

Submission – Health Legislation Amendment (Prescribing of Pharmaceutical Benefits) Bill 2025

Submitted by:

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High-Risk Foot Service – Hospital Setting

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Introduction

I am writing this submission in support of the proposed Health Legislation Amendment (Prescribing of Pharmaceutical Benefits) Bill 2025. I am an endorsed podiatrist prescriber currently working in a hospital-based High-Risk Foot Service, managing complex patients with diabetes-related foot disease, chronic wounds, infections, and associated comorbidities.

This submission outlines why granting endorsed podiatrists access to prescribe medications under the Pharmaceutical Benefits Scheme (PBS) is a necessary, practical, and cost-effective reform that will directly improve patient care, health system efficiency, and workforce utilisation.

Current Barriers to Effective Care

Endorsed podiatrists undergo significant additional education, clinical training, and regulatory endorsement to prescribe Schedule 4 (S4) medications relevant to podiatric practice. Despite this, the current inability for podiatrists to issue PBS-subsidised prescriptions creates unnecessary barriers to patient care.

In my daily practice, I am frequently required to manage conditions that necessitate timely access to medications such as antibiotics, antifungals, analgesics, and other therapeutic agents. Although I am legally qualified and endorsed to prescribe these medications, I am often forced to refer patients back to their general practitioner or another medical practitioner solely for the purpose of obtaining a PBS prescription.

This situation results in several avoidable problems:

- Delays to treatment, particularly in time-critical high-risk foot presentations
- Fragmentation of care, where medication decisions are transferred away from the primary treating clinician
- Increased financial burden on patients who must either pay for a private prescription or attend another appointment
- Inefficient use of GP appointments, which are already in high demand
- Increased cost to government through unnecessary Medicare-funded consultations

Impact on Patients

Many patients seen in high-risk foot services are elderly, have multiple comorbidities, and experience financial hardship. The additional requirement to obtain a PBS script from a GP often leads to extra travel, appointment costs, and treatment delays. For vulnerable patients, particularly those with chronic wounds or infections, even short delays in commencing appropriate medication can result in significant clinical deterioration.

Allowing endorsed podiatrists to prescribe directly through the PBS would remove these barriers and support truly patient-centred, streamlined care.

Workforce and System Efficiency

The current model undermines the intent of the endorsed podiatrist prescriber framework. The endorsement pathway was established to expand the scope of podiatric practice and to improve access to timely medications within the podiatry setting. However, without PBS access, the effectiveness of this model is significantly limited.

At present, endorsed podiatrists are fully trained and competent to prescribe, yet another clinician must be involved purely for PBS eligibility. This duplication of effort devalues the role of endorsed prescribers, creates unnecessary additional appointments, and increases overall healthcare system expenditure.

From a health-economics perspective, enabling podiatrists to prescribe PBS medications directly would reduce avoidable GP consultations and bulk-billing costs while delivering faster and more efficient care.

Alignment with Multidisciplinary High-Risk Foot Care

High-risk foot services operate within multidisciplinary models where timely intervention is critical. Providing PBS access would support integrated, team-based care, allow podiatrists to initiate and manage appropriate pharmacological therapy without delay, and improve continuity of care.

Conclusion

Granting PBS prescribing access to endorsed podiatrists is a logical, safe, and necessary progression of the current framework. This change would improve patient access to timely and affordable medications, reduce unnecessary GP appointments, lower overall health system costs, and enhance the effectiveness of high-risk foot services.

In my professional experience, the lack of PBS access is one of the most frequent and preventable barriers to optimal patient care. The proposed Bill represents an important opportunity to address this gap and strengthen Australia's health workforce capability.

I strongly support the passage of the Health Legislation Amendment (Prescribing of Pharmaceutical Benefits) Bill 2025 and encourage policymakers to recognise the significant clinical and economic benefits this reform would deliver.

Thank you for the opportunity to provide this submission.

Yours sincerely,

Endorsed Podiatrist Prescriber