



# Pre-Budget Submission

## 2024-2025

Submission by

Australian Podiatry Association (APodA)

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# 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 - A Keystone in Developing a Resilient Healthcare System

In this 2024 Pre-Budget submission, the APodA seeks to both highlight and reinforce the role of podiatrists in addressing many of Australia's current and future burdens of diseases.

In collaboration with governments, our fellow healthcare colleagues and the Australian public, podiatrists now, more than ever, have an instrumental role to play in the development of new and improved pathways that will not only optimise a patient's healthcare journey, but lead to reduced workforce pressures and encourage the development of a blended healthcare model<sup>1</sup>.

The APodA recognises that Australia's current healthcare landscape is a complex mix of service providers and other health professionals spread far and wide. What is evident is that now it is even more imperative to implement initiatives that drive improvement; increase affordability; provide better equity of access; reduce variability in health outcomes, and place a greater emphasis on prevention – all the while keeping our approach person focused<sup>2</sup>.

Striving forward has its challenges; however, through a unified approach, utilising existing healthcare and government policy levers, and a drive for standardising value-based care, we can continue to support Australians' health effectively now and into the future.

## WHY FEET MATTER?

Aboriginal and Torres Strait Islander Australians have a five-to-six-fold increased likelihood of developing foot complications

Aboriginal and Torres Strait Islander Australians with diabetes are 38 times more likely to undergo a major leg amputation

In 2012-13, there were 3,570 lower limb amputations in hospitals to admitted patients with a diagnosis of diabetes

Studies suggest the prevalence of peripheral neuropathy in Australia to be 13% in people with known diabetes

In 2021-22 falls were the highest cause of injury hospitalisation and injury death

<sup>1</sup> <https://www.podiatry.org.au/advocacy/resources/stepping-up-podiatry-2030-report>

<sup>2</sup> Starfield, B. (2011). Is patient-centered care the same as person-focused care?. *The Permanente Journal*, 15(2), 63.

## Building a Better and More Resilient Australia – APodA’s Focus



## Summary of Recommendations

### **Recommendation 1: Encouraging Continuous Care with Access to PBS**

Podiatrists who currently have trouble accessing appropriate services due to socioeconomic challenges<sup>3</sup> and reduce medicines that attract a subsidy under the Pharmaceutical Benefits Scheme (PBS). This will benefit those that currently have trouble with accessing appropriate services<sup>3</sup> and reducing the current hamstrung approach of referring back to the general practitioner solely to access PBS subsidies.

### **Recommendation 2: Empowering Patients to Access Diagnostics**

Empower podiatrists within the multidisciplinary primary health care team to issue MBS-subsidised referrals for relevant point of care diagnostic tests. This streamlining of services reduces patient burdens, focusing on their valuable time and minimising double-handling complexities<sup>4</sup>. By granting podiatrists direct access to MBS subsidies, the aim is to enhance patient experiences and cut government funding burdens associated with unnecessary referrals. This patient-centric shift ensures a more efficient, sustainable, and value-based care approach, improving both patient satisfaction and healthcare provider effectiveness.

<sup>3</sup> Graham, K., Matricciani, L., Banwell, H., Kumar, S., Causby, R., Martin, S., & Nissen, L. (2022). Australian podiatrists scheduled medicine prescribing practices and barriers and facilitators to endorsement: A cross-sectional survey. *Journal of Foot and Ankle Research*, 15(1). <https://doi.org/10.1186/s13047-022-00515-w>

<sup>4</sup> APodA. (2020). *Access to Advanced Diagnostic Imaging - Podiatry*. APodA. Retrieved January 26, 2023, from <https://www.podiatry.org.au/documents/item/2118>

### **Recommendation 3: Value-Based Care**

To strive towards true and inclusive value-based healthcare, the APodA recommends for a targeted project, funded to focus on a targeted population. This pilot program should leverage multidisciplinary interventions, incorporating outcome measures, digital integration, and vascular assessments for diabetic patients. The goal is to improve health outcomes, enhance patient and provider experiences, and increase the effectiveness and efficiency of care.

The need for regulatory support is crucial for private podiatry clinics to embrace and adopt value-based care. This includes incentivising the integration of technology, both at the software supplier and operational clinical/business levels. A top-down regulatory movement will facilitate seamless adoption, ensuring a holistic approach to delivering value-based care in podiatry.

### **Recommendation 4: Workforce sustainability and resilience**

Encourage the government to leverage existing funding and policy levers, similar to initiatives like HELP for Rural Doctors and Nurse Practitioners, to support the growth of podiatry.

This involves reducing outstanding Higher Education Loans Program (HELP) debt for eligible practitioners working in rural, remote, or very remote areas of Australia. Additionally, emphasise the importance of consistent and reliable data collection to inform workforce planning, addressing ongoing shortages. Prioritise parental and childcare support as policy levers to alleviate cost-of-living pressures for healthcare workers.

### **Recommendation 5: Strengthening the National Allied Health Workforce Strategy**

The APodA advocates for the development of a comprehensive and transparent National Allied Health Workforce Strategy that addresses the unique challenges faced by allied health professionals across both public and private sectors. Recognising the proposed framework designed to tackle national allied health workforce issues, specifically focusing on the shortage of professionals in Australia, the APodA emphasises the importance of engaging peak bodies for each profession in the strategy's development.

Acknowledging the varying challenges experienced by allied health professionals in different sectors, the strategy must be tailored to cater to the specific needs and dynamics of both public and private settings. Inclusivity and transparency are essential throughout the development process, and engaging with peak bodies ensures that the strategy is credible, sustainable, and suitable for diverse practice environments.

### **Recommendation 6: Digital Transformation - Digital inclusion and integration**

To fortify this approach, the APodA highlights the need for the government to bolster its commitment through increased funding to offer great capability for Allied Health Professions Australia in offering support towards a meaningful and sustainable integration of podiatry into existing digital infrastructure supported by accessible, interoperable systems.

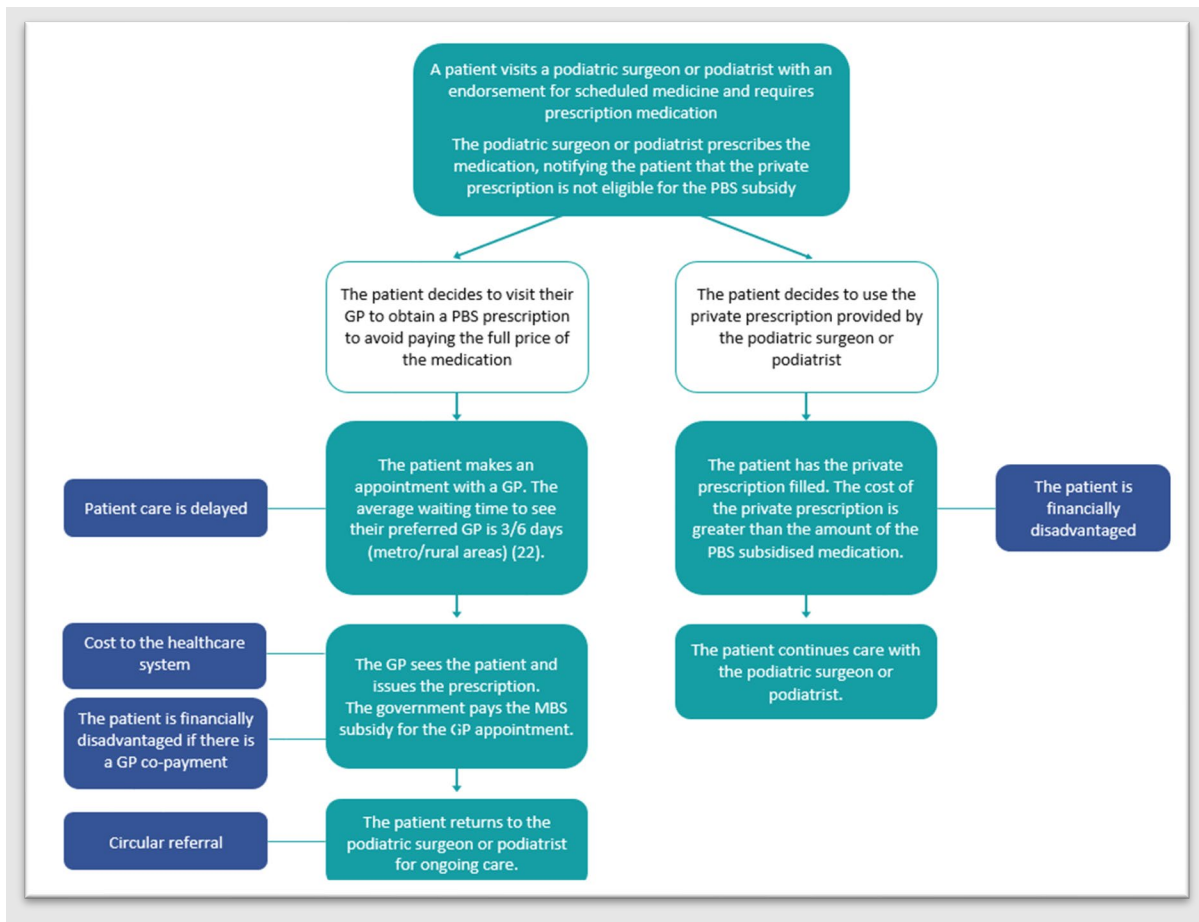
# Recommendations Explored

## Access to PBS

In the management of diabetes and high-risk patients, timely treatment with scheduled medicines is critical to prevent severe infections and reduce the risk of lower extremity amputation<sup>5</sup>. Non-medical prescribing has been shown to improve access to medicines for communities, promote workforce flexibility, contribute to the quality of care and provide a cost-effective alternative to medical prescribing<sup>6</sup>.

Despite the important role of podiatrists in the treatment of complex and life-threatening health conditions, podiatrists with endorsement for scheduled medicines are not eligible to write prescriptions that will attract PBS subsidies and count towards an eligible patients PBS safety net.

Figure 1 summaries the issues that are subsequently described in detail below (Courtesy Griffith University – Centre for Applied Health Economics.)



<sup>5</sup> Couch, A. G., Foo, J., James, A. M., Maloney, S., & Williams, C. M. (2018). Implementing a podiatry prescribing mentoring program in a Public Health Service: A cost-description study. *Journal of Foot and Ankle Research*, 11(1). <https://doi.org/10.1186/s13047-018-0282-1>

<sup>6</sup> Courtenay, M., Carey, N., & Stenner, K. (2011). Non medical prescribing leads views on their role and the implementation of non medical prescribing from a multi-organisational perspective. *BMC Health Services Research*, 11(1). <https://doi.org/10.1186/1472-6963-11-142>



The inclusion of subsidies for podiatrist-prescribed medicines under the PBS may also be associated with several benefits. Some of the benefits identified during the survey include:

- ❖ the monitoring of scripts under the PBS would allow for the inclusion of podiatrist-prescribed medicines into quality use of medicines initiatives (such as the Opioid Stewardship Programme<sup>7</sup> and the Antimicrobial Stewardship Programme<sup>8</sup>);
- ❖ the avoidance of script-redirection to medical prescribers, to receive PBS-subsidy, may reduce the likelihood of complications in time-sensitive conditions (such as diabetic foot ulcers); and
- ❖ the recognition of podiatrist-prescribed medicines under the PBS would bring the profession in-line with other non-medical prescribing professions, including optometrists, nurse practitioners, and dentists.
- ❖ The associated benefits in clinical outcomes will produce additional health budget and societal cost-savings which were not considered in the current analysis.

In analysing the possible financial implications of PBS-subsidy to podiatrist prescriptions, it is expected there will also be an accompanying MBS-fee cost-offset.

As it stands a proportion of podiatry scripts are currently redirected to a primary-care prescriber in order for patients to receive PBS subsidy. These consultations are associated with an MBS (item 23) fee. Through the inclusion of PBS subsidy for podiatrist scripts, there will be scope to remove the need for patients to be redirected to primary-care prescribers, hence offering a cost offset to the health budget.

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<sup>7</sup> <https://clinicalexcellence.qld.gov.au/improvement-exchange/queensland-opioid-stewardship-program-qosp>

<sup>8</sup> <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/antimicrobial-stewardship>



## Examples reflecting impact to Access PBS on Podiatry Patients

### *Scenario 1*

Frank, an 82-year-old individual with limited mobility, recently sought medical attention for a painful corn between his toes. This recurring issue, requiring treatment several times a year, became intensely painful in the past 24 hours. The podiatrist noted breakdown, maceration, redness, and a localised infection during the examination. Frank received a diagnosis of peripheral vascular disease, presenting a heightened risk of potential amputation – a concern uncommon in otherwise healthy individuals.

Frank's podiatrist prescribed dicloxacillin, an antibiotic, to address the localised infection. Being a full pensioner, Frank expressed concern about the associated costs. To ensure convenience given his limited mobility, it was recommended that Frank fill his prescription at his regular pharmacy. This choice also ensured the integration of the prescription into his Webster pack, designed to aid individuals with visual impairment.

Frank's prescription won't be recorded on the PBS quality insurance system, and it won't be entered into his My Health Record. The non-PBS cost for dicloxacillin is estimated to be in the range of \$10-\$15 per pack of 24.

### *Scenario 2*

Rebecca, a 68-year-old pensioner managing diabetes and osteoarthritis, recently faced challenges related to foot complications from diabetes during her routine podiatrist visit. An ulcer was discovered on her foot, a common issue in diabetes, prompting her podiatrist to employ various modalities to alleviate pressure on the wound and provide necessary care.

Given the urgency of the situation, Rebecca's GP practice, where she usually seeks medical care, has no available appointments until next week. Aware of her podiatrist's endorsement in scheduled medicines, Rebecca is informed that a prescription for oral antibiotics is necessary for immediate treatment. However, she discovers that podiatrist prescriptions do not qualify for PBS subsidies.

Despite reaching the PBS Safety Net threshold for the year, Rebecca faces the reality of paying the full private fee at her local pharmacy for the antibiotics on the same day. This additional cost raises concerns for Rebecca, who carefully manages her weekly expenses on a pensioner's budget.

Contemplating whether to wait until next week to consult her GP for a prescription, Rebecca is advised by her podiatrist about the urgency of timely treatment. Delaying could lead to a worsened infection with potential risks of serious consequences, including amputation.

Rebecca's private script will not be recorded on the PBS quality insurance system nor entered into her My Health Record. The non-PBS cost for the prescribed antibiotics is estimated to be in the range of \$10-\$13 per pack of 10.

## Improved access to diagnostics

### *Diagnostic Imaging*

Podiatrists in Australia have the ability to recommend patients for specific diagnostic imaging services covered by the Medicare Benefits Scheme (MBS), encompassing x-rays for the foot and ankle, as well as musculoskeletal ultrasounds. While podiatrists can also make referrals for more advanced diagnostic services such as computerised tomography (CT) scans and magnetic resonance imaging (MRI), these particular services are not subsidised by Medicare when initiated by a podiatrist. Consequently, patients are faced with an out-of-pocket expense ranging from \$300 to \$1000.

There is a unique prospect to optimise care and services by empowering podiatrists to refer under the MBS for specific items: 55834 and 55835 (ultrasound), 56619, 56625, 56659, and 56665 (computed tomography), and 63311, 63331, 63345, 63301, 63304, and 63307 (magnetic resonance imaging). However, this access would be restricted to referrals related to the foot and ankle. This strategic move simplifies the patient process, diminishing the need for additional medical appointments to secure an MBS-eligible CT or MRI referral. By doing so, podiatrists could potentially reduce unnecessary referrals to primary healthcare services, thereby alleviating workforce strain and mitigating MBS fee-related burdens.

Empowering podiatry with MBS access aligns with a person-focused, value-based approach, paving the way for innovative case models that enhance the overall care experience. This shift supports the existing scope of podiatry and holds promise for developing blended case models, fostering a more comprehensive and improved care journey for individuals seeking podiatric care.

### *Culturing & Sampling*

As lower limb experts, podiatrists examine, assess and treat nail and skin morphologies and pathologies. In providing efficient and streamlined treatment and care, often there is a need for wound swabs and nail or skin samples to be sent for pathology assessment.

Under current arrangements, patients who require podiatric-related diagnostic culturing or sampling are obliged to follow a visit to the podiatrist with a visit to a General Practitioner (GP) as a means to access subsidised and timely diagnostic services.

With a lens on offering patients value care and reducing double handling, resulting in added pressure on our primary health networks, we recommend podiatrists be granted access to refer under MBS for the following items: 69300, 69303, 69306, 69312, 69318.

Through access to MBS-eligible pathology, there is scope for podiatrists to aid in the reduction of non-essential referrals to primary healthcare services, supporting the easing of workforce strain and an MBS fee cost offset.

## Value-Based Care

Achieving a transformative shift towards sustainable value-based care in healthcare demands collaborative efforts from diverse stakeholders, policymakers, and professional groups. As emphasised in the Digital Health section of this proposal, the integration of professional practices and industry/profession recognised comprehensive patient measurement is pivotal. Podiatrists play a crucial role in the holistic management of diabetic patients, a demographic with substantial health, social, and financial implications for Australia.

Proposing a targeted pilot project, APodA advocates for multidisciplinary interventions that encapsulates public and private podiatry practitioners, and focuses on outcome measures, digital integration, and vascular assessments tailored specifically for diabetic patients. This proposed program seeks funding to pioneer outcome-focused services, leading the way in healthcare reform. The APodA further recommends:

### **Enhancing Data Infrastructure:**

- Improve cost and outcome data collection, analysis, and accessibility for both government and providers.
- Strive for seamless, low-cost data collection and ensure a smooth flow of information.

### **Supporting Provider Education and Innovation:**

- Identify and promote best practice care through provider education, training, and innovation.
- Empower and enhance private podiatrists in accessing existing public health resources, which are currently only accessible to those who work within the public system. Through broadening access to platforms such as Health Education and Training (here), there posed an opportunity to develop both skills across the healthcare industry and encourage peer-to-peer learning instead of siloing and continuing to fragment the industry.

These recommendations align with the Deeble Institute's roadmap to scalable value-based payments, emphasising the importance of comprehensive data, ongoing education, and innovation in driving the transition towards value-based care<sup>9</sup>. This targeted approach addresses the specific needs of diabetic patients, contributing to improved health outcomes and greater efficiency in healthcare delivery.

## Workforce – Sustainability and resilience

In 2022, the APodA brought together almost 20 industry leaders from the podiatry and allied health sectors for the inaugural National Podiatry Workforce Summit<sup>10</sup>. Due to ongoing workforce shortages and with the focus

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<sup>9</sup> [Deeble Issues Brief No. 49: A roadmap towards scalable value-based payments in Australian healthcare | Australian Healthcare & Hospitals Association \(ahha.asn.au\)](https://www.ahha.asn.au)

<sup>10</sup> <https://www.podiatry.org.au/advocacy/resources/workforce-summit-report>

of the Federal Government's Jobs and Skills Summit in Canberra in September 2022, the need to address the sustainability and resilience of the workforce was highlighted as being critical. Following the release of the National Podiatry Workforce Summit report and the Stepping Up- Podiatry 2030 Report<sup>11</sup>, the need to address the decline in commencing enrolments and ensuring equitable access to existing programs was highlighted as critical.

The APodA recommends that the government extend successful initiatives, like HELP for Rural Doctors and Nurse Practitioners<sup>12</sup>, to podiatrists. Reducing outstanding Higher Education Loans Program (HELP) debt for eligible podiatry practitioners working in rural, remote, or very remote areas of Australia can be a powerful incentive.

Given the observed 17.3% decline in podiatry enrolments since 2015 and a further 7.5% decline over the last five years, it is evident that the profession's pipeline, largely reliant on the university system, is under immense strain. This decline threatens the future growth and sustainability of the podiatry workforce, as well as the continued care they offer to the public. Therefore, the emphasis on reducing financial barriers through levers such as HELP debt reduction becomes crucial in attracting and retaining talent in underserved regions.

Consistent and reliable data collection is another key element of the recommendation. This involves establishing a robust system to monitor and analyse workforce trends, enabling proactive responses to ongoing shortages. By prioritising parental and childcare support as policy levers, the APodA recognises the financial challenges healthcare workers face. Alleviating these cost-of-living pressures will contribute to a more resilient and sustainable podiatry workforce.

Additionally, the recommendation aligns with the understanding that rural and remote areas, where health worker shortages are pronounced, experience higher rates of illness, hospitalisation, and death. By extending HELP-like initiatives, the government strengthens the podiatry pipeline and promotes an equitable approach to healthcare delivery in regions with greater health disparities. This approach seeks to support workforce sustainability, financial barriers, and health equity, ensuring a resilient podiatry workforce capable of meeting the diverse and growing needs of the Australian population.

## **Workforce – Strengthening the National Allied Health Workforce Strategy**

The APodA urges the government to prioritise the development of a transparent National Allied Health Workforce Strategy, specifically designed to address the unique challenges faced by allied health professionals in both public and private sectors. Acknowledging the proposed framework aimed at alleviating the shortage of allied health professionals in Australia, the APodA underscores the critical importance end to end transparency, government accountability for the progress and execution of the project and above all else the ongoing involvement of peak bodies for each profession throughout the strategy's development.

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<sup>11</sup> <https://www.podiatry.org.au/advocacy/guidance>

<sup>12</sup> [HELP for Rural Doctors and Nurse Practitioners | Australian Government Department of Health and Aged Care](#)

In tandem with this recommendation, the APodA calls on the government to elevate funding to the Chief Allied Health Office, recognising the current lack of capacity to engage with the allied health sector meaningfully and sustainably. Strengthening the office of the Chief Allied Health resources is quintessential for effective implementation and coordination within the sector.

Furthermore, the APodA advocates for a larger financial commitment from the government to fund Allied Health Professions Australia (AHPA)<sup>13</sup> as the recognised national voice for allied health professions. AHPA plays a pivotal role in representing and advocating for the interests of allied health professionals across various sectors, including health, aged care, disability, and education. Increased funding for AHPA is crucial for it to fulfil its role as a national advocate, supporting the vital contributions of allied health professionals to the broader healthcare system. This comprehensive approach, encompassing the Chief Allied Health Officer and AHPA, will contribute to Australia's strengthened, well-coordinated, and responsive allied health workforce.

## Digital Transformation - Digital inclusion and integration

In 2023, the Federal Budget allocated a substantial \$951.2 million for digital health, reflecting a pivotal moment in healthcare evolution. Among these provisions, \$325.7 million was directed to sustaining the Australian Digital Health Agency, while \$429 million was earmarked for the pivotal enhancement of My Health Record.

For podiatry, a targeted injection of \$6.1 million reflected the government's commitment to connecting allied health professionals to My Health Record. This investment focused on financial support and a strategic alignment towards the future, where digital integration is paramount in delivering care and services to all Australians.

Recognising the transformative potential, the government has an opportunity to integrate podiatry, both in public and private settings into all digital health initiatives, significantly impacting communication among health professionals and empowering consumers with streamlined access to critical information. The broader investment in digital infrastructure, exemplified by programs like the Support at Home Program and the National Disability Data Asset, underscores the importance of embracing digital methodologies.

The release of the Digital Health Blueprint 2023–2033<sup>14</sup> outlines a roadmap for the role of digital health capabilities in shaping a person-centred and sustainable health system by 2033. To fortify this approach, the APodA highlights the need for the government to bolster its commitment through increased funding. This could be done via AHPA to develop a greater capacity for meaningful and sustainable integration of podiatry into existing digital infrastructure supported by interoperable systems. This commitment is critical for allied health.

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<sup>13</sup> [About AHPA - Allied Health Professions Australia](#)

<sup>14</sup> [The Digital Health Blueprint and Action Plan 2023–2033 | Australian Government Department of Health and Aged Care](#)



[Podiatry.org.au](http://Podiatry.org.au)