

## 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.

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**Consultation closes on 8 November 2024.**

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#### 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

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#### Question B

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

☒ A registered health practitioner?

Profession: Podiatry

☐ 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

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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?

I do not agree with the proposed title change. Recent research by Kaminski et al. (2024) shows that allied health students in Australia are uncertain about the title, role, and scope of practice of podiatrists. This suggests that both allied health students and the general public may also lack familiarity with the role of a podiatric surgeon, especially since podiatric surgery has only been a recognized specialty since the 1970s. If there is already confusion regarding the roles of podiatrists and podiatric surgeons, changing the title to 'surgical podiatrist' may only add to this ambiguity rather than improving public understanding.

Reference: Kaminski MR, Whittaker GA, Robinson C, Cotchett M, Ho M, Munteanu SE, Dollinger M, Kazantzis S, Li X, Causby RS, Frecklington M. Motivators and barriers for studying podiatry in Australia and New Zealand: A mixed methods study. Journal of foot and ankle research. 2024;17(3):e70004.

### 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 don't have an alternative title to suggest. The title 'Podiatric Surgeon' is well-established and widely accepted in countries like the USA, Spain, and the UK, so it's unclear why Australia would need to adopt a different term. Public education is what will truly address and reduce any confusion surrounding the role.

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

I think the title change from podiatric surgeon to surgical podiatrist could create more confusion than clarity. Podiatric surgeon is already a recognised title in several countries, and switching to surgical podiatrist may obscure the distinct, specialised surgical training that these podiatrists undergo. A new title could add another layer of complexity, potentially leading consumers to question whether there's a difference in qualifications or expertise between a surgical podiatrist and a podiatrist that performs surgery. Instead, targeted public education could be a more effective way to increase clarity and understanding.

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

A new title may require a considerable effort to educate both the public and other healthcare professionals on what a surgical podiatrist involves. I think this change could risk undermining the public's trust in the podiatry and podiatric surgery if they perceive a lack of consistency or clarity in the qualifications of podiatric surgeons.

Given that podiatric surgeon is recognised worldwide, Australian podiatric surgeons might face challenges if they work or collaborate internationally, as surgical podiatrist may not be readily understood.

In regard to costs, updating the title across professional documentation, marketing materials, and digital platforms may incur significant costs. Arguably, the change in title could also disrupt established referral patterns and affect collaborative relationships within and between health professions.

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

Not that I can think of.

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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.

Changing the title is not helpful and will only add further confusion to the general public. Podiatric surgeons undergoes multiple years of additional training, mentoring, and often train overseas to develop their advance surgical skill set. This is not dis-similar to undergoing further training as a surgical fellow would. They don't claim and never have claimed to have undergone medical training.

Further if you look at this through a larger lens, there are so many other health professionals and non-health professionals claiming they are 'doctors' however why aren't people discussing this then? Someone claiming themselves as a 'doctor' is no different to this consultation and proposed changes.

Changing a name/how a profession functions with minimal evidence of poor outcomes or with a select few surgeons operating unethically but where is the comparison to all the orthopaedic poor outcomes as these are the ones that pushing for this over any other medical trained discipline.

### 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 propose no title change. As mentioned above podiatric surgeons go through extensive training and the training courses warrant the term or podiatric surgeon.

I think the clarity to consumers is due to the lack of awareness of this very small speciality of surgical speciality. Further clarity needs to be provided by the podiatry board of Australia and AHPRA not

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

It will cause a lot of miscommunication and mistrust for the podiatric surgeon colleagues and even with the referring podiatrists. Changing the title will undermine the valuable work that podiatric surgeons perform daily.

Longer wait times for consumers as orthopaedic wait times and costs are so much greater than podiatric surgery. This will result in more patients suffering and for longer durations as extended wait times results in more chronic pain cascades.

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

Changing titles could result in podiatric surgeons no longer being able to operate in hospitals, it may cause credentialing delays and therefore higher costs for them. This will also impact their insurances and ability to access insurances. Further, reduced community trust to the surgeon and it will result in less podiatrists wanting to pursue to surgical speciality in the future.

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

There was very poor interviewing or discussion with podiatrists about the changing or implications of proposing the title change for podiatric surgeon, which whom are one of the biggest impactors and referrers to this speciality. Also where was the interviewing of community members that had positive outcomes of podiatric surgery, none of this was included in the initial review only bad outcomes.



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Further if you look at this through a larger lens, there are so many other health professionals and non-health professionals claiming they are 'doctors' however why aren't people discussing this then? Someone claiming themselves as a 'doctor' is no different to this consultation and proposed changes.

Changing a name/how a profession functions with minimal evidence of poor outcomes or with a select few surgeons operating unethically but where is the comparison to all the orthopaedic poor outcomes as these are the ones that pushing for this over any other medical trained discipline.

### 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 propose no title change. I don't believe a change it title will assist clarity. That is more around the content of the work, not the title. Surgical podiatrist will be just as confusing. The clarity to consumers is due to the lack of awareness of this very small speciality. Further clarity needs to be provided by governing bodies and professional associations.

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

It will undermine the profession, both with health professionals, but especially with the public. It is important podiatric surgeons continue to be utilised, for the amazing work they do, but also to assist with reducing orthopaedic surgeon waiting times.

Changing the title will undermine the valuable work that podiatric surgeons perform daily.

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

Changing titles could result in podiatric surgeons no longer being able to operate in hospitals, or changes to private health rebates. it may cause credentialing delays and therefore higher costs for them. This will also impact their insurances and ability to access insurances. Further, reduced community trust to the surgeon and it will result in less podiatrists wanting to pursue to surgical speciality in the future, and the benefits they provide to the public at present.

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

There is a lack of evidence for the title change. I believe that the complaints seem to be more from the orthopaedic community contesting the title, than consumers misunderstanding. Even if it is consumer understanding is the issue, then that should be addressed accordingly, as mentioned above. Otherwise we are limiting the speciality, and this will have many impacts, including falling behind our international colleagues.

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<b>Your answer:</b> <input type="checkbox"/> Organisation Name of organisation: <a href="#">Click or tap here to enter text.</a> Contact email: <a href="#">Click or tap here to enter text.</a> <input checked="" type="checkbox"/> Myself <div style="background-color: black; width: 150px; height: 15px; margin-top: 5px;"></div> <div style="background-color: black; width: 270px; height: 15px; margin-top: 5px;"></div>
<b>Question B</b> If you are completing this submission as an individual, are you: <input checked="" type="checkbox"/> A registered health practitioner? Profession: Podiatrist <input type="checkbox"/> A member of the public? <input type="checkbox"/> Other: <a href="#">Click or tap here to enter text.</a>
<b>Question C</b> Would you like your submission to be published? <input type="checkbox"/> Yes, publish my submission <b>with</b> my name/organisation name <input checked="" type="checkbox"/> Yes, publish my submission <b>without</b> my name/ organisation name <input type="checkbox"/> No – <b>do not</b> 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.**

### **Rationale:**

The review states it was triggered by the “high rate of complaints or notifications about podiatric surgeons” and identifies concerns about patients receiving “appropriate care” from podiatric surgeons. The authors key findings suggest there is likely an association between adverse clinical outcomes and poor individual clinical decision making rather than flaws in podiatric surgeons training. Should this be the case, then it is clear the existing regulatory framework has a mechanism to address the underlying problem.

### **Importance of maintaining consistent nomenclature**

Patient understanding of the nomenclature associated with “podiatric surgeon” is an independent issue. The review suggests the term podiatric surgeon is confusing and problematic however this was identified among members of the general community who had no, or limited contact with the service. While acknowledging enhanced public awareness of all health services offered, in this increasing complex environment of specialisation and sub specialisation, deficient can be managed through appropriate education and more stringent enforcement of existing guidelines and regulations. Essentially, this is a matter of health literacy and further convolution, via nomenclature change, can only serve to confuse the public.

It is speculative to assume changes to nomenclature in of itself would likely reduce poor patient outcomes. Given the author acknowledges current education and training meet an acceptable standard of medical and surgical care, the argument for nomenclature change becomes counter intuitive. Is one to assume that, if the general public is more aware a podiatric surgeon is other than a medical practitioner specialising in surgery, they will be more willing to accept a greater risk of adverse event? This is particularly ironic given both disciplines are highly regulated, treat the same health conditions and achieve ostensibly the same outcomes.

Both groups are “surgeons” by conduct rather than training, thereby artificially conflating concerns in the public's mind, as demonstrated in sensationalise media reporting. The unforeseen consequences of title change would be a likely reduction in occasions of care sort from podiatric surgeons by the public. This is a counterproductive outcome given the well-established needs of Australia's ageing population. As the report author notes, it would not be beneficial to stifle fledgling professional development.

### **True motive for change**

It is disheartening to learn when patients of podiatric surgeons experience adverse events and seek alternative help, their perceptions are often inflamed and aggravated rather than professionally resolved by disciplines working collaboratively in the patients' best interest. This is understandable when considering the nature of orthopaedic training, its rigorousness and the demanding work environment which enforces paternalistic attitudes. Notwithstanding this point, it is important to acknowledge the views held by different medical and surgical disciplines, learn from constructive suggestions for improvement. At the same time, it is incumbent on the Board to rigorously scrutinise advice which may, ultimately, disadvantage the broader community.

### **Correct assessment of the real issues**

Care needs to be taken when simply comparing crude notification rates between orthopaedic and podiatric surgeons. Many factors are known to confound patient satisfaction with health service including the individuals' socioeconomic status, level of health literacy, education levels and if service is provided in public (free) or private (user pays) setting. Perception is also influenced by personal bias.

Conclusions regarding multiple notification rates being higher in older practitioners also overlooks the fact these practitioners have, by virtue of their years of practise and increased volume of work are more likely to receive a notification over time. As one orthopaedic surgery has been known to comment, “if you're not getting complications, then you're not doing the work”.

For many years the national and international movement has been to evaluate health related quality of life outcomes using well established patient reported outcome measures (PROMS) and is accepted as a meaningful method for analysing health services. Studies have demonstrated that complication rates from podiatric surgeons do not differ significantly from those of orthopaedic surgeons when adjusting for confounders, so one must question, why reporting rates of complaints are higher for podiatric surgeon and what, if any affect would be achieved by simply changing nomenclature to create a new “silo of health provider” in the public’s mind?

### Board leadership in priority setting

The answer to the above question can be found deep within Professors Pattersons report. The Board’s focus on seeking public consultation to change nomenclature demonstrates a lack of priority setting, and a missed opportunity to truly advancing patient safety. Decisive leadership is required to address structural reform, rather than seeking to expediting a regulatory solution to a spurious problem.

The review highlights that “without support for the work of podiatric surgeons from the Australian government and state and territory governments there is a risk that the professional remain small and fragile”. Without this critical support the actual risks to public health and safety may remain unnecessarily elevated irrespective of a title change. Given the genesis of the report was about the Boards attempt to advance public safety, effectively addressing this issue is crucial.

For this reason, it is less desirable for the Board to focus attention on the least significant of Professor Patterson’s 14 recommendations. Change to nomenclature is the least beneficial solution when the review identified “system safety and quality” and “educational reforms” were recommended. By the Board demonstrating its ability to prioritise these key issues, it would provide the public, medical establishment and lawmakers with greater confidence that regulatory reform is based on sound principles rather than expediency.

Unfortunately, it has taken all too long to address these core safety and education issues. In particular, recommendation 13 “to integrate podiatric surgery services into the broader healthcare system to improve the quality, safety and affordability of care for patients” (pg 8) and recommendations 3 regarding “education and training” offer the greatest areas for improvement.

Historically the Board has only seen its function to “interpret” the national law, while failing to act on the guiding national principle, as identified by Professor Patterson. This lethargy has been present since the national Boards formation in 2010, after repeated requests by key groups to address these systemic issues highlighted in recommendation 3 and 13.

Health Practitioner Regulation National Law states

Part 1, Section 3, Objectives 2;

(e) to *facilitate* access to services provided by health practitioners in accordance with the public interest; and

(f) to *enable* the continuous development of a flexible, responsive and sustainable Australian health workforce and to *enable* innovation in the education of, and service delivery by, health practitioners.

The two key words here being to facilitate and enable. Based on the review findings, the Board is well placed to address these outstanding matters and should set its priorities accordingly, rather than signal to the community that a simple title change will enhance public confidence. Based on previous performance (i.e. 14 years to address this issue after it was 1<sup>st</sup> raised) it is foreseeable many of Professor Pattersons more significant recommended reforms will be lost in the passage of time. It is with thought in mind the Board should not recommend changes in title to the ministers of health until clear commitment has been given to address the root cause of underlying concerns.

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.** Any alternative title has the potential to further confuse the public in what is already a confusing health landscape. One of the single biggest challenges faced by health consumers is dealing with increased

*Public consultation on the proposed change to the protected title for the podiatry speciality of podiatric surgery – September 2024*



fragmentation of health service terminology. Consistence around professional terminology (use of the title surgeon) combined with appropriate fit for purpose patient education offers a clearer solution to guiding patient expectation of the standard of care to delivered. Alternative such as “surgical podiatrist” represent a misnomer that was effectively addressed in the 1990’s.

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

- Reduced confidence in service provision by podiatric surgeons. When patients clearly seek advice and treatment for foot problems requiring surgical intervention there will be a perception the podiatrist is in fact a qualified surgeon. This implies the practitioner has the skills and training to sufficiently manage their complaint. This has historically been the case for several decades.
- Confusion in the consumers mind about the training and skill level of this service provider. It is completely reasonable for the general public to assume that if a podiatrist uses the protected title “Podiatric Surgeon” that they will have the skills, attributes, professionalism, attitude and ability that comes with the common understanding of the term “surgeon”.
- Potential for perception of inferior service provision, given the terminology would be going against conventional wisdom of the term surgeon.
- An alternative title of “surgical podiatrist” would appear to be less differentiating between the role of a “general podiatrist” or “podiatrist”, Given these terms include the same noun, “podiatrist”.
- The term surgeon is popularly characterised in the media is not in of itself descriptive of the specific specialist skill set the individual possesses. It is easy to see why consumers maybe confused by media reporting, particularly when poor outcomes are portrayed in a particularly negative light. This is very unfortunate as it fails to clearly represent the good outcomes Achieved by podiatric surgeons which are more common.
- As consumers pointed out in the review, there were concerns about misrepresentation of practitioners using the terms doctor or surgeon and that these gave them a “false sense of confidence”. For those thousands of patients who did successfully undergo surgical procedures by podiatrist, it would appear their confidence was well placed. The point here being that patient perception of confidence is linked to the outcome obtained and is therefore a retrospective experience.
- Given the widespread lack of understanding in the community of what podiatric surgeons can provide, a change in title will only further exacerbate this misunderstanding. It reinforces stereotyping of who is and who is not capable of providing a service.
- The authors comment that the use of the term surgical podiatrist is a more apt description of the specialty should reduce consumer confusion about their qualifications and training. It is actually quite unreasonable to expect the general public to be it all familiar about any healthcare practitioners training therefore it’s a faulty assumption and nothing more than a “generalisation”.
- Todays health consumers, like most consumers are “outcomes focused” regarding standards attainment. The Board has recognised this point with current accreditation standards for podiatric surgeons acknowledging differences in training models that meet the same standard of outcome. Likewise, the public would have a reasonable expectation that an accredited surgeon, irrespective of training differences (i.e Otolaryngology Head and Neck Surgeon vs Orthopaedic Surgeon) will produce an appropriate outcome. To digress from this convention is unlikely to enhance consumer confidence and expectation.

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

No comment.

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

**Yes.** The single most important consequence of the Board taking a retrograde action in changing nomenclature “back to the past” is that its judgement and credibility will be seriously questioned. Capitulating to vested interest and the views of, by definition, uninformed consumers in the absence of addressing more important systemic issues identified in the review will be seen as “window dressing”. Given the Board’s mandate is to protect public health and safety, shifting the chairs on the deck to its own self applause poses a reputational risk to the Board.

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#### Your answer:

☐ Organisation

Name of organisation ☐

Contact ☐

☒ Myself

☐

☐

### Question B

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

☒ A registered health practitioner ☐

Profession ☐ Podiatrist and casual academic at Western Sydney ☐ university

☐ 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 am strongly against the proposal to change the title of "Podiatric Surgeon" to "Surgical Podiatrist." This legislated profession, established over 100 years ago, deserves a title that reflects the arduous training required to achieve it.

My journey included extensive training under both Podiatric Surgeons and medical practitioners, just to meet the entry requirements of the ACPS program, which took three years. It helped me achieve post graduate status and become an educator in our field. To complete the full accredited program (which I did not go on to) involves 4 years of practical and theoretical training. Confirmation that the title "surgeon" is well deserved. This title does not imply general medical training but highlights the specialised expertise, akin to dental surgeons in their niche field.

Instead of questioning the quality of the training, the public should be educated on the extent of it. Even within the Orthopaedic association (AOFAS), there are varied levels of specialist training with no single accredited program reflective of the ACPS program for surgery.

Removing the title "Surgeon" would create further barriers for a profession that has consistently demonstrated safe and effective outcomes as concluded by your independent review.

"Close analysis of notifications about podiatric surgeons over the past 10 years reveals a pattern of patient dissatisfaction (some fueled by orthopaedic surgeons), but does not indicate widespread safety and quality problems in podiatric surgery" Professor Patterson, 2020.

Using a title like "Operating Podiatrist," or any title without the word "Surgeon," suggests a lesser status and creates confusion for the patient. Changing the legislation after 100 years would undermine public trust and deter future students from pursuing this demanding career. The title "Operating Podiatrist" would not have motivated me to complete the demanding upskill and pre-entry training, which led to my position as an educator. Retaining the title "Podiatric Surgeon" is crucial for the profession's future and aligns with the training standards in the US and UK.

Ahpra's review confirms that we must move forward as a profession and unite our education systems to grow. The title "Surgeon" reflects the rigorous, accredited training only 10% of podiatrists complete. Removing this title would hinder the profession's progress and survival, possibly aligning with the outcome some orthopaedic complaints seem to desire. The pattern of patient dissatisfaction referred to in your review does not indicate widespread safety and quality issues with Podiatric Surgeons or retaining their title. To strip them of their specialist title is to potentially diminish the numbers practicing and deny the public access to excellent specialist care they can receive, as modelled by the success in the USA and UK. We must continually support them as a profession to grow.

### 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 highlighted in the independent review, there should be a "strong justification" to restrict the term "surgeon." The evidence of complaints against podiatric surgeons does not seem sufficient to warrant such a restriction. Instead, focusing on public education might be a more reasonable approach than stripping them of their titles. Using titles like "Podiatric Surgeon (WA Doctorate of Podiatric Surgery)" or "Podiatric Surgeon (Fellow of the Australian College of Podiatric Surgeons)" would be more appropriate than the term "Operating Podiatrist." This implies they are solely podiatrists who can perform surgery rather than specialists whose primary focus is in foot and ankle surgery.

The term "Operating Podiatrist" diminishes the hard work recognised by the independent review and creates uncertainty in the eyes of consumers.

The title "Podiatric Surgeon" aligns with standards in the USA and the UK, promoting international unity within the profession. This consistency in titles helps build trust and assures that Australian podiatric standards are on par with those of other countries

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

Creating distrust within the public eye can have detrimental effects. Consumers may seek alternative opinions, which could be catastrophic for the industry and significantly reduce patient numbers seeking Podiatric surgical care. It is unlikely that the profession can survive if it is downgraded from its specialist title. Consumers would seek opinions from services perceived as more specialised, when they have not been forced to reevaluate their titles.

If the industry has been deemed safe and appropriate, then their titles should reflect this. The public should continue to benefit from their specialised services, fostering trust and confidence in the profession.

With an ageing Population and more consumers seeking expertise surgical care it is important we continue to foster, grow and support our podiatric Surgeons so the public can have early access to surgical intervention.

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

While I believe the bulk of this issue should be addressed by Podiatric surgeons, who understand the substantial financial investments in marketing, insurance, and registration each year, it is fair to acknowledge that all podiatric surgeons will be affected by this decision. Despite nine individuals having three or more complaints, (many of these lodged by orthopedic surgeons), it seems unjust to punish the entire profession, especially those who have practiced without any issues.

The existing fees for training, business setup, and insurance are already substantial. These financial burdens deterred me from entering the program initially. Further setbacks could dissuade future students from enrolling in the university and the college, as the costs may become too prohibitive.

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

Changing the titles of podiatric surgeons could impose significant costs on the public in terms of legislative changes.

Stripping Podiatric surgeons of their titles may not ultimately enhance safety, as most complaints appear to be driven by orthopedic surgeons. This dynamic could embolden majority groups like orthopedic surgeons to push until the profession is eroded. This could limit public access to highly trained specialised professionals such as Podiatric surgeons and increase the burden on the public and private health system long term. It allows a majority group less competition and overall power to manage surgical interventions as they see fit as they take the control of the market.

Without unity in advancing the healthcare system to align with our international counterparts, we risk regressing to less progressive medical interventions which results in less surgical options which may not be as beneficial for an aging population. It means we are perhaps slower to adopt varied and progressive surgical treatment techniques nationwide.

As an educator, I observe that it could demotivate students and the profession at large to refer to Podiatric surgeons when they can consult local orthopedic surgeons who offer Medicare rebates. This lack of inspiration to pursue costly and time-consuming specialist training could jeopardise the survival of the profession.

It seems particularly unfair to implement these changes when the profession has already been reviewed and deemed appropriate by your independent review. I wholly believe focusing on educating the public on the depth and scope of Podiatric surgical training could be a better solution than changing the legislation to appease a majority group.