



APodA's Response to the Inquiry on the Prevention,  
Diagnosis, and Management of All Forms of Diabetes and  
Obesity in Australia

August 2023

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## About Us

The Australian Podiatry Association (APodA) is the largest and oldest peak body representing podiatry and promoting foot health and mobility that affects participation in everyday life. We support our members with opportunities to develop their professional careers, uphold standards and build connections.

The APodA is the only organisation in Australia that advocates exclusively for the interests of podiatrists and podiatry patients. It draws on the expertise of its members working across many fields to ensure our advocacy is based on the best available evidence. It is grounded in the experiences of contemporary Australian podiatry practice. Members play a central role in the APodA's advocacy activities, and we could only achieve the influence and recognition we have with their expertise, skills, and dedication.

We are committed to the advancement of podiatry to improve foot health in the community, enabling mobility and independence across the lifespan. The positive impact of podiatric care changes the lives of one in five Australians who experience pain, mobility issues, or have personal hygiene concerns affecting their foot health.

## Our Vision

To lead and influence the profession of Podiatry, to develop our members and improve patient outcomes.

## Our Values

- Collaboration
- Leadership
- Connection
- Integrity

## Our Strategy and Direction

- Protect and Advance the Podiatry Profession
- Strengthen the Professional and Economic Independence of Podiatrists
- Support Workforce Sustainability and Drive innovation
- Promote and Improve Access to Podiatry Services

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## Preamble

Podiatrists provide safe, professional, and effective clinical care services for people requiring ongoing support due to a diagnosis of diabetes and the associated risk of vascular and neurological complications. They offer essential services to aid daily living and are integral to any healthcare team operating in a care facility(1).

Evidence indicates the importance of continuous lower limb care, including early-stage neurovascular testing and analysis, for patients with high-risk or chronic conditions such as diabetes(2). Given the prevalence of patients at risk of lower limb complications and complex chronic health needs, the need to standardise a national approach that supports care facilities allows podiatrists to conduct various neurovascular, lower limb, and foot assessments to ensure ongoing foot health care.

Neglecting podiatric care can lead to severe consequences. Diabetic foot ulcers are an all too common outcome, with lifetime incidences of foot ulcers estimated to be 19% and 34% of persons with diabetes likely to be affected(3). The risk of death at five years for a patient with a diabetic foot ulcer is 2.5 times as high as the risk for a patient with diabetes who does not have a foot ulcer(4).

Equity of access to healthcare should be an inherent human right. Recognising the distinction between equality and equity, it's crucial that individuals in need of extensive care aren't discouraged by the existing status quo. A patient requiring extended periods of care currently not addressed by Medicare's five chronic disease management plan referrals, it is essential to mitigate the heightened risk of infections or wounds. This risk is particularly pronounced for individuals identified as having a higher susceptibility to complications. Thus, fostering equitable access to care is not only a matter of justice but also a strategy to avert potential health issues stemming from unequal care provisions(3).

Complex conditions like diabetic foot disease are not easily detected, prevented, or treated. Inadequate treatment can result in serious complications, including lower limb amputation and mortality. Regrettably, numerous examples exist where mismanagement of foot-related issues, stemming from poorly handled diabetic foot conditions, has resulted in dire outcomes.

The focus of the APodA is to advocate for the safeguarding, pre-emptive measures, and enhancement of lower limb and foot health on behalf of podiatrists. We firmly believe that by optimising the utilisation of podiatric care, there is scope to alleviate the strain on urgent and essential health care services. Consequently, this approach has merit in facilitating a more person-centred approach that supports the continuity of care and more consistent delivery of health support to community members.

## Recommendations

### **Recommendation 1: Standardising Foot Health Checks**

Natural standardised cross-disciplinary approach to Foot Health Checks. Develop clear and agreed standards around foot screening parameters that GPs/Practice nurses/Allied Health are required to undertake.

### **Recommendation 2: Workforce**

Supporting an agile and multidisciplinary workforce that can be utilized at the top of their scope to offer what allied health professions, which covers wound care, reablement, application of assistive technologies, neurovascular screening and monitoring and general care. Extend innovative methods to support and broaden the reach of podiatrists through certain funding.

### **Recommendation 3: Improved Medicare Access**

Recognition of the role preventative screening (i.e. neurovascular and biomechanical assessments) has in reducing the overall impact diabetes has on the lower limb and the vital need to address and improve not just disability-adjust life years but quality-adjusted life years. This can be achieved by way of increased access to Medicare item numbers.

### **Recommendation 4: Creation and Funding – National Diabetes Strategy**

Prioritise the 2021-2030 National Diabetes Strategy and offer support by way of enhanced funding. The 2016-2020 Diabetes Strategy's underfunding led to incomplete progress on 55 indicators. Preventing recurrence is vital. The 2021-2030 Strategy lacks funding and a plan after two years, stalling change. Funding is essential for effective implementation and change.

## Prevention, Management, Protection and Workforce: The Vital Role Podiatry Plays

### Background

Diabetes is a chronic health condition affecting millions worldwide, with approximately 462 million people affected by type 2 diabetes in 2017(5). In 2021 an estimated 1 in 20 Australians were living with diabetes (just over 1.3 million)(6). This carries with it a significant risk of complications that can profoundly impact a person's quality of life.

In 2022, type 1 diabetes was responsible for around 19,000 disability-adjusted life years (DALY) in Australia – equating to 0.7 DALY per 1,000 population, and type 2 diabetes was the 12th highest disease-specific cause of DALY at 3.9 per 1,000 population(7). Statistics also highlight that up to 34% of individuals with diabetes may experience DFU at some point in their lives, with alarming figures showing that about 50% of these ulcers become infected, and 20% culminate in amputation(3). This issue not only inflicts physical suffering upon those affected but also places an overwhelming strain on Australia's healthcare systems(8).

In the general populations, diabetes-related total amputation incidence was 14.0–16.5 per 100,000 person-years in nationwide populations(6)

38 fold higher rates for diabetes-related amputations in Indigenous populations compared to the non-Indigenous population(9)

In 2020–21, diabetes hospitalisation were 1.7 times as high among those living in the lowest socioeconomic areas compared with those living in the highest socioeconomic areas(6)

\$2.0 billion of expenditure in the Australian health system was attributed to type 2 diabetes in 2019–20, with hospital services accounting for 42% (6)

### Preventions, Management and Protection

The complexities of DFU's development involve a combination of peripheral neuropathy, peripheral arterial disease, and foot deformities, making its management a complex task(9). Ensuring effective treatment necessitates addressing these contributing factors along with managing infections, local wound care, plantar pressures, and ongoing screening for vasculopathy developments(9). This comprehensive approach often translates into significant challenges, high costs, and prolonged episodes of care. In light of these challenges, it is

imperative that early preventative measures should be supported through policy levers enabling continuous and equitable access to care for all people at higher risk of complications due to diabetes(10).

Continuing to examine the preventative nature of DFU complications lies in the proactive involvement of podiatrists. This able-bodied and unique workforce, already embedded in public, private and community healthcare systems, plays a vital role in monitoring foot health, identifying early warning signs, and offering tailored interventions to mitigate the risk of ulcers(1). However, the complexity of diabetes-related foot issues calls for a comprehensive and collaborative approach; by fostering collaborative care plan management with general practitioners and other healthcare professionals, a truly co-design approach can be developed to support people in achieving personalised care that aligns with their unique needs and circumstances. This collaborative effort ensures that all aspects of an individual's health are considered, from diabetes management to foot health, thereby enhancing the effectiveness of preventative measures and minimising the possible impact of DFU complications(11).

## Workforce

As of June 2023, Australia had 5,831 general podiatrists(13). Of those podiatrists, there was a total of 216 with their endorsement for scheduled medicines, enabling enhanced capacity to directly and in some cases, immediately address infections and complications that would benefit from the prescription of pharmacological measures.

Being an agile and multi-skilled workforce there offers an opportunity to develop the reach and capacity in a multitude of settings that will not only support our primary, community and acute health networks, but will offer a level of community care and access needed in these post-pandemic times.

Goal 1 of the Australian National Diabetes Strategy 2021-2030: Prevent people from developing type 2 diabetes recommends and encourages a community and workplace approach for the general population and those at high risk of developing diabetes. Podiatrists being integral parts of the community, there is a need to emphasise the importance of addressing common modifiable risk factors and be involved in diabetes prevention programs as part of a multi-faceted point of care.

Whilst many Podiatrists are trained in, and can effectively manage, Diabetes foot presentations, much work is needed to develop bidirectional communication referral networks within the broader multidisciplinary health system (supported by data liquidity) and to strive to improve the general populations fundamental health literacy on lower limb care. A large part of that is ensuring there are MBS item codes to facilitate billing and therefore data collection.

There are existing MBS items that seek to encapsulate wellness and health checks, the framework is apparent and available, but there lacks a Nationally agreed standardised approach to viewing and assessing a person's foot health.

### Conclusion

The APodA advocates for the promotion of foot health and for the continued collaboration in addressing those at higher risk of diabetes and obesity in Australia. We welcome this opportunity to respond to the new inquiry on the prevention, diagnosis, and management of all forms of diabetes and obesity in Australian as conducted by The House of Representatives Standing Committee on Health, Aged Care and Sport and look forward to future opportunities to contribute.

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