AOA SUBMISSION

Second Consultation: National Competency Framework and Standards for Podiatry Surgeons

Friday 14 December 2018

AUSTRALIAN ORTHOPAEDIC ASSOCIATION

Introduction

The Australian Orthopaedic Association (AOA) welcomes the opportunity to submit a response regarding the Second Consultation: National Competency Framework and Standards for Podiatry Surgeons.

- 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 that it is 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 educational.

Therefore, AOA is very well placed to provide feedback on the National Competency Framework and Standards for Podiatry Surgeons.

Firstly, AOA and its subspecialty the Australian Orthopaedic Foot & Ankle Society (AOFAS) would seek clarification of the position of the Australian & New Zealand Podiatric Accreditation Council (ANZPAC) in this endeavour. The Podiatry Board of Australia (PBA) has recently published that it is no longer using the services of ANZPAC and will be establishing a committee within the PBA to perform accreditation services.

Secondly, we seek guidance as to whether this consultation process will have any bearing on the decisions of the PBA and if ANZPAC continues to enjoy the confidence of the PBA in this report.

Prior submissions

AOA has previously made submissions to ANZPAC and the Podiatry Board of Australia when these organisations were previously developing these standards in 2010.

AOA has identified a number of problems in the proposal which we would like to highlight and offer remediation.

AOA has recognized problems of design and analysis of the proposal, and major issues of implementation of these standards.

AOA is vastly dismayed that the fundamental problems highlighted in our previous submissions have not been addressed, indeed they have been ignored and repeated in this substantially inadequate consultation paper.

ANZPAC has again chosen a non-medically qualified and non-surgically trained person in Amanda Adrian and Associates to define the fundamental skills and traits to perform the highly specific act of surgery.

Disappointingly, this is a repeat of the previous error of using a “community member” in the person of Susan Owens to define the standard in the previous iteration of this report.

Without the clear understanding of the brief, there has been a casting about for some standard that might be applied, but there has not been the deep understanding necessary to apply the information in the literature in an appropriate way.

The repetition of this error then results in a most basic and fundamental error of assumption by the author of pre-existing knowledge.

CanMEDs and RACS

In this paper the author references both the CanMEDs and Royal Australasian College of Surgeons (RACS) definitions of competency to practice.

The author then rather blandly tries to integrate this into the provisions for podiatric surgery by simply inserting the words “Podiatric Surgeon” in places where “Surgeon” was.

The author (and indeed ANZPAC) has failed to understand that the Australian, Canadian and American advanced training programs are based on the absolute knowledge and that the candidates to these programs are medically trained and examined and thus of a known calibre with a definable basic knowledge.

These programs therefore proceed with further education knowing candidates possess a large amount of pre-existing knowledge, and this does not need to be defined, as there is a guarantee no one may proceed into these programs without this specific knowledge.

The podiatry programs studied within Australia are not designed to produce doctors. Podiatrists do not undergo the intensive training in Medicine, Pathology, Anatomy Physiology, Biochemistry, Pharmacology, Immunology, Rheumatology, Radiology and Surgery that medical doctors do.

They do not undergo examinations requiring the same degree of detailed knowledge, nor do they have the intensive learning experience of supervised residency in a hospital situation followed by Junior House officer years, Principal House Officer years, Senior house officer years and non-training registrar years, before they can enter into the CanMEDS and RACS style Certified training programs.

Thus, this huge corpus of pre-existent knowledge is not present in these training documents.

CanMEDs specifically state that it was designed to define “competent physicians” and the attempt to apply it to medically untrained individuals is without substance.

Background training requirements

Review and examination of the courses of Approved Podiatry Programs in Australia find them to be superficial and perfunctory in the above studies, which is

understandable in a program designed to produce health care professionals who are not expected to be primary medical care providers.

It is interesting that the author should choose the CanMEDs construction as the Canadian Situation is highly instructive to the issue of Podiatry in Australia.

In Canada there are three professions that provide foot care:

- Foot and Ankle Orthopaedic Surgeons;
- Podiatrists; and
- Chiropodists.

In Australia until the 1980's podiatrists were called chiropodists and were regulated by individual State Chiropody Acts.

In Canada, to be eligible to practise as a podiatrist one must hold a "Doctor of Podiatric Medicine/DPM" degree from one of the nine Colleges of Podiatric Medicine in the United States, or from the podiatry program offered by the Université du Québec à Trois-Rivières campus.

Entry to any of the podiatry programs in North America requires a baccalaureate (BA/BSc) degree in the sciences and successful completion of the Medical College Aptitude Test (MCAT). The podiatry program consists of four years of clinical and didactic study, followed by at least one year's residency or internship in a hospital.

The MCAT is a standardized test that has been a part of the medical school admissions process for more than 90 years. Each year, more than 85,000 students sit for the examination. Nearly all medical schools in the United States and several in Canada require MCAT scores. The MCAT examination tests examinees on the skills and knowledge that medical educators, physicians, medical students, and residents have identified as key prerequisites for success in medical school and practicing medicine. The content is divided into four sections:

- Biological and Biochemical Foundations of Living Systems
- Chemical and Physical Foundations of Biological Systems
- Psychological, Social, and Biological Foundations of Behavior
- Critical Analysis and Reasoning Skills

This examination is taken as an entry level test and then the successful candidates can enter into Medical School, Podiatry Schools, Doctors of Osteopathy Schools.

Chiropody is not Podiatry - Issues of Implementation without Application

Podiatrists are one of the groups in Canada specifically designated as able to convey a diagnosis to a patient. Chiropody is not.

The Australian podiatry course is not equivalent to the US/Canada DPM Podiatry course, it is akin to Chiropody.

This statement can be made with absolute certainty because:

- The US /Canadian regulations demand a pre-defined set of standards (CPME) be applied to International Applicants seeking to practice in these regions and they have always refused registration to Australian podiatrists as they do not meet CPME standards.

The fact that Australian podiatrists are in fact chiropodists is well known to the PBA, as Past Chairman of the PBA and Queensland Podiatry Board Jason Warnock, stated in his 2009 Churchill fellowship report: “To my surprise there are two registers in Ontario – one for graduates of an American podiatric school called the Podiatrist Register and another for Canadian graduates [where it could be suggested had a similar educational standard as graduates from New Zealand, Australia and the United Kingdom] called the Chiropody Register. “

In 2009 Michener Chiropody School in Canada attempted to create a “Podiatry Course” by changing the name of the Chiropody Diploma to Graduate Advanced Diploma in Podiatric Medicine and to further confuse the public by adopting the course abbreviation of D.Pod.M. to seemingly minimize the differences to the public of DPM Podiatrists.

It was not permitted to do so as it did not require the MCAT and was not going to teach courses to the International Recognised standard of the CPME.

This was attempt was objected to and successfully prevented not by Orthopaedic Surgeons, but by the Podiatrist DPM’s of Canada and America who would not allow a watering down of educational standards, and the abuse of titles to confuse patients regarding education.

Thus, the DPM’s of the North American continent do not accept the Chiropody courses of university education, just as they do not accept the Australian Chiropody/Podiatry education.

The DPM Podiatrists have been widely disparaging of rebranding of the profession from "chiropody" to "podiatry" (which is what occurred in Australia in the 1980’s). The OPMA (Ontario Podiatric Medical Association) takes the position that a simple name change accomplishes nothing and will actually add to confusion amongst patients, the public and other health care practitioners because they won't be able to distinguish between a podiatrist who has been trained as a chiropodist and a podiatrist who is been trained as a podiatrist.

This has been evidenced in Australia where a Galaxy poll of almost 1000 people demonstrated that Australians overwhelmingly support legislation to restrict the title ‘surgeon’ to only medically qualified doctors: 93% of the voting-aged population agrees that there should be legislation that ensures that only qualified medical doctors can use the title ‘surgeon’. Just 3% say ‘no’ and 4% ‘don’t know’. Females (95% yes, 2% no) were slightly more likely to agree than males (91% yes, 4% no). No significant variations were recorded between other demographic groupings including by age, marital status, socio-economic status, work status, city or regional, income, or schooling. There were also no significant variations between States.

CanMEDs and RACS as basis for competency standards

Based on the information provided AOA firmly rejects the application of the RACS, CanMEDS and AMC Models of further education until verification of the basic sciences level of education is integrated into the National Competency Framework and Standards for Podiatry Surgeons as proposed.

It is important to reflect on the importance of this basic knowledge, the Accreditation Council for Graduate Medical Education (ACGME) in its definition of competence in Medical Doctors in the USA describes how competence comes from basic knowledge and skills being tested through Quality and Quantity of experience to yield competence.

The National Competency Framework and Standards for Podiatry Surgeons fails in any way to define the corpus of knowledge that is required to be a podiatric surgeon. It speaks only to the protocols of education, but gives no information as to the fundamentally important issue of definitions of core information, knowledge and skills.

For surgeons this basic knowledge is provided by medical degrees, and then advanced education is defined by the AOA, the RACS and the AMC in Medicine.

The AMC inspects and audits these Colleges to ensure prescribed standards are met.

In light of the absence of these recognized institutions and processes in podiatric surgery, as well the assurances previously given by the PBA and ANZPAC to use International Standards, there is a need to define all the skills and knowledge needed to undertake surgery or operate, and AOA believes this should be done, and can only be done to the standard of the CPME.

It is recognized that no Australian trained podiatrist, including Australian Podiatric Surgeons can gain entry into any American Podiatry School a student as they do not have the minimum requirement – the MCAT examinations. Further, they cannot be registered to practice in America.

Thus, to claim that this knowledge exists, and that models of care based on the presumption it is present should be adopted, without assessment when allowing surgery to be performed is grossly unfair to the Australian public and violates the charter of the PBA and ANZPAC to protect the health of Australians.

The only way the CanMEDS principles can be adopted is to adopt the entire health system structure from Canada in that podiatrists in Australia must revert to the old nomenclature and rebrand as chiropodists, no chiropodist can operate, and only DPM certified Podiatrists, who have done a CPME accredited Surgical Podiatry Registrarship can operate on members of the Australian public.

If this is the intention of ANZPAC to incorporate the entire system of Canada, we would be in agreement as it fulfills the requirement of a pre-defined standard of education being implemented, and all suppliers of education being assessed against this metric.

It is important to note that the requirement of this education does not impede Podiatric Surgeons, as they can sit the MCAT exams without having attended an American college, and so it is entirely possible to insist on this standard of basic education,

Issues of Implementation without Application

ANZPAC and the PBA have approved the implementation of a standard of surgery without appropriate application of that standard in a dispassionate and honest way.

It is astounding that the PBA has allowed a register of podiatric surgeons to exist since 2010, but to have no published guidelines on how to enter this register until 2012 and, that the institutions and persons using a protected title did not have their compliance with these standards assessed until 2014. It is quizzical that now in 2018, they are seeking to redefine the Competency Framework and Standards for Podiatry Surgeons.

AOA wonders how this is consistent with the PBA Statutory mandate to "protect the health of Australians".

The PBA and the Australian College of Podiatric Surgeons (ACPS) regularly claim that the ACPS is the recognized standard for training for Australian podiatric surgeons and ACPS claims to train these podiatric surgeons to international standards.

AOA would ask by whom?

The State Boards did recognize the ACPS prior to national registration legislation, but they did not inspect or assess the training program nor the candidates. They allowed ACPS members to operate on Australians based on hearsay.

Indeed, the Boards' repeatedly stated "it is not the duties of the Podiatry Board to accredit Standards".

ACPS has stated it was accredited by the Australian Podiatry Council (APodC), which did set standards of basic education for Podiatry before ANZPAC. However, it did not set standards for Surgical Podiatry.

Australian Podiatric Council stated that they recognise the Australian College of Podiatric Surgeons as an affiliated group, that they do not audit the ACPS and they are not the responsible body for the podiatric surgeons. APodC stated that the Australian College of Podiatric Surgeons is responsible ***only to itself and its membership.***

ANZPAC asserts it inspected the ACPS training program in the 2014 annual report.

As mentioned in reference to the CanMEDS and RACS programs, the education of the inspectors is vitally important to assess if the program is adequate. Inspections done by non-surgically trained persons cannot be regarded as appropriate as there is no deep understanding of the issues of surgical training requirements.

A competent assessor would have reviewed the organization and would have had difficulty ratifying the following issues:

1. Non-adherence to the published training program;
2. Surgery performed on privately insured patients by persons other than the podiatric surgeons;
3. Consent issues where Trainees operate on patients yet the podiatric surgeons charge the patient as if they had done the operation;

4. The issue of the reclassification of "Principal Surgeon "from having completed 90% of the operation to 50% of the operation; and
5. The inconsistency of education of Fellows of the ACPS in Pharmacology education.

Non-adherence to the published training program

ANZPAC and PBA has not addressed the issues of what exactly the Fellowship of the ACPS means, and what is required to obtain it. They do not know the skill set of the holders of this fellowship.

They have not addressed the serious allegations that members of the ACPS have sat the examination when they have failed to meet the criteria to sit the examination, there are allegations from past ACPS examiner that individuals were granted the fellowship without having the court of examiners convened and that the fellowship was gifted to the individual.

It is also an absolute prerequisite of the ACPS training program that a Master's degree be obtained. "The Master's degree may be undertaken throughout the entire period of the practical training program but must commence no later than the beginning of Stage 2 and it is expected that the degree will be completed by no later than the end of Stage 2 of the practical training program. It should be noted that successful completion of the Master's degree is a pre- requisite for Fellowship of the ACPS"

Yet it is known that at least three of the ACPS members have been given the Fellowship of the ACPS without having completed the prerequisite Master's degree.

PBA and ANZPAC does not have any firm knowledge of the education of the holders of the fellowship of the ACPS.

AOA would also ask about the ACPS claim to be training to an "international standard". It would appear from the 2004 training document to be a very arbitrary form of training, with the first page of the document to Registrars stating "**No guarantee is provided by the ACPS that *practical* training will be provided".** This is an astounding statement to make to surgical trainees, that there is no guarantee they will get surgical experience!

So, a group who do not guarantee to provide any surgical experience to trainees, but only examine them (for a fee), claim to be doing their duties to international standards.

The training program of the ACPS is not only ad hoc, but grossly inadequate, and not to be compared to the training program of the RACS and AOA.

AOA would point out that Podiatric Surgical trainees are not paid, thus they cannot survive without other means.

This means that although the ACPS claim their registrars are full time registrars, they also, at the same time are full time Masters Students and also work as podiatrists to finance themselves during their studies.

Thus, they are full time at nothing.

This is not comparable to the RACS AOA training where the Doctors in Training are full time employed as trainees, and have contact hours with their supervising surgeons

daily in the wards, during clinics and meetings before the working day, and Bone School meetings each weekend.

This needs to be contrasted to the ACPS 2004 document that states in supervisor qualifications: “Maintaining regular contact with the registrar, normally weekly”

Little wonder that the ACPS training is not recognized as sufficient to operate by American and Canadian Podiatrists, that the UK don’t accept the ACPS as a standard to allow podiatrists to operate (indeed general podiatrists can operate in the UK on their basic education). NZ also did not accept the ACPS when asked in 2010.

The inconsistency of education of Fellows of the ACPS

Inconsistency in the education in Pharmacology of the members of the ACPS, points to major variations in the training of this supposedly homogeneous group trained to international standards that the PBA and ANZPAC have failed to reconcile.

When the ACPS were applying to have the right to prescribe medications in Queensland, they were asked what course in pharmacology the members attended. Mr Robert Herman President of the ACPS stated the course was done at Curtin University.

When Mr Max Page the coordinator of the course was contacted, he supplied the names of individuals who had done the course. Less than 40% of members of the ACPS at the time had done this course. Astoundingly, Mr Herman himself, had not done the course, although implying to the Queensland Health Group that he and all surgical podiatrists did.

Furthermore, Mr Page stated that this was a correspondence course, and was not, in itself sufficient to qualify a person to be able to prescribe.

It appears that members over 60% of the ACPS at the time had never done a pharmacology course conducted by any recognized tertiary institution in the world, but the PBA and ANZPAC have accepted that ACPS members be allowed to prescribe despite not knowing what the credentials of the individuals of this group are.

Members of the AOA and AOFAS would point out to ANZPAC and PBA that we have the right to prescribe because we are medically trained doctors, not because we are surgeons.

The PBA and State Podiatry Boards have propagated this neglect of their duty of care by never inspecting the actual activities that constitute the training of Podiatric Surgeons, yet vociferously advocating for them to have the right to operate, call themselves surgeons, and to allow this group the right to prescribe.

The Podiatry Board of Queensland stated to the Podiatry Reference Group of the Queensland Department of Health that the Queensland Podiatry Board does not inspect the Australian College of Podiatric Surgeons nor substantiate the ACPS claims of training.

The Queensland Podiatry Board advised the Podiatry Reference Group of the Queensland Department of Health that they have not assessed the educational requirements or training, they simply accept the Australian College of Podiatric Surgeons Fellowships as proof that adequate educational status has been obtained.

Mr Lloyd Reid (QPB Chair at the time) then went on to say that the Board accepts the Australian Podiatric Council to be the supervising body, and that the Australian Podiatric Council regulates the ACPS.

After specific discussions with him at the PRG meeting, however, he stated that he was aware that the Australian Podiatric Council also does not audit the Australian College of Podiatric Surgeons and has not investigated the educational claims of the ACPS prior to ANZPAC in 2014, and the qualifications of those who performed the assessment, and their surgical expertise is never disclosed.

This is in stark contrast to the requirements of any medically qualified craft group making an application for further specialist recognition, as they are subject to rigorous examination by the AMC, with appropriate “due diligence”.

Therefore, AOA and AOFAS would recommend that a complete redraft of the National Competency for Podiatric Surgeons be undertaken, and that this be conducted by at least one individual with both medical and surgical experience.

That particular attention to basic science education and then post graduate work be conducted, and that after carefully defining the education required, and adhering to appropriate International Standards, that an intrusive assessment of the training programs be conducted and then measured against this predefined metric, before any institution is allowed to have it’s Fellows given access to the Specialists Register, and that the PBA gives the assessor the right to remove from the register individuals and groups who do not comply with this standard.

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