Australian Podiatry Association

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Pre-Budget Submission 2026-27

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Australian Podiatry Association (APodA) Submission

RE: Pre-Budget Submission 2026-27

30 January 2026

Department of Treasury

Dear Treasurer,

The APodA thanks the Treasury for the opportunity to submit to the 2026-27 Pre-Budget consultation.

The Australian Podiatry Association (APodA) is the peak professional body for podiatrists. APodA empowers podiatrists by providing strong advocacy, professional development opportunities, clinical resources, and member support services to assist at every stage of the career journey. Podiatrists are registered through the Australian health Professional Regulatory Authority (Ahpra), Podiatry Board of Australia. As stated, '*the Podiatry Board of Australia works to ensure that Australia's podiatrists and podiatric surgeons are suitable trained, qualified and safe to practise'*.

The APodA has been actively engaging with the Department of Health, parliamentarians and stakeholders on medicines access and workforce supply, including lodging a submission on the Pharmaceutical Benefits Scheme (PBS) to the Senate Community Affairs Committee on the *Health Legislation Amendment (Prescribing of Pharmaceutical Benefits) Bill 2025*. We have also been campaigning with stakeholders to extend Commonwealth Practical Placement Payments to podiatry students.

Both measures use existing regulatory/payment systems and will improve timely care - particularly in diabetes foot care - and strengthen rural and First Nations access.

We welcome the opportunity to provide further information arising from the following submission.

Yours sincerely

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Chief Executive Officer
Australian Podiatry Association

Angela Harper
Policy and Advocacy Adviser
Australian Podiatry Association

1.0 About podiatrists

Podiatrists are university qualified allied health professionals with expertise in the prevention, diagnosis, treatment, and rehabilitation of conditions affecting the foot, ankle, and lower limb. The scope of practice is broad ranging from prevention in primary care settings through to surgery in private hospitals and can be endorsed to prescribe medicines. They work in the public and private practice settings and manage a wide range of issues, including skin and nail disorders, musculoskeletal problems, diabetic foot complications, and wound care. With over 6,000 podiatrists in Australia, podiatry plays a vital role in maintaining mobility, independence, and overall well-being across all life stages.

2.0 Summary of Recommendations

Recommendation 1: APodA recommends that podiatrists with an endorsement to prescribe medicines are provided with PBS prescribing-parity

Recommendation 2: APodA recommends expansion of the Commonwealth Practical Placements Program to podiatry students

3.0 PBS subsidy for podiatrists

APodA seeks a simple, low-cost budget measure to allow podiatrists with an endorsement to prescribe medicines, access to PBS-subsidised medicines. Podiatrists with an endorsement to prescribe medicines are already authorised, trained and regulated to prescribe within their scope of practice. Yet, unlike doctors, dentists, optometrists and - under the Health Legislation Amendment (Prescribing of Pharmaceutical Benefits) Bill 2025 - authorised nurses, podiatry patients cannot access PBS-subsidised medicines when their clinician prescribes. APodA also has lodged a submission to the Bill that is currently before the Senate Community Affairs Committee.

Podiatry is currently the only Australian profession authorised to prescribe S4 (and limited S8) medicines whose patients cannot access a PBS subsidy when those medicines are prescribed. Patients either pay full retail cost or must book a second GP appointment to obtain the *same* medicine at PBS price. This duplication delays care, increases out-of-pocket costs, and adds pressure to general practice - especially in regional and remote communities where podiatrists often lead on high-risk foot care (including diabetes-related ulcers and infections).

APodA's departmental submission cites modest PBS costs ($2.4m over five years) offset by reduced Medicare Benefit Scheme outlays from avoided duplicate "script-only" GP visits (refer to table in appendix 7.0). In addition, (not included in budget savings), this initiative would avoid hospital visits due to timely treatment in high-risk foot care e.g. avoidable amputations [1].

The national model has been operating for 15-plus years with clear professional guardrails, explicit approved medicines list, and strong regulation, with patient benefits outweighing costs. The APodA has lodged a submission to the Community Affairs Legislation Committee seeking an amendment to the Health Legislation Amendment (Prescribing of Pharmaceutical Benefits) Bill 2025.

As at September 2025 there were 318 endorsed podiatrists, governed by the Podiatry Board of Australia's national endorsement framework and the number is projected to grow rapidly with students graduating every year with endorsement to prescribe medicines. There are no known published regulatory actions for unsafe prescribing.

4.0 Extend Commonwealth Practical Placement Payments to podiatry students

APodA asks the Government to extend Commonwealth Practical Placement Payments (CPP) to podiatry students from 2026, using the same weekly rate, eligibility rules and indexation already applied to existing CPP cohorts.

Australia is facing a national podiatry workforce shortage, with services stretched in primary care, diabetes foot care and aged care and targeted financial support during placements will help retain more students in podiatry programs, improve placement acceptance and completion, and reduce avoidable attrition.

Podiatry clinical placements are 1,000 – 1,200 hours, intensive and often require relocation (including regional/remote blocks), creating substantial out-of-pocket costs for travel, short-term accommodation and lost work hours (from casual employment). Those costs disproportionately affect low-income, regional and First Nations students.

Extending CPP is a practical, low-administration change using existing infrastructure, including universities verify accredited placement weeks and Services Australia's administration of payments.

The investment will stabilise student pipelines, expand rural training capacity and support on-time graduation, while directly advancing Government goals on workforce supply, distribution and cost-of-living relief.

APodA requests Budget funding to add podiatry to CPP and to track impact via agreed metrics (placement acceptance/completion, rural participation, first-year enrolments and on-time graduation), reported through education providers and APodA.

5.0 Conclusion

APodA is proposing two reasonable, high-impact measures to improve access and strengthen the podiatry pipeline. First, to deliver patient parity by allowing podiatrists with a PBA endorsement to prescribe medicines, access to PBS-subsidised medicines that would remove duplicate GP visits, cut out-of-pocket costs, and enable timely treatment in high-risk foot care.

Second, extend Commonwealth Practical Placement Payments to podiatry students to stabilise enrolments, reduce placement-related attrition, and grow rural and First Nations participation. Together, these changes align with Government goals on affordability, primary care access and workforce distribution. They leverage existing regulatory and payment infrastructure, carry modest budget implications relative to downstream savings, and come with clear metrics for accountability (access, costs, placement completion, enrolments, rural uptake).

6.0 References

1. Van Netten, J., et al., *Australian diabetes-related foot disease strategy 2018-2022: The first step towards ending avoidable amputations within a generation.* 2017.

7.0 Appendices

Table of updated estimates and assumptions

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	
Total, n	4569	4835	5064	5251	5470	5640	5823	5872	5968	6048	6229	6416	6609	6807	7011	
Endorsed to prescribe, pod n	76	82	99	114	144	162	186	216	260	303	351	408	473	549	636	
Endorsed to prescribe, pod surgeons, n	31	31	35	34	36	36	41	41	42	42	43	45	46	47	49	
% Change		7.89	20.73	15.15	26.32	12.50	14.81	16.13	20.37	16.54	16.00	16.00	16.00	16.00	16.00	
% change of podiatrists		5.82	4.74	3.69	4.17	3.11	3.24	0.84	1.63	1.34	3.00	3.00	3.00	3.00	3.00	
% change of pod surgeons		0.00	12.90	-2.86	5.88	0.00	13.89	0.00	2.44	0.00	3.00	3.00	3.00	3.00	3.00	
Pod prescribers	56	62	76	91	120	138	169	199	242	285	332	363	427	502	587	
Pod surgeon prescribers	20	20	23	23	24	24	17	17	18	18	19	45	46	47	49	
* Pod independent review - 1/3 of pod surgeons do not hold ESM/ * Conservate estimate of all podiatric surgeons having endorsement with new registration standard																
Forecast of scripts																
Total					42768	49183.2	60231.6	70923.6	86248.8	101574	118324.8	129373.2	152182.8	178912.8	209206.8	788000.4
*Modeled on 356.4 per year																
Forecast number of national scripts which are direct/redirected																
Direct scripts					28697.33	33001.93	40415.4	47589.74	57872.94	68156.15	79395.94	86809.42	102114.7	120050.5	140377.8	528748.3
Hospital redirected scripts					7236.346	8321.797	10191.19	12000.27	14593.3	17186.32	20020.56	21889.95	25749.33	30272.05	35397.79	133329.7
Primary care redirected scripts					6830.05	7854.557	9618.987	11326.5	13773.93	16221.37	18896.47	20660.9	24303.59	28572.37	33410.33	125843.7
Where formulas were: 67.1% were direct 16.9% were hospital redirected 15.97% were primary care redirected																
																Total 26-30
Estimated number scripts					28697.33	33001.93	40415.4	47589.74	57872.94	68156.15	79395.94	86809.42	102114.7	120050.5	140377.8	528748.3
Total cost of all medicines					802090.3	934395.1	1159171	1382686	1703316	2032049	2397932	2655919	3164794	3769040	4464518	16452202
Total patient co-payment					497296	579325	718686.2	857265.1	1056056	1259870	1486718	1646670	1962172	2336805	2768001	10200366
PBS total minus co-pay					304794.3	355070.1	440485.1	525420.5	647260	772178.5	911214	1009249	1202622	1432235	1696517	6251837
Indexed medicines fee					27.95	28.31335	28.68142	29.05428	29.43199	29.8146	30.20219	30.59482	30.99255	31.39546	31.8036	
Total impact of podiatry PBS to the health budget																Total 26-30
Script redirects					6830.05	7854.557	9618.987	11326.5	13773.93	16221.37	18896.47	20660.9	24303.59	28572.37	33410.33	125843.7
Patients redirected to GP					4553.366	5236.371	6412.658	7550.999	9182.622	10814.25	12597.65	13773.93	16202.4	19048.25	22273.55	83895.78
Incremental MBS fee					173938.6	215738.5	264201.5	311101.2	380160.6	463390.4	540439.1	607447	734552	887752	1067135	3837325
PBS/RPBS total cost of eligible scripts					802090.3	934395.1	1159171	1382686	1703316	2032049	2397932	2655919	3164794	3769040	4464518	16452202
PBS/RPBS total minus MBS offset					628151.7	718656.6	894969.8	1071584	1323155	1568658	1857493	2048472	2430242	2881288	3397383	12614877
PBS/RPBS total minus MBS offset and patient co-pay					130855.7	139331.6	176283.6	214319.4	267099.4	308788.1	370775	401802	468069	544483	629382	2414512
Indexed Item 23											43	44	45	47	48	
For the base-case we assumed the number of scripts per visit to be 1.5. Further scenarios are tested in the section on Identification, estimation, and reduction of uncertainty. Indexed at 2.8 as per RACGP recommendations																