Reviewer’s report

Title: International approaches to paediatric podiatry curricula: It’s the same, but different

Version: 0 Date: 07 Apr 2019

Reviewer: Angus Chard

Reviewer’s report:

Thank you for the opportunity to review this important insight into the international approaches to podopaediatric curricula. The authors should be commended for bringing our attention the important role podiatrist have in confidently assessing the paediatric foot and lower limb and the implications or proactive lower limb assessment.

Reporting this valuable insight into international standards for paediatric course curricula is a necessary step in establishing the current status quo and improving international best practice.

This is a topic of importance among present and aspiring podopaediatric professionals, teachers and researchers alike. I am honoured to have been invited to review this manuscript, given it topic and prestigious authorship.

Please find my MINOR recommendations to follow;

Line

Suggestion

General

It would be helpful for the authors to define "paediatric" i.e. age group or developing children, does it include adolescents?

Page 5

Line 20

It would be helpful for the authors to increase the importance of this statement by reporting some quantitative findings. Such as the implications misdiagnosed paediatric conditions have on an individual's long-term quality, psychological health or the adult manifestations of untreated pediatric conditions. E.g. adults with uncorrected metatarsus adductus have a greater incidence of midfoot osteoarthritis (my observation) or the quality of life implications of Severs Condition (Scharfbillig et al., 2009)
Would it be helpful to make mention of the varying length of courses various institutions provide and if this correlates with the reported reduced hours of paediatric content? E.g. University of Western Sydney 4 years while University of Newcastle 3 years. This could be included as a table with column headers: country, institution, course duration, Paediatric course content hours etc.

Were the western provinces of Canada included or excluded? I.e. It is my understanding to practice podiatry in British Columbia or Alberta the USA qualification of DPM is necessary.

An important oversite has been the apparent exclusion of Podiatry schools within the USA. Did the authors exclude USA podiatry schools for a reason? Given the superior DPM degree/qualification (as measured by the greater international reciprocity/recognition DPM holder enjoy), should this degree be included within the survey as a bench mark for Commonwealth based Podopaediatric programs?

Can the authors please expand the acronym IQR

It would be helpful for the authors to reference the "paediatric content" referred as outlined in the supplementary questionnaire e.g. pg10
Line 15

Suggest rewording;

…students had some exposure…

To

…some students had some exposure…

Page 11 lines 7-22

The authors are to be commended on addressing the qualitative issue of "confidence" when preforming a paediatric assessment and its interpretation.


Level of interest
Please indicate how interesting you found the manuscript:

An article of importance in its field

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

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