

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 speciality of podiatric surgery.

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

Making a submission

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

Consultation closes on 8 November 2024.

Publication of submissions

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

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

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

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 These submissions will not be published on the website or elsewhere.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

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

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

Initial questions

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 These details will not be published in any summary of the collated feedback from this consultation.

Question A

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

Your answer:

☐ Organisation

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

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

☒ Myself

Question B

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

☒ A registered health practitioner?

Profession: Health Practitioner

☐ 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. The title **"Podiatric Surgeon"** clearly reflects the specialist surgical training podiatric surgeons undergo. Changing it diminishes the recognition of their expertise in foot and ankle surgery and confuses patients about the role of a podiatric surgeon. I believe the title **"Podiatric Surgeon"** is the most accurate descriptor of the profession, and it is consistent with global standards. Any change would be more confusing for the public and other health practitioners/referrers.

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"** should remain. It is already clear and internationally recognised. Changing it won't improve clarity and may instead create confusion for both consumers and referrers. Perhaps **"Podiatric Foot and Ankle Surgeon"** would provide a more specific descriptor of the profession.

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

Consumers may be misled into thinking they are not being treated by a qualified foot and ankle surgeon (which Podiatric Surgeons are exactly that), reducing their trust and confidence in the care provided. This confusion could lead to hesitation in seeking necessary surgeries, potentially affecting patient outcomes. Additionally, it would be highly confusing as consumers to distinguish between a general podiatrist and surgical podiatrist. From my understanding, general podiatrists also perform minor surgical procedures (e.g. ingrown toenail removals) without undertaking additional specialist surgical training as podiatric surgeons do. This is perhaps more of a safety concern for the general public?

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

The title change will challenge the credibility of podiatric surgeons, despite their rigorous training and expertise. From what I understand following reading the independent review by Professor Ron Patterson, Podiatric surgeons are highly trained and specialised in what they do (foot and ankle surgery). A title change does not seem to be beneficial or supported by any evidence.

This could lead to fewer referrals, lower patient volumes, and increased legal and administrative costs due to rebranding. I also believe this would affect the wellbeing and mental health of practitioners/podiatric surgeons/trainees who have sacrificed countless years of their lives to provide their foot and ankle surgical expertise to the general public. This is certainly not fair and discriminatory in nature. This regulatory change does not seem to be in favour of patient safety, but rather political in nature?

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

Changing the title could fuel anti-competitive behaviour from other medical professionals, especially orthopaedic surgeons, who may use this title change to diminish the status of podiatric surgeons and restrict their practice further.

I have had exposure to both podiatric surgeons and orthopaedic surgeons as both a health professional and as a patient. It is evident and clear that podiatric surgeons are extremely specialised/passionate at what they do, and they are true experts in their craft (foot and ankle surgery). The foot and ankle seem to be a mystery to the vast majority of my medical colleagues (in varying specialties including orthopaedics).

Having only extremely positive experiences and interactions with podiatric surgeons, it does not make sense to change their title as they are truly foot and ankle specialists with excellent surgical outcomes. The title "podiatric surgeon" to me, does not imply they are medical doctors at all. Regardless, it is evident that having a medical degree does NOT imply or guarantee expertise in foot and ankle surgery. Most of my medical colleagues have had only 1 single lecture on the management of foot and ankle conditions and would happily refer these cases on to the appropriate specialist in that field (i.e. Podiatric Surgeons).

I do not agree with the proposed title change.

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 speciality of podiatric surgery.

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

Making a submission

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

Consultation closes on 8 November 2024.

Publication of submissions

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

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

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

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

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

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

Initial questions

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

Question A

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

Your answer:

☐ Organisation

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

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

☒ Myself

[Redacted]

[Redacted]

Question B

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

☐ A registered health practitioner?

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

☐ A member of the public?

☒ Other: retired academic and former registered health professional (UK)

Question C

Would you like your submission to be published?

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

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

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

Your responses to the consultation questions

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

I do not agree with the proposal to change the protected title to 'surgical podiatrist'. Similar concerns were expressed in the UK and rejected, and the title 'podiatric surgeon' continues to be used in the UK without confusion or disadvantage to patients. I appreciate there may be some public confusion, but it is equally clear that there is no evidence to indicate that any different title would add greater clarity or lead to less confusion. I appreciate that there may be some lack of distinction between those who are medically qualified and those who are non-medically qualified health professionals, but if the latter are competent, safe and responsible, and undertake to ensure to make clear their training, education and scope to patients, then this should (and does) suffice. The case to change the title is premised on the idea that non-medically qualified health professionals practising surgery are somehow untrained, and thus unsafe and incompetent. The independent review of podiatric surgery (2024, Ron Paterson) made it explicitly clear that this was not the case. Providing alternative providers to a service are safe and competent to do so, the titles should remain in place. The workforce shortages, ageing population and thus increased demand on health services requires solutions, of which workforce flexibility is a central plank – across the Western democracies. This solution should not be obstructed and diminished by professional self-interest and rivalries. If podiatric surgeons were a genuine threat to the public safety, I would support their removal from the workforce, let alone force a change in title. This is not the case, as the evidence in the report indicates, and the profession should therefore be allowed to continue to provide its services under the banner of 'podiatric surgeon', as has been the case for the last 15 years. The independent review considers that patients do expect their foot surgeon "to have a degree in medicine". This is understandable, but the strategy of workforce flexibility must reflect that surgical procedures can now (and have been for many years) be successfully practiced by non-medically qualified health professionals who are trained, competent and safe. Patients must be told of the qualifications and training of anyone treating them, and must not be misled, but where a legitimate, safe and competent provider is able to offer a service which will help solve the problems of workforce shortages, then this must be allowed to continue. If it is accepted that podiatric surgeons are safe, effective and competent in their work, then they should be able to retain a title which reflects what they are and what they do. A podiatric surgeon is a podiatrist that practices foot surgery. The title 'surgeon' is prefixed by the explanatory term 'podiatric'. As it is no longer the case that only medically qualified practitioners are able to practice surgery, and that is essential for the nation to provide a sustainable health service into the future, it seems to reflect more an issue of professional rivalry and protectionism rather than genuine patient confusion. Patients may well be confused by a number of professional titles, and the onus should be on the profession to ensure it is made clear to patients their credentials, in a way which is direct and simple.

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?

This question is premised on the basis that an alternative title is in some way necessary to ensure the safety of the public, reflecting the underlying assumption that current podiatric surgeons are in some way unsafe, untrained, unregulated and even incompetent. To impose a change of title merely obstructs the workforce redesign agenda which will ensure a more flexible workforce. As Nicola Roxon stated in 2008, *"doctors will need to be prepared to let go of some of the work that others can safely do"*. Attempts to impose a change of title are, I suspect, motivated by protectionism. Medical comments following the publication of the independent review reflect this, evident in the press (see the articles by Grieve etc). Alternative titles suggested in these articles include "operative podiatrists" and "podiatric technicians" – examples of symbolic devaluation (see Bourdeau 1986), designed to denigrate a competitor. It is far from clear how the title "podiatric technician" would clarify the role of a podiatric surgeon. It clearly does nothing to clarify the role for patients, but merely establishes a

subordinate position for those practising podiatric surgery, which is more likely to cause distress to patients unsure of the legitimacy of a practitioner named in such a way. In many ways, the argument is a red herring, in that it does not address the underlying need for workforce flexibility and merely supports an entrenched and outdated view that only those who are medically qualified practice surgery. This is no longer the case. Certainly, closer working relationships between both parties would be ideal, but as the report itself points out, the orthopaedic and podiatric surgical factions are at loggerheads. Imposing a change of title will do little to either resolve that issue, nor will it encourage further workforce flexibility.

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

There is little, if any, evidence to suggest that any of the alternative titles suggested by the medical profession would offer the public any greater clarity. Ultimately, this is not the issue. If workforce flexibility is to continue to be a key plank in strategy to address the workforce shortages and shrinking pool of younger workers, coupled with an ageing 'baby boomer' population with increased health demands, then safe, competent and highly trained alternative providers are essential and must be allowed to continue both to practice and to use their titles ('podiatric surgeon' in this instance). The onus is indeed on that profession to ensure its training is made clear to patients, as patients must be reassured that such training is adequate and that they are in safe hands. However, the independent review accepts that patients are in safe hands, yet contests that the title should still be changed. If the profession of podiatric surgery is safe, competent and non-medically qualified, then the title is less relevant. Consumers must be fully informed of the training and education of their providers, and that this no longer means that surgery is practiced exclusively by medical doctors. It is a culture change, and patients must be allowed to understand that this change means that many tasks are no longer exclusively medical, and, by extension, nor are titles. This argument is, therefore, not about which titles to use, but about alerting and informing patients that treatments may be given by a range of professionals – all of whom are regulated, registered and accountable. Without adequate explanation, then patients may well be confused and unsure. The position must, therefore, be clarified, and regulators must ensure this is a requirement – that professionals practising surgery make clear to patients that they are trained, skilled and safe, but not medically qualified. To suggest that surgeons must be medically qualified is to suggest that those who are not (eg. podiatric surgeons) are untrained. Equally, patients are not confused by the title 'dental surgeon' and there is no pressure to change the title to 'surgical dentist', even though the same logic applies. This is, I would suggest, driven by inter-professional conflict and competition, and is not really for the benefit of patients. Consumers, like professionals, must become aware of the need for a strategy to extend workforce flexibility, and its implications. Consumers deserve to have sustainable and accessible health services. Arguments over title are not helpful to patients. Such arguments are merely another form of jurisdictional disputes between competing professional groups.

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

To impose a change of title after 15 years recognition as a legitimate title for a specialist practitioner in foot surgery, suggests a questioning of that legitimacy. It implies that the practitioner is not fully competent to be called a podiatric surgeon, in spite of the fact the term 'surgeon' is prefixed by 'podiatric', indicating podiatry. The independent review did not find that podiatric surgeons were lacking in competence, nor inadequate training and education. Such an imposed change is not justified, and would reflect badly on the profession, diminishing its standing. Similar disputes over title have occurred in the UK over many years, but the title 'podiatric surgeon' has been consistently retained. It continues to be used in the United States, Israel, and elsewhere. If the profession of

podiatric surgery produces competent, safe practitioners, it is surely unjustified to question their use of the title and to attempt to impose a change.

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

The demand for workforce flexibility in the light of the pressing demographic crisis affecting most Western democratic nations (ageing baby boomer generations with fewer younger people entering the workforce, and global competition for skilled practitioners) required to sustain an effective health service into the future may not have been fully considered. It has been government policy in many nations to attempt to ensure a sustainable health provision through recognising the viability of workforce flexibility, as is evident in the literature. Arguments over professional title are forms of 'symbolic violence' designed to retain professional exclusivity (see the work of Pierre Bourdieu on this point), something which does not serve the workforce redesign agenda and potentially obstructs the creation of a much needed set of reforms aimed at maintaining a sustainable health service for patients.

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 speciality of podiatric surgery.

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

Making a submission

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

Consultation closes on 8 November 2024.

Publication of submissions

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

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

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

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

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

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

Initial questions

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

Question A

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

Your answer:

☐ Organisation

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

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

☒ Myself

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

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, on reviewing this issue, I do not see any valid reason for changing the existing title "Podiatric Surgeon" to Surgical Podiatrist". The current title is not misleading; it describes precisely this specialist health professional's role, whose qualifications to perform podiatric surgery with competency and independent reviews concerning procedural safety are clearly evident.

If the proposed change is the result of Podiatric Surgeons being confused with medically qualified surgeons, (such as General Surgeons, Orthopaedic Surgeons, Cardiothoracic Surgeons, Plastic Surgeons etc.) any concern appears unwarranted. The Podiatric Surgeon only has to have his/her qualifications clearly stated in appropriately and professionally, including in written and verbal correspondence with patients. I understand this is normal/standard practice among Health Practitioners across Australia .

Finally, the descriptor Podiatric Surgeon is globally accepted and changing it to the title Surgical Podiatrist does not read with the same clarity. Indeed, the use of the adjective "Surgical" to describe a Clinical Specialist is somewhat grammatically unwieldy. I would suggest the same if, for example, we were to decree a change from "Cardiac Surgeon" to "Surgical Cardiologist".

- 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 don't have an alternative suggestion. There is little reason for making any suggestion to change the title from Podiatric Surgeon.

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

I can only answer on behalf of the writer as a consumer (N=1), and I find the proposed change, apparently to ensure clear differentiation of Medical and Podiatry practitioner qualifications, unnecessary.

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

N/A Please refer to podiatric surgeons.

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

N/A For Board consideration.

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 speciality of podiatric surgery.

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

Making a submission

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

Consultation closes on 8 November 2024.

Publication of submissions

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

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

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

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

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

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

Initial questions

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

Question A

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

Your answer:

☐ Organisation

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

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

☒ Myself

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

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, the current name is very clear, it makes no sense to change it unless you are trying to specifically make it seem like Podiatric Surgeons aren't real surgeons. There is no confusion caused by the current title, changing it would cause additional confusion.
--

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

No, the current title does not need changing.

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

The impact of changing the title would be needless confusion and potential reduction in confidence in Podiatric Surgeons.

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

People questioning if they are real surgeons.

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

As described above, changing the title would cause needless confusion and reduction in confidence.
--

Initial questions
<i>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.</i>
Question A Are you completing this submission on behalf of an organisation or as an individual?
Your answer: <input type="checkbox"/> Organisation Name of organisation: Contact email: <input checked="" type="checkbox"/> Myself <div style="background-color: black; height: 15px; width: 150px; margin-top: 5px;"></div> <div style="background-color: black; height: 15px; width: 250px; margin-top: 5px;"></div>
Question 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: Click or tap here to enter text.
Question C Would you like your submission to be published? <input type="checkbox"/> Yes, publish my submission with my name/organisation name <input checked="" type="checkbox"/> Yes, publish my submission without my name/ organisation name <input type="checkbox"/> 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. The current survey done isn't comprehensive enough that proves the public's confusion around the title and there are no existing studies that also prove this.

- 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. Keep as it is to maintain our professionalism moving forward

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

The change in title is degrading and will definitely change the consumers perspective in choosing orthopaedic surgeons for surgery and not consider surgical podiatrists as it may infer lack of training or qualifications with this title.

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

Potential loss of income overall and a drop in students wanting to become a pod surgeon as stated above due to consumers opting for orthopaedic surgeons instead of surgical podiatrists as this may infer lack of qualifications and training to provide similar services.

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

The profession of podiatry progressing forward. There is lack of evidence that proves the Australian public is in favour of a change in title due to confusion. This proposal has created more of a divide between ortho surgeons and podiatric surgeons + podiatrists which is completely unwarranted.