

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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Making a submission

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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: 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?

In response to the proposal to change the protected title for the podiatry specialty of podiatric surgery to "surgical podiatrist," it is important to note that, according to Professor Patterson's report, this recommendation was primarily driven by the orthopaedic surgeons. The suggestion to alter the title seems to reflect the interests of this particular group rather than a broad consensus across the relevant professional communities. While the intention may be to clarify the role of specialist podiatrists who perform surgery, the title change raises questions about the underlying motivations and whether it genuinely reflects the full scope of podiatric practice. As such, I am cautious about endorsing the change without further discussion and a more inclusive dialogue among all stakeholders within the field.

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

I don't not believe an alternative suggestion is required as the ACPS fought hard for an internationally recognised title. Podiatric surgeons practice to an international standard that will be heavily affected if an alternative title is suggested. Furthermore, there is no other way to change the fact that a practitioner who performs surgery is called a surgeon, regardless of which pathway the training is achieved. Just because a practitioner doesn't go through medicine doesn't mean they can't perform surgery, such as a Dental Surgeon. Any alternative title will only lead to further confusion. Rather, education must come from the ACPS, the APodA and AHPRA on what a Podiatric Surgeon is, accreditation and training that has been consistently recognised as safe and effective.

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

A potential title change could raise legal and ethical concerns for patients who see the modified title as one of less expertise or a different role. This will likely lead to further confusion, which impacts informed consent and public trust. Furthermore, the clarity of the role of a podiatric surgeon (if title is varied) will be impacted.

There will be less appreciation and recognition for the work that Podiatric Surgeons perform, leading to confusion by patients and possibly a reduced scope of practice in the future.

There is already approximately a 12-month waitlist for the public system in metropolitan Australian cities and is increasing further. Furthermore, it is common practice for other providers of foot and ankle surgery, such as orthopaedic surgeons, to run two theatres on the same day. I've had numerous patients see such surgeons for 2 – 5 minutes for their initial consultation, be treated like a number and have their surgeries rushed, not uncommon to have a complication following their surgery and be dismissed. One patient of mine, seen by one such surgeon, was number 14, by this same surgeon on the same day, with thoughts she may have not been the last patient on the list. This type of service is not the case with all providers but is it common to hear stories like these from patients.

In comparison to when patients are treated by Podiatric Surgeons, they are treated with at least a half an hour consultation, sometimes an hour. I am unaware of any Podiatric Surgeon who run two theatres on a day. Consumers need to be provided with an alternative choice of a foot and ankle provider so that they can receive the utmost care for their concerns and not have their treatments rushed.

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

There will be various consequences to the future of Podiatric Surgery in Australia if a proposed title change is considered. The first will be access to public hospitals, due to lack of recognition and appreciation of the work and training Podiatric Surgeons do. They perform safe and effective foot surgeries, which was recognised by Professor Patterson in his recent review.

A Podiatric Surgeon's scope of practice will likely be affected in the future as a result of the title change. There is a misconception that Podiatric Surgeons should only be able to perform minor foot procedures and more complex surgeries should be left for other providers. This is not true as Podiatric Surgeons are extensively trained from mild to more complex procedures. If their scope of practice is limited, as a result of the proposed title change, their ability to treat patients with foot and ankle pain will be affected.

Furthermore, a title change will make Podiatric Surgeons outcasts within the healthcare community, reinforcing the existing barriers. Without a clear title that reflects the expertise of Podiatric Surgeons, other specialists may avoid referrals, leading to isolation of Podiatric Surgeons and blocking patients from receiving specialised foot and ankle care, especially those within rural communities. This is about a connection to the wider medical field, and patients who depend on Podiatric Surgeons, that will likely get impacted because of Orthopaedic Surgeons' underlying motive: attaining dominance within the field of foot and ankle surgery under the guise of public safety.

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

In my opinion, the board have not considered what the definition of a 'foot and ankle surgeon' is to the public. It is assumed that if a provider goes through medical training and orthopaedic training, with a one year sub – speciality in foot and ankle surgery, that they are a 'foot and ankle surgeon'. However, this is **not an accredited foot and ankle** surgery training program, but rather a generalised orthopaedic training program with a one – year sub – speciality in foot and ankle surgery.

In comparison to Podiatric Surgery, the training program for a registrar to become an AHPRA - registered Podiatric Surgeon has been recognised as the **only** accredited specific foot and ankle surgery training program in Australia.

The board may have not considered this fact when recommending a proposed title change and appropriate education should be provided to patients when they receive care by alternative providers, such as orthopaedic surgeons. They have may have been misinformed about such providers' training and should be appropriately informed to not mislead the public.

To: [REDACTED]

[REDACTED]
[Podiatryconsultation](#)

Date:

Friday, 8 November 2024 2:41:52 PM

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Initial questions

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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

[REDACTED]

[REDACTED]

Question B

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

A registered health practitioner?

Profession:

A member of the public?

Other: Journalist

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 term Podiatric surgeon is appropriate and accurate.

Surgical podiatrist sounds like a podiatrist doing procedures in a podiatrist setting.

Where a Surgeon operates in hospitals.

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

The current title 'podiatric surgeon' is appropriate.

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

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

Podiatric surgeon has been used for decades, and is internationally accepted and recognised.

Changing the title risks more confusion for the public.

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

A change in title is likely to damage the current training of podiatric surgeons in Australia, which limits their services (and access) which will cause increased prices to patients.

Podiatric surgeons offer a much needed service. Stripping them of their title of surgeon is not in line with their training. And may cease services to more vulnerable areas and patients.

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

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

Internationally, Podiatric surgeons and orthopaedic surgeons often work collaboratively (UK and USA models), & are considered equally successful in managing foot and ankle pathology.

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Myself

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Question B

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

A registered health practitioner?

Profession:

A member of the public?

Other: Lawyer

Question C

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Your responses to the consultation questions

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

No. The term Podiatric surgeon is appropriate and accurate.

The recommendation to change the title is not founded or justified.

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' needs no clarification, it is as it sounds.

Podiatric = Podiatrist. Surgeon = Surgeon. The term has been used successfully for decades internationally.

With nil evidence to suggest a need for change.

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

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

Podiatric surgeons represent choice of health providers to consumers. Title changes devalue their skillset, and profession.

Changing the title risks more confusion for the public.

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

A change of title is likely to impact international training pathways, and limit internationally trained surgeons will to practice in Australia.

Podiatric surgeons offer a much needed service to regional and remote communities and 1st nations people. Decreasing their profession will also likely impact these services.

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

Regulatory changes need to be based on evidence and in regards to public safety – neither of which are evident here.

This change of title represents internal turf war between orthopaedic foot and ankle surgeons and podiatric surgeons.

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Myself

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Profession: Podiatric surgeon

A member of the public?

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

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Your responses to the consultation questions

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

No

The title "podiatric surgeon" succinctly identifies the practitioner as a podiatrist who performs surgery. The title "surgical podiatrist" is grammatically incorrect, and historically incorrect.

The suggested title "surgical podiatrist" has been created by the orthopaedic community citing the existing title misleads the community. It must be noted this is only and their opinion, with no evidence to justify this. In the medical/health community evidence-based decisions should at all times be adhered to and judgements should not be made simply due to one group's opinions or desires.

It must be noted that the review "recommended" the title change and it is not a definitive directive. The authors did in deed note a title change could be problematic.

This whole situation has arisen, not by a group community complaint rather than created by the orthopaedic profession. Vexatious notifications, often contrived with no evidence, have been created by the orthopaedic profession, then once created have been followed up with a query to AHPRA about the amount of notifications that they actually vexatiously created in the first place.

The title podiatric surgeon has been in existence since the 1990s and has had regulatory protection since 2010. The title is a globally recognized term stating exactly what we do.

If there is a concern that the community is at risk with current situation, a more appropriate alternative would be to better educate the community.

There are other examples of non-medical practitioners who are called "surgeons" such as dental surgeons. Dentist carry out surgery and are called dental surgeons and podiatrists appropriately trained do surgery and should also use the title surgeon. There is no evidence podiatric surgeons in general carry out harm. The push is from the orthopaedic community creating a false narrative.

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. There is no need for an alternative.

The current title appropriately describes the profession.

Collaboration with the podiatric surgery community could be carried out to ensure adequate community education as who podiatric surgeons are.

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

There are many impacts that will be negative, both able to be predicted and those unforeseen.

- Private health insurers, already slow to recognize the value of podiatric surgical services, may use a title change as a reason to reduce or exclude coverage, further disadvantaging privately insured patients in their choice of provider.
- Confusion for both consumers and hospitals will be significant.

- Access to operative care will be further marginalized, worsening the current difficulty podiatric surgeons face in gaining access to hospitals and operating theatres. This marginalisation largely driven by a medical lobby using the term "surgeon" as an instrument of anti-competitive behaviour.
- Rather than encouraging and supporting multidisciplinary collaborative care such marginalisation could potentially increase the amount of surgery performed outside of hospital settings, which may carry higher risk.
- Alternative titles may confuse consumers, being out of step with standard nomenclature and potentially creating perceptions of inferior service or of the practitioner being a general registered podiatrist rather than a specialist.

The review has an opinion that podiatric surgery should flourish. An unnecessary title change would not allow podiatrist surgeons to flourish. It would have the opposite effect.

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

There will be significant impacts, especially difficult for those with established practices and networks. Although impacts are difficult to prospectively assess, the domains that will be affected include:

- Rebranding
- Loss of referrers
- Loss of community acceptance
- Compliance costs
- Loss of public confidence

The review has advocated for the profession to flourish. It would not be able to flourish if the community was potentially unnecessarily led to believe there is a non-existent problem with profession that required a name change.

The mental impact to podiatric surgeons must be appreciated. Many podiatric surgeons have committed their whole career to changing people's lives for the positive. This unfair vexatious attack has been extremely demanding on our mental health. To have the correct and just title removed would greatly add to pain. The injustice is palpable.

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

Yes.

Potential reputational risk to the Board.

There is no evidence the community is at risk. It is the unjust opinion of one very powerful group, wishing to control the entire mark at the expense and good of community. The community the Board is supposed to protect.

This would add extra discriminatory practice that has been shown to be a problem in the recently published Scope of Practice Review.

This could set a precedence for further egregious attacks to other non-medical community. Dental surgeons could be next.

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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 Podiatric Surgeon

A member of the public

Other Previous member Podiatry Board of Australia

Question C

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

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Your responses to the consultation questions

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No

The title "podiatric surgeon" clearly identifies the practitioner as a podiatrist who performs surgery. The term "surgical podiatrist" is inappropriate grammatically, contextually, and historically.

There are more appropriate levers that the Board can utilise to ensure it is clear that a podiatric surgeon is a specialist podiatrist and not a medical practitioner (see answer to question 2).

The suggested change to "surgical podiatrist" arose from the independent review of podiatric surgeons. Recommendation four of the review was largely driven by the orthopaedic community, which argued that the current title misleads the public regarding podiatrists' training and qualifications.

Notably, no evidence supports this claim. By adopting this stance, the Board is neglecting its responsibility to base policy reform on evidence.

While the review recommended that the title change be considered, it did not mandate it. Indeed, the authors also acknowledge that such a change could be problematic on many levels. As such it was the least definitive recommendation.

The review also acknowledged that patient perceptions of outcomes are often influenced by orthopaedist (who encourage notifications), changing the title will not improve this situation.

Reverting to a less definitive title, such as "surgical podiatrist," would likely be seen as, more about appeasing the concerns of a specific professional group than addressing any actual evidence of harm.

The title "podiatric surgeon" has been widely used since the 1990's, with regulatory protection since 2011, reflecting advanced surgical training of podiatrists performing foot and ankle surgery in Australia (Borthwick, 2011). The term is present in various legislative and regulatory instruments.

Podiatric surgeons are recognised globally, with the title denoting a specific and accredited area of expertise. Podiatric surgeons perform surgery as do other professionals beyond medically registered practitioners.

If the Board view is that misunderstanding about the role of podiatric surgeons poses risk to the public then the appropriate response should be to improve awareness and remove barriers to collaborative care. Not penalise the profession by diluting its title.

Significantly the review notes that when patients had been appropriately referred and educated there was no confusion on the matter of title.

The current title is clear – a podiatric surgeon is a podiatrist who has undergone advanced surgical training. It is the only terminology that makes sense. Analogies can be drawn to other professions where similar title distinctions exist without causing confusion. For example, a dentist performs surgery and is called a dental surgeon, a nurse practitioner is someone with a nursing background who performs elements of a general practitioner's role. These titles delineate both the profession and area of practice, without misleading the public.

So why is "podiatric surgeon" any different? It makes no sense to retroactively change a title that has been in use for over 100 years, regulated for nearly 100 years, without any demonstrated harm or confusion to the public.

Overall, the most appropriate response to concerns regarding notifications is not title change but for the Board to take decisive action in respect to "frequent flyers" as it the Board who has the regulatory power to protect the public in this manner. This whilst ensuring that measures are improved to enhance reflective practice and ongoing professional monitoring of capabilities and in particular elements of professionalism.

Ref:

Borthwick AM. Challenging medicine – the case of podiatric surgery. *Work, employment and society* 2000; 1(2): 100-101.

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 alternative, the current title is clear and appropriate.

The current title is clear – a podiatric surgeon is a podiatrist who has undergone advanced surgical training and performs surgery both elective and non-elective. It is the only terminology that makes sense (Menkel et al, 2011).

The reasonable option is to maintain the current title and collaborate with podiatric surgeons to ensure that clinical standards undergo continual and transparent quality improvement.

This supported by appropriate levers and implementation of broad strategies (based on research) to improve general awareness of podiatric surgeons' training and roles for both the public and healthcare practitioners.

Such initiatives could be developed collaboratively, addressing the core issues identified in the review and ultimately complementing its overall recommendations.

My expectation is that as a responsible regulator the Board will adopt such a collaborative approach to a solution with the podiatric surgical community post this consultation.

Regulatory levers

Rather than changing the title, the appropriate approach would be to retain the current title and utilize existing mechanisms to achieve the broad objectives of the review.

An alternative to address this could involve using guidelines, codes, and standards to ensure that promotional materials and communications clarify the role of a podiatric surgeon. For instance, descriptors such as “specialist podiatrist” or “registered specialist in foot/ankle care” could provide clearer information for other health providers and consumers.

The clarity referred to above will be achieved more effectively in this manner than by changing to a title which will add likely cause more confusion.

This approach also consistent with current approaches to advertising standards and right touch in regulation.

Ref:

Menkel HB, Borthwick AM, Potter M, Landorf KB, Munteanu S. 'Foot'and'surgeon' – a tale of two definitions. Journal of Foot and Ankle Research. 2011; 4(1):1-4.

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

There are many impacts that will be negative, both able to be predicted and those unforeseen.

- Private health insurers, already slow to recognise the value of podiatric surgical services, may use a title change as a reason to reduce or exclude coverage, further disadvantaging privately insured patients in their choice of provider.
- Confusion for both consumers and hospitals will be significant.
- Access to operative care will be further marginalised, worsening the current difficulty podiatric surgeons face in gaining access to hospitals and operating theatres. This marginalisation largely driven by a medical lobby using the term "surgeon" as an instrument of anti-competitive behaviour.
- Rather than encouraging and supporting multidisciplinary collaborative care such marginalisation could potentially increase the amount of surgery performed outside of hospital settings, which may carry higher risk.
- Alternative titles may confuse consumers, being out of step with standard nomenclature and potentially creating perceptions of inferior service or of the practitioner being a general registered podiatrist rather than a specialist.

The Board should be concerned that this confusion is more likely to result increased complaints and notifications.

Practically, as a podiatric surgeon, it is already challenging to ensure collaborative care. Referrals to necessary support services will become even more difficult if the practitioner is no longer recognised as a "surgeon."

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

There will be significant impacts, especially difficult for those with established practices and networks. Although impacts are difficult to prospectively assess, the domains that will be affected include

- Rebranding
- Loss of referrers
- Loss of community acceptance
- Compliance costs
- Loss of public confidence
- Administrative costs etc

Additionally, there will be emotional and psychological distress, the proposed change means a burden in every respect.

Attracting individuals to the speciality will also be a heightened issue which also affect career planning issues including succession planning.

The review acknowledges that without support there is a risk that the professional remains small and fragile", essentially demoting the title will increase this fragility and not actually improve health and safety.

A title change at this stage (after 10 years of use) will be devastating to many and the Board will be held responsibility at a moral and ethical level for this.

Demoting the title to "surgical podiatrist" will have no impact on the core issue of risk to public health and safety.

There are no positive impacts of the proposed change that I can identify.

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

Yes

Reputational risk to the Board:

The proposed title change is not based on evidence and runs counter to the principles of right-touch regulation, which advocates for regulation, which is proportionate, consistent, and based on risk.

The goal of healthcare reform is to improve access, enhance care, and recognise the value of all healthcare professionals.

There are many more appropriate responses to concerns regarding safety; for example, immediate mandatory requirement that podiatric surgeons not endorsed cannot practice unless in collaboration with a nominated prescriber and that role is communicated to patients.

Additionally acting in a decisive manner when frequent flyer practitioners are identified, and the issue are directly related to poor patient outcomes.

How many frequent flyers of this type and individuals without endorsements are still practicing?

The title "podiatric surgeon" accurately reflects the qualifications and expertise of practitioners in this field. Rather than diluting this title to appease another professional group, efforts should focus on educating the public. Healthcare reform should be about breaking down barriers, not erecting new ones.

The proposal for title changes do not positively address the issues above and is punitive, primarily advocated by a competitive and powerful organisation, it is not reflective of the principles of the national scheme of accreditation and regulation.

The Board in pursuing a mandate of title change whilst systematically and historically not addressing issues core to patient safety such as the above is placing its own reputation at risk.

Risk to broader health care policy and a flexible workforce.

The Board in adopting this approach risks adding to the already discriminatory nature of Australian health care setting as identified by reports such as the recently published Scope of Practice Review.

Risk to other health care professions.

Conceding to vested interests in this manner will open the door potentially for other profession to be discriminated against including dentists whose use of the title surgeon will be undermined.