s22

From: s47F
Sent: Monday, 21 May 2018 3:18 PM
To: Minister Hunt
Cc: s22 ; Lawrence Malisano; Adrian Cosenza; s47F ; kathy.hill@aoa.org.au
Subject: Correspondence from Australian Orthopaedic Association [SEC=No Protective Marking]

Dear Minister Hunt,

Please find attached correspondence from Australian Orthopaedic Association President, Dr Lawrie Malisano, and Australian Orthopaedic Foot and Ankle Society President, Dr Alison Taylor.

Kind regards,

s47F

s47F

Australian Orthopaedic Association Limited
Level 12
45 Clarence Street
Sydney NSW 2000
s47F
F 02 8071 8002
www.aoa.org.au

Better Patient Outcomes

AOA 2017–18

AUSTRALIAN ORTHOPAEDIC ASSOCIATION

21 May 2018

The Hon Greg Hunt MP
Minister for Health
PO Box 6022
Parliament House
Canberra ACT 2600

By email: Minister.Hunt@health.gov.au
: s22 @health.gov.au

Dear Minister Hunt,

Request for meeting to discuss ongoing issues pertaining to inequality of the application of standards of clinical practice between surgeons and non-medically trained health care professionals.

The Australian Orthopaedic Association (AOA), the peak professional body for orthopaedic surgeons in Australia, provides high quality specialist education, training and continuing professional development and has done so now for over 80 years. This education and training has been, and continues to be, provided regarding all orthopaedic surgery including the sub specialty of foot and ankle surgery.

We write to request an urgent meeting with you to seek your assistance in relation to a matter of serious concern to our members pertaining to the matter of clinical safety to the Australian public. AOA CEO has already spoken to s22 , your principal advisor, regarding the issue and provided him with a letter outlining some of the concerns.

The issues we seek your assistance on are:

1. Protection of the term 'surgeon' in the clinical environment;
2. Ensuring consistent and appropriate accreditation standards apply in relation to surgical procedures

Attending the meeting would be:
Dr Lawrence Malisano (AOA President)
Dr Alison Taylor (President AOF&AS)
Adrian Cosenza (AOACEO)
Kathy Hill (AOA Advocacy & Governance Manager)

It would be appreciated if your office could liaise with Kathy Hill to organise the meeting. She can be contacted on email: kathy.hill@aoa.org.au or telephone 0409833786.

Pleased find attached a briefing document outlining AOAs concerns and other relevant information.

AUSTRALIAN ORTHOPAEDIC ASSOCIATION

Thank you for your consideration of this important matter.

Yours sincerely,

Lawrence Malisano
AOA President

Alison Taylor
Australian Orthopaedic Foot and Ankle Society President

Subject	Protection of the term ‘surgeon’ in the clinical environment

Background

The use of the title ‘surgeon’ by health professionals other than medical practitioners is deeply misleading to the average consumer.

There is a high risk of non-informed consent by patients who assume that the use of that title by a health professional indicates a level of training, experience and accreditation that that individual does not possess.

A *Galaxy* survey (sample size 1052) conducted to ascertain community attitudes on this issue found that 93% of the voting-aged population agreed that government should legislate to ensure that only qualified medical doctors can use the title ‘surgeon’. Just 3% said ‘no’ and 4% ‘don’t know’.

Desired action

The Department of Health to:

- Immediately investigate legislative options to restrict the use of the title ‘surgeon’ in a healthcare context to those individuals to those medically trained professionals who have undertaken and satisfactorily passed an examination on medically based training and education in surgery.

Subject	Ensuring consistent and appropriate accreditation standards apply in relation to surgical procedures

Background

Currently, the Australian Medical Council (AMC) accredits the surgical training and education of all medical practitioners and non-medically trained professionals (such as maxillofacial surgeons) in Australia, who undertake surgical procedures on humans. The *only* exception is that of podiatric surgeons.

As a result, two distinct levels of training for individuals performing the same surgical procedures exist. This is largely an unintended consequence of the National Registration Scheme for health professionals.

In short, podiatrists do not undertake surgical training and education that is independently accredited. Members of ACPS and the PBA are all podiatrists – there is no independence. This represents a serious anomaly in respect to the mandated accreditation standards required of every other medical and healthcare professional involved in surgical procedures in Australia.

Desired action

- Require mandated AMC involvement of the surgical training and education of podiatric proceduralists as a matter of priority;
- Require the Department to immediately advise the Australian College of Podiatric Surgeons (ACPS) to cease further training of and graduating of podiatric proceduralists until an AMC accredited program has been established; and
- Require the Australian Health Practitioners Regulation Agency to undertake a review of the probity of Podiatry Board of Australia and ACPS.

[redacted]

From: s47F
Sent: Wednesday, 14 September 2022 8:59 PM
To: Minister Butler <Minister.Butler@Health.gov.au>
Cc: Chris Morrey <chris.morrey@aoa.org.au>; kathy.hill@aoa.org.au
Subject: Correspondence from Australian Orthopaedic Association - Protection of Title - Surgeon

Dear Minister,

Please find attached correspondence from AOA Vice-President, Associate Professor Chris Morrey.

Kind regards,

s47F

s47F

Australian Orthopaedic Association

AOA
AUSTRALIAN ORTHOPAEDIC ASSOCIATION

30/10–3/11
TE PAE
OTAUTAHI
CHRISTCHURCH
Togetherness, Diversity, Sustainability
NZOA & AOA 2022 ASM

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AUSTRALIAN ORTHOPAEDIC ASSOCIATION

14 September 2022

The Honourable Mark Butler MP
Minister for Health and Aged Care
House of Representatives
Parliament House
PO Box 6022
Canberra ACT 2600

By email: Minister.Butler@health.gov.au

Dear Minister,

Protection of Title - Surgeon

I write to you in regards to the current issue pertaining to use of non-surgically trained health care practitioners using the title ‘surgeon’. Whilst I appreciate the current campaign is focussed at cosmetic surgeons, you may also be aware there are other groups of non-medically and non-surgically trained health care practitioners currently performing complex surgical procedures on the Australian public.

I refer to the health practitioners known as ‘podiatric surgeons’. This group of health practitioners are not medical officers, have no independently assessed surgical training and only rather only rudimentary surgical clinical training. Their training accreditation process involves assessment by what is essentially their peers. This is out of step with other surgical training which is independently assess by the Australian Medical Council.

The Australian Orthopaedic Association (AOA)was very heartened to hear you state “What I’ve said, and my minister or colleagues have agreed on, is that it’s time for decisive action, and we’re going to do that this year,” and also “Australians seeking these treatments should not be misled by medical practitioners, non-specialist surgeons or those without appropriate surgical training.”

In view of the rapidly changing environment AOA requests an urgent meeting with you to discuss this issue. AOA has requested a meeting with AHPRA CEO.

It would be appreciated if your office could please contact kathy.hill@aoa.org.au to arrange a meeting at a mutually convenient time.

Yours sincerely,

Chris Morrey
Vice President

s22

From: s47F
Sent: Thursday, 3 May 2018 2:03 PM
To: PHI Consultation
Cc: Lawrence Malisano; Adrian Cosenza
Subject: Clinical Definitions for PHI [SEC=No Protective Marking]

Dear Secretariat,

Please find attached correspondence from Australian Orthopaedic Association (AOA) President Lawrie Malisano provided to Australian Medical Association (AMA), in response to your request for feedback on the draft Clinical Definitions for private health insurance (PHI).

Please find attached:

- A letter from AOA President Lawrence Malisano outlining AOA's current position
- A submission provided by Spine Society of Australia President Michael Johnson
- Supplementary correspondence from Bruce Caldwell, Australian Knee Society President

Kind regards,

s47F

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Better Patient Outcomes

AOA 2017–18

AUSTRALIAN ORTHOPAEDIC ASSOCIATION

3 May 2018

s47F
Senior Policy Adviser, Medical Practice
Australian Medical Association

By email: s47 @ama.com.au

Dear s47F ,

s22

AUSTRALIAN ORTHOPAEDIC ASSOCIATION

s22

AUSTRALIAN ORTHOPAEDIC ASSOCIATION

s22 [redacted]

A further note on behalf of the Australian Orthopaedic Foot and Ankle Society: we note the inclusion of references to "podiatric surgery provided by an accredited podiatric surgeon" and must echo previous sentiment evident in Attachment B. There are no current options for valid accreditation of a 'podiatric surgeon' in Australia, as we have previously explained in related submissions to government bodies. Despite the Department's decision that 'podiatric surgery's inclusion in the *Private Health Insurance Act 2007* determines its inclusion in this system, the lack of any attributed item numbers would seem to reinforce the anomalous nature of its presence. We remain concerned that, without at least acknowledgement of this fact, there is a risk to consumer understanding in the suggested alignment of surgery performed by operating podiatrists with that of the services of properly trained and accredited specialist surgeons.

s22 [redacted]

Yours sincerely,

Lawrence Malisano
President

s22

From: s47F
Sent: Friday, 28 March 2014 11:03 AM
To: HTA@health.gov.au
Cc: s47F ; Adrian Cosenza; Kathy Hill
Subject: correspondence form the Australian Orthopaedic Association [SEC=No Protective Marking]
Attachments: Podiatric Surgeons March 2014 final.pdf; MBS Revew Letter - Podiatric Surgeons.pdf; Attachment 1 - .pdf

Dear Secretariat

Please find attached correspondence from Professor Peter Choong and Dr Will Edwards from the Australian Orthopaedic Association.

If you have any difficulty opening the attachment please do not hesitate to contact me.

With kind regards

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AOA SUBMISSION

Assessment of foot and ankle services by podiatric surgeons

24 March 2014

Introduction

The Australian Orthopaedic Association (AOA) and the Australian Orthopaedic Foot and Ankle Association (AOFAS) welcome the opportunity to respond to application 1344 for the Application for access to the Medical Benefits Schedule by Podiatric Surgeons.

AOA represents Orthopaedic Surgeons and AOFAS represents Orthopaedic surgeons with specific interests and additional clinical training and education in Foot and Ankle surgery.

AOA and AOFAS are the peak bodies for both Orthopaedics and Foot and Ankle surgery in Australia.

The Australian Orthopaedic Association is the peak professional body for orthopaedic surgeons in Australia. AOA provides high quality specialist education, training and continuing professional development. AOA is committed to ensuring the highest possible standard of orthopaedic care and is the leading authority in the provision of orthopaedic information to the community.

AOA members provide advice to Government by way of membership on many health technology related committees and working groups both within the Department of Health and the Therapeutic Goods Administration. Therefore AOA is well placed to provide comment on the review of orthopaedic related MSAC issues.

Preamble

In principle the AOA and the AOFS has no problems with appropriately trained surgeons, having access to the Medical Benefits Schedule. In this situation we object to the granting of access to operating podiatrists because of the inadequate educational standard of the Australian operating podiatrist.

Our objections to this particular application are not derived from any concerns regarding the concept of appropriately trained individuals in Podiatry performing surgery. The AOA and AOFAS object to the granting of access based on the inadequate standard to which the Australian Podiatric Surgical Fraternity has been educated.

It is vital to note, that granting access to the MBS, will be construed by consumers as the Government endorsing the standard of surgery supplied by members of the Australian College of Podiatric Surgeons (ACPS) and later by those trained under the University of Western Australia standards; standards that have never been independently inspected or assessed as being adequate or fit for purpose.

The situation is not the same for medical practitioners and surgeons whose training is assessed and approved by the Australian Medical Council (AMC) a Federal Government body. Nor is it the same as the Oral/ Faciomaxillary surgeons who have set up a training protocol which is the minimum model we accept for surgery on the public.

Numerous concessions by the various levels of Government have been obtained by ACPS, but in almost every case each level of Government has specifically stated that it has not inspected the educational standard[1], and has left it to another entity to undertake this task. Consequently the task has never been done.

As in previous and multiple submissions to Government AOA and AOFAS believe it is an absolute requirement for CPME certification of the Podiatric Training Program to be the educational standard for podiatric surgery in Australia. Although it is often quoted that Australian operating podiatrists are ‘on par’ or ‘equivalent’ to American podiatric surgeons this is not factually correct.

It cannot be emphasized enough that the Training Program must be CPME and AMC standard, and the training program inspected and audited. It is not adequate to have individuals who may have the qualification teach, it is the actual entire course that must be accredited.

The key question for public funding is:

1. **Are the services provided by operating podiatrists as safe and effective as those provided by orthopaedic surgeons?**

It is imperative that MSAC comprehensively researches and satisfies itself that the ACPS and UWA courses meet the same standard as that set and assessed by Australian Medical Council (AMC) for all other health professionals that operate on humans in Australia before issuing advice to the Minister.

MSAC will quickly discover that operating podiatrists are the only surgical group operating on humans without AMC sanction. Therefore MSAC will be unable to define whether "*foot and ankle surgery performed by podiatric surgeons (is) at least as safe and effective as foot and ankle surgery performed by orthopaedic surgeons"*

AOA and AOFAS believe it is imperative that such research is done so that a comprehensive and impartial assessment of the Standard of podiatric training is undertaken.

The AOA and AOFAS objections are based on the following issues:

1.1 Non Equality of Australian Operating podiatrists and US Podiatric Surgeons or Australian Orthopedic Surgeons

In the submissions that will be provided to MSAC by ACPS, it is to be recognised that Surgical Podiatrists in Australia will claim an equivalent training to those of America.

This is absolutely incorrect.

American Model (CPME)

Podiatric Surgeons in the USA undergo a basic medical training and an examination known as the MCAT examination. This is the same basic sciences program which is untaken by Osteopaths and Medical Practitioners.

It is after obtaining the MCAT that specific training is then directed towards Medicine, Podiatry or Osteopathy.

After being trained, the Podiatrists will spend 5 - 6 years in a Podiatry school in the USA to be graduated with a Doctor of Podiatric Medicine. This is not the same degree as is confirmed by the University of Western Australia.

After this, if a person wishes to become a Podiatric Surgeon in the USA, this training will be within a specific recognised registrar training program also known as a residency in the USA. It will include a significant amount of hands-on clinical training where the registrar actually operates on patients. This is NOT the case in Australia.

All of these steps, the MCAT, the Podiatric Medical school training and registrar training are supervised by the Council of Podiatric Medical Education known also as

the CPME. This institution (the CPME) has, for many years, overseen podiatry training and has brought it to a very high standard.

This assertion is more than the opinion of the AOA and AOFAS; it is also reflected in the practice and opinion of the Podiatric Medical Authorities in the United States.

- No Australian trained podiatrist or Podiatric Surgeon has the equivalent training to the base level of MCAT education.
- No Australian trained Podiatrist or Podiatric Surgeon can go to America and gain entry into a CPME certified Podiatry School to begin education to obtain a DPM.
- No podiatrist or Podiatric Surgeon in Australian would be eligible to sit the MCAT without further education.
- No Australian Podiatrist or Podiatric Surgeon can be trained as a Podiatric Surgeon or registered as either a Podiatrist or Podiatric Surgeon in America.
- No Australian Podiatrist or Podiatric Surgeon can be registered to practice, or has ever been registered based on their Australian Credentials to practice in the United States.

Any claims of equivalency with the USA are absolutely false.

Australian Model (ACPS)

An investigation into the training of Operating podiatrists, and their claims to equivalent training to Orthopaedic Surgeons, was undertaken by the Price Waterhouse Cooper group for the Department of Queensland Health [2].

In this they stated that Operating podiatrists in Australia are "trained to undertake a range of procedures to the foot, but these skills are not as extensive as the skills attained by medical practitioners, especially those medical practitioners who have qualified in one of the surgical 'specialties' " [2]

Thus the Australian Operating podiatrists are must be considered as being far less well trained than a general practitioner in issues regarding surgery.

The assessment of the level of training has already been done and has been found to be woefully inadequate.

Furthermore, whilst the ACPS will supply a number of training programs, the ACPS have been shown in the Royal Australasian College of Surgeons submission to the AHMWC [3] to have been highly arbitrary in conferring their fellowship, that individuals who failed examinations were permitted to pass without re-sitting the examinations, that individuals that did not even sit examinations were permitted to pass and granted the fellowship without convening the Court of Examiners.

Individuals who do not qualify to sit the examination have been allowed to sit the examination.

The ACPS have allowed individuals who have not received the Masters degree to sit the examination despite this being an absolute requirement of their training program.

The training program is not in any way equivalent to that of an Australian Orthopaedic Surgeon.

Far from adhering to the stated goal of National Registration, "that all suppliers of a service would do so to the same standards" the ACPS has acted not as an independent education provider, but as a "old boys club" gifting its Fellowship, or withholding it, apparently on whim and personal preferences.

Whilst the ACPS claim a temporal equivalency (i.e. the same number of years in training), it can be seen that an Orthopaedic Surgeon Registrar in Australia will be a full time doctor undertaking full time training in Orthopaedic Surgery, every day, being on call and operating daily in outpatients, fracture clinics and in operating theatres under the supervision of Orthopaedic Surgeons.

A registrar of the ACPS is none of these.

The ACPS assert their trainees are "full time registrars", but this deliberately misleads the reader, as it fails to say what they are doing "full time". These "registrars" will simultaneously be a "full time podiatrist", earning an income to support themselves, and simultaneously a "full time Masters student" completing the required Masters Degree, whilst also asserting to be "full time surgical podiatric registrars".

It is simply impossible for an individual to claim to be able to do these three full time courses simultaneously.

In what Australian hospitals are the podiatric surgery registrars operating on patients and under whose supervision? – There are no such positions.

1.2 Irregularities in Adoption of Current Standards

The ACPS training program has never been inspected nor has it been ratified by any independent organisation.

The ACPS has had its educational standard recognised by a number of State Podiatry Boards including the Queensland Podiatry Board, and it is very instructive to reflect on how this standard has been accepted.

In 1996 the Queensland Podiatry Board reviewed the question as the "minimum training and qualifications of the practice of podiatric surgery "to determine the standard required to operate on the Public in this State".

Instead of the Queensland Podiatry Board inspecting the ACPS facilities and training program and assessing whether the education was appropriate and being appropriately and reliably provided, and without seeking the council of individuals learned in Surgery (as none of the members of the Board in attendance were Surgically Trained). The Board simply heard from one of its members regarding whether or not the Podiatry Board should accept this standard above all alternative Standards which might have been adopted.

The advice was provided and on the same day, the Queensland Podiatry Board passed the policy accepting the ACPS standard of education without inspecting the Association, never inspecting its training facility, never inspecting its registrars[6].

The individual proving the advice failed to disclose that he was a registrar in the ACPS and he would benefit from this being accepted as the standard of training.

This is not the only instance in which the ACPS have used members of Boards to gain advantage.

Review of Training

ANZPAC was tasked to define the minimum standards of training with the funds for the study; the Victorian Podiatry Board [12] provided substantial funds to pay for a member of ANZPAC to decide what would the appropriate standard of education required for Podiatric Surgery would be.

Dr (non-medical) Susan Owen, the individual, who undertook the assessment of the training programs in Podiatric Surgery, was a consumer member of the Podiatry Board [5], and by definition had no training or understanding of Podiatry. Ms Owen also has neither training in medicine, nor in surgery.

There are also no individuals with a background in education involved in either assessing the training programs, assessment of individual podiatrists or indeed actually training podiatrists.

The Terms of Reference requested that the AMC was involved in the production of the document, and this collaboration never occurred (page 2 paragraph 3.)

At the same time, the University of Western Australia was not accepted in the preliminary report, and remarkably the marked lack of separation of the assessor and assessed was evident on page 28 where it is stated in Pathways Forward:

- ANZPAC in conjunction with ACPS and relevant others, considers the accreditation standards proposed in this draft report, identifies amendments and upon endorsement, commences formal processes for the recognition of podiatry specialities if this future is granted by the Podiatry Board of Australia.

Following communications from the Western Australian Podiatry Board, complaining about the UWA not being accepted the University of Western Australia Podiatric education for operating podiatrists, was accepted by ANZPAC, without ANZPAC adhering to its own required standards to inspect this group, with no investigation of the actual education that would be provided, in a purely political activity, the UWA standard was accepted.

As of 2010 only one student had enrolled in the UWA course, and it has yet to produce a single Podiatric Surgeon. UWA was advertising the course as a route to surgical qualifications without having been accredited. UWA it has been accredited now, without ANZPAC having physically inspected the site.

In this document, the writer is so confused about the duties she has been given, that on page 12 she writes “To date there has not been agreement reached between the ACPS and the University of Western Australia in terms of the Doctor of Clinical Podiatry program of study being accepted for Fellowship purposes. …… The academically-focused UWA Masters program has previously been accepted by the ACPS but the concern seems to be around the practical clinical training aspects of the doctoral program for which no agreements have been reached by the various parties (ACPS, 2009b). “The author seems unaware that the standards of surgery are not set by either of these two groups.

So far, no rigorous independent appropriately educated group has inspected either of these institutions.

It is not acceptable for podiatrists, who have never been trained in medicine, never had any education in surgery, to be given the onerous task of deciding what standard of education is required for surgery that they have never done and cannot therefore hope to appropriately administer.

ANZPAC has also inappropriately accepted the ACPS and UWA standard.

Under its own Accreditation Standards for Procedures for Podiatry Programs for Australia and New Zealand (page 22), ANZPAC requires 64 months before a program can be approved.

As it undertook these studies in 2010, it cannot have adhered to its own criteria in assessing these programs.

Other questions and considerations for public funding include:

2. **Would patients be offered different surgical procedures (for the same condition) by podiatric surgeons as compared to orthopaedic surgeons?**

ANZPAC Bound To International Standards.

ANZPAC has given commitments to the government in the lead up to National Registration 13 that it would "The Ministerial Council request the agency (ANZPAC) consider the following matters in developing accreditation standards …. (c) the need to align standards with relevant international standards and clearly indicate the international standards on which these standards are based when presenting them to the boards for consideration" (d) the need to ensure that accreditation assessment panels provide sufficient public accountability and independence"

To which ANZPAC wrote "agree".

It has failed to be independent of the existing standards and failed to seek the international standard.

AHWMC directed the Podiatry Board to develop guidelines in consultation with the AMC but our information suggests that they did not engage in any meaningful consultation and involve the AMC in the development of any educational standards despite the suggestion they did (page 2)
http://www.podiatryboard.gov.au/Accreditation.aspx>.

The evidence outlined thus far in this submission indicates that it would be impossible to ascertain whether or not patients would be offered different surgical procedures for the same condition as compared to orthopaedic surgeons.

Orthopaedic surgical training and education is acknowledged as first class by independent standards as recently assessed by an independent expert in medical education. In particular the clinical experience of orthopaedic surgery registrars is superior to most in the Western world.

Orthopaedic surgical training is a well-established robust program which is assessed and accredited as part of the overall Royal Australasian College of Surgeons training programs. The orthopaedic training program is robust and transparent. Procedures are taught in a systematic and consistent manner by supervisors who are trained to do so.

As the operating podiatrists have no such system and no emphasis on hands on clinical training it would be impossible to compare surgical procedures/techniques.

3. **Would patient management by a podiatric surgeon result in the utilisation of fewer MBS items as compared to management by an orthopaedic surgeon for management of the same condition?**

This would be extremely difficult to determine.

We note that there is a list of some 40 MBS Items that operating podiatrists are requesting to access apart from the routine minor procedures the remainder are procedures for which no meaningful utilisation data exists and due to the issues outlined in the response to Question 2 (above) there is no way of identifying potential utilisation.

In the absence of other evidence, anecdotal evidence would suggest that when health professionals other than medical officers have been given access to MBS item numbers the utilisation of those item numbers has increased well beyond any predictions.

4. **Are the surgical techniques performed by podiatric surgeons comparable, in terms of complexity and for the same level of disease and dysfunction, as those performed by orthopaedic surgeons?**

Unable to be determined. See Question 2 above.

Other more specific issues; at the present time they do not wish to engage in ankle replacement or malignant tumours. They have no training in arthroplasty or tumours. How are they to know that what they think is a benign lesion is not a malignant tumour. There is adequate documentation that poor initial surgery on a malignancy decreases the chances of a positive outcome. It is important that here be sufficient training to assess and manage pathology at all levels and not “cherry pick” cases.

5. **Are foot and ankle surgery services by podiatric surgeons provided at the same line of treatment as orthopaedic surgeons?**

Unable to determine, there is no Australian data or evidence available.

Other more specific issues; at the present time operating podiatrists do not wish to engage in ankle replacement or treatment of malignant tumours. They have no training in arthroplasty or tumours. How are they to know that what they think is a benign lesion is not a malignant tumor? There is adequate documentation that poor initial surgery on a malignancy decreases the chances of a positive outcome.

6. **How is pre and post-operative risk dealt with by podiatric surgeons compared to orthopaedic surgeons?**

7. **What undergraduate and postgraduate training are undertaken by podiatric surgeons, including curricula, compared to orthopaedic surgeons?**

As outlined in Question 1 (1.1 & 1.2) there is NO independently assessed and independently credentialed educational pathways for operating podiatrists. (See Attachment 1)

In 2010 the ACPS claimed " International Affiliate Status" with the American College of Foot and Ankle Surgery.

Canadians, English and NZ Podiatric Surgical societies were all approached by to ascertain their position on the ACPS and the Australian operating podiatrist's qualifications. The results follow:

USA:
ACFAS international affiliate status does not, in any way, endorse or designate surgical competency of the physician. Affiliate status is intended only to provide access to ACFAS services. We do not accredit or credential any surgeon. .
If you have any questions, please contact me.
J.C. (Chris) Mahaffey, MS, CAE, Executive Director
American College of Foot and Ankle Surgeons
8725 West Higgins Road, Suite 555, Chicago, IL 60631 USA
P 773-693-9300, Ext. 1305 F 773-693-9304
mahaffey@acfas.org Visit www.ACFAS.org or www.FootHealthFacts.org

UK :
Basically would allow them to operate, but only because the Podiatry Degree is recognised, NOT because the "Advanced Training" is recognised.

The term Podiatric Surgeon is in fact a protected title under our new Health Professions Act. Applicants trained under the Australian model would not qualify for membership in any region where the DPM/Residency is the minimum entry to practice (4 of the 6).

Canada:
Has real DPM Podiatrists - not equal, but also a sub-class of Chiropodist.
In two regions, the regulatory bodies allow a different "levels" of podiatrist. The majority of these practitioners are in fact chiropodists with minimal training and certainly no surgical experience. These regions consider the term "Podiatrist" to be more modern and widely accepted in Canada and so even though their diploma may say chiropodist, their regulatory bodies allow them to be called podiatrists. In these two provinces, a podiatrist trained in Australia may gain membership but would certainly not be considered a "surgeon". Their practice would be limited to routine foot care and non-invasive biomechanical treatment.
In the non-regulated regions, an Australian trained "podiatrist" could conceivably set up a practice but any claims of being a doctor or surgeon would not be looked upon kindly by the provincial College of Physicians and Surgeons (regulatory body for MD's). Any attempt to put knife to skin in these regions would be considered assault.

NZ
The President of the College stated (in march 2014) as there is no recognition of the ACPS Fellowship by NZ as the training programs are different, so therefore he would

be denied the scope of Podiatric Surgery (see below). All these documents are on the public record at:
https://www.surgeons.org/media/301623/attachment_part_2.pdf

So in Summary the ACPS qualification does not give Australian operating podiatrists the right to operate in American, Canada, United Kingdom or New Zealand.

Conversely, Australian Orthopaedic surgeons have no such issues as the FRACS is recognised worldwide.

8. **How are patients referred to podiatric surgeons from other health practitioners?**
   Patients can be directly referred from General podiatrists, Physiotherapists , GPs, Sports trainers and even shoe-fitters**.**

9. **What arrangements exist for podiatric surgeons to refer to other health practitioners and specialists?**

10. **How do podiatric surgeons provide multidisciplinary patient care, particularly with other podiatrists, medical practitioners, physiotherapists and occupational therapists?**

11. **What arrangements exist for podiatric surgeons to prescribe medications?**

Operating podiatrists in some jurisdictions are permitted limited prescription rights. In other jurisdictions they are not permitted as enabling legislation have not been passed through state parliaments and so they cannot supply prescriptions

12. **What arrangements exist for podiatric surgeons to request pathology testing or diagnostic imaging?**

13. **What care planning is undertaken by podiatric surgeons regarding surgical options and postoperative rehabilitation?**

14. **How do podiatric surgeons manage intraoperative complications, such as cardiac arrest?**

Operating podiatrists are not trained in Advanced Life Support and cannot administer cardiac medications and cannot administer DC cardioversion. If there were a cardiac arrest in theatre while there was no anesthetist (local anesthetic procedure) the patient's survival would depend on there being a qualified anesthetist in a nearby operating theatre.

15. **How do podiatric surgeons manage postoperative medical problems, such as venous thromboembolic disease, myocardial infarction or pneumonia?**

Unknown.
Operating podiatrists cannot prescribe venous thromboembolism (VTE) prophylaxis – presumably their patients would be required to see their general practitioner for this to be prescribed – an additional cost for the patient and Medicare.

The podiatrist is intending to be the primary health professional responsible for the patient's care around the time of surgery. This also requires knowledge of potential problems and the management of them not related directly to the patient's foot problem. Orthopaedic surgeons general medical degree allows them to understand patient's conditions that are not necessarily related to their foot that may impact upon the assessment and management of the patient.

As noted in the submission to MSAC many patients have diabetes, most of these also have other comorbidities such as ischaemic heart disease and lung disease, etc. The operating podiatrists lack of a general medical knowledge would make it difficult to them to adequately assess the appropriateness of surgical candidates and obviously manage any perioperative problems associated with these comorbidities.

It may be necessary to manage the patient's comorbidities while the patient is in hospital. The only option for the operating podiatrists would be to engage either the patient's general practitioner or a medical specialist to assess and manage the problems. This is neither practical or in some cases possible. This will also add to the cost of patient care as all these doctors will be billing through Medicare for undertaking what is normally part of the surgeon's post-operative care.

The fact that the operating podiatrists are not actually providers as defined by Medicare means that if a specialist physician is involved the patient will need to go back to the general practitioner to get a referral for this service.

16. How do podiatric surgeons approach the prevention and management of postoperative infection?

17. How do podiatric surgeons follow up and monitor their patients?

In a study of ACPS surgical cases in Australia, Bennett's PHD showed loss to follow-up for his study of 20% at one month. As PhD is a significant study, and efforts to follow up would be extensive, the implications are that there can be a major and important loss to follow up.

18. What are the anticipated costs or savings to Government and consumers should this application be approved?

The main issues here seem to be that the operating podiatrists are not only seeking to gain access to Medicare rebates but do so at the level of a specialist. This would put them above the general practitioners and sports physicians we work with who could easily claim to have postgraduate qualifications superior to those of the podiatrists.

The claim was made by the Operating podiatrists that they can provide cheaper services based on a report supplied via Access Economics [9] .

This particular Access Economics report was in fact, a report paid for by the Operating podiatrists.

In it, a comparison is made between the care supplied by public orthopaedic surgeons, and private Operating podiatrists claiming a significant improvement in the throughput when comparing public with private (page 8). This is of course completely inappropriate, and Access Economics did not compare Private Orthopaedic Surgeons with Private Operating podiatrists waiting times.

The Access Economics report states that all orthopaedic surgeons will be charging at AMA rates. (page 20) an assertion not substantiated at all.

What is remarkable, is that even though this was a study paid for by the Operating podiatrists, and was prepared with the assistance of Operating podiatrists and their advocates (see Acknowledgements of the report) Access Economics did not have access to the Operating podiatrists charging schedule. In this report, the Operating podiatrists fees are arbitrarily placed at 12% lower than an orthopaedic surgeons fees, with not one single piece of documentary evidence that this is the case.

Furthermore in the Analysis of conditions, there is a listing for Clubfoot and congenital vertical talus. Access economics were so poorly advised that they attempt to use a condition, in which 95% of the surgery occurs in infants and toddlers, as having a significant economic impact on the absenteeism and loss of productivity of the patient, causing a loss in the taxable revenue of the patient.

What has been shown however in trials conducted both in Australia and overseas, is the woefully poor productivity of podiatrists when compared to Orthopaedic Surgeons.

In the Queensland Clinical Podiatry trial [10] podiatrists saw one new patient per hour and two return patients per hour.

This is stunningly poorer than an Orthopaedic Surgeon would see in their clinics.

The flow-on effects of this extraordinarily slow work ethic can be reflected in the publications of Kilmartin [11], after a clinic of Podiatric Surgery was established in the United Kingdom. Within four years of its establishment, the time taken to be seen was 28 weeks, and a waiting period for surgery to occur of 71 weeks.

Thus the Public Waiting time to surgery was almost 2 years! Such data was available to Access Economics but not modeled as it did not serve the purposes of their paymaster.

The costs of Podiatric Surgery is higher and their work ethic are far below those of an average Orthopaedic Surgeon.

A number of quotes have been obtained by the AOA for surgery offered by Operating podiatrists. The fees of the Podiatric Surgeon in general represent one and a half times more expensive than an orthopaedic surgeon charging the AMA rate.

The claims of more efficiency and cheapness by the Operating podiatrists are simply assertions with no documentary evidence to support it.

There is a potential for overseas non- resident visiting Podiatric surgeons to access the MBS schedule as there are some already on the Accredited list of practitioners.

In Summary

The AOA and the AOFAS is absolutely comfortable with the concept of a CPME certified educated Podiatric Surgeon residing in Australia, performing surgery and having access to the MBS schedule.

We would also be comfortable with an AMC supervised training program, providing that this program was ***actively supervised by the AMC*** and also that the training regime had been inspected prior to individuals undertaking this training program.

The AOFAS and the AOA are implacably opposed to individuals who are inappropriately trained, such as the ACPS operating podiatrists, or the UWA standard of podiatrists, operating and being given access to the MBS schedule.

It is important to note that the objections are not based on Podiatric Surgery as such.

AOA as the standard bearer of the education of surgery to bones and joints would be implacably opposed to *any allied health professionals* operating on patients, not having achieved the standard of education that is required for this to be done safely.

It was a fundamental tenet of the national registration of Health Practitioners scheme under which APHRA was established that all suppliers of a service would do so to the same standard.

It is completely at odds with the stated goals of this legislation that a number of different standards have evolved and for these to all be enshrined using the MBS schedule would be completely inappropriate.

Similarly, were physiotherapists to want to perform knee arthroscopy, or hand therapists wishing to perform carpel tunnel surgery, the generic answer would be precisely the same.

Providing these individuals have been appropriately trained to an internationally acceptable standard, or an Australian defined and administered Nationwide and multi-disciplinary wide accepted standard, then we would be comfortable with such changes.

However, Boards, constituted with no medical or surgically trained individual, establishing ad hoc through a similarly constituted Accreditation Body, any standard that they deem to be appropriate is in opposition to both the intent of the legislation and the chartered responsibility of those Boards to primarily protect the citizens of this country.

We therefore submit that this application is rejected, and that notice be served to the UWA and the ACPS members that the application will not be re-visited until such time as these institutions are inspected and their training programs accredited and recognized by either the AMC, or the CPME.

It should be noted AOA and AOFAS do not believe that MSAC is the appropriate and lawful arena to evaluate the competency and standards of training for podiatrists.

1. Tony Abbott letter
https://www.surgeons.org/media/301623/attachment_part_2.pdf
2. Review of Restrictions on the Practice of Chiropractic,Osteopathy,Medician,Occupational Therapy,Optometry,Pharmacy,Physiotherapy,Podiatry,Psychology and Speech Pathology Queensland Health November 2000 page iv
3. https://www.surgeons.org/media/301623/attachment_part_2.pdf
4. http://www.surgeons.org/media/302088/sbm_2010-05-20_ahwmc.pdf
5. ANZPAC public release 28 August 2009
6. Minutes of Queensland Podiatry Board 30 April, 1996
7. PODIATRIC SURGERY ACCREDITATION STANDARDS PROJECT S Owen 2011
8. Podiatry PODIATRY SPECIALISATIONS EDUCATION AND TRAINING ACCREDITATION STANDARDS PROJECT S Owen 2010
9. 9 Access Economics The economic Impact of podiatric surgery 2008
10. Orthopaedic Podiatry Triage Clinic Project Completion Report 2010
11. T.E. Kilmartin Podiatric Surgery in a Community Trust: The Foot (2002) 11, 218-227
12. ANZPAC Public Release . Operational Meeting 28 August 2009
13. ANZPAC 16 December 2008 Practitioner Regulation Sub-Committee Consultation Paper Proposed arrangements for accreditiation. Page 5 Section 3.10

AUSTRALIAN ORTHOPAEDIC ASSOCIATION

26 March 2014

MSAC Secretariat through HTA Access Point
Australian Government Department of Health
MDP 851
GPO Box 9848
Canberra ACT 2601

Email: HTA@health.gov.au

Assessment of foot and ankle services by podiatric surgeons

The Australian Orthopaedic Association (AOA) and the Australian Orthopaedic Foot and Ankle Society (AOFAS) welcome the opportunity to provide a response to the assessment of foot and ankle services by podiatric surgeons consultation paper.

Fundamentally AOA and AOFAS is concerned with the process of this consultation regarding access to MBS item numbers for podiatric surgery. It is the opinion of AOA and AOFAS that the issue of evaluation of competency and standards of surgical training of podiatrists is not the remit of MSAC.

The Australian Medical Council is the correct and just organisation to assess and accredit all health professional bodies that undertake surgical procedures on the Australian public.

Yours sincerely

Peter Choong
AOA President

Will Edwards
AOFAS Chairman

Comparison of qualifications and training – Australian Orthopaedic Surgeons / Australian Podiatric Surgeons/ US trained Podiatric Surgeons

Standard of Training / Experience	Orthopaedic Surgery (Australia)	Podiatric Surgery (Australia)	Internationally – USA CPME
Undergraduate Qualification	Most Australian universities require students to obtain a separate undergraduate degree prior to commencing medical studies – **3-4 years.**	Undergraduate podiatry degree **3-4 years.**	Requires completion of MCAT basic sciences course – **4 years**. Common to all Medical pre-graduates i.e. medical doctors, podiatrists, osteopaths, emergency response paramedics.
Graduate Qualification	Qualification as a medical practitioner – **5 years** MBBS.	**Completion of a Master's Degree** – although NOT required to be in Podiatric Surgery - it can be on any subject (examples include a degree conferred by the Department of Physiotherapy at Curtin University). Furthermore, a large percentage of ACPS members do not have this Masters Degree which is nominally required by their training program	**Completion of Doctorate** in Podiatry requiring **4 years full time study.** Assessment by the National Board Of Podiatric Medical Examiners, which require attendance at a CPME accredited educational facility
Post Graduate Training / Experience	• **Residency of 2 years minimum** During which time General surgical, Medical, Psychiatric Paediatric and ICU terms mandatory, acting as Doctor in the Department not as supernumerary observer. • **Minimum of five years** post graduate surgical training and clinical hands on experience with daily contact with mentors, No other job other than training position, with structured exams throughout course, Milestones assessed and reviewed, Weekly presentations to	Receive little or no clinical hands on surgical training as there are no hospital based accredited training posts (positions). Their attendance in 'Hospital Rotations' in medical terms do not see them taking clinical responsibility or decisions. If undertaken at all, it is in the role of observers.	• **Residency of 2 years** allowing specialisation in podiatry surgery involving emergency and elective surgical practice in a residency (American term for registrarship in Australia). - Requirement to undertake a proscribed volume and diversity of cases and procedures to be performed by the resident under appropriate supervision. • Residency inspected and certified as high quality by the CPME, with final

	Consultants, on call duties and Emergency work. Trauma work done daily and Bone School lectures and trauma workshops each week. • At completion of training a week long intensive examination is run with strict protocols on standards and overseas registered Orthopaedic Surgeons are expected to sit and pass these exams.		exit exams independently applied and certified.
Post Qualification Training	Even though registrar's/Consultants are now able to carry out complex foot and ankle surgery Most then proceed to Overseas Fellowships, where they act as Fellows and perform surgery in these countries. They thus are required to be registered as Medical Practitioners and Surgeons in these countries, completing the GMC registration in the UK or the ECFMG in the USA.	None in USA where they act as surgeons, they may pay to do observerships.	
Independent Accreditation	via the Australian Medical Council (which also accredits Dental and FacioMaxillary Surgery)	None	via a Federally established body CPME (Council on Podiatric Medical Education
International Recognition	Recognised internationally	The qualifications of Australian podiatrists and podiatric surgeons are not recognised in key overseas countries. Australian podiatrists are not allowed to perform surgery in other countries. No credit is given in the US for any 'Podiatric courses' undertaken in Australia	Canada and US recognise only the CPME certified education, and by consensus it is regarded world wide as the 'Gold Standard'.

s22

From: Kathy Hill <kathy.hill@aoa.org.au>
Sent: Thursday, 13 February 2020 11:24 AM
To: s22
Cc: s22 ; hta; s47E(d)
Subject: RE: Consultation Survey on MSAC Application 1344.2 Assessment of foot and ankle services by podiatric surgeons [SEC=OFFICIAL]

Hi s22 ,

Thank you for the clarification.
s47F was to be contracted undertake some work for the AOFAS but it did not eventuate.
We were unaware of the information you provided.

Best regards,

Kathy

Kathy Hill
Advocacy & Governance Manager
Australian Orthopaedic Association Limited
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45 Clarence Street
Sydney NSW 2000
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T 02 8071 8000 (switchboard)
F 02 8071 8002
www.aoa.org.au

From: s22 @health.gov.au>
Sent: Thursday, 13 February 2020 10:23 AM
To: Kathy Hill <kathy.hill@aoa.org.au>
Cc: s22 @health.gov.au>; hta <hta@health.gov.au>; s47E(d) @health.gov.au>; s47E(d) @health.gov.au>
Subject: RE: Consultation Survey on MSAC Application 1344.2 Assessment of foot and ankle services by podiatric surgeons [SEC=OFFICIAL]

Hi Kathy

I've attached a copy of the advice we provided to s47F regarding the timing of any submissions from the Orthopaedic Foot & Ankle Society.

The Evaluation SubCommittee (ESC) provides advice to its parent committee, the Medical Services Advisory Committee (MSAC). It is not a decision making committee.

The MSAC provides advice to Government on whether a new medical service should be publicly funded (and if so, its circumstances) on an assessment of its comparative safety, clinical effectiveness, cost-effectiveness, and total cost, using all available evidence.

As previously advised, your submissions will be included in the agenda papers for item 1344.2 consideration by the MSAC at its meeting on 2-3 April 2020.

Regards

s22

s22 | Senior Adviser |Technology Assessment and Access Division |s22 @health.gov.au | (02) 6289 s22

From: Kathy Hill <kathy.hill@aoa.org.au>
Sent: Thursday, 13 February 2020 9:21 AM
To: s22 @health.gov.au>; hta <hta@health.gov.au>
Cc: s22 @health.gov.au>
Subject: RE: Consultation Survey on MSAC Application 1344.2 Assessment of foot and ankle services by podiatric surgeons [SEC=OFFICIAL]

Good morning s22 ,

Please see our further consideration of the issue as follows:

Thank you for your advice. If there is no intention of the Sub-committee making a determination on the application at this meeting, then we are happy for our submission to be referred to MSAC at the time indicated.

If however there is a potential for the sub-committee to come to a determination and make a recommendation on the application, we believe it would be inappropriate for this decision to be made without having been appraised of the contents of this submission.

We would therefore ask that if there is to be a determination expected, that either the submission is provided to the subcommittee, or the subcommittee is advised of the existence of the submission and asked to delay making a decision until such time as it has had a chance to review the submission we have made.

Best regards,

Kathy

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From: s22 @health.gov.au>
Sent: Wednesday, 12 February 2020 6:17 PM
To: hta <hta@health.gov.au>; Kathy Hill <kathy.hill@aoa.org.au>
Cc: s22 @health.gov.au>
Subject: RE: Consultation Survey on MSAC Application 1344.2 Assessment of foot and ankle services by podiatric surgeons [SEC=OFFICIAL]

HI Kathy

I need to update our advice from earlier this afternoon.

As indicated to s47F , your consultation feedback will be included in the agenda papers for the March meeting of the MSAC. However, consistent with our earlier advice, this feedback will not be able to considered at the Evaluation Subcommittee meeting that is taking place this week.

Please accept our apologies for any inconvenience resulting from this update.

s22
Senior advisor
TAAD

Sent with BlackBerry Work (www.blackberry.com)

From: hta <hta@health.gov.au>
Sent: 12 Feb 2020 4:01 pm
To: kathy.hill@aoa.org.au
Cc: s22 @health.gov.au>; s22
s22 @health.gov.au>
Subject: RE: Consultation Survey on MSAC Application 1344.2 Assessment of foot and ankle services by podiatric surgeons [SEC=OFFICIAL]

Dear Ms Hill

Thank you for your consultation feedback for MSAC Application 1344.2 (Assessment of foot and ankle services by podiatric surgeons). Your feedback has been provided to relevant Departmental staff, and will be included in the meeting papers considered by MSAC and its Evaluation Sub Committee.

Kind regards

s22

MSAC Health Technology Assessment Access Point
Office of Health Technology Assessment
Technology Assessment and Access Division
Department of Health
hta@health.gov.au

From: Kathy Hill
Sent: Wednesday, 12 February 2020 12:49 PM
To: hta
Subject: Consultation Survey on MSAC Application 1344.2 Assessment of foot and ankle services by podiatric surgeons [SEC=No Protective Marking]

Good afternoon,

Please see attached response from the Australian Orthopaedic Association and the Australian Orthopaedic Foot & Ankle Society to the Consultation Survey on MSAC Application 1344.2 Assessment of foot and ankle services by podiatric surgeons.

Please contact me if you are unable to open the attachment or require additional information.

Best regards,

Kathy

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AOA SUBMISSION

Application 1344.2 – Assessment of Foot and Ankle Services by Podiatric Surgeons (foot and ankle conditions – various)

Tuesday 12 February 2020

AUSTRALIAN ORTHOPAEDIC ASSOCIATION

Introduction

The Australian Orthopaedic Association (AOA) and the Australian Orthopaedic Foot & Ankle Society (AOFAS) welcomes the opportunity to submit a response to MSAC regarding Application 1344.2 – Assessment of Foot and Ankle Services by Podiatric Surgeons (foot and ankle conditions – various). We note that this is third application by the podiatric surgeons to gain access to the MBS. We agree with the previous decisions made by MSAC and due to the evidence presented in our submission believe the outcome of this application should be no different.

- AOA is the peak professional body for orthopaedic surgeons in Australia.
- AOA provides high quality specialist education, training and continuing professional development. AOA is committed to ensuring the highest possible standard of orthopaedic care and is the leading authority in the provision of orthopaedic information to the community.
- AOA has in excess of 80 years' experience in caring for all orthopaedic conditions, including foot and ankle conditions and are well placed to provide definitive and evidence-based advice on the provision of foot and ankle surgery.
- AOA is recognised as being a world leader in curriculum development of and provision of surgical orthopaedic education.

Background

AOA and AOFAS are aware the Medical Services Advisory Committee (MSAC) responded to Application 1344 Assessment of Foot and Ankle Services by podiatric surgeons, and we would like to address (some of) the issues raised by MSAC in its response to this submission.

AOA and AOFAS concur with the decisions previously made by the MSAC in rejecting the applications made by Surgical Podiatrists to access the MBS schedule and we believe the concerns expressed by the MSAC were well founded.

We also believe that more evidence has come to light that the concerns expressed have not been adequately addressed and that this further application should also be rejected.

We also direct attention to the MSAC statement (stated in page 2 of the response), "While MSAC accepted that a podiatric surgeon receive intensive training on the foot and ankle and agree in principle that a podiatric surgeon would provide adequate care" is not informed by any assessment of the training program and also not supported by evidence nor experience.

Furthermore, whilst the members of the Australian College of Podiatric Surgeons (ACPS) may have done further studies, this is not to be misconstrued as "intensive" training.

It will be highlighted in this submission that the members of the podiatric surgical community do very little surgery, and by necessity their trainees are extremely poorly trained. Also, AOA and AOFAS are aware that the ACPS have not adhered to their own training standards, and members of the ACPS have been granted fellowships

despite not having fulfilled the basic training requirements, and thus should not have been granted permission to sit the fellowship exam and therefore, fellowship status.

Training & Experience

To focus on the previous two paragraphs, we would point out the unlikelihood of the suggestion made to MSAC that podiatric surgical registrars perform a minimum of 1,970 cases.

ACPS publishes audits on its website, and the following is the list of total cases done by all podiatric surgeons in this group for the following calendar years:

2014 - 2106 cases;

2015 - 2266 cases,

2016 - 2080 cases

2017 - 2185 cases

Thus, a single training registrar would need to have performed or attended almost every case performed in Australia to attain the numbers of cases that being are claimed.

We would point out that the “full time podiatric registrars” who are supposedly full time registrars of the ACPS (who are unpaid), and who are supposedly undertaking a “full time Master’s Degree” (which is a requirement of training since 1993), are in reality working as general podiatrists to earn an income to fund this “training”.

Our rigorous training program is inspected and accredited by the AOA to ensure the training is of the high standard required for independent accreditation by the Australian Medical Council. This is to be contrasted with orthopaedic surgery registrars who are medical doctors in full time paid employment performing only orthopaedic surgery cases for a minimum of 4 years with high hours of clinical contact and weekly educational meetings (on site in the hospital), weekly bone school contact, and working closely with other orthopaedic trainees at the same site for additional support and training. All of which is inspected and accredited by AOA to ensure the training is of the high standard required for independent accreditation by the Australian Medical Council.

Registrars in orthopaedic surgical training will have constant contact with Specialist Orthopaedic surgeons with all sessions supervised initially. As they progress through their training, despite increasing autonomy, there will always be a supervising surgeon with whom they will communicate treatment plans and surgical decisions.

The daily supervision of accredited orthopaedic surgical registrars is in direct contrast to the weekly supervision of podiatric surgical registrars. The ACPS have recommended in their own training manual D2 - 'Supervisors responsibility include “maintain regular contact with the Registrar, normally weekly”.

It is important MSAC is aware of the limited training undertaken by podiatric surgical registrars. In the 2004 training document regarding the practical component of training the statement is made “The ACPS is responsible for assessment of Registrars (trainees). The ACPS provides guidance and structure in respect of practical training.

*No guarantee is provided by the ACPS that practical training will be "**provided**"* (our bold and italics).

The ACPS Registrars are required to keep logs and are required to observe 50% of their cases, assist 30% and perform under supervision 20% of cases.

We draw MSAC's attention to the fact that surgical podiatrists are currently the only people in Australia who perform invasive surgery on human beings who do not have their training independently accredited by the Australian Medical Council. This continues to lead the AOA and AOFAS to have serious concerns about the adequacy of surgical podiatry training in Australia.

Clinical Experience

If we recognise that an ACPS surgeon performs 110 cases (on average 2014 data) per year, and that 29.2% of these cases are for toenail surgery, this means a registrar will experience a total of 78 cases per year.

They will observe 50% (39), assist in 30% (23) and perform 20% (15). So, the podiatric registrar will actually perform 60 cases in a 4-year training program.

The limited exposure of podiatric surgical registrars to actual operating is in no way comparable to that of an orthopaedic surgical registrar, who would perform more surgeries in a 2-month period than an ACPS registrar would in their entire training program. The average orthopaedic surgery registrar undertakes approximately 3000 operations during their training.

The supposed 2000 cases the ACPS says a registrar performs would take 25 years to acquire, unless the ACPS is counting individual procedure items rather than cases - which would decrease the above numbers substantially.

ACPS will quote procedures in their reports and the reports of their registrars. This is very misleading to the casual reader as the procedure is "unbundled". A bunion operation could be classified as an incision, capsulotomy of joint, bunionectomy, metatarsal osteotomy, fixation of osteotomy, joint plication, and closure of incision (laceration). Thus, the registrar can claim 7 procedures for a single case. This is not representative of the activity, would be counted as a single case by an orthopaedic registrar, and should concern MSAC regarding unbundling for billing if members of the podiatric surgical community are given access to the MBS schedules.

Clinical Experience of current ACPS fellows

The numbers of clinical cases that were required for training for the current ACPS surgeons are far more alarming – as the 1993 training program required a total logbook experience of 165 procedures with the same breakdown of observed and assisted cases, indicating holders of the ACPS fellowship (who are now teaching the ACPS training registrars) did so with a total of 33 procedures where they were the primary surgeon, in their entire 3 or 4 year training program.

The assertion of equivalence of training compared to orthopaedic surgeons is not plausible or accurate.

It also behoves MSAC to consider that these are private patients and the issue of consent to having someone other than the paid surgeon perform the surgery is an issue the Podiatry Board of Australia (PBA) has yet to address.

Further, the "registrars" do not participate in the post-operative care of these patients, and thus their education is severely limited.

MSAC should not simply take the word of the ACPS regarding training and experience and may not be aware of numerous submissions made to the Government regarding irregularities in the method of their conduct and the acceptance by the Podiatry Board of Australia and ANZPAC of the ACPS standard of training.

There is currently a COAG initiated review of standards adopted by allied health Boards being performed by Professor Michael Woods, and although the ACPS will assert the claim that they are "accredited", this accreditation process is not as yet certain.

We would point out that there are severe concerns with audits as the declaration is made that podiatric surgeons perform between 20% (2013) and 30.4% (2016) of toenail surgery, for which no specialist qualifications are needed, nor extra training as these are competently done by general podiatrists. Indeed, the ACPS training program 1999 states "Undergraduate educational standards in each state enables all podiatrists to perform nail and cutaneous surgery".

With respect to the significant hindfoot surgery, the audit clumps together item numbers for ankle replacement, ankle stabilisation and Achilles surgery, and subtalar fusions and coalition releases with plantar fasciitis treatment.

However, using the numbers from 2017, the total hindfoot surgery – large and small done by the ACPS is 93 cases done by 24 active Australian members, (we have excluded the ACPS Active Overseas members) and this amounts to about 4 cases a year per podiatric surgeon.

Most foot and ankle trained specialist orthopaedic surgeons would do more cases than this in a *normal* week.

Finally, we would direct the MSAC to an email provided to AOA by a podiatric surgeon in which the Past President of the ACPS writes to the ACPS in his letter of resignation to the college and states that the ACPS: "For a number of years I have lamented the resistance of the ACPS to tangibly embrace postgraduate university-based education and practical training in podiatric surgery. Council persists with the notion that somehow the ACPS is the podiatric equivalent of the RACS and that training in podiatric surgery must remain College-based if it is to be properly recognised. I cannot accept this blinkered attitude that will only impede the medical acceptance and progress of the profession in Australia."

The Author, Professor Alan Bryant then goes on to say: "The ACPS has for many years embellished and exaggerated its practical training program to make it seem more credible than it is in reality. The recently proposed changes to the ACPS training program continue this practice of professional deception. The existing training program is untenable for many registrars who are left to organise their own medical and surgical rotations, who are dependant upon supplying surgical cases to their supervisor to gain hands-on surgical experiences, who for years work as surgical

assistants without pay, many of whom experience scant surgical exposure, some only one or two days a month".

ACPS seems to be fully aware that it's training is substandard, and this concern has been noted and documented by a past president of its own college.

Comparable Outcomes

Regarding the suggestion that podiatric surgeons have non-inferior outcomes to orthopaedic surgeons, there is literature now becoming available to address the issue.

We would preface this explanation that the members of the Australian podiatric surgical community are not equivalent to the American podiatric surgical community, and the most qualified Australian podiatric surgeon is not even able to gain admission into a Podiatric Surgery School in USA, as their qualifications are not recognised.

Australian surgical podiatrists are not trained to the CPME standards of the USA (despite assurances from the PBA and ANZPAC that this would be required in National Registration submissions), but even the infinitely superior training of the US podiatric surgeons is now being exposed as offering poorer outcomes compared to orthopaedic surgeons.

Lower complication rates are reported in the early outcomes after surgery and the success rates of surgery, "Surgeon Type and Outcomes after inpatient Ankle Arthrodesis" Chan et al JBJS 2019 Jan 16;101(2):127-135, and also the surgical performance and decisions to operate "Lower Complication Rate Following Ankle Fracture Fixation by Orthopaedic Surgeons versus Podiatrists" Chan et al Journal American Acad Orth Surg August 15, 2019 vol 27, no.16.

There is also a recognition of this inferior performance being transmitted to trainees – "Podiatric Resident Performance on a basic competency Examination in Musculoskeletal Medicine" Creech et al Journal of Foot and Ankle Surgery 55 (2016) 45-48.

There are numerous articles where outcomes of surgery have been shown to relate to volume of surgical experience, and "Risk Factors for Nonunions in Foot and Ankle" Thevendran et al FAI Nov 2012 confirms this. Chowdhury et al J Surg 2007 conducted a systematic review of surgery and specialisation on patient outcomes, which showed volume of surgical experience to be an important indicator of good outcomes.

The evidence for these poorer outcomes is seen every day by orthopaedic surgeons, and we are unsure of the action taken by the Podiatry Board of Australia to address these outcomes

The articles are attached for convenience.

Patient Safety

We would direct the MSAC to the Reports published annually by the PBA on Podiatry Profession.

On two occasions, the PBA has published the Notifications received by the Board and separated out those pertaining to podiatric surgeons.

In 2016/17 the Board advised there were 42 Notifications about podiatrists, and although the Podiatric Surgeons made up 0.6% of the population of Podiatrists, they constituted 14.2% of the notifications.

In 2017/2018 the Board advised there were 35 surgical podiatrists constituting again 0.6% of the population and they resulted in 7 of the 61 (11.4%) complaints.

Since then the data has been amalgamated to obscure the results of surgical podiatrists.

We would point out that notifications are not necessary in legal proceedings, and so there is no information regarding the frequency of litigation.

It is also to be noted that there have been highly publicised cases about significant podiatric surgery complications, and that in the last six years four office holders of the ACPS have had restrictions placed on their practice (R.Hermann, P. Bours, M. Horta, P. Butterworth) and although these four surgeons are no longer permitted to work as podiatric surgeons, some have maintained their registration as a general podiatrist and are still treating patients. This represents 4 out of the 24 active members of the ACPS, with significant negative findings made on the quality of their work.

Above all we believe that MSAC, the Department of Health and the Minister for Health have a shared responsibility to ensure that anyone who has access to the MBS should have training that is above reproach. The current outcomes and safety concerns of surgical podiatrists should cause the Minister or his delegate to decline this application, and the matter be referred to the current COAG review being conducted by Professor Michael Woods, to independently assess the method by which the Accreditation Standard for Podiatric Surgery was created by ANZPAC.

MASC may not be aware, but the ACPS serves as de facto certifying agency for the PBA and the Podiatry Board of New Zealand, (under the accreditation procedures created by ANZPAC and accepted by the PBNZ.

"We have investigated some complaints and have found more than one individual in breach of the Code, and referred other complaints to the Podiatrists Board," spokesperson Ruth Larsen says.

It's the job of the Podiatrists Board to regulate. Its professional conduct committee has been investigating five complaints against Edwards for over a year, and still has no final ruling. “

Currently there are 3 registered podiatric surgeons in NZ and one is now linked with the Auckland University as a lecturer, one is in semi-retirement as a surgeon and one is practicing as a podiatric surgeon. This individual has twice been suspended front practice by the PBNZ and in the last episode causing his suspension, .

This is reported in Newshub (1-9-19) as: “The Health and Disability Commissioner says it's had complaints about more than one podiatric surgeon over the years, and is "concerned about this issue".

Patient Safety in the presence of Diabetes

AOA and AOFAS is particularly concerned by the thrust being made by surgical podiatrists to operate on patients with Diabetes.

Diabetic patients are amongst the most complex and high-risk patients with multiple system disease. To allow persons with no formal medical training, who have never taken care of diabetics, and who cannot even legally prescribe Insulin and other oral hypoglycaemics, to be in charge of the care of these fragile individuals is unsupportable.

The claim that there is a need for podiatrists to do this surgery is false. There is no shortage of highly competent orthopaedic surgeons to do this work, but rather a shortage of positions in the public hospital system to do this work.

We have surveyed the membership of AOFAS (who are Australian foot and ankle orthopaedic surgeons, who are available in both major cities and regional towns) with a response rate of almost 80%. In this survey 98% of members stated that they believe it is part of their duty to care for the diabetic foot and 38% already attend a high risk foot clinic, and 49% have stated that if there was a high risk foot and clinic in a public hospital near them that they would be prepared to be involved in that clinic even if they were not part of the normal staff of the hospital.

The lack of orthopaedic surgical presence in diabetic foot clinics is clearly the result of a lack of public hospital, funding rather than unavailability or undersupply of orthopaedic surgeons.

Productivity Claims

The productivity of podiatrists in high risk clinics is very unlikely to be what is claimed.

In a Queensland trial of an Orthopaedic Podiatry Triage Clinic, the appointments were made at 1 new case per hour and a maximum of 3 new patients in a 4-hour session. Review cases were made as 30-minute appointments and a maximum of 6 appointment spaces per session. This is an appallingly low rate. An orthopaedic surgeon working alone would expect to have at least double this productivity.

The work rate of surgical podiatrists in hospital clinics can also be gleaned from Kilmartin (The Foot 2002 11 218-227) in which he documents the performance of podiatric surgeons in the NHS. 64 Podiatric surgeons saw 5553 patients, - 86 each, in a 4-year period. The waiting list to be seen was 28 weeks and the waiting list to surgery is 71 weeks. This does not speak to a productive group powered by excellent training but a group of confused individuals uncertain how to act and squandering vast sums of NHS money on poor performance.

It is of great concern that although MSAC may permit only item numbers for certain procedures, this will be used to convince members of the public that the performance of surgery by podiatric surgeons has been endorsed by the Government and that by extension the Government has inspected and approved the surgical podiatrists standard of training. This is clearly not the case.

A similar situation occurred when PHI changes were introduced which allowed Private Health Insurance providers to rebate private hospital fees in “Accreditation of Podiatric

Surgeons (Section 3AAA of the Health Insurance Act 1973) Amendment Passed 16 March 2005".

The members of the ACPS immediately placed on their letterhead "Commonwealth Accredited Podiatric Surgeon", confusing patients as to the meaning of this appellation.

Members of the AOFAS have encountered patients with significant complications, who upon being told of the meaning of the title (podiatric surgeon) stated it was very misleading and implied the acceptance by the Australian Government of the training and treatment of the ACPS members, despite the then Health Minister (Tony Abbot) specifically stating to the AOFAS this was not the case.

Conclusion

AOA and AOFAS would like MSAC and the Minister's delegate to reflect on the stated aims of the National Registration Legislation, the legislation under which the ACPS is making this application.

We are also very concerned that members of the surgical podiatry fraternity, with very little training at all, are seeking and performing surgery on trauma cases of the foot and ankle. Their experience in this area of surgery is exceptionally limited and the Australian public are being exposed to significant risks if this practice is allowed to continue and expand due to access to the MBS schedules.

Podiatric surgeons do not have any experience in public hospital emergency departments, where the majority of trauma is managed. Non-training orthopaedic registrars spend a minimum of 24 weeks working as a doctor in an emergency department to meet the requirements for orthopaedic surgical training program and are experienced in managing trauma (for example, reducing a dislocated ankle) before they even start the program.

We believe there are very significant risks to the Australian public (and diabetic patients in particular) if this application is approved, and that the Australian Government would have failed in the stated goal that "only practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered".

Yours sincerely,

Andrew Ellis

AOA President

David Lunz

AOFAS President

s22

From: Kathy Hill <kathy.hill@aoa.org.au>
Sent: Wednesday, 27 January 2016 1:26 PM
To: hta
Subject: RE: 1344.1 – Assessment of foot and ankle services by Podiatric Surgeons [SEC=UNCLASSIFIED]

Thanks s22 .
I think we have managed to track down most I believe.
We will be writing to you shortly.
Who shall we address the letter to?

Cheers
Kathy

Kathy Hill
Advocacy & Governance Manager
Australian Orthopaedic Association Limited
Level 12 45 Clarence Street
Sydney NSW 2000
T 0409 833 786 (mobile)
T 02 8002 1062 (direct)
T 02 8071 8000 (switchboard)
F 02 8071 8002
www.aoa.org.au

AOA 21 Excellence in Orthopaedic Surgical Education and Training

AOA 21 is AOA's exciting new initiative in Education and Training, incorporating global best practice to improve quality in patient care nationally. Follow the project's developments at www.aoa.org.au

From: hta [mailto:hta@health.gov.au]
Sent: Wednesday, 27 January 2016 1:21 PM
To: Kathy Hill <kathy.hill@aoa.org.au>
Subject: RE: 1344.1 – Assessment of foot and ankle services by Podiatric Surgeons [SEC=UNCLASSIFIED]

Hi Kathy

Thank you for your email. Unfortunately we are unable to provide copies of the studies referred to in the public summary document as the applicant has decided not to have their assessment report published on the MSAC website.

I'm sorry I can't be more helpful.

Kind regards

s22
Application Manager
Health Technology Assessment Team
Medical Benefits Division
Department of Health
Ph: s22 II Fax: s22

Please note, you can subscribe to the MSAC Bulletin here:
http://www.msac.gov.au/internet/msac/publishing.nsf/Content/subscribe-1

From: Kathy Hill [mailto:kathy.hill@aoa.org.au]
Sent: Friday, 15 January 2016 3:08 PM
To: s47E(d)
Subject: 1344.1 – Assessment of foot and ankle services by Podiatric Surgeons [SEC=No Protective Marking]

Good afternoon,

Would it be possible to obtain a copies of the 17 single-arm studies as referenced in the report titled "Public Summary Document Application 1344 – Assessment of Foot and Ankle Services by Podiatric Surgeons (foot and ankle conditions – various)"
The Australian Orthopaedic Association (AOA) subspecialty, Foot & Ankle Society believes there are a number of areas in this matter that require further review.

Thank you in advance.

Kind regards,

Kathy Hill
Advocacy & Governance Manager
Australian Orthopaedic Association Limited
Level 12 45 Clarence Street
Sydney NSW 2000
T 0409 833 786 (mobile)
T 02 8002 1062 (direct)
T 02 8071 8000 (switchboard)
F 02 8071 8002
www.aoa.org.au

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From: s47E(d) **On Behalf Of** s47E(d)

Sent: Friday, 15 January 2016 11:43 AM
To: Kathy Hill <kathy.hill@aoa.org.au>
Subject: Scheduled agenda items for the MSAC - Evaluation Sub-Committee (ESC) Meeting 10-11 February 2016

Friday 15 January, 2016

Evaluation Sub-Committee (ESC) items for the 10-11 Februray 2016 Meeting

The following items are expected to be considered at the next ESC meeting on 10-11 February 2016.

1237 – Cardiac MRI for Coronary Artery Disease
1344.1 – Assessment of foot and ankle services by Podiatric Surgeons
1361 – Transcatheter Aortic Valve Implantation via Transfemoral Delivery
1365.1 – Active middle ear implants for sensorineural hearing loss
1366 – Transient Elastography at 50Hz for the diagnosis of Liver Fibrosis in patients with confirmed Hepatitis B or C ('Fibroscan')
1380 – BRCA mutation testing to determine eligibility for olarparib maintenance therapy in patients with platinum-sensitive relapsed ovarian cancer
1385 – Shared Medical Appointments for Type-2 Diabetes Management

For more information on these applications please visit the MSAC website.

OFFICIAL

Australian Government
Department of Health

Event / Meeting Brief
MB21-002332
Version (1)
Date sent to MO:19/07/2021

To: Minister Hunt

Adviser: Matt Short

Subject: MEETING BRIEF: AUSTRALIAN ORTHOPAEDIC ASSOCIATION - MICHAEL GILLESPIE

Greg Hunt

Signed ..... **Date:** 27/07/2021

Comments:

Contact Officer:	s22	A/g Assistant Secretary, Health Workforce Reform Branch	Ph: s22 Mobile: s22
Clearance Officer:	Matthew Williams	First Assistant Secretary, Health Workforce Division	Ph: s22 Mobile: s22

Date / Time: Tuesday, 27 July 2021 / 3:30pm - 4:00pm

Meeting Type/Location: Physical / CPO

Traditional Custodians: Ngunnawal country

Purpose: Discussion with the Australian Orthopaedic Association (AOA) on various orthopaedic issues and their approach to rural recruitment, training and retention which could inform implementation of the National Medical Workforce Strategy.

Desired Outcomes: Positive discussion with the AOA on these broad range of issues.

Key Attendees/Speakers:	Title:	Organisation:	Mobile No:
Dr Michael Gillespie	President	Australian Orthopaedic Association	s47F

s22

OFFICIAL

s22 [redacted]

Update on podiatric surgeons training and accreditation

- In 2020, the Podiatry Accreditation Committee undertook a review to update the professional capabilities and accreditation standards for podiatry and podiatric surgery. This included threshold professional capabilities for podiatric surgeons.
- Draft accreditation standards (standards) were released for public consultation from 8 December 2020 – 12 March 2021. The final standards are expected to be published in mid to late 2021, following approval by the Podiatry Board of Australia (Board).
- The AOA may raise concerns about the proposed standards and argue that podiatric surgeons should be accredited against a standard equivalent to that of orthopaedic surgeons.
- The Board is responsible for all matters relating to the regulation and registration of podiatrists and podiatric surgeons in Australia, including setting the minimum standards for safe practice. The Board is supported by the Australian Health Practitioner Regulation Agency, and both operate independently of governments.
- If the AOA continues to have concerns with any aspect of training and accreditation of podiatric surgeons, it is encouraged to engage directly with the Board.

Update on title protection for surgeons

- In November 2019, Health Ministers agreed to progress amendments to the National Health Practitioner National Law to restrict the use of the title "surgeon" to provide better information for the public about the qualifications of surgeons, including those who call themselves cosmetic surgeons.
- This work is being led by Victoria and questions regarding the progress of this work should be directed to the Victorian Minister for Health.

AUSTRALIAN ORTHOPAEDIC ASSOCIATION

17 March 2021

The Honourable Greg Hunt MP
Minister for Health
Minister Assisting the Prime Minister for the Public Service and Cabinet
House of Representatives
Parliament House
PO Box 6022
Canberra ACT 2600

By email: Greg.Hunt.MP@aph.gov.au;

Dear Minister,

Request for meeting to discuss various orthopaedic related issues

On behalf on members of the Australian Orthopaedic Association I am writing to request a meeting with you to discuss a number of orthopaedic related concerns that AOA members have brought to my attention as well as provide an update on matters previously discussed.

AOA would value an opportunity to discuss the following new issues with you:

- National Medical Workforce Strategy including AOA's approach to rural recruiting/ training/ retention; and
- Introductory steps to managed care – ACCC request from NIB/Honeysuckle Health, acquisition of two surgical hospitals by PHI and surgeons.

And also provide an update on the following issues:

- AOANJRR update and funding issues;
- Prostheses List Reform – Options not DRGs;
- Post arthroplasty rehabilitation/short stay arthroplasty;
- Podiatric surgeons training and accreditation; and
- Protection of surgeon title.

It would be appreciated if your office could liaise with Ms Kathy Hill AOA Advocacy & Governance Manager at kathy.hill@aoa.org.au regarding date dates suitable for a meeting.

Kind regards,

Michael Gillespie
AOA President

Australian Government
Department of Health

Meeting Brief
MB18-004635 Version (1)
Date sent to MO: 23/10/18

To: **Minister Hunt**

Subject: **MEETING BRIEF: AUSTRALIAN ORTHOPAEDIC ASSOCIATION LIMITED**

Minister Hunt..... **Date:** 24/10/18

Comments:

Contact Officer:	Celia Street	Assistant Secretary, Diagnostic Imaging and Pathology Branch	Ph: (02) 6289 s22 Mobile: s22
Clearance Officer:	David Weiss	First Assistant Secretary, Medical Benefits Division	Ph: (02) 6289 s22 Mobile: s22

Date / Time: 10.30am, 24 October 2018

Location: Parliament House Office

Purpose: To meet with the Australian Orthopaedic Association (AOA) on a range of issues.

Key Attendees: Dr David Martin - AOA President, Professor Stephen Graves - Director, Cindy Turner – Manager, and Adrian Cosenza CEO.

Key Issues:

1. AOA National Joint Replacement Registry.
2. Protection of the term 'surgeon' in the clinical environment.
3. AOA Membership on the Diagnostic Imaging Accreditation Scheme Committee.
4. Private Health Insurance Reforms – restrictions of mandatory cover of joint replacement to Gold tier.

Key Stakeholder Engagement:

The AOA is the peak professional body for orthopaedic surgery in Australia. It is a not-for-profit organisation that provides specialist education, training and continuing professional development for orthopaedic surgeons. It has around 1,700 members.

Key discussion points:

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[redacted]

Issue 2 - Protection of the Term 'Surgeon' in the Clinical Environment

- Following an intergovernmental agreement, the National Registration and Accreditation Scheme (the Scheme) was established by the Health Practitioner National Law Regulation 2009 (the National Law) as complementary legislation enacted in each state and territory. Health Ministers agreed to include an initial 10 professions into the Scheme. This included the podiatric profession.
- Previous to national registration, podiatric surgeons were registered in both Western Australia and South Australia and were recognised in the ACT with mutual recognition agreements.
- At the commencement of the Scheme, Health Ministers agreed to include the speciality of podiatric surgery and the utilisation of the protected title 'podiatric surgery' in the Scheme. Subsequently, the Podiatry Board of Australia has developed a Registration Standard for the podiatric surgery speciality; this received Health Ministers' agreement in 2014.
- Currently, jurisdictions are going through a public consultation process to make amendments to the National Law (known as Tranche 2 reforms). This includes a section on title protection for surgeons and cosmetic surgeons.

standard clinical categories across all policies. This will provide consumers with clearer information on the services covered or excluded by their policy and make it easier to compare different health insurance products. This improved transparency should help consumers make more informed decisions on whether their current level of cover is suitable, or different cover better suits their needs.

- The reforms were informed by extensive consideration by the Private Health Ministerial Advisory Committee (PHMAC), and a broader extensive consultation process, including with clinicians. The PHMAC includes representatives from the AMA and the Royal Australasian College of Surgeons.
- The Gold, Silver, Bronze and Basic product tiers have been designed to ensure that there are, for the first time, mandatory minimum product standards across policy tiers. The minimum coverage requirements for the product tiers have been formulated to provide a progression of service coverage across products in a way that generally reflects the existing product market. Importantly, insurers will not be prevented from providing cover for any specific treatment in any of the product tiers.
- The new Gold, Silver, Bronze and Basic product tiers and the introduction of 'plus' categories reflect that many existing lower and mid-level products already provide cover above the proposed minimum requirements. Under the reforms, insurers will not be required to remove cover for additional clinical categories currently covered in their lower and mid-level products.

Australian Government

Department of Health and Aged Care

Meeting Brief
MB23-000133
Version (2)
Date sent to MO: 15/03/2023

To: Minister Butler

Adviser: **Peta Bryant**

Subject: MEETING BRIEF: LETTER FROM AOA – HEALTH PRACTITIONER REGULATION, HOSPITAL OPERATIONS, MEDICARE BENEFITS, PRIVATE HEALTH INSURANCE, AND RURAL AND REGIONAL ACCESS TO HEALTHCARE

Comments:			
Contact Officer:	Jonathan Bray	Assistant Secretary, Workforce Planning and Strategies Branch	Ph: s22 Mobile: s22
Clearance Officer:	Matthew Williams	First Assistant Secretary, Health Workforce Division	Ph: s22 Mobile: s22

Date / Time: 20 February 2023 10:30 am

Meeting Type/Location: Video link

Traditional Custodians: In Canberra – Ngunnawal people; In Cairns – Gimuy-walubarra yidi people

Purpose: The Australian Orthopaedic Association (AOA) wishes to discuss matters relate to public hospital waiting lists for orthopaedic surgery, the Medicare Benefits Schedule (MBS) Review, regional and rural access to orthopaedic surgery, and health practitioner regulation.

Desired Outcomes: The AOA may wish that the Minister's Office update them on the matters above and provide support for an increase in funding for certain projects, and commit to amending the work of Ahpra in regulation of surgeons.

Key Attendees/Speakers:	Title:	Organisation:	Mobile No:
Assoc Prof Chris Morrey	President	AOA	-
Dr Michael Johnson	Vice President	AOA	-
Adrian Cosenza	CEO	AOA	-
Kathy Hill	Advocacy Manager	AOA	0409 833 786

Key Matters/Issues:

The AOA has raised specific topics of discussion, detailed in the discussion guide.

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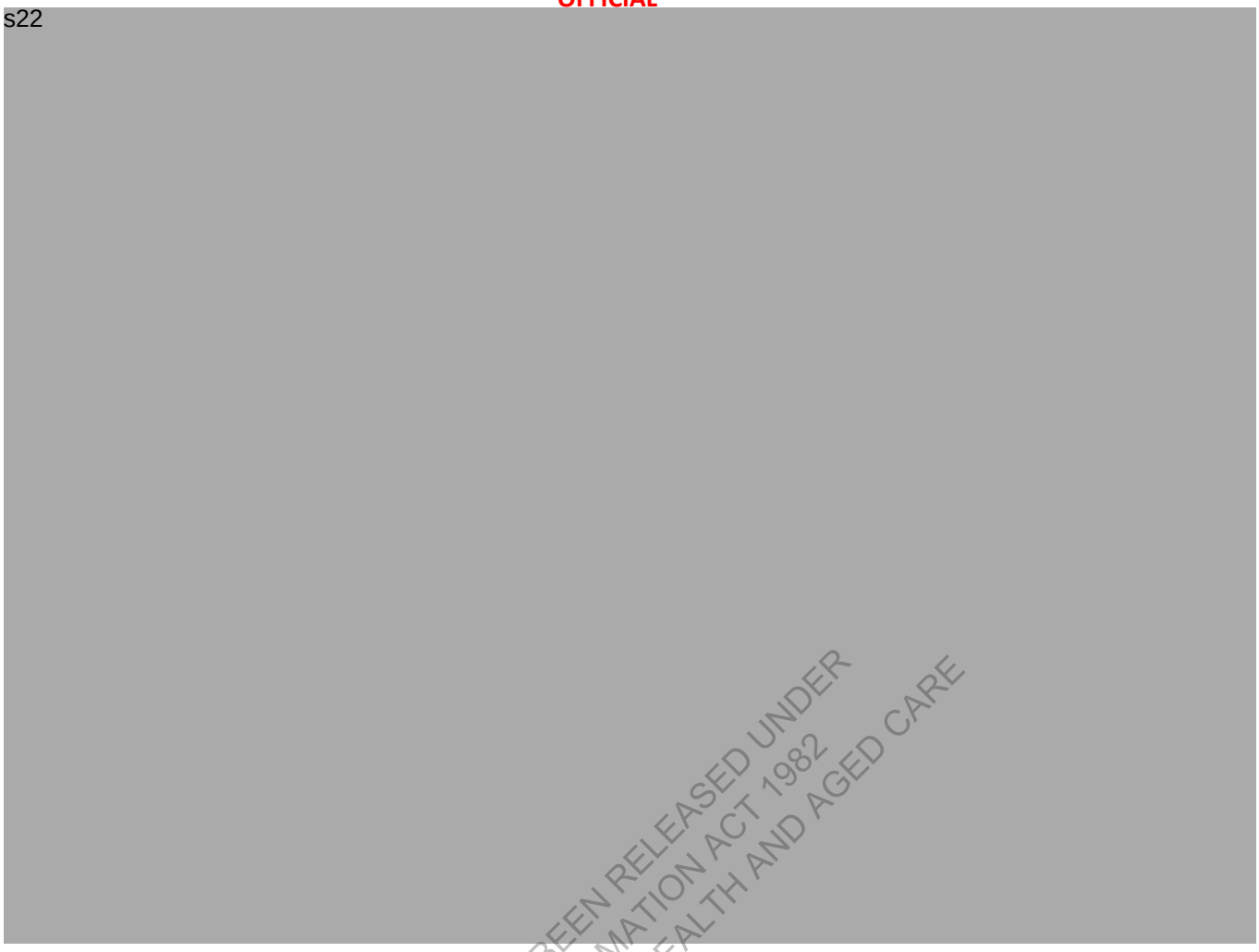

Expanding protection of the title 'surgeon'

The AOA seeks prevention of all non-medical professions from using the title of surgeon, due to the belief that non-medical professions using the title pose a more significant risk to patient safety.

The AOA has specific concerns that podiatric surgeons are misleading the public as their qualifications are not medical in nature and their training is not accredited by the Australian Medical Council (AMC) which is responsible for conducting accreditation functions for the medical profession.

Surgical stakeholders raised concerns during consultation that the proposal to restrict the use of the title 'surgeon' in medical practitioners was too narrow in scope.

The Department has consulted with all affected stakeholders regarding Health Ministers' decisions regarding reforms to improve safety and quality in the cosmetic surgery industry, including the restriction of the title 'surgeon'. The intent to address concerns with the regulation of the medical profession has been made clear to all stakeholders throughout consultation and design of reforms.

Regulation of health professions is the responsibility of National Boards established under the National Law. National Boards are not able to regulate professions for which they are not established.

Professions other than medicine which currently allow the use of 'surgeon' are limited to the podiatric and dental professions.

- Specialist podiatric surgeons are regulated under the Podiatry Board of Australia's (PodBA's) *registration standard for specialist registration for the podiatry specialty of podiatric surgery*. Their qualifications are accredited by the Podiatry Accreditation Committee, a subcommittee of the PodBA.
- Dentists are regulated by the Dental Board of Australia (DBA). Qualified dentists may hold a bachelor or doctoral degree in dental surgery. These qualifications are accredited by the Australian Dental Council, appointed by the DBA to conduct accreditation.

The AOA has lobbied governments at all levels since the establishment of the National Registration and Accreditation Scheme in 2009 specifically in relation to the issue of podiatric surgeons who are registered and regulated by the Podiatric Board of Australia.

Proposed Objective and/or Desired Outcomes:

Hear the AOA's concerns relating to their various issues and provide them with direction on who is best placed to consult them in each of the issues they raise.

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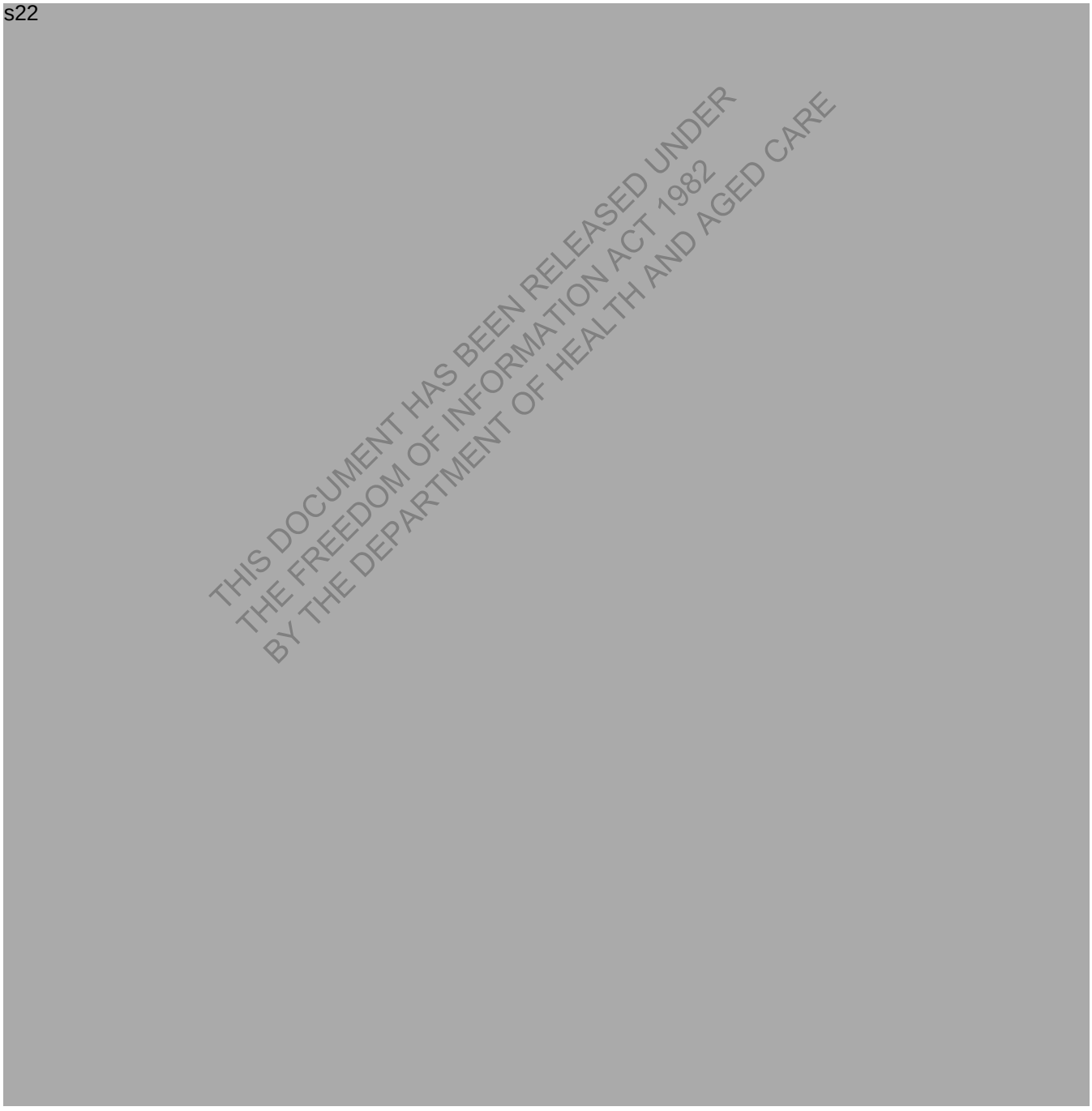

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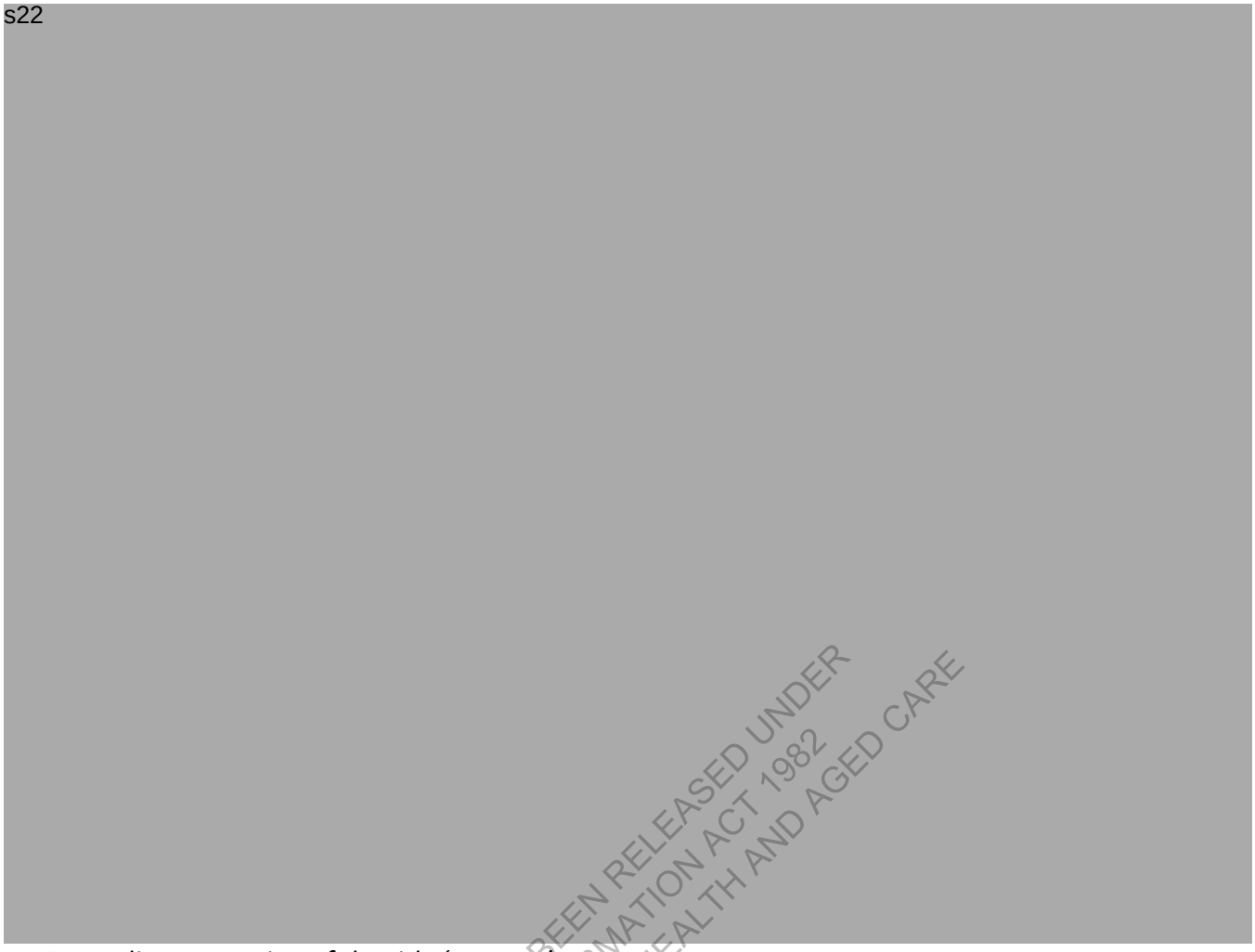

Expanding protection of the title 'surgeon'

s22

- Professions other than medicine which currently allow the use of 'surgeon' are limited to the podiatric and dental professions.
    - Specialist podiatric surgeons are regulated under the Podiatry Board of Australia's (PodBA's) *registration standard for specialist registration for the podiatry specialty of podiatric surgery*. Their qualifications are accredited by the Podiatry Accreditation Committee, a subcommittee of the PodBA.
    - Dentists are regulated by the Dental Board of Australia (DBA). Qualified dentists may hold a bachelor or doctoral degree in dental surgery. These qualifications are accredited by the Australian Dental Council which is appointed by the DBA to conduct accreditation on its behalf.

Australian Government
Department of Health

Ministerial Information Request
MB22-000324
Version (1)
Date sent to MO:08/02/2022

To: **Minister Hunt**

cc:

Subject: **MIR - Australian Orthopaedic Foot and Ankle Society (John Brenton) – Consultation Regulation Impact Statement (RIS) – Use of the title 'surgeon'.**

Response:

Use of the title 'surgeon' by medical practitioners in the Health Practitioner Regulation National Law

- The RIS is being led by the Victorian Department of Health and Human Services. Consultations commenced on 21 December 2021 and close on 1 April 2022.
- The RIS focuses on risks and harm to public safety around the widespread informal use of the title 'surgeon' specifically in relation to cosmetic surgery.
- The RIS proposes reform options such as strengthening the existing regulatory framework through existing mechanisms designed to protect the public from harm; and restricting the title "surgeon" under the National Law, with feedback sought on which practitioners should be eligible to use the title.
- It is unlikely that states and territories would support broadened the scope of the RIS to include specific consideration of the use of the title 'surgeon' by podiatric surgeons; however the Orthopaedic Foot and Ankle Society is encouraged to provide a submission to the RIS process outlining their concerns.

Podiatric surgeons training and accreditation

- In 2020, the Podiatry Accreditation Committee undertook a review to update the professional capabilities and accreditation standards for podiatry and podiatric surgery. This included threshold professional capabilities for podiatric surgeons.
- The draft accreditation standards (standards) were released for public consultation from 8 December 2020 to 12 March 2021 and the final standards were published in September 2021, following approval by the Podiatry Board of Australia (Board).
- The updated accreditation standards include new standards for entry-level programs and podiatric surgery programs as well as standards for the accreditation of education programs that lead to endorsement of registration for scheduled medicines.

- The Board is currently undertaking consultations on a revised registration standard for specialist registration, including podiatric surgery. The revised standard re-iterates that two years of full-time (or equivalent) general podiatry practice must be completed before starting a program of study that leads to a qualification for specialist registration as a podiatric surgeon.
- The Orthopaedic Foot and Ankle Society may argue that the updated accreditation and specialist registration standards for podiatric surgeons should be equivalent to those of specialist orthopaedic foot and ankle surgeons.
- If the Orthopaedic Foot and Ankle Society continues to have concerns with the use of the terms 'surgeon' by podiatric surgeons, it is encouraged to engage directly with the Board.

s22

From: John Brenton <jbrenton@tgpublic.com.au>
Sent: Wednesday, 19 January 2022 5:01 PM
To: TESTER, Joanne <Joanne.Tester@health.gov.au>
Cc: Mark Baker <mbaker@tgpublic.com.au>
Subject: Australian Orthopaedic Foot and Ankle Society - use of the title 'surgeon'

Hi Jo,

As discussed, we act for the Australian Orthopaedic Foot and Ankle Society (a subspeciality within the Australian Orthopaedic Association).

I'd like to establish whether the Australian Government (and states) would consider broadening the scope of the current work on the Regulation Impact Statement (RIS) to legislate new protections and regulations for the cosmetic surgery industry by examining the appropriateness of the title 'surgeon' being used in any health related setting by people who not qualified as medical practitioners and who have not undertaken specialised surgical training? There is a clear consumer protection need to do so.

The Orthopaedic Foot and Ankle Society's issue is that some podiatrists are calling themselves 'podiatric surgeons' and undertaking invasive procedures. These people are not qualified doctors and the contention is that the use of the title 'surgeon' is misleading for patients and consumers.

The current scope of the RIS seeks to understand how the use of the title surgeon (or cosmetic surgeon) can be better protected from fraudulent use. Among the RIS' recommendations, it proposes the following solutions:

- Restricting the title of a surgeon under Commonwealth law;
- Undertaking public information campaigns to ensure individuals are better aware of what proper procedures look like during cosmetic surgeries;
- Overhauling penalties. Currently, breaches of advertising legislation can incur penalties of $5,000 for each offence made by an individual, and $10,000 for a body corporate. There are proposals to increase these penalties to $60,000 and $120,000 respectively; and
- Maintaining the status quo and using other methods to address the issues via the private sector.

I understand the Victorian Government are leading the RIS work and that the Victorian Health Minister will receive advice from the other states and the Federal Government when he reports back to the Health Council.

The RIS' public consultation submissions will also be facilitated by the Victorian Department of Health or through the Government's online engagement platform "Engage Victoria".

This process was expected to commence on 13 December 2021, however, is yet to open and it does not detail with who or how to make submissions. The process is expected to close on 1 April 2022 with RIS' recommendations to be considered by health ministers in 2022-23.

In a nutshell, would the Federal Government be willing to ask Victoria to broaden the scope of work to examine the appropriateness of the title 'surgeon' being used in any health related setting?

Happy to arrange a call for you with the Orthopaedic Foot and Ankle Society to provide more information.

Cheers,

John Brenton | Principal

[redacted]

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jbrenton@tgpublic.com.au | tgpublic.com.au
Advice | Strategy | Insight