

# **Public consultation**

Strengthening the regulation  
of podiatric surgeons:  
proposed reforms

5 May 2025

## Background

In October 2023, the Podiatry Board of Australia (Board) and Ahpra commissioned the *Independent review of the regulation of podiatric surgeons in Australia*<sup>1</sup> (the independent review). The purpose of the review was to get an independent view of the Board's current regulatory framework for podiatric surgeons and risks to patient safety associated with the practice of podiatric surgery, and to recommend improvements or changes that will better protect the public. The independent review was undertaken by Professor Ron Paterson.<sup>2</sup>

The final report was published in March 2024 and made 14 recommendations to better protect the public. The Board and Ahpra accepted all the recommendations. Recommendation 2 was that the Board and Ahpra strengthen the registration and practice requirements for podiatric surgeons by:

- a. requiring all podiatric surgeons to hold an endorsement for scheduled medicines
- b. strengthening the continuing professional development (CPD) registration standard to align more closely with the Medical Board's approach to practitioners reviewing their performance and measuring outcomes as part of their CPD, and
- c. developing guidelines for practitioners performing podiatric surgery.

## Summary of public consultation

The Board is inviting feedback on the following proposed reforms to strengthen the regulation of podiatric surgeons in response to recommendations 2.a and 2.c from the independent review<sup>3</sup>:

1. Proposed change to the Board's *Registration standard: Specialist registration for the podiatry specialty of podiatric surgery* to require podiatric surgeons to hold endorsement for scheduled medicines.
2. Proposed draft *Guidelines for practitioners undertaking podiatric surgery*.

The proposed amendment to the *Registration standard: Specialist registration for the podiatry specialty of podiatric surgery* (specialist registration standard) aims to strengthen the regulation of podiatric surgeons by ensuring they are adequately qualified to safely and effectively prescribe necessary scheduled medicines for their patients before and after surgery, such as pain relievers or antibiotics. This proposal is designed to enhance the overall safety and quality of care provided by podiatric surgeons, ensuring they have the knowledge and skills needed for comprehensive perioperative care.

The proposed draft *Guidelines for practitioners undertaking podiatric surgery* aim to strengthen registration and practice requirements for podiatric surgeons. They cover key areas including patient selection, informed consent, perioperative care, and postoperative patient management. The draft guidelines have been informed by the Medical Board of Australia's (MBA) *Guidelines for registered medical practitioners who perform cosmetic surgery and procedures*.<sup>4</sup>

The two proposals will form part of the [professional performance framework](#) for podiatric surgeons that the Board has developed in response to recommendation one from the independent review.<sup>5</sup>

## Making a submission

There are specific questions for each proposal that you may wish to address in your response.

You can provide your feedback using the response template that is published with this consultation paper on the Board's website. Please send your submission as a Word document by email to: [podiatryconsultation@ahpra.gov.au](mailto:podiatryconsultation@ahpra.gov.au).

Public consultation is open until **4 July 2025**.

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1 The final report and more information about the independent review is available from the Board's [webpage](#).

2 Professor Ron Paterson is Emeritus Professor of Law at the University of Auckland and Senior Fellow at Melbourne Law School. Prof Paterson is an international expert on patients' rights, complaints, safety and quality and the regulation of health professions and was formerly New Zealand Health and Disability Commissioner and Parliamentary Ombudsman.

3 Public consultation on a proposal to strengthen the CPD requirements for podiatric surgeons in response to recommendation 2.b from the independent review of the regulation of podiatric surgeons will be undertaken separately when the Board's consults on a proposed revised CPD registration standard.

4 The MBA's *Guidelines for registered medical practitioners who perform cosmetic surgery and procedures* are available on the [Codes, Guidelines and Policies](#) page of the MBA's website

5 Recommendation 1 was that the Podiatry Board and Ahpra develop a professional performance framework for the podiatric surgery specialty which is informed by the Medical Board's framework, and which captures the relevant recommendations in the final report.

## Publication of submissions

The Board publishes submissions at its discretion. We generally publish submissions on our 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.**

### Next steps

Your feedback will help inform the Board's consideration when drafting the final version of the revised specialist registration standard and the *Guidelines for practitioners undertaking podiatric surgery*.

The revised specialist registration standard must be approved by Health Ministers.

## Attachments

- Attachment A: Draft proposed revised *Registration standard: Specialist registration for the podiatry specialty of podiatric surgery*
- Attachment B: Draft proposed *Guidelines for practitioners undertaking podiatric surgery*
- Attachment C: The Board's *Statement of assessment against Ahpra's Procedures for the development of registration standards, codes and guidelines*
- Attachment D: The Board's *Patient and consumer health and safety impact statement*

## Contents

<b>Strengthening the regulation of podiatric surgeons: proposed reforms.....</b>	<b>2</b>
Background.....	2
Summary of public consultation .....	2
Making a submission.....	2
Publication of submissions .....	3
Attachments .....	4
<b>Proposal one: Proposed change to the Registration standard: Specialist registration for the podiatry specialty of podiatric surgery to require podiatric surgeons to hold endorsement for scheduled medicines .....</b>	<b>6</b>
Consultation questions .....	7
<b>Proposal two: Draft Guidelines for practitioners undertaking podiatric surgery.....</b>	<b>8</b>
Consultation questions .....	8

# Proposal one: Proposed change to the Registration standard: Specialist registration for the podiatry specialty of podiatric surgery to require podiatric surgeons to hold endorsement for scheduled medicines

## Recommendation 2a from the independent review:

The Podiatry Board and Ahpra strengthen the registration and practice requirements for podiatric surgeons by:

- a. requiring all podiatric surgeons to hold an endorsement for scheduled medicines

The independent review recommended that the Board and Ahpra enhance the registration and practice standards for podiatric surgeons by mandating that all podiatric surgeons hold an endorsement for scheduled medicines. The aim of this recommendation was to enhance safety and quality across the full spectrum of podiatric care by ensuring podiatric surgeons possess the knowledge and skills to prescribe and use scheduled medicines safely and effectively as an integral part of their podiatric surgery practice. This includes pre-surgical assessments, appropriate pain and infection management, perioperative care, and postoperative recovery, ensuring comprehensive and safe treatment at each stage of the surgical process.

To implement this recommendation, the Board is proposing to include this requirement in its specialist registration standard in the section, 'When you apply for specialist registration', as indicated below.

### ***When you apply for specialist registration***

*You must:*

1. *Meet the requirements for specialist registration as set out in the National Law, including the eligibility requirements in section 57.*
2. *Provide evidence of having completed a minimum of two years full-time (or equivalent) general podiatry practice in a clinical setting that:*
  - *involved practising for a minimum of 35 hours per week in a clinical setting where at least 80 per cent of work as a registered podiatrist involved direct clinical care and management of podiatric pathology, and*
  - *was completed before you started the program of study that led to the qualification(s) you are relying on to support your eligibility for specialist registration.*

*The general podiatry practice may be undertaken outside Australia, subject to assessment and approval by the Board.*

3. *Hold endorsement for scheduled medicines.*

*Your general registration must be endorsed for scheduled medicines before you start the program of study that led to the qualification(s) you are relying on to support your eligibility for specialist registration, and you must maintain your endorsement while you hold specialist registration.*

You can also see the proposed change in the specialist registration standard at [Attachment A](#), in the 'When you apply for specialist registration' section.

### **Aim of the proposed change**

This proposed change strengthens the registration and practice requirements by ensuring that podiatric surgeons have the knowledge and skills to safely and effectively prescribe and use scheduled medicines where required as part of their practice of podiatric surgery. This requirement is designed to enhance the overall safety and quality of care provided by podiatric surgeons, ensuring they have the knowledge and skills needed for comprehensive perioperative care.

The proposed requirement to hold endorsement for scheduled medicines before starting podiatric surgery education and training is to ensure that practitioners have a period of maturation and exposure to the use of scheduled medicines for the treatment of podiatric conditions. This will consolidate their knowledge in this area of practice before starting study in the specialised practice of podiatric surgery and enable practitioners to build on that knowledge during their podiatric surgery training.

It will also ensure that practitioners have met the requirements to hold endorsement for scheduled medicines when they finish their specialty training and apply for specialist registration.

## Overseas trained podiatric surgeons

The Board is proposing that from 1 December 2028, an overseas trained podiatric surgeon applying for specialist registration (and not general registration) may be granted specialist registration and be required to provide an undertaking to the Board that they would obtain endorsement for scheduled medicines by a specified date.

The Board is proposing to include this requirement in the specialist registration standard. You can see the proposed change to the standard at Attachment A in the 'Overseas qualified podiatric surgeons' section.

These are the only changes that the Board is proposing to make to the specialist registration standard given that it was last reviewed in 2022.<sup>6</sup>

## Proposed transitional arrangements

The Board is proposing the following transitional arrangements to ensure practitioners and students are given sufficient time to meet this new requirement:

- current podiatric surgeons will have until 1 December 2028 to obtain endorsement for scheduled medicines
- current students enrolled in an approved podiatric surgery program of study will have until 1 December 2028 to obtain endorsement for scheduled medicines
- from 1 December 2028, podiatrists will need to hold endorsement for scheduled medicines before starting podiatric surgery education and training.

The Board is seeking feedback on its proposal to require podiatric surgeons to hold endorsement for scheduled medicines and obtain this endorsement before beginning their surgical training.

## Consultation questions

- Question 1: Do you agree that podiatric surgeons should be required to hold endorsement for scheduled medicines? Why or why not?
- Question 2: Do you think the endorsement should be obtained before starting surgical training? Why or why not?
- Question 3: Is the wording of the proposed requirement clear? Is there any content that needs to be changed, added or removed?
- Question 4: Would the proposed requirement result in any adverse impacts for practitioners, patients or other stakeholders? If yes, please describe them.
- Question 5: Would the proposed requirement result in any potential negative or unintended impacts for patients and consumers, particularly members of the community who may be vulnerable? If so, please describe them.
- Question 6: Do you think the proposed transitional arrangements are reasonable? Why or why not?
- Question 7: Do you have any other comments on the proposed requirement for podiatric surgeons to hold an endorsement for scheduled medicines?
- Question 8: Do you have any comments on the proposed requirement for overseas trained podiatric surgeons?

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<sup>6</sup> A revised specialist registration standard was consulted on in 2022, after which it was approved by Health Ministers in April 2023. Publication of the revised standard was delayed enabling the Board to consider the findings and recommendations from the independent review. Based on the independent review's recommendations, the Board is now undertaking further consultation on an amendment that would require all podiatric surgeons to hold an endorsement for scheduled medicines.

## Proposal two: Draft Guidelines for practitioners undertaking podiatric surgery

### Recommendation 2c from the independent review

The Podiatry Board and Ahpra strengthen the registration and practice requirements for podiatric surgeons by:

- c. developing guidelines for practitioners performing podiatric surgery

The independent review found there is a need to strengthen the guidance for podiatric surgeons about what is expected of them in the practice of podiatric surgery.

To implement this recommendation the Board has developed draft proposed *Guidelines for practitioners undertaking podiatric surgery* (the draft proposed guidelines). The draft proposed guidelines were informed by the Medical Board of Australia's (MBA) *Guidelines for registered medical practitioners who perform cosmetic surgery and procedures*<sup>7</sup>. The draft proposed guidelines provide a framework for podiatric surgeons to ensure safe and effective podiatric surgery practice. The Board considers this will enhance patient outcomes and better protect the public and patients of podiatric surgeons. The draft proposed guidelines are at [Attachment B](#) for your feedback.

The guidelines would complement the *Code of conduct*, the Board's other standards and guidelines, and the professional capabilities for podiatric surgeons.

The Board is committed to creating robust guidelines to support podiatric surgeons in delivering safe and quality care and stakeholder feedback on the draft proposed guidelines is crucial to refining them to ensure that they are practical, comprehensive, and effective in promoting high standards of care for the podiatric surgery specialty.

The Board is seeking feedback on the proposed draft guidelines.

## Consultation questions

- Question 1: Is the proposed content, language and structure of the proposed draft guidelines clear, relevant and workable? Why or why not?
- Question 2: Is there any content that needs to be changed, added or removed? If yes, please provide details.
- Question 3: Would the proposed guidelines result in any adverse impacts for practitioners, patients or other stakeholders? If yes, please describe them.
- Question 4: How effective do you believe the proposed guidelines will be in enhancing the quality and safety of podiatric surgery practice for patients?
- Question 5: Would the proposed guidelines result in any potential negative or unintended impacts for patients and consumers, particularly members of the community who may be vulnerable? If so, please describe them.
- Question 6: Do you have any other comments on the draft guidelines?

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<sup>7</sup> Medical Board of Australia (MBA), *Guidelines for registered medical practitioners who perform cosmetic surgery and procedures*, July 2023. Available from [the MBA's website](#).



# Attachment A

## Registration standard: Specialist registration for the podiatry specialty of podiatric surgery

Effective date: TBC

This registration standard sets out the Podiatry Board of Australia's requirements for specialist registration for the podiatry specialty of podiatric surgery<sup>1</sup>.

### Background

Ministerial Council has approved specialist registration for the podiatry specialty of podiatric surgery, with the specialist title of 'podiatric surgeon'.

Under the National Law, practitioners with specialist registration can use the protected title associated with their specialist registration. It is a breach of the National Law for practitioners to use a protected specialist title if they do not have specialist registration in the relevant specialty.

### Does this standard apply to me?

This standard applies if you are applying:

- for specialist registration as a podiatric surgeon, or
- to renew your specialist registration as a podiatric surgeon.

### What must I do?

#### When you apply for specialist registration

You must:

1. Meet the requirements for specialist registration as set out in the National Law, including the eligibility requirements in section 57.
2. Provide evidence of having completed a minimum of two years' full-time (or equivalent) general podiatry practice in a clinical setting that:
  - involved practising for a minimum of 35 hours per week in a clinical setting where at least 80 per cent of work as a registered podiatrist involves direct clinical care and management of podiatric pathology, and
  - was completed before you started the program of study that led to the qualification(s) you are relying on to support your eligibility for specialist registration.

The general podiatry practice may be undertaken outside Australia, subject to assessment and approval by the Board.

#### 3. Hold endorsement for scheduled medicines.

Your general registration must be endorsed for scheduled medicines before you start the program of study that led to the qualification(s) you are relying on to support your eligibility for specialist registration, and you must maintain your endorsement while you hold specialist registration.

4. Meet the requirements for general registration as a podiatrist in Australia and any additional requirements for podiatric surgeons as specified in the Board's registration standards, including the Board's *Registration standard: Continuing professional development*.

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<sup>1</sup> Key terms are defined in the Definitions section of this standard.

# What does this mean for me?

## At application for registration

You must meet the requirements of this registration standard when you apply for specialist registration.

## At renewal of registration

When you apply to renew your specialist registration, you must:

1. complete a renewal of registration application that includes the annual renewal statement in accordance with the provisions in the National Law (section 109), and
2. demonstrate compliance with any conditions or undertakings on your registration.

The Board may require further information, or may require you to undergo an investigation, examination or assessment consistent with section 110 of the National Law to determine whether to renew your registration.

## Period of specialist registration

The Board will initially grant specialist registration for the period until the following 30 November. Thereafter, specialist registration may be renewed for 12 months, with an annual expiry date of 30 November.

## More information

### Qualifications for specialist registration

Section 58 of the National Law sets out the requirements to be qualified for specialist registration.

You are qualified for specialist registration if you:

- hold an approved qualification for the specialty, or
- hold another qualification the Board considers to be substantially equivalent, or based on similar competencies to an approved qualification for the specialty, or
- hold a qualification (not referred to above) that is relevant to the specialty and you have successfully completed an examination or other assessment required by the Board for the purpose of registration in the specialty, or
- hold a qualification that qualified you for specialist registration (however described) under the National Law or the corresponding prior Act and you were previously registered under the National Law.

### Overseas qualified podiatric surgeons

If you obtained your podiatric surgery qualifications outside Australia, your qualifications will be assessed as part of your application for specialist registration.

Information about the pathway to registration in Australia for overseas qualified podiatric surgeons, including assessment criteria can be found on the Board's website at [overseas qualified podiatric surgeons](#).

### Endorsement for scheduled medicines

From 1 December 2028, if you are applying for specialist registration (and not general registration) you may be granted specialist registration and be required to provide an undertaking to the Board that you would obtain endorsement for scheduled medicines by a specified date.

A failure to comply with an undertaking could result in refusal of renewal of registration.

### Register of podiatrists and Specialists register

Practitioners may hold both general registration as a podiatrist and specialist registration as a podiatric surgeon. These practitioners will be included on the Register of podiatrists and the Board's Specialists register.

If you only hold specialist registration, your name is only recorded on the Specialists register.

### Limited scope of practice

If you hold specialist registration, but do not hold general registration, your scope of practice will be limited to your area of specialist practice in podiatric surgery. This will be recorded on the Board's Specialists register.

## What happens if I do not meet this standard?

The National Law establishes possible consequences if you don't meet this standard, including that:

1. The Board can impose a condition or conditions on your registration or can refuse your application for registration or renewal of registration, if you do not meet a requirement in an approved registration standard for the profession (sections 82, 83 and 112 of the National Law), and
2. Registration standards, codes or guidelines may be used in disciplinary proceedings about health practitioners as evidence of what constitutes appropriate practice or conduct for the health profession (section 41 of the National Law).

## Authority

This registration standard was approved by the Ministerial Council on <date>

Registration standards are developed under section 38 of the National Law and are subject to wide-ranging consultation.

## Definitions

**Approved qualification for specialist registration** means a qualification obtained by completing an approved program of study for the specialty of podiatric surgery. A list of approved programs of study for specialist registration is published on the Board's website at [www.podiatryboard.gov.au/](http://www.podiatryboard.gov.au/).

**National Law** means the Health Practitioner Regulation National Law, as in force in each state and territory.

## Review

This registration standard will be reviewed from time to time as required. This will generally be at least every five years.

**Last reviewed:** <date>

This standard replaces the previous specialist registration standard dated 25 February 2015.

# Attachment B

## Draft Guidelines for practitioners undertaking podiatric surgery

### Introduction

These guidelines have been developed by the Podiatry Board of Australia (the Board) under section 39 of the Health Practitioner Regulation National Law (the National Law) as in force in each state and territory. They aim to inform podiatric surgeons and the community about the Board's expectations of podiatric surgeons when undertaking podiatric surgery.

These guidelines complement the Board's policies, guidelines and other regulatory documents including the *Code of conduct* and the professional capabilities for podiatric surgeons. They should be read in conjunction with the Board's registration standards, including the registration standards for specialist registration, recency of practice, continuing professional development (CPD), professional indemnity insurance arrangements, the *Guidelines for registered health practitioners and students in relation to blood-borne viruses*, and the shared advertising guidelines.

### Who do these guidelines apply to?

These guidelines apply to all registered podiatric surgeons except those with non-practising registration.

### How will the Board use these guidelines?

Section 41 of the National Law states that an approved registration standard or a code or guideline approved by the Board is admissible in proceedings under this Law or a law of a co-regulatory jurisdiction against a practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the profession.

These guidelines can be used to assist the Board in its role of protecting the public, by setting and maintaining standards of podiatric surgery practice. If a podiatric surgeon's professional conduct varies significantly from these guidelines, the practitioner should be prepared to explain and justify their decisions and actions. Serious or repeated failure to meet these guidelines may have consequences for a podiatric surgeon's registration.

#### 1. Recognising potential conflicts of interest

- 1.1. Podiatric surgeons must recognise that conflicts of interest can arise when providing podiatric surgery and must ensure that the care and wellbeing of their patient is their primary consideration.

#### 2. Assessment of patient suitability

- 2.1. The podiatric surgeon who will perform the surgery must discuss and assess the patient's understanding and expectations of the surgical outcomes.
- 2.2. The podiatric surgeon who will perform the surgery must discuss other options with the patient, including procedures or treatment offered by other health practitioners and the option of not having surgery.
- 2.3. The podiatric surgeon who will perform the surgery must also correspond or discuss the patient's proposed management plan with at least one other health practitioner to confirm the suitability of the proposed treatment unless it is a cutaneous procedure performed in an office-based setting or waiting would put the patient at risk of immediate harm to their health. This could include correspondence or discussion with another podiatric surgeon, a general practitioner, or another health practitioner known to the patient.
- 2.4. A podiatric surgeon must only perform surgery where it is in the best interest of the patient, where it is within the limits of the individual competence and scope of practice of the podiatric surgeon and where conservative management has not been effective. Podiatric surgeons must recognise and evaluate evidence for effective management of the patient's condition, including when it is appropriate to:

- 'do nothing'
- implement treatments, and/or
- make referrals to other health practitioners, including another podiatrist or specialist.

### 3. Patient consultation type and timing

#### Number and type of consultation

- 3.1. A patient seeking podiatric surgery must have at least one preoperative consultation before consenting to surgery to understand the impact and extent of conservative management options and why these have not met the patient's expectations. This is unless waiting would put the patient at risk of immediate harm to their health. Examples of immediate harm may include where a patient requires a biopsy for suspected malignancy or where a patient requires urgent care for confirmed infection relating to a foreign body, implant or joint.
- 3.2. At least one preoperative and one postoperative consultation must be in person with the podiatric surgeon who will perform the surgery.
- 3.3. Subsequent consultation(s) can be in person or by virtual care. Consultations undertaken by virtual care must occur in accordance with the National Boards' document [Information for practitioners who provide virtual care](#).

#### When consent can be given

- 3.4. The patient, or where the patient does not have the capacity to give informed consent their substitute decision-maker, must not be requested to sign consent forms at their first consultation, unless the procedure is a cutaneous procedure performed in an office-based setting or waiting would put the patient at risk of immediate harm to their health.
- 3.5. The patient cannot consent to podiatric surgery until they have had an in-person consultation with the podiatric surgeon who will perform the surgery, unless waiting would put the patient at risk of immediate harm to their health.
- 3.6. The decision to have the surgery (provision of informed consent) must be made at a consultation with the podiatric surgeon who will perform the procedure (in person or by virtual care), unless waiting would put the patient at risk of immediate harm to their health.

#### Cooling-off period

- 3.7. There must be a cooling-off period of at least seven days after the patient has had one consultation and given informed consent before the surgery can be booked or a deposit paid, unless the procedure is a cutaneous procedure performed in an office-based setting or waiting would put the patient at risk of immediate harm to their health.

### 4. Additional responsibilities when providing podiatric surgery for patients under the age of 18 years

- 4.1. In addition to the other requirements in these guidelines for podiatric surgery, the following applies to patients under the age of 18.
- 4.2. Podiatric surgeons must know and comply with relevant legislation of the jurisdiction in which they practise, in relation to restrictions on surgery for patients under the age of 18.
- 4.3. The podiatric surgeon who will perform the surgery:
  - must assess and be satisfied that the patient has the capacity to understand the reasons and agrees to the surgery
  - should, to the extent that it is practicable, have regard for the views of a parent or guardian of the patient under 18, including whether the parent or guardian supports the surgery being performed and consents, and
  - must have the additional skills and training required to perform surgery and associated postoperative care relevant to the growth and developmental needs of patients under the age of 18.

## 5. Informed consent<sup>1</sup>

### Informed consent about surgery

- 5.1. The podiatric surgeon who will perform the surgery must provide the patient with enough accurate, clear, understandable information for them to make an informed decision about whether to have the surgery. The practitioner must have a verbal consent discussion with the patient as well as provide written information in plain language. Practitioners should take all practical steps to provide information in a language understood by the patient. Information provided must not minimise the complexity of the surgery, overstate results or imply patients can achieve outcomes that are not realistic.
- 5.2. When providing information to Aboriginal and Torres Strait Islander patients, advice and support may be obtained from Aboriginal and Torres Strait Islander hospital liaison officers, health workers, and/or Health Practitioners to support effective communication and enable the patient to make an informed decision about whether to have the surgery.
- 5.3. Information provided to patients must cover:
  - the surgery and its intended purpose, including:
    - what the surgery involves (including the expected type of anaesthesia<sup>2</sup> and pain management)
    - where the surgery will be performed
    - whether the surgery is new or experimental
    - the range of possible outcomes of the surgery, in the short and long term
    - the risks and possible complications associated with the surgery, in the short and long term
    - the risks specific to the patient including the possible impact of any comorbidities the patient has
    - the possibility of the need for revision surgery or further treatment in the short term or the long term
    - recovery times and specific care requirements during the recovery period
  - the podiatric surgeon, including:
    - the name of the podiatric surgeon performing the surgery
    - the practitioner's qualifications, training and experience (see sections 9 and 10)
    - which other practitioners will be involved in the surgery (if applicable)
  - making a complaint if the patient is dissatisfied (see section 8 for more detail)
  - what de-identified surgical data may be provided to research institutions or other organisations for use in clinical audits, clinical registries or other similar research, including information on how this information will be stored and how long it will be kept for.
- 5.4. For any podiatric surgery that includes an implantable device, the patient must be given the Therapeutic Goods Administration (TGA) approved patient information leaflet (PIL) (before the surgery) and the patient implant card (PIC) (after the surgery) for the device, noting that implantable devices should only be used where authorised under relevant legislation.
- 5.5. Informed consent must be obtained by the podiatric surgeon who will perform the surgery. This cannot be delegated to another person. The podiatric surgeon must take reasonable steps to ensure the patient understands the information provided.
- 5.6. Informed consent for surgery must be obtained at a consultation (in person or by virtual care) at least seven days before and reconfirmed on the day of the surgery unless the procedure is a cutaneous procedure performed in an office-based setting or waiting would put the patient at risk of immediate harm to their health. Informed consent must be documented appropriately and a copy of the signed consent form must be given to the patient.

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1 Informed consent is a person's voluntary decision about healthcare that is made with knowledge and understanding of the available treatment options, their benefits, side-effects and risks, as well as alternative options available and their likely outcome(s). Informed consent is described in more detail in the *Board's Professional capabilities for podiatric surgeons, 2022* which is available [from the Board's website](#).

2 The Australian and New Zealand College of Anaesthetists (ANZCA) states that there are several types of anaesthesia that may be used individually or in combination, depending on the surgery. These include sedation, regional anaesthesia and general anaesthesia.

## Informed financial consent

- 5.7. The podiatric surgeon who will perform the surgery must provide the patient with clear information about all potential costs associated with the surgery, including:
- the total cost of the procedure, including where relevant:
    - podiatric surgeon's fee
    - costs of any implants or other devices
    - fees of other members of the surgical team (for example, anaesthetists and other medical practitioners; surgical assistants, including podiatric surgeon registrars; and nursing staff) and any other fees (costs if known, indicative cost or information on how to find out these costs)
    - facility costs, for example, theatre fees, and private hospital or day procedure centre (costs if known, indicative cost or information on how to find out these costs)
  - details of deposits and payments required and payment dates
  - arrangements for refund of deposits, if required
  - payments for follow-up care, including any walking aids or assistive technology to support recovery
  - possible costs for other allied health services or other care required postoperatively
  - possible further costs for revision surgery or additional treatment
  - advice that podiatric surgery is not covered by Medicare.

## Informed consent for the use of images, photographs or videos

- 5.8. Consent must be obtained for any photographs or videos a practitioner proposes to take of a patient, their foot, any foreign bodies or removed tissue or bone in a consultation or during the surgery. The patient must be given information about the proposed use of any images of them, including:
- the purpose (for example, for patient record only, for advertising or education)
  - how the images will be used (for example, stored in patient's record, shown to prospective patients in consultations, for education purposes, published on website and posted on social media<sup>3</sup>),
  - the timeframe for how long the images will be used or stored for
  - where they will be stored and who will have access, noting that podiatric surgeons must not store patient images on a personal device
  - how the images will be securely disposed of.
- 5.9. Patients must be given an opportunity to view images after consenting to their use.
- 5.10. Patients have the right to refuse use of their images in advertising or education and a patient cannot be required to agree to use of their images for these purposes.
- 5.11. Consent for the use of images must be separate from consent to the surgery. Patients must be allowed to withdraw their consent to use of their images and the practitioner must promptly stop using images (for example, not show them to prospective patients, delete them) if a patient withdraws consent. A patient's consent for taking, use and storage of any images must be documented.
- 5.12. Where the patient is under 18, the podiatric surgeon must provide the information to both the child and legal guardian and obtain informed consent for photos or videos from both the child and their legal guardian.

## 6. Patient management

- 6.1. The podiatric surgeon who will perform the surgery is responsible for the management of the patient. This includes ensuring the patient receives appropriate perioperative care as well as ongoing postoperative care.
- 6.2. If the podiatric surgeon who performed the surgery is not personally available to provide postoperative care, they must have formal alternative arrangements in place, including a nominated delegate who is a suitably qualified healthcare practitioner. These arrangements must be made in advance, in writing, and made known to the patient, other treating practitioners and the relevant facility or hospital.
- 6.3. When a podiatric surgeon performs surgery (including in a location other than their primary place of practice such as those who visit or 'fly-in fly-out' of a second rural or interstate location<sup>4</sup>) the podiatric surgeon must be available in person for at least 24 hours after the completion of the patient's surgery.

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<sup>3</sup> If using images of Aboriginal and Torres Strait Islander Peoples, a Cultural Warning should be utilised to uphold cultural protocol.

<sup>4</sup> Fly-in, fly-out is where a health practitioner provides health services in a location that is not their primary place of practice on a short-term basis. For example, a health practitioner might fly to a rural town or a remote community for a few days every month. The term 'fly-in, fly-out' is used in this document to include other modes of transport, such as 'drive-in, drive-out'.



Ongoing postoperative care can be delegated after the first 24 hours within an established collaborative care agreement with appropriate healthcare practitioners who have the ability to manage postoperative complications.

- 6.4. When a patient may need sedation, anaesthesia and/or analgesia for podiatric surgery, the podiatric surgeon who will perform the surgery must comply with the Australian and New Zealand College of Anaesthetists' (ANZCA) guidance on procedural sedation<sup>5</sup> and ensure that there are trained staff, facilities and equipment to deal with any emergencies, including resuscitation of the patient.
- 6.5. There must be protocols in place for managing complications and emergencies that may arise during the surgery or in the immediate postoperative phase.
- 6.6. Collaborative care arrangements with the wider healthcare team, as indicated by a patient's history and needs, should be considered preoperatively, organised prior to the patient leaving surgical setting and made known to the patient.
- 6.7. Written instructions must be given to the patient before leaving the surgical setting, including:
  - contact details for the:
    - podiatric surgeon who performed the surgery
    - delegated health practitioner in case the podiatric surgeon who performed the surgery is not available, where relevant
  - details of the surgery performed and the anaesthesia used
  - the usual range of expected post-surgical symptoms
  - instructions for the patient if they experience unusual pain or symptoms (escalation points and who to contact and when)
  - instructions for medication, dressings, activity restrictions and self-care, and
  - dates and details of follow-up visits.
- 6.8. Healthcare records must include the surgery performed, described in enough detail to enable another practitioner to take over postoperative care and/or operate on the patient in the future with an adequate understanding of what has been done.

## **7. Provision of patient care (including consultations) by other health practitioners**

- 7.1. The podiatric surgeon who performs the surgery is responsible for ensuring that any other person participating in the patient's care has appropriate qualifications, training and experience, and is adequately supervised as required.
- 7.2. When a podiatric surgeon is assisted by or assigns an aspect of the surgery or patient care to another registered health practitioner, the podiatric surgeon who performs the surgery retains overall responsibility for the patient. This does not apply when the podiatric surgeon has formally referred the patient to another registered health practitioner.

## **8. Complaints**

- 8.1. Patients who are dissatisfied have the right to make a complaint. The podiatric surgeon must provide all patients with information before the surgery, about the range of complaints mechanisms available including:
  - raising and resolving the complaint directly with the podiatric surgeon who provided the surgery
  - accessing the complaint process of the practice, facility or hospital
  - making a complaint to the health complaints entity in the state or territory where the surgery was performed
  - making a complaint to Ahpra, the Health Care Complaints Commission or the Podiatry Council of NSW (in NSW) or the Office of the Health Ombudsman (in Queensland).
- 8.2. Podiatric surgeons must ensure any non-disclosure agreement (NDA) they use makes clear that a patient, or a person on behalf of the patient, can still make a complaint to Ahpra, the Health Care Complaints Commission or the Podiatry Council of NSW (in NSW) or the Office of the Health Ombudsman (in Queensland).

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<sup>5</sup> ANZCA, PG09(G) *Guideline on procedural sedation 2022*, available from [the ANZCA website](#).



## 9. Training and experience

- 9.1. The Board expects that at a minimum, a podiatric surgeon will have undertaken appropriate surgical skills training, training in the specific podiatric surgery being offered, and have recent practice relating to the specific surgical technique to be performed, to ensure they are safe to perform the surgery.

## 10. Qualifications and titles

- 10.1. A podiatric surgeon must not make claims about their qualifications, experience or expertise that could mislead patients by implying the practitioner is more skilled or more experienced than is the case. To do so is a breach of the National Law (sections 117–119).

## 11. Advertising and marketing requirements

- 11.1. Advertising material, including practice and practitioner websites and social media, must comply with the Board's Guidelines for advertising a regulated health service, the current Therapeutic Goods Advertising Code and the advertising requirements of section 133 of the National Law and any other relevant guidance that the Board may publish from time to time.
- 11.2. Podiatric surgeons must clearly inform their patient of their profession and their registration type, for example, specialist registration, and their qualifications and training.

## 12. Facilities

- 12.1. Podiatric surgeons must know and comply with relevant legislation, regulations and standards of the jurisdiction in which they are practising in relation to facilities, including appropriate licensing where the surgery will be performed (such as private rooms, day procedure centre, or private hospital).
- 12.2. Where podiatric surgery is performed in a private hospital or day procedure centre, the facility must be accredited by an Australian Commission on Safety and Quality in Health Care (ACSQHC) approved agency to ACSQHC standards and where the practitioner is credentialed to perform surgery in that facility.
- 12.3. Podiatric surgery must be performed in a facility that is appropriate for the level of risk involved in the procedure and the risk profile of the patient. Facilities must be appropriately staffed and equipped to manage possible complications and emergencies.

## 13. Financial arrangements

- 13.1. The podiatric surgeon must not provide or offer to provide financial inducements (such as a commission) to agents for recruitment of patients.
- 13.2. The podiatric surgeon must not provide or offer to provide free or discounted surgery to prospective patients for promotion of podiatric surgery or services.
- 13.3. The podiatric surgeon must not offer, promote or recommend financing schemes to patients, either directly or through a third party, such as loans or commercial payment plans, as part of the surgery. This does not preclude a practitioner from informing patients of accepted payment methods such as credit cards, buy now, pay-later products (for example Afterpay, Openpay, Zip Pay) or from offering the option to pay for podiatric surgery in instalments in a non-commercial payment arrangement between the podiatric surgeon and patient.
- 13.4. Podiatric surgeons must not encourage patients to take on debt (for example, personal loans, remortgage) or access superannuation, to access podiatric surgery.
- 13.5. Podiatric surgeons must not offer patients additional products or services that could act as an incentive to surgery (such as free or discounted flights or accommodation).
- 13.6. Podiatric surgeons must:
  - ensure that they do not have a financial conflict of interest that influences the advice that they provide to their patients
  - disclose any financial interests that could be perceived as influencing the advice that they provide to their patients.

## Review

Date of issue: [TBC]

The Board will review these guidelines from time to time as required. This will generally be at least every three years.

# Attachment C

## Statement of assessment against Ahpra's Procedures for the development of registration standards, codes and guidelines

### Strengthening the regulation of podiatric surgeons: proposed reforms

#### Introduction

Section 25 of the Health Practitioner Regulation National Law (the National Law) as in force in each state and territory requires the Australian Health Practitioner Regulation Agency (Ahpra) to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice.

Ahpra's *Procedures for the development of registration standards, codes and guidelines* (2023) are available on the [Ahpra Resources webpage](#).

#### Context – issue or problem statement

In October 2023, the Podiatry Board of Australia (the Board) and Ahpra commissioned an *Independent review of the regulation of podiatric surgeons in Australia*<sup>1</sup> to get an independent view of the current regulatory framework for podiatric surgeons, any risks to patient safety, and recommend improvements to better protect the public.

The final report was published in March 2024, making 14 recommendations to better protect the public, all of which were accepted by the Board and Ahpra. Recommendation 2 was that the Board and Ahpra strengthen the registration and practice requirements for podiatric surgeons by:

- a. requiring all podiatric surgeons to hold an endorsement for scheduled medicines
- b. strengthening the continuing professional development (CPD) registration standard to align more closely with the Medical Board's approach to practitioners reviewing their performance and measuring outcomes as part of their CPD, and
- c. developing guidelines for practitioners performing podiatric surgery.

The Board's proposed reforms to strengthen the regulation of podiatric surgeons outlined in this public consultation paper are in response to recommendations 2.a and 2.c from the independent review<sup>2</sup> and aim to ensure that podiatric surgeons maintain the highest standards of practice. The Board's proposals are designed to enhance public safety and provide clearer guidance for practitioners and aim to address the risks identified in the review.

The proposals will form part of the Board's professional performance framework for podiatric surgeons.

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1 The review was undertaken by Professor Ron Paterson. The final report and more information about the review is available on the Board's [webpage](#).

2 Public consultation on a proposal to strengthen the CPD requirements for podiatric surgeons in response to recommendation 2.b from the independent review of the regulation of podiatric surgeons will be undertaken separately when the Board's consults on a proposed revised CPD registration standard.

## Assessment

Below is the Board's assessment of the Board's proposals to strengthen the regulation of podiatric surgeons taking account of the Ahpra procedures.

### 1. Describe how the proposal:

- 1.1 takes into account the paramount principle, objectives and guiding principles in the National Law<sup>3</sup>
- 1.2 draws on available evidence, including regulatory approaches by health practitioner regulators in countries with comparable health systems

The Board considers that the proposals meet the paramount principle, objective and guiding principles in the National Law.

The proposed requirement for podiatric surgeons to hold endorsement for scheduled medicines draws on the evidence and findings from the Independent review of the regulation of podiatric surgeons (independent review) and addresses recommendation 2.a. that the Board strengthen the registration and practice requirements for podiatric surgeons by requiring all podiatric surgeons to hold an endorsement for scheduled medicines to ensure they are adequately qualified to prescribe the necessary medicines for their patients both before and after surgery.

This proposal takes into account the National Scheme's key objective of protecting the public by ensuring podiatric surgeons have the knowledge and skills to safely and effectively use and prescribe scheduled medicines for the treatment of podiatric conditions and provide appropriate and timely perioperative care. This includes prescribing pain medication, antibiotics or other medicines within the scope of their endorsement for their patients.

The Board's proposal to include this requirement in the Board's *Registration standard: Specialist registration for the podiatry specialty of podiatric surgery* (specialist registration standard) supports the National Scheme's guiding principle to operate in a transparent, accountable, efficient, effective and fair way by making it clear that holding endorsement for scheduled medicines is a requirement for specialist registration and that the endorsement must be obtained before a practitioner starts their podiatric surgery training.

The Board's proposal for new *Guidelines for practitioners undertaking podiatric surgery* (proposed new guidelines) draws on the evidence and findings from the independent review and addresses recommendation 2.c. that the Board strengthen the registration and practice requirements for podiatric surgeons by developing guidelines for practitioners undertaking podiatric surgery.

The proposed guidelines take into account the National Scheme's key objective of protecting the public by setting out the professional standards of conduct expected of podiatric surgeons against which they will be measured to ensure that only those who practise in a competent and ethical manner are registered.

The proposed new guidelines support the National Scheme's guiding principle to operate in a transparent, accountable, efficient, effective and fair way by providing clear guidance on the Board's expectations of podiatric surgeons. There are protective actions that can be taken under the National Law if a practitioner does not fulfill these expectations.

The proposed new guidelines have been informed by the Medical Board of Australia's (MBA) *Guidelines for registered medical practitioners who perform cosmetic surgery and procedures*.

### 2. Outline steps that been taken to:

- achieve greater consistency within the National Scheme (for example, by adopting any available template, guidance or good practice approaches used by National Scheme bodies)
- meet the wide-ranging consultation requirements of the National Law

The proposals have been informed by efforts to achieve greater consistency across the National Scheme, utilising established guidance and best practice approaches from other National Boards.

The National Law requires wide-ranging consultation on proposed standards, codes, and guidelines, including consulting other National Boards on matters of shared interest.

The Board is ensuring that there is a wide-range consultation about the proposed revisions to its specialist registration standard and the introduction of the proposed new guidelines in accordance with the *Consultation process of National Boards* available on the [Ahpra website](#)<sup>4</sup>.

<sup>3</sup> See section 3 and section 3A of the National Law.

<sup>4</sup> Ahpra and the National Boards, *Consultation Process of National Boards*, November 2023. Available from [the Ahpra website](#).

The Board's approach to consultation takes into account the extensive public consultation undertaken as part of the independent review, as well as the independent review's final report. This included the submissions received by the review, the meetings held with stakeholders and the three consumer focus groups. The Board has also completed preliminary consultation to test the proposals.

This public consultation will ensure that there is the opportunity for broader public comment during a nine-week consultation period. This includes publishing a consultation paper on the Board and Ahpra websites and informing health practitioners, the community and other key stakeholders of the review via the Board's newsletter and communications campaigns. The Board also invites key stakeholders to comment on the proposals including other National Boards, professional organisations, patient safety organisations, consumer groups and Aboriginal and Torres Strait Islander groups.

The Board will take into account the feedback it receives from stakeholders when finalising the draft revised specialist registration standard before submitting it to Ministerial Council for approval, and when finalising the proposed new guidelines.

### **3. Address the following principles:**

- a. whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

The proposals respond directly to the recommendations of the independent review.

The independent review consulted widely, and the Board considers that the proposals are the best option for addressing the issues related to patient safety and regulatory consistency identified in the independent review.

The proposed requirement for podiatric surgeons to hold endorsement for scheduled medicines will ensure podiatric surgeons have the knowledge and skills to safely and effectively use and prescribe scheduled medicines for the treatment of podiatric conditions and provide appropriate and timely perioperative care. The proposed change to the specialist registration standard to include this requirement will make it clear that holding endorsement for scheduled medicines is a requirement for specialist registration and that the endorsement must be obtained before a practitioner starts their podiatric surgery training.

The proposed new guidelines set out the professional standards of conduct expected of podiatric surgeons to support safe practice.

- b. whether the proposal results in an unnecessary restriction of competition among health practitioners

The proposal to change the specialist registration standard to include a requirement for podiatric surgeons to hold endorsement for scheduled medicines may have some affect on competition as it requires all podiatric surgeons to hold an endorsement for scheduled medicines. This means podiatric surgeons who don't have the endorsement will need to undertake further education and training to obtain the endorsement via one of the two pathways set out in the Board's endorsement for scheduled medicines registration standard.

To minimise the affect, an appropriate transition period will be implemented to allow current practitioners without the endorsement sufficient time to obtain it. The number of practitioners affected by this change is relatively small. While the affect is significant for those involved, if the proposal is approved, strategies will be put in place to mitigate the affect and ensure compliance without creating undue barriers within the specialty.

The requirement to hold endorsement is designed to enhance patient safety and professional practice, ensuring that all podiatric surgeons are adequately qualified to prescribe the necessary scheduled medicines for their patients both before and after surgery. The independent reviewer and the Board believe this is a necessary step to strengthen the overall standards for podiatric surgeons.

It is not anticipated that the proposed new guidelines would affect competition as they apply to all podiatric surgeons.

- c. whether the proposal results in an unnecessary restriction of consumer choice

Overall, the proposed changes to the specialist registration standard and the introduction of the proposed new guidelines are not expected to restrict consumer choice as they would apply to all podiatric surgeons.

The requirement in the proposed new guidelines, that fly-in fly-out podiatric surgery in a single day is not permitted may impact consumer choice by reducing the availability of services in certain areas if a podiatric surgeon who currently provides these services cannot meet this requirement. However, it is not possible to quantify this due to the lack of data available about podiatric surgery. The independent review emphasised the need for podiatric surgeons to be consistently available in the immediate post-operative period to assure patient safety and achieve better patient outcomes. The Board considers that the benefits of this requirement to patient safety will outweigh the potential impact on the availability of services in some areas.

The proposed new guidelines have the potential to improve a consumer's confidence because all podiatric surgeons will be required to meet the standards for podiatric surgery practice set out in the guidelines.

- d. whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

The Board has considered the overall costs of the proposed changes to the specialist registration standard and the introduction of the proposed new guidelines to podiatric surgeons and members of the public and concluded that there may be some costs in some circumstances but that these are reasonable.

Where podiatric surgeons already meet the proposed new requirement to hold endorsement for scheduled medicines there would be no additional costs. There would be some additional costs for podiatric surgeons who need to undertake additional education and training to obtain the endorsement for scheduled medicines.

Subject to stakeholder feedback on the proposed new guidelines, the benefits of having clear guidelines for podiatric surgeons on the principles that underpin good podiatric surgery practice outweigh any minimal costs related to podiatric surgeons being required to become familiar with the guidelines and applying them to their practice.

The Board will test these assumptions during public consultation and is seeking feedback on any additional costs or impacts to ensure the proposals' benefits outweigh any potential impacts on practitioners and the public.

- e. whether the proposal's requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants, and

The Board is committed to a plain English approach when developing registration standards, codes and guidelines. The Board considers that the proposed changes to the specialist registration standard and the proposed new guidelines have been written in plain English that will help practitioners and the public to understand the requirements.

- f. whether the Board has procedures in place to ensure that the proposed standard remains relevant and effective over time.

The Board has procedures in place to support a review of registration standards at least every five years, as it is good regulatory practice to do so. The Board intends reviewing the proposed new guidelines at least every three years. However, the Board may choose to review the specialist registration standard and guidelines earlier, in response to any issues that arise or new evidence that emerges, ensuring their continued relevance and workability. This proactive approach helps maintain the effectiveness and adaptability of the specialist registration standard and the new guidelines over time.

#### 4. Closing statement

Feedback on any regulatory affects of the two proposals identified during the consultation process will be provided to the Board and/or Ministerial Council to inform decision-making.

The Board has completed a **patient health and safety impact statement** for this consultation and will provide a patient and safety impact assessment (if the proposals are approved).

# Attachment D

## National Boards Patient and Consumer Health and Safety Impact Statement

### Strengthening the regulation of podiatric surgeons: proposed of reforms

#### Assessment purpose

The National Boards Patient and Consumer Health and Safety Impact Statement (the Statement)<sup>1</sup> explains the potential impacts of a proposed registration standard, code or guideline on the health and safety of the public, particularly those vulnerable to harm in the community which includes those subject to stigma or discrimination in health care, and/or experiencing health disadvantage and Aboriginal and Torres Strait Islander Peoples.

The four key components considered in the Statement are:

1. The potential impact of the proposed revisions to the registration standard, code or guideline on the health and safety of patients and consumers particularly those vulnerable to harm in the community including approaches to mitigate any potential negative or unintended effects.
2. The potential impact of the proposed revisions to the registration standard, code or guideline on the health and safety of Aboriginal and Torres Strait Islander Peoples including approaches to mitigate any potential negative or unintended effects.
3. Engagement with patients and consumers particularly those vulnerable to harm in the community about the proposal.
4. Engagement with Aboriginal and Torres Strait Islander Peoples about the proposal.

The National Boards Patient and Consumer Health and Safety Impact Statement aligns with the [National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025](#), [National Scheme engagement strategy 2020–2025](#), [the National Scheme Strategy 2020–25](#) and reflects key aspects of the Ahpra [Procedures for the development of registration standards, codes, guidelines and accreditation standards](#).

Below is our initial assessment of the impact of the Podiatry Board of Australia's proposals to strengthen the regulation of podiatric surgeons on the health and safety of patients and consumers, particularly those vulnerable to harm in the community, and Aboriginal and Torres Strait Islander Peoples. This statement has been updated after preliminary consultation feedback.

#### **1. How will this proposal impact on patient and consumer health and safety, particularly those vulnerable to harm in the community? Will the impact be different for people vulnerable to harm in the community compared to the general public?**

The Podiatry Board of Australia (the Board) has carefully considered the impact that its proposal to require podiatric surgeons to hold endorsement for scheduled medicines and its proposal to introduce new guidelines of practitioners undertaking podiatric surgery will have on the health and safety of podiatric surgery patients and consumers, particularly those vulnerable to harm in the community, in putting forward what we think is the best option for consultation. The two proposals as outlined in the consultation paper are based on the findings of the [Independent review of the regulation of podiatric surgeons in Australia](#) (the independent review), which recommended stronger oversight and clear guidelines to better protect patients and support the ongoing development of podiatric surgeons.

The two proposals aim to strengthen the regulation of podiatric surgeons and enhance the safety and quality of care provided by podiatric surgeons by strengthening their knowledge and skills and providing further guidance to them to support safe practice.

<sup>1</sup> This statement has been developed by Ahpra and the National Boards in accordance with section 25(c) and 35(c) of the Health Practitioner Regulation National Law (the National Law) as in force in each state and territory. Section 25(c) requires Ahpra to establish procedures for ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice. Section 35(c) assigns the National Boards functions to develop or approve standards, codes and guidelines for the health profession including the development of registration standards for approval by the Ministerial Council and that provide guidance to health practitioners registered in the profession. Section 40 of the National Law requires National Boards to ensure that there is wide-ranging consultation during the development of a registration standard, code or guideline.



The Board does not anticipate that these proposals will have any adverse impacts on patient and consumer safety, particularly for members of the community who may be vulnerable. Our engagement through consultation will help us to better understand the likely impacts of these proposals to ensure that the Board meets its responsibilities to protect patient safety and healthcare quality.

## **2. How will the Board engage with patients and consumers particularly those vulnerable to harm in the community during consultation?**

In line with our consultation processes, the Board is carrying out wide-ranging consultation. We will engage with patients and consumers, peak bodies, other relevant organisations and the community to get input and views from people vulnerable to harm in the community.

In our public consultation questions, we have specifically asked whether the two proposals will result in any potential negative or unintended consequences or adverse cost implications for patients and consumers, particularly members of the community who may be vulnerable, which will help us better understand possible impacts and address them.

## **3. What might be the unintended impacts for patients and consumers, particularly people vulnerable to harm in the community? How will these be addressed?**

The Board has carefully considered what the unintended impacts of the proposal to require podiatric surgeons to hold endorsement for scheduled medicines and the proposal to introduce new guidelines of practitioners undertaking podiatric surgery might be. Consulting with relevant organisations and those vulnerable to harm in the community will help us to identify any other potential impacts. We will fully consider and take actions to address any potential negative impacts for podiatric surgery patients and consumers that may be raised during consultation particularly for people vulnerable to harm in the community.

## **4. How will this proposal impact on Aboriginal and Torres Strait Islander Peoples? How will the impact be different for Aboriginal and Torres Strait Islander Peoples compared to non-Aboriginal and Torres Strait Islander Peoples?**

The Board has carefully considered any potential impact of the two proposals on Aboriginal and Torres Strait Islander Peoples and how the impact compared to non-Aboriginal and Torres Strait Islander Peoples might be different in order to put forward the two proposals for feedback as outlined in the consultation paper. Our engagement through consultation will help us to identify any other potential impacts and meet our responsibilities to protect safety and healthcare quality for Aboriginal and Torres Strait Islander Peoples.

## **5. How will consultation about this proposal engage with Aboriginal and Torres Strait Islander Peoples?**

The Board is committed to the National Scheme's [Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025](#) which focuses on achieving patient safety for Aboriginal and Torres Strait Islander Peoples as the norm, and the inextricably linked elements of clinical and cultural safety.

As part of our consultation process, we have tried to find the best way to meaningfully engage with Aboriginal and Torres Strait Islander Peoples. We are continuing to engage with Aboriginal and Torres Strait Islander organisations and stakeholders.

## **6. What might be the unintended impacts for Aboriginal and Torres Strait Islander Peoples? How will these be addressed?**

The Board has carefully considered what might be any unintended impacts for Aboriginal and Torres Strait Islander Peoples of the proposal to require podiatric surgeons to hold endorsement for scheduled medicines and the proposal to introduce new guidelines for practitioners undertaking podiatric surgery. The proposals are in response to recommendations from the independent review of podiatric surgeons and aim to address the risks identified in the review. The Board considers they will strengthen the regulation of podiatric surgeons and help ensure that podiatric surgeons maintain the highest standards of practice.

Continuing to engage with relevant organisations and Aboriginal and Torres Strait Islander Peoples will help us to identify any potential impacts, and we will consider and take actions to address any potential negative impacts for Aboriginal and Torres Strait Islander Peoples that may be raised during consultation.

## **7. How will the impact of this proposal be actively monitored and evaluated?**

Part of the Board's work in keeping the public safe is ensuring that all Board standards, codes and guidelines are regularly reviewed.

In keeping with this, the Board will regularly review the specialist registration standard and the new guidelines to check they are working as intended.