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Elton Humphery
Committee Secretary
Senate Community Affairs Committee

Inquiry into the National Registration and Accreditation Scheme for Doctors and other Health Workers

Thank you for enabling us to provide further information by submission to the Senate
Community Affairs Committee

Should you have any queries on this submission, I can be contacted on mobile
0412965907 and email CoS@apodc.com.au.

Yours sincerely

Dr Sue Whicker
Chief of Staff
Australasian Podiatry Council

24th July 2009

The Australasian Podiatry Council (APodC) welcomes this opportunity to provide further comment and feedback to the Senate Community Affairs Committee's Inquiry regarding the National Registration and Accreditation Scheme for Doctors and Other Health Workers (the Scheme).

In our initial submission, APodC detailed areas of concern related to the Scheme. In the meantime, an Exposure Draft of the *Health Practitioner Regulation Law* has been released for public consultation. We are pleased to inform the Inquiry about APodC's thoughts about the Exposure Draft, and how it addresses our concerns.

Accreditation

In the area of accreditation, APodC believes that some progress has been made in the development of the Scheme from earlier statements presented in consultation papers released by the National Registration and Accreditation Implementation Project (NRAIP). However, there are still areas which have not been addressed, with the result being that the Exposure Draft does not reflect practice that truly promotes and protects quality health care through the training of appropriately qualified and competent health professionals.

The Exposure Draft, gives the Ministerial Council as currently constituted, the power to amend an accreditation standard if the
has a substantial and negative impact on the recruitment or supply of health practitioners in the workforce.....

The need to ensure appropriately qualified and competent health professionals and supply them in sufficient numbers across all of Australia are competing demands, however APodC strongly believes that, first and foremost, those persons registered to work as health professionals must have the knowledge and experience to provide quality health care, for the benefit of patients and the health of the nation. APodC believes that this power of the Ministerial Council to amend accreditation standards runs contrary to this objective.

As stated previously by APodC, the Scheme must be consistent with world's best practice, as acknowledged by Professions Australia with the adaption of the World Health Organisation/World Federation for Medical Education Guidelines for their cross-profession standards development for accreditation processes.¹

Limited registration for area of need

APodC is, however, pleased to note that the original proposal to see persons not eligible for full registration able to register if they work in a government defined "area of need" has been removed.

¹ WHO/WFME Guidelines for Accreditation of Basic Medical Education, World Health Organisation, Geneva, 2005.

Disclosure of information and confidentiality

APodC is pleased that privacy concerns have been heard, and that registered health practitioners will have the ability to opt in or opt out of the use of their information for workforce planning purposes. APodC believes this is entirely consistent with objectives of privacy and respect of individual's ownership of information related to themselves.

However, there are a number of concerns that have come as a result of the Exposure Draft that were not mentioned in APodC's initial submission to this inquiry.

Specialist recognition

With regards to the recognition of specialist health professions, and the protection of their titles from use by those persons not appropriately qualified or competent to use such titles, APodC believes that the Scheme, has missed a meaningful opportunity to recognise the changing nature of health care in this country, and on a wider scale, the changing nature of skilled professions across the entire workforce.

It is clear that across a wide range of skilled professions, work is becoming more complex, with a greater range and depth of knowledge being required, and with it a greater specialisation in expertise and focus by those skilled professionals completing the work. This is also true in the health care sector.

In the area of podiatry, a number of recognised, well established specialisations already exist with podiatric surgery and sports podiatry. These professions have professional organisations, qualifications for acceptance and recognition as a Fellow, conduct research and hold scientific conferences, as previously indicated by the APodC in response to the *REVISED CONSULTATION PAPER – Proposed Arrangements for specialists within the National Registration and Accreditation Scheme for the Health Professions* (Attachment 1). Podiatric surgeons currently have specialist registration in South Australia and Western Australia, with all podiatry registration boards recognising the specialist training and qualifications of podiatric surgeons. Whilst podiatric physicians have specialist registration on the Podiatry Board of Western Australia, both podiatric physicians and podiatric surgeons are on similar specialist registers in most other states.

Additional information on the Australian College of Podiatry Surgeons as discussed with the Senate Committee can be found in Attachment 2 and at www.acps.edu.au and for the Australasian Academy of Sports Podiatry please visit www.aapsm.org.au and for the Western Australian qualifications of podiatric surgeon and podiatric physician <http://www.podboard.wa.gov.au/otherboard/podboard/index.htm> and <http://www.surgery.uwa.edu.au/go/schools-and-centres/schools/school-of-surgery/school-structure/podiatry/postgraduate>.

The current Exposure Draft contains recognition only for those specialists included under the medical and dental professions. APodC agreed with the original intent for specialist endorsement as outlined in the January 2009 *CONSULTATION PAPER: Proposed arrangements for specialists within the National Registration and Accreditation Scheme*

for the Health Professions. This Consultation paper also clearly stated under Registration arrangements for registered podiatrists – proposal 10.1.3 that
there be an offence for a person who is not a registered podiatrist with endorsement as a podiatric surgeon to hold themselves out as a podiatric specialist.

However, the Exposure draft for the *Health Practitioner Regulation Law* does not include podiatric surgeons as a specialist category.

While the Exposure draft does enable the National Boards to recognise other specialists within a profession at a later date following due process, APodC believes that this approach does not provide the same security as being included in legislation from the onset. APodC calls on all governments to give current specialists within the profession of podiatry the recognition they have previously attained with completion of profession determined standards for these postgraduate qualifications. Additional

The APodC believes there is irrefutable evidence to see the re-inclusion or addition of the Podiatry profession as the third profession immediately eligible on the 1st July 2010 for a Specialist Register. Thus, we ask for a change to the *Health Practitioner Regulation Law* (Bill B), Part 2, Clause 12 ‘Approvals in relation to specialist registration’ to include ‘*the podiatry profession*’ under (1)(a):

- (1) The following health professions are professions for which specialist recognition operates under this Law:
 - (a) the medical profession,
 - (b) the dental profession,
 - (c) *the podiatry profession*,
 - (d) any other health profession

The podiatry profession and other health professions have already consulted widely in most states to the benefit of such a specialist system, and led to the development of the Specialist Register or similar on a number of state podiatry registration board. It would be a retrograde step to repeat these consultation processes post-July 2010 after decisions have already been finalised and incorporated in state health legislations.

Further to the issue of the registration of podiatric surgeons as a recognised specialist health profession, APodC has been disappointed to read the comments made by the Royal Australasian College of Surgeons to the Committee Hearing on 13 July 2009. APodC would like to take this opportunity to clarify the issues raised by the Royal Australasian College of Surgeons.

For over 20 years now, podiatrists have been graduating with undergraduate degrees in podiatry, and with the latest developments in education for undergraduate podiatrists being a four year masters level course being offered, with the initial pre-clinical years spent within the health science stream.

Graduate podiatrists can:

- Assess and treat foot care ailments and deformities
- Analyse a persons walk or run and correct the anatomical relationship between the different segments of the foot.

- Prescribe orthotics or custom made soles
- Monitor and manage foot problems and deformities caused by diseases such as arthritis and rheumatoid arthritis
- Advise and treat patients at high risk of foot problems and amputation such as people who suffer from diabetes or vascular disorders
- Perform nail surgery using local anaesthetics

Podiatrists treat people of all ages and from all aspects of life including.

- Children with leg or feet pains in their as they grow or have problems walking.
- People with diabetes may have problems with the circulation or sensation in their feet.
- Sports people and dancers who risk or suffer from injuries to their legs and feet.
- People needing minor nail surgery ·
- People wanting advice about footwear or foot health.

In Australia around 4 out of 5 podiatrists work in private practice and may work closely with other health professionals including GPs. In fact, podiatrists while only abare the most referred to, and used, allied health provider of Medicare Enhanced Primary Care (EPC) services with 1.5 million Australian Government funded consultations provided annually by podiatrists through MBS and DVA.

APodC would like to reiterate that podiatric surgery is a widely accepted health profession, which has existed in Australia since 1975. While the profession of podiatry in Australia was initially developed along the lines of the profession of chiropody in the United Kingdom, there have been significant further developments in Australia in recent times.

An undergraduate degree is only the initial starting point for a career course as a podiatric surgeon. Candidates can then complete two years practising as a podiatrist, then enter a three-stage fellowship training under the supervision of the ACPS, which lasts between four and six years. Then follows international residency training, usually in the United States or the United Kingdom where podiatric surgery is an accepted and revered health profession specialisation. Finally, candidates must complete competency examinations. In addition, to this pathway, the University of Western Australia has developed postgraduate degree programs for the qualification of Doctor of Podiatric Medicine and Doctor of Clinical Podiatry leading to registration as a specialist podiatrist in WA.

The development of the fellowship was conducted in concert with expert podiatric surgeons in the United States over thirty years ago, and as such, is consistent with requirements in the United States, and exceeds requirements of those podiatrists in the United Kingdom who intend to become podiatric surgeons.

The Royal Australasian College of Surgeons asserted in their appearance on 13 July 2009 that as the Australian profession of podiatry is based on the United Kingdom's profession of chiropody, Australian podiatric surgeons would not possess the competency to perform surgery on the foot other than minor procedures related to the soft tissues of the forefoot.

Despite the clear difference in educational and training requirements for Australian podiatric surgeon candidates, even the British Society of Chiropodists and Podiatrists

makes the clear delineation between Podiatrists and Podiatric Surgeons. According to their website:

“Most podiatrists who are members of the SCP are qualified to undertake nail and soft tissue surgery and can administer local anaesthetics. More complicated procedures are done by a **Podiatric Surgeon**.

APodC believes that the national Scheme, and its implementation, is not the place for a remedial “top-to-bottom” review of the health care sector, health professionals, their roles and responsibilities, and all associated administration, nor the place for the settling of old grievances and turf wars at the expense of public health and safety.

APodC believes that the national Scheme provides the opportunity for governments of all levels to achieve consistency of recognition of health professions of varying levels and specialisations currently being performed across the nation.

APodC again thanks the Community Affairs Committee for the opportunity to provide comment on this important area of reform in the health care sector.

Attachment 1



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Australasian Podiatry Council
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Bronwyn Nardi
Chair
Practitioner Regulation Subcommittee
of the Health Workforce Principal Committee

Proposed Arrangements for specialists within the National Registration and Accreditation Scheme for the Health Professions

Following are responses from by the Australasian Podiatry Council to issues raised in the *REVISED CONSULTATION PAPER* – ‘**Proposed Arrangements for specialists within the National Registration and Accreditation Scheme for the Health Professions**’ have been addressed.

Thank you for enabling us to modify this submission to include the postgraduate degree courses to be offered from 2009 by the University of Western Australia **Doctor of Podiatric Medicine (DPodM)**, and **Doctor of Clinical Podiatry (DClinPod)**.

Should you have any queries on this submission, I can be contacted on 03 94163111 or mobile 0411 741815 and kelli@apodc.com.au.

Yours sincerely

Kelli Cheales
CEO
Australasian Podiatry Council

13th February 2009

Submission on Consultation Paper – “Proposed Arrangements for specialists within the National Registration and Accreditation Scheme for the Health Professions”

- a. *Specialist endorsement should only be available for a profession where a profession-specific accreditation standard for specialist training in that profession has been approved by the Ministerial Council following recommendation by the relevant board and at least one training program has been approved by the board’s accreditation body or committee in accordance with those standards. The development of these standards will be undertaken by the accrediting body or committee.*

APodC Response: APodC agrees with the above proposal, in line with the Inter-Governmental Agreement (IGA). In podiatry, there are currently two post-graduate specialised areas of practice that conform with the intent of the IGA, namely:

- podiatric surgery with specialists having attained the qualification of Fellow of the Australasian College of Podiatric Surgeons (ACPS) and
- sports podiatry – with specialists having attained the qualification of Fellow of the Australian Academy of Podiatric Sports Medicine (FAAPSM).

To attain a podiatric surgical fellowship qualification, a podiatrist must complete an extensive training program, including:

1. Bachelor of Applied Science degree, majoring in Podiatry (4 years)
2. Minimum of 2 years post-graduate clinical practice
3. Master of Podiatry (2 years full time university degree)
4. A three-stage surgical fellowship training under supervision of the ACPS (4 to 6 years)
5. International residency training (usually in the UK and USA)
6. Demonstrated mastery of knowledge in foot and ankle surgery by passing oral and
7. Written examinations administered by the ACPS.

Accreditation of Fellows is maintained with a three year multifaceted program conducted by the ACPS including peer review, clinical audit and continuous professional development.

Attainment of Fellowship status to the Australian Academy of Podiatric Sports Medicine (FAAPSM) includes:

1. Professional requirements
Prior to attempting the examinations a prospective candidate will
 - have held status as a financial member of the Academy for 12 months
 - be a financial member of an Australian Podiatry Association
 - confirm four years relevant clinical experience post initial Podiatric registration
 - hold a relevant Post Graduate Diploma or equivalent approved by the Board of Trustees
2. Examination requirements
A closed book supervised paper previously trial tested through existing Fellows, and a clinical based, written answer questions.
3. Publication of Fellowship paper.

An original paper must be accepted for publication in a peer reviewed journal prior to the award of Fellow being made.

4. Demonstration of practical activities.

All candidates for the qualification of Fellow of the Academy must meet the points criteria of the AAPSM to demonstrate practical involvement in the area of sports podiatry.

Source: <http://www.apodc.com.au/apodc/Fellowship%20Requirements.PDF>

Both specialist areas of practice are recognised as equal within the profession of podiatry as indicated by the requirements of the Continuous Podiatric Professional Education (CPPE) program of the NSW Podiatrists Registration Board:

ACPS Fellowship (upon completion) – 30 CPPE points

A podiatrist who is awarded fellowship of the Australian College of Podiatric Surgeons would be entitled to claim 30 Continuing Podiatric Professional education points on being presented the Fellowship. The podiatrist would also be able to claim Continuing Podiatric Professional Education points for completing various modules during the progression to the FACPS and post-award education.

AAPSM Fellowship (upon completion) – 30 CPPE points

A podiatrist who is awarded fellowship of the Australian Academy of Podiatric Sports Medicine would be entitled to claim 30 Continuing Podiatric Professional education points on being presented the Fellowship. The podiatrist would also be able to claim Continuing Podiatric Professional Education points for completing various modules during the progression to the FAAPSM and post-award education.

Source: http://www.podreg.health.nsw.gov.au/hprb/pod_web/pdf/cppebooklet.pdf

From 2009, the University of Western Australia is also offering a suite of innovative postgraduate courses through Podiatric Medicine Unit. These programs include **Master of Podiatric Medicine (MPodM)**, **Doctor of Podiatric Medicine (DPodM)**, and **Doctor of Clinical Podiatry (DClinPod)**. These courses are designed to broaden the educational knowledge and clinical scope of practice of the graduate podiatrist. <http://www.cnnd.uwa.edu.au/go/schools-and-centres/schools/school-of-surgery/school-structure/podiatry/postgraduate>

Doctor of Podiatric Medicine (DPodM)

The second program is the Doctor of Podiatric Medicine (DPodM), which is comprised of one-third coursework and two-thirds research thesis program. The emphasis is on the student undertaking significant clinical research and will interest practitioners and academics who would otherwise consider undertaking a formal PhD. It is anticipated that DPodM graduates will be eligible to apply to the Podiatrists Registration Board of WA for recognition as a specialist Podiatric Physician. <http://www.cnnd.uwa.edu.au/go/schools-and-centres/schools/school-of-surgery/school-structure/podiatry/postgraduate/doctor-of-podiatric-medicine-dpodm>

Doctor of Clinical Podiatry (DClinPod)

The DClinPod graduate will play an important clinical role in the interdisciplinary management of patients with lower extremity complications of chronic conditions such as diabetes, peripheral vascular and renal disease. The clinical practicum units in both streams will allow students to undertake rotations in podiatric surgery or in the management of the high risk foot in either the UK or the US to broaden their clinical experiences. It is anticipated that DClinPod graduates will be eligible to apply to the Podiatrists Registration Board of WA for recognition as a specialist Podiatric

Physician or a Podiatric Surgeon. <http://www.cnnd.uwa.edu.au/go/schools-and-centres/schools/school-of-surgery/school-structure/podiatry/postgraduate/doctor-of-clinical-podiatry-dclinpod>

Two special interest areas within podiatry practice that are developing towards specialised areas of practice are:

- High-risk foot care/Diabetes foot care, and
- Paediatrics.

b. For the purposes of transition, from 1 July 2010, initial registration of specialists in any profession will be by an endorsement on the public register subject to (a) above. In the absence of such a standard being in existence at the time of transition to the scheme, the registrant will only be granted general registration without specialist endorsement.

APodC Response: APodC agrees, with the two existing specialised areas of practice ie

- ACPS Fellowship and
- AAPSM Fellowship

and the three developing specialisations of:

- High-risk foot care/Diabetes foot care, and
- Paediatrics

to be subject to this arrangement in the future.

c. The Ministerial Council may issue guidance to boards in relation to criteria for the recognition of specialties under the scheme, including those specialties to apply from 1 July 2010. The national board will propose to the Ministerial Council for approval, the types of specialist endorsement that will be available from 1 July 2010 in accordance with any guidance provided by the Ministerial Council. The national board will also determine how the current registration status of registrants should translate to specialties that are recognised under the national scheme, either with or without specialist endorsement.

APodC Response: APodC believes that decision making on the recognition of specialties is the responsibility of the National Board which, after consultation with the relevant industry, should make recommendations to the Ministerial Council. This approach reinforces the position of APodC that decisions to be made on the profession of podiatry should be made through a “grass-roots” decision making process, where recommendations proceed from industry stakeholders through relevant committees, then national boards, finally up to the Ministerial Council for high level approval.

d. Clarification that endorsements provided under the scheme will be approved or granted for registration purposes only. Registration decisions under the scheme are separate to any decision made outside of the scheme in relation to endorsements for the purposes of funding (e.g. Medicare) or employment (e.g. terms and conditions of employment by governments or hospitals). It is not intended to remove existing authorities conferred by States or Territories.

APodC Response: Agree.

- e. *Clarification that the power for boards to recommend (and the Ministerial Council to approve) qualifications for the purposes of specialist endorsement, relates to the standards of qualifications rather than specified qualifications.*

APodC Response: Agree.

- f. *Any continuing competence standards for specialists in existence at 30 June 2010 will continue to apply with any proposed changes to these standards (or any new standards) to be developed by the board for approval by the Ministerial Council.*

APodC Response: APodC seeks clarification on the Commonwealth definition of “continuing competence”, and as to whether this term is related to a basic continuing ability to perform the work regulated through a specialised area of practice, and how the Commonwealth aligns “continuing competence” with the current practice of continuing professional development.

- g. *Minimum standards for continuing competence requirements for specialist endorsement must not be discipline specific (e.g. the minimum standards to apply in respect of medical practitioners with specialist endorsement would be the same standard across all disciplines or specialist medical colleges).*

APodC Response: APodC is pleased to see a standardised approach for regulation of specialists and speciality training.

- h. *Boards may request that accreditation bodies or committees develop these minimum standards and assess continuing competence programs against these standards.*

APodC Response: APodC believes that this is entirely appropriate, to ensure consistent, system wide standards are met.

- i. *Boards must consider applications for registration from practitioners seeking to work in an area of need identified by a State or Territory government, where the applicant is not eligible for registration in any other category of registration. This provision will apply to all regulated professions. It is further proposed that boards may develop professional standards in respect of the registration requirements to apply to area of need registration to support a nationally-consistent approach.*

APodC Response: APodC agrees that a national board must consider individual practitioner applications, however APodC recommends that any considerations made by national boards through standardised independent processes, and that any decisions are also subject to an independent review process, to ensure transparency. APodC also urges boards to ensure the maintenance of the relevant standards of practice for the profession to ensure public health and safety and the maintenance of the public standing of the relevant profession.

- j. *Where a board is proposing to recommend to the Ministerial Council, on a matter in which another board might reasonably have an interest, then that board could*

be required to consult with all other boards and in submitting for Ministerial approval, draw to the attention of the Ministerial Council any contrary views.

APodC Response: APodC supports this proposal, provided that each matter is judged on its own merit, independent of any other considerations that may be relevant to the organisations or professional groups involved. Furthermore, APodC sees this as an opportunity for greater cooperation between industry stakeholders and health professions, as decision making may include a wider range of consultation.

General APodC comment: In our consultations with the various speciality groups that work in the field of podiatry, it has been raised that the issue of protection of specialist titles is of utmost importance.

In the field of podiatry, there are a number of specialisations which have varying levels of development with respect to training and ongoing competence standards. The Australasian College of Podiatric Surgeons and the Australasian Academy of Podiatric Sports Medicine have well developed programs of admittance into their specialisations, and continuing professional development, as previously outlined.

- High-risk foot care/Diabetes foot care, and
- Paediatrics

to work toward the qualification of Fellow, through a framework modelled on that of the Australasian College of Podiatric Surgeons. The special interest area of high risk foot care has already commenced development of their program for Fellowship including the minimum prerequisites of:

- a registered podiatrist for at least 7 years
- enrolment in or a completed relevant post graduate qualification in podiatry, wound management, public health, gerontology or diabetes.
- working in the area of high risk/diabetic foot management.

Attachment 2

By Email: community.affairs.sen@aph.gov.au

The Secretary
Senate Community Affairs Committee
PO Box 6100
Parliament House
CANBERRA ACT 2600

Dear Chairperson & Committee Members

SUBMISSION TO THE SENATE COMMUNITY AFFAIRS COMMITTEE INQUIRY INTO THE NATIONAL REGISTRATION AND ACCREDITATION SCHEME FOR DOCTORS AND OTHER HEALTH WORKERS

The Australasian College of Podiatric Surgeons (“ACPS”) is grateful to the Committee for considering this submission in light of the recent draft legislation on this matter being released for public comment.

The ACPS was in support of the proposals within the discussion papers of September 2008 and January 2009. The release of the draft legislation and the content of submissions to the Senate Committee, such as that provided by the Australian Orthopaedic Association, have prompted us to take the opportunity to contribute further to this discussion.

Specific concerns relate to title protection such as “podiatric surgeon” and specialist recognition. We note that podiatric surgeon as a specialist title has been removed in the draft legislation. There is also an implication by the orthopaedic association in its submission to your committee that only orthopaedic surgeons do and should operate on bone and associated structures.

Podiatric surgeons as a specialist branch of podiatry in Australia have been performing reconstructive surgery on bone and joint structures of the foot and ankle for over 30 years. This within an environment in health policy, which is medical centric and discriminatory in terms of access, efficiency and economics.

The ACPS is the peak body for the training and accreditation of podiatric surgeons (podiatrists who have undergone specialist training in podiatric surgery) in Australia. This is a national organisation and has been functioning since 1978. The ACPS has liaised with State and Territory Podiatrists Registration Boards throughout this time regarding matters related to the practice of podiatric surgery. We are an accredited and affiliated body with the Australasian Podiatry Council, and the ACPS training program leading to Fellowship with the College is recognised by The Commonwealth Department of Health and Ageing across the country as the benchmark standard for the practice of podiatric surgery in Australia.

The ACPS and podiatric surgeons are recognised by the following instruments of Commonwealth Legislation:

- *National Health Act 1953;*
- *Podiatric Surgery and Other Matters Act 2004;*
- *Health Insurance (Accreditation of Podiatric Surgeons) Guidelines PHB23/2004;*
- *National Health Amendment (Prostheses) Act 2005;*
- *Private Health Insurance Act 2007;* and
- *Private Health Insurance (Complying Product) Amendment Rules 2008 (No. 4)*

The advanced specialist surgical care and techniques undertaken by Fellows of the ACPS represents a significant postgraduate training and education by our members. The Commonwealth has considered this distinction by recognising podiatric surgeons in specific legislation, as have a range of State and Territory statutory instruments, and Podiatrists Registration Board policy positions.

The ACPS has been an active stakeholder in the process of National Registration & Accreditation for health professionals. We have previously provided submissions to the National Health Workforce Taskforce regarding the proposed arrangements, in particular with respect to the issue of specialist registration for podiatric surgeons as part of the initial legislative framework for the scheme.

The Commonwealth amendments to the Health Insurance Act and Health Act in 2004/2005 were recognition of the role podiatric surgeon's play in Australian health care and at that time the amendments were regarded as a means of improving access, choice and efficiency to the public of Australia who require foot and ankle surgery.

Unfortunately, the intent of parliament has been far from completely realised since that time. Challenges still remain as evidenced by opposition from the medical profession in respect to specialisation in professions outside medicine and extension of Commonwealth funding to alternative providers of similar services.

We urge the Senate Committee to pressure for completion of the legislative intent of 2005 (increasing competition in the surgical market place and improving access to podiatric surgeons). To affect this, specific measures have been recommended to the Health Minister in 2008 and the National Hospitals and Reform Commission by the ACPS – copies of these submissions can be made available to your Committee.

Of more specific relevance to the intent of this current Committee, are the issues of podiatric specialisation and title which are discussed below.

Podiatry Specialisation

Podiatry has a long recognised specialty (Podiatric surgery) which should be included in the bill.

We note, on review of the proposed legislation, there will be no recognised specialist registration categories included for the podiatry profession. The College is greatly dismayed at this oversight, given that at least two current podiatry registration authorities have a specialist register for podiatric surgeons (SA, WA), and that there is specific Commonwealth legislation that exists to identify accredited podiatric surgeons as providers of *professional attention*, for the purposes of the *Health Insurance Act 1953*.

Additionally it is a perplexing change as the consultation paper issued by the Australian Health Ministers Advisory Council in September 2008 clearly proposed inclusion of podiatric surgery as a speciality of podiatry (proposal 10.1.3). This was reinforced in the “Further Consultation Paper- January 2009”. The draft legislation does not reflect this and the profession of podiatry was not briefed as to why such a radical shift is being considered. The College can only assume that this is an oversight. Perhaps the late inclusion of podiatry into the National Registration and Accreditation Scheme goes some way to explain the lack of formal participation of the ACPS in such decisions.

The specialty of podiatric surgery already exists, and the proposed legislation will directly erode the current legal rights of the profession, and penalise those states with specialist arrangements for podiatric surgeons already in place. Notwithstanding this, it is contrary to the spirit of the Intergovernmental Agreement (IGA), and furthermore will be placing a barrier against the podiatry profession to provide greater benefits to the community in terms of health workforce reform.

Of most importance is the potential impact on the public – current specialisation and accreditation processes provide a means for identification and monitoring of standards of surgical practice in the podiatry profession. To remove this is clearly placing the public at heightened risk.

Submissions to this inquiry, and to the National Registration and Accreditation Implementation Project, by other podiatry stakeholders (including the *Australasian Podiatry Council (APodC)*, the *Australian and New Zealand Council of Podiatry Registration Boards (ANZCPRB)*, and the *Australian and New Zealand Podiatry Accreditation Committee (ANZPAC)*) have all held a supporting view regarding the current and future inclusion of podiatric surgeons within a specialty registration category of national registration.

We note however, the submissions received by some medical organisations to this inquiry, and we are disappointed by the range of the objections and inaccuracies they contain with respect to podiatric surgeons. The ACPS believes that there is no basis to allow other professional groups to sit in judgement of the podiatry profession, when there is a clear competitive bias and a documented refusal by some of these groups to be constructive participants in consideration of podiatric surgery.

Podiatric Surgeon Accreditation - History and Future

Standards and education for podiatric surgery have been established over a 30 year period in Australia.

Additionally the Australasian Podiatry Council (APodC) has accredited the ACPS training program. The APodC was the accrediting body for podiatric education up until the formation of the Australian & New Zealand Podiatry Accreditation Council (ANZPAC) in 2008.

These standards have been recognized by all Australian Podiatry registration boards and endorsed as the benchmark for training and accreditation of podiatric surgeons in Australia.

Full legislative specialist registration exists in both SA and WA.

The Federal Health and Insurance Acts list podiatric surgeons as a distinct group of podiatrists with surgical qualifications.

The Australasian College of Podiatric Surgeons has a robust program of ongoing accreditation in addition to its role in surgical education of podiatrists. This has been acknowledged by all the above bodies and international peer groups such as the American College of Foot and Ankle Surgeons and the English Faculty of Podiatric Surgeons.

Current specialist recognition provides protection to the public through identification and regulation of practitioners. Podiatric surgery is only performed by podiatrists with a combination of post graduate University based education and Specialist College based clinical education with ongoing maintenance of standards through a structured accreditation program.

Action requested

The draft legislation should be amended to list podiatry as a third profession with specialisation (podiatric surgery).

The current standards of National recognition and accreditation of podiatric surgery should be maintained and built upon in a process which will be mapped to ensure compliance with the new principles of National registration and accreditation.

Additionally

In 2008, the Australia and New Zealand Podiatry Accreditation Committee (ANZPAC) was established and incorporated, to take over the process of accrediting podiatry courses and overseas qualifications from the Australasian Podiatry Council. The Australian Health Workforce Ministerial Council recognised and endorsed ANZPAC to take over this role in 2009.

The similarly-tasked medical practitioner organisation, the Australian Medical Council (AMC), was established in 1984 and has only recently (since 2002) taken over the role of accrediting specialist activities of the medical profession.

Like the AMC, ANZPAC is expected to take the leading role in accrediting the activities of specialist podiatric surgeons. The ACPS is looking forward to developing a strong association with ANZPAC, in the same professional manner as the Royal Australasian College of Surgeons does with the AMC

We see absolutely no role for other professional groups to have the authority to make determinations about the accreditation of podiatric surgeons, especially since there would not be any reciprocity of this process to their own profession.

Titles

We note some submissions to this inquiry express a view that only medical practitioners should be legally able to utilise the term 'surgeon' and "doctor".

The ACPS currently supports the range of professional titles to be protected under proposed legislation. We see no reason to modify the current provisions.

We only seek to have podiatric surgery (and podiatric surgeons) recognised as a bona fide specialty at the commencement of the Podiatrists Board of Australia.

There is no confusion to the public when a 'podiatric surgeon' identifies him or herself as such. A 'podiatric surgeon' is a recognised title in the United Kingdom National Health Service, and within the United States health care system.

Other professional groups also have a legitimate reason to utilise the 'surgeon' title; from 'dental surgeons' and 'veterinary surgeons', through to lay occupations such as 'tree surgeon'. These groups too would be affected by any change to the current proposed arrangements.

There is no basis to claims that titles such as "surgeon" and "doctor" would mislead the public, and should be the sole reserve of the medical profession. Moves to restrict the use of these titles are strongly opposed by the ACPS.

Action requested

The ACPS requests that the committee support maintenance of provisions within the legislation which will allow the continuation of the surgeon title by podiatric surgeons. Additionally we support the use of the term "Doctor" as a courtesy title for registered health professionals, on the basis that it is made clear that the individual is not a medical practitioner.

The ACPS hopes you will consider the above – we can provide further information as required.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Mark Gilheany', with a stylized flourish at the end.

Mark Gilheany
President