

Podiatry workforce analysis

Key points

The number of podiatrists in Australia grew by 16.3% over the five years between 2017/18 to 2021/22, with the growth evenly distributed across the various states and territories, and across the different areas of remoteness.

The increasing prevalence of chronic disease, Australia's ageing population and increasing service awareness and accessibility are likely to increase demand for podiatrists and challenge the podiatry profession in the foreseeable future.

Introduction

The information in this report is provided as a resource to assist the Podiatry Board of Australia (the Board) in its regulatory work and planning. The demographic analysis, which is based on National Registration and Accreditation Scheme (the National Scheme) and published data from other sources, complements the [published demographic snapshot](#) with a more detailed description and discussion of trends in the podiatry workforce.

Current state – general demographic characteristics

Profession overview

At 30 June 2022, there were 5,992 podiatrists (including podiatric surgeons) registered in Australia, of which 97.2% held some form of practising registration.

The podiatry profession constitutes 0.7% of the regulated health practitioner workforce, with 22.4 practising podiatrists for every 100,000 people. Across the profession, 96.5% of registrants held general registration, 0.7% held general and specialist registration (podiatric surgeons) and 2.4% hold non-practising registration.

The gender division for podiatrists was 59.1% female and 40.9% male. The average age of Australian podiatrists was 39.5 years with 42.9% aged under 35 years and 12.9% aged 55 years or older. Most podiatrists (87.6%) obtained their initial qualifications in Australia. Podiatrists worked predominantly in private practice, in major cities and worked an average of 35.4 hours per week.

Podiatrists with general registration

At 30 June 2022, there were 5,823 podiatrists with general registration (including 41 podiatric surgeons (0.7% of general registrants)). The average age of podiatrists was 39.4 years of which 58.9% were female and 41.1% male. About 43.2% of podiatrists with general registration were aged under 35 years and 21% were aged 50 years or more.

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While the national rate was 22.4 podiatrists per 100,000 head of population, the distribution across Australia varied. There were 30 podiatrists per 100,000 in South Australia, 27.5 in Victoria, 21.5 in Tasmania, 20.4 in New South Wales, 19.4 in Queensland, 18.8 in Western Australia, 17.9 in the Australian Capital Territory and 14.4 in the Northern Territory. The geographic distribution was 24.4 podiatrists with general registration per 100,000 in major cities, 20.8 in inner regional areas, 15.1 in outer regional areas, 9.2 in remote areas and 8.8 in very remote areas.¹

The 2020 National Health Workforce Survey conducted by the Australian Government Department of Health and Aged Care found that around 90.1% of registrants were employed in the profession in Australia, working an average of 35.4 hours per week (1). Some 85.8% of registered podiatrists (95.2% of employed podiatrists) defined their principal role as a clinician. The remainder identified themselves as administrators (including managers not providing clinical services), teachers, educators, researchers or working in other roles.

Of those podiatrists who provided information about their work setting, 62.5% reported that the setting of their primary work role was in group, solo or locum private practice. A further 26.8% worked in medical centres, outpatient departments, other community health care services, or hospitals, and 4.9% worked in residential aged care settings. The remainder (5.8%) worked in other settings including educational facilities, sports centres and Aboriginal health services. When adjusted for full time equivalence (38 hours per week), 84.4% of clinicians worked in the private sector in their principal role.

Endorsed podiatrists

At 30 June 2022, 191 podiatrists (2.3% of practising registrants) were endorsed for scheduled medicines. Of these, 53.4% were female, with 33% aged under 35 years and 24.6% aged 50 years or older.

The principal place of practice for endorsed podiatrists was Victoria (33%), Queensland (22.5%), Western Australia (19.4%), New South Wales (10.5%), South Australia (9.4%) and Tasmania (3.7%). There were two endorsed podiatrists in the Australian Capital Territory and one in the Northern Territory. The vast majority of endorsed podiatrists were in major cities of Australia (79.6%). A further 13.6% were in inner regional areas, 6.3% in an outer regional area and there was no geographic information about one endorsed podiatrist.

Podiatric surgeons with specialist registration

At 30 June 2022, 41 podiatrists held specialist registration, constituting around 0.7% of all registered podiatrists. Most were male (68.3), with 14.6% of the specialist workforce under the age of 35 years and 43.9% 50 years or older.

Twenty-two podiatric surgeons (53.7%) had their principal place of practice in Western Australia, seven (17.1%) in Victoria, six (14.6%) in New South Wales, three (7.3%) in South Australia and one each (2.4%) in the Australian Capital Territory and Queensland. Information about principal place of practice was not available for an additional podiatric surgeon (2.4%). There were no podiatric surgeons registered in the Northern Territory or Tasmania.

Thirty-six (87.8%) podiatric surgeons were in a major city of Australia, two (4.9%) in an inner regional area, and two (4.9%) in an outer regional area. There was an additional podiatric surgeon for whom information about geographic location was not available.

Trends over the last five years

The podiatrist workforce increased by 16.3% over the last five years, from 5,155 in 2017/18 to 5,993 in 2021/22. Over this period, the proportion of male registrants increased slightly from 40.5% to 40.9%, with a corresponding decrease in female registrants from 59.5% to 59.1% of registrants. The proportion of podiatrists in the different categories of registration was essentially stable over the period, with a 0.8% increase in non-practising podiatrists.

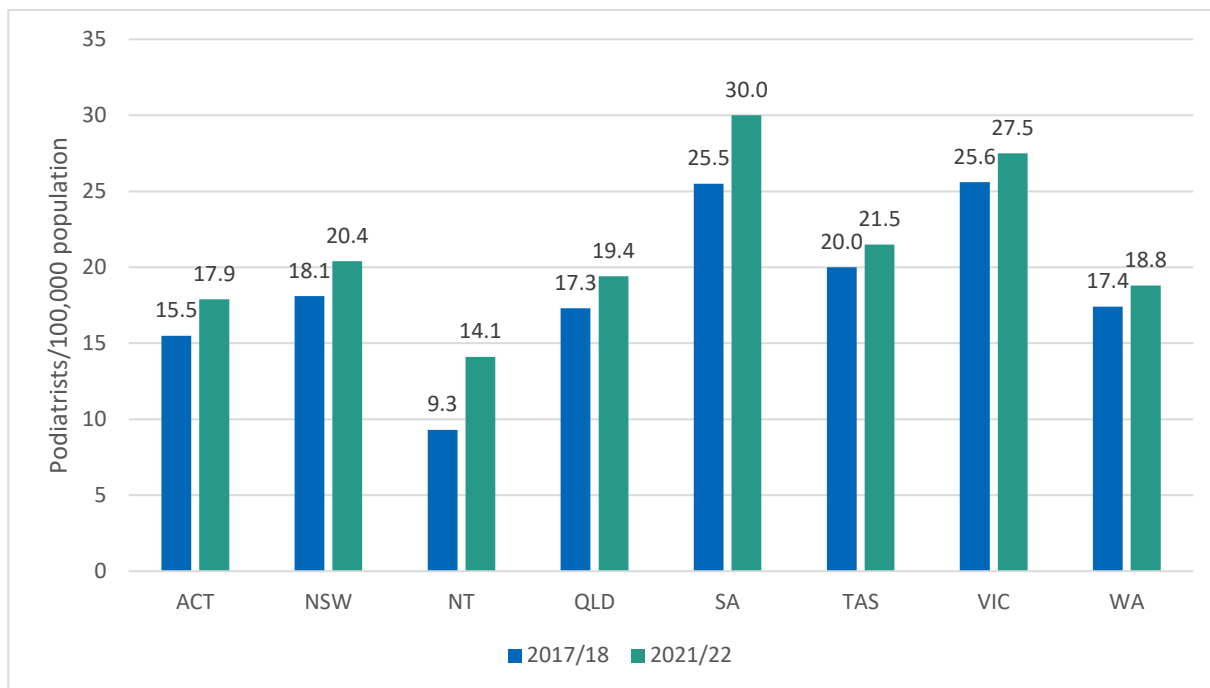
Based on the 2020 National Health Workforce Survey, the average number of hours worked per week fell from 35.9 to 35.4 hours between 2016 and 2020. Of the podiatrists who provided information on their

¹ Based on the most recent ABS data for 2020/21 which will be a slight over-estimate.

number of hours worked, there was a decrease in the proportion working 35 hours per week or more (from 63.9% to 63.2%), and the proportion who worked 35 or more hours per week (from 11.3% to 9.4%).

The distribution of podiatrists with general registration across jurisdictions between 2017/18 and 2021/22 is shown in Figure 1.

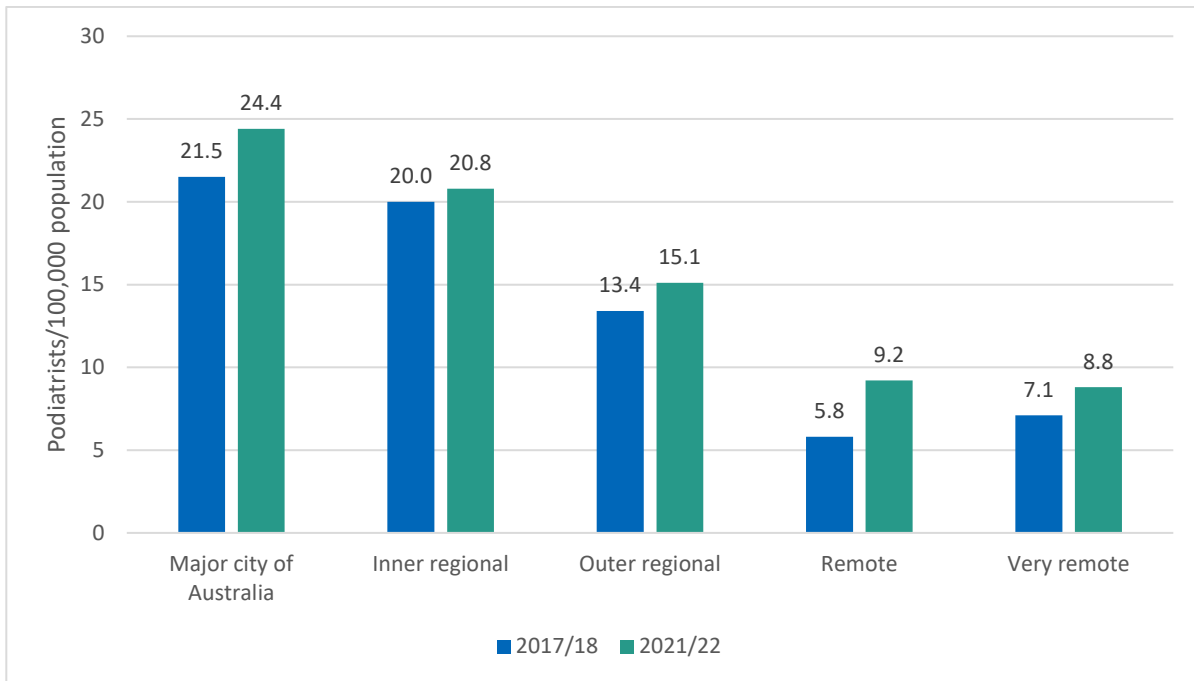
Figure 1: The distribution of podiatrists across jurisdictions (2017/18 to 2021/22)



Between 2017/18 and 2021/22, the largest increase in podiatrists with general registration per 100,000 population was seen in South Australia which increased from 25.5 to 30 podiatrists per 100,000 and the Northern Territory which increased from 9.3 to 14.1 podiatrists. The number of podiatrists per 100,000 population increased from 15.5 to 17.9 in the Australian Capital Territory, 18.1 to 20.4 in New South Wales, 17.3 to 19.4 in Queensland and 25.6 to 27.5 in Victoria. A smaller increase was seen in Western Australia (from 17.4 to 18.8 podiatrists) and Tasmania (from 20 to 21.5 podiatrists).

Changes to the geographic distribution of podiatrists with general registration between 2017/18 and 2021/22 can be seen in Figure 2. The largest increase in the rate of podiatrists over the five years was in the remote area which increased from 5.8 to 9.2 podiatrists with general registration per 100,000 population. Over the same period, the number of podiatrists per 100,000 increased from 21.5 to 24.4 podiatrists in major cities, from 13.4 to 15.1 podiatrists in outer regions and from 7.1 to 8.8 podiatrists in very remote areas. The smallest increase was from 20 to 20.8 podiatrists in inner regional areas.

Figure 2: The geographic distribution of podiatrists with general registration (2017/18 and 2021/22)



The proportion of podiatrists working primarily in group, solo or locum private practice declined from 73% to 62.5% between 2015/16 and 2019/20, while the proportion working in a medical centre, outpatient department, hospital or other community care settings rose from 17.1% in 2015/16 to 26.8% in 2019/20. Over the same period, the proportion of podiatrists working in a residential aged care setting increased from 4.4% to 4.8% and for other settings (such as educational facilities, sports centres and Aboriginal health services) from 4.4% to 4.9% between 2015/16 and 2019/20.

Endorsed podiatrists

Over the five years from 2017/18 to 2021/22, the number of podiatrists endorsed for scheduled medicines increased from 103 to 191, which is an 85.4% increase. Over the same period, the proportion of female podiatrists with an endorsement increased slightly from 52.4% to 53.4% between 2017/18 and 2021/22, with a corresponding decrease in male podiatrists with an endorsement from 47.6% to 46.6%.

The number of endorsed podiatrists aged under 35 years increased slightly from 32% in 2017/18 to 33% in 2021/22, whereas the proportion aged 50 years or more decreased from 31.1% to 24.6% over the same five years.

Podiatric surgeons with specialist registration

Over the five years from 2017/18 to 2021/22, the number of specialist registrations increased from 35 to 41, which is an increase of 17.1%. Over the same period, the proportion of male specialists declined from 74.3% in 2017/18 to 68.3% in 2021/22, with a corresponding increase in female specialists from 25.7% to 31.7%.

Supply and demand – observations and insights

The domestic ‘pipeline’

At 30 June 2022, there were 1,124 students enrolled in an approved program of study to become a podiatrist following a steady annual decrease in numbers from 1,482 in 2017/18 (an overall decrease of 24.2%).² Based on data from the student register, 42% of podiatry students in 2021/22 were male which is a slightly higher proportion than male registrants (40.9%) in the same year.³ Around 66.8% of students were under the age of 25 years, 89.6% under the age of 35 and 4.6% were aged 45 years or older.

In 2021/22, there were nine education providers offering approved programs of study for general podiatry (three each in Queensland and New South Wales, one each in South Australia, Victoria and Western Australia), three approved stand-alone postgraduate courses in podiatric therapeutics, and two for podiatric surgery.⁴

Podiatric surgeons with specialist registration

Approved training in podiatric surgery was available either through the fellowship program of the Australasian College of Podiatric Surgeons (ACPS) or the University of Western Australia’s Doctor of Podiatric Surgery program. Places are limited for the ACPS fellowship program and are not offered in some years. In 2021/22, four places were offered to start in 2023, one each in New South Wales, South Australia, Victoria and Western Australia (2).

The University of Western Australia’s podiatric surgery program offer an annual intake of 35 students, comprising up to 30 places for domestic students (of which up to 10% will be offered to eligible rural applicants, and up to 10% will be offered to eligible Aboriginal and Torres Strait Islander applicants) and up to five places will be offered to eligible international applicants (3). Published data on uptake and completion rates is not available.

Overseas-trained practitioners

Indicators of the extent of Australia’s reliance on overseas-trained practitioners (OTPs) include: the number of registered practitioners whose initial qualification was obtained overseas; the number of OTPs added to the register each year; and the number of practitioners entering Australia each year via skilled work visas. These are outlined below as they relate to podiatrists.

Overseas qualifications

According to the National Health Workforce Surveys conducted in 2016 and 2020, the number of podiatrists who obtained their initial qualification outside of Australia remained relatively stable (between 533 and 543 podiatrists) over the five- year period. (The proportion of podiatrists for whom the country of qualification was unknown was 4.7% in 2018 and 2.9% in 2020).

A review of qualifications data held by Ahpra shows that the data is incomplete and reliable conclusions cannot be drawn. The country of qualification is unknown for 42.2% of podiatrists in 2021/22 and 43.2% in 2017/18. Therefore, the data from the National Health Workforce Survey is the most reliable indicator of the proportion of podiatrists with overseas qualifications available as the Ahpra data is incomplete.

Additions to the register

Five overseas qualified podiatrists were added to the register in 2020/21, bringing the five-year total to 76 (4). Overseas qualified podiatrists added to the register made up 0.1% of all podiatry registrants, down from 0.3% in 2016/17.

² Includes students in any year of obtaining their qualification.

³ Due to ongoing improvements in validation and reporting of the student registers, these figures are indicative only and changes over time need to be interpreted with caution.

⁴ Based on PodBA website and follow-up with educational institutions.

Visa statistics

The Department of Home Affairs publishes data relating to the number of temporary resident visas granted and the number of visa holders at specific points in time. Visa data is organised according to the Australian and New Zealand Standard Classification of Occupations (ANZSCO) occupational framework (5). Podiatrists are recognised as a subsection of health therapy professionals (which falls under the Professionals category) and are included in the [Medium and Long-term Strategic Skills List](#).

Podiatrists wishing to work in Australia are eligible to apply for a number of visas including skilled independent, nominated, regional and training visas. These are assessed separately from registration (6).

The Department of Home Affairs [data](#) shows that in the period 2017/18 there were eight temporary resident visas granted to podiatrists which dropped to less than five in 2021/22.

In interpreting the data, it should be noted that the data only relates to primary applicants in specific visa classes.

Trends and intentions

A review of the 2020 workforce survey concerning 'years intended to work', by age breakdown, provides some indication of likely attrition over the next few years. As a practitioner intending to work for a particular number of years is not intending to work beyond that number, the question can also be interpreted as a measure of intention to cease practising.

The combination of historical growth rates, the age profile of the existing workforce and expressed intentions to work enable an assessment of likely exit points from the profession and an indication of whether the replacement rate of new entrants is likely to meet the exit rate over coming years. An assessment of low replacement rate does not equate to workforce shortage, as shortage is relative to demand.

Based on the National Health Workforce Survey, the Department of Health estimated that the replacement rate for podiatrists in 2020 was 2.3 which is slightly lower than the rate for 2016 which was 2.4. That is, for every podiatrist who leaves the register, another 2.3 (or 2.4 in 2016) were added. This figure is based on the number of practitioners with general or general and specialist registration who were employed at the time of the survey. Between 2016 and 2020 the replacement rate dropped from 2.4 in 2016, to 1.9 in 2017, and then rose to 2.2 in 2018 and 3.2 in 2019. It is not known why the replacement rate varied so much over the reference period.

The analysis in this section is intended to be indicative only. It is based on current age profiles, expressed intentions and historical growth rates. It takes no account of people currently in the training pipeline or demand factors.

Podiatrists

The National Health Workforce Survey revealed that in 2020, podiatrists had worked an average of 12.9 years and intended to work for an average of 17.2 more years. For the youngest cohort (under 35 years), about 80.5% intend to work for at least another ten years. The proportion of podiatrists intending to work until (or close to) the usual retirement age of 65 years increased as podiatrists aged. Ranging from 34.6% for those aged under 35 years to 50.7% for those aged 35 to 44 years, to 74.6% for those aged 45 to 54 years, to 85.7% for those aged 55 to 64 years.

The National Health Workforce Survey showed that the number of registered podiatrists increased by 18.6% over the five years 2016 to 2020, with an average annual growth of 3.7%. The data suggests that, over the same period, the number of new entrants replacing exit numbers decreased from 2.4 to 2.3 (that is for each podiatrist leaving the register, another 2.4 were added in 2016 and 2.3 in 2020).

In 2019/20, 11.8% of registered podiatrists were aged 55 or older. National Health Workforce Survey data shows that podiatrists in this age group intended to work an average of seven years. Just over half (52.2%) of this cohort did not intend to be working in five years, and 87% did not intend to be working in ten years.

Unpublished data held by Ahpra on lapsed registrations showed that in 2021/22 the rate of attrition was 0.4% per year which was equivalent to around 22 podiatrists leaving the profession.

Overall, these figures translate into a likely attrition rate that is consistent with that observed in recent years. If historical growth and attrition rates continue to apply, the trend would be for new entrants to exceed exits, resulting in overall growth in the podiatry workforce over coming years.

Podiatric surgeons with specialist registration

Separate information about podiatry specialists is not available.

Demand – employment projections, workforce shortages and drivers of demand

Employment projections

The Department of Employment and Workplace Relations (DEWR, previously the Department of Education, Skills and Employment DESE) publishes employment figures and projections (derived from the ABS Labour Force Survey) for occupations categorised using the Australian and New Zealand Standard Classification of Occupations (ANZSCO) structure. The ANZSCO includes podiatrists but does not distinguish between general podiatrists and podiatric surgeons.

Projections published by DESE estimated the number of employed podiatrists was 4,800 in November 2020 (7). The figure represents around 87.8% of podiatrists who held practising registration at 30 June 2020 (the closest quarter to the DESE estimates). By way of comparison, the 2020 workforce survey (conducted in November 2020) indicated that 90.1% of podiatrists were employed, which is slightly higher than the DESE figure.

In November 2020, the DEWR projected that 5,500 podiatrists will be employed in 2025, representing 14.1% growth over the 5-year period. It should be noted that these figures are for total employment (both full-time and part-time employment). Based on the percentage of registered podiatrists who were employed as reported in the 2020 workforce survey, this is likely to be an underestimate.

Workforce shortage

In October 2022, the National Skills Commission (NSC) released a Skills Priority List which provides a detailed view of shortages and expected future demand for almost 800 occupations across Australia (8). The list identifies podiatry (including podiatric surgeons) as being in shortage both nationally and in every jurisdiction, with moderate future demand.

Historically, workforce shortage ratings from 1986 to 2018 show that podiatrists were in shortage from 2004 to 2011 inclusive and not in shortage between 2012 and 2018 (9).

Drivers of demand

In 2015 and 2017, horizon scanning and scenario generation for podiatry conducted by the NSW Ministry of Health identified chronic disease prevalence, broader population demographics, service awareness and accessibility, funding mechanisms, health status of the Aboriginal community, referral practices, and community and clinician expectations as the main drivers of demand for podiatry (10).

Chronic disease prevalence

The prevalence of chronic disease in Australia was identified as the strongest driver of demand for podiatric services in the 2015 NSW horizon scan. People who have chronic diseases may require podiatric care, in particular, people who have diabetes, rheumatoid arthritis or obesity. Although the prevalence of diabetes and rheumatoid arthritis remained stable between 2014/15 and 2017/18 (the most recent year for which figures are available), the proportion of adults categorised as obese increased from 27.9% to 31.3% over the same period (11).⁵ The increased prevalence of obesity may signal a future increase in other chronic diseases that require podiatric care, as obesity is known to be linked with an increased risk of diabetes and other disorders (12).

⁵ For diabetes, the prevalence was 5.1% in 2014/15 and 4.9% in 2017/18, and for rheumatoid arthritis, prevalence was 1.7% and 1.8%.

In Australia, about 19.6% of people diagnosed with diabetes develop foot ulcers. Amputation is a common outcome of ongoing ulceration (13). People with rheumatoid arthritis commonly have foot joint involvement with physician reported data showing that about 70% of patients have foot or ankle pain (14, 15). Adults who are obese, particularly those who are older, are also likely to experience foot pain and functional limitations (16, 17)

Population demographics

The expected growth and ageing of the Australian population will put significant pressure on the health workforce including podiatry. Based on conservative assumptions, the Australian Bureau of Statistics estimate that the Australian population will reach around 36.1 million people by 2050, with more than 1.3 million people aged over 85 years (18).⁶ Ageing is associated with changes in ability to self-care, and changes to foot structure and function. This potentially makes older Australians more prone to problems requiring podiatric care (19, 20).

The association between ageing and the need for podiatric services is well established (21, 22). As well as an increased need for podiatric services for older adults in response to their health changes, podiatric care has been shown to be a safe and potentially effective intervention to minimise pain and is associated with a 5-36% reduction in the prevalence of falls in older people (14, 15, 23).

In a simple analysis, if the current average annual growth rate for the podiatry workforce continues, it may not be sufficient to maintain current levels of access to services as the population grows and ages, although this assessment does not consider other factors that may influence supply and demand over time.

Service awareness and accessibility

Lack of awareness about podiatry services is a key factor limiting service demand. This is evidenced by Australian and New Zealand studies showing that a large proportion of people with foot problems do not consult a podiatry service and those who do attend are more likely to be obese or have a major chronic medical condition (11, 14, 22).

Funding mechanisms

Funding for podiatry is available through Medicare rebates (up to five sessions under the Enhanced Care Package), the Department of Veteran's Affairs (DVA) and the National Disability Insurance Scheme (NDIS), as well as through private health insurance. Podiatry services can also be funded through the Commonwealth Home Care Packages Program. Funding mechanisms for allied health services for aged care residents are unclear, with many residential aged care providers arguing that residents should access funding through Medicare or private health insurance (23). This is discussed in more detail below in the section on the Royal Commission into Aged Care Quality and Safety (the Royal Commission).

Health status of Aboriginal and Torres Strait Islander Peoples

The NSW Health horizon scan identified Aboriginal and Torres Strait Islander Peoples' health as warranting priority attention as a key service driver for podiatry (10). The most recent National Aboriginal and Torres Strait Islander Health Survey 2018/19 found that the prevalence of chronic disease in Aboriginal and Torres Strait Islander Peoples increased from 40% in 2012/13 to 46% in 2018/19 (24). Over the same period, the prevalence of childhood obesity, which is a major risk factor for chronic disease, rose from 30% to 37% of children aged 2-14 years.

Aboriginal and Torres Strait Islander People are five to six times as likely to develop foot complications such as foot ulcers or amputations compared to non-Indigenous Australians and are four times more likely to have peripheral vascular disease which is a common factor linked to type 2 diabetes and diabetic foot ulcers, although it is less likely to be diagnosed in this population (25-28). Health concerns leading to podiatric complications are worse in rural and remote Australia where poor engagement and limited health service availability has been reported (29, 30). Furthermore, Aboriginal and Torres Strait Islander Peoples tend to not seek podiatric care until a foot problem is well developed (29, 31, 32). Initiatives aimed at implementing culturally appropriate podiatry service delivery have been shown to increase service utilisation by Aboriginal and Torres Strait Islander Peoples (30, 33). Advocates within the podiatric community have assisted promotion of the National Scheme's Aboriginal and Torres Strait Islander Health

⁶ Assumptions applied to data set – low fertility, medium life expectancy, medium net overseas migration

and Cultural Safety Strategy 2020-2025 with the aim of improving the consistency and quality of podiatric services to Aboriginal and Torres Strait Islander Peoples (34).

Referral practices

Recent research shows that general practitioner referrals to podiatrists in Australia increased from 7 to 39.5 per 1,000 population between 2000 and 2016, with most of the increase occurring after the introduction of the Medicare Chronic Disease Management Package (discussed above) in 2004 (35). It also found that female general practitioners and/or general practitioners aged under 55 years are more likely to refer patients to podiatrists. Following the Royal Commission, the implementation of recommendations aimed at improving access to allied health practitioners for patients in residential aged care is likely to greatly increase the demand for podiatric services (see below).

Community and clinician expectations

The NSW horizon scan identified conflicting community and clinician expectations as a driver of demand. It notes an increasing trend towards podiatry providers restricting their services to an individual area of interest, for example, focussing on diabetic foot care or musculoskeletal issues, which is supported by the literature (36).

Another issue identified by the horizon scan related to inconsistencies in policies between local health services across NSW, in that some will accept patients from out of their area, and others will not, which has the potential to create confusion in consumer expectations.

Policy developments and considerations

Policy developments and considerations include the recommendations of the Royal Commission, the inclusion of podiatrists in new policies stipulating who can act as an independent assessor, and proposed reforms to primary health care, as well as changes to the higher education system.

Royal Commission on Aged Care Quality and Safety

The Royal Commission heard evidence relating to difficulties in accessing allied health services through the aged care system for both home and residential care, in part due to lack of overall funding, limitations with the Aged Care Funding Instrument and inconsistencies in the availability of multidisciplinary allied care teams (37). Evidence was also presented that these issues are exacerbated in groups who are already at disadvantage, such as Aboriginal and Torres Strait Islander Peoples, those living in rural and remote regions and those from a culturally and linguistically diverse background.

The Royal Commission made three recommendations relevant to podiatry. These are:

- Recommendation 36 pertains to care at home to include a level of allied health care appropriate to each person's needs.
- Recommendation 37 pertains to residential aged care to include funding of health-related aids and equipment, as well as integrated high-quality personalised care including allied health care.
- Recommendation 38 states to ensure that residential aged care includes a level of allied care appropriate to each person's needs, including a requirement that providers employ a minimum of one podiatrist.

In its formal response to the recommendations of the Royal Commission, released at the time of the 2021/22 Federal Budget in May 2021, the Australian Government **accepted** Recommendation 36 which recommends that care in the home include provision for allied health care (including podiatry) (38). The Australian Government announced the development of a new support at home program to replace the Commonwealth Home Support Program (CHSP), Home Care Packages, Short-Term Restorative Care and residential respite programs to start in July 2023 (39). The current CHSP grant arrangements will be extended for one year from 1 July 2022 to 30 June 2023 to cover the transition period.

The Australian Government **also accepted** Recommendation 37, with the introduction of a new category for residential aged care that covers goods, aids and equipment for residents and includes needs-based care including allied health care to be addressed through reforms to residential aged care funding, quality and safety, as well as the introduction of a new aged care act. Examples of goods, aids and equipment related to podiatric care include extra depth shoes, orthotic devices, and sock donners.

At the same time, it **accepted-in-principle** Recommendation 38, that allied health care be included in residential aged care. There are no specific measures planned to address this recommendation, which are covered by other initiatives announced in response to the recommendations of the Royal Commission.

Furthermore, in March 2021, the Australian Government announced a review of the Aged Care Quality Standards to be completed by the end of 2022. On 1 July 2021, the Australian Commission on Safety and Quality in Health Care assumed responsibility for setting the clinical care components of the Quality Standards for wound care, falls prevention and mobility.

Joint Standing Committee on the National Disability Insurance Scheme – Inquiry on Independent Assessments

The Joint Standing Committee on the National Disability Insurance Scheme Inquiry on Independent Assessments proposed that allied health professionals from six professions should comprise the independent assessment workforce. In April 2021, the Australian Podiatry Association requested that this be broadened to include podiatrists for conducting independent reviews. The final report of the inquiry was tabled on 19 October 2021. At the time of writing, it has not been publicly released.

Primary Health Care Reform Steering Group

In 2019, the Australian Government established the Primary Health Care Reform Steering Group to provide independent expert advice to guide the development of a ten-year plan for primary health care reform for all Australians. The Steering Group released their draft recommendations in August 2021.

Recommendation 11 of the report is to better ‘support and expand the role of the allied health workforce in a well-integrated and coordinated primary health care system underpinned by continuity of care.’ The recommendation includes investigating and implementing alternative funding and care models, improved workforce planning and data collection to assist in the development of local initiatives to support access to allied health care, including podiatric care.

Changes to higher education support

In October 2021, the *Higher Education Support Amendment (Job-Ready Graduates and Supporting Regional and Remote Students) Act 2020* became law and legislated a decrease in funding for domestic Commonwealth supported students, as well as other changes to higher education programs from 1 January 2021. These changes were made following a 5.1% decline in enrolments, and a 23% decline in overseas students starting to December 2019 compared to December 2020 due to COVID-19 travel restrictions resulting in an estimated loss of \$1.8 billion to the higher education sector (40).

Introduced on 1 January 2021, the stated intentions of the reforms are to ‘deliver more job-ready graduates in the disciplines and regions where they are needed most and assist driving the nation’s economic recovery from the COVID-19 pandemic (41). Allied health disciplines, including podiatry, are identified as a priority area. The reforms reduce the Australian Government contribution for domestic students in podiatry courses by \$297/equivalent full-time study load (EFTSL), and decrease the student contribution by \$1,748/EFTSL, representing a net decrease in course income of \$2,045/EFTSL for universities (42).

The changes to higher education also include a National Priorities and Industry Linkage Fund (NPILF) that allocates block grants to universities to support better collaboration between universities and industry. This is to design courses that equip students with job ready skills and experience through, for example, internships, practicums and other work-based learning opportunities. A pilot of the NPILF will be conducted from 2022 to 2024 which may increase opportunities for podiatry students to undergo a clinical placement.

Another change is that more university places have been made available for students from metropolitan areas to study in priority area courses, including podiatry, in regional areas. This funding relates to the campus location, not the location of the student. Two of the nine education providers offering approved programs of study leading to a qualification as a podiatrist are in regional Australia (Rockhampton, Queensland, Albury/Wodonga, New South Wales) and a further campus is in a major city with a high-population growth rate (Gold Coast, Queensland).

Concluding comments

The number of podiatrists in Australia grew by 16.3% over the five years between 2017/18 to 2021/22, with the growth evenly distributed across the various states and territories, and across the different areas of remoteness. According to the National Skills Commission, there is a shortage of podiatrists across all jurisdictions and future demand is likely to be moderate. Since the publication of the National Skills Commission's Skills Priority List, the Australian Government has agreed to implement the recommendations of the Royal Commission into Aged Care Quality and Safety designed to improve access to allied health care, including podiatry, for elderly Australians in the home and in residential aged care which could potentially further increase demand.

This review found that the number of podiatry students dropped by 21.3% over the same five years. The introduction of the Job Ready Graduates Package on 1 January 2021 was designed to encourage enrolment in (among other desirable subjects) allied health courses, such as podiatry, by significantly reducing university fees for students. It remains to be seen whether this approach will have the intended effect, given it results in universities having less income per student to deliver the same courses to the same standard with the same accreditation requirements.

Furthermore, when surveyed in 2020, just over one third of podiatrists aged under 35 years, and almost half of those aged less than 45 years, intended to work until they are 65 years. Conclusions can't be drawn as to whether this reflects a societal trend toward an earlier age of retirement, or whether it reflects poor retention of podiatrists in the profession, or a mixture of both.

There has been consistent growth in the podiatrist workforce over the last five years and a reasonably strong replacement rate. However, the increasing prevalence of chronic disease, Australia's ageing population and increasing service awareness and accessibility are likely to increase demand and challenge the podiatry profession in the foreseeable future.

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