WRITTEN & SUBMITTED IN GOOD FAITH AND WITHOUT PREJUDICE TO THE AUSTRALIAN PARLIAMENT IN THE INTERESTS OF PUBLIC SAFETY & UNDER PARLIAMENTARY PRIVILEGE & ITS FURTHER UMBRAGE FOR PROTECTION OF WITNESSES & PROTECTION OF EVIDENCE

Wednesday, August 5th, 2009

Elton Humphrey
Secretariat
Australian Parliament
Canberra, ACT
AUSTRALIA
02 6277 3515

Community.affairs.sen@aph.gov.au

I am an Australian citizen. Since I am submitting this document to Parliament in the interest of public safety, transparency and legislative openeness, then all of my statements, opinions, musings, etc are hereby protected under Parliamentary Privilege and subsequently extended to protection of witnesses and protection of their evidence.

To identify the ACPS as the peak body on podiatric surgery in Australia would be counterproductive and a waste of legislative effort. To legislate any reference to the ACPS within the legislation would be in direct contravention of everything the ACCC stands for and against. To single out the ACPS within legislation is completely inappropriate since to do so implies the grant of monopolistic control to an organisation, that in my opinion, is simply not deserving of such far-fetched authority.

In a query to an official representing the American College of Foot and Ankle Surgeons (ACFAS) on Wednesday August 5, 2009, the question and answer was as below:

Dr Coffey: It is my understanding that the American College of Foot and Ankle Surgeons has formally "acknowledged the Fellows of the Australasian College of Podiatric Surgeons as having a robust program of ongoing accreditation in addition to a role in surgical education." Is it permissible to use this language in legal proceedings?

ACFAS Official: No, I'm not aware of the College making any formal statements as you have listed below. Can you please tell me its source? Also, what legal proceedings are you referring to?

In the interest of truth, honesty, and public safety I've written this preliminary submission.

On Monday July 13, 2009 Mr. Gilheany gave testimony that the American College of Foot and Ankle Surgeons..."acknowledged the Fellows of the Australasian College of Podiatric Surgeons as having a robust program of ongoing accreditation in addition to a role in surgical education."

Let me make it unambiguously clear for this Legislative Committee: It is intellectually

dishonest, in my opinion, for anyone to imply or intentionally gloss over the facts and truth.

The Australian Medical Graduate is eligible to take USA Exams for purposes of practising and recognition as a Physician & Surgeon within the USA.

On the other hand, the Australian "Osteopath" and the Australian "Podiatrist" are not eligible to take USA Exams for purposes of practising and recognition as an "Osteopath" or "Podiatrist".

Furthermore, Australian "Podiatric Surgeons" are not eligible to take USA Exams for purposes of practising and recognition as a "Podiatric Physician" or "Podiatric Surgeon".

If the day comes, however, when the Australian "Osteopathy" and Australian "Podiatry" Schools fully adopt the educational standards established by the "Commission on Osteopathic College Accreditation" (COCA) and the "Council on Podiatric Medical Education" (CPME), then it may eventually be possible for Australian graduates to be eligible to sit for the series of three osteopathic medical licensing examinations administered by the **National Board of Osteopathic Medical Examiners** (NBOME) and the series of three podiatric medical licensing examinations administered by the **National Board of Podiatric Medical Examiners** (NBPME), respectively.

In other words, one major benefit of the Australian "Osteopathy" and Australian "Podiatry" Schools adopting the USA educational standards set forth by COCA and the CPME is that it would then possibly make their graduates eligible for medical and surgical training within USA Hospital Residency and Fellowship programs...as currently they definitely are not.

I am an authentic Podiatric Physician and Surgeon and have completed a 3 Year Surgical Residency in Reconstructive Foot and Ankle Surgery. To the best of my knowledge, I am the only Australian citizen in the world to hold both a Doctorate in Podiatric Medicine degree (DPM) and a diploma from a Council of Podiatric Medical Education (CPME) accredited/approved 3 Year Surgical Residency in Reconstructive Foot and Ankle Surgery. Therefore, I would consider myself an expert in this matter I am about to discuss.

Currently, the only place in the world which graduates authentic Podiatric Physicians and Podiatric Surgeons is in the USA.

Notice, I use the word "authentic" only because the USA has not and currently does not recognize any other country's so called "Podiatric Physician and Podiatric Surgeon" educational framework. In fact, you could almost say that the USA bans every other country's self-titled so called "Podiatrist", "Chiropodist", "Podiatric Physician", and "Podiatric Surgeon" from seeking USA licensure. This "ban" is by no accident, quirky sentimentalism or overzealous patriotism. When you see the educational facts you will easily and readily see why.

I am both a USA citizen and Australian citizen (dual citizenship). I can speak with authority on the educational framework.

By the same token, Osteopathy (founded 1874 by Dr. Andrew Still in Kirksville, Missouri), like Podiatry is a USA evolved and USA authentically homegrown profession. Each has its earliest professional roots developed here in the USA. Consequently, the educational framework is authentically American and has not been appropriately duplicated anywhere else in the world.

No American accreditation authority has ever come to Australia for the purpose of evaluating the educational framework of Australia's version or interpretation of "Osteopathy" and/or "Podiatry" Schools.

No American accreditation authority has ever come to Australia and formally declared that Australia's incarnations of "Osteopathy" and/or "Podiatry" Schools are actually deserving of graduating individuals with the title "Osteopath" and/or "Podiatrist".

No American accreditation authority has ever come to Australia and formally declared that Australia's incarnations of "Osteopathy" and/or "Podiatry" Schools and/or Colleges are actually deserving of graduating individuals with the title "Osteopathic Physician" and/or "Podiatric Physician".

No American accreditation authority has ever come to Australia and formally declared that Australia's incarnations of "Osteopathy" and/or "Podiatry" Schools and/or Colleges are actually deserving of graduating individuals with the title "Osteopathic Surgeon" and/or "Podiatric Surgeon".

Beginning in the mid 1970's, however, authentic UK Chiropodists were first recruited to form and head up Australian Chiropody Schools. They did just that. UK Chiropodists flew to Australia to introduce Australia to formalized Chiropody training. Australia's Chiropody Schools were indeed modeled after the UK's Chiropody Schools.

Unfortunately, the Australian "Podiatry" powerbrokers cannot change history.

For whatever reason, Australia purposely chose to recruit Chiropodists from the UK, not Podiatrists from the USA, to head up their new Chiropody Schools. It appears now, however, that Australian "Podiatry" Schools wish to ignore their Australian history and, in my opinion, pretend that it was the reverse. Never has an American Podiatric Physician or Podiatric Surgeon ever headed up an Australian "Podiatry" School. Interestingly, it appears that the Australian transition from authentic Chiropody to counterfeit "Podiatry" is one more of faith than science.

In my opinion, it appears as if the Australian "Podiatry" powerbrokers wish to rewrite their own unique history just in time for the massive "Workforce Substitution" mandate of 2010. You may guess, they will refuse to be called the authentic Chiropodists that they are and originally were. They will refuse to be called simply "Podiatrists". They will demand to be called "Podiatric Surgeon" and "Podiatric Physician" because it says so on the internet, never mind the fact that they are referencing American web sites.

They, in my opinion, will demand that the Australian Government accept their new name, title, and scope of practice change more on the opaquity of blind faith than on the transparency of obvious education.

In the USA, many use the common expression "Don't blink or you'll miss it." to describe what may happen when you drive through a small town. In Australia, this may describe someone intoxicated by the promises of "Workforce Substitution". They may be so apparently deliriously festooned with eagerness to be a "Workforce Substitution Surgeon" that they may miss their own education. In my opinion, I know their patients ultimately will.

To be sure, a USA Osteopathic Physician and Osteopathic Surgeon has an enormous amount of education and training. So much so, that in fact, you could say that the USA almost bans every other country's so called "Osteopath", "Osteopathic Physician", and "Osteopathic

Surgeon" from seeking licensure. Again, this is by no accident.

To prove my point that the USA does not discriminately oppose other country's health professional graduates simply due to prejudice against foreign credentials for no good reason, please consider the act of licensing protocol in the USA toward foreign Medical graduates.

In the USA, any Australian Medical School graduate may, after passing appropriate examinations and satisfying immigration requirements, apply for licensure. In fact, many do just that in order to seek Residency and Fellowship positions. That's just fine.

Unfortunately, the same cannot be said for any Australian "Podiatry" School or "Osteopathy" School graduate. The USA clearly recognizes that these alleged Australian "Podiatry" Schools and Australian "Osteopathy" Schools are far too educationally deficient in duration, rigor, pre-requisites, and basic medical science foundation to qualify as authentic and similarly grounded as compared to true USA Podiatric Medical Schools and USA Osteopathic Medical Schools.

Here is a basic outline for the USA's educational framework:

USA PODIATRIC MEDICAL SCHOOL

1) High School (Secondary) Diploma (4 Years)

2) Undergraduate (Tertiary) degree in Pre-Medical Sciences (4 Years)

3) Medical College Admission Test (MCAT) Examination

4) Podiatric Medical School (4 Years)

5) National Board Exam Part I (after successful completion of 2nd Year)

6) National Board Exam Part II (after successful completion of 3rd Year)

7) National Board Exam Part III (after successful completion of 4th Year)

8) Surgical Residency Training (3 Years in duration)

9) License/Registration granted only after completion of 1st Year of Residency AND successful completion of all phases of the National Board Exam (Generally after the Ninth Year of Tertiary Education).

TOTAL YEARS: approximately 11 Years of post-secondary education
can be more with additional Fellowship and Specialty training.

USA OSTEOPATHIC MEDICAL SCHOOL

1) High School (Secondary) Diploma (4 Years)

2) Undergraduate (Tertiary) degree in Pre-Medical Sciences (4 Years)

3) Medical College Admission Test (MCAT) Examination

4) Osteopathic Medical School (4 Years)

5) National Board Exam Part I (after successful completion of 2nd Year)

6) National Board Exam Part II (after successful completion of 3rd Year)

7) National Board Exam Part III (after successful completion of 4th Year)

8) Residency Training (3 Years in duration-may vary)

9) License/Registration granted only after completion of 1st Year of Residency AND successful completion of all phases of the National Board Exam (Generally after the Ninth Year of Tertiary Education).

TOTAL YEARS: approximately 11 Years of post-secondary education;
can be more with additional Fellowship and Specialty training.

USA ALLOPATHIC MEDICAL SCHOOL

1) High School (Secondary) Diploma (4 Years)

2) Undergraduate (Tertiary) degree in Pre-Medical Sciences (4 Years)

3) Medical College Admission Test (MCAT) Examination

4) Allopathic Medical School (4 Years)

5) National Board Exam Part I (after successful completion of 2nd Year)

6) National Board Exam Part II (after successful completion of 3rd Year)

7) National Board Exam Part III (after successful completion of 4th Year)

8) Residency Training (3 Years in duration-may vary)

9) License/Registration granted only after completion of 1st Year of Residency AND successful completion of all phases of the National Board Exam (Generally after the Ninth Year of Tertiary Education).

TOTAL YEARS: approximately 11 Years of post-secondary education;
can be more with additional Fellowship and Specialty training.

AUSTRALIAN "PODIATRY" SCHOOL

1) High School (Secondary) Diploma

2) Undergraduate (Tertiary) degree in "Podiatry" (usually 3 to 4 Years)

3) License/Registration granted only after completion of the Undergraduate degree in "Podiatry". (Generally only after the Third or Fourth Year of Tertiary Education).

Amazingly, the Australian "Podiatry" graduate is now legislatively free (after completion of only 3 years of Tertiary study) to use the same professional titles which, in stark contrast, takes their authentically Podiatry educated USA counterparts generally 9 Years of

Tertiary education until first use of the same title.

It is also important to note that Australia has never had a national board exam for "Podiatry" to ensure standardized competencies are being met.

Please keep in mind that not one of the Australian "Podiatry" Schools is accredited by the Council on Podiatric Medical Education (CPME). Consequently, none of their graduates may do any of the following in the USA or Canada:

1) Apply to sit for USA National Podiatric Medical Board Examinations

2) Apply for licensure status as a Podiatrist, Podiatric Physician or Podiatric Surgeon.

Again, the basis for the USA ban on Australian "Podiatry" qualfications is simply due to severe educational deficiencies among their Australian "Podiatry" graduates. Perhaps, in Australia their graduates would more appropriately be titled "Podiatric Technicians".

The sum and substance of this discussion is simply this:

1) The USA deems the Australian "Podiatry" and "Osteopathy" qualifications to be educationally insufficient for examination eligibility and licensing eligibility. This, of course, is in contrast to the Australian Medical qualification which, in fact, the USA deems to be educationally sufficient for examination eligibility and licensing eligibility.

2) The USA grants full scope practice (diagnosis, treatment, drug prescribing privileges, hospital privileges, x-ray privileges, surgical privileges, etc) to graduates of USA Podiatric Medical Schools and Osteopathic Medical Schools. For example, the Podiatric Surgeon may perform and specialize in unlimited practice of Foot and Ankle surgery. The Osteopathic Surgeon may perform and specialize in unlimited practice of Neurosurgery or Heart surgery if he/she has received that kind of Residency training..

3) Due to severe deficiencies in the Australian "Podiatry" educational framework, I personally do not believe that any Australian "Podiatry" school graduates should receive from the Australian Federal and State Governments the grant of full scope practice of the foot and ankle. In particular they should not be given drug prescribing privileges or surgical privileges involving the cutting of tendon or bone. Plainly, if the USA educational authorities have already studied the Australian "Podiatry" School curricula and concluded that their graduates should be banned from USA examination and licensure protocols, then this should be a huge "wake up" call to Australian legislative authorities.

I trust my analysis is clear. I feel my opinions are well justified by the facts in Educational Standards between the USA and Australia, which in this case of Podiatry, are far too dramatically different. I believe this type of response is warranted.

Clearly, this is a serious issue, worthy of careful planning and debate prior to any legislative implementation.

Since I, an Australian citizen, have not been given sufficient notice and time to prepare I hereby give notice to the Legislative Committee that, in the interests of Public Safety and transparency, I wish for a deadline to be set for purposes of debating Mr. Gilheany, on the Parliamentary record, pertaining to issues of Health Workforce Reform and Surgical Task

Substitution.

Particularly since it appears that "Podiatry" is the only allied health profession within Australia that is demanding a legislative surgical scope of practice, including but not limited to amputations, open reduction and internal fixation of ankle fractures, ankle fusions, etc.

QUOTES ATTRIBUTED TO PETER CARVER AND HIS TASKFORCE

Peter Carver
Executive Director
National Health Workforce Taskforce
Australian Health Ministers' Advisory Council
Health Workforce Principal Committee

September 2008

"Current shortages in health workforce supply and traditional workforce utilisation present major obstacles to improving health service delivery in Australia. Australia's health system is currently dealing with the effects of an underinvestment in its health workforce from the mid 1980s onwards and a traditionally conservative approach to the scope of practice of workers. These factors have influenced Australia's approach to health workforce self sufficiency and use of International Medical Graduates (IMG)."

"Importantly, access to internationally trained health workers provides a valuable avenue for skills transmission and through this productivity gains..." (Productivity Commission 39)

Again, may I reiterate that I am an Australian citizen. Since I am submitting this document to Parliament in the interest of public safety, transparency and legislative openeness, then all of my statements, opinions, musings, etc are hereby protected under Parliamentary Privilege and subsequently extended to protection of witnesses and protection of their evidence.

To identify the ACPS as the peak body on podiatric surgery in Australia would be counterproductive and a waste of legislative effort. To legislate any reference to the ACPS within the legislation would be in direct contravention of everything the ACCC stands for and against. To single out the ACPS within legislation is completely inappropriate since to do so implies the grant of monopolistic control to an organisation, that in my opinion, is simply not deserving of such far-fetched authority.

As an individual who, to the best of my knowledge, is the only Australian citizen in the world currently to have completed a 3 Year Surgical Residency in Reconstructive Foot and Ankle Surgery, I hereby consider myself as an expert within the field of Australian Podiatric Medicine & Surgery and therefore, a primary stakeholder in all matters, discussions, debates, etc pertaining to matters involving podiatric medicine and surgery.

For the record, I have asked repeatedly to be considered as a Primary Stakeholder in this process, and to date have not been informed of any dates for forums, hearings, etc.
Dr Morauta's assistants have been informed of this fact.

In the interest of transparency, for example, if Mr. Gilheany is not aware, then he should be informed that the requirements and pre-requisites for Fellowship of the American College of Foot and Ankle Surgeons are greater than anything currently in existence in Australia...in other words, for a Fellow of the Australasian College of Podiatric Surgeons to become a

Fellow of the American College of Foot and Ankle Surgeons he or she would have to transparently reveal that he or she possesses the following:

1) Possession of a Doctorate in Podiatric Medicine degree

2) Possession of a Council on Podiatric Medical Education accredited Surgical Residency certificate.

3) Possession of a certificate proving he has passed the standardized National Board of Podiatric Medicine Part I Written Examination.

4) Possession of a certificate proving he has passed the standardized National Board of Podiatric Medicine Part II Written Examination.

5) Possession of a certificate proving he has passed the standardized National Board of Podiatric Medicine Part III Written Examination.

6) Proof of further passing the Oral and Written Examinations for Podiatric Surgery.

The ACPS is not formally accredited or recognized with or by the American College of Foot and Ankle Surgeons (ACFAS) in any way, shape or form. The educational and academic standards of the ACPS are not remotely similar to those of the ACFAS. For someone to imply anything else would be intellectually dishonest. To come before the Australian Parliament and accidently or deliberately mislead for the purpose of acquiring a legislative benefit, if true, would be the height of arrogance. To embellish, overstate, and even mis-state one's credentials for the purpose of gaining an economic advantage or even a monopolistic advantage to the exclusion of others is perceived as simply a grab for the maximum amount of power. What should be legislatively rewarded is academic qualification that is verifiable...not political saaviness that is enjoyable.

The Legislative Committee needs to be aware that there are extremely well surgically qualified individuals, like myself, who have no interest in Mr. Gilheany's organisation. To legislatively protect the ACPS with monopolistic powers of accreditation would be a disservice to the innocent Australian public.

FORMULATING THE ARGUMENTS AGAINST AUSTRALIAN "PODIATRIC SURGERY"

As far as Australian "Podiatric Surgical Skills" are concerned, I know of USA Physician Assistants (PA's) that if you did not know they were PA's, you'd say they were decent surgeons (while observing them assist on orthopedic cases, let's say). It still doesn't make the PA a "Surgeon" or an "Orthopedic Physician".
An American Orthopaedic Physician Assistant (PA) who has skillfully excelled in assisting various Orthopaedic Surgeons with thousands of hip, spine, knee, hand, shoulder, and foot surgical cases over a ten or twenty year period is still an Orthopaedic PA. In other words, no matter how many years and cases the Orthopaedic PA has documented experience to show for, is still legally precluded from calling himself an Orthopaedist and/or Orthopaedic Surgeon. The same goes for the world's chiropodists/"Podiatrists". They, presently, are not the equal to the authentic USA trained Podiatrists who hold the "DPM" (Primarily because of deficient entry requirements and deficient curricula without comparably strong emphasis on rigor, duration, content, and sufficient numbers of appropriate PhD calibre faculty). In terms of totality of knowledge, the USA DPM graduate is indisputably more knowledgeable than the best of the Australian "Podiatry" graduates.

To be sure, some Australian trained "Podiatrists" may have an aptitude or even excel at a specific area like Biomechanics, Surgical Skill, Orthotic Fabrication, etc. Without the formal grounding in the BMS, however, they are no different than the PA (who, nevertheless, may provide enormous ASSISTANCE to their respective medically trained colleagues). Exhibition of "Technical Skill", by itself, is not yet enough to endow them with the privilege of independent thought and judgment as it relates to unlimited licensed powers to diagnose and treat human pathology.

To quote a Canadian DPM colleague of mine: "It's not in the incision it's in the decision."

Just because some Australian "Podiatric Surgeons" have taken the liberty to "cut" doesn't necessarily make them true "Podiatric Surgeons".

Just because an individual may read and have published one's article/research in the same professional literature for DPM's does not make one the equivalent of an authentic Podiatrist, THE 'DPM'.

The ACPS' submission received by the PC in August 2005 states in the last paragraph of page 4:

"The training program of podiatric surgery is more focused on the task that is required within the work place rather than a broader model of medical training which then filters back down to a narrow focus. The podiatric model of training is much more cost effective due to the shorter, more focused training and will also allow much quicker response to workforce needs in the future."

The essence of this statement well fits my argument of above. The ACPS "training program" does not nearly describe the "training program" of a Physician or Surgeon. It merely describes a Health Workforce "Technician" who does not or ought not possess the legislative privilege of independent thought & judgment as it relates to unlimited licensed powers to diagnose and treat human pathology. This ACPS' opinion above does not speak for the USA's CPME or represent curricula design & implementation existing at the USA's Podiatric Medical Schools.

AUSTRALIAN COLLEGE OF SURGICAL PODIATRISTS:
GOOD INTENTIONS LEAD TO A FALSE START

Michelangelo (1475-1564) said, "The greatest danger for most of us is not that our aim is too high and we miss it but that it is too low and we reach it."

Specifically regarding Dr. McGlamry's Textbook on Foot and Ankle Surgery, his is not the only one authored/edited by an American Podiatric Surgeon. In fact, there's a multitude of them out there. They were not written, in my opinion, with the intention of persuading medically unqualified foreign chiropodists/"podiatrists" to perform complex reconstructive foot & ankle surgery. Certainly not any more than endodontic texts were written with the motivation to educate dental hygienists to PERFORM root canals. Indeed, their primary intent was as reference tools for only individuals with an interest--specialty--in performing reconstructive foot and ankle surgery and who ALREADY possess appropriate medical qualifications.

Just because surgical/technical information is in the public domain doesn't mean that anyone

should attempt to duplicate it in actual practice...nor hang out their "shingle" after deceptively changing their title from Chiropodist whilst newly assuming the protected American title of "Podiatric Surgeon"...nor approach their Federal Health Minister to protect them from doing just that.

Questions for the Federal Health Minister:

1) Do you know some Skin, Muscle, Bone tumors can be deadly?

2) Do you really want Australian "Podiatrists" to attempt to diagnose (via biopsy, etc.) and surgically treat BONE TUMORS? Please see attached Podiatric Pathology Surgical Recquisition Form.

3) Do you think Australian "Podiatrists" have had sufficient training in Pathology, Radiology, and Radiography to even be legally permitted to make "random" guesses about such serious subjects (I don't believe, in my opinion, you can argue that they uniformly can even make "educated" guesses on these subjects.)

How can you expect Australian Orthopedic Foot & Ankle Surgeons to practice for a whole career while being haunted by individuals with so little training? It would be downright frustrating and wholly unfair.

The Australian educated "Podiatrist" is the equal of NEITHER the Australian Orthopedic Surgeon NOR the American DPM.

How would you like it if you did 8 years tertiary study (not including your surgical training) to get your degree and someone else comes along who's done 3-4 years of tertiary study and proclaims (all the way to the nation's capital), "We are your peers!" or worse, "We are better trained than you are!"??

The Australian Government needs to remain cognisant about the fact that training surgeons was never meant to be an economical or cost efficient proposition. In fact, on the contrary, it's an expensive process not yielding to attempts to cut corners. It is costly, yet one of the most important investments a government can make--the training of its surgeons.

In Section VI.A. of the American Academy of Orthopedic Surgeons' (AAOS) Code of Medical Ethics and Professionalism for Orthopedic Surgeons it states:
"The orthopedic surgeon should not publicize himself or herself through any medium or form of public communication in an untruthful, misleading, or deceptive manner."

It appears from my perusal of cv's, web sites, ACSP/ACPS syllabi, Parliamentary proceedings/submissions, and Policy & Training Documents, etc. relating to Fellows of the ACPS that some may possibly be in violation/conflict with such a reasonable paragraph concerning Code of Medical Ethics and Professionalism.

In Section VII.C. of the American Academy of Orthopedic Surgeons' (AAOS) Code of Medical Ethics and Professionalism for Orthopedic Surgeons it states:
"The orthopedic surgeon should not perform a surgical operation under circumstances in which the responsibility for diagnosis or care of the patient is delegated to another who is not qualified to undertake it."

It appears that any trained authentic Podiatric Surgeon would possibly be in violation/conflict of such a reasonable paragraph concerning Code of Medical Ethics and Professionalism every

time he/she were to have the intention of training non-medically qualified "Podiatrists"/Chiropodists to perform Reconstructive Foot & Ankle procedures.

AUSTRALIAN "PODIATRY": WHAT IS AND WHAT SHALL BE
PARLIAMENTARY BLUFFING ASIDE

Unfortunately there is great variance between what Australian "Podiatrists" SAY their education & training is versus what Australian "Podiatrists" education & training ACTUALLY is.

Take for example the confusing rhetoric conveyed at the February 7, 2005 Parliamentary Hearing on the Prosthetics Bill. When Senator Denman inquired of a Mr. Mark Gilheany (President of the Australasian College of Podiatric Surgeons) and a Mr. John Price (CEO of the Australasian Podiatry Council) to elaborate on Australian "Podiatry" training to become "skilled people" versus that of "the training of orthopedic people to become skilled people", the responses were recorded:

Mr. GILHEANY: The best way to describe it is a different paradigm. There was a review by Queensland Health a year or two ago with respect to the regulation of health practitioners in which they looked at this issue. They had an independent facilitator look at the training background of podiatric surgeons to perform foot surgery compared to that of orthopedic surgeons. They literally stood in front of a whiteboard and asked, 'What do you do, what do you do and what do you do?' The result of that is that we are essentially trained as well as, or better than, orthopedic surgeons to do the work we do. The training program is extensive; it is detailed. Although we come from a slightly different paradigm, it is a little like the oral surgery argument where you are dealing with dentists who specialise in reconstructive surgery--and that is where they have come from, and we are the same sort of people. I can go into specifics if you wish.

Senator DENMAN: No, it is okay.

Firstly, I don't believe he came close to giving an informative & intellectually honest answer. Secondly, I'm surprised the good Senator let him off so lightly on the opportunity for him to "go into specifics if you wish."

It is a different "paradigm" alright. It is not even remotely comparable. But why use the fancy word "paradigm" when all you need is the simpler, more old fashioned term: "CURRICULUM".

To call it a "different paradigm" in the wake of their program being so deficient of the BMS is not just an insult to others who are far more qualified (DPM's and Australian Orthopedic Surgeons) but, it appears, clearly deceptive. We live in an age of medical educational conformity...standardization (making professional programs more alike not more different). Abraham Flexner wrote his Carnegie Foundation Funded Report on Medical Education Reform in 1910 about this very subject of "STANDARDIZATION". In many ways, some of his thoughts and conclusions in his report are just as much relevant today as they were in 1910, nearly 100 years ago. Educational conformity is the norm in medicine and is extremely important since people's lives and safety are at stake. After all, the citizens are the real stakeholders in all these discussions, not the associations and special interest groups. Therefore, that is why "Standardization" is based upon the successful completion of a multitude of national examinations.

Further statements recorded at the same Parliamentary Hearing are:

Mr. Gilheany: "I would argue that we are better trained to perform foot surgery..." THAN Orthopedic Surgeons.

Mr. Price: "I would like to add a further point. These days the postgraduate theoretical work---additional pharmacology, medical science and so on---is done at master's degree level at university and then the practical for orthopedic surgeons is done in hospitals, in our case essentially in private hospitals, unfortunately, because we do not have access to the public system."

Mr. Price, to my knowledge, does not possess any expert "Podiatry" or "Chiropody" educational qualifications, let alone "Orthopedic". In my opinion, I think any expert advice on "Orthopedic" education & training ought to come from the "Orthopedic Surgeons" themselves.

How could such a supposedly transparent process as a "Parliamentary Proceeding/Hearing" be permitted to take place without the Parliamentarians, themselves, personally & formally demanding the Orthopedic Surgeons, themselves, to be present and heard? Democracy is supposed to be about openness.

Not having the real experts present at a Parliamentary Hearing exposes the dangers of "ex parte" proceedings. The legislators, who represent the innocent public, somehow don't have the whole picture. Not being able to see the whole picture can cloud one's judgment when it comes time to vote.

On page 5 of the July 2005 ACPS' First Submission to the PC they state:

"One of the reasons podiatric surgeons have so much opposition from the Royal Australasian College of Surgeons is that they work outside of their traditional training methods and control."

"Training regimes based on traditional professional demarcations have created the situation where podiatric surgeons are forced and are often perceived to work outside of the mainstream medical system despite their desire to be more integrated."

Australian "Podiatric surgery is a cross over profession which does not conform neatly neither within the traditional allied health nor in the medical/surgical hierarchy."

All that ACPS' rhetoric appears to be saying is that the RACS opposes the ACPS because the ACPS apparently continues to ignore RACS training models for safe practice (beginning with a BMS foundation); yet amazingly the ACPS apparently desires to be more integrated by the RACS despite non-conformist behavior (lack of BMS qualifications) by the ACPS.

The last sentence on Page 5 of the ACPS' First Submission to the PC states:

"...uneven playing field where podiatric surgeons struggle for recognition and survival."

An "Uneven playing field" intentionally exists when people cannot guarantee adequate ATTAINMENT of an appropriate knowledge base. Paralegals are not Barristers because they cannot prove they have the appropriate knowledge base for providing such services. A Cosmetologist who treats the face for ten or twenty years is still a Cosmetologist; they definitely don't metamorphose into Plastic & Reconstructive Surgeons of the face just

because they flew to a number of cadaver workshops in the USA over that same period of time.

AUSTRALIAN TRUTHTELLING:
TO KNOW OR NOT TO KNOW IS THE QUESTION FOR THE COMMISSION

The Australian "Podiatrists" do not have a proper BMS curriculum. When one refers to content, rigor, depth, breadth and duration it is an appropriate example to take a subject like "Physiology". All Universities have varying levels in courses on "Physiology". There's Physiology 101 and let's say there's Physiology 401. Though they are the same course subject, Physiology 401 is of much greater depth and intensity (usually involving much greater skills of comprehension) than the Physiology 101 course. The same can be said for Chemistry 101 and that of Organic Chemistry 322, let's say. Mathematics 101 versus Calculus/Differential Equations, etc...It is my contention that the Australian "Podiatry" curricula is slanted toward the meager, more superficial aspect of surveying courses with insufficient depth to permit building a preparation for more advanced subject matter.

The web of Australian "Podiatry" propaganda demands a proper perspective.

The point is simple: Australian "Podiatrists" simply don't know precisely what they don't know. Of course, they know enough to think they know enough. In my opinion, they do know just enough to potentially jeopardise PUBLIC SAFETY.

Learned men know that the more one knows the more one knows he doesn't know. The more I know, the more I realize I don't know.

If I may attempt to put it in the words of William Shakespeare (1564-1616), from "Measure for Measure", Act 2, Scene 2, Lines 117-118 (In: "The Complete Works of William Shakespeare", London: Rex Library, 1973:800):

"Man, proud man, Dressed in a little brief authority, Most ignorant of what he's most assured."

Once again, the previously stated assertion within the Australian "Podiatry" community that there is a CRISIS in Australian "Podiatry" Education is one in which I cannot disagree.

American Physicians & Surgeons do not joke about Australian Medical/Surgical credentials. But I can tell you some American Podiatrists, who are aware of "Australian Podiatry", do chuckle in disbelief and disgust about Australian "Podiatric Education". The voices of concern, I believe, will only get louder and louder if a sensible and rational debate is not forthcoming.

The audacity of some Australian educated "Podiatrists" flying to the USA to participate in short duration, highly technical, reconstructive surgical workshops at renowned institutions seems implausible when one considers it appears they don't possess a Formal Academic Medical Science Record (FAMSR). Perhaps in the future, it would behoove such USA institutions to insist on academic transcripts from foreign "Podiatrists" prior to granting them entree into USA surgical laboratories, operating rooms & learning centers. The USA has improved its due diligence requirements for entree into "Pilot Training Schools"; the same due diligence ought to apply to "Surgical Training Schools." We live in an age when the PUBLIC needs & demands more CONFIDENCE; not less. We live in an age when the PUBLIC needs & demands more security PRECAUTION; not less.

American "Surgical Training Schools/Workshops/Laboratories", in my opinion, should not permit entree into ANY of its courses "foreign nationals" who have INTENTION of autonomously practicing Reconstructive Foot and Ankle Surgery (RFAS) and possess less than a DPM, MD, DO, MBBCh, MBChB, or MBBS degree.

It is interesting to note how some Australian "Podiatrists" appear to inflate or apparently completely exaggerate their credentials. A good example is an individual who may insert after his name details like: President of a certain "Podiatry" organisation or President of a certain State "Podiatrists" Registration Board or CEO of a "Podiatry" Association. In other words, holding an office of an organisation does not constitute an "educational qualification" nor necessarily an endorsement of one's knowledge, skill or expertise. For example, being the CEO of the Australian Podiatry Council does not by itself make one a fully qualified "Podiatrist" any more than being the President of the Australasian College of Podiatric Surgeons is an assurance that he/she is a fully qualified "Podiatric Surgeon". It is one's university degrees with subsequent passing of specialty peer reviewed exams that permits one the privilege of gracing his/her name with expert titles.

By the same token, one should not get carried away/overcome with a huge sense of egotism by virtue of being President of a "Podiatrists" Registration Board. Being President of a Registration Board is not a qualification or award and should not be treated as such; it is more a mark of honor,trust, and privilege to uphold the standards & integrity within a profession. Certainly it is not a "degree" worthy of reciprocity from state to state.

MASTERS & DOCTORAL DEGREES IN AUSTRALIAN "PODIATRY"

On the important topic of Masters and Doctorate degrees which are becoming increasingly popular goals among Australian "Podiatrists", I have these suggestions for maintaining INTELLECTUAL HONESTY during/for the systematic and reliable pursuit of knowledge:

1) An anatomist can write a PhD thesis on any subject of surgical anatomy he/she chooses. Successful completion of same still does not make/endow him/her with the rights and privileges of an authentic Physician or Surgeon.

2) An Australian with a Bachelor's or Master's degree in Biomedical Engineering may possess as much knowledge if not more (in the specific area of how physical forces impact & interact with orthopedic hardware) than an Australian Orhopedic Surgeon. This, however, does not make the Biomedical Engineer an Orthopedic Surgeon or by itself give rise to surgical privileges.

3) An Australian "Podiatrist" can write a Masters or PhD thesis on Podiatric Surgery (IE, hallux abductovalgus surgery) topics, procedures, sociological studies, etc.; successful completion of same does not make/endow him/her with the rights and privileges of an authentic Podiatric Physician/Surgeon.
The same is true for an individual with expert understanding of Foot & Ankle Biomechanics or Medical Physics; he or she may hold a Bachelor, Masters or even PhD in the subject of Biomechanics or Medical Physics but this still doesn't make one the equivalent of a USA Podiatric Physician & Surgeon.

4) An Australian "Podiatrist" who possesses a Masters or PhD research degree may submit his/her results to a myriad of scientific and/or medical journals. Having one's article, for example, accepted for publication in the American Orthopedic and/or Podiatric literature such as the "Journal of Bone and Joint Surgery" and/or "Clinical Orthopedics and Related Research" and/or "Journal of the American Podiatric Medical Association" and/or "Journal of

Foot and Ankle Surgery" makes such an individual no more an "Orthopedic Surgeon" than a "Doctor of Podiatric Medicine" (DPM).

The notion that a Masters degree or PhD is an adequate substitute for course deficiencies in the BMS is absurd. If one writes a thesis either submitted for the Masters or PhD--it is convoluted logic to imply that writing about a specific surgical topic magically adorns your brain of all knowledge in the BMS. It may be nice and it may entitle one to use the term doctor but it is no substitute for coursework in the BMS. In sum, the PhD can complement a medical qualification, by itself however, it is not one.

The PhD Faculty at the US Podiatric Medical Schools will readily admit that just because they possess a PhD in a specific area RELEVANT to podiatry does not, by itself, endow oneself with the knowledge base to "be" or "call" oneself a podiatrist.

There are plenty of medical school APPLICANTS in the USA who have succeeded in performing Masters & Doctoral thesis research degrees. Despite their research degrees having been in the BMS, they still remain cognisant that such research does not make them a "Physician" or "Surgeon". In fact, that's why they are applying to medical school in the first place.
They are fully aware that their most honorable & meritorious Masters or Doctoral dissertation never sufficiently exposed themselves to ALL the areas of study necessary to become a fully fledged "Physician" or "Surgeon".

Just because an individual takes a few subjects that ARE "Podiatry", "Medically", "Surgically", or "Dentistry" related...does not make one necessarily a "Podiatrist", "Physician", "Surgeon" or "Dentist", respectively.

Obviously these research degrees are not without merit. Though the thesis research involved often invariably adds to the quantum of medical literature, the research by itself does not CONFER podiatric physician & surgeon STATUS to the successful research degree holder. In fact, as already stated, many USA podiatric medical school applicants have precisely these PRIOR qualifications. These qualifications are to be applauded but not to be CONFUSED AS A SUBSTITUTE for the Doctor of Podiatric Medicine.

There's nothing inherently actually wrong with Chiropodial qualifications. Chiropodists perform ESSENTIAL services in clipping difficult toenails (Onychocryptotic, Onychauxic, Onychogryphotic, etc.) and trimming/debriding hard to reach corns (Heloma dura, Heloma molle, etc.) & callosities (Tylomata, etc) often on patients with diabetes.

The problem only arises when people with educational qualifications similar to Chiropody attempt to pass those same qualifications off as being similar or same as the DPM or Orthopedic Surgeon who performs Reconstructive Foot & Ankle Surgery.

In an effort to lessen confusion to the public, the Australian "Podiatry" profession should either seek/offer a lengthier, more intense curricula coupled with medical schooling or revert their professional title to their original one..."Chiropodist".

If the Australian "Podiatry" Schools reverted their name to the Australian "Chiropody" Schools they would easily be some of the world's best, if not the best, Chiropody Schools. There, in my opinion, would not be a better Chiropody program offered in the whole world than the ones in Australia I am proud to say.

On Page 11 of the ACPS' Submission to the PC, they state:

"The training of podiatric surgeons in Australia is on par with...USA..."

IT IS NOT ON PAR WITH THE USA.

Come on, let's be professional about this debate.

AUSTRALIAN "PODIATRY" EDUCATION'S MAJOR INCONGRUENCY WITH THE USA

If you are not the same as your alleged American counterpart, you really should say so. But you are not saying so. Audaciously, you are saying you are the same, as in "ON PAR". You are NOT the same.

The definition of "ON PAR" is "an equality of status, level, or value; equal footing." (From www.thefreedictionary.com/par)

You PROFESS to be the same as a 'DPM'; you then are professing to have the same knowledge as a 'DPM'. Yet the 'DPM' can PROVE he/she has SAT for years and years longer studying/listening in a Tertiary Accredited Classroom/Laboratory.

Can you honestly and seriously PROFESS and proclaim to the public that you know what a 'DPM' knows? How could you come close to passing the exams DPM's pass if you've never studied the subjects that those examinations are written and designed to assess...test, your knowledge strengths & weaknesses...but if your weaknesses are so deficient, there's no point to taking the exam in the first place. Please keep in mind that this is not a debate about what you are capable of or have the potential for, with regard to academic pursuits and accomplishments.

You say you have a different education, or as you say "paradigm", yet you claim to somehow be the same (or better than?). Doesn't the rhetoric sound a little too convenient to actually be credible?

Eight (8) full time years or so in an accredited tertiary institution is simply too much time & sweat to dismiss. Imagine how many times a human heart beats in a year...pumping blood throughout the body, particularly the BRAIN. This pumped blood nourishes the brain with oxygen and nutrients so that we can perform complex tasks of human reasoning, analysis and other general thought processes. A fresh supply of pumped blood is essential to build more & more memories of detailed facts. A person who's spent 8 full time years studying should be expected to know more than someone who's only spent 3 or 4 years of full time study. I think that's why they call them "degrees"...as in degrees of study...degrees of knowledge...related to different "degrees" of DURATION as well as DEPTH of study.

I challenge any Australian "Podiatry" graduate to produce a formal academic medical science record (FAMSR) compiled over an eight (8) year continuous stretch of full time STUDY at an accredited tertiary institution.

Educationally, in my opinion, Australian "Podiatrists" are somewhat to the collective US DPM's and Australian Orthopedic Foot Surgeons what dental hygienists are to dentists.

If Australian "Podiatry" educators are saying that Australian SECONDARY school education far exceeds the quality of USA SECONDARY school education then this belief needs to be investigated for its merit-worthiness.

If Australian "Podiatry" educators are saying that they cover in their 3 year DIPLOMA or 4 year BACCALAUREATE programs ALL that is covered in the context of the USA DPM program (4 years BACCALAUREATE + 4 years professional DOCTORATE) then such a proposition also needs to be investigated for its merit-worthiness.

Australia needs to ask itself why it doesn't allow its physios, nurses, audiologists & other allied health professionals to perform surgery? It seems the answer should be obvious.

On Page 13 of the ACPS' Submission to the PC, they state:

"Podiatric surgeons are able to act as a substitute workforce in place of orthopedic surgeons in providing after hours care, acute care for foot and ankle injuries if they were provided the appropriate recognition previously requested in the document."

Once again, recognition is ONLY appropriate when educational qualifications are achieved. The Australian Federal & State Governments should NEVER legislatively recognise individuals who do not meet educational objectives for safe practice.

PROFESSIONAL "NAME-DROPPING"

Playing games with words and titles is no way to treat a patient. The only thing worse than saying you know someone when you really don't is saying you know something when you really don't...or using a professional title when you shouldn't. This form of professional "name-dropping" can easily mutate into frank deception to the public.

I believe it is intellectually dishonest for Australian "Podiatrists", who are so eager to legislatively expand their scope of practice away from Chiropody, to invoke the USA Titles, "Podiatrist" & "Podiatric Surgeon", in their arguments with Australian lawmakers. For some Australian "Podiatry" School graduates to claim or imply that they are just as well educated as the USA Podiatric Medical School graduates is plainly fraudulent.

Australian "Podiatry" Education does not possess the UNIFORMITY, DEPTH, RIGOR, and DURATION that is inherent within the USA's Podiatric Medical School Model of Education.

To achieve legislative accomplishments, and even perceived parity, via professional "namedropping" by alluding and implying an educational equivalency with a "DPM" is a bastardization of the truth: an "ill-gotten gain", in my opinion.

For those Australian "Podiatrists" who claim to know as much or more than an authentic Podiatric Physician/Surgeon on the topic of Biomechanics...I wish I could tell them that a large portion or most of the MCAT or NBPME Exams is on the topic of Biomechanics, but it is not; it represents only a very small slice.

AUSTRALIAN PODIATRIC SURGERY CREDENTIALS:
CHICKEN OR EGG THEORY

The Australian crisis in "Podiatry" education doth beg the chicken or the egg .

Since non-DPM, non-MD, non-DO, non-MBBS medically unqualified "Podiatric Surgeons" is an international novelty it does behoove one to ask how such a species of "Surgeon" arrived on this planet?

Which came first, the Australian "Podiatric Surgeon" or the Australian "Podiatric Surgical" education, examinations and skills training that ultimately hatches into such a fledgling or fully fledged entity?

All the worlds' foot and ankle surgeons who possess DPM, MD, DO, and MBBS educational credentials can point to an obvious, transparent, and three-dimensional medical science curriculum with tremendous depth, breadth, rigor, content, duration--quantity and quality--taught by expert faculty which led them to their surgical destiny.

The non-DPM Australian "Podiatric" Reconstructive Foot and Ankle Surgeon remains a most confusing enigma in this world.

Buffering their curricular defense with silly explanations and expressions like "paradigm" (as in different paradigm) sheds no additional light on their academic omissions. Only academic transcripts can be considered proof. Only academic transcripts offer the validity they desperately need to adequately justify their assumed status. Anything else, in my opinion, simply falls under the title of self-taught, self-studied, self-educated, self-skilled, self-trained, self-learned, and self-credentialing. This, of course, then leads to questions of "conflicts of interest" and academic corruption.

A "surgical training scheme" without integrity leaves something to be desired.

A "surgical training scheme" without integrity invites scandal and ultimately eventual investigation with concomitant intense scrutiny.

THE AUSTRALASIAN COLLEGE OF PODIATRIC SURGEONS:
A TERTIARY INSTITUTION OR RENDEZVOUS U.

In light of the ACSP/ACPS rather cavalier form of awarding and dispensing "Doctoral Degrees" over the years--first the "Doctor of Surgical Podiatry" then later the "Doctor of Podiatric Surgery"--it does beg the question of how it can bestow such a higher learning award without a physical, three-dimensional campus?

Furthermore, how do individuals who do not possess "Doctoral degrees" grant them themselves?

Perhaps they've invented the newest form of professorial and student rendezvous: so transparent I never saw it; so opaque--the knowledge, they never knew it.

DOCTORING OF CREDENTIALS:
SUNNY-SIDE UP OVERLY EMBELLISHED CV OR SCRAMBLED SERIAL LIAR & FRAUDSTER

For the world's non-DPM, non-MD, non-DO, non-MBBS medically unqualified "Podiatric Surgeons" it is my opinion that they require at least one of the above fully accredited degrees.

Amidst their self-learning, self-teaching, self-training, self-skilling, self-studying, self educating, and self-credentialing I respectfully suggest they do less self-doctoring and self-aggrandizing on their CV and more self-disciplining of what they include in their CV.

Misrepresenting one's credentials, particularly in the realm of SURGERY, is a serious offense in any of the developed nations.

The following article is worth a cautionary read:

bmjcareers.com
BMJ Career Focus 2005;331:170-171
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Doctors from outside the European Economic area ("overseas doctors")

You show me yours and I'll show you mine—medical mobility and regulatory cooperation

Details of disciplinary action taken against doctors who work abroad are often difficult to track down, so it can be tempting for doctors with something to hide to try and conceal their history. Richard Marchant offers his view on the challenges facing medical regulators

The challenge

Dr A is a clever, resourceful, and well travelled physician who has practised medicine around the world. He is also a serial liar and fraudster. On his CV he claims qualifications he was never awarded and lists posts he has not held. He also omits to mention certain appointments that he has held and countries where he has worked. One of his favourite scams is to steal the identities of other doctors who are no longer practising. He then uses their good standing to enable him to continue working. By maintaining several different identities simultaneously he can try to ensure that, if one identity is uncovered, there are others he can fall back on.

Dr A is not typical. The vast majority of doctors are doing a good job in difficult circumstances and want to contribute positively to the healthcare system in which they work. But the damage that can be done by the minority who are unfit to practise their profession, but move easily between jurisdictions, can be disproportionate to their numbers. Patients may be harmed, confidence in the profession damaged, and trust in the regulatory system shaken. The challenge for medical regulators worldwide is to find effective mechanisms for facilitating the mobility of the majority who wish to move, while preventing the dangerous minority from putting patients at risk.

DIAGNOSTIC ENLIGHTENMENT

It's the TOTALITY of the learning that makes a true Podiatrist, I believe. Proficiency in biomechanics as it relates to the lower extremity cannot be a single substitute for the totality of knowledge that goes into being a Podiatric Physician. After a certain level of learning is achieved within the BMS there becomes an almost indescribable, hard to define, coalescence of knowledge that yields an enlightened mind capable of associating & assimilating vast concepts of pathology, physiology, biochemistry, etc...punctuated by a timely insightful diagnosis. This enlightened mind is favored to efficiently produce precise diagnoses and treatments of human conditions...especially in a world where it's estimated that less than 1% of all bacterial species have been identified. Only a tiny fraction of bacteria and viruses can be cultured with standard lab methods.

As famed French microbiologist, Louis Pasteur said in 1854, "Le hasard ne favorise que les esprits prepares." Translation, "In the fields of observation chance, favors only the prepared (informed) mind."

Since no Physician or Surgeon could ever possibly predict exactly what kind of patient or disease he/she may encounter in clinical/hospital environments on ANY given day, clearly

then, the mind that treats must be intellectually and academically prepared for ANYTHING and EVERYTHING. This is perhaps the concept upon which we have finally arrived--that poses the greatest danger to patient safety by the implementation of Australia-wide Health Workforce SUBSTITUTIONS without fundamental Physician/Surgeon oversight.

It is worth repeating here for the sake of convenience what was said on the Page 4 last paragraph of the ACPS' Submission to the PC:

"The training program of podiatric surgery is more focused on the task that is required within the work place rather than a broader model of medical training which then filters back down to a narrow focus. The podiatric model of training is much more cost effective due to the shorter, more focused training and will also allow much quicker response to workforce needs in the future..."

A Mountain's Base is always broader than its peak. Without a base it would not have a peak. Without a peak you would not have a vista.

Who's mind has a better chance of seeing a horizon of conditions filled with potential complications heading down the road well before they actually arrive?

Who's mind has a better PANORAMIC VIEW of what lies ahead? The man who sits atop a mountain or the man that sits atop a knoll?

Likewise, in the academic sense, who's mind has a better chance of seeing a HORIZON of conditions filled with potential complications heading down the road well before they actually arrive? Is it the mind of the "TECHNICIAN SUBSTITUTE" with 3 to 4 years of formal tertiary study or is it the mind of the PHYSICIAN with 8 years of formal tertiary study?

I believe, the unbridled authority of a "TECHNICIAN SUBSTITUTE" workforce poses far more risk to society than a fully qualified Physician and Surgeon workforce.

Surely a toddler, child or adolescent wouldn't see or anticipate the dangers in life as well as a competent adult would.

Nearly every auto insurance company on the planet has less confidence in the driving abilities of the novice driver to avoid an accident as compared to the veteran adult driver.

A TECHNICIAN SUBSTITUTE without a broad & deep foundation in the BMS will never see as far as a SPECIALIST who has such a foundation. Who will provide patients with the best opportunity to see danger coming before it's TOO LATE? When patients go to see their doctor, he/she is their "peak". Their "peak" is only as high as the knowledge foundation (inherent within their doctor) is wide.

AUSTRALIAN "PODIATRY" PURSUIT OF PRESCRIBING PRIVILEGES

Without doubt, one of the most protected & security conscious privileges of American licensed Physicians & Surgeons is that of "Prescription Drug Privileges". It is a privilege that every American Doctor takes most seriously. Few Physician & Surgeon privileges are monitored more closely by Government authorities than that of Drug Prescribing Practices. There simply is no room for levity on the subject.

Incidentally, the Podiatry Board of South Australia has recently formally stated the

following:

"Registrants must not include titles, descriptors, credentials, or initials for such, before or after their name that would suggest specialisation."

"Similarly, terms or abbreviations used after a registrant's name such as M.A.Pod.A. or Acc Pod are not permitted as members of the public would not understand these abbreviations, and could be misled into believing the registrant has formal additional qualifications. These terms must be used in full, ie:

* Member of Australian Podiatry Association
* Podiatrist Accredited by Australian Podiatry Association"

I have never been aware of or have seen any American Podiatric Physician employ an abbreviation of the membership of the American Podiatric Medical Association after their name as if it were a qualification: M.A.P.M.A.

What kind of professional culture could possibly foster such a practice as abbreviating the letters "M.A.P.M.A" after an individuals name as if it were a degree or qualification? Is the thinking that the more letters after one's name the easier it is to convey the image or perception of advanced learnedness to the public? Is it possible that a practitioner's patients may misconstrue such letters to actually represent some sort of degree or qualification? Surely the respective Associations have known this type of practice has been going on for decades in Australian, haven't they? Surely the respective Associations & Boards could have outlawed such a practice years ago, couldn't they? What could have been the reason to maintain such a dominant professional culture which obviously doesn't disapprove (or at least apparently hasn't nationally disapproved) of such behavior? Is it possible that such a "M.A.Pod.A." culture evolved and persisted simply because that's what happens in a profession where some, if not many, don't possess (or at least apparently haven't possessed) the professional equivalent to a Doctorate degree? Is it possible that because prior to 1990 most Australian "Podiatrists" had not much more than a "Diploma" qualification to autonomously practice "Podiatry"? Is it possible that most knew that a "Diploma" wasn't even the equal of a "Bachelor" Degree? Is it possible that because such a relatively short tertiary experience leading to such a dramatically expansive alleged "Scope of Practice" has inadvertantly equally created a dramatically collective--professional "inferiority complex"? A professional "inferiority complex" so pervasive within the Australian "Podiatry" community that many or most can't resist the apparent dire need to include "M.A.Pod.A." after their name? Why don't all the States in Australia simply have the same legal policy already as that imposed by the Podiatry Board of South Australia?

The differences between Australian educated "Podiatrists" and the USA educated "Podiatrists" and their respective levels of education are truly enormous...and that's an understatement.

Lack of clarification only promotes confusion. If a State Government, under appropriate mandatory advice from the Australian Medical Council, Australian Medical Association, and Royal Australasian College of Surgeons, is unwilling to proscribe structure & clarification as to which citizens are & ought to be endowed with such an important, yet potentially dangerous, legal privilege as "Prescribing" then it will only incite confusion. To leave such important decision-making up to Medically Unqualified individuals to sort out for themselves will only jeopardize public safety. In my opinion, it is distinctly possible that those with the most potential conflicts of interest will attempt to rule the issue while possibly having the least amount of education.

With regard to the recent Victorian "Podiatrists'" pursuit of prescription drug privileges, I can only say that there's alot more educational judgment, diagnosis, and overall physical assessment that goes into prescribing antibiotics, etc, than whatever might be gleaned from taking a sole "Pharmacology" course. If I were the Victorian Government Premier, I would do everything possible to intensely monitor, if not stop, such an initiative...until such time that the AMA, RACS and the AMC can make a complete evaluation of those "Podiatrists" who insist on possessing the prescribing privilege. For example, if the Australian "Podiatrist" can show he or she can pass the psychometrically designed combination of the standardized American MCAT & NBPME (Parts I, II, III) Examinations or of the Australian AMC Examination then that, in my opinion, would be a safe and adequate pre-requisite for the prescribing privilege. This, therefore, would be the best way for a Government to assure itself that it is not randomly passing out drug prescribing authority to medically incompetent or medically unqualifed individuals. This would be the best way for a Government to assure itself and its civilians that the people with the power and privilege to prescribe pharmacologically active compounds for human consumption are exclusively those who have the perspective of, not simply standing atop the Knoll; standing atop the Mountain. No society should create havens or perceived havens for unsafe drug prescribing privileges or practices.

In order to properly evaluate the potential newcomers to the ranks of Australian Prescribing Privileges, Australian Governments should provide extra funding to those groups or entities which already possess a history, track record and the most expertise in the evaluation of medical competence:

1) Australian Medical Council

2) Royal Australasian College of Surgeons

"THE DOCTOR'S MOTHER TEST"

Any health workforce reform must pass the "DOCTOR'S MOTHER TEST." Simply the test of a profession, whether it be comprised of technical "SUBSTITUTES" or the LESS AUTONOMOUS technical "ASSISTANTS": Can it proficiently deliver services sufficient for those people "in the know" (Medical Specialists) to ever want to refer their own mother?

The real question for Australian Health Workforce reform is...do you want actual "SUBSTITUTES" or "ASSISTANTS" for doctors and medical specialists? Do you want diagnostically & therapeutically autonomous "SUBSTITUTES" with little if any Physician/Surgeon oversight? Or do you want the less autonomous "ASSISTANTS" who would always be subject to working under "DOCTOR's ORDERS"? I believe the latter is the choice that will provide the safest environment of reform. Everyones' mothers & children are the real stakeholders in this debate.

I'm sure we all agree that a Surgeon must be more than unidimensional. That is, knowing more than just "PSYCHOMOTOR SKILLS" is fundamental to being a Surgeon. The provision of psychomotor skills workshops/seminars (using either Sawbones or Cadavers)to "Knowledge Deficient Australian Podiatrists" (KDAPS) IS NOT consistent with the public interest IF the intent of the KDAPS is to autonomously (without the supervision of medically qualified specialists) employ such "Surgical Skills" on unsuspecting people. Such a scenario, one may argue, may impose a nuisance or perilous condition upon society.

In other words, an authentic Surgeon must be able to provide skills in diagnosis, prognosis,

and treatment of sudden complications. This inherently involves detailed knowledge of subjects like pathology, microbiology, biochemistry, hematology, immunology, organic chemistry, histology, neurology, oncology, etc. If one doesn't understand organic chemistry then how could one possibly comprehend fluid balance?

Patients the world over, have a right to a Surgeon who meets or exceeds a minimum level of BMS learning & comprehension before they "CONSENT" to subject their bodies to a Surgeon's "Psychomotor Skills." Proof of having completed a medical education seems to be a reasonably minimum standard to expect. Does or should anti-competition legislation compel institutons to commit unsafe practices by surgically training individuals who fall well below the minimum threshold of learning as it relates to the BMS? I think the answer is NO.

Such a scenario sounds like a nightmarish experiment that only fully trained medical men are worthy of proposing or forecasting an intelligent opinion. The Radial Keratotomy (RK) Case in the USA is relevant to revisit here.

Indeed, the USA's Seventh Circuit Court of Appeals in Chicago may have said it best when they delivered their ruling in the RK Case on March 3, 1989 calling the American Academy of Ophthalmology's 1980 action on RK a MEDICAL, not a LEGAL, question.

"The Sherman Act is not a code of medical ethics or methodology, and whether RK is 'experimental' is a medical rather than a legal question...this case should not have gone to the jury; indeed it should not have gone to trial. All the Academy did is state as its position that RK was 'experimental' and issue a press release with a call for research...Plaintiffs' fundamental position, stated in its reply brief, is that: 'Issuing such a statement (calling RK 'experimental') carried with it an obligation to the public, ophthalmologists, and third party payers to have studied the procedure and reached a considered opinion.' Putting to one side the conundrum that once you have 'studied' something it is no longer 'experimental'---that the declaration of 'experimental' status logically precedes the gathering of information---we do not perceive what this has to do with antitrust." the court ruled.

It truly is refreshing to see legal minds defer the judgment of patient safety issues to actual medical minds. Therefore, may it be said that a decision to NOT train medically unqualified surgeons is a MEDICAL, not a LEGAL (anti-competition) question...a question that should only be answered by medically qualified men and women.

Perhaps the ACCC has already considered this when it essentially gave the RACS a monopoly on all matters pertaining to surgery.

Surely dental assistants who have acquired (learned) a working knowledge of oral surgical procedures NEVER have the INTENTION of performing them under their own name.

Surely the same can be said for the countless Physician Assistants (PA's) in the USA that possess a detailed working knowledge of various orthopedic procedures. NONE EVER have the INTENTION of performing hip, knee, shoulder, foot, hand, or spine surgery under their own name.

It appears this much can't be said for Australia's "Podiatry" graduates, who after partaking in a "Psychomotor Surgical Skills Workshop" have EVERY INTENTION of performing bone (ankle implants), tendon, nerve, artery, vein, skin (as in skin grafting), cartilage, tumor (benign let alone malignant), muscle, fascial type surgery under their own, autonomous, name. To be sure, they are only too happy to tell their legislators & anyone who'll listen that this is what our USA Podiatric Surgery "counterparts" do, so why not me? As if they're part

of the same self-anointed fraternity. Never mind the fact that it was only in the 1980's where they persuaded their legislators to change the name from Chiropody to "Podiatry"; without a correspondingly significant enhancement in the educational curricular breadth & scope.

EARNING THE PRIVILEGE OF TITLE & NOT CONFUSING THE PUBLIC

I do not believe there'd be a substantial difference in test scores between members of the ACPS (unless they possess a DPM) and general members of the Australian "Podiatry" community. That is to say I believe they would equally fail miserably on the test administered by the USA's National Board of Podiatric Medical Examiners. I would enthusiastically encourage such a project where willing Australian "Podiatrists" & Fellows of the ACPS were given permission to sit for the MCAT and NBPME Exams (despite NOT being eligible to take them).

Unless Australian "Podiatrists" can prove they have a DPM or an Australian Medical Degree, I remain unconvinced & totally non-plussed about them possessing even minimal competency as it pertains to knowledge of BMS.

To put it simply, it's not for Australian Chiropodists to apparently deceptively legislate their name change to "Podiatrists" without proof of a rigorous & broad education that does not OMIT any part of the BMS. It's not for Australian Chiropody School graduates to create "Podiatry" Schools filled with academic shortcuts of the BMS and to proclaim what US Podiatry School subjects do NOT belong in an Australian "Podiatry" curriculum...to the point where an Australian "Podiatry" graduate's average age is 21-22 years & the average USA Podiatry graduate's age is 26-27 years old. When a course of learning leading to a professional title like "surgeon" becomes so "watered down", at what point does it cease to become a professional course beneath the threshold of appreciable existence? At what point does the Australian "Podiatry" educational CRISIS become so deplorable that the Government must revoke all titles pertaining to Australian "Podiatry"?

"PODIATRIC PURGATORY" & "SCOPE OF PRACTICE LICENSING LIMBO"

Apologies to Dante Alighieri (1265-1321).

I have been personally told by UK, Australian and New Zealand educated "Podiatrists" that:

1) "The USA's DPM learns & knows too much irrelevant science needed to practice the profession of 'Podiatry'."

2) "DPM's spend far too much time in school learning things that have nothing to do with treating the human foot & ankle."

3) "The American Podiatry Curriculum is filled with too many subjects that do nothing to improve patient treatment 'outcomes'."

4) "The American Podiatry Curriculum requires DPM's to learn & master subjects that have no real relevance or consequence in professional 'Podiatry' practice."

I have been specifically asked how certain scientific & medical science subjects help a "DPM" diagnose & treat conditions any better than the UK, Australian and New Zealand "Podiatry" Model graduates. The easiest answer is simply to respond by saying, "You'll really never know or conceptually comprehend the answer yourself unless you personally take, attend, and satisfy ALL the required subjects that a "DPM" graduate has been required

to complete." If one really must ask such a question, one will never truly and intimately know the answer UNTIL one has successfully completed an entire "DPM" educational program. The uninitiated will, in my opinion, be destined & relegated to a sort of "PODIATRIC PURGATORY". But for the lack of diagnostic acumen & enlightenment, there's absolutely nothing wrong with living in such a state of "MEDICOLEGAL LIMBO".

Without a "DPM" or other Medical Degree one must accept being destined to practice the provision of Human Foot & Ankle Health services from the perspective atop the "KNOLL" instead of atop the "MOUNTAIN".

The UK, Austalian and New Zealand "Podiatry" Education Model, in my opinion, graduates people competent to practice a CHIROPODY "SCOPE OF PRACTICE"; definitely NOT, in my opinion, a "PODIATRY" SCOPE OF PRACTICE.

The ONLY Australian University graduates, in my opinion, entitled to enjoy a "true" PODIATRY SCOPE OF PRACTICE are those individuals who have graduated from one of Australia's fine Medical Schools.

If Australian and New Zealand "Podiatrists" can call myself & other DPM's "OVERQUALIFIED" to practice PODIATRY in Australia, then why can't I call them "UNDERQUALIFIED" to practice "PODIATRY" in Australia?

AUSTRALIAN PODIATRIC PHYSICIANS & SURGEONS: TO BE OR NOT TO BE

Apologies to William Shakespeare (1564-1616).

May we consider that the offering of foot health services to the public is a business activity. Is it not deceptive & fraudulent practice then to say you are something when you really are not? Consumers'(patients') confidence & trust are exploited for those few who may achieve economic gain by an 'en masse' misrepresentation of knowledge, title and qualifications.

The attached document details information regarding the legal prescribing, dispensing, implanting, etc. and general use of orthopedic hardware.

Technically speaking, the terminology in this Synthes box example is intended, I suppose, for a USA audience. It can be argued quite easily, however, that Australia's Therapeutic Goods Administration (TGA) would construe the same terminology to have identical relevance within Australia.

To Wit:

"CAUTION: Federal Law Restricts this Device to Sale by or on the Order of a Physician."

It follows logically that since Australian "Podiatrists" are not considered "Physicians" and/or "Surgeons" under Australian law then they must be legally precluded from prescribing, dispensing, implanting such orthopedic hardware surgically within the human body and to any of its tissues.

"Knowledge Deficient Australian Podiatric Surgeons" (KDAPS), despite such knowledge inadequacies, it is curious to wonder why and how, so many of them apply or have applied technologies to these tissues with complete ignorance and dismissiveness of manufacturer's warning labels:

"CAUTION: Federal Law Restricts this Device to Sale by or on the Order of a Physician."

Technologies applied to tissues such as screws, wires, plates, silastic implants, bone grafting materials, etc. represent only some of the things attempted by KDAPS. Further investigation certainly is warranted. By lacking the FAMSR, KDAPS do not and cannot possibly possess a FULL complement of professional cognition as it relates to the PRE-OP, INTRA-OP, and POST-OP management of the human foot and ankle as embodied in the words used to designate a USA licensed Podiatric Surgeon or an Australian Orthopedic Surgeon. Personally, I find the notion of medically unqualified individuals performing podiatric surgery repugnant. It is immoral and violates all notions of public safety and humanitarianism. KDAPS inability, for example, to differentiate musculoskeletal conditions from those inherently neurological in origin may pose patients at unnecessary risk or even frank harm. Furthermore, knowledge deficiencies about bacterial genus & species characteristics makes it impossible to put theory into confident practice and ultimately facilitate the management of infection.

Ability to perform a thorough physical examination & history is severely hampered by any lack in the FAMSR. Any ability to correlate same findings into substantive/meaningful ways and strategies that provide enhanced comfort and safety to patients is compromised. Patients need less doubt and more certainty when it comes to discussions of diagnoses, prognoses, treatment plans and alternatives. The FAMSR is needed to facilitate smooth transitions through all phases of patient surgical and non-surgical care--perioperative global management: Pre-operative, intra-operative, post-operative care.

With the exception of Australians who hold the DPM degree, I have not seen complete evidence of academic fulfillment of those courses outlined in the FAMSR or even in the less intense version outlined in the Australasian College of Podiatric Surgeons' (ACPS) Policy & Training Document by those holding "Fellowship" status in the ACPS.

One may argue that an interesting combination of psychodynamics must be at play that allows the mind of one to attempt to do, and do, so much with so little academic foundation. Pomposity and delusions (perhaps not unlike that alluded to in Cass' description of IA, "echo chambers" and "cyber cascades") may shore their foundation of confidence and frank hubris. If medically UNQUALIFIED people tell themselves 10,000 times that they are "Surgeons" then maybe they really do think they are "Surgeons" and their patients may believe this too.

Unfortunately, it appears only a court of law has the power to compel their hands into a state of FULL DISCLOSURE. I know of no other surgical discipline/profession among the developed world's countries that permits AUTONOMOUS surgical careers to exist and flourish without so much as a bachelor's degree. It appears to be one of the rawest cases of charlatanism. To permit KDAPS the facade of brick hard arrogance to the point that effectively shews or intimidates away the criticism of professionals possessing FAMSR eliminates any opportunity to query and accomplish the tedious process of methodically investigating their credentials in the name of public safety. Time and resources must be made available by licensing authorities and legitimate surgical associations/societies not just to maintain the public trust but for the public good. The concern is sufficiently broad based that it is beyond the narrow geography and scope of hospitals and other health care facilities. The problem would be more efficiently and economically tackled by Federal and State Governments in concert with surgical associations/societies.

As mentioned elsewhere within this submission, both Canada and the UK (see attachments) are currently grappling with this issue. In Canada it is the Doctors of Podiatric Medicine who

are begging for intellectual & professional honesty from the Chiropodists. Apparently, in the UK it is the Orthopedic Surgeons who are begging for intellectual & professional honesty from the Chiropodists. (See Appendices for relevant examples).

Why would anyone in Australia who has an interest in performing surgery want to avoid the purview, oversight and collective wisdom of the Royal Australasian College of Surgeons? Logic dictates that they'd be running to them for advice, counsel and guidance.

Here in Australia, thanks to the Australian Productivity Commissions' transparency there is an encouragement of intellectual honesty and forthrightedness along with a mentality of health workforce reform. Australia, consequently, has a much better chance of resolving the issue. The RACS, AOA, and AOFAS have been patiently polite in the matter and perhaps for too long haven't said enough. Much of that is not their fault, however, since it appears the relevant Australian "Podiatrists" have quite deliberately kept the real doctors as much uninformed of intentions as realistically as possible (Remember, the Australian Orthopedic Surgeons weren't formally invited to all relevant Parliamentary Hearings, as previously mentioned). The secretive methods in which legislative gains have been made possible, of course, could not last forever. At some point the machinery of the collective RACS, AOA, and AOFAS manages to churn out a rational response to Public Safety.

American Osteopaths, on the basis of their DO (Doctor of Osteopathy), can receive training to be heart or brain surgeons. Why? Because they possess at least a minimal competency as it pertains to knowledge of BMS.

The Australian "Osteopath" has not had the same or similar exposure to the BMS sufficient to warrant themselves worthy of being trained as heart or brain surgeons.

Likewise, the Australian "Podiatrist" has not had the same or similar exposure to the BMS to warrant themselves worthy of being trained as Reconstructive Foot & Ankle Surgeons.

In other words, 10 Australian "Podiatrists" doing 10 different research projects to obtain a Masters degree or PostGraduate Diploma is not my idea of "Systematic & Reliable" pursuit of knowledge required to become an authentic Podiatric Physician/Surgeon. Their present curricula is like a house of cards built upon a foundation of sand.

So when someone asks your qualifications your answer is not "I am President of..." Instead try supplanting the above with "I hold this degree..."

The level of BMS knowledge deficiency among some Australian "Podiatric Surgeons" is stupendous and the proportions simply scandalous.

Periodic, dose offerings of "BRIDGING COURSES" related to the BMS are not, in my opinion, an ethical manner in which to allegedly UPGRADE one's credentials from Chiropodist to Podiatrist to Podiatric Surgeon. BMS Coursework should be full-time, in-depth, systematic, rigorous and consecutively continuous over a duration of years. The BMS Coursework should be taught by Medical Faculty who hold either an authentic Medical Qualification or a PhD in the precise subject taught.

There is not one American Podiatric Physician/Surgeon who has been permitted to pursue studies toward his/her Podiatric Medical Educational "DPM" degree whilst simultaneoulsy working as a Podiatrist either autonomously (fee for service) or as a Podiatrist whilst working in any form of subordination to another Podiatrist (salary).

It is astounding to me that the Australian government appears to sanction an insurance company to provide insurance to Australian "Podiatric Surgeons" for liability related to "orthopedic surgery" of the bones of the foot & ankle. This policy, in my opinion, is a de facto permission for medically unqualified individuals to circumvent the authority of the AMA/RACS/AOA and state Medical Acts. I wonder now, if the physios approach the same Australian insurance company for coverage involving "shoulder" surgery, wouldn't the same insurance company have to provide it since they've already established a precedent of providing surgical coverage to other medically unqualified people?

THE ETHICS OF FLYING HIGH: WITH EMPHASIS ON TAKE-OFF & LANDING

The following story highlights my caveat to the Australian Government regarding its apparent optimism, or at least consideration of systematic HealthWorkforce Substitutions. It takes place in the mid-1980's when I was on a DC-10 preparing for take-off at Chicago's O'Hare Airport. Our jet and its near full capacity of passengers had just pulled out of the gate & were ~200 meters away from it when the pilot came over the intercom in a cool, calming voice to report that he could only get two of three engines started...and that we'd taxi out to the runway & give it "the old college try" anyway. It was an interesting expose' of "optimism" on his behalf. He underestimated the resolve of his passengers aboard his DC-10. The voices of passion & pleas were too great, however, for his single-minded optimism to win the day. Within a few minutes of his proclamation of faith & optimism the Flight Attendants had him turning our jet back to the terminal's gate.

The moral of this story is that sometimes "pessimism" is healthier, safer, more relaxing, more comforting and overall more confidence inspiring than overt "optimism".

I believe Australia's on that runway now with two out of three engines working and the Government seems to be saying..."Let's give it the old 'tech school' try!" Hopefully there's a vista with a horizon yet to be seen in this picture but only if it can get off the ground without the people running for the exits..."better safe than sorry".

Since that ordeal at O'Hare, I have asked a few airline pilots what the likely OUTCOME would have been...they have, for the most part, indicated that the jet probably would have done alright. I believe one pilot had told me that many jets can fly on one engine if necessary. ALL the pilots, however, have said that it's simply not worth the risk.

Even Air Line Pilots have a Code of Ethics which they are expected to uphold. Such a document is, unquestionably, designed with the primary purpose of & for public safety.

Organization: Air Line Pilots Association

In November 1977, the Executive Board of the Air Line Pilots Association adopted this revised version of the profession's Code of Ethics. The task of updating the Code was undertaken by a committee of three pilots appointed by the board at the request of the Board of Directors in 1976. The pilots on the committee, Capt. Don McLennan (PAA), First Officer John Zimmerman (TIA) and First Officer Richard Baldwin (UAL) (then a second officer), called upon the 35 master chairmen for their suggestions. While the five main tenets of the Code, originally written in 1956, have not been altered, the language of the supporting canons has been streamlined and updated to reflect today's crew relationships and concepts of command.

Code of Ethics

An Air Line Pilot will keep uppermost in his mind that the safety, comfort, and well-being of the passengers who entrust their lives to him are his first and greatest responsibility.

He will never permit external pressures or personal desires to influence his judgment, nor will he knowingly do anything that could jeopardize flight safety.
He will remember that an act of omission can be as hazardous as a deliberate act of commission, and he will not neglect any detail that contributes to the safety of his flight, or perform any operation in a negligent or careless manner.
Consistent with flight safety, he will at all times operate his aircraft in a manner that will contribute to the comfort, peace of mind and wellbeing of his passengers, instilling in them trust in him and the airline he represents.
Once he has discharged his primary responsibility for the safety and comfort of his passengers, he will remember that they depend upon him to do all possible to deliver them to their destination at the scheduled time.
If disaster should strike, he will take whatever action he deems necessary to protect the lives of his passengers and crew.

An Air Line Pilot will faithfully discharge the duty he owes the air line which employs him and whose salary makes possible his way of life.

He will do all within his power to operate his aircraft efficiently and on schedule in a manner that will not cause damage or unnecessary maintenance.
He will respect the officers, directors and supervisors of his airline, remembering that respect does not entail subservience.
He will faithfully obey all lawful directives given by his superiors, but will resist and, if necessary, refuse to obey any directives which, in his considered judgment, are not lawful or will adversely affect flight safety. He will remember that in the final analysis the responsibility for safe completion of the flight rests upon his shoulders.
He will not knowingly falsify any log or record, nor will he condone such action by other crew members.

He will remember that a full month's salary demands a full and fair month's work. On his days off he will not engage in any occupation or activity that will diminish his efficiency or bring discredit to his profession.

He will realize that he represents the airline to all who meet him, and will at all times keep his personal appearance and conduct above reproach.

He will give his airline, its officers, directors and supervisors the full loyally which is their due, and will refrain from speaking ill of them. If he feels it necessary to reveal and correct conditions that are not conducive to safe operations and harmonious relations, he will direct his criticism to the proper authorities within the Association.
He will hold his airline's business secrets in confidence, and will take care that they are not improperly revealed.
An Air Line Pilot will accept the responsibilities as well as the rewards of command, and will at all times so conduct himself both on duty and off as to instill and merit the confidence and respect of his crew, hiss fellow employees and his associates within the profession.

He will know and understand the duties of each member of his crew. If in command, he will be firm but fair, explicit
yet tolerant of deviations that do not affect the safe and orderly completion of the flight. He will be efficient yet relaxed, so that the duties of the crew may be carried out in * harmonious

manner.

If in command, he will expect efficient performance of each crew member's duties, yet he will overlook small discrepancies and refrain from unnecessary and destructive criticism, so that the crew member will retain his self respect and cooperative attitude. A frank discussion of minor matters of technique and performance after the flight will create goodwill and a desire to be helpful, whereas sharp criticism and peremptory orders at the moment will only result in the breakdown of morale and an inefficient, halting performance of future duties.
An Air Line Pilot will remember that his is a profession heavily dependent on training during regular operations, and if in command, will afford his flight crew members every reasonable opportunity, consistent with safely and efficiency, to learn and practice. He will endeavor to instill in his crew a sense of pride and responsibility. In making reports on the work and conduct of his crew members, he will avoid personal prejudices, make his reports factual and his criticisms constructive so that actions taken as a result of his reports will improve the knowledge and skill of his crew members, rather than bringing discredit, endangering their livelihood and threatening their standing in the profession.
While in command, the Air Line Pilot will be mindful of the welfare of his crew. He will see to it that his crew are properly lodged and cared for, particularly during unusual operating conditions. When cancellations result in deadheading, he will assure that proper arrangements are made for the transportation of his crew before he takes care of himself.
An Air Line Pilot will conduct his affairs with other members of the profession and with the Association in such a manner as to bring credit to the profession and the association as well as to himself.

He will not falsely or maliciously injure the professional reputation, prospects or job security of another pilot, yet if he knows of professional incompetence or conduct detrimental to the profession or to the Association, he will not shrink from revealing this to the proper authorities within the Association, so that the weak member may be brought up to the standards demanded, or the Association and profession alike may be rid of one unworthy to share its rewards. He will conduct his affairs with the Association and its members in accordance with the rules laid down in the Constitution and ByLaws of the Association and with the policies and interpretations promulgated therefrom. Whenever possible, he will attend all meetings of the Association open to him, and will take an active part in its activities, and in meetings of other groups calculated to improve air safety and the standing of the profession. An Air Line Pilot shall refrain from any action whereby, for his personal benefit or gain, he takes advantage of the confidence reposed in him by his fellow members. If he is called upon to represent the Association in any dispute, he will do so to the best of his ability, fairly and fearlessly, relying on the influence and power of the Association to protect him. He will regard himself as a debtor to his profession and the Association, and will dedicate himself to their advancement. He will cooperate in the upholding of the profession by exchanging information and experience with his fellow pilots, and by actively contributing to the work of professional groups and the technical press. To an Air Line Pilot the honor of his profession is dear, and he will remember that his own character and conduct reflect honor or dishonor upon the profession.

He will be a good citizen of his country, state and community, taking an active part in their affairs, especially those dealing with the improvement of aviation facilities and the enhancement of air safety.
He will conduct all his affairs in a manner which reflects credit on himself and his profession. He will remember that to his neighbors, friends and acquaintances he represents both the profession and the Air Line Pilots Association, and that his actions represent to them the conduct and character of all members of the profession and the Association.
He will realize that nothing more certainly fosters prejudices against and deprives the

profession of its high public esteem and confidence than do breaches in the use of alcohol. He will not publish articles, give interviews, or permit his name to be used in any manner likely to bring discredit to another pilot, the airline industry, the profession or to the Association.
He will continue to keep abreast of aviation developments so that his skill and judgment, which heavily depend on such knowledge, may be of the highest order.
Having endeavored to his utmost to faithfully fulfill the obligations of the Air Line Pilots Association Code of Ethics and Canons for the Guidance of Air Line Pilots, a pilot may consider himself worthy to be called ... an airline pilot.

Who's piloting the reform of Australia's Health Workforce? I hope Australia's legislators intend to defer the decision-making in this reform process to those that are medically qualified. Disallowing the Medically Qualified to pilot the decisions on who, what, why, when and how the variables of Health Workforce reform are to be navigated is, in my opinion, nothing short of putting Australian lives in peril.

I have personally heard former USA Apollo astronauts describe to me what their decision-making process was like before actually getting inside or on top of his rocket. Some, it seems, find it hard to believe they did it knowing now how little technology they actually had 30-40 years ago. The risk of never coming back alive was estimated at 30%. Indeed, some unfortunately have perished. Everyone needs to ask themselves that proverbial question..."Is it worth it?"

Perhaps this submission will cause someone to write a related document on "Probabilistic Risk Analysis".

The Government should try the method that will yield the least number of apologies. Sometimes "tried and true" is the best avenue.

In the Private Health Insurance Circular issued April 18, 2005 (please see Appendices), it is interesting to note that not one of the names on the list of "Accredited Podiatrists"/"Podiatric Surgeons" indicates professional/educational qualifications and/or degrees. I think the obvious reason is that although some are well educated, still others on the list are not nearly as well qualified as others on same. Apparently just being on the list is supposed to be a qualification, per se.

I hope I haven't appeared too opportunistic for taking the high road on this issue or for expressing my righteous indignation. I do hope my comments serve to invigorate any upcoming debates. Unfortunately, I have had to choose Ethics over Friendships.

HIJACKED TO AUSTRALIA:
AMERICAN PODIATRIC MEDICINE & SURGERY AND AMERICAN OSTEOPATHIC MEDICINE & SURGERY

Before Australia continues on its hifacked voyage of taking the extremely learned and the uniquely American professions of Podiatric Medicine & Surgery and Osteopathic Medicine & Surgery toward a state of undefined mediocrity, please consider adding substantially more depth, breadth, content, rigor and duration to your educational programs.
AMC EXAM ELIGIBILITY FOR ALL USA SURGICAL SCOPE DEGREE HOLDERS

Sir William Osler (1849-1919) wrote in his 1895 classic text, "The Principles and Practice of Medicine":

"Everywhere the old order changes, and happy they who can change with it."

Australia should look at its citizens who are fortunate enough to hold both, dual citizenship with the USA and USA health professional qualifications, as a real asset & resource. Please don't misunderstand me, however, when I tout USA credentials & USA experiences as the "be all and end all" when it comes to healthcare. That is, 46 million UNINSURED Americans can't be wrong when they say that USA's healthcare policy is broken. To be sure, the USA model has alot of fixing to do and alot to learn from Australia.

Australia should not permit its Federal & State governments to erect artificial barriers which are so onerous, unappreciative & discriminatory toward its dual citizens who happen to hold USA degrees that these dual nationals choose to fly back to the USA.

Needless to say, the world we live in now is smaller than ever...largely due to the fact that time has been significantly compressed as it pertains to human communications (internet) and social relations (jet travel quality & quantity...more of it, particularly inter-continental, than ever before in human history).

There is alot the USA can do for Australia regarding health professional qualification recognition. In turn, I believe Australia can do much MORE to level the playing field as it currently stands for the USA.

For more than fifty years, the USA has only permitted four health professional doctoral-degree holders to have the legal privilege of performing surgical procedures (on humans) as independent practitioners. Those doctoral-degree holders are the following:

1) DDS/DMD: Doctor of Dental Surgery/Doctor of Medical Dentistry

2) DO: Doctor of Osteopathy

3) DPM: Doctor of Podiatric Medicine

4) MD: Doctor of Medicine

Legally, one can not perform surgery without at least one of these doctoral degrees. Not surprisingly, all the above doctoral degree holders have completed the same or similar college/universtiy "undergraduate" course requirements (usually entailing at least four years of "Pre-Medical" studies---within those Pre-Medical years of study the following subjects are mandatory (certainly these subjects, however, do not represent an exhaustive list):

1) English

2) Mathematics (University level Calculus)

3) Physics (University level Physics)

4) Inorganic Chemistry (University level)

5) Organic Chemistry (University level)

6) Biology (University level)

It is important to note that all USA high schools (secondary schools) may teach these same subjects; proof of having taken these same subjects at the secondary level, per se, DOES NOT exempt the Pre-Medical student from the requirement of taking them AGAIN at the tertiary level. The tertiary level always trumps the content, rigor, and duration of courses taken at the secondary level. Consequently, no secondary level courses are given credit toward subject pre-requirements of the health professional doctorate programs.

The aforementioned four health professional doctoral-degree holders [DDS/DMD, DO, DPM, MD] each upon graduation have completed an average minimum total of eight (8) full time tertiary years of study in the basic sciences and basic medical sciences. Again, this does not include any high school (secondary) years of science study one has previously taken. Most Americans graduate high school at the age of 18. Most health professional doctoral-degree holders graduate at the age of 26 (Few are ever eligible for State licensure prior to 26 years of age). For those that enter their health professional doctoral-degree program with a Masters degree or PHD, then of course they are usually much older than 26 when they receive their respective health professional doctoral-degree. Formal post-graduate training in Internships, Residencies, Preceptorships, and Fellowships does not commence until AFTER the health professional doctoral-degree has been awarded. As a LEGISLATED RULE, surgical skill specialization does not commence until AFTER the health professional doctoral-degree has been awarded.

Australia currently only permits the USA MD & DDS/DMD degree holders opportunities to use their skills in the same way & scope in which they enjoyed in the USA.

Unfortunately, Australia severely discriminates against USA holders of the DPM & DO doctoral degrees. In other words, the Australian Medical Council, quite illogically, does not recognize the educational qualifications of such highly intelligent & educated young men and women. DPM & DO doctoral-degree holders have been told they must re-apply to Australian Medical Schools and re-graduate if they wish to work in Australia to the same scope they previously enjoyed in the USA. Denying the DPM & DO doctoral-degree holders from taking the AMC Exam is patently absurd. Somehow the Americans are supposed to believe the Australians, with their 6 year medical education program are brighter & more informed than the USA counterparts with their 8 year program. How do you compute a negative? Denying American DPM & DO doctoral-degree holders from taking the AMC Exam proves either that Australian decision-makers have not done their DUE DILIGENCE in evaluating USA educational standards or worse...they have imposed their own self-inflated opinions (of themselves & national bias) onto a system that was intended to FAIRLY recognize educational effort & achievement of ALL foreigners wishing to make their home in Australia. It certainly wasn't meant to discriminate against its own Australian citizens who just happened to receive American educational qualifications.

It is sad to note that I personally know of many Australian FAMILY relationships that have been decimated by the apparently ignorant attitude of the glorious Australian Medical Exam decision-makers who presently deny American DPM & DO graduates the opportunity to sit the AMC Exam. These decision-makers can be ashamed to know that they are not held in high esteem by some mother-daughter bonds. If the USA DPM & DO doctoral-degree holders would only fail the AMC exam anyway, what are Australia's Ivory Towered gatekeepers afraid of anyway...REUNITING AUSTRALIAN FAMILIES!? Of course, the AMC Exam administrators will never know what the DPM/DO degree holder pass rate will be if they never permit them to take the AMC Exam in the first place.

Think about it. Any person who has cared to read this far into my writing (incidentally, thanks for reading) should just think what it would be like if you, the good reader, were

forced to live nearly 10,000 miles (nearly 16,000 km) away from your Mother & Grandmother or your Father & Grandfather or your Brother & Sister just because Australia's health workforce structure was so punitive, arbitrarily discriminatory, and narrow minded toward your USA credential(s). Provincialism in its worst form. Just imagine living year after year with that kind of geographic distance between you & your Mother ALL because of special interest groups lobbying the parlimentarians to create legislation that UNFAIRLY targets & discriminates AGAINST your long earned qualifications. Protectionism legislated against the person with premium qualifications. Could this come from the same country that relied on different gauge railroad tracks to influence trade between & among its States? Imagine it happening to you. It's not like you get a second crack at life; in that next life you'll make sure you get an "Australian only" degree that will ensure you get to see your Australian Mother much more, perhaps even at every holiday. Why must policy & people be perceived as being so mean? Often because they feel they have an economic interest to do so...or they feel one may infringe on their livelihood, ego, etc...never really seeing the impact on the personal lives of those they seek not to accommodate and understand. Sometimes it's for no other reason than because one is different from their own personal experience: race, age, country of origin, culture ethnicity, religion...whatever may make you different from the person(s) in power is often what they may use to rationalise their discriminatory practices against you. Who cares if "she" never gets to see her Family on a regular basis because of "our policy", she was different from us anyway...attitude.

Dr. Patrick Cregan in his submission to the Australian Productivity Commission (page 15) specifically refers to..."The college processes themselves, like university appointment processes, must become more transparent and professional. The college structures themselves should reflect the membership and needs of the community more than they currently do. Special interest groups within the colleges should have less power."

I, too, agree that "special interest groups" should have less power. Less power to discriminate against people with excellent qualifications. Less power to create such onerous structure that Australia ceases to become inviting; rather disinviting particularly to its own dual nationals who happen to possess USA degrees & credentials.

In summary, I would put the USA's very best DPM's and DO's up against Australia's very best doctors any day of the week, month or year...bar none.

Australia wants the USA to waive the Educational Commission for Foreign Medical Graduates (ECFMG) reguirements & EXAMS for its medical graduates. The USA is merely begging for Australia to let USA DPM's & DO's take (NOT WAIVE) the AMC Exam. How paradoxical can it get?

Australia's six years is supposedly better than the USA's eight years...How do you compute a negative?...The USA is being asked to WAIVE the ECFMG entrance exam...Australia is being begged to allow USA DPM & DO doctoral degree holders to TAKE the AMC Exam.

Why would any DPM or DO (who ALREADY possesses Australian citizenship) want to move back to Australia anyway?...To be closer to their Australian loved ones, of course. Especially if one of those loved ones is ill, weak, or doesn't have long to live. On the other hand, even if the whole family is HEALTHY, that still is a good reason to migrate.

The choice the Australian decision-makers gives the USA DPM & DO doctoral degree-holders is an immoral one. You must choose between your profession...or...your family. If you have family already living for generations in Australia, you may come for a visit only. Those at the Australian Medical Council won't even give you the chance to demonstrate your

knowledge and expertise. "NO SOUP FOR YOU." So if you want to be able to practice the same way in which you were trained, go back to the USA because Australia doesn't have room for you here...in particular, if you possess a USA DPM or DO degree. The apparent Seinfeldesque "soup nazi kitchen" comical attitude by the AMC toward USA doctoral degree holders is unfortunate and definitely impinges on the Australian Health Workforce.

I hope this clarifies & magnifies some of the inequities & perceived foul play that currently exists within the Australian Health Workforce. From an Australian citizen's point of view, who just happens to hold USA professional qualifications, I can truly say that Australia's current policy is not conducive to FAMILY RE-UNIFICATION. I was once told (December 1987) by the Head of an Australian "Podiatry" School who had, himself, migrated from the UK, that "You should not attempt to migrate to or work in Australia because you are OVERQUALIFIED and your qualifications won't be recognized. Our profession isn't there yet so we won't permit you to practice the way you were trained in the USA."

Obviously he happily dictated his mandates from the perspective of his own three year long UK Chiropody qualification. Was he relating a perfect example of xenophobia? Was he biased against the USA as a nation? Was he biased against the American culture? Was his primary concern economic? Was he concerned their might be a financial impact on his own livelihood? Was he jealous? If he was the "Head" of School wouldn't you expect him to be more inviting, not less...as in how wonderful it would be to have someone on the educational staff who had knowledge & experiences from foreign shores other than his own. Certainly higher education institutions should have as a primary goal: To implement an environment conducive for transparent, open & creative thought; especially an environment that encourages the study of other models and experiences from around the world. Both the USA & Australia can learn alot from each others systems. Are Australian tertiary institutions truly biased against those they actually call "OVERQUALIFIED"? Certainly he can answer these questions. But would his answers be honest? Sometimes behavior speaks louder than words. Perhaps his behavior was his answer.

The USA DPM & DO degree holders should not be relegated to a much inferior status simply because of significant cultural & decreased educational standards for the Australian "version" of such professions:

Podiatry (Podiatric Medicine & Surgery) &

Osteopathy (Osteopathic Medicine & Surgery)

Australia possesses educational parity with the USA in Medicine & Dentistry. It doesn't mean that the AMC administrators should throw the USA DPM's & DO's into the "too hard" basket just because that same parity does not exist within the professions of USA Podiatric Medicine & Surgery and USA Osteopathic Medicine & Surgery. Never forget that the USA DPM & DO degree holders are REAL people with highly respectable qualifications that can only enhance the Australian workforce.

As a high level representative of Australia's Department of Foreign Affairs & Trade recently exclaimed publicly on a trip to the USA during the year 2005, "Why should the USA extend special privileges to Australian professional education graduates when Australia's own AMC is so highly biased & discriminating against USA DPM & DO degree holders?"

Acknowledging that certain professions, like Podiatry & Osteopathy within Australia definitely are not as highly evolved as their USA counterparts (Podiatric Medicine & Surgery and Osteopathic Medicine & Surgery) in terms of Education & Scope of Practice (SOP):

Australia should permit Australian citizens who are USA Podiatric Medical graduates & USA Osteopathic Medical graduates to take the AMC Exam & obtain medical licensure (specific for relevant Scope of Practice). This would allow individuals to practice their clinical knowledge & skills to the same SOP level & standard they previously enjoyed in the USA. In example, USA educated Doctors of Podiatric Medicine (DPM) and USA Doctors of Osteopathic Medicine (DO) should be granted the legal privileges of being registered as Physicians in Australia subject to passing the AMC exam and fulfilling any Hospital Training Rotations the AMC may require. This IS NOT to suggest that Australia's own "osteopaths" and "podiatrists" necessarily be given the same immediate opportunity, due to the vast differences in medical education. The AMC Exam will provide the fundamental basis for the legislative stratification needed for the Australian public to discern & identify the difference between one practitioner versus another. Concomitantly, the RACS should have direct oversight of such a process as well.

Simply because Australian educated "osteopaths" & "podiatrists" have much less education (less rigor, duration, & course content) than the USA counterparts (they are similar in name only), there is no good reason to discriminate against USA trained Podiatric Physicians & Osteopathic Physicians who wish to migrate to Australia. The emphasis here is on actual PROOF of tertiary academic transcripts & the ability to pass the AMC Exam. Burdening or imposing upon USA educated/trained Podiatric Physicians & Osteopathic Physicians Australia's own inaccurate stereotypes, stigmata & cultural bias is wholly unfair to the lengthy professional educations they have achieved.

It seems unfairly retaliatory for Australia to not give these USA DPM & DO degree holders acknowledged support via a Special Memorandum issued by the AMC.

I read with interest, a Productivity Commission Submission from Australian "Paramedics" who suggested that the Government provide a two year bridging course for "Paramedics" to upgrade to Medical Doctor status. If they only were required 2 additional years then what would the AMC compute for DPM's & DO's? A rational discussion about these issues certainly is warranted.

The AMC's answer to these highly qualified & skilled DPM's & DO's should not be IMPLIED statements like:

1) The DPM & DO degrees aren't recognized in Australia. Therefore your 8 years of full time tertiary study were a waste of your time. If you want to be recognized in Australia you will have to attend an Australian Medical School for 6 years more of full time study (That is simply outright PUNITIVE).

2) Your DPM & DO degrees make you overqualified for the Australian "version" of your profession. Those at the AMC would rather see your qualifications DEMOTED to peasant status than to see, by way of the AMC Exam, whether you really do possess the same level of knowledge as our Australian Medical graduates.

If confusion surrounding Australia's Health Professional Titles (Not Level of Education) is the AMC's prime concern then simply title any foreigner who passes the AMC Exam process a "Foreign Qualified Doctor" (FQD) or "AMC Qualified Doctor" (AQD). Whatever helps to minimize the confusion & helps to maximize the recognition of qualification & years of relevant study is satisfactory to me.

Kind Regards,

Walter Coffey BS, DPM
drwaltercoffey2006@yahoo.com