



UWA Podiatric Medicine Alumni

[Redacted]

4<sup>th</sup> April 2012

Mr Jason Warnock  
Chair, Podiatry Board of Australia

Via: [podiatryconsultation@ahpra.gov.au](mailto:podiatryconsultation@ahpra.gov.au)

Dear Jason,

**Re: Podiatry Board of Australia Consultation paper on: Guidelines for Specialist Registration  
Standard. 5 November 2012.**

The Podiatric Medicine Alumni (PMA) of University of Western Australia (UWA) was formed in 2011 and represents the interests of Podiatric Medicine graduates and postgraduate students from UWA and Western Australia.

The Podiatry Board of Australia (PodBA) has recognised that the Doctor of Clinical Podiatry course (DClinPod) run by UWA is an approved pathway for Podiatric Surgeon specialty status, alongside and equal with fellowship of the Australasian College of Podiatric Surgeons (ACPS). ANZPAC have previously assessed these two Surgical training courses and recommended that to move forward UWA and ACPS should work together to form a single pathway for surgical training in Australia. This would provide a number of benefits for the relatively small specialty of podiatric surgery. It was with this end in mind that UWA initiated meetings with ACPS in late 2011. The PMA is hopeful that UWA will reach an agreement with ACPS, however is fearful that negotiations could fail due to governance issues relating to student training. If negotiations failed, we will be faced with dual pathways that are in competition with each other. Apart from being unfortunate for the profession, this will affect the PodBA's drafting of Surgical Specialty Registration guidelines since the two pathways must be accommodated in the guidelines.

If this is the case, the PMA would submit that both pathways must receive equal standing within the Specialist Registration Standards you are proposing, with neither UWA or ACPS overseeing the standards of the other or being seen as better qualified than the other. And certainly no limitations placed on DClinPod graduates compared to ACPS graduates. The PodBA must remain impartial and respectful of each body and give equal weighting to any proposals regarding Specialist Registration. More so, since ANZPAC have not yet accredited these courses there lies danger in accepting the advice of one body over the other in case that body fails accreditation. Advice accepted in those circumstances could retrospectively be seen to be flawed, and therefore undermine the veracity of guidelines containing that advice. There could also be legal grounds to challenge the guidelines and the PodBA if there appears to be any discrimination against UWA graduates compared with ACPS graduates.

Irrespective of whether there is a unified pathway for surgical training the PMA believes that every Podiatric Surgeon has a professional obligation to assist with the training of surgical students. There

are currently only 23 practicing Podiatric Surgeons nationwide. Trainees are very dependent on these private surgeons to provide essential clinical placement opportunities since there are no public hospital-based Podiatric Surgeons in Australia. This puts an inordinate amount of power and control in the hands of these few surgeons, who can effectively shut down training by refusing to take students. The exception exists with those trainees who can afford extended overseas placements. Overseas courses could be useful for building further expertise but should not be a compulsory component of surgical training since there is already sufficient expertise in Australia.

The PMA Council submits that the PodBA should make it a mandatory condition of Surgical Specialty Registration that Podiatric Surgeons directly contribute to training and provide a portion of their time offering clinical placements for students. This requirement should be a compulsory component of their CPD and be required for yearly re-registration. Otherwise the essential clinical component of training could suffer from the vagaries of the private sector. The PMA argues that this has in fact already happened and is the reason why there have only been about 13 graduates from the ACPS over the last 35 years, less than 0.5 graduates per year nationwide.

There exists an exciting opportunity for the profession with the DClInPod course being offered from within the School of Surgery, Faculty of Medicine, Dentistry and Health Sciences at UWA. As the DClInPod is a young program with yet no graduates to assist with placements, it would be a great shame if the ACPS suffocated the DClInPod program by excluding them from essential clinical placements with ACPS members. In fact all Western Australian-based fellows of the ACPS have refused to take DClInPod student placements, but ironically were please to take undergraduate students. The PMA feels that the PodBA should encourage all Podiatric Surgeons to assist with clinical training, and to place pressure on ACPS and UWA to come together to produce better quality surgical training by creating a more equitable training environment for prospective Podiatric Surgeons.

Submitted for your consideration.

Yours sincerely,

Council Members of the University of Western Australia Podiatric Medicine Alumni.

