any changes to the standards, codes and guidelines needed? If so, why? What additional areas should the standards, codes and guidelines address to ensure safe practice?

There needs to be a transparent accreditation process, audit and peer review, for their agreed scope of practice, to ensure safety to patients.

Education, training and qualifications

7. Do you have any concerns about education and training for podiatric surgeons? Are any changes needed, and why?

There needs to be a standardised education and training program, modelled on those used by the Royal Australasian College of Surgeons.

Management of notifications

8. Do you have any concerns about the approach used by Ahpra and the Podiatry Board to manage notifications about podiatric surgeons, including the risk assessment

process?

Advertising restrictions

9. Do you have any concerns about advertising by podiatric surgeons and the management of advertising offences?
See above, question 2 In regard to the patient discussed in question 4, the patient and his family (who are health professionals) were under the impression that he was seeing a medically qualified specialist surgeon. The podiatric surgeon's website is misleading. I believe an advertising code needs to be developed and enforced, similar to the recent reforms undertaken for cosmetic surgery.

Further comments or suggestions

10. Do you have any further comments or suggestions relevant to Ahpra's and the Podiatry Board's regulation of podiatric surgeons?

[redacted]

[redacted]

Dear Professor Paterson,

Thank you for the opportunity to make a submission to the Independent Review of the Regulation of Podiatric Surgeons. I am an orthopaedic surgeon with many years experience in foot and ankle surgery as well as working for many years with podiatrists and in multidisciplinary foot clinics which have considerable podiatric components. I have also worked at several hospitals where podiatric surgery has been carried out and am well acquainted with several podiatrists who performed surgical procedures. I have been on Medical Advisory Committees, Audit Committees and Infection Control Commitees for several of these, giving me an opportunity to review surgical outcomes..

While most of these are honourable intelligent people, my observation is that their level of training is not at a level that I feel is appropriate to undertake the bulk of the surgeries that they wished to perform.

Performing surgery on members of the community is a privilege which deserves the best and highest level of training. It is the lack of this level of training, and the appropriateness of the ongoing assessment of their results that I find disturbing and indeed appears to be of considerable concern to the Podiatric board of Australia and AHPRA.

Current surgical podiatry training has two components; surgical training and the completion of a masters degree. This training is unfunded and based in private practice, thus requiring the trainee to also continue with their general podiatry practice, leaving limited time to achieve the critical components of their training.

The current training programs for podiatric surgeons have never met the standards required for accreditation by the AMC in Australia or internationally (in particular the USA) and as such should not be endorsed by AHPRA until they do. (Reference is often made to training of podiatrists in the United States but it is important to note that the whole training paradigm is different. No Australian podiatrist can be registered to work or train in the United States without further study equivalent to almost the entire undergraduate program. This is a 3-to-5-year full time undertaking.) I am aware of only 1 such trained person (now working in New Zealand.) There have been a couple immigrating US trained people in the past. It should be noted that Oral surgeons undertake a program which trains dentists to perform surgery which would be more in keeping with what is required for podiatric surgery. This precedent should be the guideline for training.

[redacted]

[redacted]

[redacted]

Those who have been accredited by the current programs should cease the practice of surgery until they have met the appropriate standards, their scope of practice should be limited to that of their accredited training, that of a general podiatrist.

So called “grandfathering” would not be appropriate given the current rate of notifications (which almost certainly underrepresents the true numbers.) Design of an appropriate training program suitable for Australia should not be rushed.

The audit of podiatric surgeons and trainees is deficient in that it records the number of procedures undertaken rather than the number of operations performed, for example operating on four toes is one operation but each toe has a separate procedure undertaken, thus inflating audit numbers. Also, the publicly available audit data includes toe nail procedures which can be undertaken by general podiatrists. Any audit should only include operations (not procedures) that can only be undertaken by podiatric surgeons.

Since Podiatric surgery and training is undertaken in the private system either in small day surgery centres or under local anaesthetic in the podiatrist’s rooms it leaves little scope for oversight or audit. Many small day surgery centres may lack Medical Advisory Committees (MAC), audit or morbidity and mortality reviews required by Specialist Surgeons as part of their CPD and commercial pressures can come into play when assessing performance.

It is important that oversight of the of training be at arm’s length as the current arrangements appear unsatisfactory and subject to “regulatory hijack”

The AMC has such oversight capabilities, experience and is already available and would seem to be the appropriate body.

In summary if the podiatry board feels that there is a specific need for podiatric surgery then it is important that training considerations for the safety of the population be considered Paramount. Any such training should be full time and of appropriate length and patient volume exposure and be fully audited. This is the case with other surgical subspecialties such as oral surgery which would appear to be the most appropriate comparison.

I hope this note is of some assistance to your enquiry. Please feel free to contact me if you have any further queries

Yours sincerely

[redacted]

[redacted]

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GPO Box 9958
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Your answer:

☐ Organisation

Name of organisation: Click or tap here to enter text.

Contact email: Click or tap here to enter text.

☒ Myself

Name: [redacted]

Contact email: [redacted]

Question B

If you are completing this submission as an individual, are you:

☒ A registered health practitioner?

Profession: Orthopaedic Surgeon

☐ A member of the public?

☐ Other: Click or tap here to enter text.

Question C

Would you like your submission to be published?

☐ Yes, publish my submission **with** my name/organisation name

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☐ No – **do not** publish my submission

Your responses to the consultation questions

1. Do you think the way podiatric surgeons are currently regulated in Australia ensures consumers are well informed and receive appropriate care from podiatric surgeons who are suitably trained and qualified to practise in a safe, competent and ethical manner?
No
2. Do you have any suggestions to improve the current system for regulating podiatric surgeons?
I do not think they should be allowed to operate at all. They do not have sufficient medical skills to be able to handle the potential complications of surgery. Only a trained medical doctor possesses sufficient knowledge and skills to be able to provide comprehensive care. For example, we would not expect general practitioners (who would have as much if not more medical knowledge as a surgeon) to perform an invasive operations such as a foot operation. Why do we allow non doctors to perform such a technically demanding procedure?

Registration

3. Do you have any concerns about the registration requirements for podiatric surgeons? Are any changes needed, and why?
As per response to Question 2, I do not think podiatrist should be allowed to perform operations.

Standards, codes and guidelines

4. Do the Podiatry Board's current standards, codes and guidelines adequately help ensure podiatric surgeons perform podiatric surgery safely?
No.
5. Do the current professional capabilities for podiatric surgeons appropriately describe the knowledge and skills and knowledge required of podiatric surgeons for safe practice?
No.
6. Are any changes to the standards, codes and guidelines needed? If so, why? What additional areas should the standards, codes and guidelines address to ensure safe practice?
I would propose that they take up further training to be trained as a medical doctor prior to being allowed to perform any operations.

Education, training and qualifications

7. Do you have any concerns about education and training for podiatric surgeons? Are any changes needed, and why?
Yes, I have serious concerns about how non-medical doctors could train each other to perform operations.

Management of notifications

8. Do you have any concerns about the approach used by Ahpra and the Podiatry Board

to manage notifications about podiatric surgeons, including the risk assessment process?

Yes, I am not convinced that the Podiatry Board are policing their own members as rigorously as medical doctors have been policed under AHPRA.

Advertising restrictions

9. Do you have any concerns about advertising by podiatric surgeons and the management of advertising offences?

Surgeons practice under strict code of conduct with regards to advertising. The same rigorous standard should apply to podiatric surgeon should they choose to practice in the same field. Same standards should despite being classified under different craft groups.

Further comments or suggestions

10. Do you have any further comments or suggestions relevant to Ahpra's and the Podiatry Board's regulation of podiatric surgeons?

This is a situation that possess risk and potential compromise to the safety of the public who are vulnerable to potential harm. The lay people lack understanding about the different background and do not understand the massive difference in training requirement of medical doctors and podiatrists.

Just because podiatrists have been allowed to operate does not mean that this practice should go on forever.

The disproportionately high rate of complaints against them is a strong evidence that they should be stopped.

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Name of organisation: Click or tap here to enter text.

Contact email: Click or tap here to enter text.

☒ Myself

Name: [redacted]

Contact email: [redacted]

Question B

If you are completing this submission as an individual, are you:

☒ A registered health practitioner?

Profession: orthopaedic surgeon

☐ A member of the public?

☐ Other: Click or tap here to enter text.

Question C

Would you like your submission to be published?

☐ Yes, publish my submission **with** my name/organisation name

☒ Yes, publish my submission **without** my name/ organisation name

☐ No – **do not** publish my submission

Your responses to the consultation questions

1. Do you think the way podiatric surgeons are currently regulated in Australia ensures consumers are well informed and receive appropriate care from podiatric surgeons who are suitably trained and qualified to practise in a safe, competent and ethical manner?
No. I do not think so, and in fact, the reality is far from it. Most patients who were referred to operating podiatrists assumed they are seeing surgeons who were medical doctors with the appropriate qualifications and experience.
2. Do you have any suggestions to improve the current system for regulating podiatric surgeons?
To start, they cannot be addressed as Doctor and they cannot use the term “surgeon” to address themselves. I believe “operating podiatrists” is a more appropriate term and much less misleading.

Registration

3. Do you have any concerns about the registration requirements for podiatric surgeons? Are any changes needed, and why?
Yes. There are very little qualification requirement and the training they go thru are very minimal (compared to a RACS qualified surgeon who on average has more than 10 years of post-graduate experience and at least 5 years of surgical training)

Standards, codes and guidelines

4. Do the Podiatry Board’s current standards, codes and guidelines adequately help ensure podiatric surgeons perform podiatric surgery safely?
No. Surgery is a much more in-depth field which is not adequately covered by the current standards, codes and guidelines.

5. Do the current professional capabilities for podiatric surgeons appropriately describe the knowledge and skills and knowledge required of podiatric surgeons for safe practice?
No, absolutely not.
6. Are any changes to the standards, codes and guidelines needed? If so, why? What additional areas should the standards, codes and guidelines address to ensure safe practice?
Yes. As I stated before, they shall not be addressed as Doctor and they shall not use the term "surgeon" to address themselves. I believe "operating podiatrists" is a more appropriate term and much less misleading.

Education, training and qualifications

7. Do you have any concerns about education and training for podiatric surgeons? Are any changes needed, and why?
There simply isn't enough education and training and furthermore, these are often conducted by people who have limited knowledge and experience.

Management of notifications

8. Do you have any concerns about the approach used by Ahpra and the Podiatry Board to manage notifications about podiatric surgeons, including the risk assessment process?

I believe a RACS qualified orthopaedic surgeon with subspecialty in foot and ankle surgery shall be part of the review team assessing these notifications.

Advertising restrictions

9. Do you have any concerns about advertising by podiatric surgeons and the management of advertising offences?
Yes. The advertisement is often misleading so patients think they are seeing a medical doctor who is a RACS trained surgeon.

Further comments or suggestions

10. Do you have any further comments or suggestions relevant to Ahpra's and the Podiatry Board's regulation of podiatric surgeons?
As I stated before, they shall not be addressed as Doctor and they shall not use the term "surgeon" to address themselves. I believe "operating podiatrists" is a more appropriate term and much less misleading.

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Your answer:

☐ Organisation

Name of organisation: Click or tap here to enter text.

Contact email: Click or tap here to enter text.

☒ Myself

Name: [redacted]

Contact email: [redacted]

Question B

If you are completing this submission as an individual, are you:

☒ A registered health practitioner?

Profession: Orthopaedic Registrar

☐ A member of the public?

☐ Other: Click or tap here to enter text.

Question C

Would you like your submission to be published?

☐ Yes, publish my submission **with** my name/organisation name

☒ Yes, publish my submission **without** my name/ organisation name

☐ No – **do not** publish my submission

Your responses to the consultation questions

1. Do you think the way podiatric surgeons are currently regulated in Australia ensures consumers are well informed and receive appropriate care from podiatric surgeons who are suitably trained and qualified to practise in a safe, competent and ethical manner?

Absolutely not. The title “surgeon” should be a protected term. To the general public it implies that an individual has received training in the anatomy, physiology, pharmacology, surgical techniques, basic sciences to the level that has come to be expected of a surgeon practising in the Australian Health Care System. As has been seen by the “cosmetic surgeon” saga, the public outcry due to the lack of regulation of these individuals has led to severe undermining of public confidence in surgeons, doctors, and the health care system in general.

Having been involved in managing the complications of these podiatrists because they lack the skills and training to be able to, I can only imagine the outcry that will happen if a major news network publishes a similar expose on what I would consider malpractice if it had been done by one of my surgical colleagues.

The standards they are held too are far far below what an Orthopaedic Surgeon must adher to and complete during training. A surgeon treats a patient. A podiatrist treats a foot.

2. Do you have any suggestions to improve the current system for regulating podiatric surgeons?

They should not be allowed to practice surgery. Surgery is an incredibly high stakes intervention which can have life altering sequelae. Podiatrists will never have the understanding to be able to appreciate the complexities of making management decisions regarding patients due to the limited scope of their experience and training. It takes 15+ years to train to be an orthopaedic surgeon and in that time you study an enormous amount of basic science, anatomy, physiology, pharmacology, pathophysiology etc. You see literally thousands of patients performing preoperative assessments, seeing and performing surgery, following them up post operatively, managing their complications.

The skills and experience this training provides is what has made Australia have one of the best health care systems to get surgery in in the world. Having individuals with vastly lower skills and experience performing surgery undermines this.

Registration

3. Do you have any concerns about the registration requirements for podiatric surgeons? Are any changes needed, and why?

As I have said above, they should not be allowed to practice outside of their regular podiatric scope.

Standards, codes and guidelines

4. Do the Podiatry Board's current standards, codes and guidelines adequately help ensure podiatric surgeons perform podiatric surgery safely?

No. Surgery should be performed by surgeons with the skills and experience of a Fellow of the Royal Australian College of Surgeons. If they wish to practice in this area they should attend medical school and gain these things as surgeons do.

They are not a service which is meeting an unmet need in the health care system. By allowing them to practice you are accepting and allowing substandard care to be performed on the Australian populace. The Australian Orthopaedic Association has a damning positioning paper on the level of experience and training these podiatrists have. You must ask yourself whether you would be happy letting your family member be operated on by them.

5. Do the current professional capabilities for podiatric surgeons appropriately describe the knowledge and skills and knowledge required of podiatric surgeons for safe practice?

I think I have addressed this above. As has been seen by the cosmetic surgeon saga and the outcry from that. Surgeons are held to the highest standards by the public. Podiatric sugeons will never reach these standards without attending medical school, internship, residency, registrar training, potentially fellowship training like most Orthopaedic Surgeons would do. We are the product of thousands and thousands of hours of deliberate study and practice in the field of Orthopaedics. There is no way this can be matched.

6. Are any changes to the standards, codes and guidelines needed? If so, why? What additional areas should the standards, codes and guidelines address to ensure safe practice?

The only solution is complete abandonment of podiatrists performing surgery. It is not within their scope of practice.

Education, training and qualifications

7. Do you have any concerns about education and training for podiatric surgeons? Are any changes needed, and why?
Please see abve. They are not, and will not ever be at the level of skill expected of a medical practitioner and surgeon. You are undermining public trust in the system by allowing them to practice so. This is incredibly detrimental to all health care practitioners being able to improve the health care of all Australians.

Management of notifications

8. Do you have any concerns about the approach used by Ahpra and the Podiatry Board to manage notifications about podiatric surgeons, including the risk assessment process?
No comment.

Advertising restrictions

9. Do you have any concerns about advertising by podiatric surgeons and the management of advertising offences?
No comment.

Further comments or suggestions

10. Do you have any further comments or suggestions relevant to Ahpra's and the Podiatry Board's regulation of podiatric surgeons?

This is the start of the cosmetic “surgery” saga all over again.

Australians expect high standards of care. Surgery should be performed by surgeons. That is all it comes down to. Hand to your heart would you send your family member to see a podiatric surgeon to have a surgery? Why are we accepting substandard care. It is not in the interest of the Australian population.

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Contact email: Click or tap here to enter text.

☒ Myself

Name: [redacted]

Contact email: [redacted]

Question B

If you are completing this submission as an individual, are you:

☒ A registered health practitioner?

Profession: Surgeon

☐ A member of the public?

☐ Other: Click or tap here to enter text.

Question C

Would you like your submission to be published?

☐ Yes, publish my submission **with** my name/organisation name

☒ Yes, publish my submission **without** my name/ organisation name

☐ No – **do not** publish my submission

Your responses to the consultation questions

1. Do you think the way podiatric surgeons are currently regulated in Australia ensures consumers are well informed and receive appropriate care from podiatric surgeons who are suitably trained and qualified to practise in a safe, competent and ethical manner?
No, podiatric surgeons pass themselves off as practicing surgery to the same competency as surgeons who are qualified and verified from RACS and credentialled surgeons. They perform surgeries with high complication rates without adequate oversight or training. The public is unable to determine qualifications of someone calling themselves a 'surgeon' in the healthcare setting – take cosmetic surgeons for example, and this places the public at risk.
2. Do you have any suggestions to improve the current system for regulating podiatric surgeons?
Podiatric surgeons need to be adequately trained which they clearly are not, through a diligent and cohesive merit based system.

Registration

3. Do you have any concerns about the registration requirements for podiatric surgeons? Are any changes needed, and why?
Yes, podiatric surgeons should not be registered by AHPRA as surgeons. They should be registered as podiatrists.

Standards, codes and guidelines

4. Do the Podiatry Board's current standards, codes and guidelines adequately help ensure podiatric surgeons perform podiatric surgery safely?

No, they are currently largely unregulated and the Podiatry board does not adequately supervise them.

5. Do the current professional capabilities for podiatric surgeons appropriately describe the knowledge and skills and knowledge required of podiatric surgeons for safe practice?

No the current professional capability of podiatric surgeons are poor, and most are poorly trained to the standards of medical professionals.

6. Are any changes to the standards, codes and guidelines needed? If so, why? What additional areas should the standards, codes and guidelines address to ensure safe practice?

I agree here with the comments of the AOFAS.

Education, training and qualifications

7. Do you have any concerns about education and training for podiatric surgeons? Are any changes needed, and why?

Yes, there is no regulation, standardisation or oversight of training. Many claim to have trained overseas and do not hold qualifications recognised in Australia. Yet despite this they try and practice surgery and call themselves surgeons.

Management of notifications

8. Do you have any concerns about the approach used by Ahpra and the Podiatry Board

to manage notifications about podiatric surgeons, including the risk assessment process?
I agree here with the comments of the AOFAS.

Advertising restrictions

9. Do you have any concerns about advertising by podiatric surgeons and the management of advertising offences?
Yes – I have seen many examples of podiatric surgeons on Youtube and advertising to GPs and other healthcare practitioners regulated health services in breach of ethical guidelines.

Further comments or suggestions

10. Do you have any further comments or suggestions relevant to Ahpra's and the Podiatry Board's regulation of podiatric surgeons?
Podiatric surgeons should not currently be able to practice surgery in either the public or the private setting as it currently stands. They need to be better trained, regulated and overseen. Until this occurs the public needs to be protected and the default position should be that they are unable to operate unless they are held to the standard of other foot and ankle surgeons.

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Contact email: Click or tap here to enter text.

x Myself

Name: [redacted]

Contact email: [redacted]

Question B

If you are completing this submission as an individual, are you:

x A registered health practitioner?

Profession: Orthopaedic Surgeon

☐ A member of the public?

☐ Other: Click or tap here to enter text.

Question C

Would you like your submission to be published?

☐ Yes, publish my submission **with** my name/organisation name

x Yes, publish my submission **without** my name/ organisation name

No – **do not** publish my submission

Your responses to the consultation questions

1. Do you think the way podiatric surgeons are currently regulated in Australia ensures consumers are well informed and receive appropriate care from podiatric surgeons who are suitably trained and qualified to practise in a safe, competent and ethical manner?
No, patients are not clear in the qualifications of a podiatric 'surgeon' and this is misleading especially given the title of surgeon. While there may be well trained podiatric practitioners, given the Australasian College of Podiatric Surgeons is made of approximately 60 members, with a few new trained surgeons gaining fellowship every few years, an easily accessible and transparent training process needs to be visible to the public. I am unclear how this process is regulated and ensures quality of training.
2. Do you have any suggestions to improve the current system for regulating podiatric surgeons?
I think it should be made clear to patients that podiatric practitioners have not obtained a medical degree and are not doctors. I believe restricting the title of surgeons to those who have obtained fellowship from a medical surgical college will help with making this distinction and avoiding patient confusion.

Advertising restrictions

9. Do you have any concerns about advertising by podiatric surgeons and the management of advertising offences?
I have received a pamphlet from a Podiatric surgeon who claims he can 'treat any type of foot or ankle disorder' including 'foot position deformities, rheumatoid foot and ankle illnesses, neurologic foot, congenital foot abnormalities and referred surgical complications'. He is 'proud of his claim that he understands everything there is to know about foot and ankle illnesses to treat his patients more successfully than any other physician'.

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Contact email: [redacted]

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Profession: Click or tap here to enter text.

☒ A member of the public?

☒ Other: Patient of Leah Cook

Question C

Would you like your submission to be published?

☐ Yes, publish my submission **with** my name/organisation name

☒ Yes, publish my submission **without** my name/ organisation name

☐ No – **do not** publish my submission

Your responses to the consultation questions

1. Do you think the way podiatric surgeons are currently regulated in Australia ensures consumers are well informed and receive appropriate care from podiatric surgeons who are suitably trained and qualified to practise in a safe, competent and ethical manner?
Yes. I have had only the best experience with my podiatric surgeon [redacted] provides me with evidence-based suggestions and options for treatment and/or surgery. [redacted]s knowledge and skills were evident from the first consultation. She has devoted herself to the study of feet and as such, I have implicit trust in her ability and accept her guidance accordingly. [redacted] operated on my foot in 2019 and provided me much needed relief from POPS. The surgery was efficient and effective and has saved my life because without mobility, our lives are negatively impacted, and changed forever.
2. Do you have any suggestions to improve the current system for regulating podiatric surgeons?
No comment

Registration

3. Do you have any concerns about the registration requirements for podiatric surgeons? Are any changes needed, and why?
I believe the registration requirements are satisfactory.

Standards, codes and guidelines

4. Do the Podiatry Board's current standards, codes and guidelines adequately help ensure podiatric surgeons perform podiatric surgery safely?

No comment

5. Do the current professional capabilities for podiatric surgeons appropriately describe the knowledge and skills and knowledge required of podiatric surgeons for safe practice?

I believe the current professional capabilities for podiatric surgeons appropriately describe the knowledge and skills required for safe practice.

6. Are any changes to the standards, codes and guidelines needed? If so, why? What additional areas should the standards, codes and guidelines address to ensure safe practice?

No comment

Education, training and qualifications

7. Do you have any concerns about education and training for podiatric surgeons? Are any changes needed, and why?

I believe podiatric surgeons are well trained. Furthermore, I doubt they would be in the profession if they didn't truly believe in their chosen profession.

Management of notifications

8. Do you have any concerns about the approach used by Ahpra and the Podiatry Board to manage notifications about podiatric surgeons, including the risk assessment

process?
No comment.

Advertising restrictions

9. Do you have any concerns about advertising by podiatric surgeons and the management of advertising offences?
I do not have concerns; however, I urge patients to ask effective and appropriate questions, rather than relying on advertising.

Further comments or suggestions

10. Do you have any further comments or suggestions relevant to Ahpra's and the Podiatry Board's regulation of podiatric surgeons?
Please consider the following letter to all orthopaedic surgeons. Dear Esteemed Orthopaedic Surgeons, As a former patient who received relief from POPS, I am reaching out to advocate for the inclusion of podiatric surgeons in Medicare funding. I wasn't able to receive any Medicare rebate for my surgery but grateful that I could afford to pay for the surgery. My thoughts turn to those who cannot afford such treatment. I urge all orthopaedic surgeons to consider the following points. By fostering collaboration between orthopaedic and podiatric surgeons, we can enhance the quality and scope of patient care, ensuring a more comprehensive approach to musculoskeletal health. It is understandable that concerns may arise when discussing the allocation of resources within the field of podiatric surgery. However, it is crucial to recognise the unique skills and expertise that podiatric surgeons bring to the table. Podiatric surgeons are extensively trained in the diagnosis, treatment, and surgical management of foot and ankle conditions. Their specialised knowledge complements the broader expertise of orthopaedic surgeons, creating a synergistic relationship that benefits patients with complex musculoskeletal issues.

By granting podiatric surgeons access to Medicare funding, we can unlock the potential for a more integrated and holistic approach to patient care. This collaboration allows for seamless coordination between orthopaedic and podiatric specialists, leading to more effective treatment plans and improved outcomes for our patients.

Furthermore, considering the rising prevalence of foot and ankle disorders in the aging population, the demand for specialised care in this area is on the rise. Including podiatric surgeons in Medicare funding ensures that patients have access to a diverse range of skilled professionals, ultimately expanding the capacity of our healthcare system to address the evolving needs of our communities.

In supporting podiatric surgeons' eligibility for Medicare funding, we might not only advance the field of musculoskeletal care but also demonstrate a commitment to patient-centred, interdisciplinary healthcare. Together, all surgeons can build a stronger, more inclusive healthcare system that prioritises the well-being of all patients.

I kindly urge you to consider the positive impact that collaboration with podiatric surgeons can have on patient outcomes and the overall efficiency of our healthcare system. Why not work together to foster an environment of cooperation, ensuring that all patients receive the highest standard of care from a diverse team of skilled professionals?

Thank you for your time and consideration. I am hopeful that all surgeons can unite for the betterment of patients and the advancement of musculoskeletal healthcare.

Sincerely,

[redacted]

Response template for submissions to the *Independent review of the regulation of podiatric surgeons*

You are invited to have your say about the regulation of podiatric surgeons by making a submission to this independent review. The consultation questions from the consultation paper are outlined below.

Submissions can address some or all of these questions, and you can include any evidence or examples that you think are relevant.

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Independent reviewer
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Initial questions

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Question A

Are you completing this submission on behalf of an organisation or as an individual?

Your answer:

☐ Organisation

Name of organisation: Click or tap here to enter text.

Contact email: Click or tap here to enter text.

☒ Myself

Name: [redacted]

Contact email: [redacted]

Question B

If you are completing this submission as an individual, are you:

☒ A registered health practitioner?

Profession: Orthopaedic Surgeon

☐ A member of the public?

☐ Other: Click or tap here to enter text.

Question C

Would you like your submission to be published?

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Your responses to the consultation questions

1. Do you think the way podiatric surgeons are currently regulated in Australia ensures consumers are well informed and receive appropriate care from podiatric surgeons who are suitably trained and qualified to practise in a safe, competent and ethical manner?

I do not. I have seen many patients who have seen or been treated by a podiatric surgeon and who are very confused that they are not medical doctors and yet can call themselves doctor and surgeon. The patients are angry that someone who is not a medical doctor can use the terms “doctor” and surgeon” without qualifying that they are not medically trained.

I have also seen very bizarre treatments performed. I have seen people have surgery that was unnecessary, and I have seen very badly performed surgery. I have seen patients who have been harmed by poorly performed surgery to the extent that there are no revision options available to them. I have seen patients who have had nerves cut, required amputations, and been left with chronic pain due to joint damage by surgery undertaken by podiatric surgeons.

The current podiatric surgery training is not adequate and not at a standard that should be accepted by the Australian public. The training is not recognised by podiatric surgeons in the United Kingdom or the USA.

I don’t believe that the current regulations are adequate to protect the Australian public.

I have seen patients receive incorrect diagnoses and then incorrect surgery. This has been at significant financial cost the patient who then needs to spend more money to have corrective surgery (if it is possible) or fall back on the public health system to fix a poorly performed procedure by an operating podiatric surgeon.

2. Do you have any suggestions to improve the current system for regulating podiatric surgeons?

I do. The accreditation of training needs to be urgently reviewed and fall under the guidance of the AMC. The current training is not equivalent to an orthopaedic Foot and Ankle surgeon. The case load of podiatric surgery trainees needs to similar to that of an orthopaedic registrar. The assessment needs to be by an independent body like the AMC. Until then the use of the terms “doctor” and “surgeon” should be restricted to medically trained doctors and FRACS qualified surgeons.

Registration

3. Do you have any concerns about the registration requirements for podiatric surgeons? Are any changes needed, and why?

I have significant concerns. The podiatric surgeons constitute 0.5% of the registrants on the Podiatry Board yet 15% of the complaints to the Board concern podiatric surgeons. There are 41 podiatric surgeons and almost all of them have had restrictions placed on their registration at one time. Many have not completed the prescribing module and so cannot prescribe simple analgesia or antibiotics for their patients. This then falls back on the general practitioner or the emergency department to manage problems which should be managed by the podiatric surgeon. This is not good for the patient.

Standards, codes and guidelines

4. Do the Podiatry Board's current standards, codes and guidelines adequately help ensure podiatric surgeons perform podiatric surgery safely?

They do not. I know this as I see far too many patients who have had the wrong surgery performed or the right surgery performed badly. Many have spent thousands of dollars and are justifiably angry especially since they believed they were seeing a medical doctor and having surgery by a suitably qualified surgeon.

The Podiatry Board does not control training, nor should it, but it has to credential podiatric surgeons who are inadequately trained. The problem is that the Boards current standards, codes and guidelines are appropriate for general podiatrists but not for podiatric surgeons.

5. Do the current professional capabilities for podiatric surgeons appropriately describe the knowledge and skills and knowledge required of podiatric surgeons for safe practice?

The training of podiatric surgeons is not overseen by an independent body such as the AMC. The training is left to the discretion of the podiatric surgeons themselves to decide for themselves what is appropriate. The fact that Australian podiatric surgeons are NOT recognised by podiatric surgeons in the USA and the UK is very telling that the training is inadequate.

6. Are any changes to the standards, codes and guidelines needed? If so, why? What additional areas should the standards, codes and guidelines address to ensure safe practice?

The training needs to be overseen by the AMC. The use of “doctor” and “surgeon” needs to be restricted to medical doctors and those having completed a FRACS training program. Another term such as operating podiatrist needs to be used so that the public are fully informed that a podiatric surgeon is not a medical doctor and not a surgeon, even if they are allowed to perform certain surgeries. This would allow the public to make informed choices as to who operates on their feet.

Education, training and qualifications

7. Do you have any concerns about education and training for podiatric surgeons? Are any changes needed, and why?

I have highlighted the inadequacy of the training of podiatric surgeons in Australia. There are currently 2 pathways, neither of which is adequate. The West Australian degree is, in reality, a part time course over 5 years and the mentoring doctorate does not guarantee exposure to an adequate caseload to ensure high quality training.

The training needs to be overhauled and brought under the auspices of the AMC to ensure a high standard of training.

Management of notifications

8. Do you have any concerns about the approach used by Ahpra and the Podiatry Board to manage notifications about podiatric surgeons, including the risk assessment process?

The current approach by AHPRA and the Podiatry Board has not been adequate to ensure that poorly performing podiatric surgeons are appropriately disciplined and then mentored to improve. This is evident by the number of podiatric surgeons with current and past restrictions and those who have had multiple sanctions applied.

Advertising restrictions

9. Do you have any concerns about advertising by podiatric surgeons and the management of advertising offences?

I have concerns about patients who consult a podiatric surgeon for a problem and are then "advised" to have surgery for a different problem that wasn't really bothering them. They are essentially cajoled into having something done that as not necessary.

Further comments or suggestions

10. Do you have any further comments or suggestions relevant to Ahpra's and the Podiatry Board's regulation of podiatric surgeons?

The Podiatry Board and AHPRA needs to establish a regulatory system that informs and advises patients that podiatric surgeons are not medical doctors or FRACS trained surgeons so that patients can make informed decisions about their health care. Title protection is paramount, as is ensuring only appropriately trained people are registered as podiatric surgeons.

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Submissions can address some or all of these questions, and you can include any evidence or examples that you think are relevant.

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Question A

Are you completing this submission on behalf of an organisation or as an individual?

Your answer:

☐ Organisation

Name of organisation: Click or tap here to enter text.

Contact email: Click or tap here to enter text.

☒ Myself

Name: [redacted]

Contact email: [redacted]

Question B

If you are completing this submission as an individual, are you:

☒ A registered health practitioner?

Profession: Orthopaedic Surgeon

☐ A member of the public?

☐ Other: Click or tap here to enter text.

Question C

Would you like your submission to be published?

☐ Yes, publish my submission **with** my name/organisation name

☒ Yes, publish my submission **without** my name/ organisation name

☐ No – **do not** publish my submission

Your responses to the consultation questions

1. Do you think the way podiatric surgeons are currently regulated in Australia ensures consumers are well informed and receive appropriate care from podiatric surgeons who are suitably trained and qualified to practise in a safe, competent and ethical manner?
NO
2. Do you have any suggestions to improve the current system for regulating podiatric surgeons?
Anyone who operates on a human should be a medical doctor.

Registration

3. Do you have any concerns about the registration requirements for podiatric surgeons? Are any changes needed, and why?
Yes They are governed by themselves instead of a separate entity. For instance orthopaedic surgeons are governed by the Royal Australian Colledge of Surgeons

Standards, codes and guidelines

4. Do the Podiatry Board's current standards, codes and guidelines adequately help ensure podiatric surgeons perform podiatric surgery safely?
No

5. Do the current professional capabilities for podiatric surgeons appropriately describe the knowledge and skills and knowledge required of podiatric surgeons for safe practice?
No
6. Are any changes to the standards, codes and guidelines needed? If so, why? What additional areas should the standards, codes and guidelines address to ensure safe practice?
Yes To safely operate on humans, a surgeon should have a medical degree as a minimum. This would allow them to treat their own complications.

Education, training and qualifications

7. Do you have any concerns about education and training for podiatric surgeons? Are any changes needed, and why?
Yes. They do not have a medical degree and are inexperienced. A training orthopaedic surgeon keeps a log book and performs a minimum of 5000 cases themselves before obtaining a degree. The average operating podiatrist would do less than 10% of these numbers and they include observing cases (rather than being the primary surgeon)

Management of notifications

8. Do you have any concerns about the approach used by Ahpra and the Podiatry Board to manage notifications about podiatric surgeons, including the risk assessment process?

Yes

It goes to their own board rather than an independent body.

Advertising restrictions

9. Do you have any concerns about advertising by podiatric surgeons and the management of advertising offences?
Yes

Further comments or suggestions

10. Do you have any further comments or suggestions relevant to Ahpra's and the Podiatry Board's regulation of podiatric surgeons?
AHPRA could perform a survey to the general public of 1000 people: - Should a human foot and ankle surgeon have a medical degree - Would you expect a Podiatrist that introduces themselves as doctor is a medical doctor? This could prove they are misleading the public.

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Your answer:

☐ Organisation

Name of organisation: Click or tap here to enter text.

Contact email: Click or tap here to enter text.

☑ Myself

Name: Click or tap here to enter text. [redacted]

Contact email: Click or tap here to enter text. [redacted]

Question B

If you are completing this submission as an individual, are you:

☑ A registered health practitioner?

Profession: Click or tap here to enter text.

☐ A member of the public?

☐ Other: Click or tap here to enter text.

Question C

Would you like your submission to be published?

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☐ No – **do not** publish my submission

Your responses to the consultation questions

1. Do you think the way podiatric surgeons are currently regulated in Australia ensures consumers are well informed and receive appropriate care from podiatric surgeons who are suitably trained and qualified to practise in a safe, competent and ethical manner?
Operating Podiatrists do not seem well regulated with no independent accountability of their training + qualifications. Their ethics seems questionable as every patient who presents to them gets an operation.
2. Do you have any suggestions to improve the current system for regulating podiatric surgeons?
Rigorous training + assessment necessary which seems to be non-existent, with many operating Podiatrists going into practice after just weeks of observing a Podiatric surgeon locally or overseas.

Registration

3. Do you have any concerns about the registration requirements for podiatric surgeons? Are any changes needed, and why?
Considering their questionable training, ethics + billing practices (more expensive than a qualified medical practitioner) there is great concern about their registration

Standards, codes and guidelines

4. Do the Podiatry Board's current standards, codes and guidelines adequately help ensure podiatric surgeons perform podiatric surgery safely?
I have not seen the codes + guidelines but having seen the outcomes makes me question their surgical competence and their clinical acumen.

5. Do the current professional capabilities for podiatric surgeons appropriately describe the knowledge and skills and knowledge required of podiatric surgeons for safe practice?
The professional capabilities of operating Podiatrists do not seem safe for patients, as they are not adequately knowledgable in the practice of medical conditions.
6. Are any changes to the standards, codes and guidelines needed? If so, why? What additional areas should the standards, codes and guidelines address to ensure safe practice?
4 year minimum surgical apprenticeship in training with adequately trained operating Podiatrist with thorough assessment, supervision & insurance on entering practice.

Education, training and qualifications

7. Do you have any concerns about education and training for podiatric surgeons? Are any changes needed, and why?
They need a thorough & comprehensive surgical training apprenticeship before being able to operate on the public.

Management of notifications

8. Do you have any concerns about the approach used by Ahpra and the Podiatry Board to manage notifications about podiatric surgeons, including the risk assessment process?
Seems to be little transperancy to the public on Podiatric surgeons lack of training, competency & Indemnity insurance.

Advertising restrictions

9. Do you have any concerns about advertising by podiatric surgeons and the management of advertising offences?

Yes ; In general they misrepresent themselves as medically qualified when they don't have a medical degree. And they are not surgically trained

Further comments or suggestions

10. Do you have any further comments or suggestions relevant to Ahpra's and the Podiatry Board's regulation of podiatric surgeons?

Patients are all expected to proceed with surgery after even an initial consultation and follow up tends to be cursory with little concern for complications

[redacted]

16/11/23

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☐ Organisation

Name of organisation: Click or tap here to enter text.

Contact email: Click or tap here to enter text.

☒ Myself

Name: [redacted]

Contact email: [redacted]

Question B

If you are completing this submission as an individual, are you:

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Profession: Click or tap here to enter text.

☐ A member of the public?

☐ Other: Click or tap here to enter text.

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Your responses to the consultation questions

1. Do you think the way podiatric surgeons are currently regulated in Australia ensures consumers are well informed and receive appropriate care from podiatric surgeons who are suitably trained and qualified to practise in a safe, competent and ethical manner?	
	I feel there is significant confusion amongst the public in the way operating podiatrists identify themselves. Referring to themselves as “Surgeon” seems to imply that they have undergone the extensive training to required to attain a degree in medicine and then further training to become a surgeon, and then a specialist surgeon. It implies equivalence in training and standard with orthopaedic surgeons and they do nothing to alter or correct the public understanding of the differences. All patients who have come to me after they have seen an operating podiatrist were not at all aware that the professional they had seen did not have a qualification as a medical practitioner.
2. Do you have any suggestions to improve the current system for regulating podiatric surgeons?	
I believe the solution lies in Title protection , ie, protecting the use of the title "Surgeon"	

Registration

3. Do you have any concerns about the registration requirements for podiatric surgeons? Are any changes needed, and why?

I do not believe that the training that Operating podiatrists undergo is in any way adequate, and certainly not equivalent to the training of a sub-specialist orthopaedic surgeon

Standards, codes and guidelines

4. Do the Podiatry Board's current standards, codes and guidelines adequately help ensure podiatric surgeons perform podiatric surgery safely?

No. It would seem to be largely self regulating which is grossly inadequate from an oversight point of view

5. Do the current professional capabilities for podiatric surgeons appropriately describe the knowledge and skills and knowledge required of podiatric surgeons for safe practice?

I am concerned that the training is superficial and holistic patient care is not being carried out.

6. Are any changes to the standards, codes and guidelines needed? If so, why? What additional areas should the standards, codes and guidelines address to ensure safe practice?

If the podiatrists are to be accredited to operate, then they should undergo the same rigorous training and assessment as members of the Royal Australasian College of Surgeons

Education, training and qualifications

7. Do you have any concerns about education and training for podiatric surgeons? Are

any changes needed, and why?
Please see above

Management of notifications

8. Do you have any concerns about the approach used by Ahpra and the Podiatry Board to manage notifications about podiatric surgeons, including the risk assessment process?
I do have concerns about this. I am not convinced that the risk assessment is accurate

Advertising restrictions

9. Do you have any concerns about advertising by podiatric surgeons and the management of advertising offences?
Yes. They should not be misleading the public into thinking they are medically trained surgeons

Further comments or suggestions

10. Do you have any further comments or suggestions relevant to Ahpra's and the Podiatry Board's regulation of podiatric surgeons?

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Your answer:

☐ Organisation

Name of organisation: Click or tap here to enter text.

Contact email: Click or tap here to enter text.

☒ Myself

Name: [redacted]

Contact email: [redacted]

Question B

If you are completing this submission as an individual, are you:

☒ A registered health practitioner?

Profession: Orthopaedic Foot & Ankle Surgeon

☐ A member of the public?

☐ Other: Click or tap here to enter text.

Question C

Would you like your submission to be published?

☐ Yes, publish my submission **with** my name/organisation name

☒ Yes, publish my submission **without** my name/ organisation name

☐ No – **do not** publish my submission

Your responses to the consultation questions

1. Do you think the way podiatric surgeons are currently regulated in Australia ensures consumers are well informed and receive appropriate care from podiatric surgeons who are suitably trained and qualified to practise in a safe, competent and ethical manner?
No. The scope of practice and capabilities claimed by the podiatric surgeons in my local area are very vague and deliberately confusing. The patients themselves, their GPs and their regular podiatrists often have no clue who they are or what podiatric surgeons can (*claimed by themselves) and can't do. The patients I have seen for 2nd opinions and correction of podiatric complications are not aware nor made aware that the podiatric surgeons are not medical doctors. Their multisyllabic title, their use of the title "surgeon" and "doctor" artificially confers to them unsubstantiated credibility. The small group of podiatric surgeons in Australia are essentially colluding in a self regulated and self protection network with no consequences for substandard care. There is a lack of insight particularly about what they don't know or what they technically should not take on. The lack of adequate hospital based medical training or deeper understanding of medical comorbidities put both their patients at risk of getting harmed and the practitioners themselves at risk of harming the public. "Suitably trained and qualified to practise in a safe, competent and ethical manner" is also very grey as they are not subjected to the same vigorous training and assessment as Fellows of the Royal Australian College of Surgeons.
2. Do you have any suggestions to improve the current system for regulating podiatric surgeons?
They need to be a separate category from the general podiatrists. There needs to be external oversight. Competency and scope of practice needs to be clearly defined. Audit/review process needs transparency and disciplinary framework needs to be enforcible. They should also have a credible continued professional development program and the appropriate professional indemnity insurance. Advertising, social media and promotional standards that apply to medical practitioners should also apply to podiatric surgeons. Until such safeguards are in place, they really should not be operating on patients in procedures that are beyond their general podiatry syllabus.

Registration

3. Do you have any concerns about the registration requirements for podiatric surgeons? Are any changes needed, and why?
Yes. There is no external oversight. In its current form, AHPRA is not able to ensure public safety with the current group of Australian trained podiatric surgeons. Their log book cannot be "fudged" by mixing in their podiatry procedures to hide the scale of the troubles. The Australian requirements are so inadequate that even the American Podiatric Surgical Boards do not confer to them equal recognition.

Standards, codes and guidelines

4. Do the Podiatry Board's current standards, codes and guidelines adequately help ensure podiatric surgeons perform podiatric surgery safely?

No. Again because the terms of reference were set internally by themselves. They do not actually know when they have taken on unsafe treatment, unsafe patients, unsafe techniques and they certainly do not have the expertise to deal with their own operative complications.

5. Do the current professional capabilities for podiatric surgeons appropriately describe the knowledge and skills and knowledge required of podiatric surgeons for safe practice?

No. They need much more medical background (like a medical degree and years in the hospital system doing terms like emergency, ICU, paediatrics, anaesthetics, pharmacology and surgery terms) to safely assess patients for appropriateness for surgery, to look after them and their potential problems after operations, and to avoid getting into trouble which will burden the health system further. The operative technical cutting skills are only a small portion of the full package.

6. Are any changes to the standards, codes and guidelines needed? If so, why? What additional areas should the standards, codes and guidelines address to ensure safe practice?

Yes, much needed. Please refer to the AOA 2021 submission for their recommendations. It is attached with this submission.

Education, training and qualifications

7. Do you have any concerns about education and training for podiatric surgeons? Are any changes needed, and why?

Many of my patients had misdiagnosis and inappropriate surgery from the podiatric surgeons.

The current training programs for podiatric surgeons have never met the standards required for accreditation in Australia or internationally and as such should not be endorsed by AHPRA until they do. Those who have been accredited by these programs should cease the practice of surgery until they have met the appropriate standards. Their scope of practice should be limited to that of their accredited training, to that of a general podiatrist.

Re-accreditation of training should be undertaken by those who have expertise in surgical training education, at present the PBA accreditation committee has only one person with any surgical experience, a surgical podiatrist. External expertise should be sought.

Again, please refer to the AOA submission file attachment from 2021.

Management of notifications

8. Do you have any concerns about the approach used by Ahpra and the Podiatry Board to manage notifications about podiatric surgeons, including the risk assessment process?

Yes, there is no external or public/community input. It does not pass the pub test to let underqualified technicians operate as an equal to fully trained foot and ankle orthopaedic surgeons who are also medical practitioners.

Notifications need to be clearly and comprehensively addressed by the podiatry board with proper consequences for repeat offenders.

They cannot blame to patients for not doing their own due diligence when patients are misled from the start by these “podiatric specialist surgeon doctors”.

This greatly erode the public trust in the AHPRA, the government and the whole hard working medical profession.

Advertising restrictions

9. Do you have any concerns about advertising by podiatric surgeons and the management of advertising offences?

Yes, the strict standards applied to medical practitioners should also be applied here to ensure consistency for AHPRA. The public cannot be misled by fake claims and half-truths, testimonials, before/after photos (air brushed or not!) and have expectations made unrealistic for commercial gains.

Advertising must avoid use of the word “surgeon” as they are not trained to the same standard.

Advertising must avoid “registered specialist” and “Commonwealth Accredited Podiatric surgeon” as they are intentionally misleading.

Advertising must indicate a podiatrist “doctor” is not a medical practitioner doctor, nor have they completed accredited Royal Australiasion College specialist surgical training. The word “doctor” is already eroded in the community by trade names such as “Tree surgeon” and “Plumbing doctors”, or PhD doctorates but at least the public knows clearly that they are NOT medical.

Further comments or suggestions

10. Do you have any further comments or suggestions relevant to Ahpra’s and the Podiatry Board’s regulation of podiatric surgeons?

The Australian public deserve a fully accountable AHPRA to keep them safe. Misdiagnosis, predatory practices, inappropriate operations and patient harm by this group are preventable if AHPRA steps up. Standards must be upheld. Misleading practices should be stopped. Unqualified/undertrained allied health professionals should not be put into such situations of risk for both themselves and the patients.

Criticisms, comments and clinical reviews, whether justified or not should not be allowed to be weaponised by the podiatric surgeons to legally threaten and gag the orthopaedic surgical and medical workforce. We are busy enough already and would love for the government to train more doctors and get them to come work where they are needed. The answer is not to let inadequately qualified practitioners fill that void and put the public in danger.

Nurse practitioners work in collaboration with supervision from medical doctors. Midwives work in collaboration and supervision from medical O & G doctors. Psychologists work in collaboration with medical psychiatry doctors. None of these groups misrepresent themselves to the public in any way.

Please again do take time to read the AOA 2021 submission.

AOA SUBMISSION

Consultation paper: Draft proposed professional capabilities and accreditation standards for podiatry and podiatric surgery

12 March 2021

AUSTRALIAN ORTHOPAEDIC ASSOCIATION

Introduction

The Australian Orthopaedic Association (AOA) and the Australian Orthopaedic Foot and Ankle Society (AOFAS) welcome the opportunity to submit a response regarding the Consultation paper: *Draft proposed professional capabilities and accreditation standards for podiatry and podiatric surgery*. However, it is noted that we were not invited to contribute to the previous review consultation round as mentioned in the documents, despite having made multiple contributions to podiatry consultations in the past.

Executive summary and recommendations

AOA and AOFAS are pleased that the Podiatry Board of Australia (PBA) is reviewing the Standards for podiatry and podiatric surgery, and we take this opportunity to bring to the Board's attention a number problems in the development of the previous Standards in the expectation that the Board might reflect on these problems and amend the previous process.

Further, our contribution is made with the goals of:

- ensuring public safety;
- ensuring parity of surgical training with all other surgical specialities operating on members of the Australian public;
- ensuring that accreditation courses to educate podiatrists who operate on the public are held to the same standard as that required by the Australian Medical Council; and
- Ensuring that the surgical training of podiatrists is accredited by an independent accrediting body with experience in the field of surgical training programs - such as the AMC.

It should be noted that the AOA and AOFAS have not resiled from our previous position on the inadequacy of Podiatric Surgical training.

Recommendations

AOA and AOFAS believes that the PBA must have the goal of ensuring that the intent of the National Legislation is brought to fruition by:

- Engaging in consultation, undertaking investigation and analysis of the current surgical education available nationally for podiatric surgeons;
- Developing appropriate surgical educational standards and requirements as well as clinical supervision nationally to ensure there is a consistent level of education and clinical supervision across all jurisdictions;
- Ensuring that National Registration Legislation enacted for the protection of patients should be a single national standard of care, consistent across all states and territories.
- This means there must be a single national standard of training and accreditation for all podiatric surgeons across Australia.

- The standard of care for foot and ankle surgery was established in 1936 with the formation of the Australian Orthopaedic Association. The PBA must ensure their training and accreditation is equal to the current orthopaedic surgical training level.

Background Information - Professional capabilities for podiatric surgeons

The PBA in the negotiations leading up to the National Legislation gave undertakings that any new standards set would be to international standards.

Regrettably this has proven not to have been the case in the field of operative podiatry.

The previous Standard development process (managed via ANZPAC) did not refer to the globally accepted gold standard i.e: the CPME as a standard against which the education providers should be assessed to ensure local Australian standards were appropriate and in line with global surgical best practice.

The Report was authored by a person not trained in podiatry, medicine or surgery and was partly funded by one of the education providers within the scope of the review.

The resulting standards were voted on by ANZPAC. One of the members of the voting group who was actively involved in the promotion of the standards was himself a member of the educational groups being assessed.

He did not recuse himself from considerations and voting, despite there being an obvious conflict of interest.

Importantly under the current Accreditation Committee terms of reference the PBA Section 11 (Membership) states that there will be 2 Podiatric Surgeons on the committee. AOA/AOFAS have significant concerns that future potential conflicts of interest will not be appropriately managed.

There should be transparency around the measures the PBA has undertaken to ensure that conflict of interests will not occur in the formation and implementation these new standards.

It is for these reasons that AOA is firmly of the opinion that all surgical standards and accreditation must be formally aligned with a body independent of podiatry, such as the AMC.

Podiatry surgery is currently an outlier in the field of surgical interventions undertaken on the Australian public.

The initial report tendered to ANZPAC did not accept the UWA standard of education as the program was transitioning to a Doctorate of Clinical Podiatry Program. UWA was added in the later versions and was not based on data supplied, nor a review of the program, but on argument.

Indeed, the chair of the WA Podiatry Board stated "*The current consultation process has a closing date of 24.11.2009 however, it is noted that prior to this closing date,*

AUSTRALIAN ORTHOPAEDIC ASSOCIATION

the consultation paper has extensive input from Australian College of Podiatric Surgeons (ACPS) as one organization currently training podiatric surgeons, including referencing its documentation. The consultation paper has failed to fully consider the current situation in WA."

And "*In conclusion, it would seem that this circulated consultation paper has many shortcomings, highlights a serious lack of prior consultation and shows an untenable bias towards the Podiatrist Registration Board of Victoria and the ACPS*."

The PBA, and ANZPAC did not inspect the education of the Fellows of the ACPS, and so do not have a comprehensive knowledge of the actual training the Fellows receive. Indeed, ANZPAC did not inspect the ACPS training program for 5 years after the ACPS were accepted as educational providers, so two entire cohorts of Podiatric surgeons could potentially have had an inadequate training programme, and the Assessors be none the wiser, or properly informed.

Furthermore, ANZPAC accredited the ACPS with conditions.

"Australasian College of Podiatric Surgeons (Fellowship Training Program) (site visit undertaken November 2014) Application for accreditation – accredited with conditions until 26 February 2020" and afterwards accepted self-assessment rather than reinspection.

The PBA accepted the Standards of the ACPS and the UWA, without defining a standard and assessing the UWA and ACPS against them.

In this Draft Proposed Accreditation standards for podiatric surgery program the PBA has still not done so.

Indeed, if asked in a court of law, what the formal pharmacological teaching received by the ACPS Fellows (whom the PBA accepts into its Specialist Register), the PBA would not be in a position to answer the question with any authority, and so the PBA is not in a position to execute its duties to protect the public.

AOA also points out that the Inspection process to ensure adequacy of the Training Program has not been done impartially and not to a standard in which the Board can have confidence.

AOA/AOFAS has significant concerns about practices such as the allowing of Fellowships to individuals who had not obtained Masters degrees (as required by the published training programs) before the sitting their Fellowship exam.

AOA/AOFAS understands that there are significant numbers of podiatric surgeons who have never done any formal tertiary education in pharmacology and yet have been given the right to prescribe, and who under the Board's Pathway B are currently mentoring others to prescribe – and drawing fees for this service.

With respect to the issue of podiatric surgeons prescribing medications, it is timely to remind the PBA of the circumstances of the Board advocating for the right to prescribe being given to podiatric surgeons.

At the time the PBA extended to podiatric surgeons the right to prescribe, the ACPS claimed its members had formal education in prescribing. They stated their members did a pharmacology course at Curtin University (Pod Pharmacology 651).

When AOA contacted the co-ordinator of the course (Max Page) he stated "*I would not regard The Pod Pharmacol 651 as equivalent to a medical pharmacology course, mainly because it covers only a few selected areas. As external units they also lack the face-to-face tutorial experience and interaction with teachers and mentors which would be in any medical course.*" He also stated that the course itself was not sufficient to qualify someone to prescribe.

He was able to supply a list of those who had done the course, and almost 60% of ACPS Podiatric Surgeons had not done the course, and so had no formal advanced tertiary education in Pharmacology other than their undergraduate diploma level pharmacology.

Furthermore, the PBA is mistaken when it suggests a pharmacology course qualifies someone to prescribe. Prescription comes at the end of an extensive process of history taking, examination, investigations and imaging studies, understanding the pathology and then instituting treatment. None of these competencies was assessed before the podiatric surgeons were given the right to prescribe.

The question must be asked – how could the PBA (whose primary duty is to protect the Australian public) have permitted and advocated this change, and how can it do so now?

The current Pathway B is not knowledge-based, and relies on mentors of unknown quality supplying ad hoc information, based on uncertain contact times with non-uniform outcomes of education, and yet the PBA is granting to individuals participating in this very poorly-defined pathway the right to prescribe.

The above suggests that this is an extremely heterogenous group with no defined standards being mandated, and the standards that are in place are being very inconsistently applied.

Key Capabilities

It is pleasing to note that the PBA and APHRA in Key Capabilities 1.1 e. have noted that there is a need to have a basic standard of Anatomical, Biochemical, Physiological, Pathological and Pharmacological knowledge to underpin surgical training, but AOA laments the fact that the current guidelines do not establish the standards, and so fail the basic tenet of the National Legislation: that all providers of **a service will do so to the same set of standards.**

In the proposed changes, it is noted that the PBA intends to charge TEQSA to execute the role of the AMC in ensuring the Standards are met. The AOA endorses the use of an independent Auditor, but recognises that TEQSA will require the establishment of robust standards so that consistent assessments can be made.

We also note that TEQSA has the capacity to allow providers to "self-assess" and request the PBA specifically instruct them not to allow this in the case of surgical training.

AOA submits that this proposal to "self-assess" is completely unacceptable.

AOA finds it curious that an assessment-based program responsible for ensuring clinical and surgical standards are met would be conducted by any regulatory body

other than the AMC, which performs this function for **all** other surgical training programs.

Indeed, it is with disquiet that AOA and AOFAS read that in reviewing standards of education, the draft documents accept a "Letter from the specialist college president or university vice chancellor (or delegate) confirming ongoing support for the quality and resourcing of each unit/subject."

AOA and AOAFAS point out that podiatry courses available in Australia do not aim to produce surgeons and so the Undergraduate Background Knowledge cannot be itself the knowledge base for prescribing and surgery.

We suggest that the PBA, in order to meet its obligation under the National Legislation, defines for TEQSA that the education providers need to supply knowledge and examination to the standard of a Bachelor's Degree course in Biochemistry, Physiology, Pharmacodynamics, and Pharmacology, and Masters in Pathology, Anatomy and Surgical Anatomy and microbiology. This must be the baseline standard for all surgical specialities in Australia to ensure adherence to the National Legislation.

The following medical courses should be undertaken at the level of a Bachelor's Degree:

- Immunology;
- Rheumatology;
- Anaesthetics; and
- Paediatrics.

It is important to note, that none of the undergraduate courses reviewed by AOA and AOFAS actually provides a meaningful section on paediatrics, despite endorsed podiatrists being authorised to prescribe to children.

Surgical Training

With respect to the actual surgical training, there needs to be much clearer definitions of the actual training standard.

The ACPS speak in nebulous terms about "rotations in medicine and radiology", but AOA and AOFAS has not been able to find any institution or group who state they are conducting this education.

It follows therefore that there is no assurance as to precisely who is responsible for provision of these teaching activities in these rotations and so the quality of the education gained by the trainees who attend these rotations is completely unknown and unassessed.

An independent formal review of the actual training experience of current and past Registrars doing these rotations must be undertaken in order to understand the actual educational experience. This is vital as the PBA, in the draft standards document, acknowledges that the surgeon needs to have a good understanding of the past medical history of the patient, and so the quality of the training that underpins this understanding must be independently reviewed and assessed.

It is insufficient for the surgical podiatrists to claim that will involve physicians to manage the medical components of the patient care.

This is unsatisfactory for a number of reasons:

Firstly, this will be an added expense for the patient.,

Secondly, physicians are not surgeons, and will not necessarily have the depth of understanding required to manage all the potential problems that may arise during the perioperative care of the patient.

An appropriately qualified surgeon is the best person to perform this role as they have a sound understanding of both the medical and surgical aspects of the procedure and subsequent recovery period.

Surgical experience of a varied nature is essential in producing good surgeons, and there needs to be diligent supervision of the trainees on a training program. In this respect there is no defined reliable training or contact with the trainees in the training documents.

The third iteration of the ACPS Training document stated: “The ACPS is responsible for assessment of Registrars (trainees). The ACPS provides guidance and structure in respect of practical training. *No guarantee is provided by the ACPS that practical training will be* ***provided****”* (our bold and italics).

AOA and AOFAS submit that this is an extraordinary proposition for a purported training body to propose – they are stating tin effect that they cannot necessarily provide supervised, hands-on surgical experience for their trainees. This stands in marked contradistinction to AOA’s registrar training program, where this hands-on experience is explicitly provided, reviewed and recorded via the AOA21 training app.

The ACPS quotes its trainees as performing 2000 procedures within their period of training. It is clear from the ACPS’s own documents published on the internet, that they do not have the patient numbers to provide registrars with this level of training.

If a trainee closes a wound, they are not performing a procedure, and it should not be listed as such. The unbundling of a single operation into 15 “procedures” which can be recorded as such in a trainee’s logbook is inappropriate and gives a false impression of surgical experience. This practice is banned for all surgeons when using MBS item numbers.

ACPS publishes audits on its website, and the following is the list of total cases done by all podiatric surgeons in this group for the following calendar years:

2014 - 2106 cases;

2015 - 2266 cases,

2016 - 2080 cases

2017 - 2185 cases

Thus, the trainees would need to have performed every case to attain the numbers of cases that being are quoted.

Training in comparison with orthopaedic registrars

AOA/AOFAS takes this opportunity to point out that the "full time podiatric surgical registrars" are supposedly full-time registrars of the ACPS (and are unpaid), whilst supposedly undertaking a "full time Master's Degree" (which is a requirement of training since 1993) and are also working as podiatrists to earn an income to fund this "training".

This is to be contrasted to orthopaedic registrars who are doctors and who are in paid employment doing nothing but orthopaedic cases for a minimum of five years, with high hours of clinical contact and weekly educational meetings (on site in the hospital) and weekly bone school contact, and generally with other orthopaedic trainees at the same site for additional support and training. All of which is inspected and accredited by AOA to ensure the training and meetings provided for orthopaedic registrars are of a high standard.

Registrars in orthopaedic surgical training have constant daily contact with Specialist Orthopaedic surgeons with all sessions supervised initially, and as they progress through their training and being granted gradually increases in their surgical autonomy and decision making, there is always be a supervising surgeon to whom they will communicate treatment plans and surgical decisions.

This is to be compared to the ACPS who recommend - D2. Supervisors responsibility include "maintain regular contact with the Registrar, normally weekly".

It is important the PBA is aware of the limited training achieved by podiatric surgical registrars. In the 2004 training document regarding practical component of training the statement is made "The ACPS Registrars are required to keep logs and are required to observe 50% of their cases, assist 30% and perform under supervision 20% of cases.

If we recognise that an ACPS surgeon performs 110 cases (on average 2014 data) per year, and 29.2% are toenail surgery which the PBA would be aware normal podiatrists are able to perform, this invites the assumption that a podiatry registrar will experience a total of surgical 78 cases per year.

In ideal circumstances, they will observe 50% (39), assist in 30% (23) and perform 20% (15). So, the registrar will actually perform 60 cases in a 4-year training program. The 2000 cases the ACPS states a registrar performs would take 25 years to acquire, unless the ACPS is counting individual procedure items rather than cases - which would artificially but substantially increase the numbers quoted above.

An orthopaedic registrar will typically perform more surgeries in a 2-month period than the ACPS trainee will in their entire training program. Coupled with this, orthopaedic surgeons who specialise in foot and ankle surgery generally then undertake a twelve-month fellowship, most often at an international centre of excellence before practicing as a foot and ankle surgery.

ACPS will quote procedures in their reports and the reports of their trainees. This is very misleading to the casual reader as the procedure is "unbundled". For example, a bunion operation might be broken down into its individual steps: an incision, capsulotomy of joint, bunionectomy, metatarsal osteotomy, fixation of osteotomy, joint plication, and closure of incision (laceration) and then have each step claimed as a stand-alone procedure.

Thus, the registrar can claim 7 procedures for a single case.

This is not representative of the activity and would be counted as a single case by an orthopaedic registrar.

This practice should concern PBA, and it should require the Standards to have strict definitions of what constitutes a surgical procedure, with the practice of unbundling being excluded.

Duty of care – private patients

The draft document has not addressed the issue of privately insured patients paying a podiatric surgeon to perform their surgery but are then being operated on, without consent, by another individual who is not as experienced as the person the patient retained to do the surgery.

This is very concerning as it represents a major breach of the contract of patient care. AOA and AOFAS believes this practice occurs in the training of podiatric trainees, and has not been addressed by the PBA.

Informed consent needs to be comprehensive, and the standards should insist that patients be aware that the person who they have contracted to undertake an operation, may not in fact be the operating surgeon.

A comparison of this situation to the public system might be helpful. Patients in the public system are given documentation on admission stating they will be reviewed by medical students, interns, residents etc. Not unusually, consent forms for public hospitals state surgery may not be performed by a particular surgeon and may be done by a training surgeon. There is also a multidisciplinary, multi-level layer of supervision in the public system with clear escalation processes and clinical governance, including x-ray meetings, clinical audits and the similar educational events.

AOA has been advised that this level of clinical oversight is not seen as valuable by podiatric surgeons.

An important part of surgery is the aftercare of the patient and outcome analysis, which the trainees are denied as they do not attend the outpatient care of the patient.

It would be difficult to ascertain how a podiatric surgeon trainee would be experienced with the normal post-operative care of a surgical patient if they have never been involved nor exposed to this part of the patient journey. How do they know the infection rate? The non-union rate? The success rates of the surgery?

Furthermore, how can they obtain informed consent from a patient in the absence of such knowledge? How do they choose which bunion operation is the one they feel most reliable, when they have no idea of the success of the operations that they have seen/ assisted in/ or performed?

ACPS document states mentor contact in the order of once a week compared to the multiple times daily that an orthopaedic registrar will have contact with a fully qualified orthopaedic surgeon

The proposed standard for contact time should be daily, and the trainees should be in attendance at the patient's post-operative visit to ensure the adequacy of post-operative outcomes, pathology review, and to allow the trainee to learn the normal post-operative care pathway and experience the ways to identify complications and how to deal with them.

Whilst the proposed document on Surgical Training has some good intentions, it is entirely inadequate on specific training requirements and needs to be re-drafted with a view to defining the basic medical science and standards needed to begin surgical training, and then to define the minimum surgical training requirements that TESQA can then apply to surgical education providers to ensure the protection of the Australian public.

In conclusion

AOA's position is:

1. We are not interested in training Podiatric surgeons, but in ensuring adequate surgical standards.
2. We are firmly resolved that the PBA needs predetermined educational requirements against which providers are assessed by an impartial and qualified assessor. AOA/AOFAS is firmly of the view that the AMC (and no other) is the appropriate body to complete this role
3. AOA/AOFAS is prepared to participate in crafting a comprehensive and complete definition of the education required, and defining educational standards of these courses, if we could be confident in the independent and unwavering administration of these standards.
4. We require that a review of the education and credentials of existing podiatric surgeons be performed to ensure adequacy of the training of the mentors; and
5. We require that any participation from AOA/AOFAS is not misrepresented as an endorsement of podiatric surgery, and is done only to ensure an improvement in patient safety.

Thank you.

Michael Gillespie

AOA President

David Lunz

AOFAS President

Response template for submissions to the *Independent review of the regulation of podiatric surgeons*

You are invited to have your say about the regulation of podiatric surgeons by making a submission to this independent review. The consultation questions from the consultation paper are outlined below.

Submissions can address some or all of these questions, and you can include any evidence or examples that you think are relevant.

You can email your submission electronically to:

Professor Ron Paterson
Independent reviewer
podiatricsurgeryreview@ahpra.gov.au

If you are unable to provide your submission via email, please send your written submission to:

Professor Ron Paterson
Independent Reviewer
Independent review of the regulation of podiatric surgery
c/o Ahpra
GPO Box 9958
Melbourne VIC 3001

The closing date for submissions is 5.00pm AEDT 16 November 2023

Publication of submissions

At the end of the consultation period, submissions (other than those made in confidence) will be published on the Ahpra website to encourage discussion and inform the community and stakeholders about consultation responses.

The review will accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982 (Cth)*, which has provisions designed to protect personal information and information given in confidence. **Please let us know if you do not want us to publish your submission or want us to treat all or part of it as confidential.**

We will not place on the website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove identifying information from submissions, including contact details.

The views expressed in the submissions are those of the individuals or organisations who submit them, and their publication does not imply any acceptance of, or agreement with, these views by the review.

Published submissions will include the names of the individuals and/or the organisations that made the submission, unless confidentiality is requested. If you do not wish for your name and/or organisation's name to be published, please use the words **'Confidential submission'** in the subject title when emailing your submission.

Initial questions

To help us better understand your situation and the context of your feedback please provide us with some details about you. These details will not be published in any summary of the collated feedback from this consultation.

Question A

Are you completing this submission on behalf of an organisation or as an individual?

Your answer:

☐ Organisation

Name of organisation: Click or tap here to enter text.

Contact email: Click or tap here to enter text.

☒ Myself

Name: [redacted]

Contact email: [redacted]

Question B

If you are completing this submission as an individual, are you:

☒ A registered health practitioner?

Profession: Orthopaedic surgeon

☐ A member of the public?

☐ Other: Click or tap here to enter text.

Question C

Would you like your submission to be published?

☐ Yes, publish my submission **with** my name/organisation name

☒ Yes, publish my submission **without** my name/ organisation name

☐ No – **do not** publish my submission

Your responses to the consultation questions

1. Do you think the way podiatric surgeons are currently regulated in Australia ensures consumers are well informed and receive appropriate care from podiatric surgeons who are suitably trained and qualified to practise in a safe, competent and ethical manner?
I disagree that podiatric operators are qualified to perform surgery, the public is significantly mislead as I have had numerous patient's tell me that they believed the podiatrist was a medical doctor and trained surgeon through the college of surgeons. Most are angry that they have been duped and cannot believe that this is allowed to happen in "our society"
2. Do you have any suggestions to improve the current system for regulating podiatric surgeons?
They must stop calling themselves surgeons. If they refer to themselves as "doctor" then it must be include next to this "non medical" e.g Dr Smith (podiatry doctor)

Registration

3. Do you have any concerns about the registration requirements for podiatric surgeons? Are any changes needed, and why?
I and many of my patient's believe that they need to undergo medical training and RACS training to call themselves "surgeon"

Standards, codes and guidelines

4. Do the Podiatry Board's current standards, codes and guidelines adequately help ensure podiatric surgeons perform podiatric surgery safely?

No, many complications/complaints seem to be “swept under the carpet” due to legal action

5. Do the current professional capabilities for podiatric surgeons appropriately describe the knowledge and skills and knowledge required of podiatric surgeons for safe practice?

NO their training is inadequate

6. Are any changes to the standards, codes and guidelines needed? If so, why? What additional areas should the standards, codes and guidelines address to ensure safe practice?

They need general medical training AND the same extensive surgical training as an AOA trained foot and ankle surgeon.

Education, training and qualifications

7. Do you have any concerns about education and training for podiatric surgeons? Are any changes needed, and why?

They need general medical training AND the same extensive surgical training as an AOA trained foot and ankle surgeon.

Management of notifications

8. Do you have any concerns about the approach used by Ahpra and the Podiatry Board to manage notifications about podiatric surgeons, including the risk assessment process?
A need to capture complaints under legal consideration should exist.

Advertising restrictions

9. Do you have any concerns about advertising by podiatric surgeons and the management of advertising offences?
Yes they should be under the same regulations as medical trained surgeons, AND clearly state that they are NOT a medical doctor AND not trained as a RACS surgeon AND are not recognised by medicare and health funds as a “surgeon”

Further comments or suggestions

10. Do you have any further comments or suggestions relevant to Ahpra’s and the Podiatry Board’s regulation of podiatric surgeons?
Yes I have had numerous patient complaints, 1. Mostly that they thought the podiatrist was a medical doctor. 2. The podiatrist wanted to operate on their other foot that was “normal”, they were told if they did not have surgery a problem would occur later. 3. A young patient with a medical condition was booked for surgery in a day centre, she was not recognised as an extreme airways risk and needed a specialist paediatric anaethetist for her surgery, the outcome could have been fatal. This underlies their lack of general medical training. 4. A patients had smooth K-wires inserted in her foot and was not told she would have to pay to have them removed later. Many surgeons have had numerous complaints from patients, we try to encourage them to complain, however many don’t as it seems to be too much effort. Also, as they declined to go ahead with surgery they are aware that “no harm” occured and therefore their complaints may “fall on deaf ears.” A system needs to be in place for complaints by those that had a consultation and were advised surgery however did not proceed due to concerns.

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Your answer:

☐ Organisation

Name of organisation:

Contact email:

☒ Myself

Name: [redacted]

Contact email: [redacted]

Question B

If you are completing this submission as an individual, are you:

☒ A registered health practitioner?

Profession: Orthopaedic Surgeon, foot and ankle surgeon

☐ A member of the public?

☐ Other:

Question C

Would you like your submission to be published?

☐ Yes, publish my submission **with** my name/organisation name

☒ Yes, publish my submission **without** my name/ organisation name

☐ No – **do not** publish my submission

Your responses to the consultation questions

1. Do you think the way podiatric surgeons are currently regulated in Australia ensures consumers are well informed and receive appropriate care from podiatric surgeons who are suitably trained and qualified to practise in a safe, competent and ethical manner?

No.

I have had a number of patients come to me for a second opinion prior to undertaking surgical intervention once they realise that the advice that they had been given in the surgical plan that they had been given was provided by a person who did not have a medical degree or surgical training.

It is confusing for the general public when they see the title surgeon and they would assume that everybody has completed training under the Royal Australasian College of Surgeons (or equivalent) with an underlying medical degree and general medical training prior to undertaking surgical training.

With regard to the second portion of your question again I would answer in the negative.

I have 2 surgical cases that I have had to perform further surgery on.

The first one was a lady with a congenital deformity who had undergone multiple procedures on 1 foot (albeit successful on the other side) and was left with a bone that had not united (non-union) despite numerous surgical attempts.

The second case is more troubling.

It involves a 63-year-old gentleman with type 2 diabetes who has come to see me now requiring a forefoot amputation following some minor toe corrections.

I am unable to comment on the decision making to proceed with surgery but the surgery performed was minimally invasive osteotomies through the phalanges of the second and third toes. If one looks at the International Working Group on the Diabetic Foot guidelines, osteotomies are not recommended procedure for toe deformities or ulceration. Tenotomy, bone resection (interposition arthroplasty) are the recommended procedure.

Ultimately this patient went on to develop a post-operative infection and was not treated by the initial podiatric proceduralist but in fact was admitted to a public hospital under a vascular surgeon. Unfortunately this man has now lost his great toe, the distal half of the first metatarsal, partial second ray resection and most of his third toe. He has now come to me with the inevitable sequelae of the surgery to manage the initial infection and he now has chronic osteomyelitis in the third metatarsal and requires a forefoot amputation.

It is a basic and central prerequisite that patients with diabetes undergoing foot surgery be cared for in a multidisciplinary environment. That multidisciplinary team should have at least an endocrinologist, vascular surgeon to provide advice and care as required, a podiatrist for postsurgical offloading as well as an orthopaedic surgeon to correct the biomechanics of the foot.

The second case clearly highlights the shortcomings in the decision making and the care provided which has resulted in a significant poor outcome for this patient

2. Do you have any suggestions to improve the current system for regulating podiatric surgeons?

The title surgeon should not be used at all by anybody who does not have an underlying medical degree and has not passed the Royal Australasian College of Surgeons Fellowship examination or its equivalent.

If the practitioner does not hold the title surgeon (with the qualifications stated above) , then this should be clearly pointed out prior to any consultation with the patient. There should be no element of confusing jargon so the patient's are clear on the training of the practitioner that they are seeing.

Registration

3. Do you have any concerns about the registration requirements for podiatric surgeons? Are any changes needed, and why?

I do agree the changes are needed in and it is highlighted by the 2 cases in my first response.

I certainly have concerns that the underlying training is demonstrated here is clearly lacking and that the risk assessment and risk mitigation particularly in the second patient was again absent.

From these cases it does seem clear to me that the standard of training does not meet what is required to perform surgical procedures and again this is a level that is only achieved after training under the Royal Australasian College of Surgeons.

Standards, codes and guidelines

4. Do the Podiatry Board's current standards, codes and guidelines adequately help ensure podiatric surgeons perform podiatric surgery safely?

No.

I would refer to my responses above.

5. Do the current professional capabilities for podiatric surgeons appropriately describe the knowledge and skills and knowledge required of podiatric surgeons for safe practice?

No.

Again I would refer to my response particularly in question 1 to highlight the shortcomings which have ultimately caused patient harm.

6. Are any changes to the standards, codes and guidelines needed? If so, why? What additional areas should the standards, codes and guidelines address to ensure safe practice?

It is my opinion that safe practice can only be provided with adequate training, oversight from either a medical advisory committee or peers within a robust department and with an audit process in place.

Education, training and qualifications

7. Do you have any concerns about education and training for podiatric surgeons? Are any changes needed, and why?

Yes.

Please see my response above.

Management of notifications

8. Do you have any concerns about the approach used by Ahpra and the Podiatry Board to manage notifications about podiatric surgeons, including the risk assessment process?

Yes.

The proceduralist involved in both of these cases continues to practice.

I would also urge AHPRA prior to make it easier for the patient's to make notifications.

Advertising restrictions

9. Do you have any concerns about advertising by podiatric surgeons and the management of advertising offences?

Yes.

I have noted on practitioner websites by a podiatrist that there is no distinction that they do not hold a medical degree and do not have qualification by the Royal Australasian College of Surgeons which again leads to confusion for the general public.

Further comments or suggestions

10. Do you have any further comments or suggestions relevant to Ahpra's and the Podiatry Board's regulation of podiatric surgeons?

It is clear from the cases that I have described above that both AHPRA and the podiatry Board regulation of practitioner's falls short.

I find it troubling that a patient with type 2 diabetes would undergo foot surgery without multidisciplinary assessment and postsurgical management plan in place. Ultimately this gentleman has had a significantly poor outcome because of the shortcomings of his treatment. This is a clear example of training, oversight and audit failing.

The fact that the patient can undergo an original operation with a podiatric proceduralist and suffer a major complication that is treated elsewhere means that this has escaped oversight from the original facility and audit within the department in that facility. This is a good example of how poor practice is perpetuated.

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Your answer:

☐ Organisation

Name of organisation: [redacted]

Contact email: [redacted]

☒ Myself

Name: [redacted]

Contact email: [redacted]

Question B

If you are completing this submission as an individual, are you:

☐ A registered health practitioner?

Profession: Click or tap here to enter text.

☐ A member of the public?

☒ Other: Director [redacted]

Question C

Would you like your submission to be published?

☐ Yes, publish my submission **with** my name/organisation name

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Your responses to the consultation questions

1. Do you think the way podiatric surgeons are currently regulated in Australia ensures consumers are well informed and receive appropriate care from podiatric surgeons who are suitably trained and qualified to practise in a safe, competent and ethical manner?

I can only speak to my involvement with a small group of podiatric surgeons [redacted].

My role with this small group of surgeons is to provide clinical governance oversight of their practices and to provide an assessment of their clinical outcomes using results from patient surveys. This is a voluntary process and has resulted in them;

- Having an improved understanding of clinical governance requirements for patient safety outcomes.
- Ensuring patients are fully informed about risks and benefits of treatment.
- Ensuring patients are fully informed of out of pocket expenses
- Ensuring patient'[s goals of care are discussed and documented and that there has been shared decision making
- Ensuring patients understand the requirements for taking antibiotics.
- Monitoring reasons for seeing their GP following surgery.
- Monitoring any unplanned re-admissions.
- Ensuring they meet accreditation requirements where privileging has been approved.

I am sure with permission that a sample of audit data can be provided.

[redacted].

From the perspective of my small group, we have seen excellent patient engagement in care as with satisfaction with care outcomes being achieved. [redacted].

It is disappointing that even with data from the College and the data from my participating surgeons that patients are not afforded the right to have simple effective surgery in public hospitals from podiatric surgeons with wait lists for items such as ingrown toenails, bunions etc from an Orthopaedic surgeon being years, not months. The same applies for private patients where health fund benefits and MBS items are not reflective of the health benefits from being able to access this surgery unless this is undertaken by Orthopaedic Surgeons.

My data and the College data fully supports the benefits of podiatric surgery which in turn demonstrates that the training is effective, and results are meeting patient needs. It is my view that these surgeons should be offered the same scope of practice as is afforded in other countries.

2. Do you have any suggestions to improve the current system for regulating podiatric surgeons?

I believe that the current system for regulating podiatric surgeons needs to be strengthened to allow for full and equal recognition of the skills and competencies that is provided to orthopaedic surgeons who do this same work. Podiatric surgeons should be offered the opportunity to work in public hospitals, and for health fund rebates and MBS items to match what is allowed for orthopaedic surgeons in the private sector. This would result in huge benefit for patients, particularly in rural and remote areas. There is so many health benefits from having healthy feet as with the flow on impacts to reduce the effects of other comorbidities. The ideology that podiatric surgeons are not able to achieve the same benefits for patients requiring foot and ankle surgery is a myth that must be challenged and addressed once and for all.

Registration

3. Do you have any concerns about the registration requirements for podiatric surgeons? Are any changes needed, and why?

Not at this time

Standards, codes and guidelines

4. Do the Podiatry Board's current standards, codes and guidelines adequately help ensure podiatric surgeons perform podiatric surgery safely?
Yes they do, particularly the audit program.
5. Do the current professional capabilities for podiatric surgeons appropriately describe the knowledge and skills and knowledge required of podiatric surgeons for safe practice?
Yes
6. Are any changes to the standards, codes and guidelines needed? If so, why? What additional areas should the standards, codes and guidelines address to ensure safe practice?
My only suggestion would be for a higher focus on clinical governance accountabilities in the current standards including understanding hospital accreditation mandatory systems.

Education, training and qualifications

7. Do you have any concerns about education and training for podiatric surgeons? Are any changes needed, and why?

As per above inclusion of clinical governance elements would be of value/

Management of notifications

8. Do you have any concerns about the approach used by Ahpra and the Podiatry Board to manage notifications about podiatric surgeons, including the risk assessment process?
Not at this time

Advertising restrictions

9. Do you have any concerns about advertising by podiatric surgeons and the management of advertising offences?
Not at this time.

Further comments or suggestions

10. Do you have any further comments or suggestions relevant to Ahpra's and the Podiatry Board's regulation of podiatric surgeons?
Not at this time.

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Contact email: Click or tap here to enter text.

☒ Myself

Name: [redacted]

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Question B

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☒ A registered health practitioner?

Profession: Doctor

☐ A member of the public?

☐ Other: Click or tap here to enter text.

Question C

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Your responses to the consultation questions

1. Do you think the way podiatric surgeons are currently regulated in Australia ensures consumers are well informed and receive appropriate care from podiatric surgeons who are suitably trained and qualified to practise in a safe, competent and ethical manner?
No, it's the etics that are the greatest concern. Too often not until patients find out they get no rebate back from their health insurance or they have a complication do they find out that their "surgeon" was not medically trained.
2. Do you have any suggestions to improve the current system for regulating podiatric surgeons?
Firstly the misleading title of surgeon should not be used by podiatric trained practitioners. It is a false and misleading title which does not take into account the number of years and skill level required to be a surgeon in Australia. Secondly the training system should be more rigorous and improve if they want to participate in surgical activities without bringing harm to patients. They should have to continue to meet standards and do professional development like medical practictioners and surgeons who are part of colleges accredited by the AMC.

Registration

3. Do you have any concerns about the registration requirements for podiatric surgeons? Are any changes needed, and why?
If a person wishes to be a 'surgeon' in Australia, then they should be embarking on advanced studies and surgical training. This is an easy and quick pathway to the title of surgeon without the appropriate training. A podiatric surgeon undertakes a basic podiatry degree, followed by further part time 'surgical training' at the UWA Podiatry clinic, which is not hospital-based experiential training, has relatively low caseloads and minimal contact hours. A podiatric surgeon will be involved with a few hundred cases during their training at best, most of which is observational. This can all be achieved in 6 years.

Standards, codes and guidelines

4. Do the Podiatry Board's current standards, codes and guidelines adequately help ensure podiatric surgeons perform podiatric surgery safely?
Not in my experience. Whislt there are a few practitioners that operate in their scope the concern is there has been numerous examples of ones not doing this. When this has been fed back to members of the board it has not brought about responses that would be expected when patient safety is brought into questions.
5. Do the current professional capabilities for podiatric surgeons appropriately describe the knowledge and skills and knowledge required of podiatric surgeons for safe practice?
No this is clearly not evident when the numerous complications and inappropriate surgeries that have been performed are then need to be revised or even question the purpose of some of the procedures.
6. Are any changes to the standards, codes and guidelines needed? If so, why? What additional areas should the standards, codes and guidelines address to ensure safe practice?
Yes. There is no doubt that the training standards and experience achieved by these practitioners is not adequate and puts them in a position where they are operating on cases which could be treated non operatively, doing the wrong operation on certain cases and many other examples of concerning decision making . Importantly the guidelines should be crystal clear that operations outside of scope and expecially on the paediatric population should not be performed.

Education, training and qualifications

7. Do you have any concerns about education and training for podiatric surgeons? Are any changes needed, and why?

Significant concerns as discussed above. If these practioners want to operate then their level of training and experience should be equal to medical practiioners who have completed their training.

Management of notifications

8. Do you have any concerns about the approach used by Ahpra and the Podiatry Board to manage notifications about podiatric surgeons, including the risk assessment process?

AHPRA and the podiatry board should have equal standards to the operating members on the medical board .

Advertising restrictions

9. Do you have any concerns about advertising by podiatric surgeons and the management of advertising offences?

There are concerns about misleading and even false advertising.

In Western Australia there are numerous examples of false claims or even misleading information.

Importantly these practioners are advertising themselves as doctors whilst not informing they are not medical practioners.

Further comments or suggestions

10. Do you have any further comments or suggestions relevant to Ahpra's and the Podiatry Board's regulation of podiatric surgeons?

I concur with the recommendations made to this enquiry by the AOA, AOFAS, AMA and RACS. I also think further review needs to occur on the use of the title surgeon .

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Contact email: Click or tap here to enter text.

☒ Myself

Name: [redacted]

Contact email: [redacted]

Question B

If you are completing this submission as an individual, are you:

☒ A registered health practitioner?

Profession: Podiatrist

☐ A member of the public?

☐ Other: Click or tap here to enter text.

Question C

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Your responses to the consultation questions

1. Do you think the way podiatric surgeons are currently regulated in Australia ensures consumers are well informed and receive appropriate care from podiatric surgeons who are suitably trained and qualified to practise in a safe, competent and ethical manner?

Regulation of podiatric surgeons in Australia is undertaken by many different organisations and agencies. There are opportunities for improved regulatory management of the profession to ensure safe, competent, and ethical care is provided to the public.

Registration, accreditation, and complaints management is undertaken by the Podiatry Board and the coregulators. These agencies have mechanisms to develop and implement standards of care supported by accreditation systems to proactively protect the safety of the public and manage complaints about podiatric surgeons. Despite these measures there remains some risks inherent to the practice of podiatric surgery that remain unmitigated.

Agencies and legislation such as the TGA, Services Australia, health insurance act 1973, medicare benefits schedule, state-based private hospital accreditation legislation, state-based poisons and therapeutic goods acts also contribute to the way podiatric surgery is regulated in Australia. The complex regulatory arrangements and disjointed responsibilities of each of the regulatory players makes it challenging for patients to ensure they are receiving appropriate care from suitably qualified practitioners.

Podiatric surgery in Australia remains largely excluded from the public health system. The public health system in Australia provides most specialist training to health practitioners and leads the development of safe, efficient, and innovative models of care. The NHS in the United Kingdom has incorporated podiatric surgery into the usual standard of care and agencies such as Health Education England promote the patient-centred care and improved health of the community that is directly attributable to podiatric surgery in the UK. Development of public sector training positions and provision of care within public hospitals in Australia will improve standards of safety and efficacy.

Funding systems in the Australian health care environment influence the safety of podiatric surgery. Practising in the private system can introduce risks to the public accessing podiatric surgery. There is risk that financial commitment required of patients to access podiatric surgery may change the relationship between patients and providers. Financial conflicts of interest can influence both practitioners and patients when making clinical decisions about podiatric surgery. Parity with other providers of surgical care in Australia is needed to reduce the risk related to financial conflict of interest.

2. Do you have any suggestions to improve the current system for regulating podiatric surgeons?

1. Podiatry Board of Australia reviews the registration standard for specialist registration to ensure that podiatric surgeons must have an endorsement for scheduled medicines before they can register as a podiatric surgeon.
2. The medicare benefits schedule is extended to podiatric surgeons so that there is central visibility of activity, distribution, and effectiveness of podiatric surgery in Australia.
3. Specialist training of podiatric surgeons is undertaken within the public health system so that podiatric surgeons have experience working within multidisciplinary teams and have access to the safety systems used within public hospitals in Australia.
4. Clinical care standards linked to recertification standards are developed, implemented and mandated.
5. Podiatric surgery undertaken in the private setting be performed in licenced private hospitals/facilities according to state-based private hospital licencing requirements.

Registration

3. Do you have any concerns about the registration requirements for podiatric surgeons? Are any changes needed, and why?
The current (2015) registration standard for registration as a podiatric surgeon does not require podiatric surgeons to obtain or maintain endorsement for scheduled medicines. Access to prescription medicines is essential for the safe delivery of podiatric surgery. The Podiatry Board should review the registration standard to ensure the podiatric surgeons must be endorsed for scheduled medicines prior to obtaining specialist registration. Recertification of podiatric surgeons does not feature within the registration standards. There should be recertification linked to clinical care standards to improve the safety of podiatric surgery.

Standards, codes and guidelines

4. Do the Podiatry Board's current standards, codes and guidelines adequately help ensure podiatric surgeons perform podiatric surgery safely?
The Podiatry Board's current standards, codes and guidelines are deficient in a number of areas. Recommendations to improve these areas of safety include: • Update registration standard so that to be eligible for specialist registration a podiatric surgeon must first be endorsed for scheduled medicines. • Develop guidelines requiring minimum standards of perioperative care including the requirement for multiple face to face consultations before consent to surgery can be undertaken and ensure failure of adequate conservative measures prior to surgery • Develop guidelines to ensure standardised screening tools for body dysmorphia are used to mandatorily screen patients prior to consent to surgery • Develop guidelines that prevent fly in fly out surgery • Develop guidelines requiring specific referral pathways to a podiatric surgeon including joint referral by a podiatrist and medical practitioner working together as the primary care team managing the patient • Review accreditation standards to ensure the majority of podiatric surgical training is undertaken in the public health setting. • Review accreditation standards to mandate the completion of additional qualifications in perioperative medicine are completed prior to specialist registration • Ensure prehabilitation measures are implemented to optimise patient suitability for surgery. These measures must include smoking cessation, dietary assessment and if required modification, and medication optimisation • Require podiatric surgeons to use surgical outcome registries that are publicly available to assist patients in making decisions about undergoing podiatric surgery
5. Do the current professional capabilities for podiatric surgeons appropriately describe the knowledge and skills and knowledge required of podiatric surgeons for safe practice?

The professional capabilities for podiatric surgeons can be strengthened. They currently do not require podiatric surgeons to have endorsement for scheduled medicines and do not adequately reflect the contemporary models of perioperative medicine. Updating these capabilities in line with these areas of contemporary practice will improve patient care.

6. Are any changes to the standards, codes and guidelines needed? If so, why? What additional areas should the standards, codes and guidelines address to ensure safe practice?

The exemplar professional group concerned with safety in a niche area of practice are colonoscopists. Through the development of the Australian Commission of Safety & Quality in Healthcare colonoscopy clinical care standards and the Gastroenterological Society of Australia recertification process the delivery of safe and effective colonoscopy care in Australia has flourished. Work should be undertaken with the ACSQH and other appropriate agencies to develop clinical care standards for podiatric surgery and recertification procedures. Recertification processes must include surgical procedure logs, minimum numbers of procedures undertaken annually to maintain certification, adequate clinical audit and use of surgical registries, supervised practice, and observed practice for podiatric surgeons.

Education, training and qualifications

7. Do you have any concerns about education and training for podiatric surgeons? Are any changes needed, and why?

Training and education of podiatric surgeons needs to be enhanced to improve patient safety. Accreditation standards should immediately require most of the training to be undertaken in the public setting. Additional qualifications in perioperative medicine should also be a requirement for registration as a podiatric surgeon. These qualifications should be a graduate certificate in perioperative medicine as a minimum standard.

Management of notifications

8. Do you have any concerns about the approach used by Ahpra and the Podiatry Board to manage notifications about podiatric surgeons, including the risk assessment process?

Reliance on peer review of performance is challenging when there is a very small cohort of podiatric surgeons in Australia. The Podiatry Board and coregulators need to develop relationships with competent authorities to ensure that peers can be sourced from overseas to undertake peer review of performance matters. The additional costs associated with this regulatory approach needs to be borne by podiatric surgeons.

Advertising restrictions

9. Do you have any concerns about advertising by podiatric surgeons and the management of advertising offences?

The Medical Board of Australia's 'Guidelines for registered medical practitioners who advertise cosmetic surgery' can be seen as the model for the advertising guidelines that can be applied to podiatric surgery. The Podiatry Board should adapt these guidelines for podiatric surgery.

Development of proactive monitoring of advertising needs to be undertaken to identify if there are breaches of advertising in Australia. Artificial intelligence systems need to be established to sweep the internet for podiatric surgery advertisement in Australia. Breaches should be identified and managed within the regulatory system under part 7 of the national law. Intelligence gained from internet sweeping should be shared with state-based private hospital licencing groups to ensure that podiatric surgery is being performed in correctly licenced private hospitals and theatre suites.

Further comments or suggestions

10. Do you have any further comments or suggestions relevant to Ahpra's and the Podiatry Board's regulation of podiatric surgeons?

The podiatry board should consider other models of surgical practice that exist in Australia as a model for specialist registration. Oral maxillofacial surgeons are required to be dual qualified and registered in dentistry and medicine and undertake training jointly supervised by both the dental and RACS colleges. Implementation of this model for podiatric surgery will improve patient safety, open up training opportunities within the public health setting and assist in access to the medicare benefits schedule which will ultimately improve patient safety.