

Good morning,

I am currently a trainee in Orthopaedic surgery based in WA. In our clinics, we frequently encounter patients facing two key issues:

- 1) Lack of disclosure by podiatry surgeons regarding their non-medical training.
- 2) Limited awareness of the option for gap-free surgery provided by orthopaedic surgeons. Patients who have consulted podiatrist surgeons often assume they are consulting a medical doctor due to the title "surgeon." The revelation that they have received treatment from someone without a medical degree is met with surprise.

Moreover, patients are astonished to discover that gap-free surgery is an option when consulting orthopaedic surgeons. In addition to these concerns, we observe cases where podiatrist surgeons have provided incorrect diagnoses or failed to consider the patient comprehensively.

This discrepancy is attributed to the narrower training of podiatrist surgeons compared to the extensive educational path of orthopaedic surgeons, involving medical school, years of unaccredited work, an orthopaedic surgery training program, and a fellowship.

In light of these observations, I advocate for a reconsideration of the use of the title "surgeon" by podiatrists to avoid confusion among patients.

Kind regards,

Dr Jess Osan
Orthopaedic Trainee
MED0002061143

To Whom it may concern

I am sending this email in regards to the regularity review of the specialty of Podiatric Surgery. I have had the experience of both. Although the two come from seemingly different pathways to perform seemingly identical surgery I truly believe the Podiatric surgeon outways the benefits.

In December 2022 I had both bunion surgery by a orthopaedic foot and ankle surgeon.

I have just undergone a corrective surgery by an Podiatric surgeon.

To compare in my opinion the Orthopaedic surgeon should not be doing feet , in fact some should be struck of the medical practice in the safe guard of patients.

I cannot tell you how please I am to have had a Podiatric surgeon that has done the corrective surgery.

I do hope that this email helps with this very important topic. Feet are the foundation and so very important

Regards

Karen O'sullivan



I thank you for the opportunity of submission regarding the registration and regulation of podiatric surgeons.

It has been my experience, as a practising orthopaedic surgeon, for 25 years, that patients who I have treated, who have been operated on by podiatric surgeons have had extremely poor outcomes, as a consequence of very poor diagnoses, decision making, understanding of the imaging, and poorly performed surgery.

I say these things, recognising that all surgeons have complications, but the fundamental problems, which are experienced by the patients go beyond the normally expected complications as the actual design of the surgery performed and it's execution is inferior to normal surgical standards.

This is due to the fact of the podiatric surgeons, having extremely limited surgical experience, poor training of their registrars occur as the mentor is poorly trained and very little experience is obtained by the registrars, minimal contact of the registrars occurs, and because the registrar is not embedded on the practice of the surgeon, they are not involved in the pre operative, peri operative, operative and postoperative care of the patient. Indeed, in one training program I have seen the registrars are promised no practical training by the Australasian College of Podiatric Surgeons (ACPS).

I pointed to the published data by the ACPS demonstrates that if one removes toenail surgery, that the average podiatric surgeons do one operation per week.

This is not sufficient to maintain surgical skills and indicates inferior outcomes unlikely to occur in patients have been operating podiatric surgeon.

The decision to allow podiatric surgeons to have a specialist registration was made by the AHWMC after the submission by the Podiatry Board of Australia (PBA) in 2010

The PBA at a time, however, failed to provide the health ministers with any information () regarding objections to the proposal, which had been placed before the podiatry board, despite this being a requirement of the Principles outlined in the National Registration Legislation under which the PBA was working () .

The PBS put forward a standard for specialisation, which was based on the report which had been provided by an author who possessed no medical or surgical podiatric education.

It is unthinkable that someone with no medical surgical skills or experience would be given the responsibility of deciding what a standard of education is required to operate on the public in Australia.

This lack of familiarity with the surgical process is reflected in the absence in the document to any reference to the Council on Podiatric Medicine Education, which is the international standard for podiatric surgery.

The author of the report simply arbitrated between the two current Providers of podiatric surgical education, and came down in favour of one group, but the report was later amended to include the other groups too.

No standard was set, and then the providers of this education assessed against that standard. It was an endorsement by someone unqualified of two groups, the President of one who paid for the report to be produced.

The use of the term surgeon by podiatric surgeons whilst I recognise is a regulated title, is entirely inappropriate.

Podiatric surgeons were not given access to the term surgeon because they demonstrated a level of education which was commensurate with the AMC standard of training of surgeons. Or because they were educated in a way that the public considers the use of the general definition of the word.

They were provided access to that term to differentiate them from general podiatrists.

That's it is misleading to the population to allow these individuals who have not attained a AMC standard of education to be permitted to use the term surgeon.

Furthermore, podiatric surgeons today willingly mislead patients by claiming to be "Commonwealth Accredited Podiatric Surgeon"

The term, Commonwealth Accredited Podiatric Surgeon came about as a result of modification to the Health Insurance Legislation in 2004 ([REDACTED]).

At this time the Federal legislation was amended to allow patients who had an operation performed by podiatric surgeons to have their private insurance pay for the hospital stay. ([REDACTED])

The Legislation did not cover the costs of the Podiatric surgeon or the anaesthetist fees.

This at the time there was no Federal Registration for Podiatric surgeons (as they were recognised and registered in some states and not others.)

To avoid confusion a list of all Podiatric surgeons was collated and maintained by the Federal Government, this led to the term an accredited podiatric surgeon.

This list was updated until 2010, when the federal National Registration Scheme (NRS) allowed for federal registration of Podiatric Surgery and this accreditation list was then no longer updated as there was no need as the federal register of podiatric surgeons maintained by the PBA.

Even to this day some Podiatric surgeons continue to use the term, Commonwealth accredited podiatric surgeon, in attempt to mislead the public that it is the surgeon who is accredited rather than the patient who will be reimbursed. It serves to suggest to Patient that Podiatric surgeons have an education recognised and endorsed by the Commonwealth which has never been the case.

Furthermore, of the last list of Accredited Podiatric Surgeons published 50% have retired, died , or suspended from practice ([REDACTED]). It is hardly an accurate document. It is now a deceptive marketing tool.

I have met many many patients who angry and upset to learn that the individual who has performed a surgical, was not medically trained, and was not a surgeon in the general understanding of what the surgeon is.

Indeed, only recently there has been a change in the legislation regarding medical practitioners, so that only medical practitioners with specialist training can use the term surgeon.

However, allied health professionals and they still are permitted to use the term surgeon which create confusion for patients who are seeking clarity at a time when they need to make very significant decisions about whether they should have an operation and when they should not have to try to decipher what is the specific meaning of surgeon being used in this specific case?

I firmly believe that patients have the right to clarity and that commonsense definitions must be enforced.

No one should be permitted to use the term surgeon unless they have had an Australian Medical Council endorsed education. The term Operative Podiatrist should become the protected title to allow for differentiation from General Podiatrists , and to clearly inform patients that the person offering to operate on them is not trained in the standard way that a patient would think a “surgeon” is.

I urge you to consider this change in title as an important simple change that will protect the Public in a way that is entirely consistent with the Federal Governments existing process.

If I can be of any assistance at all in your deliberations, I would be happy to assist.

Yours Faithfully

Jeff Peereboom

1. Do you think the way podiatric surgeons are currently regulated in Australia ensures consumers are well informed and receive appropriate care from podiatric surgeons who are suitably trained and qualified to practise in a safe, competent and ethical manner?

The regulations are really a stranglehold. I've practiced in 4 countries across 3 continents and this is the most absurd medical environment I have encountered. How can you acknowledge a professional, grant them specialist registration and then deny them the ability to practice? With no ability to work within the public sector it severely handicaps podiatric surgeons ability to practice to the modern standard of care.

It is such an anxiety inducing atmosphere that I have reached the point where I feel I should either leave the country or leave the profession. Practicing here within this specialty is borderline impossible.

2. Do you have any suggestions to improve the current system for regulating podiatric surgeons?

Give them access to medicare. Why is this even a question? It isn't a matter of regulation, it is a matter of accessibility.

Very Respectfully,

Nathaniel LP Preston, DPM(USA), FACFAS(USA), MACPS

Registered Specialist

Diplomate, American Board of Podiatric Medicine (ABPM)

Board Certified, American Board of Foot and Ankle Surgery (ABFAS)

Veteran, United States Navy, Medical Service Corps (USN MSC)



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East Melbourne , VIC 3002

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W: www.fasa.net.au

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Response template for submissions to the *Independent review of the regulation of podiatric surgeons*

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Independent reviewer
podiatricsurgeryreview@ahpra.gov.au

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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

Name: dr PANKAJ RAO

Contact email: [REDACTED]

Question B

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

☐ A registered health practitioner?

Profession: ORTHOPAEDIC 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 think the way podiatric surgeons are currently regulated in Australia ensures consumers are well informed and receive appropriate care from podiatric surgeons who are suitably trained and qualified to practise in a safe, competent and ethical manner?
NOT AT ALL ---PATIENTS ARE NOT INFORMED ABOUT WHAT CONSTITUTES A SURGEON
2. Do you have any suggestions to improve the current system for regulating podiatric surgeons?
YES---THEY SHOULD BE BARRED FROM OPERATING AT ALL

Registration

3. Do you have any concerns about the registration requirements for podiatric surgeons? Are any changes needed, and why?
YES---THEY SHOULD NOT BE REGISTERED TO OPEARATE UNLESS THEY COMPLETE A MEDICAL DEGREE OR SURGICAL TRAINING

Standards, codes and guidelines

4. Do the Podiatry Board's current standards, codes and guidelines adequately help ensure podiatric surgeons perform podiatric surgery safely?
NO ---

5. Do the current professional capabilities for podiatric surgeons appropriately describe the knowledge and skills and knowledge required of podiatric surgeons for safe practice?

NO

6. Are any changes to the standards, codes and guidelines needed? If so, why? What additional areas should the standards, codes and guidelines address to ensure safe practice?

YES –IN ORDER TO OPEARATE THE PODIATRIC SURGEONS SHOULD HAVE TO COMPLETE MEDICAL DGREES

Education, training and qualifications

7. Do you have any concerns about education and training for podiatric surgeons? Are any changes needed, and why?

YES—THEY SHOULD NOT BE ALLOWED TO OPEARATE AT ALL

Management of notifications

8. Do you have any concerns about the approach used by Ahpra and the Podiatry Board to manage notifications about podiatric surgeons, including the risk assessment process?

YES—IT SHOULD BE MADE CLEAR WHAT THE AHPRA REGULATIONS ARE TO BE A SURGEON VS THE PODIATRY TRAINING

Advertising restrictions

9. Do you have any concerns about advertising by podiatric surgeons and the management of advertising offences?

YES—THEY SHOULD NOT BE ALLOWED TO CALL THEMSELVES SURGEONS

Further comments or suggestions

10. Do you have any further comments or suggestions relevant to Ahpra's and the Podiatry Board's regulation of podiatric surgeons?

YES – I BELIEVE THAT FOOT AND ANKLE ORTHOPAEDIC SURGEONS SHOULD BE ALLOWED TO GIVE LECTURES TO PODIATRISTS AND UNIVERSITY TO EXPLAIN WHAT THE DIFFERENCE IS BETWEEN A PODIATRIC SURGEON AND A PROPER FRACS SURGEON



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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: Rolf Scharfbillig

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 think the way podiatric surgeons are currently regulated in Australia ensures consumers are well informed and receive appropriate care from podiatric surgeons who are suitably trained and qualified to practise in a safe, competent and ethical manner?
I believe podiatric surgeons are appropriately regulated by AHPRA – in a similar manner to any other surgeons in Australia. I believe the registration guidelines in place ensure the public receives appropriate care from podiatric surgeons who are suitably trained and qualified and practice safely, competently and ethically.
2. Do you have any suggestions to improve the current system for regulating podiatric surgeons?
I think the current regulating framework is satisfactory and fit for purpose.

Registration

3. Do you have any concerns about the registration requirements for podiatric surgeons? Are any changes needed, and why?
I think the registration requirements are suitable.

Standards, codes and guidelines

4. Do the Podiatry Board's current standards, codes and guidelines adequately help ensure podiatric surgeons perform podiatric surgery safely?
I believe they do – the courses for their training are accredited, minimum standards are defined, complaint mechanisms are in place and regulation occurs as it does for all AHPRA accredited professions.

5. Do the current professional capabilities for podiatric surgeons appropriately describe the knowledge and skills and knowledge required of podiatric surgeons for safe practice?
I believe they do. They are based on international standards for comparable groups and assessed rigorously.
6. Are any changes to the standards, codes and guidelines needed? If so, why? What additional areas should the standards, codes and guidelines address to ensure safe practice?
Not in my opinion

Education, training and qualifications

7. Do you have any concerns about education and training for podiatric surgeons? Are any changes needed, and why?
I do not have any concerns. It would be beneficial if podiatric surgery registrars had greater access to the public health system and were funded by Medicare for their work, as this would allow a greater benefit to the public by reducing waiting times and allowing better integration of podiatric surgery into the health system.

Management of notifications

8. Do you have any concerns about the approach used by Ahpra and the Podiatry Board to manage notifications about podiatric surgeons, including the risk assessment process?

I do not. I believe this is rigorous and follows appropriate protocols, as per other surgery groups.

Advertising restrictions

9. Do you have any concerns about advertising by podiatric surgeons and the management of advertising offences?
I do not. I believe these are managed as per other AHPRA regulated professions and that this is done appropriately.

Further comments or suggestions

10. Do you have any further comments or suggestions relevant to Ahpra's and the Podiatry Board's regulation of podiatric surgeons?
nil

Dear Professor Ron Paterson,

Arguing against podiatrists performing foot surgeries hinges on the depth of medical training, the scope of professional practice, patient safety, hospital resource management, professional standards, legal implications, and public trust. Orthopaedic surgeons are extensively trained through medical school, residency, and fellowships, equipping them with the knowledge and skills to handle complex surgeries and complications. While training in foot care, podiatrists may not have the same surgical training, potentially affecting patient outcomes and safety. Hospital admitting rights are typically reserved for those who can manage the full spectrum of patient care, which podiatrists without a medical degree might not be qualified for. My argument emphasises the importance of clear professional boundaries to maintain high standards of care and suggests that collaborative referral systems ensure patients are treated by the most qualified individuals. Although some systems may allow podiatrists to conduct certain surgeries, this discussion should always be guided by local regulations and training standards to safeguard patient trust and care quality. As such, I would strongly argue against podiatrists performing surgery at any level.

Yours Sincerely,

Adj Prof Matt Scott-Young

Dear Professor Patterson,

After over 45 years in specialist orthopaedic practice, I have retired from operative procedures, and now see Medical defence cases rather than picking Bindi Eyes out of the lawn.

I have been consulted as an independent specialist on several cases where absolutely unnecessary surgery was performed by Podiatrist surgeons.

Perhaps the worst example was a middle aged patient with a dislocated MTP Joint of the 3rd toe, which underwent bilateral full forefoot reconstructions and several revision procedures, the toe dislocation still being left unreduced.

The fees were extraordinarily high, well away from the AMA rates. [REDACTED]
[REDACTED]

Other examples of similar maladvice and malpractice are present in my files.

This is a plea to change the status, to legislate so that podiatrist "surgeons" be prevented from performing operations in Australia.

Dr Ronald Sekel OAM
MBBS, FRCSEd, FRACS(orth), FA(orth)A
Orthopaedic Surgeon

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Dear Professor Paterson

I am an orthopaedic surgeon trained by the Victorian Training Committee of the AOA and RACS, with subspecialty training from Oxford University Hospital Trust in foot and ankle surgery.

I am writing this submission regarding the podiatric surgeon review. In Victoria, there have been operating podiatrists since I have been in public practice since 2012 and private practice since 2015.

I have come across patients who had seen podiatric surgeons. Occasionally, these are people who have been referred to podiatric surgeons by podiatrists and have been recommended surgery. I then get sent the patient by the general practitioner as the patient has become aware that the aforementioned podiatrist is not a doctor.

A regular occurrence in this situation is that the patient has been recommended surgery and a fee structure has been provided to them. The patients see me because they then want to see a doctor and a specialist trained in orthopaedic surgery, as their GP has explained the difference. They often explain to me that they have been informed at the consultations that the surgery will not be covered by Medicare. In these discussions, I have often been given the impression by the patient that they feel that this was not explained to them in a reasonable manner and that there are surgeons who can provide this service under Medicare.

The second situation that I see patients in the rooms is when they've had surgery performed. In the situations that this has happened, I've had numerous instances where patients have been shocked and explained that they did not realise that this operating podiatrist was not a surgeon and not a doctor. There have been multiple situations where they have said, "I wish I had never seen them."

It is clear from these consultations that two things are occurring. The general public has no real understanding that operating podiatrists are not doctors, and they do not understand that they will not get Medicare rebates. This can only be because this has been poorly informed by the operating podiatrists. An impression is being allowed to be formed that they have comparable training and Medicare billing privileges as doctors and surgeons.

The public perception is that a doctor is someone who has attended a medical school in Australia and has undergone a rigorous and well-understood period of training in public hospitals, with organised training programs, as opposed to less obvious training programs run purely in the private sector amongst a very small group of individuals. Even less transparent is the concept that they are a surgeon but have not attended the Royal Australasian College of Surgeons. Likewise, there is the general public perception that a surgeon in Australia has undergone extremely rigorous training in recognised training programs in public hospitals with extremely robust assessment of surgical technique and examination pathways in clinical skills.

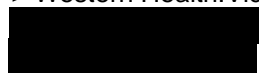
These are not particular situations where I have documented these over the last eight years of practice.

There have been multiple situations where patients have had post operative pain, they have been unaware of the type of surgery that was being performed, they have had additional procedures done at the time of surgery with little to no explanation before and or afterwards and have said that they wish they had never been to the operating podiatrist, and they had no idea that the operating podiatrist was not a doctor.

These have been statements that I have not asked or solicited. They have been an opening history from the patient themselves. I feel it is important to let the Commission understand these general sentiments that come from patients in my rooms.

This is different to my personal perspective on the complete difference between the training programs, surgery and medicine versus operating podiatry. Medical school and the practice of surgery run on an underlying tenet of the Hippocratic Oath, first doing no harm to a patient, whilst maintaining evidence-based practice. This is achieved in Medicine and Surgery with extremely rigorous long training programs with many hours of supervised operating and many hours of supervised patient care in a public setting that is transparent.

Yours sincerely,
David Shepherd
> David Shepherd
> BSc(Hons), MBBS, FRACS, FAOrthA
> Orthopaedic Surgeon
> Melbourne Orthopaedic Group. Victoria
> Western Health. Victoria



Dear Professor Paterson,

It is absurd that no medically trained doctor can call themselves a surgeon unless they have undergone extensive peer reviewed training and examination but a podiatrist can do so with less background training and with a superficial training programme without audited standards.

It is entirely misleading to the public. Most people think that podiatric surgeons are medically trained doctors.

We see frequent complications from procedures performed either badly or inappropriately by podiatrists. The patients are usually appalled when they find out that they are not medical doctors.

██████ treated a very severe neuropathic planovalgus foot with an arthroreisis screw. It predictably fell apart and jeopardised the salvage procedure required. He misled the patient that he was capable of treating this complex high risk foot.

Kind regards from Rob Story



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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: Thomas Vellios

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?

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

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

Your responses to the consultation questions

1. Do you think the way podiatric surgeons are currently regulated in Australia ensures consumers are well informed and receive appropriate care from podiatric surgeons who are suitably trained and qualified to practise in a safe, competent and ethical manner?
<p>To the best of my knowledge, podiatric surgeons adhere to the same regulatory standards as equivalent healthcare specialists, such as orthopaedic surgeons, and comply with all of the standards required to function as part of the Australian healthcare system.</p> <p>Podiatric surgery is regulated by the same body that regulates all other surgical specialties, AHPRA.</p>
2. Do you have any suggestions to improve the current system for regulating podiatric surgeons?
<p>In my personal experience, there are some barriers that stand in the way of podiatric surgeons achieving the best possible outcomes for their patients. None of these barriers relate to the training and skill of podiatric surgeons. These include:</p> <ul style="list-style-type: none">- Appropriate referral systems, which would allow podiatric surgeons greater access to necessary specialist care as part of their management of patients. This may include infectious disease, or vascular specialists.- Equitable access to MBS funding for procedures that are already performed safely and effectively by podiatric surgeons. Speaking from first-hand experience as a general podiatrist who often refers patients for a specialist opinion, it saddens me to see my own patients sometimes denied access to podiatric surgeons that I will recommend, based on a disparity in funding for the same service. I believe this needs to change.

Registration

3. Do you have any concerns about the registration requirements for podiatric surgeons? Are any changes needed, and why?
<p>I believe that as a registration requirement, Australian podiatric surgeons must complete an approved training program.</p> <p>Provided one is to pass an approved training program as well as meet other requirements, I believe there should be no issues in obtaining specialist registration.</p>

Standards, codes and guidelines

4. Do the Podiatry Board's current standards, codes and guidelines adequately help ensure podiatric surgeons perform podiatric surgery safely?

The podiatry board's standards, codes and guidelines are robust and foster the delivery of safe effective foot and ankle surgery.

5. Do the current professional capabilities for podiatric surgeons appropriately describe the knowledge and skills and knowledge required of podiatric surgeons for safe practice?

Yes

6. Are any changes to the standards, codes and guidelines needed? If so, why? What additional areas should the standards, codes and guidelines address to ensure safe practice?

As I do not know the guidelines and standards in great detail, I will decline comment

Education, training and qualifications

7. Do you have any concerns about education and training for podiatric surgeons? Are any changes needed, and why?

I can only speak for the Australasian College of Podiatric Surgeon's education and training requirements, as I am unfamiliar with the education and training that constitutes the UWA surgical program. I have no concerns with the education and training requirements for podiatric surgeons. I have attached below a diagram illustrating the podiatric surgery training pathway. Two important points I believe must be mentioned include:

- As part of the foundation stage of surgical training, registrars spend hundreds of hours undertaking rotations at tertiary hospitals with relevant specialties which may include, but not be limited to, infectious disease, vascular surgery, general surgery, and radiology.
- Registrars are required to log involvement in a minimum of 1970 teaching procedures, however, most registrars will log in excess of 3,000 foot and ankle procedures.

Training Program: Podiatric Surgery



Members of the College undertake a rigorous training programme that is entirely focused on treating diseases of the foot and ankle.

After graduation and two years of prevocational general podiatry practice, candidates are eligible to apply for a training position in the ACPS fellowship program

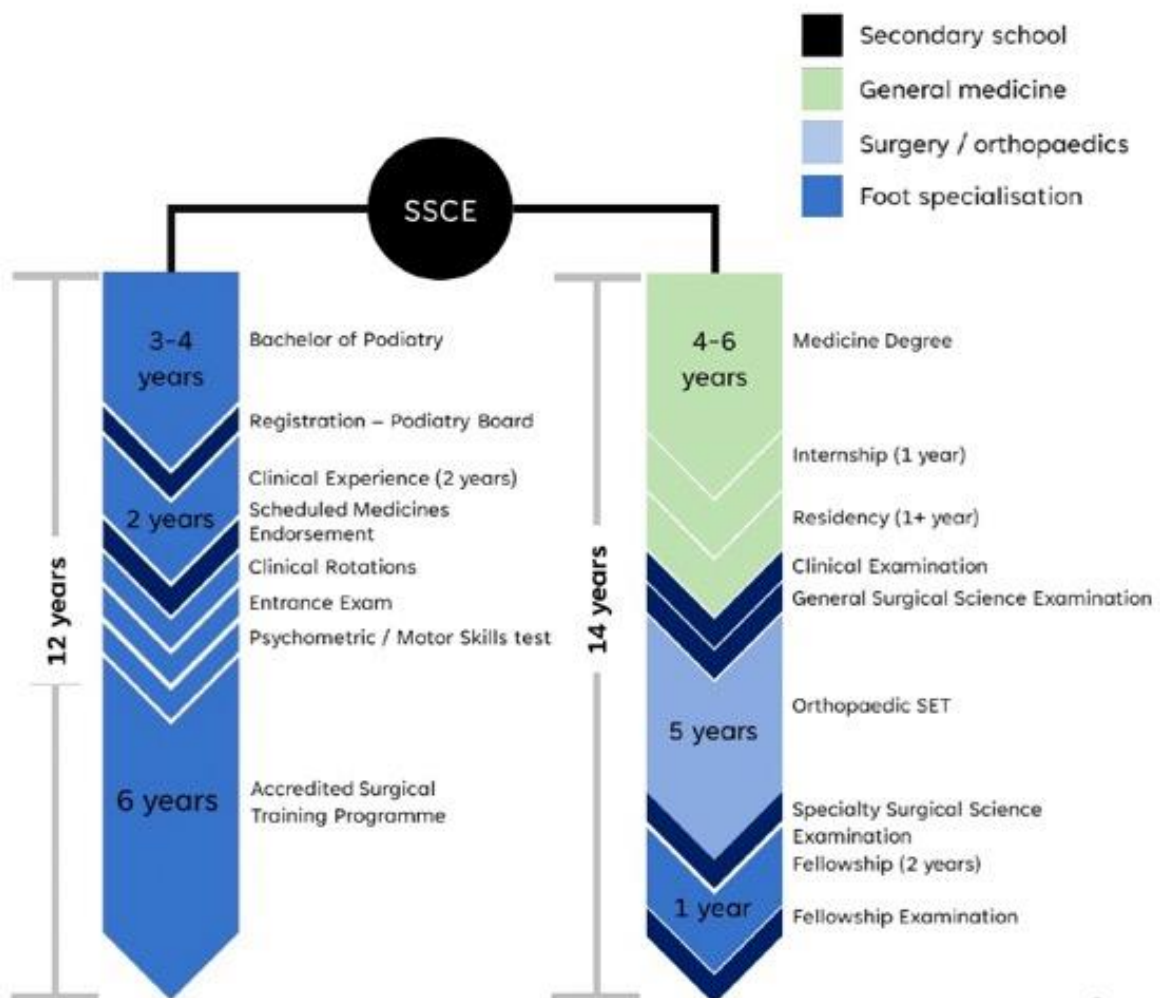
The candidate selection process includes:

- completing Basic Surgical Skills Education and Training (BSSET) course
- Obtain Schedule Medicine Endorsement via the Podiatry Board of Australia
- ACPS entrance examination
- Psychometric and motor skills test
- Selection interview panel

To qualify for ACPS fellowship a candidate podiatric surgeons must:

- log participation in at least 1970 teaching foot and ankle procedures (six years) with most graduates having participated in excess of 3000 procedures.
- successfully undertake a range of examinations, courses and continuous assessments
- publish in peer reviewed journals
- undertake interstate and international (UK / USA) surgical and medical rotations.

ACPS fellowship training produces registered specialist surgeons who are well educated in the limitations and advantages of both operative and non-operative care.



Management of notifications

8. Do you have any concerns about the approach used by Ahpra and the Podiatry Board to manage notifications about podiatric surgeons, including the risk assessment process?

I believe that the approach used by AHPRA and the podiatry board to manage notifications about podiatric surgeons should be consistent with the processes employed to manage notifications for other surgical specialties.

I note there was reference made to the fact that the rate of notifications is 8 times that of podiatrists. This is attributable to the complexity of the procedures performed by podiatric surgeons in comparison to that of podiatrists. To compare would be equivalent to comparing the rate of notifications for physiotherapists with that of orthopaedic surgeons.

Advertising restrictions

9. Do you have any concerns about advertising by podiatric surgeons and the management of advertising offences?

I have no concerns. I believe podiatric surgeons should be able to market themselves for what that are. This may include terms such as specialist, podiatric surgeon, etc.

Podiatric surgeons perform reconstructive foot and ankle surgery and therefore in my opinion should be able to market themselves as reconstructive foot and ankle surgeons.

Further comments or suggestions

10. Do you have any further comments or suggestions relevant to Ahpra's and the Podiatry Board's regulation of podiatric surgeons?

I am a podiatrist, and I love the profession. I believe podiatrists are the best equipped practitioners to offer care for the foot and ankle. I also love health care and enjoy going to work with the goal of improving the quality of life of my patients.

Throughout the course of my university studies, as well as my short working career, I have been fortunate enough to work very closely with a number of Australasian College of Podiatric Surgeons (ACPS) trained surgeons. This includes observing multiple consultations, as well as operating sessions. I can unequivocally say that each and every one strives for the best possible care of their patients, as well as striving to progress and improve the quality of foot and ankle care to the Australian public. I genuinely believe that podiatric surgeons are the best equipped surgeons to manage surgical foot and ankle cases. Podiatric surgeons are unique, in that they spend an absolute minimum of 5 years training in, as well as practicing, non-operative management of foot and ankle conditions, before spending approximately 6 years training specifically in foot and ankle surgery. They are truly the masters of their craft, equipped with the skills and knowledge to best advise on both conservative, as well as surgical management of foot and ankle conditions.

It saddens me however, to see the challenges that are faced by podiatric surgeons in providing the best level of quality care to their patients. This includes blatant anti-competitive behaviour from both a funding perspective, as well as via the actions of orthopaedic colleagues. These include:

- spreading mistruths about the specialty, such as the training program, and the safety of podiatric surgery, to both government officials, the general public, and other health professionals. Conduct which could arguably be considered defamatory and warrant legal action.
- Encouraging litigation from patients against podiatric surgeons. In my short career, I have seen so many poor outcomes and unhappy patients who have received episodes of care from orthopaedic foot and ankle surgeons. Encouraging patients to sue such surgeons in my opinion would be unprofessional.
- Impeding the accreditation of podiatric surgeons in private hospitals

I am of the opinion that concerns raised by orthopaedic surgeons over the safety of podiatric surgery is the result of a turf war. Turf wars aren't novel in medicine, with many examples existing historically (maxillofacial/plastic surgery, interventional radiology/vascular surgery etc).

Additionally, I believe it is amazing that despite these challenges and unprofessional, inflammatory slander, many podiatric surgeons are still in high demand and sought after by the Australian public. I think this is a testament to the level of care and positive outcomes that they provide their patients. Based on personal experience, two things that are very apparent are exceptional patient rapport and meticulous post operative care, which is contrary to many pre-existing surgical stereotypes.

I believe that as health professionals, we should be striving our best to uphold the highest standards of care for patients, as well as do what we can to best improve access to health services. With elective surgery waitlists ever growing, this provides an amazing opportunity to better normalise and integrate into the healthcare system a surgical specialty which has existed for 45 years in Australia, is proven to be safe, and provides positive outcomes to patients, as shown by ACPS audit data of over 20,000 patients who have received episodes of care by podiatric surgeons in the past decade.

Better integration and access to podiatric surgery may be achieved via a multitude of means, such as equity of funding for procedures, ie access to MBS item codes for procedures that podiatric surgeons regularly perform, as well as valid referral networks for services which may optimise the care of patients receiving podiatric surgical episodes (radiology, vascular, infectious disease etc)

I believe podiatric surgery should be regulated in the same fashion as other surgical specialties, and provided high quality patient outcomes and safety continues, I see no reason for changes to be implemented.