

Orthopaedic Unit

Department of Surgery Frankston Hospital Hastings Rd Frankston VIC 3199 Phone (03) 9784 7777

Thursday, 16 November 2023

Professor Ron Paterson

c/o AHPRA

GPO BOX 9958

Melbourne VIC 3001

Re: Public consultation – independent review of the regulation of podiatric surgeons

Dear Professor Paterson,

Thankyou for the opportunity to present this submission into the independent review of Podiatric Surgery in Australia. We support the Australian Orthopaedic Association in their submission and present several points relevant to our department. I have written this submission on behalf of the Peninsula Health Orthopaedic Unit about the role of podiatric surgery which has been concerning us for many years.

Audit

Podiatric surgeons are only subject to a brief, 30 day audit of their practice. We feel this is grossly inadequate to assess complications, change practice and prevent further patient harm. Our orthopaedic department has quarterly morbidity and mortality audits where all complications are presented for multidisciplinary peer review. All admissions, referrals and operations are collated and careful assessment of registrar experience, trends in operations and consultant involvement is made.





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In addition, we have twice-weekly 'x-ray meetings' where every patient (elective and emergency) admitted to hospital under the orthopaedic department is presented and discussed in a peer-review forum. Every patient with a complication such as an acute or delayed wound infection or loss of position of a fracture are also presented. This is an opportunity for surgical and non-surgical solutions to be discussed for patients with complex problems and provides a teaching opportunity for both junior doctors, allied health and nursing staff. Ultimately, these meetings provide best evidence based care for patients.

We question the practice of 'surgeons' who do not subject themselves to such rigorous audits. In addition to orthopaedic surgeons working in a solo private practice without peer oversight, we are concerned that podiatric surgeons are not subject to the same audit standards that are imposed at a public hospital. This lack of regulation and oversight can only result in patient harm and continuing patterns of poor behaviour, as evidenced by the high number of notifications received regarding podiatric surgeons.

Limited scope of practice

Podiatric surgeons in Victoria operate primarily out of small day centres. In the event of a complication, podiatric surgeons are unable to refer patients to a secondary or tertiary hospital for management, nor manage them while they are an inpatient at another institution. Podiatric surgeons have no ability to resuscitate or stabilise a patient, have no skills in emergency airway or circulatory management and are unable to prescribe the majority of medications. Whilst some podiatric surgeons have prescribing endorsement, their scope is limited and we are aware that some podiatric surgeons do not have prescribing endorsement at all. As a result, patients with a major complication following podiatric surgery are transferred to another centre for management.

This places an undue burden on our already stretched public system. There are additional emergency department presentations and hospital admissions. In addition, podiatric surgeons are often reluctant to share patient notes or operation reports due to fear of litigation which limits communication and delays patient management.





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We question the regulation of audit of complications for patients who have complications following podiatric surgery as major complications may be underreported because they are not managed nor treated in the podiatric surgeon's registered institution.

Title protection

The use of the title surgeon has recently been restricted. However, this restriction did not apply to allied health practitioners. We are now in the situation of medical practitioners who have undertaken a Bachelor of Surgery/Bachelor of Medicine cannot call themselves a 'surgeon', yet a Podiatrist who has not undertaken a medical degree can use the title 'surgeon'. This misleads the public as a common perception of a 'surgeon' is someone who has a medical degree and has undergone extensive additional training. We are concerned that the general public is unable to tell the difference between an orthopaedic surgeon and a podiatric surgeon, despite vastly different training programs, regulation and scope of practice.

We support the Australian Orthopaedic Foot and Ankle Society and Australian Orthopaedic Association with their statements and await the outcome of this independent review with interest.

Thank-you again for the opportunity to express our unit's concerns.

Kind Regards,



Mr Brad Crick

Head of Unit (Orthopaedics)

Peninsula Health – Frankston Hospital