8 September 2009

Via Email: mail@safetyandquality.gov.au

National Safety and Quality Accreditation Standards Review
GPO Box 5480
SYDNEY NSW 2001

On behalf of the Australasian College of Podiatric Surgeons ("ACPS") I would like to thank you for the opportunity to provide comment regarding the proposed National Safety and Quality Framework Discussion Paper. The ACPS fully supports all the strategies outlined in the discussion paper “Achieving the Directions established in the proposed National Safety and Quality Framework”.

Commonwealth Accredited Podiatric Surgeons play a substantial role in the provision of foot and ankle services in Australia. Commonwealth Accredited Podiatric Surgeons face significant barriers to the timely delivery of safe and efficient foot and ankle services for their patients.

The ACPS would like to provide particular comment on the following points of the discussion paper:

1. **What do you consider most important for safe, high quality care?**

The ACPS acknowledges that the general practitioner is usually the primary source of referrals to specialists and consultant physicians and they play a central role in patient management. The ACPS acknowledges that any referral between a Commonwealth Accredited Podiatric Surgeon and specialists or consultant physicians should usually occur in consultation with the patient's general practitioner.

In the interest of safe and high quality care, the ACPS believes that patients should be able to claim a Medicare rebate for direct referral to a specialist or a consultant physician for investigation, opinion, treatment and/or management of a condition or problem of a patient or for the performance of a specific examination(s) or test(s) where the referral arises from a Commonwealth Accredited Podiatric Surgeon.

The ACPS requests the Commission’s support for direct referral by Commonwealth Accredited Podiatric Surgeons to a specialist or a consultant physician and asks that this issue be brought to the urgent attention of the current Government.

Direct referral to a specialist or a consultant physician by Commonwealth Accredited Podiatric Surgeons is not an unreasonable request. Direct referral is needed in the interest of safe patient care during the peri-operative period. Commonwealth Accredited Podiatric Surgeons need to be able to refer to a specialist or consultant physician for podiatric related problems in a timely manner in a similar way to the current situation with dental practitioners, who can refer to a specialist or consultant physician for dental related problems.
Furthermore, the ACPS requests that:

- when a medical practitioner administers an anaesthetic in connection with a procedure performed by a Commonwealth Accredited Podiatric Surgeon, Medicare benefits are payable for the administration of the anaesthetic on the same basis as if the procedure had been rendered by a medical practitioner. This is the current situation with dental practitioners whose patients are able to claim a Medicare rebate for an anaesthetic when a medical practitioner administers an anaesthetic in connection to a procedure performed by a dentist;

- where a referral originates from a Commonwealth Accredited Podiatric Surgeon to a specialist or consultant physician, the referral is valid for three months, except where the referred patient is an admitted patient. For admitted patients, the referral is valid for three months or the duration of the admission whichever is the longer; and

- where a referral originates from a Commonwealth Accredited Podiatric Surgeon to a specialist or a consultant physician, the patient’s general practitioner will be kept informed of the patient’s progress. A referral from a Commonwealth Accredited Podiatric Surgeon, to a specialist or a consultant physician must include the name of the patient’s general practitioners or practice. Where a patient is unable or unwilling to nominate a general practitioner or practice, this will be stated in the referral.

On occasions, a Commonwealth Accredited Podiatric Surgeon will need to make a referral to a specialist or a consultant physician to deal with a post-operative complication. Direct referral to a specialist or a consultant physician will allow for timely care in the post operative period rather than a circuitous route through their general practitioner. This is particularly important for admitted patients where the general practitioner may not be accredited at the hospital or may not want to be involved in hospital work.

Direct referral of a patient by a Commonwealth Accredited Podiatric Surgeon to a specialist or a consultant physician will obviate the need for the patient to first be seen by a general practitioner. Currently, a Medicare benefit is attracted for an attendance on a patient even where the attendance is solely for the purpose of issuing a referral letter or note to a specialist or a consultant physician. Direct referral by a Commonwealth Accredited Podiatric Surgeon to a specialist or a consultant physician, will eliminate the burden of this cost to Medicare and ease the logjam at doctors’ surgeries.

2. How do your current activities align with the strategies described in this discussion paper?

Strategy 1.1: Develop service models, which improve access to health care for patients.

There are many barriers that exist for patients who wish to access podiatric surgical services. The Commonwealth government passed legislation to increase choice for privately insured consumers but this has been of limited benefit to private patients due to the intransigence of private health insurance funds. Public patients have no access to podiatric surgical services, as there are currently no publicly funded podiatric surgical services in Australia.

With the current limitations regarding direct referral, patients of Commonwealth Accredited Podiatric Surgeons are restricted in their access to timely health care. Direct referral, as outlined above, would enable improved access to health care.

The ACPS makes itself available to discuss the implementation of strategies with key stakeholder groups in the development of service models to achieve this goal.

Strategy 1.3: Involve patients so that they can make decisions about their care and plan their lives.

All the points outlined in Strategy 1.3 are fully endorsed and supported by the ACPS and its Fellows.
Strategy 1.7: Provide case management for complex care

Commonwealth Accredited Podiatric Surgeons deal with multiple complex problems often involving systemic disease such as arthritis and diabetes. It is often difficult for Commonwealth Accredited Podiatric Surgeons to remain within the case management circle because of issues relating to direct referral from a Commonwealth Accredited Podiatric Surgeon to a specialist or a consultant physician. The limitations regarding direct referral, as outlined above, clearly impacts on the continuity of care provided to patients.

Patients with socio-economic disadvantage or mental illness have no access to podiatric surgical services as there are no publicly funded podiatric surgical services in Australia. The ACPS makes itself available to discuss the implementation of strategies with key health service and consumer stakeholder groups in the development of publicly funded services to disadvantaged groups.

Strategy 2.3: Learn from patients’ and carers’ experiences

The ACPS supports the use of patient surveys and questionnaires to enable constructive feedback regarding the provision of services. As an example, the Foot Health Status Questionnaire (FHSQ), developed by a registered podiatrist in 2001\(^1\), is an internationally recognised and valid instrument for measuring multiple facets of quality of life associated with foot surgery. The FHSQ yields significant explanatory power of surgical outcomes over the common approach of evaluating patient satisfaction. A study undertaken by Bennett et al (2001)\(^2\) involved a six month prospective study to investigate the outcomes of foot surgery by ACPS fellows. This study involved 140 patients and compared the FHSQ to the generic Medical Outcomes Study Short Form 36 (SF-36). Follow up was baseline, 1, 3, 6 months post-operative. The study concluded that the majority of subjects experienced significant post-op improvements across a range of health-related Quality Of Life parameters (p = 0.01).

\(^1\)The Foot Health Status Questionnaire ©Version 1.03

\(^2\)Health-Related Quality of Life Following Podiatric Surgery (2001), Bennett et al, JAPMA, Volume 91 (4), pp 164-173.

Strategy 2.4: Encourage and apply research that will improve safety and quality

The ACPS supports and encourages the development and use of evidence based practice. During their training, registrars of the ACPS are required to conduct research derived from their Masters degree, and publish this in a peer review journal. The ACPS is a stakeholder in current research that will see the development of the first valid and reliable surgical audit tool for elective foot and ankle surgery in Australia. The application of this tool is likely to have significant effects on the development of clinical guidelines and clinical standards for foot and ankle surgery.

Strategy 3.1: Clinicians recognise their responsibilities for safety

The ACPS has a clinical audit programme to help improve patient safety. This not only includes the research described above but also the development and evolution of an appropriate accreditation programme for its Fellows. This programme will undergo significant change over the next 1-2 years in order meet the requirements for accreditation and specialisation as part of the move to national registration.

The ACPS supports regular peer review and continuing professional development, as a means of ensuring the practice of podiatric surgery is undertaken as safely as possible.
3. How could your future activities align with the strategies described in this discussion paper?

The ACPS believes that continuity of care and the maintenance of standards of care are of the highest importance. Support for direct referral to specialists or a consultant physicians and the further development of the ACPS accreditation programme will enable this objective to be met.

5. What are the main barriers in your work to improve safety and quality? Could any of these be addressed by national coordination?

As previously mentioned, the ACPS has been concerned for some time that whilst recognised as providers of surgical services, Commonwealth Accredited Podiatric Surgeons are denied appropriate access to specialist and medical support. The current process is inefficient and patient access to timely health care is compromised. Podiatric surgeons have the necessary skills and training required to identify the need for necessary referrals to an appropriate specialist or a consultant physician.

A Medicare rebate applies for referrals to a specialist or a consultant physician if the referral arises from non-medical practitioners such as dentists. These same privileges should be available to Commonwealth Accredited Podiatric Surgeons. The ACPS and its training programme are recognised by the following instruments of Commonwealth Legislation:

- National Health Act 1953;
- Podiatric Surgery and other matters Act 2004;
- National Health Amendment (Prostheses) Act 2005;
- Private Health Insurance Act 2007; and

Currently, the podiatry profession may refer directly to radiologists (for plain x-ray and ultrasound) and a Medicare rebate applies. In the case of podiatric surgeons, this situation should be extended to include direct referral to a specialist or a consultant physician.

Summary

The ACPS requests reform to allow Commonwealth Accredited Podiatric Surgeons to be authorised to refer their patients to a specialist or a consultant physician in a manner similar to that in which dentists can refer to a specialist or a consultant physician. The advice and support of the Commission in achieving this important reform will benefit consumers of foot and ankle surgery.

The ACPS thanks the Commission for the opportunity to provide comment.

Yours sincerely

Mark Gilheany
President