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AMA submission to the Podiatry Accreditation Committee on the Draft proposed professional capabilities and accreditation standards for podiatry and podiatric surgery

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The AMA acknowledges the role of the Podiatry Board of Australia to protect the public by developing standards, codes and guidelines for the podiatry profession and by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.

Title protection: surgeons and podiatric surgeons.

The process for recognition of medical specialties is not the same as recognition of non-medical specialties. For medicine, the Australian Medical Council (AMC) accredits education and training programs for medical specialties according to world leading standards. Given that the accreditation bodies for the other health professions are relatively young (most having been set up at the time the National Scheme commenced) they are yet to mature to the extent that they can now recommend specialties for their respect practitioner groups.

In consultations regarding the National Registration and Accreditation Scheme (the National Scheme)[1], the AMA has always supported protection the title of surgeon. The AMA has never supported the use of the title podiatric surgeon as such practitioners are not registered with the Medical Board of Australia, have only limited access to Medicare and cannot claim MBS rebates for surgical services or the associated anaesthetist's service[2].

Patients should not be misled by the term 'podiatric surgeon' into believing they are dealing with a practitioner who has formal surgical qualifications when they do not.

[1] https://ama.com.au/submission/ama-submission-second-stage-reforms-national-registration-and-accreditation-scheme

[2] https://www.ombudsman.gov.au/publications/brochures-and-fact-sheets/factsheets/all-fact-sheets/phio/podiatric-surgery

The AMA supports the AMC as the accreditation authority for the medical profession, including setting standards for medical education and training, and in its role of providing advice on the recognition of new and amended specialties under the National Law. The title surgeon (in human health care) should be reserved for medical practitioners who have obtained a Fellowship of an AMC accredited specialist medical college whose training program includes a surgical component relevant to their field of expertise.

The AMA believes that specialist fields can be supported further with regulation that better reflects a medical practitioner's scope of practice, ensuring minimum standards are met and patients receive quality care and are kept safe.

Level of training and competency

To become a podiatrist, a person must meet the entry requirements of one of the institutions offering podiatry courses and then complete a three- or four-year full-time course leading to an appropriate tertiary qualification in podiatry. Podiatric 'surgeons' undertake additional academic post-graduate training in surgical procedures, and podiatry item numbers for procedures not related to skin or nail tissues are restricted to Fellows of the Australian College of Podiatric Surgeons (ACPS). They are not required to have medical degrees.

Podiatrists in Australia thus do not receive the same level of undergraduate training as medical practitioners, and the post-graduate surgical training is academically based, with a limited practical skills component. Compare six years and 145 cases of podiatric surgical training with 15 years and an absolute minimum of 2000 supervised cases (usually 3000) for orthopaedic surgeons.

Ref: https://docplayer.net/11104520-Royal-australasian-college-of-surgeons-submission-to-nsw-health-concerning-the-performance-of-podiatric-surgery-in-new-south-wales.html

The National Scheme has created a double standard in Australian foot and ankle surgery

A discussion of podiatric surgery is always plagued by a lack of evidence and an incomplete knowledge of podiatric surgical practices. Criticisms made, however, universally point to the lack of training adequacy compared to US and UK colleagues, the credentialling arrangements in place, the involvement of the medical profession and the manner in which Podiatric Surgeons advertise their services and the titles they use[3].

In previous years the Federal AMA has asked the Federal Government for a review examining the major issues involved such as the scope of Podiatric surgical practice, credentialling arrangements, adequacy of surgical training, use of the title of surgeon, etc so future decisions can be better informed and we can avoid any potentially dangerous situations from becoming matters of public concern.

[3] https://staging.aoa.org.au/docs/default-source/advocacy/aoa-submission-nras-consultation-october-2018.pdf?sfvrsn=85ec004_6

A number of medical professional organisations have expressed concern that the activities of Podiatric Surgeons in relation to two particular procedures, hallux valgus correction and ankle fusion, are potentially dangerous. Especially noting that a large proportion of the client base for podiatrists are diabetic or with other complex and chronic conditions with a concomitant higher risk of complications.

Should these patients be referred for surgery which does not meet appropriate standards of care, the results can be catastrophic, as these patients have a higher risk of infection which increases the complexity of care and the potential for complications. As noted by the RACS, "operations on the bones, ligaments and tendons of the foot carry significant risk of complications which at worst can lead to the loss of limb or be life-threatening"[4] (RACS submission to NSW Health concerning the performance of podiatric surgery in NSW, 30/08/2005).

Non-medical prescribing

The AMA provides the following AMA positions on non-medical prescribing.

Only medical practitioners are trained to make a complete diagnosis, monitor the ongoing use of medicines and to understand the risks and benefits inherent in prescribing. Only medical practitioners currently meet the high standards required by the NPS MedicineWise Prescribing Competency Framework in order to safely prescribe independently[5].

The AMA therefore does not support independent prescribing by non-medical health practitioners outside a collaborative arrangement with a medical practitioner. Prescribing by non-medical practitioners should only occur within a medically led and delegated team environment in the interests of patient safety and quality of care. Further, the AMA recommends a system of mandatory referral to a registered medical practitioner where appropriate clinical criteria and outcomes are not achieved within a specific time frame.

When Commonwealth, State and Territory authorities allow limited prescribing (including access to PBS medicines), non-medical practitioners must have core skills and appropriate competencies for safe prescribing attained by completing nationally consistent and high-quality accredited education and training courses that meet the high standards of the NPS MedicineWise Prescribing Competencies Framework. The AMA supports the Health Professionals Prescribing Pathway[6] endorsed by the Standing Council on Health in November 2013 which sets out the five steps that a non-medical health practitioner must undertake to safely prescribe medicines.

The AMA supports the national inter-governmental arrangements for the conferring of prescribing authorities on non-medical health practitioners which were endorsed by the Council of Australian Governments in 2016, proscribed under the National Law, described in Guidance

[4] RACS submission to NSW Health concerning the performance of podiatric surgery in NSW https://docplayer.net/11104520-Royal-australasian-college-of-surgeons-submission-to-nsw-health-concerning-the-performance-of-podiatric-surgery-in-new-south-wales.html

[5] https://www.nps.org.au/prescribing-competencies-framework

[6] https://www.aims.org.au/documents/item/400

for National Boards, and are administered by the Australian Health Practitioners Regulation Agency. These arrangements ensure nationally consistent approaches to prescribing by non-medical health practitioners that are transparent, robust and informed by evidence. They also ensure common standards across professions for training and clinical practice and support the safe and effective use of prescription medicines. Any expansion of non-medical practitioner prescribing should only occur within this national framework.

Specific comments relating to podiatrist and podiatric surgeon prescribing

The proposed professional capabilities documents do not adequately address the need for medical practitioner referral if a patient's condition has not been adequately resolved over the expected period of time. The AMA appreciates the inclusion of recommending a referral to another health professional. However, the AMA does not believe this goes far enough for patient safety. If a patient's medical condition cannot be resolved by a non-medical practitioner, it is in their best interests to see a medical practitioner. Medical practitioners are well-trained to assess the person holistically, and the medical condition might be the result of a condition that the non-medical prescriber is not trained to recognise or diagnose. It is difficult to comprehend any other health professional that would be appropriate to see next. Referring to a medical practitioner would be a more efficient and safe method of resolving a patient's medical condition than have the patient visit possibly multiple non-medical health professionals that can only help in circumstances specific to their limited scope of practice.

Similarly, reporting of adverse events and near-misses should be more specific. The documents do not outline who podiatrists/podiatric surgeons will report to or whether there will be an external review. External reviews should be conducted by medical practitioners.

There must be legally sound, shared care arrangements with the medical profession in place for the AMA to consider supporting these documents. This has been the safety net applied to other non-medical healthcare professionals who wish to prescribe. It should never be optional for podiatrists to inform the medical practitioner about the care they have provided to the patient. This is consistent with shared/collaborative care arrangements agreed with other healthcare professionals such as nurse practitioners and midwives, and optometrists.

The revised standards and professional capabilities should clearly advise on the importance and nature of collaborative relationships between the podiatrist and the medical profession. The AMA requests that the standards and professional capabilities confirm and provide for the role of the medical practitioner as the lead clinician for coordination of patient care to ensure patient care is not fragmented.

Accreditation Standard 2.7 (and 2.8 in the ESM and entry level program standards documents) states that formalised and regular external stakeholder input to the design, implementation and quality of each unit/subject should occur. However, the AMA believes that medical practitioner Colleges, particularly those representing orthopaedic surgeons and general practitioners, should be specifically stated in the Standard. These groups are historically responsible for prescribing the

therapeutics that podiatrists are now prescribing, and this in-depth experience should be recognised.

It is unclear why some units and subjects are identified in the Standards while prescribing competencies themselves are not. For example, while learning about the social and cultural determinants of health is important, detailing programs that relate specifically to prescribing medicines is much more important for patient safety. NPS MedicineWise's *Prescribing Competencies Framework* highlights the important knowledge, skills and behaviours a prescriber must have. Prescribing is a complex process that requires years of clinical training and experience. Prescribers must have knowledge in the educational fields outlined on page 12 of *the Prescribing Competencies Framework*, such as clinical medicine, medicinal chemistry, anatomy, physiology, and pathology. Any health practitioner wishing to prescribe should be proficient in these. The AMA notes that while there are references to the Framework, they are not mentioned in the professional capabilities or accreditation standards documents. This implies that they are not considered essential subjects for podiatrists and podiatric surgeons wishing to prescribe to know.

Similarly, while the AMA supports the Board's inclusion of cultural safety training into its professional capabilities, it is unclear why these appear in both the professional capabilities and accreditation standard documents. If these documents are intended to be read together, repeating these topics should not be required. If that is not the intention, then the prescribing competency subjects must be included in both documents as well.

The AMA is concerned that the professional capabilities documents encourage podiatrists and podiatric surgeons to consider complementary or alternative treatments (based on patient preference) without acknowledging the need for a reliable evidence-base. While this is referenced in other parts of the documents, it must be acknowledged here that medicines and other treatments must be evidence-based and while some complementary medicines have an evidence-base, most do not. Medicines used in most cases should be approved by the Therapeutic Goods Administration for safety, quality and efficacy. There is limited efficacy evidence regarding most complementary medicine and some have the potential to cause adverse reactions or interact with conventional medicine. Unproven complementary medicines and therapies can also pose a risk to patient health either directly through misuse or indirectly if a patient defers seeking medical advice. Patient investment in unproven medicines and therapies also risks patients being unable to afford necessary, evidence-based treatment when there are out-of-pocket costs.

The AMA continues to object to the use of anti-anxiety medicines by podiatrists and podiatric surgeons. We are not confident that podiatrists/podiatric surgeons are adequately trained or appropriately qualified to prescribe these medicines. The prescription of anti-anxiety medicines is considered by the AMA as outside the scope of practice for podiatrists. A comprehensive assessment of history, presentation, past history, co-morbidities and a general medical examination are a necessary part of adequately assessing a patient and the risks and benefits associated with prescribing and/or continuing these medications. The AMA believes that only medical practitioners, and reasonably those with specific expertise, such as GP and non-GP specialists (e.g. anaesthetists, interventional radiologists, psychiatrists, paediatricians,

geriatricians etc.) should prescribe such medicine as understanding of the psychological aspects of the medical history are essential, and detailed expertise in pharmacology, as well as specific expertise in non-pharmacological interventions that may obviate the need for anti-anxiety medications. Podiatrists and podiatric surgeons are not trained in nor are they experienced in this area of care.

For the same reasons it is equally dangerous and inappropriate to have podiatrists prescribing drugs of addiction. The Therapeutic Goods Administration and Department of Health has been working meticulously towards reducing the misuse of prescription opioids in Australia[7] and this needs to be considered in the podiatry prescribing context. The documents do not outline the issues of tolerance, dependence, and addiction. Long term opioid use and addiction can start from the treatment/surgery of an acute condition.

The AMA also raises concerns about the lack of detail regarding podiatrists/podiatric surgeons using anaesthetic agents without a medical background. Sedation is a high-risk activity that can be fatal if mismanaged and without adequate training, and there needs to be clear professional documents on what is expected of podiatrists/podiatric surgeons. This includes protocols and training in the management of patients who may require airway support and interactions with other drugs such as opioids.

There is a clear conflict of interest when the prescriber and the 'seller' of medicines are the same individual, as it creates a perverse incentive for any prescriber to upsell medication. The AMA promotes separation between prescribing and dispensing medication[8], and the documents need to clearly outline how to manage and prevent conflicts of interest in prescribing and selling medication, but also in other potential conflicts.

In this respect it is our view that the proposed standards are unsatisfactory and unsafe. Many foot ailments have associated chronic health conditions, which require management and care from a medical practitioner. The population generally served by podiatrists are older people with a range of health issues and with a higher risk of polypharmacy harm that demands care and regular review from a medical practitioner.

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[7] Therapeutic Goods Administration (2020) *Prescription opioids*.
[8] Australian Medical Association (2019) *AMA 10 minimum standards for prescribing*. Standard two.