

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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Making a submission

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Consultation closes on 8 November 2024.

Publication of submissions

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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: Gayelene Clews

Contact email: [REDACTED]

Question B

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

☒ A registered health practitioner?

Profession: Psychologist

☐ 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! A podiatric surgeon is a surgeon who has extensive research and clinical training in foot and ankle surgery, why would you change the name to confuse the public and protentional clients. They specialise in foot and ankle surgery, so the number of hours spent on their training speciality is greater than that done by orthopaedic surgeons, because orthopaedics cover more of the body.

The title surgical podiatrist sounds like someone who does minor treatments like removing callouses. It significantly diminished the training and expertise of the podiatric surgeon.

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

'Foot and ankle surgeon' would provide far greater clarity than 'surgical podiatrist'. If 'podiatric surgeon' is confusing then 'surgical podiatrist' is even more confusing in that it diminishes the training, expertise and skill of the surgeon.

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

The change in title will confuse consumers. I have had foot and ankle surgery and sort out a specialist surgeon in this area. I would not go to a surgical podiatrist because I wouldn't understand they are fully and comprehensively trained in foot and ankle surgery. Nor does the title make it clear, that as specialists they have more training on the foot and ankle than an orthopaedic surgeon.

I want to go to the specialist who has the most training and the most surgical experience on the part of the body that requires surgery.

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

A change of name, will trivialise the profession, experience and skills and could move consumers to orthopaedic surgeons in some cases with less training or experience on the foot and ankle just because of the name change.

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

It is a concern that the Board may be considering a vexatious concern instead of the real issue of consumer care. No one is asking orthopaedic surgeons to declare to consumers that they may not have the same number of hours of training, or surgical experience on the foot and ankle as podiatric surgeons. Yet, if they did, this requirement could aide clients in their decision-making process on who they wish to do their foot and ankle surgery. Rather it is endeavouring to diminish podiatric surgeons' skills and experience, and they are seeking to do the opposite. This is not a change focused on consumer care.

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Contact email: [Click or tap here to enter text.](#)

☒ Myself

Name: Leah Cook

Contact [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.](#)

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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?

I do not agree with changing the protected title of Podiatric surgeon.

On the premise that a few people do not understand the term "Podiatric" and assume that all Surgeons are medically trained.

I remind everyone of the definition of medicine;

***Medicine** is the [science^{\[1\]}](#) and [practice^{\[2\]}](#) of caring for patients, managing the [diagnosis](#), [prognosis](#), [prevention](#), [treatment](#), [palliation](#) of their [injury](#) or [disease](#), and [promoting their health](#). Medicine encompasses a variety of [health care](#) practices evolved to maintain and restore [health](#) by the [prevention](#) and treatment of [illness](#). (wikipedia)*

At no point is this definition, is the study or practice of medicine showing ownership. Medicine is not owned by any profession. Medicine is a shared resource of all health professions and carers.

All practitioners of all styles in some way, have studied and practice forms of medicine and are therefore medically trained.

What Dr Paterson's describes in his review that consumers assumed all surgeons to be medically trained, is correct, Podiatric Surgeon and Podiatrists are medically trained! Podiatrists and Podiatric Surgeons are medically trained and practice aspects of medicine and surgery as it related to diseases of the foot and ankle.

Podiatry and Podiatric Surgeons are a disadvantaged and discriminated profession, and we are absurdly silenced from saying we are medically trained. If we are not trained in medicine and surgery I ask the Board – what is it we are trained in ?

The disguise of our training and skills and labelling of Podiatric Surgery as non-medical needs to stop right here and right now. If the Australian public needs Podiatrists and Podiatric Surgeons, then there needs to be public validation that we are suitably trained in podiatric medicine and podiatric surgery and that we provide podiatric medical and podiatric surgical care. This consultation is useless unless this opinion is unanimously presented by the Podiatry Board to the public and to our disparages.

What Dr Paterson is referring to when he mentions 'medically trained doctors' – is a political definition. A definition that has been accepted for too long in the Australian health care setting, and which serves the historical hierarchy of "Doctors" and the anticompetitive commercial interests of some of its providers. Being medically trained under this definition does not prevent you from making mistakes or having poor outcomes, but it serves the public masses to believe so and to be told so. We all need to feel safe, but at a regulatory level this is an inappropriate and naïve assumption.

Before I move onto to safety, I remind the Podiatry Board thru this consultation that at this point in time we have four podiatry programs in Australia that use the term Medicine in their title. There is no validation to the removal of the term Surgeon from Podiatric Surgeon if we are using Medicine in the title of our training programs. Removing Surgeon from Podiatric Surgeon would be considered an extremely hypocritical regulatory decision.

Back to safety, which is of course the respected and key objective of the regulatory authorities.

I have been a Podiatric Surgeon for 16 years; I fortunately have not had any clinical notifications. That is not to say that I always have successful surgical and clinical outcomes, but I hope that I have provided professional care for my patients – and that they believe that I have done my best for them. If the title of Podiatric Surgeon was an unsafe and confusing title, I would expect that I would have faced clinical and professional difficulties before now, and that the large number of podiatric surgeons who have no or minimal notifications, would have also faced more difficulties. This is clearly not the case.

There are a substantial number of Podiatric Surgeons who have used the title for years without concern and cannot understand why we are being asked to change our title.

It is not our title which creates a safety risk to the public, if it were – it would be a universal problem as we all universally use the same title. What is not universal in any profession is the behaviour of its members. The training and the professional and clinical choices of any professional is what creates variation. These variations in practice are what drives progress, but simultaneously creates risk.

Variation will exist in key elements of professional behaviour, including but not limited to fees charged/expectation and promotion/communication and technique. No single practitioner will be identical to another in any of these behaviours, however all will be identical in title. Changing the title Podiatric Surgeon has no evidence or strategy to improving safety. There are no other examples of changing title that have provided improved safety, this is because it is not a normal strategy for safety improvement. It is only a proposal in our case – because we are a minority group that threatens the monopoly of other historical surgical providers. It is a political punishment that the Podiatry board of Australia cannot and should not condone.

Let's look at some other examples in medicine, where safety has been managed.

Below are the Australian statistics for sentinel events in public hospitals for the last 3 years.

As you can see there is risk involved with being hospitalised. It is very unfortunate.

Despite these unacceptable outcomes, there is not any professional group that has been asked to change their title to solve the problem. Instead, what typically happens, is an analysis of the cause of the problem and then mediation. The evidence for management of wrong site surgeries is outlined through the Australian Commission on Safety and Quality in Health Care.

"In Australia and internationally the failure to correctly identify patients and relate this information to an intended clinical intervention continues to result in wrong person or wrong site procedures, medication errors, transfusion errors and diagnostic testing errors. These errors are largely preventable. In recognition of this patient safety risk, the Australian Commission on Safety and Quality in Health Care (the Commission) established a Patient Identification program to take a national approach to reducing errors associated with the misidentification of patients and their care and improving the patient identification process."

Table 12A.42 Sentinel events, public hospitals (a), (b)

	U ni t	N S W	Vi c	Ql d	W A	SA	Ta s	A CT	NT	Au st
2021-22										
Surgery or other invasive procedure performed on the wrong site resulting in serious harm or death	n o.	–	1	–	–	–	–	–	–	1
Surgery or other invasive procedure performed on the wrong patient resulting in serious harm or death	n o.	–	–	–	–	–	–	–	–	–
Wrong surgical or other invasive procedure performed on a patient resulting in serious harm or death	n o.	–	2	–	–	–	–	–	–	2
Unintended retention of a foreign object in a patient after surgery or other invasive procedure resulting in serious harm or death	n o.	1	2	2	–	–	–	–	–	5
Haemolytic blood transfusion reaction resulting from ABO incompatibility resulting in serious harm or death	n o.	–	1	–	–	–	–	–	–	1

Suspected suicide of a patient in an acute psychiatric unit or acute psychiatric ward	n o.	7	4	2	–	2	–	–	1	16
Medication error resulting in serious harm or death	n o.	1	14	2	11	3	1	2	1	35
Use of physical or mechanical restraint resulting in serious harm or death	n o.	–	–	1	–	–	–	–	–	1
Discharge or release of an infant or child to an unauthorised person	n o.	–	–	–	–	–	–	–	–	–
Use of an incorrectly positioned oro-gastric or naso-gastric tube resulting in serious harm or death	n o.	3	–	–	–	–	–	–	–	3
Total events	n o.	12	24	7	11	5	1	2	2	64
2020-21										
Surgery or other invasive procedure performed on the wrong site resulting in serious harm or death	n o.	2	1	2	–	–	–	–	–	5
Surgery or other invasive procedure performed on the wrong patient resulting in serious harm or death	n o.	–	–	–	–	–	–	–	–	–
Wrong surgical or other invasive procedure performed on a patient resulting in serious harm or death	n o.	–	–	1	–	–	–	–	–	1
Unintended retention of a foreign object in a patient after surgery or other invasive procedure resulting in serious harm or death	n o.	2	2	2	–	–	–	–	–	6
Haemolytic blood transfusion reaction resulting from ABO incompatibility resulting in serious harm or death	n o.	–	–	–	–	–	–	–	–	–
Suspected suicide of a patient in an acute psychiatric unit or acute psychiatric ward	n o.	4	9	2	3	–	–	–	–	18
Medication error resulting in serious harm or death	n o.	11	17	5	8	4	1	1	2	49
Use of physical or mechanical restraint resulting in serious harm or death	n o.	–	–	–	–	–	–	–	–	–
Discharge or release of an infant or child to an unauthorised person	n o.	–	–	–	–	–	–	–	–	–
Use of an incorrectly positioned oro-gastric or naso-gastric tube resulting in serious harm or death	n o.	–	1	–	1	–	1	–	–	3
Total events	n o.	19	30	12	12	4	2	1	2	82
2019-20										
Surgery or other invasive procedure performed on the wrong site resulting in serious harm or death	n o.	–	–	–	1	–	1	–	–	2
Surgery or other invasive procedure performed on the wrong patient resulting in serious harm or death	n o.	–	–	1	–	–	–	–	–	1
Wrong surgical or other invasive procedure performed on a patient resulting in serious harm or death	n o.	–	–	–	–	–	–	–	–	–
Unintended retention of a foreign object in a patient after surgery or other invasive	n o.	1	2	1	1	2	–	–	–	7

procedure resulting in serious harm or death

Haemolytic blood transfusion reaction resulting from ABO incompatibility resulting in serious harm or death

n	-	-	-	-	-	-	-	-	-
o.	-	-	-	-	-	-	-	-	-

Suspected suicide of a patient in an acute psychiatric unit or acute psychiatric ward

n	2	8	3	2	-	-	-	-	15
o.									

Medication error resulting in serious harm or death

n	3	12	2	2	1	3	1	-	24
o.									

Use of physical or mechanical restraint resulting in serious harm or death

n	-	1	1	-	1	-	-	-	3
o.									

Discharge or release of an infant or child to an unauthorised person

n	-	-	-	-	-	-	-	-	-
o.									

Use of an incorrectly positioned oro-gastric or naso-gastric tube resulting in serious harm or death

n	3	-	-	-	1	-	-	-	4
o.									

Total events	n	9	23	8	6	5	4	1	-	56
	o.									

- Nil or rounded to zero.



Data is comparable (subject to caveats) across jurisdictions and over time.

Data is complete (subject to caveats) for the current reporting period.

- (a) Australian health ministers agreed version 2 of the Australian sentinel events list in December 2018. All jurisdictions implemented these categories on 1 July 2019.
- (b) Sentinel event data for prior years, reported against the previous version of the Australian sentinel events list, is available in earlier editions of this report.

Source: State and territory governments (unpublished).

Fortunately, sentinel events in Podiatric Surgery are extremely rare, and we would not expect the administrative and financial support of this type of response, however, on a much smaller scale it would be nice to see any resources utilised to advance our professionalism rather than just change our title.

There are other similar programs in Australia which have been born out of suboptimal clinical practice. The Antibiotic stewardship program, which in upon itself was a national development of aspects of the Therapeutic guidelines. These programs have been developed in order to improve clinical care and therefore improve the safety of the Australian Public. At no point was any profession threatened with a change of their Title. General practitioners did not need to declare that they had wrongly prescribed antibiotics in the past. There were no personal or professional attacks. In place, there was an assessment of cause, and an educational and promotional package based on evidence to solve the problem. On the back of the success of the antibiotics stewardship program there is now also an opioid analgesic stewardship program. These national solutions carry the name "stewardship", which means to supervise and take care of something. Surely this is in line with the objectives of the Podiatry Board of Australia.

As an individual Podiatric Surgeon and a member of the ACPS, I welcome all efforts put forward by the Podiatry Board of Australia to provide stewardship of our profession, I will not accept reactive unvalidated political action.

Last item on safety.

Surgery is not safe. Things can and do go wrong.

Here are some examples of orthopaedic errors to remind us of perspective and to ensure that the Podiatry Board of Australia understand that this is about politics not safety.

This first patient is a 55-year-old female patient who lives rurally in Victoria. She is a registered nurse and is health literate. She is suicidal because of her surgery. She cannot walk and does not want to live, she is seeking my help as a Podiatric Surgeon. She has not been protected by being operated on by a medically trained surgeon. This surgeon has a personal financial interest in the implants used.



The second patient is a General Practitioner who works in a rural GP practice in Victoria. She has had several years of surgical experience during her own career, prior to specialising in General Practice. She sought the surgical care of a colleague who she trusted and was medically trained. She is now having her surgery revised by a Podiatric Surgeon and is referring all of her patients with foot problems to Podiatric Surgeons.

weight bearing



Third case is a 70 year old man - the initial film is prior to surgery and the second xray is post-op. He is worse clinically, and requires revisional surgery, he has sought the care of a Podiatric Surgeon.



Another Queensland example here in clinical setting. This 60 year old female who works for Queensland health - and is very health literate, has had her bunions

operated on twice with no improvement. She has more pain and has additional nerve damage as a result of her surgeries. Her surgery was provided within the Queensland public health system and she is now seeking correction with a Podiatric Surgeon.



The point, I would like to make very strongly to the Podiatry Board, is not to be tricked into thinking foot and ankle surgery is always safe, can be made 100% safe, and/or is fundamentally safer when done by a medically trained "orthopaedic Surgeon." All these statements are false.

What is true of foot and ankle surgery – is that it is a difficult surgical specialty, and it requires regulatory understanding and support. A change of title – only destabilises many of the good providers of foot and ankle surgery, it does not and cannot improve safety, especially if done in isolation to any other regulatory activity.

In line with Dr Paterson's recommendations, I implore the Podiatry Board to consider the supportive aspects of his review, including mandating endorsement. This is an issue that has been brought to the Board prior as a recommendation of the ACPS, this is achievable and makes sense, it will have an immediate impact on behaviour of Podiatric Surgeons. Develop frameworks that parallel other medical and surgical disciplines, like the antibiotic and opioid stewardship programs.

Strengthen the regulatory capacity to act to limit activity of the Podiatric Surgeons with serial notifications.

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?

I do not agree with any change to title, without evidence that it will improve safety.

There are many medical and surgical specialist titles which would be poorly understood by the public. Unless there is going to be a national review of all titles to assess public awareness, I feel a change of the title of Podiatric Surgeons will only help to form a case of discrimination towards our profession.

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

Increased uncertainty about our training and services.

Reduced access and funding of our profession.

Increased litigation due to weakening our profile and increasing orthopaedic pressure on patients to take litigious action.

Increased insurance premiums therefore increased costs for patients.

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

If a change of title destabilises our profession to the point where we have reduced capacity to work and to train upcoming surgeons, a change of title will be catastrophic.

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

Regulatory litigation.

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Contact email: [Click or tap here to enter text.](#)

☒ Myself

Name: Patrick A. DeHeer, DPM

Contact email: [REDACTED]

Question B

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Profession: Podiatry

☐ 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 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?
Yes, because podiatry is the surgical and medical management of the foot and ankle.
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?
Limitation to access of care
4. What are the potential impacts, including potential costs, for podiatric surgeons of the proposed change in title?
Several studies have demonstrated through evidence-based medicine that access to podiatric surgeons reduces cost to the healthcare system and reduces adverse events for patients.
5. Are there any unintended consequences the Board might not have considered in relation to the proposed change of title?
The limitation to access to care. Studies like the Arizona Study by Armstrong et al. show clearly what happens when patients have podiatric surgery and medical care limited.

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☒ Myself

Name: Matthew Dilnot

Contact email: [REDACTED]

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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, I do not agree with the proposed change. The title, "podiatric surgeon," has been internationally recognised and protected in Australia since 2010. There is no evidence indicating that this title has caused public confusion or harm. Instead, concerns around any misunderstandings could be better addressed through educational initiatives, not by altering the title, which could diminish the profession's perceived expertise. The change also appears to counter broader healthcare reforms aimed at reducing professional silos and enhancing scope-of-practice recognition.

The title "podiatric surgeon" clearly communicates the practitioner's role, education, and expertise. This title aligns with similar surgical specialties, such as "orthopaedic surgeon," which helps consumers intuitively understand the high level of surgical expertise. A change to "surgical podiatrist" diminishes the gravitas and trust associated with the surgical designation, potentially leading patients to view these practitioners as less skilled or trained in surgery than they are. Retaining the current title ensures clear communication and maintains professional respect within the broader medical community.

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?

I do not propose an alternative title. The current title, "podiatric surgeon," is appropriate as it reflects the advanced training and skill required for podiatric surgical practice. Changing the title lacks justification and risks creating confusion about the scope and qualifications associated with this specialty.

No alternative title is needed, as "podiatric surgeon" is already effective in conveying a practitioner's expertise in both podiatry and surgery. If clarity for consumers is the goal, educational campaigns and clearer descriptions on websites or in clinic settings would be more appropriate. Providing simple resources on podiatric surgery could improve public understanding without undermining the established, well-understood title that already exists.

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

For consumers, the proposed title change could lead to a decrease in access to podiatric surgical services, especially in rural and underserved areas. By undermining the specialty's established status, private health insurers might use this change as a reason to limit rebates for podiatric surgical services, which would directly impact patient care and accessibility.

Also, the change could be confusing and may lead to a perception that "surgical podiatrists" are not equivalent to other surgical specialists. Patients often rely on specific, established titles to understand expertise and trustworthiness, and the term "surgeon" is widely recognised as indicating a certain level of skill and authority in medical procedures. Removing "surgeon" from the title could create uncertainty, leading some patients to choose alternative providers, such as orthopaedic surgeons, due to perceived prestige or safety concerns, thereby potentially limiting access to necessary care and contributing to longer wait times.

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

The title change could potentially reduce the earning potential and marketability of podiatric surgeons by weakening their perceived professional status. Patients and insurers might view podiatric surgeons as less specialised, leading to reduced referrals, fewer surgeries, and decreased reimbursement rates. Additionally, with a weaker title, podiatric surgeons may face more difficulty advocating for their services in a healthcare system that often relies on recognised titles to determine value and access. This could be financially damaging to practitioners and may discourage talented professionals from entering the field.

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

Yes, one unintended consequence could be the reinforcement of professional silos, where other specialties, such as orthopaedics, might attempt to restrict the scope of podiatric surgery further. This title change could lead to historical marginalisation trends similar to those experienced by midwifery in the early 20th century, where professional monopolies limited the development of specialised healthcare roles. This would be a step backward in healthcare reform and patient access.

Another unintended consequence might be the weakening of interprofessional respect and collaboration. In healthcare, titles help establish authority, trust, and collaboration between different specialisations. Altering the title of podiatric surgeons could lead to a lack of recognition from other surgical and medical professionals, making it more difficult for podiatric surgeons to work alongside them as equals. Furthermore, such a change could discourage future specialists from pursuing the advanced training required to become a podiatric surgeon, leading to a shortage of qualified practitioners and a reduction in service availability, particularly in under-resourced areas.

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 specialty 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

The Board publishes submissions at its discretion. The Board generally publishes submissions on its website to encourage discussion and inform the community and stakeholders. Please advise us if you do not want your submission published.

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

Contact email: [Click or tap here to enter text.](#)

☒ Myself

Name: Steven Edwards

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 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. Podiatric surgeon is the internationally recognised title for the profession and any change would put us at odds with our international colleagues. Also, 'surgical podiatrist' is grammatically incorrect (e.g. there are no surgical dentists, etc), and a change in title does not improve public understanding of our training and qualifications, but only further obfuscates them.

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. Podiatric surgeon is the internationally recognised title and accurately represents our qualifications and scope of practice. I would accept Podiatric Surgeon (Specialist Podiatrist). It is paramount that the word 'surgeon' remains, as it accurately represents my level of training, scope of practice, and what I do for a living. A change would confuse patients as to those points.

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

There is no evidence that the title podiatric surgeon is misunderstood by the community. The question-mark around it follows on from biased focus groups organised by the orthopaedic surgeons and their trainees. It is blatant pseudo-research. Any change in title would cause further confusion and would not solve any issue regarding understanding or clarity. In fact, a change in title would decrease public understanding (there is no precedent for the term 'surgical podiatrist' anywhere in the world).

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

A change in title would be catastrophic for our profession and would cause far more confusion than it solves. It would put us at odds with our international colleagues, increase confusion as to our role and training in the Australian healthcare landscape and confuse hospitals and patients as to our scope of practice (as was deemed acceptable by the internal review). A change in title will not improve public understanding but will reinforce orthopaedic turf superiority, which was their goal in the first place.

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

The title debate is nothing more than one profession bullying another. It is important for our board to support the professions specialist branch and stand up to this. The title change will increase confusion in the community. It will increase confusion in our own profession and in the wider health community. It will increase confusion with hospitals. It will increase confusion with health funds and funds may choose not to pay for services rendered by a 'surgical podiatrist', financially impacting patients.

A surgeon practices surgery. Let's keep it that way.