

# Response from the Podiatry Profession to the Australian Health Workforce Productivity Commission Position Paper

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*This submission from the podiatry profession offers comment on the draft proposals put forward in the Productivity Commission Position Paper published in September 2005. This response is made in context of the major issues and subsequent recommendations raised in the initial submission to the Commission by the Australasian Podiatry Council (A.Pod.C).*

## **INTRODUCTION**

The Australasian Podiatry Council supports the Productivity Commission's research study into Australia's health workforce, which has allowed for the significant issues to be teased out in a systematic and transparent manner. The overarching topics summarised in the position paper (LXVII to LXIX) articulate the important issues very well however clarification around some of the proposals is required.

### **For podiatry, the key problem areas requiring attention stand as:**

- **inadequate funding** for the education and training of podiatrists
- the existence of **barriers to broadening scope of practice** thus impacting on the **recruitment and retention of podiatrists** (including a lack of access to restricted S4 prescribing rights and Medicare rebates for podiatry patients requiring diagnostic imaging)
- **poorly developed initiatives for career support for podiatrists** which further compounds problems of inadequate workforce supply

The Australasian Podiatry Council have welcomed the opportunity to contribute to this process and look forward to collaborating health care workforce initiatives in the future.

DRAFT PROPOSAL 3.1 – THE COUNCIL OF AUSTRALIAN GOVERNMENTS TO CONSIDER ENDORSING THE NATIONAL HEALTH WORKFORCE STRATEGIC FRAMEWORK

**A.Pod.C Response: Support**

The Australasian Podiatry Council agrees in principle to this proposal, envisaging the benefits for the Australian public through **an improved healthcare workforce**. The guiding principles in the National Health Workforce Strategic Framework embrace the recommendations made by the Australasian Podiatry Council in the original submission to the Productivity Commission.

DRAFT PROPOSAL 3.2 – THE COUNCIL OF AUSTRALIAN GOVERNMENTS SHOULD COMMISSION REGULAR, PUBLICLY AVAILABLE REVIEWS DURING THE IMPLEMENTATION OF THE NATIONAL HEALTH WORKFORCE STRATEGIC FRAMEWORK

**A.Pod.C Response: Support**

Leading on from comments on draft proposal 3.1, proposal 3.2 offers merit through the **creation of independent and transparent accountability mechanisms**. The podiatry profession is in support of this step and would welcome the opportunity to view the reports generated, particularly as they relate to the allied health workforce.

DRAFT PROPOSAL 4.1 – THE AUSTRALIAN HEALTH MINISTERS' CONFERENCE ESTABLISH AN ADVISORY AGENCY TO EVALUATE AND FACILITATE MAJOR HEALTH WORKFORCE INNOVATION POSSIBILITIES

**A.Pod.C Response: Tentative**

The need to further evaluate and seek improvement in all areas of the health workforce (including workforce innovation and education and training) is recognised and fully supported by the podiatry profession. The benefits of initiating a council to address workforce innovations, separate from the council on educational and training issues outlined in proposal 5.2 (ie, an advisory health workforce education and training council) are unclear. As the issues under question are highly inter-related, **the formation of separate bodies for this purpose threatens to perpetuate the existing problems by segregating key components of the system.**

The Australasian Podiatry Council recommend that one advisory council be formed, with the roles outlined in proposals 4.1, 5.2 & 5.3 forming the basis for the council's terms of reference. This is in line with the model put forward by the Health Professionals Council of Australia (HPCA) for the

proposed new workforce agencies. (Made in a separate submission by the HPCA of which the A.Pod.C is a member)

The formation of this council would provide **a suitable and timely opportunity to better address the requirements of the allied health workforce** (due to the high community need for such services) in line with other health disciplines such as medicine and nursing. Particularly the **gross inadequacies of the current funding for the education of new podiatrists** (which is discussed in more detail under draft proposal 5.2) **requires immediate attention**. The need for improved podiatry workforce retention strategies is also of **urgent importance**. This would include initiatives to broaden the podiatrist's scope of practice (commensurate with the current level of education) and to provide better career advancement pathways. Broadening scope of practice would include the provision of restricted S4 prescribing rights to podiatrists and Medicare rebates for podiatry patients requiring diagnostic imaging. Career pathway opportunities may be enhanced through providing mechanisms by which podiatrists can develop their professional skills and expertise, offering remuneration commensurate with level of experience / expected duties and by improving workplace practices.

*DRAFT PROPOSAL 5.1* – THE AUSTRALIAN GOVERNMENT CONSIDER TRANSFERRING PRIMARY RESPONSIBILITY FOR ALLOCATING THE QUANTUM OF FUNDING FOR UNIVERSITY-BASED EDUCATION AND TRAINING OF HEALTH WORKERS FROM THE DEPARTMENT OF EDUCATION, SCIENCE AND TRAINING (DEST) TO THE DEPARTMENT OF HEALTH AND AGEING (DOHA)

#### **A.Pod.C Response: Oppose**

The Australasian Podiatry Council acknowledges that there is **greater need for increased communication between the health area of government and the education area**. This would assist in ensuring that the future allocation of funding of university based places for health workers is more responsive to workplace need. It is unclear how proposal 5.1 however would achieve this goal. Alternatively, this proposal presents the risk that there will be a shift in responsibility without a clear strategy for addressing existing concerns.

DEST are currently responsible for the allocation of university funding for other non-health courses, given education and training is their primary area of expertise. It is considered that this proposal may threaten to **fragment the overall congruity of university funding** with health being separated from other workforce areas. While greater attention to health workforce requirements may ensue, lesser attention to educational issues could result **thereby creating a whole new set of problems**.

An example may be drawn by the potential for 'down training' of allied health professionals. The strategy of reducing discipline specific health training and creating a more generic health workforce to meet community demand for health services, has great potential to **dilute quality health care and adversely affect community well being**. While it is acknowledged that there is merit in 'up skilling' and 'broadening competencies' within pre-existing disciplines in order to create health professionals who can be more responsive to the broad needs of their patients, **a blanket approach to de-professionalisation of future health care workers will endanger the public safety of Australians.**

The education of new podiatrists is based on the attainment of well established competency standards, which are grounded in statutory requirements and complex standards of care. The professional registration of podiatrists serves to protect the public by making podiatrists accountable for upholding standards of practice. Areas such as infection control and the use of injections (eg: local anaesthetics) are examples of practices where full and ongoing competency is essential. The concept of down training and diluting professional specialization in an effort to address workforce shortages poses real threat to health services being safely delivered if the training is not grounded in research and evidence-based practice. This, in combination with the potential for lack of accountability due to an absence of professional registration, **must be seriously considered in any debate surrounding the role and safety of 'generic' health care workers.**

Appropriately informed educational and training strategies are **crucial for the generation of high quality health care practitioners** and should be conducted through broad consultation and by government departments who hold appropriate expertise, such as DEST. Careful planning is required to ensure that health care professionals with specialisations are developed for patients who require this level of care and alternative workers are suitably trained to ensure more basic, routine services can still be provided where needed.

We therefore respond to this proposal by recommending that **the responsibility for allocating funding for university-based education** of health workers, which includes podiatrists, **remains with DEST**. To facilitate greater communication with DOHA on issues such as the mix of health course places and how to better utilise the linkages that DOHA has with health service providers in the context of education of the health workforce, formal strategies need to be put in place. **DOHA should be made accountable to provide relevant information to DEST on health related issues.** The newly formed health workforce advisory agency would be well placed to facilitate this information exchange.

DRAFT PROPOSAL 5.2 – THE AUSTRALAN HEALTH MINISTERS’ CONFERENCE ESTABLISH AN ADVISORY HEALTH WORKFORCE EDUCATION AND TRAINING COUNCIL TO ASSESS ISSUES RELATING TO HEALTH WORKFORCE EDUCATION AND TRAINING (OPPORTUNITIES FOR IMPROVEMENT AND IMPLICATIONS FOR CURRICULA, ACCREDITATION AND ALIKE)

**A.Pod.C Response: Support**

In consideration of our response to draft proposal 4.1, this proposal has strong support in principle from the podiatry profession. Of primary priority for the agency responsible for health workforce training and education issues should be an **urgent and immediate research study** (within the next 6 months) into the issue of the **gross inadequacies of the current funding arrangements for the education of new podiatrists**. This must be of primary attention if inroads into the significant problems surrounding lack of podiatry workforce, are to be addressed.

The strong impetus for this suggestion is surrounding **a lack of incentives to train podiatrists**, rendering significant throughputs of podiatry students challenging or unviable due to financial hardship. While the courses attract high quality students, student podiatrists are of great service to the community and the demand for podiatry graduates is very high, inadequate funding persists. Under the current Commonwealth Grant Scheme, universities receive just under half the amount of annual per-student funding for the education of a podiatrist, than for a student in dentistry or medicine. Yet, the cost of course delivery is comparable, particularly with regard to the integrated clinical component of training and the need for adherence to other standards such as infection control.

To address these issues **initiatives must be introduced** including; National Priority status for podiatry on the Commonwealth Course Contribution Schedule (along with nursing and teaching), moving podiatry from cluster 6 to cluster 9 on the Commonwealth Course Contribution Schedule in line with commensurate programs such as dentistry and medicine and altering allied health awards to reward podiatrists and workplaces involved in student clinical education.

DRAFT PROPOSAL 5.3 – THE AUSTRALAN HEALTH MINISTERS’ CONFERENCE SHOULD FOCUS POLICY EFFORT ON ENHANCING THE TRANSPARENCY AND CONTESTABILITY OF INSTITUTIONAL FUNDING FRAMEWORKS TO HELP ENSURE THAT CLINICAL TRAINING FOR THE FUTURE HEALTH WORKFORCE IS SUSTAINABLE OVER THE LONG TERM

**A.Pod.C Response: Support**

The podiatry profession is in strong support of this important initiative, which proposes that The Australian Health Minister's Conference focus policy effort on enhancing institutional and funding frameworks in relation to sustainable clinical training. We wish to re-iterate that the fundamental grounds on which such policy should be based are that of **established community need**. While there are many issues to consider, a primary endpoint objective of this exercise is to best meet the health care needs of the Australian public. Policy decisions around clinical training of the future health care workforce therefore must be made with community need as an overarching influence.

In addition while these measures are supported, in order to create a **sustainable clinical training system for the future additional funding is paramount**. Funding must also be equitable across all allied health courses and medicine to ensure that podiatry receives fair and adequate funding for clinical education. The calculation of funding required must be realistic and practical and account for 'hidden' costs such as insurance, infection control requirements, risk management and costs associated with high risk populations that podiatrists often deal with. In return, if adequate infra-structure is provided (which can not be assumed to exist through the public hospital system as it can for professions such as nursing or medicine), podiatry students can significantly increase productivity of the podiatry workforce.

*DRAFT PROPOSAL 6.1* – THE AUSTRALIAN HEALTH MINISTERS' CONFERENCE SHOULD ESTABLISH A SINGLE NATIONAL ACCREDITATION AGENCY FOR UNIVERSITY-BASED AND POSTGRADUATE HEALTH WORKFORCE EDUCATION AND TRAINING

#### **A.Pod.C Response: Tentative**

The development of national standards and accreditation for university-based and postgraduate education has merit in that **uniform standards and processes promote fairness, transparency and quality through consistency**. It is acknowledged through the various accreditation models and processes used, overly costly, stringent and time consuming barriers can create difficulties for university courses. This draft proposal puts forward the concept of a single overarching national accreditation body to perform such roles. Furthermore, to facilitate the uptake of national standards by universities, a link to professional registration is proposed.

The podiatry profession agrees to the proposal of a national accreditation agency in principle, based on the grounds that **sufficient consultation from the disciplines is sought throughout**. Given the unique nature of allied health courses such as podiatry, it is highly valuable that the accreditation agency provide a line of information to the professional registration agency regarding adherence of courses to standards. It is however deemed necessary that the two are conducted independently (course accreditation and registration) as the functions of a registration

board are broader than what can be informed through a course accreditation process. Furthermore, autonomy of the bodies allows for unbiased information gathering through course accreditation, which can be utilised by registration boards. A second layer of independent 'evaluation' of applicants can then occur during registration, which is consistent with **the best interests of public safety**.

While agreement in principle is offered, there are however several aspects to this draft proposal that remain un-clear and thus its overall benefit regarding podiatry course accreditation requires further clarification. Queries remain around the applicability of a uniform set of national standards and the responsiveness of a generic accreditation process to the broad requirements of health care education.

- ❖ ***The applicability of a single uniform set of national standards*** - it is not clear how one set of standards will be able to be applied to health care courses which differ in design, content, delivery and the expected competencies produced. It is appreciated that expanding professional scopes of practice and new workforce roles must develop to meet the needs of a contemporary health system and rigid accreditation processes may not be responsive to this evolution. A 'one size fits all' approach to what is expected from health courses however, grossly underestimates the specialised skills that disciplines offer. If the public are to access the right kind of care at the right time, there needs to be **sufficiently responsive standards** by which accreditation can occur for courses offering discipline specific training. It is anticipated that the viability of uniform national standards as they might apply to podiatry courses is pending the ability of the standards to **decrease duplication and inconsistency** while being sensitive enough to **adequately measure the quality of course outcomes** as they relate to discipline specific requirements (particular issues include curricula and teaching as mentioned on pg 95 & 96 of the position paper). This will depend largely on the effectiveness of collaboration between government agencies and the podiatry profession. It is recommended that the podiatry profession maintain ownership and take responsibility for setting the discipline specific components of their professional standards.
  
- ❖ ***The responsiveness of a generic accreditation process*** – leading on and related to the above point, it is unclear how the accreditation process put forward in this draft proposal will be able to adequately meet its functions. *"The accreditation process is intended to ensure that the workforce skills and competencies required to meet community health care needs are properly reflected in education and training courses"* (Summary XLII) The competencies and workforce skills that will be required from students of podiatry courses will inevitably have both similarities and differences to other health courses. It is unclear how this accreditation process will ensure skills and competencies of podiatry students are of a suitable standard given its apparent generic nature. The podiatry profession wishes to be actively involved with

providers of podiatry education and in doing so aim to maintain relevance of the courses to the needs of the 'real world'. The process of accreditation offers an opportunity for this interaction. It is therefore recommended that any new approach to accreditation includes **input from the profession**. Any new accreditation process must also be cognisant of financial, time and other resource limitations of small courses such as podiatry in creating a process which is realistic and achievable.

DRAFT PROPOSAL 6.2 – THE NEW NATIONAL ACCREDITATION AGENCY SHOULD DEVELOP A NATIONAL APPROACH TO THE ASSESSMENT OF OVERSEAS TRAINED HEALTH PROFESSIONALS

**A.Pod.C Response: Support**

The Podiatry Profession supports this draft proposal in developing a national approach for the assessment of overseas health care workers, including podiatrists. Currently, the A.Pod.C acts on behalf of each of the state based podiatrist registration boards for skills assessments of overseas applicants. This assessment is **competency based** and it is recommended that this approach be maintained.

In addition, reciprocal registration for podiatrists on the basis of comparative competencies has been negotiated between Australia and the United Kingdom. The podiatry profession recommend, on the proviso quality is maintained, that the provision of funding and support to extend initiatives which foster international exchange and thereby facilitate **cross fertilisation and sharing of professional** knowledge be encouraged, particularly for smaller disciplines such as podiatry.

On the other end of the scale, it has been the experience of the A.Pod.C that there are insufficient formal resources for overseas-qualified podiatrists applying for registration in Australia to up skill if required. This leaves a gap whereby often very experienced clinicians who are lacking in particular areas of competence are excluded from the Australian workforce due to a lack of availability of bridging education. It is recommended that incentives are offered to the universities to provide appropriately tailored bridging education for such candidates.



DRAFT PROPOSAL 7.1 – REGISTRATION BOARDS SHOULD FOCUS ON REGISTRATION IN ACCORDANCE WITH THE UNIFORM NATIONAL STANDARDS AND ON ENFORCING PROFESSIONAL STANDARDS AND RELATED MATTERS

**A.Pod.C Response: Tentative**

The Podiatry Profession supports in principle changes to registration boards which will enhance their abilities to **fulfill important objectives**. In addition to comments made under draft proposal 6.1 however, further clarification is sought. Information regarding how well the proposed uniform national standards will assist the podiatry registration boards in their role of establishing and enforcing standards of training and practice is needed. Given it is the statutory duty of the registration boards to **protect the public by ensuring standards of service and professional behavior** are met (in large part by monitoring educational standards), it is unclear if this proposal allows for sufficient autonomy. In order for this function to be conducted with **sufficient independence and transparency**, distance between the accreditation body and the registration boards is necessary.

DRAFT PROPOSAL 7.2 – STATES AND TERRITORIES SHOULD COLLECTIVELY TAKE STEPS TO IMPROVE THE OPERATION OF MUTUAL RECOGNITION IN RELATION TO THE HEALTH WORKFORCE.

**A.Pod.C Response: Support**

In addition, as a component of this draft proposal, the Australasian Podiatry Council recommends that New Zealand is included due to the Trans Tasman Mutual Recognition Act.

DRAFT PROPOSAL 7.3 – UNDER THE AUSPICES OF THE AUSTRALIAN HEALTH MINISTERS' CONFERENCE, JURISDICTIONS SHOULD ENACT CHANGES TO REGISTRATION ACTS IN ORDER TO PROVIDE A FORMAL REGULATORY FRAMEWORK FOR TASK DELEGATION, UNDER WHICH THE DELEGATING PRACTITIONER RETAINS RESPONSIBILITY FOR CLINICAL OUTCOMES AND THE HEALTH AND SAFETY OF THE PATIENT

**A.Pod.C Response: Support**

The podiatry profession sees merit in this draft proposal in the context of its relationship to the **utilisation of podiatry assistants**. Podiatry assistants are becoming more frequently utilized in podiatry practice for the provision of basic foot hygiene and other administrative duties. This is in response to the growing demand for foot care services and the ongoing labour force shortage

that exists. The podiatry profession has recently revised its policy on podiatry assistants, in order to provide guidance to podiatrists seeking to delegate appropriate duties and ensure that anyone undertaking this role does so safely and competently. This draft proposal would serve to formally re-enforce this relationship paving the way for registration of podiatry assistants. Registration is strongly supported by the podiatry profession. **It is recommended that all people providing footcare be subjected to the same level of scrutiny via a formal registration process.** Given the emphasis of professional registration is on public health and safety, a fair and equitable system ensure accountability of all health care workers.

DRAFT PROPOSAL 8.1 – THE AUSTRALIAN GOVERNMENT ESTABLISH AN INDEPENDENT STANDING REVIEW BODY TO ADVISE THE MINISTER FOR HEALTH AND AGEING ON THE COVERAGE OF THE MEDICARE BENEFITS SCHEDULE (MBS) AND SOME RELATED MATTERS

#### **A.Pod.C Response: Support**

The podiatry profession support this draft proposal and subsequent initiatives that serve to open up the services delivered by podiatrists which are covered under the MBS. In addition, the development of an independent standing review body that will also evaluate and propose changes to diagnostic imaging services covered under the MBS, and prescribing rights under the Pharmaceutical Benefits Schedule (PBS) will provide a vehicle by which the **expanding role of podiatry can be examined.** Both increased access to MBS covered diagnostic imaging and restricted S4 prescribing rights for podiatrists are in line with the objectives of the productivity commission. Broadening scope of podiatric practice in line with current training will **improve patients accessing the right kind of care at the right time,** while **increasing health workforce efficacy** by decreasing duplication in service by avoiding unnecessary GP referrals. In addition, aligning podiatrists' practice scope with training capabilities will **improve job satisfaction and workforce retention.**

DRAFT PROPOSAL 8.2 – FOR A SERVICE COVERED BY THE MBS, THERE SHOULD ALSO BE A REBATE PAYABLE WHERE PROVISION OF THE SERVICE IS DELEGATED BY THE PRACTITIONER TO ANOTHER SUITABLY QUALIFIED HEALTH PROFESSIONAL

#### **A.Pod.C Response: Support**

The podiatry profession supports this proposal in the context of **podiatrists delegating to suitably qualified and supervised podiatry assistants.** It is recognised that there is a community need for foot care services that can not be currently met by the podiatry workforce. Given the high level education undertaken by podiatrists, there is clear rationale for **specialist**

**foot care being provided by podiatry practitioners** and the need for **lower level services being met by support staff**. The proposals outlines in 8.2 provide financial imperative by which such arrangements may be workable. It is important that under this initiative the payment for service must be made **directly to the podiatry practitioner**, not via a GP. This promotes a fast and efficient payment arrangement, reducing unnecessary administrative layers. Furthermore, a same fee for service policy is recommended whereby the MBS rebate does not change according to who is providing the service. Rebates should be **merit based** whereby the service is carried out by someone who is fully equipped with the required competencies and thus should be remunerated accordingly. Other costs associated with service delivery such as infection control and consumables do not change according to who provides the services and need be funded accordingly for a viable system to exist.

DRAFT PROPOSAL 9.1 – CURRENT INSTITUTIONAL STRUCTURES FOR NUMERICAL WORKFORCE PLANNING SHOULD BE RATIONALISED. A SINGLE SECRETARIAT SHOULD UNDERTAKE THIS FUNCTION AND REPORT TO THE AUSTRALIAN HEALTH MINISTERS' ADVISORY COUNCIL

**A.Pod.C Response: Support**

The podiatry profession agrees with the proposal that the current institutional structures for numerical workforce planning should be amalgamated. **Greater involvement of allied health in this process is required.**

DRAFT PROPOSAL 9.2 – NUMERICAL WORKFORCE PROJECTIONS UNDERTAKEN BY THE SECRETARIAT SHOULD BE DIRECTED AT ADVISING GOVERNMENTS OF THE IMPLICATIONS FOR THE EDUCATION AND TRAINING OF MEETING DIFFERING LEVELS OF HEALTH SERVICES DEMAND

**A.Pod.C Response: Support**

The podiatry profession agrees with this draft proposal in principle. Both larger and smaller allied health groups should be duly considered.

DRAFT PROPOSAL 10.1 – THE AUSTRALIAN HEALTH MINISTERS' CONFERENCE SHOULD ENSURE THAT ALL BROAD INSTITUTIONAL HEALTH WORKFORCE FRAMEWORKS MAKE EXPLICIT PROVISION TO CONSIDER THE PARTICULAR WORKFORCE REQUIREMENTS OF RURAL AND REMOTE AREAS

**A.Pod.C Response: Supported**

DRAFT PROPOSAL 10.2 – THE BRIEF FOR THE HEALTH WORKFORCE IMPROVEMENT AGENCY (4.1) SHOULD INCLUDE A REQUIREMENT FOR THE AGENCY TO ASSESS HEALTH OUTCOMES IN RURAL AND REMOTE AREAS IN RELATION TO JOB DESIGN

**A.Pod.C Response: Supported**

DRAFT PROPOSAL 10.3 – THE AUSTRALIAN HEALTH MINISTERS' CONFERENCE SHOULD INITIATE A CROSS PROGRAM EVALUATION EXERCISE IN RELATION TO THE COST-EFFECTIVENESS OF THE SUSTAINABILITY, QUALITY AND ACCESSIBILITY OF HEALTH WORKFORCE SERVICES IN RURAL AND REMOTE AREAS. THERE ALSO SHOULD BE AN ASSESSMENT RELATED TO REGIONALLY BASED EDUCATION AND TRAINING, RELATIVE TO OTHER POLICY INITIATIVES

**A.Pod.C Response: Supported**

The podiatry profession strongly agrees that issues surrounding the delivery and sustainability of health services in rural and remote health areas should be addressed. Past programs such as the MAHS (More Allied Health Services) experience illustrate that caution must be shown when introducing a change to, or a new service.

DRAFT PROPOSAL 11.1 – THE AUSTRALIAN HEALTH MINISTERS' CONFERENCE SHOULD ENSURE THAT BROAD INSTITUTIONAL FRAMEWORKS MAKE EXPLICIT PROVISION TO CONSIDER THE WORKFORCE REQUIREMENTS OF GROUPS WITH SPECIAL NEEDS INCLUDING: INDIGENOUS AUSTRALIANS; PEOPLE WITH MENTAL ILLNESSES; PEOPLE WITH DISABILITIES; AND THOSE REQUIRING AGED CARE

**A.Pod.C Response: Supported**

Podiatry has a valuable and important role to offer groups with special needs. For example, indigenous communities have a high prevalence of diabetes mellitus which is associated with serious foot complications such as wounds and amputation. Adequate and timely management podiatric management of such complications has been associated with positive outcomes. It is recommended that health workforce arrangements for such groups are provided based on established need and the important role of smaller disciplines such as podiatry is duly considered.