

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

September 2024

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

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Your responses to the consultation questions

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

No. The title podiatric surgeon is neither a misnomer nor a misrepresentation. At the completion of their rigorous and extensive training, podiatric surgeons are precisely as their title indicates -- podiatric surgeons. They do not cease to be podiatrists, or specialist podiatrists, already expert in host of foot and lower-limb ailments, but they are also surgeons fully skilled in foot and lower-limb surgery. Their training means they are now, first and foremost, surgeons uniquely skilled in foot and ankle surgery. Any proposed change to this title would put the emphasis of the training and expertise entirely in the wrong place and not alleviate confusion; rather it would likely add to it.

Podiatric surgeons are recognized by and accredited with The Australian Practitioners Health Regulatory Authority (APHRA). The title Podiatric Surgeon, is also an accepted international term, and is standard in both the USA and the UK where the confusion claimed for the title appears not to exist.

It is important to emphasize that use of the title Podiatric Surgeon is entirely consistent with the title Orthopaedic Surgeon; that is podiatric surgeons have undertaken the extensive and exhaustive training required to perform foot, ankle and lower limb surgery, just as orthopaedic surgeons have completed the training regime necessary to perform orthopaedic surgery.

The member of each profession is a surgeon, conducting surgery within their fields. That an orthopaedic surgeon is trained to conduct a wider range of surgery does not alter the fact that each professional undertakes surgery that requires high levels of expertise and care and are surgeons.

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. The title Podiatric Surgeon should stand. To change this title would be regressive and entirely at odds with the advancement of this profession.

A change in title will not achieve the objective some have set for it. The solution to confusion and the achievement of clarity lies in the solutions to be put forward by the podiatric surgeons themselves. Nothing else is needed.

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

We are dealing with a faux problem here. It is demonstrably the least persuasive element of the report and lacks integrity at many levels. It is a monument to overstatement. I find it impossible to reconcile the attention given this issue with the nature & number of the concerns and the solutions put forward to address these concerns. The source of concern are identified as:

1. Vexatious complaints from orthopaedic surgeons that (as described elsewhere) form part of an extended turf war against podiatric surgeons. (There is nothing more tendentious - indeed ludicrous -- and telling in the report than this comment from an orthopaedic surgeon: "I take umbrage at the term podiatric surgeon. They are podiatrists who operate." What is one to make of this nonsense? In the

pursuit of clarity is it now suggested the public be told that when one operates one is not performing surgery and when one is performing surgery one is not operating?

2. Equally vexatious complaints from disgruntled patients who have not secured the desired results from podiatric surgery and who have, subsequently, been encouraged by an orthopaedic surgeon to attribute this to a lack of medical training of their surgeon. One finds no counter to this in the report. That is, occasions upon which patients have sought out podiatric surgeons to correct surgical errors or shortcomings of orthopaedic surgeons.

3. Feedback from focus groups that included 1. The claim that consumers assumed that a professional with the title podiatric surgeon “must have gone to some kind of medical school” or have had some kind of formal medical qualification. 2. The expressed conviction that professionals without medical training should not be permitted to use the term doctor or surgeon because this would encourage false confidence in the practitioner. Why any subsequent discovery to the contrary would automatically make the confidence formerly placed in this professional ‘false’ or misplaced is not explained.

The weight given these various complaints is at odds with the reports repeated acknowledgement that the training given podiatric surgeons is entirely adequate to the fulfilment of their surgical duties.

Ipso facto, if the training is entirely adequate then the complaints and concerns as registered above must be deemed insubstantial and unreasonable and cannot possibly be considered grounds for a title review. One does not act on evidence that is inconsistent with the complaint or concern in question.

For the sake of balance and transparency, were those participating in these focus groups (the details of which are disturbingly vague) asked:

why they considered the ‘medical training’ they identify (vaguely) as being absent in the training of podiatric surgeons was considered by them as essential in the setting of a podiatric surgical procedure?

what, precisely, they understood this essential medical training to be?

if they aware that podiatric surgeons receive extensive and relevant medical training consistent with their role and that meets the expectations of the controlling bodies and health ministers?

If, knowing that podiatric surgeons receive extensive medical training (if not that given a medical practitioner) would they be less concerned about the title Podiatric Surgeon and would this knowledge alleviate their concerns regarding their professionalism and expertise?

If they understood that all major surgical procedures occurred in the presence of an anaesthetist, who has the medical training they deem important, would most or all of their concerns be addressed?

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

I cannot offer insight into these things. I am not a podiatric surgeon.

However, as far as the extent to which a title change would ameliorate the concerns of the public over clarity and transparency as identified in the report and its recommendations, I think the impact would be negligible or none.

If an alternative title is chosen and includes any reference to surgery, surgical, or surgeon – as, indeed, it must, then all the existing concerns will remain.

It is difficult to understand why the Podiatric Board imagines that its own suggestion – surgical podiatrist – would improve matters. Has this been explicated by the Board? I would be most interested to discover its reasoning. It would seem, *prime face*, a nonsense.

There is reason to ask what has motivated the Board to contend that podiatric surgeons are and remain podiatrists who do surgery. This is equally tendentious. Given the great length and intensity of training – and the extraordinary level of expertise achieved after its completion – this seems a mischievous and churlish inversion of the skill set of these professionals.

Natural justice and plain commonsense demands that the title Podiatric Surgeon remain, for podiatric surgeons they are.

As to alternative solutions they are simple – and obvious. The Podiatric Board need look no further than the suggestions that will be put forward by the podiatric surgeons themselves.

We should anticipate, it the normal course of things, that podiatric surgeons will, in time, become the first point of consultation for those seeking foot and ankle surgery. This will, in part, be a result of the sheer number of foot and ankle procedures they perform and because of the extraordinary expertise they develop thereby.

It ought not be forgotten, but often is – that their background as podiatrists places them very much ahead of their orthopaedic peers when assessing the functionality of foot and ankle procedures. This is not something that will be heard from orthopods! It is much more remarkable that the Podiatric Board has not taken time to emphasize this.

It is no doubt because of their considerable expertise in foot and ankle care that many satisfied patients have already sought out podiatric surgeons for their surgery despite being denied the financial safety net offered to OS. The sooner this circumstance changes, the better.

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

One must assume that the Podiatry Board is fully cognisant of the potential consequences of the proposed change of title for Podiatric Surgeons. This is another reason why it is so difficult to fathom its willingness to contemplate such an egregious backward step.

The title podiatric surgeon claims no more for these professionals than is their due. The demands of orthopaedic surgeons and the recommendations of the the Board, would give podiatric surgeons a title that is less than their due.

While nearly all the other thirteen recommendations represent progress, this change would be regressive. It makes no sense to demote this profession – for this is its practical implication – when in all other respects of the profession is developing in leaps and bounds.

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Your responses to the consultation questions

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No. A change to the title now would create confusion. A 'surgical podiatrist' is not a true representation of what a podiatric surgeon is.

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?

Podiatric Surgeon (Specialist Podiatrist)

Consistency across terminology is critical and changing a title will not change safety or patient outcomes.

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

Confusion, which could lead to a consumer having a surgery with another surgeon, who does not have the same level of experience in foot and ankle surgery, as the podiatric surgeon.

Consumers will likely be impacted at a cost level, with less funding and more out of pocket cost to the consumer.

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

It will create inadequate professional recognition and will likely be devastating to the field of podiatric surgery.

It would mean that a podiatric surgeon would be seen less than an orthopaedic surgeon – however this is not the case when it comes to the foot and ankle.

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

It will create huge confusion to the consumers and the wide community.
It is a recognised title internationally – why change it.

A title change leading to less recognition – why would a young podiatrist want to further their skill within the profession to become a podiatric surgeon if they will not be recognised.

Education needs to be the main focus not a title change that will achieve nil advantages to neither the podiatry field and or community.

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No, I do not agree with the change.

During the last 8 years I have fulfilled my training as a podiatric surgeon registrar and completed my training earlier this year. 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 actualy 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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I strongly disagree with the proposal to change the protected title for the podiatry specialty of podiatric surgery to "surgical podiatrist" for several reasons.

Firstly, the title "podiatric surgeon" accurately reflects the advanced training and specialized qualifications required to perform surgery within the podiatry field. Podiatric surgeons undergo extensive education, clinical training, and surgical residencies to achieve this designation, differentiating them from general podiatrists. By changing the title to "surgical podiatrist," there is a risk of diluting the perceived expertise of these highly trained specialists. The proposed title could confuse patients, who might not appreciate the distinction between a podiatrist with general qualifications and one who has undergone additional years of specialized training in surgery.

Secondly, the use of the word "surgeon" holds weight and the title 'Podiatric Surgeon' is universally recognized as implying a high level of expertise in the surgical field. Changing the title to "surgical podiatrist" diminishes this recognition and may reduce trust in the qualifications of Podiatric Surgeons. In a healthcare environment where patient safety is paramount, clarity and confidence in practitioners' qualifications are essential. The existing title of "podiatric surgeon" clearly communicates this expertise.

Lastly, such a change may undermine the profession's standing within the broader medical and healthcare community. Other surgical specialists, such as dental surgeons, do not have titles that are prefixed with their primary specialty (e.g., "surgical dentists"). Retaining the title "podiatric surgeon" maintains parity with these fields and reinforces the legitimacy and rigor of podiatric surgery as a distinct surgical specialty.

For these reasons, I believe that the title "podiatric surgeon" should be preserved, as it accurately reflects both the scope of practice and the level of specialist training involved.

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?

An alternative suggestion for the protected title could be **"podiatric surgical specialist."**

This title offers several advantages in providing clarity to consumers while preserving the integrity of the profession. The term "podiatric surgical specialist" emphasizes both the podiatry background and the specialist nature of the role, making it clear that this practitioner has advanced expertise in surgical procedures. The addition of "specialist" immediately conveys that this is not a general podiatrist but one with advanced qualifications and training in surgery. Unlike "surgical podiatrist," which could dilute the recognition of surgical expertise, "podiatric surgical specialist" aligns more closely with other surgical designations in healthcare (e.g., dental surgical specialist). This title preserves the status of podiatric surgeons within the wider medical and healthcare community, reinforcing their standing as highly trained professionals. The word "specialist" provides consumers with a clear understanding that the practitioner holds a higher level of qualification and expertise in surgery compared to a general podiatrist. It avoids confusion by distinguishing between those who are qualified to perform surgeries and those who are not, without needing to resort to vague terms.

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

Dilution of Expertise: The title "surgical podiatrist" might blur the distinction between a general podiatrist and a specialist with advanced surgical training. Consumers may struggle to understand that a "surgical podiatrist" holds significant additional qualifications compared to a standard podiatrist. This confusion could lead patients to assume that all podiatrists, even those without surgical training, are qualified to perform surgery.

Undermining Consumer Trust and misleading assumptions: The title change may inadvertently undermine trust in the practitioner's expertise. The term "podiatric surgeon" is widely understood to reflect someone with specific surgical qualifications. Altering it to "surgical podiatrist" might make consumers question the level of competency and training required, potentially causing hesitation in seeking surgical care from podiatric specialists. The title "surgical podiatrist" could lead consumers to believe that any podiatrist can offer surgery as part of routine practice. This may increase the risk of patients opting for lower-tier care, thinking all podiatrists perform surgeries, when they should be seeking out the specific skills of a fully qualified podiatric surgeon.

Increased Risk of Seeking Care from Non-Specialists: Without a clear and recognizable distinction in the title, consumers may unintentionally seek surgical services from general podiatrists who are not properly qualified to perform such procedures. This can lead to complications or suboptimal outcomes if the consumer fails to identify a true specialist.

Delayed or Inappropriate Referrals: Confusion over the qualifications of "surgical podiatrists" could affect referrals from general practitioners and other health professionals. They may not realize that the change in title still denotes a highly specialized practitioner. As a result, patients might be delayed in accessing the appropriate surgical care or referred to non-specialist practitioners for procedures beyond their scope.

Potential for Overuse of Title: If the distinction between general and surgical podiatrists becomes unclear, there's a risk that non-surgical podiatrists may inappropriately market themselves as qualified for surgical interventions. This could mislead consumers and drive up demand for services that general podiatrists are not fully equipped to provide.

Unnecessary Costs: Misleading titles could lead patients to undergo consultations with non-specialists who are not equipped to handle their surgical needs, resulting in wasted time and increased healthcare costs. Consumers might find themselves going through multiple referrals or consultations before finding the correct specialist.

Insurance and Coverage Confusion: The ambiguity in the title might also cause confusion for insurance providers and patients when determining coverage for specific procedures, as insurers may question the level of expertise required for particular surgeries.

Diminished Public Perception of Specialisation: The shift from "podiatric surgeon" to "surgical podiatrist" could reduce public perception of podiatric surgery as a specialized and highly skilled profession. Consumers might view the new title as less prestigious or authoritative, potentially influencing their decision to seek care from other specialists, such as orthopaedic surgeons, even when podiatric surgeons are the most appropriate providers.

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

Reduced Recognition: The title "podiatric surgeon" carries a level of prestige and professional recognition that aligns with other surgical specialties. By changing the title to "surgical podiatrist," podiatric surgeons may experience a reduction in the perceived value of their qualifications and expertise, as the new title could be seen as less specialized or authoritative.

Reduced Status Among Peers: Podiatric surgeons work alongside orthopaedic surgeons and other medical specialists. The title change may cause confusion or reduce their professional standing in interdisciplinary teams, leading to a perception that podiatric surgery is less rigorous or distinguished compared to other surgical fields.

Rebranding Expenses: Podiatric surgeons would need to update marketing materials, websites, business cards, and clinic signage to reflect the new title. These changes could incur significant costs, particularly for private practices that rely on marketing to attract patients. The need to educate the public about the new title would also require investment in advertising campaigns and public relations efforts to ensure consumers understand the qualifications behind "surgical podiatrist."

Patient Education and Communication Costs: Practices may have to spend time and resources explaining the new title to existing patients, referral sources, and insurance providers. This could involve training staff to handle patient queries, creating educational brochures or online content, and conducting outreach to referrers to clarify that podiatric surgeons are still fully qualified despite the title change.

Confusion Leading to Fewer Referrals: The new title may confuse general practitioners (GPs), other healthcare professionals, and patients, leading to fewer referrals for podiatric surgery. GPs and specialists who are unsure about the qualifications of "surgical podiatrists" might prefer to refer patients to orthopaedic surgeons or other specialists with more widely recognized titles, reducing the number of surgical cases for podiatric surgeons.

Potential Drop in Patient Confidence: If the new title is perceived as less authoritative, patients may be more hesitant to seek out podiatric surgeons for procedures. This could lead to a decline in patient volume, particularly for elective or non-emergency surgeries, which are a major source of revenue for podiatric surgeons in private practice.

Limitation of Career Growth: The title change could negatively impact the career progression of podiatric surgeons, particularly those seeking leadership roles, academic positions, or opportunities within hospitals and surgical centers. Institutes may favour retaining professionals with titles that are more universally recognized (such as "podiatric surgeon") for positions of leadership or advanced surgical roles.

Impact on Academic and Research Opportunities: Podiatric surgeons involved in teaching, research, or publishing may find it more difficult to secure academic positions or grants if the title "surgical podiatrist" is seen as less prestigious. The academic community and funding bodies might favour professionals with more established titles, impacting career advancement and research opportunities.

Regulatory and Licensing Complications: The title change may require podiatric surgeons to update their professional registrations and licenses with regulatory bodies, which could involve administrative costs and time. Additionally, if the title is not clearly defined in the regulatory framework, it could lead to confusion about scope of practice, potentially opening the door to challenges or disputes regarding their qualifications.

Risk of Legal Challenges: Some podiatric surgeons may face legal challenges or have to defend their scope of practice if patients or other medical professionals question the qualifications associated with the new title. This could lead to increased legal costs and the need for clearer regulatory guidelines.

Complications with Insurance Providers: The title change could create confusion among insurance providers, leading to potential delays or denials of reimbursement for surgical procedures. Insurance companies may not immediately recognize the title "surgical podiatrist" as equivalent to "podiatric surgeon," which could result in claims being challenged or additional documentation being required. This would increase administrative costs and potentially delay payments.

Lower Reimbursement Rates: If insurance providers or government healthcare programs perceive the new title as reflecting a less specialized role, they may reduce reimbursement rates for surgical procedures performed by "surgical podiatrists." This could result in lower income for podiatric surgeons, particularly in private practice, where revenue relies heavily on procedure-based billing.

Encroachment by Non-Specialist Podiatrists: The title "surgical podiatrist" could lead to confusion between general podiatrists and those who are highly trained in surgery. This may encourage non-specialist podiatrists to market themselves as being qualified to perform surgical procedures, increasing competition for podiatric surgeons. This blurring of the lines between generalists and

specialists could make it harder for true podiatric surgeons to differentiate themselves, potentially eroding their patient base.

Lower Barriers to Entry: If the title change results in a perception that podiatric surgery requires fewer qualifications, it may lower the barrier to entry for other practitioners, potentially opening up the field to less qualified individuals who wish to perform surgical procedures, thereby increasing competition.

Erosion of Professional Identity: Podiatric surgeons have worked hard to establish themselves as experts in a distinct, highly specialized field. Changing the title to "surgical podiatrist" could erode the strong professional identity they have cultivated, making it harder to advocate for their profession, secure legislative protections, and attract new talent to the field.

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

Loss of Trust in Expertise: The proposed title "surgical podiatrist" may not convey the same level of expertise and training as "podiatric surgeon," which could erode public trust in the profession. Patients tend to associate the word "surgeon" with highly specialized and rigorous training. Changing the title might inadvertently suggest that the practitioner has less surgical expertise, leading patients to seek care elsewhere, such as from orthopaedic surgeons. By not clearly distinguishing between a general podiatrist and a specialist who performs surgery, the public might misunderstand what procedures a "surgical podiatrist" can perform. This confusion could lead to inappropriate healthcare decisions, such as seeking surgical care from less qualified practitioners or delaying necessary treatments. General practitioners, and other healthcare providers who frequently refer patients to podiatric surgeons might be confused by the title change. Without the word "surgeon" in the title, they might mistakenly perceive a "surgical podiatrist" as less qualified for complex cases, leading to fewer referrals and potentially impacting patient outcomes if appropriate specialist care is delayed. Changing their title could also inadvertently reduce their standing within the medical hierarchy, making it harder for them to advocate for their patients in hospital settings or multidisciplinary meetings.

Increased Risk of Legal Disputes: If the new title leads to confusion about qualifications, there could be legal challenges from patients or other medical professionals questioning whether a "surgical podiatrist" is qualified to perform certain surgeries. This might lead to legal battles over scope of practice, which could be costly for individual practitioners and the regulatory bodies overseeing podiatry.

Complications with Credentialing and Licensing: Hospitals and insurance companies often base credentialing and reimbursement decisions on specific titles that reflect professional qualifications. The proposed title change could complicate this process, requiring additional clarification about qualifications and scope of practice. This could lead to delays in licensing and reimbursement, and might open the door for non-specialist podiatrists to claim qualifications they do not possess.

Decreased Interest in Specialization: Prospective students who are considering specializing in podiatric surgery might be discouraged by the less prestigious title. The title "podiatric surgeon" carries weight, and changing it to "surgical podiatrist" could make the specialization seem less attractive, leading to a decrease in applicants to podiatric surgery programs. This could ultimately reduce the number of qualified specialists entering the field, impacting the future workforce.

Reduced Marketability: For podiatric surgeons in private practice, the title "surgical podiatrist" may be perceived as less prestigious by potential patients. This could reduce their ability to attract new patients, particularly for elective or higher-paying procedures. As a result, private practices could experience a drop in revenue.

Increased Costs for Rebranding and Communication: As mentioned earlier, podiatric surgeons would need to invest in rebranding efforts to update their title across all marketing and business materials. Additionally, there could be costs associated with educating the public about the meaning of the new title, which could strain smaller practices with limited resources.

Non-Specialist Podiatrists Using the Title: The less specific title "surgical podiatrist" could make it easier for non-specialist podiatrists to misrepresent themselves as qualified to perform surgery. This blurring of boundaries could lead to a rise in non-specialist podiatrists marketing themselves as surgical experts, potentially performing surgeries outside their scope of competence. This poses a significant risk to patient safety and the profession's reputation.

Challenges in Enforcement: Regulatory bodies might face difficulties enforcing proper use of the title. Differentiating between a general podiatrist and a true surgical specialist could become more complex, requiring more oversight and creating regulatory burdens. This could strain the resources of the Board and licensing authorities.

Increased Competition with Orthopaedic Surgeons: If the title "surgical podiatrist" is seen as less specialized than "podiatric surgeon," orthopaedic surgeons might capitalize on this shift to market themselves more aggressively as the go-to specialists for foot and ankle surgeries. This could lead to increased competition and fewer surgical cases being referred to podiatric surgeons.

Loss of Established Professional Identity: The field of podiatric surgery has worked hard to establish its distinct identity and credibility within the broader medical community. Changing the title may undermine decades of progress in gaining recognition as surgical specialists. This could set the profession back in terms of advocacy efforts, such as pushing for expanded scopes of practice or increased funding for podiatric surgery programs.

Global Recognition Issues: In countries where the title "podiatric surgeon" is used and respected, the change to "surgical podiatrist" might create confusion for practitioners looking to work abroad or collaborate internationally. The title "podiatric surgeon" is more universally understood to reflect a high level of surgical training, while "surgical podiatrist" may not be as well recognized or respected in international contexts.

Challenges for International Patients: Medical tourism is growing, with patients seeking care across borders. The title "podiatric surgeon" offers clear and recognizable meaning to international patients. Changing to "surgical podiatrist" might confuse patients seeking specialized surgical care in countries where the title "podiatric surgeon" is still in use, potentially impacting patient volumes from international sources.

Perception as a "Lower-Tier" Surgery: By shifting from "podiatric surgeon" to "surgical podiatrist," there is a risk of the profession being viewed as a lower-tier surgical specialty. This could have long-term consequences on funding, research opportunities, and support from government and healthcare organizations, which may prioritize other surgical fields seen as more established.

Confusion in Regulatory Frameworks: Changing the title might create a need to update various laws, regulations, and policies that currently refer to "podiatric surgeons." This could lead to significant administrative burdens on regulatory bodies, educational institutions, and licensing authorities, all of which would have to adjust their frameworks to accommodate the new title. This transition could be costly and time-consuming.

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

September 2024

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

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

Making a submission

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

Consultation closes on 8 November 2024.

Publication of submissions

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

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we will remove personally identifying information from submissions, including contact details.

The views expressed in the submissions are those of the individuals or organisations who submit them, and their publication does not imply any acceptance of, or agreement with, these views by the Board.

The Board accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence.

Please let us know if you do not want us to publish your submission or want us to treat all or part of it as confidential.

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

Initial questions

To help us better understand your situation and the context of your feedback please provide us with some details about you. These details will not be published in any summary of the collated feedback from this consultation.

Question A

Are you completing this submission on behalf of an organisation or as an individual?

Your answer:

☐ Organisation

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

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

☒ Myself

[Redacted]

[Redacted]

Question B

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

☒ A registered health practitioner?

Profession: Orthopaedic Surgeon

☐ A member of the public?

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

Question C

Would you like your submission to be published?

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

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

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

Your responses to the consultation questions

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

No.

Patients do not know that the person operating on them is not a medically trained specialist as the operator uses words like "Doctor", "Surgeon", "Surgical".

I believe the term should be changed to "operative podiatrist". Words like doctor, surgeon, surgical create unnecessary ambiguity. The term "Operative podiatrist" is clear, non-ambiguous and describes the situation as it is, i.e. it is a podiatrist that operates. Other reasons are indicated below as answers for other questions.

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?

As explained above, I recommend use of the term "Operative Podiatrist". Using words like "surgery" and its derivatives create unnecessary confusion. The term "Operative podiatrist" is clear, non-ambiguous and describes the situation as it is, i.e. it is a podiatrist that operates.

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

If/When a new term such as "Operative Podiatrist" is introduced, the terms "Podiatric Surgeon" and "Foot and Ankle Surgeon" need to be removed from the Operative Podiatrists' websites and advertisements. This will benefit patients greatly as it will remove ambiguity and enhance patient care and satisfaction.

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

The potential impacts/costs for the operative podiatrists will not be substantial as it will include removing the ambiguous terms from their advertising/website/business cards etc. I have recently undertaken changes to my website and the cost was \$5,000.

While not insignificant, it will improve patient education and inform patient about the decisions they are undertaking. That should be paramount.

The operating podiatrist may argue they may lose patients and reduce income.

I contend that the flow on effects of changing the title for operative podiatrists regarding loss of patients should not be dramatic if the podiatrist was honest with the patients in the first place without misrepresentation.

If there is a decrease/loss of patients following the title change, then it stands to reason that the patients were mis-informed/confused at best and deceived at worst about the training of the operative podiatrist and/or the operative podiatrist has misrepresented themselves by claiming themselves to be a foot and ankle surgeon which they are clearly not.

In either case this is a change that needs to occur for patient benefit.

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

Avoid use of words like "Doctor", "Surgery" and their derivatives such as surgical in the title. There is no need. This is a historic opportunity. Allowing operating podiatrists to continue using ambiguous such as "surgical podiatrist" will continue patient confusion.

Additionally, the title of "Surgeon" in the medical profession has recently been restricted for use by medical practitioners holding specialist registration in surgery/obstetrics/ophthalmology following an amendment to the National Law introduced in a new section 115A.

In the interests of patient safety and awareness, these rules should be applied across the entire health care profession and not just to medical practitioners.

I find it astonishing that the use of the title "Surgeon" while restricted for use by appropriate medical practitioners can be used liberally by non-medical practitioners.

Thus, once again avoid the use of words like "Doctor", "Surgery" and its derivatives to avoid patient confusion and improve safety and awareness.