

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 These details will not be published in any summary of the collated feedback from this consultation.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

Name: Amy Lawrence

Contact email: [REDACTED]

Question B

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

☒ A registered health practitioner?

Profession: Oral health therapist

☐ 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 strongly disagree with the proposal to change the protected title of podiatric surgeon to surgical podiatrist. The title "podiatric surgeon" was passed through parliament, recognising the extensive training—over 8 years and 2,000 surgeries—that these professionals complete. They train worldwide with multidisciplinary teams and play a critical role in training other podiatrists.

From personal experience, I underwent a bunionectomy performed by a podiatric surgeon, which fixed my issue and left me pain-free. In addition, my surgeon diagnosed Raynaud's disease without me even asking, something doctors had overlooked for years. This diagnosis helped me sleep better and improved my overall health.

Podiatric surgeons are true specialists in their field, performing procedures like steroid injections and complex surgeries, including those for neuromas and flat feet, both of which I may require in the future. These surgeons possess advanced knowledge and expertise, making it essential to maintain the protected and accredited title of podiatric surgeon.

Changing the title would not only undermine the extensive training and qualifications of podiatric surgeons but also confuse the public about their true surgical capabilities. The title "surgical podiatrist" would not be protected, meaning any podiatrist could use it, regardless of their surgical training. This would devalue the advanced training, discourage people from pursuing the specialisation, and potentially cause the course to vanish, increasing wait times for public patients needing surgery and limiting their ability to choose highly trained professionals.

In the United States, podiatric surgeons are clearly recognised with the title DPM specialising in foot and ankle surgery, without facing debates over their qualifications. Similarly, in the UK, podiatric surgeons undergo extensive postgraduate training, leading to their recognition as specialists by the Royal College of Podiatry. Unlike Australia, neither country faces the absurd conflict of changing the protected title. The current debate in Australia undermines the profession, devalues the extensive training, and confuses the public. It is unnecessary and counterproductive to tamper with such a well-established title.

In conclusion, the proposal to change the title of podiatric surgeon to surgical podiatrist is unnecessary and diminishes the significance of their extensive training and expertise. Countries like the United States and the United Kingdom recognise the importance of maintaining clear, specialised titles without confusion. Changing the title in Australia not only undermines the profession but also risks misleading patients about the capabilities of these highly trained surgeons. Keeping the title podiatric surgeon intact is essential for the clarity, professionalism, and integrity of the field.

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 believe that the title "podiatric surgeon" should be retained as the protected title. It already provides clarity to consumers by explicitly indicating the professional's surgical expertise and advanced training, which is more than 8 years and includes over 2,000 surgeries. Changing this to "surgical podiatrist" does not add any greater clarity but rather confuses the public. The current title reflects their role as specialists, clearly distinguishing them from general podiatrists, and must remain to protect the integrity of the profession.

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

The potential impacts of changing the title from podiatric surgeon to surgical podiatrist are significant for consumers. First, it would create confusion by making it difficult to distinguish between podiatrists with advanced surgical training and those without. This could lead to patients unknowingly choosing less qualified practitioners for complex surgical procedures. Additionally, devaluing the specialised training required to become a podiatric surgeon could result in fewer professionals pursuing this path, increasing wait times for surgeries and limiting patient access to highly qualified specialists.

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

The proposed title change could have significant financial and professional impacts for podiatric surgeons. The training program is expensive, with students personally covering the cost of multiple overseas trips and practical experiences. The title change would devalue their qualifications, making them indistinguishable from general podiatrists and leading to a loss of patients seeking specialised surgical care. Additionally, fewer students would pursue the course, threatening its funding. The costs for updating business materials, along with the damage to their credibility and reputation, further harm the profession.

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

Yes, there are several unintended consequences the Board might not have considered regarding the proposed title change:

1. **Public Confusion:** Patients may not distinguish between podiatric surgeons and general podiatrists, leading to confusion over qualifications and surgical expertise.
2. **Devaluation of Training:** The extensive and expensive training program that podiatric surgeons undergo could be undermined, discouraging future students from pursuing this specialisation.
3. **Impact on Patient Care:** Reduced interest in the specialisation could lead to fewer trained specialists, increasing wait times for surgeries, particularly in the public health system.
4. **Financial Costs:** Surgeons would incur costs for updating branding, signage, and materials, which could be a burden on individual practices.
5. **Loss of Credibility:** The title change risks diminishing the professional standing of podiatric surgeons, which could lead to fewer referrals and a loss of patient trust.

These potential issues highlight the risks to both professionals and patients in making such a change.

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

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

☒ Myself

Name: Jason Lecce

Contact email: [REDACTED]

Question B

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

☒ A registered health practitioner?

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

☐ 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 don't see a reason to change the title, podiatric surgeons do a great job and I have worked well with a few surgeons over the years with great results to my patients. I don't see changing the title is granted.

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?

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

Undermining all the training podiatric surgeons go through to achieve this title. Changing the title would probably change the patient's view of their scope of practise and skills.

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

Reduction in workload

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

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☐ Organisation

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

☒ Myself

Name: Ben Lemmens

Contact email: [REDACTED]

Question B

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☒ A registered health practitioner?

Profession: Podiatrist

☐ A member of the public?

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

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Your responses to the consultation questions

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

No. The term Podiatric surgeon is appropriate and accurate.

The term "Podiatric surgeon" has been used in Australia for over 30 years, and is currently used and accepted internationally.

The term "surgical podiatrist" implies a basic podiatrist who does surgery.

where as the current podiatric surgical training in Australia is extensive, and in line with any other international surgical training competencies.

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?

The current title 'podiatric surgeon' is appropriate.

They operate as "surgeons" who specialise in the area of podiatry. There is nothing ambiguous. And the current title has been used internationally for decades.

If there is indeed misunderstanding from the community or public, then the solution is more education and transparency.

This already exists in the dental space, where you have dentists, orthodontists, prosthodontists, endodontists and oral max/face surgeons. Where there is overlap in these services offered, it is not their scope of practice that is the issue, but likely the order in which you engaged the clinician. And if you get sent to a new specialist, and if there is a lack of clarity as to their specialty/qualifications, a google search takes 10 seconds!

to minimise confusion to consumers,
both Orthopaedic surgeons and podiatric surgeons should be required to quantify there surgical training.

i.e. The term "Foot and Ankle surgeon" should be substantiated:

Orthopaedic foot and ankle surgeon VS Podiatric foot and ankle surgeon to avoid any confusion.

Orthopedic surgeons may view podiatric surgery as a threat to their authority, which can lead to a power struggle over patient trust and recognition. However, both podiatric surgeons and orthopedic surgeons are qualified to treat foot and ankle conditions, surgically and non-surgically.

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

If the title is changed, to “surgical podiatrist”, consumers undergoing foot and ankle surgery may undervalue the training and expertise of these surgeons.

Power struggles from some factions aim to further entrench medical hierarchy and elitism.

Ageing population, expansion of the workforce and increased productivity will require more clinicians with different backgrounds to provide services. This will cause further strain on the healthcare system.

For a number of years, podiatric surgeons have unsuccessfully tried to achieve medicare item numbers for their services.

“the medical profession's influence over government policy can impact which services are eligible for Medicare funding. Without Medicare funding, podiatric surgeons find it challenging to offer their services to a broader population, limiting their practice to private patients who can afford out-of-pocket costs. Similarly, restrictions on access to public hospitals prevent podiatric surgeons from performing surgeries in these settings, further limiting their practice scope and the public's access to their specialised services.” Borthwick, A.M., Nancarrow, S., Bristow, I. and Bowen, C. (2024), Contested role boundaries and professional title: Implications of the independent review of podiatric surgery in Australia. J Foot Ankle Res, 17: e70007. <https://doi.org/10.1002/jfa2.70007>

Multi disciplinary surgical teams in the UK (vascular, orthopaedic & podiatric surgeons) bring different values and skillsets, and work closely together achieve better outcomes and deliver better care to patients. This is highlighted most in the growing high-risk-foot setting, with *“the cohort managed conservatively had an average cost of £ 9902 per patient, per annum. The intervention cost was £ 1211 per patient, saving an average of £ 8691 per patient, per annum with ulcer resolution (88 % reduction in costs).”* Blong, J., Sharpe, A., Cairney-Hill, J., Gorman, A., Allen, M., Haycocks, S., ... & Gee, E. (2023). Saving the foot: Simple orthopaedic surgical intervention demonstrates improved outcomes and reduced costs. Foot and Ankle Surgery, 29(3), 218-222. <https://doi.org/10.1016/j.fas.2023.01.007>

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

A change to the title is likely to damage the current training of podiatric surgeons in Australia, which will limit the valued work that they do.

Diluting the podiatric surgeons title will likely have flow on effects to private health insurers, professional indemnity insurance & Changing the title may make private hospital and theatre access more difficult for podiatric surgeons.

The costs to the healthcare system would be impacted, as even though podiatric surgery has no medicare benefits and lower private health rebates; Podiatric surgery episodes of care have been shown by private health modelling to often be more cost effective for their patients than their orthopaedic counterparts.

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

There is an argument (mainly driven from the AMA and AOFAS) that a podiatric surgeon is "not a medical doctor". However, all podiatry undergraduate studies are a branch of medicine devoted to the study, diagnosis, and treatment of disorders of the foot, ankle and lower limb. Just because it is not taught as part of a bachelor of medicine does not make it any less medical.

Podiatric surgeons focus EXCLUSIVELY on the foot and ankle. Surgically and non surgically. placing them in the best position to manage foot and ankle conditions.

AHPRA oversees all healthcare sectors, and accredits podiatric surgical training programs independently. There is a large

And the Recient review from Dr Patterson shows continues to show that podiatric surgery is safe and of high standard.

Internationally, Podiatric surgeons and orthopaedic surgeons often work collaboratively (UK and USA models) .

<https://www.titanorthopedics.com/blog/why-do-orthopedic-surgeons-hate-podiatrists#:~:text=Overlapping%20Procedures%20and%20Scope%20of%20Practice&text=Orthopedic%20surgeons%20often%20see%20themselves,surgeries%20or%20managing%20complex%20cases.>

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☐ Organisation

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

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

☒ Myself

Name: Jason Lim

Contact email: [REDACTED]

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

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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.

A title instils a sense of trust and reputability by the public. A forced change of title can harm the podiatric surgeon profession in its future contribution in building further trust within the healthcare system. Titles can be abused, as shown by cases of dubious medical practitioners using their medical degrees to practice out of scope or Chiropractors using the Doctor title to misinform the public of their alleged medical training to encourage non-evidence based treatments.

The medical community advocates for the restriction of the surgeon title for only those qualified from a specialist surgical college, in the interest of preventing public/consumer confusion. Based on that statement and in the interest of fairness, the profession of oral/dental surgeons and veterinary surgeons should come under review next. This restriction came about as a result of the cosmetic surgeons fiasco, who were operating out of scope, skill and training.

Patients are usually made aware of the absence of a medical degree when consulting with a podiatric surgeon in the following scenarios:

- If referred by a podiatrist, the patient is made aware of the differences in education and Medicare rebates
- When the podiatric surgeon has to refer back to the GP for blood/pathology testing or medication prescription outside of the podiatry ESM list

The public confusion on the podiatric surgeon title is a result of lack of public education and contact with the profession. Podiatric Surgeon is a protected title (national law) that is accurate and consistent with international peers well established in the USA and UK.

The name change is more in the interest of delineating business competition between orthopaedics and podiatric surgery. This has no effect on public/patient safety and is a waste of time considering the other more substantial review recommendations of the report.

If a title was not so important, then why are there regulations on protected titles? I want my patients to have faith in podiatric surgeons, and a change in title will not instil that. Further training support and Medicare rebate will.

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 do not have an alternative suggestion for the protected title as I believe there should be an alternative

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

The change of title may result in consumers perceiving an inferiority of the podiatric surgeon's ability and skills resulting in a loss of faith and social trust in the profession. I.e. the consumer may think, "why did you lose your title? Must be something dodgy about them.", or believe they are differently or less qualified.

This would reduce competition and availability within the field of foot and ankle surgery, potentially leading to increased prices, increased wait times and lack of accessibility due to a reduced surgical workforce.

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

The change in title may result in:

- Negative impact of the professions' recruitment and growth of members, which would stifle the profession's potential significant contribution to an under met (neglected) area of healthcare.
- An uneven advantage to orthopaedic surgery regarding (private) business competition with podiatric surgeons
- Increased professional frustration to a profession that is already under-supported by the health system. This could increased burnout and impair retention, as such could begin the slow death of the profession by its own regulatory agency.
- Costs to rebrand and educate the public on a safe and accredited profession
- Renegotiation or loss of contracts with surgical facilities and private insurers

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

There is no published evidence to suggest or support changing the title from "podiatric surgeon" to "surgical podiatrist". A change of title has potential for more harm than good to the public and professional stakeholders.

The impact would also hurt the underlying general podiatry population as we would lose our only recognised specialty within our profession. Podiatric surgeons are leaders within podiatry and provide a wealth of expert knowledge in conservative, medical and surgical care of complex cases. It lifts the podiatric profession and enhances our standard of clinical practice. Podiatric surgeons have always had an open door policy with general podiatrists, providing timely (in-person or virtual) input and consultations for high risk and complex cases of the foot and ankle.

The change of title would further exacerbates existing barriers within the healthcare system, lead to confusion amongst patients, referrers and the broader public.

I have worked in 2 different rural communities in Western Australia during my career. Most memorable was Kalgoorlie was 800km away from Perth, and had no in-town orthopaedic service. The 2 visiting orthopaedic surgeons were not interested in treating the foot and ankle. The visiting podiatric surgeon, [REDACTED], provided expert pre-operative consults for those requiring surgery. Patients which [REDACTED]

deemed as unnecessary for surgery was discharged back to general podiatry, and he provided input to optimise their care conservative. This helped reduce cost and time for patients not requiring surgery.

I later moved to Bunbury, which had a podiatric surgeon, [REDACTED], within the community. He also provided consults to the greater Southwest region, and minimised the need for patients to travel to Perth and join the long waitlist of public orthopaedic clinics. He even was able to provide surgical care in the supportive local private hospital.

The Board commissioned an independent review of the regulation of podiatric surgeons, allegedly due to the number of complaints from such a small profession. However many in the podiatric profession saw it as a reaction to the media campaign on Podiatric Surgeons, co-opted by the orthopaedic profession.

I believe the Board needs to take into consideration that a change in title will show and set the precedence that with enough media pressure and professional bullying that a regulatory board can be forced to change things to benefit another profession despite the lack of evidence.

This all contradicts the Federal Government's current "Unleashing the Potential of our Health Workforce" review, which encourages increased professional and multidisciplinary collaboration and care.

If the Board and the Health Ministers proceed with the change in title, it will only encouraged continued gate-keeping and protectionism by medical specialties, stifling the collaborative growth and efficiencies of the Australian health system

Historically, foot and ankle surgery has been an under-interested area by orthopaedic surgery, as they gravitated towards the lucrative and prestige of larger joints (e.g. hips, knee and etc). Podiatric surgery was a natural progression by a profession unable to sit by to see their patients neglected. Their drive and professionalism have yielded a Podiatric Surgery that can provide effective and safe surgery that provided enough of a threat that orthopaedics is trying to wrestle back an area they neglected for so long.

I do not disagree with the fact that podiatric surgeons have an abnormally high number of complaints given its size. However I would ask the same analysis be done on the small number of foot and ankle orthopaedic surgeons for comparison. Furthermore, in the one-sided media blitz there was no presentation of failed surgeries by orthopaedic surgeons. You only need to ask the general podiatry community and the Board can be made of similar failed surgeries by orthopaedics.

The high number of complaints can also be attributed to encouragement by orthopaedic surgeons. Given the healthcare hierarchy, podiatrists and podiatric surgeons are fearful of advising patients to put in complaints, lest being smeared and tarnished by a vengeful orthopaedic surgeon.

Considering of the many positive recommendations of the review, the Board is focusing on the title change as their first course of action. This is concerning as it gives the impression of stringing the profession up as a scapegoat. Why does the Board not choose to focus on implementing the recommended Medicare integration and increased training opportunity for the podiatric surgeons so they can keep the title. If the title change goes through, I doubt there will be a review in the future for the name to be changed back.

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☒ Myself

Name: William Mackieson

Contact email: [REDACTED]

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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 wish to submit my support for retaining the title **Podiatric Surgeon**.

Podiatric Surgeons deserve the right to use this title.

As a podiatrist for some 25 years, I have had the opportunity to see the excellent work and results from Podiatric Surgeons.

Their care and empathy portrayed to their patients is outstanding, where I have regularly seen their patients for general podiatry care, following a Podiatric surgical procedure.

The praise for Podiatric Surgeons by these patients is reassuring to me, as I know then that I have referred my valued patient to a professional who offers the very best care possible.

The recovery time for most of their surgical procedures is rapid, obviously displaying a procedure that has been performed by a confident surgeon, with the patients care and recovery in mind.

I have personally been privileged to observe many Podiatric Surgeons surgical procedures and can assure you that these are to the highest standard possible, with the follow up to the patients with understanding care and results.

As an affiliate member of the Australasian College of Podiatric Surgeons, and with personal interest in their work, sometime ago I enrolled and completed the BSSET (Basic Surgical Skills Education & Training) course, and consequently that gave me more confidence in my knowledge and skills, thus enhancing my ability within my own practice where to date, I have performed well over 3000 partial or total nail avulsion procedures.

I am aware of the knowledge, intensive training and commitment that is required to be a Podiatric Surgeon, and as such the health profession and the public are in the very best of hands.

Podiatric Surgeons are recognised and respected globally, so I ask AHPRA not to deplete the standing that they have on the global position. In fact, Australia should be proud that we have Podiatric Surgeons with the knowledge and skills that they possess.

I hope that you will consent to recognise Podiatric Surgeons as a vital part of our higher-level trained professional in our health care system.

As stated earlier, Podiatric Surgeons have the knowledge, skills and the right to use that title.

I am including in my post nominals and credentials that are not all podiatric but may enhance this submission which is of great importance.

Yours Respectfully

Dr William S. Mackieson
Principal Podiatrist. Director
Morecroft's Podiatry Services

O.A.M (Order of Australia medal)
C.St.J (Commander of the Order of St John)
BSSET (Basic Surgical Skills Education and Training)
Member of the Australian Podiatry association 30 years
Honorary Affiliate, Latrobe university as a clinical supervisor 25 years
Affiliate member Australasian College of Podiatric Surgeons
FRVAHJ - Fellow Royal Victorian Association of Honorary Justices
Justice of the Peace for Victoria over 40 years

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

No, Podiatric surgeon is the most appropriate title.

Podiatric surgeon implies that the practitioner is a surgical specialist, this is the community expectation. It represents a practitioner who is exclusively dedicated to the field of podiatric surgery. If there is any confusion regarding the training, qualifications and practice of podiatric surgeons then a strategic education campaign is indicated rather than a title change.

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

The new proposed title may diminish the consumer perception of the significant training, qualification and specialty of podiatric surgery

This could also create more confusion to the public and potentially reduce access or intent to seek care.

Consumers may also be confused as to when to seek the services of a 'surgical podiatrist' as opposed to a general podiatrist who can also advertise surgical services within board guidelines.

It could create confusion as to the distinction between the specialist training of podiatric surgeons compared to podiatrists with general registration who can also perform some surgery.

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

Potential broader loss of consumer confidence in the specialty of podiatric surgery leading to reduction in workload and referrals. This poses a significant risk to the morale, mental health and livelihood of podiatric surgeons who have dedicated their professional lives to the specialty of surgery.

May reduce access to care when the government is actively seeking to expand access to healthcare and promote workforce substitution

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

A title change could represent an attempt of medical dominance succeeding to diminish the success and integration of other health professionals