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Response to the Independent review of the regulation of podiatric surgeons in Australia



Australian Orthopaedic Association, Australian Orthopaedic Foot and Ankle Society

April 2024

The commissioning of the 'Independent review of the regulation of podiatric surgeons in Australia' by the Podiatry Board of Australia (PBA) and the Australian Health Practitioner Regulation Agency (Ahpra) conducted by Professor Ron Paterson was welcomed by the Australian Orthopaedic Association (AOA) and the Australian Orthopaedic Foot and Ankle Society (AOFAS) to address their concerns about the standards and outcomes of podiatric surgery.

The recently released review made recommendations into many facets of podiatric surgery. We are disappointed there was no opportunity for comments prior to its release nor a mechanism for a formal response. We agree with the recommendations for the enforcement of the mandatory prescribing endorsement (currently almost one third of podiatrists who perform surgery do not have this) and the development of guidelines for podiatric surgery.

The recommendation for the creation of accreditation standards is long overdue, as is the need for training providers to be held to those standards. The two providers of training for podiatric surgery do not have a common standard such as that provided by the Australian Medical Council (AMC) for all medically based surgical training programs.

As Professor Paterson stated, "While podiatric surgery is a very small and specialist profession, the procedures undertaken are complex and the impact on patients can be significant, so everything must be done to ensure the training and safeguards hold practitioners to the highest standards".

The review identified that podiatric surgeons have five times the Ahpra notification rate of generally registered podiatrists and nine times that of orthopaedic surgeons undertaking foot and ankle procedures, indicating that training standards need to be higher than those currently endorsed by the PBA. Independence of the Accreditation Committee and adequacy of the surgical education of inspectors is advocated by AOA and AOFAS, and we maintain that the AMC is the only agency that provides this critical element in determining public safety of medical and surgical procedures.

The recommendation to strengthen continuing professional development (CPD) standards is a necessary step. Two thirds of Ahpra notifications are related to a podiatry subgroup constituting slightly less than 25 per cent of podiatrists who perform surgery, and that podiatry subgroup all have had at least three notifications.

The review indicated that those 'podiatric surgeons' aged 55-64 are more likely to receive notifications; these senior members of the profession are also the most likely to be involved in training and mentoring of podiatrists with no surgical experience.

The recommended strengthening of advertising standards and enforcement of these standards is welcomed, as this has contributed to confusion for the public in identifying the difference between podiatric and orthopaedic surgeons. The title 'podiatric surgeon' also contributes to this confusion. We disagree that the proposed change to 'surgical podiatrist' will resolve this. We have proposed the title 'operative podiatrist', as this is consistent with the current nomenclature in use by the Podiatry Board for specialisation.



The review advocated for the integration into the public hospital system of podiatric surgeons. AOA and AOFAS strongly oppose any move towards including non-AMC accredited medical practitioners in public hospital surgical procedures. Using the National Health Service (NHS) of the UK as a template for Australia is an invalid comparison. The United States system of tertiary/public and private practice mix is a much better comparator than the nationalised NHS. American podiatric surgeons have training virtually equivalent to that of orthopaedic surgeons, with external accreditation similar to that of the AMC; a similar level should be sought in Australia.

The outcomes of any changes will not be apparent for some time. AOA and AOFAS recommend that a further independent review be legislated for five years' time to investigate if notification rates have improved.