

The Future of Podiatric Surgery

Medical Dominance, Workforce
Redesign and the State Agenda

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Key drivers shaping the future: the evidence

- Medical dominance (eg. Dent 2006; Coburn 2006)
- Neoliberalism and Economic Rationalism (eg. Willis 2006)
- Healthcare Workforce Redesign (eg. Sibbald et al 2004)
- Internationalisation and the global context (Evetts 2003; ACPS 2007)



Medical Dominance in Decline?

Evidence for the demise in medical
hegemony

Medical dominance: the evidence

- **Medical Dominance** (Freidson 1970; Elston 1991; Larkin 1988; Turner 1995; Saks and Allsop 2002; Ovretviet 1985)
 - **Subordination** (nursing, physiotherapy, radiography)
 - **Limitation** (dentistry, optometry, pharmacy)
 - **Exclusion** (osteopathy, chiropractic, homeopathy)

A decline in medical dominance? The evidence

- **Neoliberalism and economic rationalism** (Fournier 2000; Dent and Whitehead 2002; Nancarrow and Borthwick 2005)
- **Consumerism** (Elston 1991; Muir Gray 2003; Allsop et al 2004; Tousijn 2006) and **litigation**: clinical guidelines as 'evidence based medicine' (White and Willis 2003) and the shift in Bolam (Montgomery 2008)
- **Ascendancy in CAM** (Coulter 2004; Hirshkorn and Bourgeault 2005; Hsiao 2006; Theberge 2008)
- **Changing roles for other healthcare professions** (Stevens et al 2007; Charles-Jones et al 2003; McPherson and Reid 2007)

Changing roles in surgery?

- **Australian Competition and Consumer Commission (2003:1)**

“the supply of such an important professional service as surgery is too important a community issue for the selection, training and assessment of surgeons to be left solely in the hands of the profession through the College and its Fellows. There is a serious risk of conflict of interest”

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- *“the ACCC was forced eventually to give permission for ‘anti-competitive’ practices in surgeon training to occur only because it was deemed in the public’s interest. The issue remains vigorously contested” (Willis 2006)*

Changing roles in surgery?

- **Surgery by non-medically qualified practitioners:**
 - **nurse endoscopy clinics (Cash et al 1999; Goodfellow et al 2004)**
 - **‘surgical care practitioners’ harvesting saphenous veins for coronary bypass grafting (DoH 2006; RCSE 1999)**
 - **Former Vice President of the RCSEd**
 - **Podiatrists Act (2005) Western Australia - Section 30:** protected titles of “podiatric surgeon” and “podiatric physician”
 - **Vision 2015:** USA DPM ‘blueprint for parity’ with MD and DO? (Robertozzi 2007)

Changing roles in surgery?

UK Curriculum Framework for the surgical care practitioner (DoH 2006)

“will perform technical and operative interventions under defined levels of supervision by surgeons” **(de Cossart and Graham 2004)**

RACS (MJA 2006, vol 185 (1): 26-27):

“diagnosis and decisions for or against surgical treatment ...lie outside the narrower realm of operative technique...it is for this reason that the College does not support referral of patients to non-medically qualified practitioners working independently”

(Editorial, Lancet 1995 ; Collins, Hillis and Stitz, 2006)

Changing roles in surgery?

- **Private Health Insurance (Accreditation) Rules 2008 into force on 1st July 2008:**
 - separates “podiatric surgeons” from other AHPs
 - seeks to establish accreditation via the Joint Accreditation System of Australia and New Zealand (JAS-ANZ)
- **RACS (2006) assert**
 - accreditation should be through the AMC
 - podiatric surgery limited to ‘minor procedures’
 - title should be “Podiatric Proceduralists”



Dealing with medical dominance : the evidence

- **‘Negotiated order’**: roles ‘breaking the rules’ beyond formal boundaries (Allen 1997, 2001)
- **‘reprofessionalisation’** – redefine parameters to maintain control over jurisdictions (Lupton 1997, Fournier 2000; Zetka 2003)
- **‘incorporation’** - organisational rather than occupational boundaries valued (Carmel 2006)
- **‘boundary spanning’** persuading doctors to act (Goodwin et al 2005; Tjora 2000)
- **‘integration’**: situation specific rules of jurisdiction; acceptance by reduction in scope of practice to avoid key contested areas (Theberge 2008)

Dealing with medical dominance: the evidence

- **‘Exclusivity of expertise’** (Stevens et al 2007; Fournier 2000)
 - **‘collective’ and ‘idiosyncratic’ expertise: Optometry** (Stevens et al 2007)
 - **BOFAS (2007): ‘podiatric surgical practitioners’:** “recognises the training and skills of...operative podiatrists...ability to undertake independent practice within an Orthopaedic department” (**Laing, Ribbans, Parsons and Winson 2007**)



Neo-Liberalism & Economic Rationalism

Neoliberalism, New Public Management
and 'Performativity'

Neo-liberalism (economic rationalism)

- **Liberalism, Libertarianism, Laissez Faire (Berlant 1975)**
 - **Liberalism:** the belief in the desirability of maximising economic competition in the marketplace
 - **Libertarianism:** the belief in the moral desirability maximising the freedom of individuals to do as they please (& caveat emptor)
 - **Laissez faire:** the belief in the desirability of state non-intervention in economic affairs



‘Performativity’ & Post-Professionalism

- **Performativity:**

- traditional professional authority based on “opinions, customs, prejudice, ideology” (Lyotard 1984)
- professions must now “succumb to...be measured against so-called ‘objective criteria’ [and] inspected against external criteria or targets of performance” (Dent and Whitehead 2002)

- **Post-professionalism:**

- Loss of exclusivity (codification, standardisation, specialisation) (Kritzer 1999)

Healthcare workforce re-design

Workforce 'flexibility' in the division of
healthcare labour

Healthcare workforce redesign

- Drivers for change:
 - workforce shortages
 - unmet demand for services
 - ageing populations
 - technological innovation & specialisation
 - neo-liberalism, NPM & economic rationalism
 - EU Working Time Directives

(Allsop 2006; Cameron and Masterson 2003; Foot and Gomez 2006; Goodwin et al 2006; Lund 2008; Nancarrow & Borthwick 2005; Willis 2006)

Healthcare workforce redesign

- Policy initiatives seek:
 - ‘flexibility’ (Cameron and Masterson 2003)
 - ‘task transfer’ over role boundaries
 - “working across traditional professional boundaries” (DoH 2000a, 2000b, 2001)
 - Creation of new roles: physician assistants (Cooper 2006; Frossard and Brooks 2008; Weller 2006)
 - Creation of support roles within specialties eg respiratory therapists (Saks and Allsop 2007)

Whither podiatric surgery?

‘consultant podiatric surgeons’ or ‘podiatric proceduralists’ in the new division of healthcare labour?

Thank you for your attention

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