



Unleashing the Potential of our Health Workforce

Scope of Practice review – Issues Paper 1

Submission by

Australian Podiatry Association (APoDA)



Australian Podiatry Association

The Australian Podiatry Association (APodA) is Australia's national peak body representing podiatrists.

The Association is steeped in a long history of integrity and community care and advocating for the profession.

The APodA is committed to advancing podiatry to improve foot health in the community and to improve national standards. The positive impact of podiatric care changes the lives of one in five Australians who suffer from foot pain.

It is through the profession's support the APodA can direct advocacy efforts to emphasise removing or minimising barriers to providing a better quality of life for all Australians.

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Podiatry – Unleashing the Potential of our Workforce

The APodA is pleased to offer feedback and guidance on the scope of practice survey review outlined in paper 1. We commend the Australian Government's commitment to reviewing discipline scope as part of the Strengthening Medicare initiative, which aims to instigate essential structural reforms in primary care. This review signifies a significant investment in cultivating a value-based healthcare system.

The Strengthening Medicare Taskforce Report identified critical areas necessitating governmental intervention to reshape primary care as the cornerstone of a modern healthcare system. It advocated for collaborative efforts to evaluate and address barriers hindering primary healthcare professionals from operating to their fullest extent.

Endorsed by the National Cabinet in April 2023, these recommendations are now being enacted, with funding allocated in the 2023-24 Budget for a comprehensive review of scope of practice. Under the leadership of Professor Mark Cormack, the independent review, titled "Unleashing the Potential of our Health Workforce," aims to assess evidence on health professionals' capacity to operate at their full scope within primary care settings. This review seeks to identify and eliminate barriers impeding professionals from reaching their full potential while showcasing successful models of multidisciplinary teams delivering optimal primary care.

As emphasised in the 2022 Grattan Institute report "A New Medicare: Strengthening General Practice," a robust primary care system is essential in cultivating an efficient, equitable, and effective health system¹. Podiatry and other selected specialty resources have been explicitly mentioned as offering support for multidisciplinary models of care.

Understanding the current workforce strains across the healthcare landscape, the emergence of thin markets in rural and remote areas, and the recognition of our aging population's need for improved care and services, there is a pressing need for new funding and regulatory reform².

There is a need for this reform to focus on enhancing the point-of-care experience while prioritising the person and their needs over bureaucratic constraints. Such constraints have been shown to hinder a person-focused approach and limit podiatrists' ability to offer care and services to their full scope, thus impeding equitable access to healthcare.

¹ Breadon P, Romanes D. A new Medicare: Strengthening general practice. Grattan Institute. Published December 4, 2022. Available from: <https://grattan.edu.au/report/a-new-medicare-strengthening-general-practice/>

² Cosgrave C, Malatzky C, Gillespie J. Social determinants of rural health workforce retention: a scoping review. *Int J Environ Res Public Health*. 2019 Jan 24;16(3):314. doi: 10.3390/ijerph16030314. PMID: 30678350; PMCID: PMC6388117.

Podiatry – Unleashing Its Potential – Making a Difference to Our Community

1. Podiatrists and Access to Pharmaceutics Benefits Scheme

2. Endorsed Podiatrists to have greater access to medicines in rural and remote areas

3. Medicare funding for Diagnostic and pathology tests and screening

4. Digital Transformation - Digital inclusion and integration

Recommendations

Recommendation 1: Podiatrists and Access to Pharmaceutics Benefit Scheme

Opportunities exist to enhance the impact, efficiency, subsidised and patient journey by granting podiatrists with prescribing rights access to the Pharmaceutics Benefits Scheme (PBS). With diabetes and high-risk patients, prompt treatment using scheduled medicines is paramount to preventing severe infections and mitigating the risk of lower extremity amputation. Non-medical prescribing has a role in treating complex conditions. Podiatrists with endorsement for scheduled medicines currently need access to PBS subsidies, which to date, without access hinders patient's access and continuity of care.

The potential inclusion of podiatrist-prescribed medicines under the PBS offers numerous advantages. It would facilitate monitoring through quality use of medicines initiatives, such as the Opioid Stewardship Programmed and Antimicrobial Stewardship Program, ensuring optimal patient outcomes. Moreover, eliminating the need for script redirection to medical prescribers for PBS subsidy eligibility could reduce complications in time-sensitive conditions like diabetic foot ulcers. Aligning podiatrists with other non-medical prescribing professions under the PBS would further validate their role in healthcare delivery.

Financially, the inclusion of PBS subsidies for podiatrist-prescribed medicines may yield cost savings. Currently, a portion of podiatry scripts necessitate redirection to primary-care prescribers for PBS subsidy, incurring additional MBS fees. By allowing podiatrists to prescribe PBS-subsidised medications directly, this practice could be eliminated, offering a potential cost offset to the health budget. Notably, the associated benefits in clinical outcomes could generate further savings, a factor not fully accounted for in current analyses.

Recommendation 2: Endorsed Podiatrists to have greater access to medicines in rural and remote areas

Expanding on the current skills and medical service shortage in rural and remote areas, evidence suggests that the restricted access to medications for endorsed podiatrists exacerbates the healthcare challenges in these regions³. According to a report by the Australian Institute of Health and Welfare, rural and remote areas face a significant shortage of healthcare professionals compared to urban areas, leading to limited access to essential medical services for residents⁴. Podiatrists, as primary healthcare providers with a focus on lower limb conditions, play a crucial role in managing chronic diseases such as diabetes and arthritis, which are prevalent in rural communities⁵.

The limited availability of medications accessible to podiatrists, constrained by schedules 2, 3, and 4, combined with the Podiatry Board of Australia's restrictive approved list, poses a possible barrier to effective treatment in rural and remote settings. This restriction impedes podiatrists' ability to provide comprehensive care and increases the burden on patients who may have to travel long distances to access alternative healthcare providers.

Expanding the range of medications available to podiatrists in rural and remote areas has the scope to align with the principles of person-centred care outlined by the World Health Organization. By empowering podiatrists with broader access to prescribe drugs and medicines tailored to the unique needs of their patients, the healthcare system can transition towards a more holistic approach that prioritises individual well-being and community resilience. This shift not only reduces the strain on the already overburdened primary healthcare system but also enhances the capacity of podiatrists to deliver timely and effective interventions, ultimately improving health outcomes and quality of life for rural residents.

Focusing on current limitations in medication access for endorsed podiatrists in rural and remote areas is

³ Graham, K., Banwell, H.A., Causby, R.S. et al. Barriers to and facilitators of endorsement for scheduled medicines in podiatry: a qualitative descriptive study. *J Foot Ankle Res* 14, 16 (2021). <https://doi.org/10.1186/s13047-021-00457-9>

⁴ Australian Institute of Health and Welfare. Rural and remote Australians [Internet]. Canberra: AIHW; [cited 2024 Mar 8]. Available from: <https://www.aihw.gov.au/reports-data/population-groups/rural-remote-australians/overview#:~:text=Rural%20and%20remote%20health&text=Small%20rural%20towns%20had%20the,aged%2065%20years%20or%20older.>

⁵ Ong, E.K.M., Fryer, C., Graham, K. et al. Investigating the experience of receiving podiatry care in a tertiary care hospital clinic for people with diabetes related foot ulcers. *J Foot Ankle Res* 15, 50 (2022). <https://doi.org/10.1186/s13047-022-00556-1>

imperative for overcoming the healthcare challenges faced by these communities and supporting local primary care services. By embracing a person-centred care model that emphasises collaboration and innovation, policymakers can enhance the capacity of healthcare providers to meet the evolving needs of rural populations while reducing the burden on the broader healthcare system.

Recommendation 3: Empowering Podiatrists to Access Diagnostics with MBS Funding

Expanding on the person-centred approach to continuous care, numerous studies have demonstrated the benefits of empowering healthcare professionals, including podiatrists, to provide point-of-care services supported through existing funding streams⁶. Evidence highlights the importance of integrating podiatrists into multidisciplinary primary healthcare teams, where they can play a pivotal role in delivering comprehensive care to patients with foot and lower limb conditions⁷. By enabling podiatrists to issue Medicare Benefits Schedule (MBS)-subsidised referrals for relevant point-of-care diagnostic tests, patients in rural and remote areas can access timely and appropriate healthcare services without the need for extended travel or unnecessary referrals.

Streamlining of services has been shown to reduce the burden on patients and affords the added benefit of strengthening the recognition of the podiatry profession within the broader healthcare landscape⁸. Expanding the scope of practice for podiatrists to include direct access to MBS subsidies enhances patient experiences and decreases government funding burdens associated with unnecessary referrals⁹. Moreover, empowering podiatrists to deliver point-of-care services aligns with the principles of value-based care, emphasising efficiency, sustainability, and patient satisfaction.

Evidence supports the importance of offering point-of-care services to rural and remote patients, where access to healthcare facilities may be limited¹⁰. By providing comprehensive care closer to home, podiatrists can mitigate the need for patients to travel extended distances to gain referrals and access medical funding. This not only improves patient outcomes but also supports the existing and future podiatry workforce by expanding their role and recognition within the healthcare system¹¹.

⁶ Fix GM, Lukas CV, Bolton RE, et al. Patient-centred care is a way of doing things: How healthcare employees conceptualize patient-centred care. *Health Expect*. 2018 Feb;21(1):300–307. doi: 10.1111/hex.12615.

⁷ Macfarlane SM, Zhao SX, Lafrenz JO, Nagaratnam MV, Tchen A, Linton CE, Yuen L. Effect of a multidisciplinary team approach on the management of diabetic foot ulcers on the Central Coast: A review of the Gosford Hospital High-Risk Foot Clinic. *Int Wound J*. Published online January 28, 2024. doi: 10.1111/iwj.14570.

⁸ Nancarrow S, Borthwick A. *The allied health professions: a sociological perspective*. Policy Press; 2021 Mar 10.

⁹ Duckett S. Expanding the breadth of Medicare: learning from Australia. *Health Econ Policy Law*. 2018;13(3-4):344-368. doi:10.1017/S1744133117000421.

¹⁰ Wong HY, Marcu LG, Bezak E, Parange NA. Review of Health Economics of Point-of-Care Testing Worldwide and Its Efficacy of Implementation in the Primary Health Care Setting in Remote Australia. *Risk Manag Healthc Policy*. 2020;13:379-386. doi:10.2147/RMHP.S247774.

¹¹ Couch A, Menz HB, O'Sullivan B, et al. Describing the factors related to rural podiatry work and retention in the podiatry workforce: a national

The focus on embracing a person-centred approach to continuous care, supported by existing funding streams, is vital for enhancing the effectiveness and sustainability of healthcare delivery, particularly in rural and remote areas. Empowering podiatrists to deliver point-of-care services and issue MBS-subsidised referrals for diagnostic tests can improve patient experiences, reduce healthcare disparities, and strengthen the role of podiatrists as integral members of multidisciplinary primary healthcare teams¹².

Recommendation 4: Digital Transformation - Digital inclusion and integration

The development and execution of a project that combines the broad spectrum of clinical practice software providers used by Allied health practices with the leadership and support of the Australian Digital Health Agency and the guidance of the Allied Health Professions Australia (AHPA).

Scope of Practice Questions

What areas within Australia's podiatry profession are either not explored or underutilised?

In Australia, certain areas within the podiatry profession remain underexplored or underutilised. One such area is aged care podiatry services, which are often underrated despite the increasing demand due to the aging population. Podiatrists could further develop specialised services tailored to the unique foot care needs of elderly individuals.

There is potential for greater involvement in cross-disciplinary collaboration, including referrals to specialists, pathology requests, and minor surgical procedures like suturing and biopsies. Embracing these aspects could enhance the scope of podiatric practice and provide more comprehensive care to patients.

Further exploration and utilisation of these areas could contribute to advancing and recognising podiatry as a vital component of healthcare in Australia.

What are the top three barriers that prevent you from providing better health care and outcomes for patients?

survey. J Foot Ankle Res. 2023;16:4. doi:10.1186/s13047-023-00603-5.

¹² Blanchette V, Brousseau-Foley M, Cloutier L. Effect of contact with podiatry in a team approach context on diabetic foot ulcer and lower extremity amputation: systematic review and meta-analysis. J Foot Ankle Res. 2020 Mar 20;13(1):15. doi: 10.1186/s13047-020-0380-8. PMID: 32192509; PMCID: PMC7083052.

The top three barriers that hinder podiatrists from delivering optimal healthcare and outcomes for patients in Australia include:

1. **Funding constraints:** Limited funding affects the availability of practitioners and resources, hindering access to essential services and timely care.
2. **Inadequate referral pathways:** Challenges in directly referring patients to specialists lead to delays in accessing specialised care and crucial services, impacting patient outcomes.
3. **Lack of Medicare support:** The absence of Medicare rebates for certain services such as pathology, advanced imaging, and referrals to specialists limits the comprehensive care podiatrists can provide, reducing options for diagnosis and treatment.

Addressing these barriers through improved funding mechanisms, streamlined referral processes, and enhanced Medicare support could significantly enhance podiatric care and patient outcomes across Australia.

What short, medium and long-term opportunities could podiatry engage in addressing

What short, medium and long-term opportunities could podiatry engage in addressing:

1. **The current workforce strains**
2. **The increased demand for podiatry services and care**
3. **Increased costs in running a clinic**

Podiatry faces challenges in workforce strain, increased demand for services, and rising clinic costs. Short-term solutions involve training more podiatrists and retaining them through better compensation. Medium-term opportunities include achieving wage parity, providing time for professional development, and improving incentives for professionals to stay in the field.

Long-term strategies could limit Chronic Disease Management Plan (previously known as EPC) referrals to those in genuine need, promote standalone podiatry practices with multiple clinicians, and implement incentives for students or new graduates to work in rural areas. By addressing these areas, podiatrists can alleviate workforce strains, meet the growing service demand, and manage the escalating costs of running

clinics while ensuring quality patient care remains a priority.

What do you believe are the key legislative and regulatory reforms that have the potential to most significantly impact podiatrists' ability to work to the full scope of practice?

Key legislative and regulatory reforms with significant potential to impact podiatrists' ability to work to their full scope of practice include:

- **Research-driven policy changes:** Demonstrating the cost-saving benefits to the government and the enhanced independence of aged and disabled individuals through regular podiatry care can support legislative initiatives. These reforms would emphasize the importance of ongoing podiatric services and their positive impact on patient outcomes.
- **Consistency in prescribing regulations:** Aligning prescribing regulations across states and employers can reduce administrative burdens and facilitate advanced scope work for podiatrists. By streamlining processes and minimising unnecessary hurdles, podiatrists would have greater autonomy to provide comprehensive care.
- **PBS access review:** Revising the Extended Medicare Safety Net (ESM) process under the Pharmaceutical Benefits Scheme (PBS) could benefit new graduates by easing access requirements. This reform would ensure equitable opportunities for all podiatrists to access government-subsidized treatments, promoting workforce development and enhancing patient care.

What do you see as the key barriers to podiatrists' authority to make referrals across professions?

Of the Podiatrists surveyed, several key barriers were highlighted that may enable them to make referrals across professions.

- There's a need for the government to recognise the value of podiatry services, highlighting the importance of research to substantiate this.

- The lack of recognition by Medicare limits podiatrists' ability to make referrals, as they are not included in the Medicare Benefits Schedule (MBS).
- MBS typically mandates medical referrals for certain services, restricting podiatrists' autonomy in making referrals across professions.

These barriers underscore the importance of policy changes and recognising podiatry within healthcare systems to enable podiatrists to fully leverage their scope of practice and make appropriate referrals to other healthcare professionals when necessary. This will not only improve

What changes at the employer level would you like to see to enable podiatrists to work to the full scope of practice?

To enable podiatrists to work to their full scope of practice, changes at the employer level should focus on several key areas.

- Firstly, there should be a concerted effort towards providing more training opportunities for podiatrists, ensuring that employees are trained, appreciated and are interested in the additional skills and knowledge.
- Secondly, employers should aim to reduce administrative burdens and red tape within their organisations, streamlining processes to support podiatrists working at an extended scope.
- Thirdly, appropriate remuneration should be provided for advanced practice, acknowledging the increased skills and responsibilities that come with expanding the scope of practice. These changes would create a supportive environment that empowers podiatrists to deliver comprehensive care and maximise their professional potential.

Which activities or tasks within podiatry's scope of practice would you like to see increased employer support for?

Increased employer support is crucial for various activities and tasks within the podiatric scope of practice to support the move towards advancing it.

- Firstly, employers focus on and support continuous professional development (CPD) and training opportunities to ensure podiatrists stay abreast of advancements in the field.
- Secondly, support for tasks such as suturing, biopsies, pathology requests, and tenotomies would enable podiatrists to provide more comprehensive care without unnecessary barriers.
- Thirdly, employers could support endorsements for scheduled medicines and provide resources for culturing, sampling, and diagnostic imaging, enhancing diagnostic capabilities and treatment options.

By investing in these areas, employers can empower podiatrists to deliver high-quality care and effectively expand their contributions to healthcare teams.

What can employers do to ensure podiatrists within multidisciplinary care teams are supported at the employer level in terms of specific workplace policies, procedures, or practices?

Employers play a crucial role in supporting podiatrists within multidisciplinary care teams by implementing specific workplace policies, procedures, and practices.

- The need to recognise and value the unique skills that podiatrists bring to the team, ensuring appropriate resource allocation and funding commensurate with their contributions and expertise was raised.
- Survey responses indicated employers can enhance support by increasing the presence of podiatrist educators within the workplace to mentor and guide other team members.

These actions seek to foster a supportive environment that enables and empowers podiatrists to collaborate effectively within multidisciplinary teams, leading to improved patient outcomes and enhanced professional satisfaction.

To what extent do you think podiatrists' competencies, including additional skills, endorsements or advanced practice, are recognised in their everyday practice and are known to consumers?

Podiatrists' competencies, including additional skills, endorsements, or advanced practice, are often minimally recognised in their everyday practice, varying depending on location.

Despite possessing specialised knowledge and skills, consumer awareness of podiatrists' full scope of practice may be limited. Geographic location, healthcare system structures, and public education efforts can influence recognition and understanding of podiatrists' competencies among consumers.

How could recognition of podiatrists' competencies in their everyday practice (including existing or new additional skills, endorsements, or advanced practice) be improved?

The survey to members highlighted the recognition of podiatrists' competencies in their everyday practice could be supported through several means.

- Firstly, improved marketing efforts could highlight the profession's breadth of expertise and services to consumers and healthcare professionals.
- Secondly, linking recognition to funding mechanisms can incentivise ongoing professional development and specialisation, encouraging podiatrists to acquire new skills and endorsements.

Thirdly, a unified and transparent support system from funding schemes would ensure consistent recognition and support for podiatrists' competencies, facilitating their integration into multidisciplinary healthcare teams and promoting better patient outcomes.

Are you aware of specific instances where funding and payment could be provided differently to enhance podiatrists' ability to work to the full scope of practice?

Specific instances where funding and payment could be provided differently to enhance podiatrists' ability to work to their full scope of practice include:

- Access to advanced diagnostic tools: Funding could be allocated to allow podiatrists access to duplex ultrasound and other advanced diagnostic equipment, along with establishing referral pathways to specialists where necessary tests and assessments can be completed.
- Medicare and private health insurance (PHI) rebates: Offering rebates for essential

examinations like ankle-brachial index (ABI) tests would support podiatrists in providing comprehensive care while reducing financial barriers for patients.

- Expanded scope of services: Introducing Medicare rebates for diagnostic testing such as culturing and pathology scraping would facilitate early diagnosis and treatment.

By reallocating funding and adjusting payment structures, podiatrists can provide high-value care, focusing on the patient and their goals and strengthening the drive for continuous care and services.

How do you think technology could be used in better health care settings to enable podiatrists and the multidisciplinary team to work to full scope?

Technology can significantly enhance healthcare settings, enabling podiatrists and multidisciplinary teams to work to their full scope more effectively.

- Drawing focus on the electronic transfer of medical information, including discharge summaries, streamlines communication and ensures seamless continuity of care across settings.
- Highlighting the need to facilitate online multidisciplinary team meetings. This allows for collaboration regardless of geographical location, enhancing communication and coordination of care across various healthcare settings.
- Granting access to diagnostic imaging, including the actual images and radiologist summary, enables podiatrists to make more informed decisions and collaborate with other healthcare professionals for comprehensive patient management.

It is through the leveraging of technology in these ways that we can drive optimisation and efficiency, improve patient outcomes, and enable podiatrists to deliver high-quality care within their full scope of practice within an array of healthcare environments.

Conclusion

The APodA extends its gratitude to the Department of Health and Aged Care for facilitating this opportunity to engage in the scope of practice review and for the ongoing dialogue with Professor Mark Cormack, who is spearheading the exploration of our Health Workforce—Scope of Practice Review.

The APodA is committed to further exploration and experimentation with models of expanded scope within podiatry and advocates for the recognition of the full breadth of podiatric practice. We firmly believe that embracing the comprehensive scope of podiatry can alleviate the strain on primary healthcare systems and facilitate the delivery of person-centred care tailored to the diverse needs of our community.



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