



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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Making a submission

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Consultation closes on 8 November 2024.

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 These details will not be published in any summary of the collated feedback from this consultation.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

Contact email:

☒ Myself

Name: Emilia Bran Hernandez

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

☐ 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?**

We Do Not Support the Change in Terminology

1. The term "podiatric surgeon" is appropriately used, as it clearly aligns with the straightforward linguistic definition of a surgeon—an individual who performs surgery. While the alternative term "surgical podiatrist" may seem linguistically valid, it lacks consistency with established terminology in other medical fields. For example, we refer to "dental surgeons" rather than "surgical dentists." Furthermore, "surgical podiatrist" is not commonly utilized by professional bodies or training institutions representing these practitioners, diminishing its effectiveness as a descriptive term. This aligns with Menz's critique in his paper titled "Foot" and "Surgeon: A Tale of Two Definitions" (2010), where he argues that "surgical podiatrist" fails to differentiate meaningfully from "podiatric surgeon." He explains that the adjective "surgical" relates directly to surgery, thereby reinforcing that the appropriate noun for someone performing surgery is "surgeon." Importantly, the term "podiatric surgeon" does not imply or suggest that the practitioner possesses a medical degree instead of a podiatry qualification, nor does it aim to confuse or mislead. It is, in fact, the most accurate and concise title that reflects our specialized training, qualifications, and scope of practice.
2. International precedents further support the use of the title "surgeon" for professionals with specialized surgical training, regardless of whether they hold a traditional medical degree. Retaining this title promotes professional equality and acknowledges the substantial contributions these practitioners make to healthcare, ensuring that all skilled and regulated professionals are recognized and respected for their expertise within their respective surgical fields. Aligning with our international peers is crucial; for instance, in the UK, the Health Professions Council (HPC) has recognized the terms "consultant podiatric surgeon" and "podiatric surgeon" within the National Health Service for over 24 years. Podiatric surgeons in the UK have long been employed under this title. Similarly, the term "podiatric surgeon" has been in use in the USA for decades.
3. Clarity is another vital consideration. The term "surgical podiatrist" may imply that the practitioner occasionally performs surgery, whereas "podiatric surgeon" clearly indicates that surgery is a central aspect of their expertise. This distinction is important for both professional identity and public understanding.

In conclusion, we strongly advocate for the retention of the term "podiatric surgeon" to accurately reflect our qualifications and expertise while maintaining consistency with established medical terminology. This change would not only benefit practitioners but also enhance clarity for patients and the healthcare community at large.

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?

We propose an alternative approach to the use of the title "surgeon," particularly in light of Professor Paterson's assertion that “there needs to be a strong justification for restricting the use of the title ‘surgeon.’ The rationale for restricting the use of this term should be to reduce consumer confusion and potential harm, and such objectives must not be pursued through less directive means.”

We contend that less directive alternatives have been overlooked. The recommendation to restrict the title "surgeon" has been made without adequately considering other, less prescriptive strategies to alleviate consumer confusion.

Our proposed alternative involves the inclusion of a descriptor, such as "specialist podiatrist," following the title "podiatric surgeon." This adjustment, as part of a comprehensive patient education campaign, is anticipated to enhance clarity for healthcare consumers regarding the qualifications and roles of those they consult, while also preserving the integrity and significance of the podiatric surgeon’s expertise.

The title would appear as: Joe Bloggs **Podiatric Surgeon (Specialist Podiatrist)**.

Statement of Purpose - Patient Information Campaign

The purpose of developing this literature, which includes brochures and clarification statements, is to eliminate any confusion among the public and stakeholders regarding the title "Podiatric Surgeon." We aim to explicitly outline our training and clearly indicate that we are not medical doctors.

In addition to providing clear and unambiguous patient information brochures, the ACPS will require the inclusion of definitions regarding what a Podiatric Surgeon is and is not in all patient referral pads, patient registration forms, and consent to surgery documents. This initiative is designed to ensure that patients and stakeholders have a complete understanding of who is delivering their care throughout the entirety of the patient journey.

Mandatory Clarification Statements and Title Descriptor

Patient registration and consent to surgery forms

I understand that a podiatric surgeon is a registered specialist podiatrist who is trained in the diagnosis and treatment of foot and ankle disorders by both surgical and non-surgical methods and is not a medical practitioner (medical doctor).

Referral pads

A podiatric surgeon is a registered specialist podiatrist who is trained in the diagnosis and treatment of foot and ankle disorders by both surgical and non-surgical methods and is not a medical practitioner (medical doctor).

Title Descriptor

Podiatric Surgeon (Specialist Podiatrist)

To enhance transparency and clarity for healthcare consumers, it is essential that podiatric surgeons provide full disclosure to patients during the pre-consultation and consent processes. This disclosure should include informative brochures authored by podiatric surgeons, as well as additional discussions during consultations to ensure that patients are well-informed and confident in their choices moving forward.

It appears that the focus groups conducted may not accurately represent consumer understanding. This is evidenced by comments from Professor Paterson, who noted that when asked what it meant for someone to call themselves a podiatric surgeon, most participants assumed the practitioner was a medical doctor with a medical degree. Many participants emphasized that the most significant part of the title is the word "surgeon."

Conversely, Professor Paterson also highlighted that patients referred to a podiatric surgeon by a podiatrist understood they were consulting a well-qualified practitioner specializing in the treatment of ankles and feet.

The concerns surrounding the title "podiatric surgeon" are not related to the standard of care provided by podiatric surgeons; rather, they pertain to the clarity and transparency of the practitioner's qualifications and training. This information is critical for consumers to make informed decisions about their care.

Revisiting Professor Paterson's statement that "the rationale for restricting the use of the term should be to reduce consumer confusion and potential harm, on the basis that this cannot be achieved by less directive means," it is clear that the ACPS has proposed a viable solution to reduce consumer confusion through less prescriptive measures. This includes mandated consent and patient registration statements, title descriptors, patient information brochures, and a broader public information campaign.

Professor Paterson's observations from interviews with podiatric surgeons indicate that most practitioners do explain their qualifications to patients, clarifying that they are not medical doctors but rather specialists in podiatric surgery. He noted, "In my meetings with patients who had consulted a podiatric surgeon, they confirmed that they received a satisfactory explanation of the practitioner's qualifications and experience. However, this experience is not universal."

To make this understanding more widespread, the proposed measures outlined above can play a crucial role. The ACPS is also prepared to undertake a comprehensive media campaign, in collaboration with or independent of government agencies, utilizing these materials to ensure broader public awareness of who podiatric surgeons are, their training, their areas of practice, and how they differ from medical doctors.

In alignment with the principles previously discussed, we have also considered alternative titles that could enhance clarity, including:

- Podiatry Surgeon
- Podiatric Surgeon (Surgical Podiatrist)
- Podiatric Surgeon (Podiatrist Practicing Podiatric Surgery), as used in the UK
- Podiatric (Foot and Ankle) Surgeon (Specialist Podiatrist)

It is important to highlight that these suggestions stem from the findings and recommendations made by Queensland Parliament's Health and Environment Committee while reviewing the Health Practitioner Regulation National Law (Surgeons) Amendment Bill 2023. Professor Paterson's review emphasized that the restriction on the use of the title "surgeon" was thoroughly examined during consultations in 2021, 2022, and 2023 regarding the Surgeons Bill. Although the title "podiatric surgeon" was not within the scope of this review, its appropriateness was raised by multiple stakeholders in submissions to the committee. Health ministers considered the issue in depth but ultimately found no compelling reason to restrict the title "surgeon," noting that terms like "oral surgeon" and "podiatric surgeon" are recognized specialist titles under the National Law for suitably qualified dentists and podiatrists.

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

1. We are concerned that any change in the title from "Podiatric Surgeon" would undermine the seriousness of our work, potentially posing greater risks to patient safety than any confusion arising from the current title. A reduced title could lead patients to underestimate the complexity and seriousness of the surgeries performed, which may result in their neglect of essential postoperative or follow-up care. This misperception could lead to dangerous outcomes, making it vital to maintain a title that accurately reflects the critical nature of our profession.
2. Furthermore, retaining the title "surgeon" helps establish clear expectations for patients. It conveys that the practitioner has met rigorous standards of training and competency in their specialized field, thereby fostering public trust and confidence in their abilities. By recognizing podiatric surgical professionals as surgeons, the healthcare system affirms our role and highlights our significant contributions to patient care.
3. If the title change is perceived as a demotion by consumers, it could undermine public confidence in the profession, adversely affecting patients' willingness to seek care.
4. Additionally, a new title could lead to misunderstandings that inadvertently limit patient access to care, as some individuals may choose to consult traditional "surgeons" instead.
5. Consumers may face further confusion if other non-medical practitioners, such as Dental and Oral Surgeons, are permitted to retain the title "surgeon," while equally qualified podiatric practitioners are not. This inconsistency could

exacerbate public misunderstandings about the qualifications and roles of different healthcare providers.

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

1. Rebranding Costs

- **Marketing Materials:** Updating websites, business cards, brochures, referral pads, and signage to reflect the new title can lead to significant expenses.
- **Public Education:** Developing campaigns to inform patients and the public about the new title may require substantial funding and time for effective outreach.

2. Administrative Expenses

- **Legal Fees:** Changes to the title may necessitate legal adjustments or new registrations, incurring costs for legal consultation.
- **Regulatory Compliance:** Updating documentation with regulatory bodies could also result in additional administrative expenses.

3. Impact on Patient Trust and Retention

- **Patient Confusion:** Alterations to the title might create confusion among existing and potential patients, potentially leading to a decline in patient retention and new patient acquisition.
- **Marketing Impact:** Reduced trust could necessitate increased marketing efforts to reassure patients about the quality of care provided.

4. Insurance and Reimbursement Issues

- **Claims Processing:** Adjustments in the title could complicate claims with insurers, resulting in delays and potential revenue loss during the transition.
- **Negotiation with Insurers:** Podiatric surgeons may be required to renegotiate contracts with insurers, potentially leading to decreased reimbursements or an increased administrative burden.

5. Training and Education Costs

- **Curriculum Changes:** If the title change necessitates updates to educational programs, associated costs for curriculum redesign and implementation may arise.
- **Continued Education:** Practitioners may need additional training to align with the implications of the new title, incurring further expenses.

6. Professional Identity and Morale

- **Impact on Workforce:** Changes to professional identity could affect job satisfaction and morale among practitioners, potentially resulting in higher turnover rates.
- **Professional Relationships:** Adjustments in how podiatric surgeons are perceived by other healthcare professionals could strain interdisciplinary collaboration.

7. Legal and Liability Considerations

- **Liability Issues:** A change in title may raise questions regarding the scope of practice, leading to potential liability concerns or increased malpractice insurance costs.

8. Operational Adjustments

- **Staff Training:** Staff may require training to effectively communicate changes to patients, resulting in additional costs.

9. Time and Resource Allocation

- **Management Resources:** Implementing these changes may demand significant time and effort, diverting focus from patient care and practice growth.

10. Recruitment and Retention of Trainees

- **Impact on Interest in the Profession:** Current and prospective podiatric surgical trainees may lose interest in pursuing or continuing their careers due to a perceived lack of professional recognition associated with the new title. This decline could have a detrimental impact on the profession, countering Professor Paterson's assertion that the field should be positioned to flourish, not flounder.

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

1. **Decreased Competitiveness:** Changing the title will likely reduce competitiveness within healthcare settings, granting an unfair advantage to orthopedic surgeons and creating monopolistic market conditions. This is particularly concerning given that the review concluded no changes in the scope of practice for podiatric surgeons are necessary, as the work we perform is largely equivalent.

2. **Financial Impact:** As a result of the unfair competitive advantage highlighted above, podiatric surgeons may experience significant income reductions, potentially amounting to tens of thousands of dollars annually.
3. **Collective Punishment:** The proposed title change also constitutes an unjust collective punishment, as noted by Professor Paterson, who indicated that the majority of podiatric surgeons have not contributed to the increased notifications. He stated, "Concerningly, 66% of the notifications received about podiatric surgeons during that period relate to nine podiatric surgeons, each of whom was the subject of three or more notifications." Furthermore, he observed, "A significant proportion of notifications about podiatric surgeons were prompted by orthopedic surgeons who reviewed the patient following podiatric surgery."
4. **Social Prestige and Competition:** It is important to emphasize that the review identified "social prestige" as a key element associated with the title of surgeon, which conveys symbolic capital and confers privilege to one group, ultimately resulting in anti-competitive effects. Professor Paterson further asserted, "Any notification, especially regarding the standard of clinical care, needs to be carefully assessed by a regulator. However, many notifications about podiatric surgeons originate from orthopedic surgeons who perform similar work and are their competitors. The longstanding hostility and professional rivalry between podiatric surgeons and orthopedic surgeons is well documented."
5. **Lack of Evidence for Safety Improvements:** There is no published evidence to suggest that changing the title will enhance the safety of podiatric surgeons. This raises concerns about potential legal action from individual podiatric surgeons.
6. **Public Confusion:** Podiatric surgeons have used the title "Podiatric Surgeon" for many decades, with 14 of those years occurring after approval from the Health Minister in 2010. This long-standing usage may lead to public confusion regarding a new title, possibly causing patients and stakeholders to perceive it as an entirely new profession and resulting in misunderstandings about the qualifications and expertise of practitioners.
7. **Loss of Trust:** If the title change is viewed as a downgrade, it could erode public confidence in the profession, affecting patients' willingness to seek care.
8. **Insurance and Reimbursement Challenges:** Changes to the title may complicate insurance premiums, claims, and reimbursements, as insurers might not recognize or understand the new designation and may be reluctant to insure "surgical podiatrists." This could impose a significant financial burden on individuals within the profession.
9. **Impact on Professional Identity:** Practitioners may feel that their professional identity is diminished due to the title change, which could negatively affect morale and job satisfaction.
10. **Interdisciplinary Relations:** The title change could alter how podiatric surgeons are perceived by other healthcare professionals, potentially leading to friction or confusion in collaborative care settings.
11. **Legal Implications:** The change may raise questions regarding the scope of practice and liability, directly impacting indemnity insurance premiums and claims.

12. **Academic and Training Impacts:** The title change may necessitate adjustments to educational programs and training pathways, including updates to curricula and certification processes.
13. **Inequality in Title Use:** Restricting the title from one group of non-medically qualified health professionals while allowing others, such as Dental and Oral Surgeons, to retain it represents a gross injustice and fosters inequality within the healthcare system.

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Your answer:

☐ Organisation

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

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

☒ Myself

Name: Christopher Brown

Contact email: [REDACTED]

Question B

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

☒ A registered health practitioner?

Profession: 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?

Yes. It is clear that members of the public do NOT realise that podiatrists who perform surgery are not Medical practitioners. They are often quite disturbed when they find out which may even be after surgery has been performed.

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 U uses the title "Podiatrist Practicing Podiatric Surgery" and I would concur with that title. The HCPC (AHPRA Equivalent) has published their deliberations which are available online

Bone Joint J 2024;106-(Br):84-6

I note however that Australian Podiatrists undertaking surgery do not have the same level of training and cannot claim equivalence.

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

Improve patient perceptions regarding the level of expertise of those undertaking surgery.

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

Possible decrease in income if the public perceives that the person performing surgery is not a medical practitioner with extra surgical training.

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

There may be increased pressure to improve training to at least the British or US level (which can only augment patient care)

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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: Dr George M Calfas

Contact email: [REDACTED]

Question B

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

☒ A registered health practitioner?

Profession: Cosmetic and laser medical practitioner

☒ A member of the public?

☐ Other:

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 with the change in title and do not believe it is required. The title Podiatric Surgeon is a protected title for the podiatric surgeons. I think you should keep it that way. Changing it will not serve any purpose other than to in fact confuse the public. If public safety is really the issue here then there are better ways to ensure this, just as there are with my medical practitioners colleagues in general, but altering a protected title that has been in accepted usage for a long time, both here in Australia and overseas, will not only cause unnecessary confusion to the public as to which specialist they need to see, but it will also protect and favour orthopaedic surgeons unfairly by diminishing Podiatric Surgeons as true surgeons performing highly specialised surgery. I believe the Podiatry Board should be supportive of Podiatric Surgeon members retaining their title!

The title Podiatric Surgeon has been in use for decades in the US and UK with clear understanding as to whom it represents without confusion, and it has been likewise so in Australia. So why the push now to change their title?

A Podiatric Surgeon is indeed a "surgeon", performing full surgical procedures in theatre, scrubbed up and working harmoniously with the anaesthetist, theatre sister, scrub nurses, and all other ancillary theatre staff. I have referred patients to Podiatric Surgeons and have been satisfied with their professional standards and performance. I have also had the privilege to observe and assist them in performing 'real' surgery, cutting through skin and subcutaneous tissues, tendons, muscles, bones and joints, repairing and correcting abnormalities to enhance a patient's quality of life and functionality. Observing a Podiatric Surgeon in action is no different to observing an Orthopaedic Surgeon (one who is appropriately trained in foot and ankle surgery) in action, and to somehow imply that Podiatric Surgeons are less trained in foot and ankle specialty, as the proposed change of title is designed to imply, and that they are "Mickey Mouse" or "pretend" surgeons because they have not been trained through the medical stream, is erroneous and deceptive. In the UK Podiatric Surgeons have public hospital admitting rights where they have parity with orthopaedic foot and ankle surgeons, and work in multidisciplinary teams to the greater advantage and safety of their patients (they do call them their 'patients', surely that is how they should refer to them even though they are not 'medical doctors').

Let us not lose sight of the fact that not all Orthopaedic Surgeons are appropriately qualified to perform foot and ankle surgery unless they have undertaken specialised foot and ankle surgery training. Yet they can still call themselves 'Foot and Ankle Surgeons' and attempt to perform this surgery even without the specialty training that a Podiatric Surgeon has received but this surely does not guarantee adequate public safety.

Why do we, in Australia, wish to suppress Podiatric Surgeons by reducing their rightful title as Surgeons, and by artificially denying them admitting rights to public hospitals where they would have a lot to offer both patients and hospital, and by denying them Medicare benefits. Admitting rights to Public Hospitals would offer these surgeons in return the opportunity to interact in a positive way with other medical professionals and be involved in multidisciplinary teams where there would be much to be gained by all.

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 take an analogy from dentistry, dentists are called 'Dental Surgeons') even though they are not medical graduates.

I do not see a need to deny the rightful title as Podiatric Surgeons.

I see the campaign to 'protect the public' is a furphy. The public know who they are and they already have these discussions in their consultations when the topics of Medicare benefits and hospital admissions invariably come up. So, the patient is already fully aware they are not medical practitioners and are able to make up their own mind, without bureaucracy having to get involved. I see no deception or cover-up, or pretending to be doctors, so what further are we going to achieve?

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

Confusion. The existing title has been around for decades in proper and accepted usage, here and overseas. The public are already aware who and what they are and are quite capable of making up their own minds.

The public may potentially miss out on an alternative choice for a treating practitioner.

The implication that Podiatric Surgeons are somehow less qualified and pose a greater risk to the public, which is completely erroneous. I would prefer to refer my patient to a Podiatric Surgeon than to an orthopaedic surgeon who has not received specialised foot and ankle surgery training.

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

Loss of status and respect by the implications that they are inadequately qualified in this type of surgery by the mere fact that they have not trained through the medical stream. In the UK Podiatric Surgeons are actually trained in the public hospital system and have admitting rights there, they are part of multidisciplinary teams, have prescribing and pathology rights, and this benefits the public and collaboration between specialties with time and cost savings in being able to liaise directly with each other and not via the GP.

Despite repeated attempts to gain admitting rights similar to UK and US counterparts our Podiatric Surgeons in Australia are being obstructed and denied this by my medical colleagues. By changing their rightful title to a lesser title in order to diminish their recognition as proper surgeons will make their endeavours even more difficult. There is no need for us to be so hard on them.

There is no doubt that there will be financial repercussions as it is already difficult for them to compete with orthopaedic surgeons by virtue of hospital restrictions and Medicare exemption, but if their title is diminished (and that is the purpose of the proposal) then orthopaedic surgeons can point to them as being "podiatrists that are permitted to operate". This diminution is unnecessary, orthopaedic surgeons already have a huge advantage.

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

It will cause a level of confusion for the patient as to who is appropriate for their needs, and it will sow insecurity as to the level of training a Podiatric Surgeon has received. A podiatric Surgeon is trained exclusively, and in depth, on surgery of the foot and ankle. They do not venture beyond their scope of training.

Collaboration with the medical profession in a useful and productive way will be lost.

Their chances of public hospital recognition will be lost.

Their status as surgical professionals in the community will be lost.

Their ability to compete with orthopaedic surgeons on a level field will be diminished, giving unfair advantage to the orthopaedic surgeons and causing some discredit and disadvantage to the podiatric surgeons. Without being overly cynical, one cannot but come to the conclusion that this, and not public safety, is the main thrust of this submission.

The Podiatry Board is responsible for public safety by regulation. The title change will not achieve that.

The Podiatry Board should lobby on behalf of the Podiatric Surgeons to achieve the same admitting and hospital rights that their counterparts enjoy in the UK and US. This would go a very long way to achieving better and safer patient management!

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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: John Charles

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

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

Your responses to the consultation questions

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

No. I do not think the changing the name will clear up any confusion and the best way to manage the situation is to provide patients with information when researching or seeing Podiatric Surgeons so that they are informed as to their training and skills.

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 as I think that the current title is the most appropriate.

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

It will devalue podiatric surgeons who will be seen as inferior to orthopaedic surgeons when treating the foot and ankle.

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

It will create an unfair advantage for the orthopaedic surgeons, as podiatric surgeons will be perceived as podiatrists with advanced training, rather than fully accredited surgeons who have complete exhaustive training in specialised foot and ankle surgery.

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

No.

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:

Contact email: [REDACTED]

☒ Myself

Name: Matthew Cichero

Contact email: [REDACTED]

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

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

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

Your responses to the consultation questions

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

No, I do not agree with the change.

1. As a previous Board Member of the Queensland Podiatry Registration Board, prior to the establishment of AHPRA, the lay members (lawyers and lay members) all agreed that the term 'Podiatric Surgeon' was appropriate with respect to the correct English grammar, served clearly to explain what the registered individual did and clearly delineated them from podiatry registrants which served to protect the public. Podiatric Surgeon is the most accurate and succinct title given our specialist training, qualification and activity.
2. I am qualified Consultant Podiatric Surgeon in the UK and Australia. International precedents support the use of the title "surgeon" for professionals with specialised surgical training, even if they do not hold a traditional medical degree. It is non-sensical that I would call myself one title in one country, and another in my other registered country.
3. We should be continuing to align with our peers internationally, where in the UK, the Health Professions Council (HPC) clearly acknowledged that the terms 'consultant podiatric surgeon' and 'podiatric surgeon' are used within the National Health Service over the last 24 years, and that podiatric surgeons are employed in that capacity, and currently use the title. The USA have also been using the term Podiatric Surgeon for decades.
4. I provide reading material to every patient I see that explains what a Podiatric Surgeon is, our training and that we are not medical doctors. In many circumstances patients will actively seek out my care, knowing full well I am not medically qualified, after having seen a medical doctor and wanting a second opinion.
5. Maintaining this title for such professionals promotes professional equality and acknowledges the different way health care and medical training can be undertaken, ensuring that all skilled and regulated practitioners are recognised and respected for their expertise in their respective surgical domains.
6. Avoiding ambiguity is also a consideration. "Surgical Podiatrist" may sound more like a podiatrist who occasionally performs surgery, whereas "Podiatric Surgeon" makes it clear that surgery is a central part of the professional's expertise.
7. The supporting argument of title confusion based on a 'focus group' does not hold up as evidence. There are many concerns with the methodology, and the conclusions drawn in the document.

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?

There is an alternative. Particularly given that Professor Paterson has made it explicitly clear that "there needs to be a strong justification for restricting the use of title 'surgeon'. The rationale for restricting the use of the term should be to reduce consumer confusion and potential harm, on the basis that this cannot be achieved by less directive means"

We believe that less directive means have been overlooked and the decision to restrict the use of the title 'surgeon' has been recommended without considering other less directive means to address consumer confusion.

The alternative suggestion is outlined in detail below:

Adding a descriptor such as specialist podiatrist after Podiatric Surgeon, as part of an overall patient education campaign is expected to provide the clarity for consumers of healthcare in understanding who it is they are seeing, without down playing the importance of the true role of podiatric surgeons.

The title would appear as: Joe Bloggs **Podiatric Surgeon (Specialist Podiatrist)**.

Statement of Purpose - Patient Information Campaign

I my practice in the UK, I provide every patient with an information leaflet prior to their first consultation. Patients are then asked at the first consultation that they understand I am a Podiatric Surgeon, not a medical doctor and not an orthopaedic surgeon.

The purpose behind the development of this literature (in the form of brochures and clarification statements) is to remove any and all public and stakeholder confusion in relation to the title 'Podiatric Surgeon', explicitly outline our training and clearly show that we are not medical doctors.

Mandatory Clarification Statements and Title Descriptor

Patient registration and consent to surgery forms

I understand that a podiatric surgeon is a registered specialist podiatrist who is trained in the diagnosis and treatment of foot and ankle disorders by both surgical and non-surgical methods and is not a medical practitioner (medical doctor).

Referral pads

A podiatric surgeon is a registered specialist podiatrist who is trained in the diagnosis and treatment of foot and ankle disorders by both surgical and non-surgical methods and is not a medical practitioner (medical doctor).

Title Descriptor

Podiatric Surgeon (Specialist Podiatrist)

Measures to provide transparency and clarity to consumers of healthcare include ensuring that podiatric surgeons provide full disclosure to patients as part of the pre consultation and consenting processes. This disclosure is to include information brochures provided by podiatric surgeons. Additional discussions during the consultation, ensuring that patients are well-informed and confident in their choices moving forward.

It appears that the focus groups were not a true representation of consumer understanding. This seems to be illustrated by Professor Patterson from the following excerpts:

- When Professor Paterson asked the consumer focus groups what it meant if someone called themselves a podiatric surgeon, most participants said they would assume the practitioner was a medical practitioner and had been to medical school. Participants in the focus groups stated that the most important part of the title is the word 'surgeon.'

However, in the very next paragraph and by contrast, Professor Paterson goes on to say:

On the other hand, patients who were referred to a podiatric surgeon by a podiatrist reported understanding that they were seeing a well-qualified practitioner who "specialises in ankles and feet".

The issues raised around the title 'podiatric surgeon' do not relate to the standard of care provided by the podiatric surgeon. Rather, they relate to clarity and transparency for the consumer about the type of practitioner they are seeing, and the type of training the practitioner has completed. This is important information to allow a consumer to make an informed decision about who will provide their care.

And therefore, if we revert back to professor Paterson's earlier statement "The rationale for restricting the use of the term should be to reduce consumer confusion and potential harm, on the basis that this cannot be achieved by less directive means"

Then, the ACPS as an organisation, through mandated consent and patient registration statements, title descriptors, patient information brochures and a broader public information campaign have offered a viable solution to reduce consumer confusion by less directive means.

Professor Paterson's impression from interviews with podiatric surgeons is that most explain their qualifications to patients – that they are not a medical practitioner but have specialist training in podiatric surgery. "In my meetings with patients who had consulted a podiatric surgeon, they confirmed that they had received a satisfactory explanation of the practitioner's qualifications and experience. However, that is clearly not a universal experience."

This can be made more universal with the proposed plan outlined above. The ACPS also stands ready to undertake a broader media campaign, with or without Government agencies, using the above materials to ensure there is wider dissemination of who

podiatric surgeons are, how they are trained, what they practice and how they differ from medical doctors.

In combination with the above patient information and based upon the same principles as described above, other suggested titles that have been considered may include:

- Podiatry Surgeon
- Podiatric Surgeon (Surgical Podiatrist)
- Podiatric Surgeon (Podiatrist Practicing Podiatric Surgery) as implemented in the UK
- Podiatric (foot and ankle) Surgeon (Specialist Podiatrist)

I think its important to highlight that the above suggestions are being made in light of the findings and suggestions made by Queensland Parliament's Health and Environment Committee when considering the Health Practitioner Regulation National Law (Surgeons) Amendment Bill 2023. This was highlighted in Professor Paterson's review:

"Restriction on the use of the title 'surgeon' was considered extensively during the consultations undertaken in 2021, 2022 and 2023 on the Surgeons Bill. Although 'podiatric surgeon' was out of scope, the appropriateness of this protected title was raised by several stakeholders in submissions to Queensland Parliament's Health and Environment Committee. **Health ministers gave extensive consideration to this issue but were not persuaded of the need to restrict the use of the title 'surgeon', noting that 'oral surgeon' and 'podiatric surgeon' are specialist titles recognised in the National Law for suitably qualified dentists and podiatrists**"

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

1. I am concerned that any change in title that falls short of 'Podiatric Surgeon' would undermine the seriousness of our work, posing more significant risks to patient safety than any error in confusion of title. Reducing the title could lead patients to underestimate the complexity and seriousness of the surgeries performed, potentially resulting in them not taking the necessary post operative or follow-up care seriously. This misperception could lead to dangerous outcomes, making it crucial to maintain a title that fully reflects the critical nature of our profession.
2. Additionally, using the title "surgeon" helps in setting clear expectations for patients. It communicates that the individual has met rigorous standards of training and competency in their specific field, ensuring public trust and confidence in their abilities. By recognising podiatric surgical professionals as surgeons, the healthcare system validates our role and underscores the critical contributions to patient care.
3. If the title change is perceived as a downgrade by consumers, it could erode public confidence in the profession, impacting patient willingness to seek care.
4. If the new title leads to misunderstandings, it could inadvertently limit patient access to care, as some may seek out traditional "surgeons" instead.

5. Consumers may encounter further confusion if other non-medical practitioners, such as Dental and Oral Surgeons, are allowed to continue using the title 'surgeon' while other suitably qualified practitioners are not.

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

1. Rebranding Costs

- Marketing Materials: Updating websites, business cards, brochures, referral pads and signage to reflect the new title can incur significant costs.
- Public Education: Developing campaigns to inform patients and the public about the new title may require funding and considerable time for outreach efforts.

2. Administrative Expenses

- Legal Fees: If the title change requires legal adjustments or new registrations, there could be costs associated with consulting legal experts.
- Regulatory Compliance: Updating documentation with regulatory bodies may incur administrative costs.

3. Impact on Patient Trust and Retention

- Patient Confusion: Changes in title might confuse existing and potential patients, leading to a decline in patient retention and new patient acquisition.
- Marketing Impact: Reduced trust could necessitate additional marketing efforts to reassure patients about the quality of care.

4. Insurance and Reimbursement Issues

- Claims Processing: Adjustments in title could complicate claims with insurers, leading to delays and potential loss of revenue during the transition period.
- Negotiation with Insurers: Podiatric surgeons may need to renegotiate contracts with insurers, which could lead to reduced reimbursements or increased administrative burden.

5. Training and Education Costs

- Curriculum Changes: If the title change necessitates updates in educational programs, there could be costs associated with curriculum redesign and implementation.
- Continued Education: Practitioners may need additional training to align with the new title's implications, incurring further costs.

6. Professional Identity and Morale

- Impact on Workforce: Changes in professional identity could affect job satisfaction and morale among practitioners, potentially leading to higher turnover rates.
- Professional Relationships: Adjustments in how podiatric surgeons are perceived by other healthcare professionals could strain interdisciplinary collaboration.

7. Legal and Liability Considerations

- Liability Issues: A change in title might raise questions about the scope of practice, leading to potential liability concerns or increased malpractice insurance costs.

8. Operational Adjustments

- Staff Training: Staff may need training to understand and communicate the changes effectively to patients, leading to additional costs.

9. Time and Resource Allocation

- Management Resources: Significant time and effort may be required to implement the changes, diverting focus from patient care and practice growth.

10. Registrar retention and recruitment

- Current and potential podiatric surgical trainees may lose interest in continuing or entering the profession on account of the lack of professional recognition (in the form of title attainment) following completion. This would have a devastating impact upon the profession and is counter to Professor Paterson's assertion that the profession should be positioned to flourish, not flounder.

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

1. Changing the title will lead to further decreased competitiveness within healthcare settings, and provide an unfair competitive advantage and monopolistic market conditions for orthopaedic surgeons. This is despite the review finding that no changes in podiatric surgeons' scope of practice are necessary and the work that we undertake is largely the same.
2. Public Confusion: Given that Podiatric Surgeons have been using the title 'Podiatric Surgeon' for many decades (14 years of which were after approval by the Health Minister in 2010), patients and stakeholders alike may not understand the new title (or

even be led into think it is an entirely new profession), leading to misunderstandings about the qualifications and expertise of practitioners.

3. **Loss of Trust:** If the title change is perceived as a downgrade, it could erode public confidence in the profession, impacting patient willingness to seek care.
4. **Insurance and Reimbursement Issues:** Changes in titles may complicate insurance premiums, claims and reimbursements, as insurers may not recognise or understand the new designation and/or be unwilling to insure 'surgical podiatrists. This, again, may result in a significant financial burden on individuals within the profession.
5. **Legal Implications:** The change could raise questions about the scope of practice and liability and have a direct impact on indemnity insurance premiums and claims.
6. **Academic and Training Impacts:** The change may affect educational programs and training pathways, requiring adjustments in curricula and certification processes.
7. **Restricting the title from one non-medically qualified group of health professions and allowing others, such as Dental and Oral Surgeon, to continue using it represents a gross injustice and promotes inequality within the healthcare system.**