

Response template for the public consultation on the proposed change to the protected title for the podiatry speciality of podiatric surgery

September 2024

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Please provide any feedback in this document, including your responses to the questions in the text boxes on the following pages. The boxes will expand to accommodate your response. You do not need to respond to a question if you have no comment.

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Question A

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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**

[Redacted]

[Redacted]

Question B

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

☒ A registered health practitioner?

Profession: Podiatry and Podiatric Surgery

☐ 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 agree with the proposal to change the protected title for the podiatry specialty of podiatric surgery to 'surgical podiatrist' to make it clear that the practitioner is a specialist podiatrist who performs surgery? Why or why not?

No, I do not agree with the change.

1. "Podiatric surgeon" is suitable given the straightforward linguistic notion that a surgeon is an individual who performs surgery. While one might argue that the alternative term, 'surgical podiatrist,' is also linguistically valid, it is not consistent with other similar terminologies.

It is also not evident that the use of the term 'podiatric surgeon' implies, or is intended to imply, that the practitioner is medically qualified rather than qualified in podiatry, nor that it is designed to confuse or deceive. Podiatric Surgeon is the most accurate and succinct title given our specialist training, qualification and activity.

2. International precedents support the use of the title "surgeon" for professionals with specialised surgical training, even if they do not hold a traditional medical degree. Maintaining this title for such professionals promotes professional equality and acknowledges the significant contributions to healthcare, ensuring that all skilled and regulated practitioners are recognised and respected for their expertise in their respective surgical domains.

We should be continuing to align with our peers internationally, where in the UK, the Health Professions Council (HPC) clearly acknowledged that the terms 'consultant podiatric surgeon' and 'podiatric surgeon' are used within the National Health Service over the last 24 years, and that podiatric surgeons are employed in that capacity, and currently use the title. The USA have also been using the term Podiatric Surgeon for decades.

3. Avoiding ambiguity is also a consideration. "Surgical Podiatrist" may sound more like a podiatrist who occasionally performs surgery, whereas "Podiatric Surgeon" makes it clear that surgery is a central part of the professional's expertise.

2. Do you have an alternative suggestion for the protected title? If yes, how would your suggested title achieve the same result as 'surgical podiatrist' in providing greater clarity to consumers?

Yes, I do have an alternative (as informed and proposed by the Australasian College of Podiatric Surgeons). Particularly given that Professor Paterson has made it explicitly clear that **"there needs to be a strong justification for restricting the use of title 'surgeon'. The rationale for restricting the use of the term should be to reduce consumer confusion and potential harm, on the basis that this cannot be achieved by less directive means"**

I believe that less directive means have been overlooked and the decision to restrict the use of the title 'surgeon' has been recommended without considering other less directive means to address consumer confusion.

The alternative suggestion is outlined in detail below:

Adding a descriptor such as *specialist podiatrist* after Podiatric Surgeon, as part of an overall patient education campaign is expected to provide the clarity for consumers of healthcare in understanding who it is they are seeing, without down playing the importance of the true role of podiatric surgeons.

The title would appear as: Jane Citizen **Podiatric Surgeon (Specialist Podiatrist)**.

Statement of Purpose – Rationale behind the Patient Information Campaign

The purpose behind the development of this literature (in the form of brochures and clarification statements) is to remove any and all public and stakeholder confusion in relation to the title 'Podiatric Surgeon', explicitly outline our training and clearly show that we are not medical doctors. In addition to clear, unambiguous and explicit patient information brochures, the ACPS will also mandate the inclusion of what a Podiatric Surgeon is and isn't in all patient referral pads, patient registration forms and consent to surgery forms. This has been specifically developed to ensure that patients and stakeholders are entirely clear about who they are seeing and who is delivering their care across the full spectrum of the patient's journey.

Mandatory Clarification Statements and Title Descriptor

Patient registration and consent to surgery forms

I understand that a podiatric surgeon is a registered specialist podiatrist who is trained in the diagnosis and treatment of foot and ankle disorders by both surgical and non-surgical methods and is not a medical practitioner (medical doctor).

Referral pads

A podiatric surgeon is a registered specialist podiatrist who is trained in the diagnosis and treatment of foot and ankle disorders by both surgical and non-surgical methods and is not a medical practitioner (medical doctor).

Title Descriptor

Podiatric Surgeon (Specialist Podiatrist)

Measures to provide transparency and clarity to consumers of healthcare include ensuring that podiatric surgeons provide full disclosure to patients as part of the pre consultation and consenting processes. This disclosure is to include information brochures provided by podiatric surgeons. Additional discussions during the consultation, ensuring that patients are well-informed and confident in their choices moving forward.

It appears that the focus groups were not a true representation of consumer understanding. This seems to be illustrated by Professor Paterson from the following excerpts:

- When Professor Paterson asked the consumer focus groups what it meant if someone called themselves a podiatric surgeon, most participants said they would assume the practitioner was a medical practitioner and had been to medical school. Participants in the focus groups stated that the most important part of the title is the word 'surgeon.'

However, in the very next paragraph and by contrast, Professor Paterson goes on to say:

On the other hand, patients who were referred to a podiatric surgeon by a podiatrist reported understanding that they were seeing a well-qualified practitioner who "specialises in ankles and feet".

The issues raised around the title 'podiatric surgeon' do not relate to the standard of care provided by the podiatric surgeon. Rather, they relate to clarity and transparency for the consumer about the type of practitioner they are seeing, and the type of training the practitioner has completed. This is important information to allow a consumer to make an informed decision about who will provide their care.

And therefore, if we revert back to professor Paterson's earlier statement "The rationale for restricting the use of the term should be to reduce consumer confusion and potential harm, on the basis that this cannot be achieved by less directive means"

Professor Paterson's impression from interviews with podiatric surgeons is that most explain their qualifications to patients – that they are not a medical practitioner but have specialist training in podiatric surgery. *"In my meetings with patients who had consulted a podiatric surgeon, they confirmed that they had received a satisfactory explanation of the practitioner's qualifications and experience. However, that is clearly not a universal experience."*

This can be made more universal with the proposed plan outlined above.

I think it's important to highlight that the above suggestion is being made in light of the findings and suggestions made by Queensland Parliament's Health and Environment Committee when considering the Health Practitioner Regulation National Law (Surgeons) Amendment Bill 2023. This was highlighted in Professor Paterson's review:

*"Restriction on the use of the title 'surgeon' was considered extensively during the consultations undertaken in 2021, 2022 and 2023 on the Surgeons Bill. Although 'podiatric surgeon' was out of scope, the appropriateness of this protected title was raised by several stakeholders in submissions to Queensland Parliament's Health and Environment Committee. **Health ministers gave extensive consideration to this issue but were not persuaded of the need to restrict the use of the title 'surgeon', noting that 'oral surgeon' and 'podiatric surgeon' are specialist titles recognised in the National Law for suitably qualified dentists and podiatrists**"*

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3. What are the potential impacts for consumers of the proposed change in title?

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| <ol style="list-style-type: none">1. I am concerned that any change in title that falls short of 'Podiatric Surgeon' would undermine the seriousness of our work, posing more significant risks to patient safety than any error in confusion of title. Reducing the title could lead patients to underestimate the complexity and seriousness of the surgeries performed, potentially resulting in them not taking the necessary post operative or follow-up care seriously. This misperception could lead to dangerous outcomes, making it crucial to maintain a title that fully reflects the critical nature of our profession.2. Additionally, using the title "surgeon" helps in setting clear expectations for patients. It communicates that the individual has met rigorous standards of training and competency in their specific field, ensuring public trust and confidence in their abilities. By recognising specialist podiatrist with surgical training as surgeons, the healthcare system validates our role and underscores the critical contributions to patient care.3. If the title change is perceived as a downgrade by consumers, it could erode public confidence in the profession, impacting patient willingness to seek care.4. If the new title leads to misunderstandings, it could inadvertently limit patient access to care, as some may seek out traditional "surgeons" instead.5. Consumers may encounter further confusion if other non-medical practitioners, such as Dental and Oral Surgeons, are allowed to continue using the title 'surgeon' while other suitably qualified practitioners are not. |
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4. What are the potential impacts, including potential costs, for podiatric surgeons of the proposed change in title?
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1. Rebranding Costs

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| <ul style="list-style-type: none">• Marketing Materials: Updating websites, business cards, brochures, referral pads and signage to reflect the new title can incur significant costs. |
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- **Public Education:** Developing campaigns to inform patients and the public about the new title may require funding and considerable time for outreach efforts.

2. Administrative Expenses

- **Legal Fees:** If the title change requires legal adjustments or new registrations, there could be costs associated with consulting legal experts.
- **Regulatory Compliance:** Updating documentation with regulatory bodies may incur administrative costs.

3. Impact on Patient Trust and Retention

- **Patient Confusion:** Changes in title might confuse existing and potential patients, leading to a decline in patient retention and new patient acquisition.
- **Marketing Impact:** Reduced trust could necessitate additional marketing efforts to reassure patients about the quality of care.

4. Insurance and Reimbursement Issues

- **Claims Processing:** Adjustments in title could complicate claims with insurers, leading to delays and potential loss of revenue during the transition period.
- **Negotiation with Insurers:** Podiatric surgeons may need to renegotiate contracts with insurers, which could lead to reduced reimbursements or increased administrative burden.

5. Training and Education Costs

- **Curriculum Changes:** If the title change necessitates updates in educational programs, there could be costs associated with curriculum redesign and implementation.
- **Continued Education:** Practitioners may need additional training to align with the new title's implications, incurring further costs.

6. Professional Identity and Morale

- **Impact on Workforce:** Changes in professional identity could affect job satisfaction and morale among practitioners, potentially leading to higher turnover rates.
- **Professional Relationships:** Adjustments in how podiatric surgeons are perceived by other healthcare professionals could strain interdisciplinary collaboration.

7. Legal and Liability Considerations

- **Liability Issues:** A change in title might raise questions about the scope of practice, leading to potential liability concerns or increased malpractice insurance costs.

8. Operational Adjustments

- **Staff Training:** Staff may need training to understand and communicate the changes effectively to patients, leading to additional costs.

9. Time and Resource Allocation

- Management Resources: Significant time and effort may be required to implement the changes, diverting focus from patient care and practice growth.

10. Registrar retention and recruitment

- Current and potential podiatric surgical trainees may lose interest in continuing or entering the profession on account of the lack of professional recognition (in the form of title attainment) following completion. This would have a devastating impact upon the profession and is counter to Professor Paterson's assertion that the profession should be positioned to flourish, not flounder.

5. Are there any unintended consequences the Board might not have considered in relation to the proposed change of title?

1. Changing the title will lead to further decreased competitiveness within healthcare settings, and provide an unfair competitive advantage and monopolistic market conditions for orthopaedic surgeons. This is despite the review finding that no changes in podiatric surgeons' scope of practice are necessary and the work that we undertake is largely the same.
2. As a consequence of point 1 above, as a result of this unfair competitive advantage, a Podiatric Surgeon's income may be significantly impacted with the likely loss of tens of thousands of dollars annually.
3. Changing title also unfairly results in collective punishment when, as identified by Professor Paterson, the majority were not responsible for the higher notifications as highlighted by the direct quotes below.

"Concerningly, 66% of the notifications received about podiatric surgeons over that period relate to nine podiatric surgeons who were each the subject of three or more notifications"

AND;

"I am satisfied that a significant proportion of notifications about podiatric surgeons were prompted by orthopaedic surgeons who reviewed the patient following podiatric surgery"

4. Importantly, it should also be stressed that the review found that one of the key elements of the title surgeon revolves around "social prestige", which carries with it 'symbolic capital' and gives privilege to one group, which in turn will have an anti-competitive effect. Indeed, this is further re-enforced by Professor Paterson's following assertion:

*“Any notification, especially about the standard of clinical care, needs to be assessed carefully by a regulator. However, it is a notable feature of the notifications about podiatric surgeons that **many come from or have been triggered by another group of health practitioners – orthopaedic surgeons – who perform similar work and are competitors. The hostility and professional rivalry between podiatric surgeons and orthopaedic surgeons is longstanding and well documented**”.*

5. There is no published evidence to suggest that title change will make Podiatric Surgeons any safer than they already are. This may result in legal action from one or many Podiatric Surgeons particularly given the recommendation by the PBA was on the back of a few focus groups. Relying solely on focus groups to make recommendations can be problematic because the insights gathered are often based on small, non-representative samples and may reflect subjective opinions rather than broad, evidence-based trends. Focus groups are also susceptible to groupthink, where participants may conform to dominant views, leading to skewed results.

The ACPs has produced a survey that clearly shows that mandated statement, the title descriptor and patient information brochure – all of which clarify who podiatric surgeons are, how they train, what they do and that they are not medical doctors, clearly, unequivocally and significantly reduces public confusion. The survey of 1002 individuals from the general public is attached (please refer to the full survey report). **Please note that on slide 6 under “terminology preference and acceptance” ‘Podiatric Specialist at 14.6%’ should read ‘Surgical Podiatrist at 14.6%’ (as ‘Surgical Podiatrist’ was one of title’s tested as shown on side 14. Interestingly, this was the least preferred and accepted title.**

6. Public Confusion: Given that Podiatric Surgeons have been using the title ‘Podiatric Surgeon’ for many decades that took effect 1 July 2010 (14 years of which were after approval by the Health Minister in 2010), patients and stakeholders alike may not understand the new title (or even be led into think it is an entirely new profession), leading to misunderstandings about the qualifications and expertise of practitioners.
7. Loss of Trust: If the title change is perceived as a downgrade, it could erode public confidence in the profession, impacting patient willingness to seek care.
8. Insurance and Reimbursement Issues: Changes in titles may complicate insurance premiums, claims and reimbursements, as insurers may not recognise or understand the new designation and/or be unwilling to insure ‘surgical podiatrists’. This, again, may result in a significant financial burden on individuals within the profession.
9. Impact on Professional Identity: Practitioners may feel that their professional identity is diminished, which could significantly affect morale and job satisfaction.
10. Interdisciplinary Relations: The change could impact how podiatric surgeons are viewed by other medical professionals, potentially leading to friction or confusion in collaborative care settings.

11. Legal Implications: The change could raise questions about the scope of practice and liability and have a direct impact on indemnity insurance premiums and claims.
12. Academic and Training Impacts: The change may affect educational programs and training pathways, requiring adjustments in curricula and certification processes.
13. Restricting the title from one non-medically qualified group of health professions and allowing others, such as Dental and Oral Surgeon, to continue using it represents a gross injustice and promotes inequality within the healthcare system.

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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

☐

☐

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

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 agree with the proposal to change the protected title for the podiatry specialty of podiatric surgery to 'surgical podiatrist' to make it clear that the practitioner is a specialist podiatrist who performs surgery? Why or why not?

No – I do not agree with the proposal to change the protected title. "Podiatric Surgeon" describes exactly and accurately what the profession is trained to do i.e. Podiatrists who have undertaken extensive surgical training and specialisation to perform Podiatric surgery. There is simply no confusion in the title.

Perhaps it would be of more value to educate the general public on awareness of Podiatric Surgeons, because they are a highly sub-specialised practitioner with extensive training specifically in foot and ankle surgery, whom are evidently under-utilised in the Australian healthcare sector.

2. Do you have an alternative suggestion for the protected title? If yes, how would your suggested title achieve the same result as 'surgical podiatrist' in providing greater clarity to consumers?

No – I simply do not believe an alternative suggestion for the protected title is necessary. Please provide me supporting evidence to suggest that a title change would be beneficial for consumers. There is a reason why the protected title is well established internationally. I do not see any valid reasoning or evidence to suggest we should adopt a novel approach in Australia by changing the widely accepted title of "podiatric surgeon" to "surgical podiatrist", straying away from international standards of care.

3. What are the potential impacts for consumers of the proposed change in title?

Additional confusion, as there will then be international disparity. Once again, the goal should be to educate the general public and improve awareness of the profession's expertise.

Greater confusion, unjustified impairment in public perception of the profession and fragmented patient-practitioner relationships will only result in reduced patient outcomes, longer wait-lists for elective foot and ankle procedures, reduced provisions of healthcare delivery and ultimately reduced choice for consumers.

Imagine the confusion of changing title of "general surgeons" to "surgical doctors" or "surgical generalists". It simply does not make sense.

4. What are the potential impacts, including potential costs, for podiatric surgeons of the proposed change in title?

I suspect it would greatly impact the podiatry profession, podiatry association, podiatry board, podiatric surgeons, podiatric surgical trainees, hospital legislations/protocols, and private practices.

I suspect this will severely impact the entire profession with countless legal and administrative fees, which will take years to reimburse.

5. Are there any unintended consequences the Board might not have considered in relation to the proposed change of title?

Perhaps the board has not considered the discriminatory basis of the title change. AHPRA is a respectable governing body which has always had the general public's best interest in mind, however, I suspect AHPRA's Podiatry Board will be highly criticised when enforcing a change to the protected title based on suggestions driven by purely political motives by orthopaedic colleagues. This change is simply not patient-centred and backed up by any empirical evidence or justification.

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☒ Myself





Question B

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

☒ A registered health practitioner?

Profession: Medical doctor, Orthopaedic surgeon

☐ A member of the public?

☐ Other: [Click or tap here to enter text.](#)

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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 agree with the proposal to change the protected title for the podiatry specialty of podiatric surgery to 'surgical podiatrist' to make it clear that the practitioner is a specialist podiatrist who performs surgery? Why or why not?

No. Whilst I agree there should be a change to the title, I do not agree with the proposed change to 'surgical podiatrist'. Not only is it not clear, it continues the confusion to the public about the practitioner's role and capability.

The words 'surgery' or 'surgical' imply that the treatment is from a medically qualified person. Patients don't know that the practitioner operating on them is not qualified because the current 'surgical podiatrists' freely use associated titles like 'Doctor', 'Specialist' and 'Surgeon'. They are terms that the general public have come to assume as assurance of qualification with medically trained professionals providing high standards of care.

Whilst podiatrists with special interest in procedures may be highly skilled in a defined set of procedures, they are not trained to recognise and deal with complications, or help patients with more complex pathology. Sadly, they often don't know what they don't know. To pretend that these technicians are equivalent to medically and fellowship surgically trained doctors, or even to use titles that blur the lay-persons' perceptions are frankly irresponsible and deceptive. They do not have access to back-up from the hospital based medical expertise like infectious diseases, vascular surgery, orthopaedic surgery and intensive care. They are not available after-hours for emergencies, nor do on-calls. They do not have admitting rights for inpatients.

Not spelling it out and making it very clear is not in the interest of public safety and standards.

A robust and specific regulatory framework is needed to ensure public confidence. Therefore, if a 'non-medical doctor or surgeon' is endorsed by AHPRA, the confusion caused can greatly erode the public trust in the AHPRA institution.

Other allied health professionals like nurses, physios, midwives currently already perform procedures, like accessing central lines, applying spinal splints, plasters and braces, or suturing birth related perineal tears respectively. They are no less skilled or trained but patients understand that their scope of expertise is very focused, limited and specific. When things go bad, the hospital system with the relevant medical backup is there to ensure patient safety.

Medical doctors like GPs already do many procedures such as skin lesion excisions, ingrown toenail procedures, insertion of Implanon and Mirina implants etc. They do not present themselves to the public as 'Surgeons' or 'Specialists'. They are known as procedural GPs.

The title of 'Surgeon' in the medical profession has recently been restricted for use by medical practitioners holding specialist registration in surgery/obstetrics/ophthalmology/cosmetic following an amendment to the National Law introduced in a new section 115A. In the interests of patient safety and awareness, these rules should be applied across the entire health care profession and not just to medical practitioners.

Should the patients suffer complications, there is also no public awareness that the 'podiatric surgeons' are not indemnified to the same levels as the medical fellowship trained surgeons. This will not protect the general public nor help them make informed decisions.

The 'Podiatric Surgeon' title had created confusion also for GPs as they refer patients to these practitioners, thinking that they are suitably qualified medical colleagues. The GPs are often surprised when they hear back from their patients the sort of procedures that were done in day surgery centres, with little to no follow-up, and often at great costs to the patients. Furthermore, their outcomes have been questionable in many cases. The patients and the GPs are "guilt-tripped" into accepting the situation as they are complicit to the treatment pathway without doing their own due diligence.

The confusion also exists for the health fund insurers, day surgery centres, private hospitals and even the anaesthetists engaged to cover the operating sessions. They are not fully aware of the actual limited capabilities of the 'podiatric surgeon'. The accreditation process is often reliant on AHPRA's website. Having separately categorised these practitioners via the podiatry board rather than the

medical board, the segregation does not flag that the 'podiatric surgeons' are not the same as the medical fellowship trained surgeons, and also allow for double standards in regards to advertising, disciplinary actions and public scrutiny.

Thus, the title of 'Procedural Podiatrist' would be much better suited to reflect the skillset and qualifications of the 'podiatric surgery practitioner', who are indeed allied health professionals with additional capabilities to perform very defined sets of procedures to help patients.

2. Do you have an alternative suggestion for the protected title? If yes, how would your suggested title achieve the same result as 'surgical podiatrist' in providing greater clarity to consumers?

The term 'Procedural Podiatrist' is much better to reflect their important role in helping patients in the health system with targeted, specific procedural treatments. We want to reduce confusion by removing the use of the word 'Surgeon' and all its derivatives including the word 'Surgical' and 'Operative'. Furthermore, equally confusing terms like 'foot and ankle specialist' and 'doctor' should not be used in their marketing material. If they are also Ph.D doctors, then the letters should follow their name with a bracketed clarification, so the consumers know that it is a university doctorate, not a medical doctor title. An example may be Dr. Smith MPod, PhD (non-medical).

3. What are the potential impacts for consumers of the proposed change in title?

This would be a positive step for consumers, providing them much better clarity of the qualifications of the practitioners, allowing for appropriate informed consent and set realistic expectations.

Access to treatment by 'Procedural Podiatrists' would not change for the consumers as the practitioners are still available. The consumers will not be worse off at all.

4. What are the potential impacts, including potential costs, for podiatric surgeons of the proposed change in title?

If and when a new term such as 'Procedural Podiatrist' is introduced, the terms 'Podiatric Surgeon', 'Operative Podiatrist', 'Foot and Ankle Specialist' and 'Foot and Ankle Surgeon' need to be removed from their websites and advertisements.

They should not be allowed to use the title 'doctor' without clearly specifying they are non-medical.

The change should have no negative impacts on the "Procedural Podiatrists". The only costs would be for the changes to their signage and digital presence.

By clearly defining their scope of practice, the 'procedural podiatrists' should benefit by having better therapeutic relationships and expectations with their patients, thereby resulting in less complaints, less litigations and helping them lower their indemnity costs.

5. Are there any unintended consequences the Board might not have considered in relation to the proposed change of title?

None that I could think of.

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We will not place on our 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 will remove personally 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 Board.

The Board accepts 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.

Published submissions will include the names of the individuals and/or the organisations that made them, unless confidentiality is requested.

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:

Contact email:

☒ Myself

[Redacted]

[Redacted]

Question B

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

☒ A registered health practitioner?

Profession: Registered Podiatrist

☐ 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 agree with the proposal to change the protected title for the podiatry specialty of podiatric surgery to 'surgical podiatrist' to make it clear that the practitioner is a specialist podiatrist who performs surgery? Why or why not?

I do not agree with the proposed change. As a practising clinician, I support retaining the title "podiatric surgeon" as it is vital for preserving professional identity, ensuring clarity for patients, and recognising the specialised expertise that comes with this role.

The title "podiatric surgeon" has been in use for years and carries significant historical and professional weight within the Australian healthcare system. It reflects years of rigorous, specialised training and highlights a distinct area of practice within the broader medical field. Changing the title could diminish the long-standing tradition of podiatric surgery in Australia and undermine the prestige that comes with it. The term "podiatric surgeon" helps to ensure that the profession is recognised as a highly specialised branch of medicine, distinct from general podiatry or other forms of surgery. It communicates a level of expertise that cannot be captured by a more generic title. Altering it may erode our professional identity and impact the public's understanding and the recognition of podiatric surgeons as integral members of the healthcare system.

The title "podiatric surgeon" is essential for clearly differentiating podiatric surgeons from other healthcare providers, such as general podiatrists or other types of surgeons. The word "surgeon" signifies that the practitioner is not just providing routine foot care, but is specifically trained and qualified to perform complex surgical procedures. This distinction is crucial in a highly regulated healthcare environment like Australia's, where clear differentiation between types of practitioners is necessary to maintain professional standards and public trust.

For patients, understanding the qualifications of their healthcare provider is vital when making informed decisions about their care. "Podiatric surgeon" immediately communicates that the practitioner has undergone extensive training in the surgical treatment of foot and ankle conditions. This is especially important in the context of surgery, where patients need to be assured that their surgeon has the appropriate expertise to perform complex procedures safely.

If the title were to change to something like "surgical podiatrist," it could cause confusion among patients who may not fully understand the level of surgical expertise or the scope of the practitioner's qualifications. The term "surgeon" is a globally recognised title that signals advanced surgical training and expertise. A shift to a more ambiguous term like "surgical podiatrist" could create uncertainty about whether the practitioner is truly a specialist in surgery or just a podiatrist with additional surgical training. This could make it more difficult for patients to identify the right professional for their needs, particularly when seeking a highly specialised expert in foot and ankle surgery.

A similar example can be seen in the distinction between "cardiothoracic surgeons" and "surgical cardiologists." The title "cardiothoracic surgeon" clearly indicates a specialist trained in both surgery and the management of heart and lung conditions. In contrast, the term "surgical cardiologist" could blur the lines, implying a less specialised role. The use of the term "cardiothoracic surgeon" maintains clarity about the level of surgical training required. Similarly, "podiatric surgeon" more accurately communicates the advanced surgical training of podiatric surgeons and avoids confusion.

In Australia, as in many other countries, the terms "podiatric surgery" and "podiatric surgeon" are well-established and internationally recognised. These titles clearly define a specialised area of practice focused on the surgical treatment of foot and ankle conditions. Changing to "surgical podiatrist" could introduce confusion, particularly if the new terminology is not universally adopted. This could lead to inconsistency across the healthcare system, making it harder for patients, colleagues, and institutions to understand the level of expertise a podiatric surgeon possesses. It could also make it more difficult for Australian podiatric surgeons to gain recognition or work internationally in countries where "podiatric surgeon" is the standard title. For example, in the United Kingdom, "podiatric surgeon" and "consultant podiatric surgeon" are recognised titles within the National Health Service (NHS). These titles have provided clarity for years, ensuring that podiatric surgeons are recognised as specialists in their field. By retaining this terminology, Australian podiatric surgeons can align with international

standards and maintain their status as respected experts in the global medical community. Changing the title could result in confusion, creating a disconnect between Australian practitioners and international members and complicating efforts to gain global recognition.

In conclusion, I believe that the title "podiatric surgeon" should remain unchanged. It provides clarity, reflects the specialised nature of the role, and ensures that podiatric surgeons are recognised as experts in foot and ankle surgery. Altering the terminology would introduce unnecessary ambiguity, potentially harm the profession's identity, and undermine patient trust. For the sake of our profession and the patients we serve, the title "podiatric surgeon" must be preserved.

2. Do you have an alternative suggestion for the protected title? If yes, how would your suggested title achieve the same result as 'surgical podiatrist' in providing greater clarity to consumers?

Yes, changing the title could impact how future podiatric surgeons are trained and how their professional identity is shaped. The current title, "podiatric surgeon," clearly reflects a defined path of education and specialisation. If this changes, the profession could lose some of the credibility and recognition it has built over time, which could affect how podiatric surgery is viewed as a highly specialised area of medicine. As reported, there are only around 40 podiatric surgeons with specialist registration in Australia, representing just 0.7% of the 6,038 registered podiatrists. Despite their small number, podiatric surgeons often face a higher rate of complaints to the Australian Health Practitioner Regulation Agency (AHPRA) compared to other healthcare professionals.

The review conducted in October 2023 by Professor Ron Paterson found no evidence to support further regulation of the scope of practice for podiatric surgeons. However, it did recommend that the accreditation process for podiatric surgery training be aligned more closely with that of medical practitioners. Professor Paterson stressed that any decision to limit the use of the term "surgeon" should be based on clear evidence that it would reduce patient confusion or harm. This highlights the need for the organisation to carefully consider all alternatives before making significant changes to established terminology. The concerns regarding the title "podiatric surgeon" are about patient understanding, not the standard of care provided by podiatric surgeons. It is important that patients clearly know the type of practitioner they are seeing and the level of training they have completed. This helps them feel safe and make informed decisions about their care.

Rather than eliminating the title "surgeon," the organisation could consider adding a specific term of "Consultant Podiatrist," alongside "Podiatric Surgeon." This could be part of a broader patient education promotion, helping clarify the practitioner's expertise without undermining the value of the title "podiatric surgeon." Adding the terms "Specialising or Consultant Podiatrist" aligns with international practices, where similar terminology is used in other countries. This consistency would help Australian podiatric surgeons maintain their global reputation, ensuring their qualifications are clearly understood abroad and making it easier for Australian practitioners to work internationally.

Applying the additional term provides a practical solution that addresses patient confusion without diminishing the recognised expertise of podiatric surgeons. It would improve communication, preserve the profession's integrity, and support the ongoing international recognition of Australian podiatric surgeons, all without restricting the use of the title "surgeon." Furthermore, this allow patients to clearly understand the practitioner is a highly trained specialist in foot and ankle surgery.

As Professor Paterson suggests, the organisation could use tools like patient information brochures, consent forms, and public awareness campaigns to educate the public on the role of podiatric surgeons. This approach would improve patient trust and ensure podiatric surgeons are recognised within the broader healthcare system. This approach would provide patients with greater clarity about the role of a podiatric surgeon, distinguishing them from general podiatrists and other healthcare providers. It would also prevent confusion that could arise from completely removing the term "surgeon."

3. What are the potential impacts for consumers of the proposed change in title?

Using the title "surgeon" helps patients know exactly what to expect when they choose a podiatric surgeon for care. The title communicates that the practitioner has undergone years of rigorous training and has reached a high standard of expertise in foot and ankle surgery. This isn't about the technical skill; it's about the trust patients place in their surgeon. When patients see the term "surgeon," they understand that this professional is specially trained to handle complex and potentially life-changing surgeries. If the title changes, it could confuse patients and reduce the level of trust they place in the healthcare provider. The title "podiatric surgeon" validates the specialised role in healthcare, ensuring that patients feel confident they're in the hands of a professional who meets the strictest standards of competence.

A title that is less specific, like "surgical podiatrist," could cause consumers to view the profession as less serious or less important. The term "surgeon" carries with it a clear sense of responsibility and skill. By reducing the title, patients may start to underestimate the complexity of the surgeries that are performed. They might not realise how serious foot and ankle surgery can be, leading them to not take post-operative care or follow-up appointments seriously. This could result in avoidable complications, infections, or poor recovery outcomes. If the title doesn't clearly reflect the high level of training and the complexity of the work involved, it may put patient safety at risk. It's essential that the title used reflects the critical nature of surgeon's work to ensure patients understand the importance of following the proper care instructions, which can prevent harmful consequences.

If the change in title causes confusion or leads to misunderstandings about what podiatric surgeons do, it might affect patients' decisions about where to seek care. Some patients may opt to go to a traditional "surgeon" instead of a "surgical podiatrist," thinking that they are better qualified or more experienced, even though the training and expertise of a podiatric surgeon is just as high, if not more specific in foot and ankle surgery. This could create a barrier to care, especially for those who would benefit from seeing a specialist in podiatric surgery. If patients don't understand that podiatric surgeons are highly trained specialists, they might end up seeking care from other surgeons who may not have the same level of expertise in this area, delaying treatment or receiving less appropriate care for their specific needs.

4. What are the potential impacts, including potential costs, for podiatric surgeons of the proposed change in title?

Changing the title of "podiatric surgeon" could lead to a lot of problems that take time, money, and effort, all of which could be better spent on patient care and growing skills and practice.

Changing the title would require a lot of work, like informing patients and the public about the new title. This means developing new campaigns, which takes time and money. Updating things like websites, business cards, brochures, referral pads, and even signs would also be costly. These are all resources that could otherwise be used to improve patient care or grow our practice, rather than focusing on administrative changes. Updating the paperwork, policies, and documents with regulatory bodies would also take time and incur extra costs. This would include changing forms, updating records, and ensuring everything is in line with the new title. These administrative efforts would pull focus away from patient care and drain on resources.

If the title change requires legal updates or new registrations with regulatory bodies, there could be additional costs involved. This could include paying for legal advice to ensure everything is properly updated.

Changing the title could confuse patients. If patients don't understand the new title, they may not know what type of services provided or what makes podiatric surgeons different from other healthcare professionals. This could lead to fewer patients trusting us for their care, affecting patient retention and ability to attract new patients.

If the title change requires updating educational programs for future podiatric surgeons, there would be costs involved in restructuring the curriculum and implementing new training materials. This would affect how future professionals are taught and could add unnecessary financial burdens to training programs. It could also discourage current podiatric surgery trainees from continuing their education

or make the profession less appealing to new students. The loss of professional recognition could lead to lower job satisfaction, which may cause higher turnover rates among podiatric surgeons. This could lead to fewer people entering the profession.

5. Are there any unintended consequences the Board might not have considered in relation to the proposed change of title?

The title "podiatric surgeon" clearly indicates that a practitioner is a specialist in foot and ankle surgery. Changing this title could lead to misunderstandings about the level of training and expertise a podiatric surgeon has. Without the clear distinction provided by the title "podiatric surgeon," patients and other healthcare professionals may not fully understand that these practitioners are highly trained in surgery, potentially leading to confusion and a lack of trust in their abilities.

If the title change is seen negatively by the public, podiatric surgery may be understood as less important or less specialised and undermine public confidence in the profession.

Patients may perceive podiatric surgeons as less qualified than other surgeons, which could make them hesitant to seek treatment. A loss of confidence in podiatric surgeons could result in fewer patients, making it harder to demonstrate the value and expertise that these professionals bring to healthcare.

For podiatric surgeons, the title "podiatric surgeon" represents years of dedicated training and specialised skills. Changing the title could diminish their professional identity, leading to frustration and lower job satisfaction. This could have a negative impact and lead to burnout, or even result in podiatric surgeons leaving the profession.

Changing the title also creates confusion among other healthcare professionals such as general surgeons, doctors, and specialists, who currently understand "podiatric surgeon" to represent a specific, highly skilled role. If the title becomes less clear, it could lead to misunderstandings in collaborative care settings, making it harder to work effectively with other professionals. This could reduce the respect and recognition podiatric surgeons currently have within the healthcare system. Restricting the title "surgeon" for podiatric surgeons could be seen as unjust and discriminatory. This can create inequality within the healthcare system and would be unfair leading to divisions in the way different healthcare providers are recognised, undermining the years of training and expertise held by podiatric surgeons. Changing the title could affect how podiatric surgeons are seen by other healthcare professionals. This could lead to confusion or a lack of respect for the role podiatric surgeons play in patient care, which could make it harder to work collaboratively with other doctors, surgeons, and healthcare teams. It might even create tension or strain professional relationships, making it more difficult to provide the best care for patients.

Response template for the public consultation on the proposed change to the protected title for the podiatry speciality of podiatric surgery

September 2024

This response template is the preferred way to submit your feedback to the public consultation on the Podiatry Board of Australia's proposed change to the protected title for the podiatry speciality of podiatric surgery.

Please provide any feedback in this document, including your responses to the questions in the text boxes on the following pages. The boxes will expand to accommodate your response. You do not need to respond to a question if you have no comment.

Making a submission

Please complete this response template and email to podiatryconsultation@ahpra.gov.au.

Consultation closes on 8 November 2024.

Publication of submissions

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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

☐

☐

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

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 agree with the proposal to change the protected title for the podiatry specialty of podiatric surgery to 'surgical podiatrist' to make it clear that the practitioner is a specialist podiatrist who performs surgery? Why or why not?

No. The proposed change to the protected title for the podiatry specialty of podiatric surgery does not make it clear that the practitioner is a specialist podiatrist, as most podiatrist already do a minor surgery (partial or total nail avulsion surgery, wart curettage). It may make it harder for a patient to determine the difference between a podiatrist and a podiatrist that has undertaken specialist training in podiatric surgery at a glance.

2. Do you have an alternative suggestion for the protected title? If yes, how would your suggested title achieve the same result as 'surgical podiatrist' in providing greater clarity to consumers?

No.

3. What are the potential impacts for consumers of the proposed change in title?

As mentioned above. It may potentially confuse consumers as it may be harder to differentiate between a podiatrist (with a general registration) and a podiatrist with a surgical specialist registration. For example, if a podiatrist recommends that they require surgery, and the patient will inevitably perform a web search for a foot surgeon, or foot surgery. Given the nature of Google's algorithm, their search will most likely result in orthopaedic foot and ankle surgeons rather than a "surgical podiatrist", limiting their options for treatment. It is also unclear how the title change makes it safer for the consumer, as I believe the safety is largely determined by the proceduralist performing the surgery, and their ability to provide patient care and education.

4. What are the potential impacts, including potential costs, for podiatric surgeons of the proposed change in title?

The proposed change in title may potentially isolate Australia from other parts of the world where podiatric surgery exists, which may negatively impact collaborative opportunities in research and education.

Costs include the changes involved in the marketing and websites. It may also potentially impact the future efforts in potential collaboration in public hospitals and or health insurers in the private health space.

5. Are there any unintended consequences the Board might not have considered in relation to the proposed change of title?

The flow on effect of this title change may potentially lead to difficulty for the public to become aware of the capability or the existence of a podiatric surgeon as mentioned above in the issue relating to search algorithms, as well as impacting future opportunities in research or international collaboration.