

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

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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 These details will not be published in any summary of the collated feedback from this consultation.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

Question B

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

☒ A registered health practitioner?

Profession: Podiatrist

☐ A member of the public?

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

Question C

Would you like your submission to be published?

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

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

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

Your responses to the consultation questions

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

I DO NOT agree with the change of the protected title.

The term podiatric surgeon is commonly used internationally. For best of my knowledge, the UK and some other European country all have this profession and use this term. From the published independent review, we known our Australian podiatric surgeons all finished with an accredited course of specialist surgical training. This means they are the surgeons who only and focused in foot conditions.

The 'surgical podiatrist' is causing more confusion to the public. I am working as podiatrist, and I know the podiatric surgeons are doing completely different daily routine to podiatrists. **The term 'surgical podiatrist' is wrong.** It cannot represents what podiatric surgeons do. It will only confuse the patient and mislead to them. The patient might think the treatment provided from the podiatric surgeon will be similar to the plan podiatrists provided. In fact, it is materially different.

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

No.

I believed the podiatric surgeon is a very appropriate term which can describe what they do. It is also an internationally accepted term.

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

The consumers might be confused more. They might doubt about the professionalism of the surgeon, doubt about the treatment plan, reduce compliance, even the Independent Review reported the podiatric surgeons in Australia are safe. They will even more confused about the difference between a podiatrist and a podiatric surgeon. The change of title will bring negative outcome to the consumers.

To me, if I need to have a surgery done, I will choose a podiatric surgeon, but orthopaedic surgeon, as they are the person focus and delicate in the 'podiatric' area. The title brings trust to customers.

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

The change of title will destroy the specialist field of podiatric surgery in Australia. The surgeons might choose to leave Australia to UK, USA or other country which shown respect and recognition to their professional identity. This is a disaster to the whole podiatry and podiatric surgery industry in Australia.

First, podiatric surgeons are a small group of profession, but important to podiatry industry which helps millions of people every year. The podiatric surgeons had contributed incredible efforts to the education of podiatric medicine.

Lastly, I believed the pushing of changing titles is motivated from AMA or AOA. Those organisations only cared about the benefit of their own, which is ensure the control and dominance of medical doctors. But what they are doing is actually bringing harm, to the patients, to the people who truly need care for their foot diseases.

If the Review has proven surgical training is rigorous and safe, the title should be protected.

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

The board and the department of health should put the public as the priority. It has been proven that the health professional should work together to create greater outcome to the patient/customer. The initiative of this proposal is wrong, it is never about medical professional/MBBS/MD degree. It is completely irrelevant. The nurse, physio, chiro, podiatrists, dietetics and OT are all important workforce and creating better outcome to our communities and patient. Podiatric surgeon is the same. As mentioned many times,

The Review had proven the podiatric surgeon go through a safe learning/training program and they are safe to the public, the title should be protected.

The consequences are listed here

- losing trust from general public to podiatric surgeon
- worsen of treatment outcome
- prolonged treatment waiting time for people need foot surgery
- loss of great surgeons to other countries
- loss of podiatry industry
- losing connection to other experts in podiatric medicine overseas
- destruction of the podiatric surgeon profession.

If the Independent review from the board has already proven the safety of this profession, the title SHOULD NOT BE CHANGED.

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☒ Myself

Question B

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

☒ A registered health practitioner?

Profession: Medical doctor

☐ A member of the public?

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

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Your responses to the consultation questions

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Yes I think this title is more clear as the title surgeon is confusion for the general public who don't understand that in some situation surgery can be performed by non medical practitioners (ie dental and podiatrist)

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?

Improved clarity of role of podiatrist and delineation between a podiatrist and orthopaedic surgeon who both perform procedures on feet.

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

I cant comment on costs for the podiatrists.

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

No

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Your answer:

☐ Organisation

Name of organisation ☐ [Click or tap here to enter text.](#)

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

☒ Myself

☐

☐

Question B

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

☒ A registered health practitioner ☐

Profession ☐ Podiatrist

☐ A member of the public ☐

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

Question C

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Your responses to the consultation questions

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

No, I do not agree with the proposal. Changing the title to "Surgical Podiatrist" risks creating greater confusion among the public. As a general podiatrist, I recognise that "Podiatric Surgeon" accurately conveys that these practitioners are specialists who have undergone advanced, rigorous training in foot and ankle surgery. By changing the title, we are suggesting to the public that these highly qualified individuals are simply advanced podiatrists, not specialised surgeons. This change might diminish the recognition and respect for their unique surgical expertise.

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

Rather than changing the title, I believe that consumer clarity can be achieved through better education and communication. The title "Podiatric Surgeon" should remain because it clearly reflects the practitioner's role as a surgeon. To reduce any confusion, it would be more effective to launch public information campaigns that explain the qualifications, training, and scope of practice of podiatric surgeons. Other countries, such as the UK, have successfully addressed similar issues through targeted public education rather than altering established titles.

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

The proposed change could inadvertently mislead consumers. A title like "Surgical Podiatrist" implies that these professionals are merely advanced podiatrists, which may cause patients to underestimate the extent of their surgical training. This could also drive patients to seek care from orthopaedic surgeons under the mistaken belief that they are more qualified to handle foot and ankle surgery. In reality, podiatric surgeons are extensively trained to perform these surgeries, and the title change could disrupt consumer trust in their expertise. As a general podiatrist that performs procedures such as partial nail avulsion and curettage in a clinical setting, to me the name "Surgical podiatrist" would be more confusing to the general public.

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

For podiatric surgeons, this title change could lead to a loss of professional recognition. If the public starts viewing them as general podiatrists with added training, rather than as surgeons, their standing in the healthcare landscape could be diminished. This could result in fewer referrals, a decrease in patient trust, and competitive disadvantages, especially when compared to orthopaedic surgeons.

Additionally, the costs involved in rebranding, updating certifications, and conducting new public education campaigns would impose unnecessary financial burdens.

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

Yes, there could be several unintended consequences. First, this change may increase public confusion rather than alleviate it. Patients might struggle to understand the difference between a "Surgical Podiatrist" and a general podiatrist, leading to doubts about who is qualified to perform surgeries. Moreover, orthopaedic surgeons could gain a competitive edge, as the title change could cast doubt on the qualifications of podiatric surgeons. Finally, the loss of the established title "Podiatric Surgeon" might undermine the hard work and achievements of podiatric surgeons, creating a scenario where their expertise is no longer viewed on par with other surgical specialists.

In conclusion, from the perspective of a general podiatrist, it's clear that retaining the title "Podiatric Surgeon" is the best course of action. Efforts to address public confusion should focus on education rather than renaming well-established and respected roles.

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Your answer:

☐ Organisation

Name of organisation:

Contact email:

☒ Myself

[Redacted]

[Redacted]

Question B

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

☒ A registered health practitioner?

Profession: Specialist podiatrist

☐ A member of the public?

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

Question C

Would you like your submission to be published?

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Your responses to the consultation questions

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

No, I do not agree with the change.

██████████ I have fulfilled my training as a podiatric surgeon registrar and completed my training ██████████. Throughout this period, I spent extended periods of time nationally and internationally with different specialities (including rheumatologist, orthopaedic surgeons, infection disease specialist, endocrinologist, general surgeon radiologist, and more.) and all of these specialist had no confusion or misunderstanding of my role and my profession. There was a clear understanding what my training was entailed in the focus being foot and ankle surgery and not cimplication that podiatric surgeon intends to misreperent that I was medically qualified rather being qualified in podiatry.

Podiatric surgeon implies that this is my key/central role – a surgical podiatrist creates more ambiquity given it can reflect a general podiatrist that performs some surgical treatments which is what some general trained podiatrist will often refer themselves to. This in my opinon creates more confusion and no distinction.

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

Yes, I believe the term Podiatric Surgeon should remain but with a more specific descriptor such as (Specialist Podiatrist) in the title to help create less confusion.

With all the patients I have referred to a podiatric surgeon and now treated, the conversation aobut my training is always had and patients do not seem to have any confusion or deception of the title.

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

- A change in the title will/can affect the perception of the significancy of work/scope of practice that podiatric surgeons do. This inturn can actually lead patients to misunderstand the treatment, surgery, outcomes, complications and scope of which we legally can work.
- Patients can assume we are not indeed able to perform foot and ankle surgeries (i.e. being surgeons) and result in limiting/reducing the patients we treat or will look to us for out service. Throughout Professor Patterson's report, he mentioned the level of our

training was reasonable and there was no questioning about the competency of our knowledge and training that was undertaken. He further mentioned that we could be integrated more within the health system to help provide care to the public. Changing the title can actually make this access worse and reduce the amount of patients that will seek our care of advice.

- The word surgeon reflects the true scope and role we have as health practitioners, any other words will simply reduce consumer confidence as well as other health professionals confidence in our service to patients.

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

resources, there would need to be a substantial cost in rebranding on a personal and professional to level to both the general public as well as other health professionals. This will take into account all previous information used on brochures, websites, cards, information sheets given to patients. Significant time will be taken to explain all these changes to referrers – given it does not actually affect our scope of care, the effort and time required to explain to all these people will be endless.

patient education and honestly patient confidence and trust: Patient may find all these changes confusing, misleading and unsure about our service. Again, given our scope of practice has not been affected and again as highlighted by the independent review, our training and service provided has not been questioned – the patient may think our level of service will be lower and retaining patients will be difficult and continuing patient referrals from other health professionals can be impacted.

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

1. A change of title can impact significantly on the patients we see. It can create more confusion amongst other health professionals who refer patients to us for our services. It can cause more distrust and a bias towards other health professionals who perform foot surgery.
2. It can also impact on the patient confidence and trust in our services.
3. As noted by Professor Patterson, a high proportion of notifications against podiatric surgeons was derived from orthopaedic surgeons.
4. A change in title can lead to further changes across other health professionals such as dental and oral surgeons who can continue using the title, this will set a precedent that can affect others as well.
5. I am concerned that my insurance and registrations can change – the loss of title can affect our scope given some stakeholders might think we are more of risk.

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

☒ Myself

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

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

Question B

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

☒ A registered health practitioner ☐

Profession ☐ **Podiatric Surgical Registrar (ACPS)**

☐ A member of the public ☐

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

Question C

Would you like your submission to be published ☐

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

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

Your responses to the consultation questions

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

No, I do **not** agree with the proposal to change the protected title from "Podiatric Surgeon" to "Surgical Podiatrist". **Podiatric Surgeon** is a protected title (national law) that is accurate and consistent with our international peers. It simply describes a podiatrist who has successfully completed an extensive accredited foot and ankle surgical training program, who performs podiatric (foot and ankle) surgery.

The term "Podiatric Surgeon" does not imply that the practitioner has a medical degree. In the broader healthcare sector, there are numerous examples where professionals without a medical degree use the title "surgeon", and these are **not** considered misleading to the public. For instance, both general and specialist Dentists in Australia and internationally use the title "Oral Medicine Specialists", "Oral Surgeon" and "Dental Surgeon". These titles have long been recognised and accepted within the healthcare system, and there has been no confusion amongst the public regarding expertise or scope of practice of these professionals. These examples demonstrate that titles incorporating "surgeon" are not exclusive to those holding a medical degree, but rather signify the completion of specialist training and the ability to perform relevant surgical procedures. This established precedent supports that the use of the title "Podiatric Surgeon" is both appropriate and consistent with existing healthcare nomenclature, ensuring clarity without misleading or intention to mislead the public.

In response to the proposed changes, it is essential to emphasise that Podiatric Surgeons in Australia are highly trained specialists in foot and ankle surgery. The recent independent regulatory review conducted by Professor Ron Paterson clearly stated that **"Concerns about the quality of education and training of podiatric surgeons are NOT supported by the evidence examined."** Furthermore, the review affirmed that **"Accreditation is based on sound, contemporary accreditation standards and professional capabilities, not dissimilar to the accreditation of medical education programs."** In addition, Associate Professor Kerin Fielding (RACS President) recently published and recognised that **"they (referring to Podiatric Surgeons) do great work and are well-trained in what they do."**

Podiatric Surgeons in Australia are highly skilled in the treatment and management of foot and ankle conditions, both surgically and non-surgically. As professionals who have undergone extensive, accredited training in foot and ankle surgery, it is only appropriate that they are referred to as **Podiatric Surgeons**. To label them otherwise undermines the rigorous surgical training they have completed and creates unnecessary confusion to both referrers, collaborators and consumers. Simply put, Podiatric Surgeons are exactly that — specialist podiatrists practicing foot and ankle surgery to a safe and high standard.

Creating the title "Surgical Podiatrist" would create inconsistency with well-established international nomenclature, which will undoubtedly impair international collaboration and understanding, hindering any efforts to align with global standards of foot and ankle surgical training and practice.

Changing the title diminishes the professional recognition and clarity associated with the term "surgeon", which is crucial to maintain trust in the healthcare system and recognising the high level of expertise involved. Surgeons perform surgery, and that is exactly what Podiatric Surgeons are trained to do. There is no evidence that changing the title will improve patient outcomes. Instead, this change may create unnecessary confusion for the general public and patients undertaking foot and ankle surgery. This change may lead to loss of clarity in patient's understanding of their surgeon's qualifications, potentially resulting in diminished trust and poorer patient engagement in post-operative care. Patient outcomes should **always** be the priority for any healthcare reform or legislative change. To suggest the title is misleading is clearly politically driven and discriminatory in nature. The independent review highlighted the key elements of the title change revolves around stripping "social prestige", which is purely anti-competitive in nature. It is important to foster an environment that prioritises patient well-being and inter-professional collaboration over professional rivalry and turf wars.

In contrast, there is **considerable ambiguity and lack of transparency** surrounding the use of the title “foot and ankle surgeon” used by other providers of foot surgery such as orthopaedic surgeons. Currently, there is no accredited foot and ankle-specific surgical training within orthopaedic surgery, and the requirements to become a member of the orthopaedic foot and ankle society (AOFAS) are unclear. The level of exposure and training in foot and ankle surgery within the AOFAS varies significantly amongst their members. Given the complexity of foot and ankle surgery, it would be beneficial for the public to be fully informed about a practitioner’s specific expertise and training in this area, before undergoing surgery. The term “foot and ankle surgeon”, as used by AOFAS members, is broad and inconsistent, creating a potential risk of public confusion.

Podiatric Surgeons on the other hand, are the only AHPRA-registered specialists who have completed an **accredited** foot and ankle-specific surgical training programme. It is important to highlight that Podiatric Surgeons undergo a six-year accredited foot and ankle surgical training program involving a minimum of 1000 teaching foot and ankle procedures, with most registrars having participated in excess of more than 1000 procedures (e.g. 1 bunionectomy is logged as 1 procedure). The specialty is extremely sub-focused on foot and ankle surgery but is further supported by international and medical specialty rotations (e.g. Infectious Disease, Vascular surgery, radiology, anaesthesia etc).

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 strongly share the belief that the current title “Podiatric Surgeon” is already clear, accurate and reflective of the profession’s role in the Australian and International healthcare sector. Improving consumer clarity and reducing patient confusion is not achieved by simply changing a professional title, and in fact, this may exacerbate consumer confusion and impair patient understanding. The title “Surgical Podiatrist” is in fact a less accurate descriptor, with added ambiguity and could possibly mislead patients regarding the scope and qualifications of the specialty. No available evidence suggests that this proposed title change would improve clarity or public understanding. The scope of practice of a **podiatrist** is fundamentally different from that of a **podiatric surgeon**, which is why extensive and rigorous additional training is required to obtain the specialist title of “podiatric surgeon”. The term “surgical podiatrist” fails to convey the surgical expertise and qualifications that distinguish podiatric surgeons from general podiatrists (who also perform minor surgical procedures such as ingrown toenail removals).

As healthcare providers, we are committed to delivering the highest level of patient-centred care. This includes ensuring patients fully understand their treatment options and providing informed consent. It is important patients understand who their providers are, and what their appropriate qualifications & expertise are. There is ample published research to support the use of patient educational tools inclusive of **modified consent forms, educational campaigns/pamphlets, community engagement workshops/seminars, social media and digital platforms and interprofessional education/collaboration** which would be of greater benefit to improve consumer clarity. These approaches would make more sense, than simply changing the title to a less accurate description of the surgical specialty (i.e. surgical podiatrist).

However, if the board is adamant a title change is necessary, then **yes**, I would propose various alternative approaches, such as including a more specific descriptor following the title to provide further clarity. For example

e.g. Podiatric Surgeon (Specialist Podiatrist)

e.g. Podiatric Surgeon (Specialist Podiatrist, Foot and Ankle surgery)

e.g. Podiatric (foot and ankle) Surgeon (Specialist Podiatrist)

These variations accurately describe the profession, scope of practice, expertise and by no means suggest or mislead the public to imply that the practitioner has a medical degree.

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

Changing the title from “Podiatric Surgeon” to “Surgical Podiatrist” could have significant negative impacts on consumers, primarily caused by **confusion** and potentially **undermining patient safety**. It is confusing for consumers for them to undertake a surgical procedure by a practitioner who is **not a surgeon**. Foot and ankle surgery carry inherent risks, complications and significant postoperative recovery demands. It is crucial that consumers have full confidence in their practitioner not only during the procedure, but also throughout the pre-operative and post-operative long-term recovery period which can extend to 12-18 months or greater. Ensuring that consumers clearly understand that their practitioner is an appropriately trained **surgeon** is vital to maintaining their trust and ensuring adherence to postoperative care. The practitioner’s title must reflect the level of expertise required to manage such procedures, reinforcing the confidence necessary for optimal long-term patient outcomes.

To summarise some of the potential impacts for consumers:

1. Consumer confusion regarding qualifications

“Surgical Podiatrist” does not accurately reflect the extensive, specialised surgical training that podiatric surgeons undertake. Consumers may not fully understand that Podiatric Surgeons are highly trained to perform reconstructive foot and ankle surgical procedures. This could result in reduced consumer confidence, greater consumer confusion, resulting in poorer patient outcomes, unnecessary delays in seeking and obtaining treatment, and even opting out of necessary surgical interventions.

2. Erosion of consumer confidence

Changing the title to “surgical podiatrist” may be perceived as a “punishment” or “downgrade” of qualifications for the practitioner, leading to a misinformed perception that podiatric surgeons are not as highly trained or qualified as other providers of foot and ankle surgery (e.g. general surgeons, orthopaedic surgeons, procedural general practitioners etc). Not only would this promote anti-competitive consumerism, but it would potentially have broader impacts such as hesitancy to seek appropriate foot and ankle care, poorer patient outcomes, longer hospital wait lists, and progression of pathology/patient deterioration.

3. Undermines the seriousness of foot and ankle surgery

By moving away from the established, well-recognised title of “**Podiatric Surgeon**”, the change could inadvertently diminish the perceived seriousness of the scope of practice and undertaking foot and ankle reconstructive surgical procedures. Patients may underestimate the complexity of the surgeries being performed, not fully comprehending the gravity of procedures, leading to dangerous consequences such as poor compliance with post operative instructions, missed follow-up appointments, or a lack of engagement in recovery protocols. All these factors could result in suboptimal surgical outcomes and potentially pose a risk to patient safety.

The proposed title change to “surgical podiatrist” potentially has far-reaching and broad implications for consumers. It risks creating confusion about qualifications, undermining the seriousness of the profession, impairing patient confidence and potentially impairs patient safety. Maintaining the title “podiatric surgeon” is without a doubt the most **accurate** descriptor of the profession, reflecting the extensive surgical training involved in the specialist qualification. Patient safety should always be the priority, rather than professional turf-wars and “social prestige”.

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

The proposed change in title from “podiatric surgeon” to “surgical podiatrist” would have significant and far-reaching impacts on the entire podiatry profession, individual podiatric surgeons, and podiatric surgical registrars/trainees. Such a change would severely diminish the hard work and dedication required to achieve fellowship and undertake specialist surgical training, creating a perception that devalues the title and specialised role of podiatric surgeons. This will undoubtedly undermine the profession’s morale, not only within Australia but globally. It could have a particularly demoralising effect on podiatric surgeons and registrars who have invested countless years of intensive training, sacrifice and dedication to service the Australian community to provide the highest level of foot and ankle surgical and non-surgical care.

For podiatric surgical registrars and podiatric surgeons, the title change further exacerbates the feeling of “imposter syndrome” as the title no longer accurately reflects the level of expertise and specialist training that podiatric surgeons undergo. It diminishes the countless hours of hard work, dedication, and personal sacrifice required to hone their surgical skills. The weight of this title change would be especially heavy for those in training and existing registered podiatric surgeons, who are already grappling with the unique challenges of the profession, including the lack of public teaching hospital positions, enduring countless hours of **unpaid surgical training, absorbing ongoing bullying from the AMA/AOA, restricted access to specialist referral pathways and lack of MBS funding**. Podiatric surgeons are currently the only registered specialists – surgeons who are subjected to these unique and discriminatory barriers.

The title change would only add to these existing barriers, leading to added professional frustration and burnout, potentially impairing retention and interest in the field, ultimately affecting the future availability of specialists to meet public health demands in foot and ankle surgery/care. The Australian healthcare system should in fact be prioritising the health and well-being of qualified health professionals/trainees who are highly valuable assets to Australian population. Any professional rivalry or turf wars leading to professional bullying and barriers to delivery of care needs to end. The **public hospital waitlist crisis** is a prime example of how the shortage of foot and ankle surgical specialists already impacts healthcare delivery. As an equivalent comparison, consider the impacts of changing the title for Oral and Maxillofacial surgeons (OMFS) – some of which do not have a medical degree – if their title was changed to “surgical dentists” instead of surgeons.

Moreover, the proposed change would also negatively affect the confidence of potential **referrers** and existing supporters (e.g. general podiatrists, GPs, and other medical professionals). These professionals currently refer patients to podiatric surgeons with a clear understanding of their qualifications and expertise. A confusing title change would place the burden on **referrers** as well to explain the qualifications of the specialist to patients (and the change in title), opening up discrepancies and further contributing to **consumer confusion**. Medical practitioners (such as GPs) are already busy, and this added time and confusion associated with the nomenclature change would **just** impact delivery of healthcare. This added complexity could erode trust between referrers and specialists, ultimately leading to limited access to appropriate foot and ankle surgical care for consumers.

Additionally, the proposed title change adds further fuel to the flame to the existing propaganda from the opposition (e.g. Orthopaedic Surgeons/AMA) which has historically involved professional bullying and efforts to undermine the podiatric surgery profession. This change gives orthopaedic surgeons and their affiliates additional leverage to discredit our profession to support their anti-competitive tactics. Once again it is important to highlight the ongoing countless instances of anti-competitive bullying from the Australian Orthopaedic Association. Examples include blocking podiatric surgeons/trainees from attending international workshops, spreading misinformation about our profession and training program to other health care professionals and the general public/patients, encouraging litigation from patients against podiatric surgeons, and collaborating to impede the accreditation of Podiatric Surgeons in hospital facilities. It’s deeply concerning to note instances where podiatric surgery operating lists are directly cancelled due to baseless bullying from orthopaedic surgeons. Such actions not only disrupt planned procedures but also have a direct impact on the quality of life and care for patients. This behaviour underscores the need for a collaborative and

patient-centred approach within the healthcare system, emphasising the importance of fair and unbiased treatment for all qualified healthcare professionals. Addressing and rectifying such incidents is crucial to ensuring the well-being and timely care of patients. Historically, this behaviour has been swept under the rug, but needs to be brought to the attention of stakeholders and members of the public.

Such behaviour not only constitutes professional slander but most importantly, interferes with patient care. I suggest addressing these concerns through open communication and collaboration, fostering an environment that prioritises patient well-being over professional rivalry and turf wars. This issue was highlighted and identified by Professor Ron Patterson in the recent independent review.

Lastly, the proposed title change will introduce a cascade of administrative, legal, and operational costs for podiatric surgeons. A rebranding of the profession, even if it's just a title change, would require updating all legal documents, marketing materials, websites, referral pads, business cards, clinic signage, and professional profiles across digital and physical platforms. The logistical costs associated with these changes would include:

- **Legal fees** to amend contracts, referral agreements, and business registrations.
- **Rebranding costs** for clinics, marketing materials, signage, and websites.
- **Staff training and education costs** to inform employees, patients, and healthcare networks about the title change.
- **Public Education Fees**
- **Insurance and reimbursement costs**, as it would complicate claims with insurers, leading to unnecessary delays for patients and potential for added out-of-pocket costs for consumers.
- **Curriculum and training changes**, which will add costs for podiatric surgical training (college fees, which may be absorbed by podiatric surgical trainees).

The costs of which, would be better utilised in focusing on collaborative care, improving patient outcomes, focusing on patient education and constant improvement of surgical training and foot and ankle surgical care for patients.

These seemingly small changes will add up to significant financial outlays, particularly for independent practitioners and small clinics that rely on efficient management of resources. For new surgeons entering the workforce, this added burden could make it even harder to establish their practices and gain a foothold in an already challenging healthcare economy.

In conclusion, the proposed title change from **podiatric surgeon** to **surgical podiatrist** is not just a superficial adjustment – it threatens to demoralise practitioners (registrars, undermines the professional qualifications/expertise of podiatric surgeons, and exacerbates existing barriers within the healthcare system. It also leads to confusion amongst patients, referrers and the broader public. The costs discussed in this section extend not only to podiatric surgeons, but to trainees, referrers (e.g. general practitioners) and ultimately, the entire Australian healthcare sector.

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

1. International Inconsistencies and Confusion

The title “Podiatric Surgeon” is widely recognised on a global scale, particularly in countries like the United States and the United Kingdom. A title-change to “Surgical Podiatrist” risks creating international discrepancies, which could hinder collaboration between Australian Podiatric Surgeons and their overseas counterparts. Such inconsistencies may complicate international partnerships, making it more challenging to standardise training programs, share expertise, or collaborate on research initiatives. Furthermore, international patients who travel to Australia for specialised foot and ankle care may be confused or misled by the new title, wrongly assuming a “surgical podiatrist” to be differently or less qualified than a “podiatric surgeon”.

It is also important to highlight that during the independent review by Professor Ron Paterson, it was suggested to “**draw on overseas-based colleagues (e.g. Podiatric Surgeons from the US/UK) to provide surgical expertise on the accreditation assessment teams**”. The title change and lack of parity could hinder this process.

2. Accreditation Process and Integration with the AMC

As it currently stands, the accreditation process of Podiatric Surgeons does not draw on the AMC’s expertise. Professor Ron Paterson mentioned in the independent review “**it makes sense for the Podiatry Accreditation Committee to draw on the significant expertise of the AMC, as it may be that proceduralists from other medical specialties would be willing to help and that the AMC could facilitate this. This is something worth exploring.**” In order to further strengthen the accreditation process of Australian Podiatric Surgeons, it is evident that AMC facilitation may be beneficial in the future. Retaining the title “Podiatric Surgeon” would ensure consistency and recognition of the profession’s surgical training, having parity with the other AMC accredited surgical specialities in existence. A title-change to “surgical podiatrist” in conjunction with AMC accreditation could create confusion and disparity once again in the upcoming future.

3. Unintended Precedent for other healthcare professions

Restricting the title “surgeon” for one non-medical group while allowing others (e.g. Dental Surgeon, Oral Medicine Specialists, Oral Surgeons, Veterinary surgeons etc.) retain it, will promote significant inequality within the Australian Healthcare System. This sets an unintended precedent for other healthcare professions – If the title “surgeon” is stripped from Podiatric Surgeons despite their extensive foot and ankle surgical training, will there be a widespread change in the healthcare nomenclature and further confusion/disruption in other sectors of the healthcare system? This creates an unfair double standard, diminishing the recognition of Podiatric Surgeons despite their extensive surgical training in foot and ankle procedures. This may open the door to similar debates in other professions, ultimately leading to a fragmentation of clear professional identities, which could only further confuse the public and disrupt delivery of healthcare.

4. Importance of greater integration of Podiatric Surgeons into the Australian Public Health System

The independent review highlighted the strong benefits of “**greater integration of podiatric surgeons in the Australian public health system as an important preventative safety and quality measure.**” Such integration is crucial not only for improvement patient outcomes relating to foot and ankle procedures, but also for addressing the significant workforce shortage currently affecting public healthcare settings and waitlists. In the public healthcare system, healthcare professionals are typically defined by clear scopes of practice and titles that reflect their qualifications, training and specific skill sets. For example, general podiatrists working in a public hospital focus on the non-surgical management of foot and ankle conditions (e.g. wound care, minor surgical procedures such as ingrown toenail removal etc.), while a Podiatric Surgeon has undergone specialised, rigorous training in foot and ankle surgery equipping them to perform reconstructive foot and ankle surgical procedures (e.g. osteotomies, tendon procedures, osseous re-alignment etc). Changing the title to “surgical

podiatrist” risks obscuring these distinctions, leading to confusion amongst patients, healthcare staff and administrators about the practitioner’s role and scope of practice.

It is important to recall that there is no published evidence to suggest or support changing the title from “podiatric surgeon” to “surgical podiatrist”. ACPs national audit data covering 20,000 admissions highlight a remarkable low hospital readmission rate of 1.1%. Changing the title will not change how safe podiatric surgeons are already currently practicing. Although we understand there may be a problem with public confusion relating to Podiatric Surgery, I have the strong belief that this should be remedied via the following:

- Valid Referral System (Ensuring patients do in fact have access to prompt specialised medical care within the perioperative period)
- Modified consent forms
- Educational campaigns and patient pamphlets
- Community engagement workshops and seminars
- Improved clarity in social media and digital platforms
- Interprofessional education/collaboration
- Clear practitioner biographies on websites with clear description of qualifications.