



Australian Podiatry Association (APodA)
Pre-Budget Submission
2025-2026



Podiatry remains a keystone in developing a contemporary, resilient and advanced healthcare system.

The Australian Podiatry Association (APodA) is committed to ensuring all Australians have access to quality, timely, and equitable podiatric care. Guided by our vision of "*Amazing podiatry, always*", we believe that a sustainable and person-focused healthcare system must enable podiatrists to deliver care that meets the needs of all individuals and communities.

For the 2025-26 budget, we are advocating for reforms that address critical barriers impacting podiatry's capacity to contribute to better health outcomes. By optimising funding structures and leveraging the scope of podiatrists, these reforms will help improve health system efficiency, alleviate workforce pressures, and deliver care that supports Australians to move and thrive through life.

Our submission outlines targeted recommendations that align with APodA's vision and values, focusing on practical and evidence-based solutions to improve health outcomes and support a sustainable and integrated healthcare system.

The impact of foot and lower limb conditions and injuries.

- Approximately 10.8% of Australians with diabetes experience diabetes-related foot disease (DFD), leading to significant health complications¹.
- DFD costs the healthcare system an estimated \$1.57 billion annually, with public hospital costs alone reaching \$348 million. Managing DFD over five years ranges from \$6,681–\$7,066 per patient for optimal care, compared to \$15,781– \$19,461 for usual care².
- Aboriginal and Torres Strait Islander Australians with diabetes are 3.8 times more likely to undergo major amputations³.
- In 2022–23, falls remained the leading cause of injury hospitalisation in Australia, with 238,055 cases accounting for 43% of all injury-related admissions, while in 2021–22, they resulted in approximately 6,400 deaths, making up 42% of injury-related fatalities⁴. In 2020–21, healthcare spending on fall-related injuries reached \$4.7 billion, underscoring the significant economic burden on the health system⁵.

1. M. U. Ahmed, W. K. Tannous, K. E. Agho, F. Henshaw, D. Turner, and D. Simmons, "Prevalence and Burden of Diabetes-Related Foot Disease in New South Wales, Australia: Evidence from the 45 and Up Study Survey Data Linked with Health Services Data," *International Journal of Environmental*

2. Perrin BM, Mukherjee S, Wraight PR, Lazzarini PA. How far has diabetes-related foot disease research progressed in Australia? A bibliometric analysis. *Diabetic Medicine*. 2024;41(1):e15346. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11080706/>

3. Armstrong DG, Boulton AJM, Bus SA. Diabetic foot ulcers and their recurrence. *New England Journal of Medicine*. 2017;376(24):2367–75. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC5678749/>.

4. Australian Institute of Health and Welfare. Injury in Australia: Falls. Canberra: AIHW, 2024. Available from: <https://www.aihw.gov.au/reports/injury/falls>

5. Australian Institute of Health and Welfare. Health system spending on disease and injury in Australia, 2020–21. Canberra: AIHW, 2023. Available from: <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-system-spending-on-disease-and-injury-in-au/contents/about>

Podiatry in building a better and more resilient Australia – our focus.

- *Remove barriers to timely access and quality use of medicines.*
- *Increase patient choice and timely access to critical assessments.*

Remove barriers to timely access and quality use of medicines.

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 amputation⁶. 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 prescribing⁷.

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 Pharmaceutical Benefits Scheme (PBS) subsidies and count towards an eligible patients PBS⁸.

Benefits identified 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 Program⁹ and the Antimicrobial Stewardship Program)¹⁰.
- The avoidance of script-redirection to medical prescribers, to receive PBS-subsidy, may reduce the likelihood of complications and hospitalisation in time-sensitive conditions (such as diabetic foot ulcers)¹¹.
- 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 dentists¹².
- The associated benefits in clinical outcomes will produce additional health budget and societal cost savings which were not included in the current analysis.

6. Couch AG, Foo J, James AM, Maloney S, Williams CM. Implementing a podiatry prescribing mentoring program in a public health service: a cost- description study. *Journal of Foot and Ankle Research*. 2018;11(40). Available from: <https://doi.org/10.1186/s13047-018-0282-1>.

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

8. Moxey A, Denaro C, Munteanu S, Stepien S. Podiatrist prescribing survey and budget impact results. Gold Coast: Griffith University; 2021. Available from: https://www.griffith.edu.au/data/assets/pdf_file/0028/1730539/Podiatrist-prescribing-survey-and-budget-impact-results_V4.pdf

9. Clinical Excellence Queensland. Queensland Opioid Stewardship Program (QOSP). Brisbane: Queensland Health; 2024. Available from: <https://clinicalexcellence.qld.gov.au/improvement-exchange/queensland-opioid-stewardship-program-qosp>

10. Queensland Health. Antimicrobial stewardship. Brisbane: Queensland Health; 2024. Available from: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/antimicrobial-stewardship>.

11. Moxey A, Denaro C, Munteanu S, Stepien S. Podiatrist prescribing survey and budget impact results. Gold Coast: Griffith University; 2021. Available from: https://www.griffith.edu.au/data/assets/pdf_file/0028/1730539/Podiatrist-prescribing-survey-and-budget-impact-results_V4.pdf

12. Department of Health and Aged Care, 'Prescribing Medicines – Information for PBS Prescribers', Pharmaceutical Benefits Scheme, 8 January 2025, https://www.pbs.gov.au/info/healthpro/explanatory-notes/section1/Section_1_2_Explanatory_Notes

Evidence demonstrates that inclusion on the PBS of prescriptions issued by podiatrists would also generate an accompanying Medicare Benefits Schedule (MBS) cost offset¹³. Currently, a proportion of podiatry prescriptions must be redirected to a primary care prescriber so that patients can access the PBS subsidy.

These additional consultations incur a MBS (item 23) fee and require patients to book separate general practitioner (GP) appointments, leading to extra costs, delays in continuous care, and potential negative impacts on health outcomes. By enabling podiatrists access to PBS-subsidised prescribing directly, patients can receive timely and uninterrupted treatment while also reducing unnecessary GP visits. This not only enhances patient access to care but also offers a cost offset to the health budget by minimising avoidable MBS-subsidised consultations.

Estimated cost: cost savings with a reduction in the need for GP appointments.

The APodA calls on the Australian Government to update legislation to include podiatrists to deliver timely access to medicines through the PBS.

Increase patient choice and timely access to critical assessments.

Podiatrists have the scope and training to perform comprehensive vascular assessments, which are vital for early detection of conditions that, if left unmanaged, can lead to serious complications and loss of life. Strengthening the role of podiatrists within the primary healthcare system by enabling them to conduct these assessments under Medicare will improve patient outcomes, reduce unnecessary delays, and optimise healthcare resources.

Currently, the MBS includes items for Ankle-Brachial Index (ABI) vascular assessments, such as Item 11610, allowing GPs to evaluate lower extremity arterial disease. However, while other primary care practitioners can access MBS items for these assessments, podiatrists are not eligible to claim for the same service, despite being university-trained.

Podiatrists routinely conduct evidence-based foot and lower limb assessments, maintaining the competencies required to deliver vascular assessments effectively and efficiently. Despite this, the absence of an MBS item number for podiatrists under Chronic Disease Management (CDM) plans creates an unnecessary barrier to care, limiting patient choice and timely access to essential assessments.

Estimated cost: cost neutral.

The APodA calls on the Australian Government to develop an item number for podiatrists to deliver vascular assessment on the MBS.

13. Moxey A, Denaro C, Munteanu S, Stepien S. Podiatrist prescribing survey and budget impact results. Gold Coast: Griffith University; 2021. Available from: https://www.griffith.edu.au/_data/assets/pdf_file/0028/1730539/Podiatrist-prescribing-survey-and-budget-impact-results_V4.pdf



[podiatry.org.au](https://www.podiatry.org.au)

(03) 9416 3111

advocacy@podiatry.org.au

