



AOA
AUSTRALIAN
ORTHOPAEDIC
ASSOCIATION

5 April 2012

Podiatry Board of Australia
Australian Health Practitioner Regulation Agency
G P O Box 9958
MELBOURNE VIC 3001

By email: podiatryconsultation@ahpra.gov.au

Dear Registrar

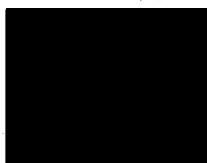
Consultation Paper – Registration standard for specialist registration

The Australian Orthopaedic Association (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 been providing specialist orthopaedic education and training for over 75 years. This education and training has been, and continues to be, provided regarding all orthopaedic surgery including the sub-speciality of foot and ankle surgery.

AOA's response to the Podiatry Board of Australia (PBA) Consultation Paper is attached.

Yours sincerely,



Graham Mercer
President

AOA Submission

Podiatry Board of Australia

Consultation Document: Registration
standard for
Specialist registration

5 April 2012



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The Australian Orthopaedic Association (AOA) welcomes the opportunity to have input into the Podiatry Board of Australia Consultation Document: Registration standard for specialist registration.

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 and government. AOA has been providing specialist orthopaedic education and training for over 75 years. This education and training has been, and continues to be, provided regarding all orthopaedic surgery including the sub-speciality of foot and ankle surgery. Therefore AOA believes it can provide a well-considered and authoritative submission in reference to the standards required for training and education to undertake foot and ankle surgery.

AOA feels that the process by which the Podiatry Board of Australia (PBA) has developed and promulgated this standard is inconsistent with undertakings given by the PBA during the process of national registration. It is inconsistent with the processes outlined in the National Registration Legislation and is inconsistent with undertakings given in a letter from the Australian Health Workforce Ministers Council to the Royal Australian College of Surgeons with respect to podiatric surgery.

Under the Act, PBA sought advice from the Australian and New Zealand Podiatry Accreditation Council (ANZPAC) as to the Standard of Training which should be acceptable to practice as a Surgeon in Australia.

AOA has issues with the decision made, the process by which the decision was made, the instrument used regarding the standards that would be set, and the outcome that has been reached.

NON COMPLIANCE UNDER NATIONAL REGISTRATION ACT

Under the National Registration for Health Practitioners Act there is a requirement that the Podiatry Board of Australia to engage in a wide range of stakeholder consultation prior to the institution of any standard.

It should be noted that the board has not engaged in any consultation.

It has already adopted this standard, and the standard is on the website.

The Australian and New Zealand Podiatry Accreditation Council (ANZPAC) has engaged in some consultation, but this has been perfunctory, and has not been a dialogue.

ANZPAC has asked for submissions, and has not responded to any of the concerns outlined by the AOA.

NON COMPLIANCE OF UNDERTAKINGS GIVEN IN THE NATIONAL REGISTRATION PROCESS

In the process of national registration ANZPAC and the Australian Podiatry Board agreed to be bound by international standards.

The Board undertook in Section 3.10, that in developing accreditation standards, "this will meet any relevant international guidelines relating to specific professions". In Section C they consent to "align standards with international relevant standards".

AOA would argue that this procedure has not been followed and that, therefore, the standards that have been adopted are inadequate.

AOA would advocate that only individuals who have attained a CPME standard of education as a minimum, which reviews both undergraduate and postgraduate training, is an appropriate standard of education which currently is well defined and International Standard.

AOA deeply regrets, and rejects the standard that has been chosen as it is arbitrary, untested, not internationally consistent, not nationally consistent, and not internally consistent.

After some extensive investigations, AOA believes that the only podiatric standard currently available that is internationally recognized, consistent, is not arbitrarily instituted, has been tested over time, and can offer adequate safeguards to the Australian population, is the United States derived Council of Podiatric Medical Education (CPME) standard.

AOA feels that as a minimum the CPME standard needs to be adopted, and that the CPME should be intimately involved in every facet of the examination of podiatrists educational standard from the undergraduate educational process, through the training program of surgical podiatry, and then on through the examination process of aspirant podiatric surgeons, as well as examining the institutions offering these educational routes. Only in this way can the outcomes of training meet the standards that are already available to the Australian population, and therefore consistent with the national registration process.

PROCESS NOT CONSISTENT WITH UNDERTAKINGS GIVEN TO THE RACS BY THE AUSTRALIAN HEALTH MINISTERS COUNCIL

In correspondence to the Australian Health Workforce Ministerial Council (AHWMC), the Royal Australasian College of Surgeons (RACS) pointed out there were serious misgivings regarding the Australasian College of Podiatric Surgery (ACPS) Standard of Education. RACS submission to the Australian Health Ministers Council, has demonstrated that the ACPS provide ad hoc examinations, poor quality training, and gross exaggeration of expertise and training.

In response to the RACS concerns the AHWMC undertook that "Accreditation and assessment will be conducted by the Australia New Zealand Podiatric Accreditation Council with expert input into that accreditation process provided by the Australian Medical Council".

AOA has been in contact with the AUSTRALIAN Medical Council (AMC) and have been advised that the AMC were not involved in any significant meaningful way with the formation of this standard or the investigation and inspection of the institutions offering these Educational Paths.

This is a breach of the undertakings offered by the AHWMC.

PROCESS NOT CONSISTENT WITH W.H.O STANDARDS

The accreditation process which has occurred also falls short of the WHO standards, which require that ANZPAC should be transparent in its academic competence, that the accreditation committee be "highly esteemed within the profession and educational background in medicine" and that the standards or criteria be predetermined or agreed upon, and made public, prior to the acceptance of a standard.

As will be seen in a review of the process later, ANZPAC process fails on all of these basic processes.

NOT CONSISTENT WITH PROFESSIONS AUSTRALIA PROCESSES:

The Professions Australia paper regarding assessment of standards, once again, requires expert teams skilled in the area of study, also assess programs. They also argue for predefined standards being assessed. ANZPAC and PBA agreed to be bound to the Professions Australia path in the National Registration process.

None of these fundamental rules have been adhered to in the process by which ANZPAC has accredited the ACPS.

ISSUES OF PARTICULAR CONCERN

1. Lack of Surgical Expert Oversight or Review

The ANZPAC website clearly states that the project officer the ANZPAC review of podiatric surgery standards is Ms Susan Owen.

Ms Susan Owen is not medically trained, not surgically trained.

Mrs Owen sits on ANZPAC as a community member and, by definition of the ANZPAC constitution, has no qualifications within podiatry, medicine or surgery.

2. Conflicts of interest

[REDACTED]

3. Constitutional Issues

By not asking the individual outlined in Item 2 above to withdraw from the consideration and voting process around the educational programs ANZPAC has failed to adhere to its own constitution.

4. Process Issues

After reviewing ANZPAC's documentation regarding the process by which fields of training are endorsed further issues with the ANZPAC processes are noted.

These issues include:

- On the ANZPAC website, there is a timeframe which is required to be followed before the endorsement of any educational facility. This timeframe is 24 months.
- ANZPAC has not, to the AOA's knowledge, physically inspected the training programs that have been endorsed, nor sought to ascertain whether or not the studies which are supposed to have occurred have actually occurred, that the registrars are being trained to an appropriate standard, they have not examined the facilities offering such courses and the period of contact of mentors and trainees, nor have they looked to the examination process and the independence and reliability of such a standard.

It could be therefore argued that the endorsement by ANZPAC of the current two courses is unreliable and should be set aside.

5. Ability to Train

ANZPAC has no track history in assessing medical or surgical requirements for education, and therefore could be considered at this point in time as an inappropriate body to do so. This is particularly pertinent when a precedent for accrediting non-medically educated health professionals in surgery has been established by AMC accreditation process for dental graduates who wish to undertake oral surgery.

Considering the aforementioned precedent, ANZPAC's use of non-medically trained, non-surgical individuals to define standards of surgical education is inappropriate.

ANZPAC does not have on its board or within its committee structure a single individual trained in medicine and surgery from an accredited college.

It should be noted that the PBAs primary function is not to advance podiatry, or podiatric surgery, but it is to protect the public. Until these training programs have been thoroughly scrutinized, and the PBA or its accrediting agency has comprehensively inspected the process by which fellowships have been provided, then it should not accept these standards.

PBA have accepted the University of Western Australia's standard of education when that institution has yet to produce a single podiatric surgeon. It has only one individual who is enrolled full-time in the course, and the course has not been physically inspected.

6. International Considerations

AOA has specifically examined the process by which the ACPS standard was adopted. The research author has failed to understand the process by which international registration of podiatric surgeons in American and Canada occurs, and the document produced is incorrect.

Whereas the assessment and adherence to international standards should have been the primary focus of the authors concentration, the author has focused primarily on the ACPS standards, and has not at any stage investigated whether the standards purported to occur actually apply.

It is interesting to note that the author quotes extensively from a training document published by the ACPS, and that there has not been a single podiatric surgeon in this country ever trained under this document.

It remains in draft form.

There is no indication that the author has looked at the training documents that had previously been available, nor assessed whether or not these training documents had been adhered to.

In the section regarding international standards, most specifically the United States and Canadian CPME standard of education, the author never uses the term CPME, which is, in fact, the standard setting body in the United States.

The author refers to the American Board of Podiatric Surgery, which does not exercise a licensing or accrediting function. Reference should not have been to the Standard setter, the CPME.

The examination of the candidates to allow them to become surgeons, indeed the ONLY legal requirement to be a Podiatric Surgeon and practice "Podiatric Surgery" in the USA is to have passed the Nationally Standardized Board Examinations established by the "National Board of Podiatric Medical Examiners". It is actually composed of Parts I, II, and III and officially referred to as the American Podiatric Medical Licensing Examination.

There are a multitude of organizations (ABPS, American College of Lower Extremity Surgeons ACLES, American Board of Lower Extremity Surgery ABLES, etc.) which provide examinations that cover Podiatric Medicine and Podiatric Surgery in the USA.

Therefore the group quoted in Owens Document is only a fringe player and not the standard setter or enforcer and it should never have been incorporated into the document.

INCONSISTENT APPLICATION OF THE PROCESS TO THE UNDERTAKINGS GIVEN BY THE GOVERNMENT IN NATIONAL REGISTRATION FORA

One of the fundamental tenets of national registration was that all suppliers of surgical services would be to the same standards.

Under the actions of the PBA, there are now no less than four standards of surgeons available for foot and ankle surgery.

These are:

- Tier 1 – RACS/AOA Foot and Ankle trained surgeons,
- Tier 2 - individuals who are trained under the CPME process,
- Tier 3 and Tier 4 - the ACPS and University of Western Australia, although the order can't be ascertained as the process by which people attain their fellowships is not transparent and, in the UWA case, no individual has completed this training as yet.

There are significant variations in the standards of education of these individuals. Indeed, it is general knowledge that no podiatrist in Australia is capable of practicing in the United States if they do not have CPME accreditation and, indeed, cannot even enter a podiatry school based on their complete education in podiatry in Australia. This is also true of Australian podiatric surgeons. Their entire education is not sufficient to see them gain entry into a Podiatric School in the USA.

They completely lack recognised biochemistry, physiology, pharmacology and pathology fundamentals which are required to enter into podiatry school in the United States.

This is completely contrary to the goals of the National Registration. It is in direct violation of the assurances given by the Australian Podiatry Board and ANZPAC to the process of national registration where international standards would be sought and upheld, and, as such, is wholly inadequate.

GENERIC SOLUTION OF SURGICAL STANDARDS SHOULD BE ADOPTED:

If there is a parochial argument that Australia should be able to define its own standards, these standards cannot result in a drop in the standard of surgical training and the standard of surgery currently available to patients.

Indeed, Prime Minister Gillard whilst Shadow Health Minister, during the debate which permitted the endorsement of podiatric surgeons' patients to be able to obtain rebates from their health funds, stated that there " should only be done if there is no risk to the quality of patient care ".

There exists an institution which has the confidence of the Medical and Surgical Profession, which is available to establish and enforce a Standard of Surgical Education, which has a track record in the assessment of surgeons and is an Australian Institution, and this is the Australian Medical Council.

AOA recognises that there is the potential for vast numbers of different health care professionals to seek the right to perform interventions and procedures.

AOA believes that the only way to ensure that there is not a plethora of standards created and adopted by different professions and their Boards, which will result in an unacceptable erosion in the standard of health care provided to Australians, is to have a single accrediting agency for all individuals wishing to seek to practice the art of surgery, regardless of their educational background.

This institution, in the opinion of AOA, ought to be the Australian Medical Council.

Australian Medical Council already provides such a service to oral surgeons, who are dentists who have sub-specialised to perform surgery of the mouth. This service is in close collaboration with the Australian Dental Council whereas the AMC accredits the medical (surgical) part of the training program.

These individuals undergo a rigorous training programme which is overseen and inspected by the Australian Medical Council.

AOA contends that individuals offering to operate on the foot should offer no less an assurance of the quality of the education and the consistency of its application to the Australian Public.