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Health Legislation Amendment (Prescribing of Pharmaceutical Benefits) Bill 2025

Submission: Community Affairs Legislation Committee

Australian Podiatry Association (APodA) Submission

RE: Health Legislation Amendment (Prescribing of Pharmaceutical Benefits) Bill 2025

30 January 2026

Community Affairs Legislation Committee

Subject: Ensure parity for patients by including PBA-endorsed podiatrists as PBS prescribers alongside the nurse prescriber amendment

Dear Committee Secretariat,

Thank you for the opportunity to provide feedback in relation to the Federal Government's, Health Legislation Amendment (Prescribing of Pharmaceutical Benefits) Bill 2025.

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 practice'*.

APodA calls on the Committee to recommend an amendment to this Bill so that podiatrists and podiatric surgeons who hold Podiatry Board of Australia (PBA) endorsement for scheduled medicines are recognised as PBS prescribers (for items on the [National Podiatry Scheduled Medicines List](#), consistent with state/territory law).

With the Bill enabling authorised nurse prescribers to access the PBS, podiatry will otherwise become the only nationally endorsed health profession in Australia whose patients cannot receive PBS-subsidised medicines from their endorsed clinician. That inequity will fall directly on patients, especially those in rural and high-need settings, through delays, duplicated appointments, and avoidable out-of-pocket costs.

We seek concurrent inclusion of podiatrists at the same time as the nurse amendment, so patients receive PBS parity without lag. We welcome the opportunity to provide further details or appear before the Committee and have previously written to the Secretariat requesting a hearing.

Please contact Angela Harper for further information or questions arising from the following submission.

Yours sincerely,

Hilary Shelton
Chief Executive Officer
Australian Podiatry Association

Angela Harper
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Australian Podiatry Association



1.0 About podiatrists

Podiatrists are university qualified healthcare professionals 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 the Committee recommend an amendment to include podiatrists and podiatric surgeons with an endorsement to prescribe medicines as PBS prescribers for medicines, commencing concurrently with the nurse prescriber amendment, to avoid creating the only remaining exclusion among nationally endorsed prescribers and to deliver immediate patient parity.

Recommendation 2: APodA recommends the Committee invite APodA to a hearing.

3.0 The parity gap and its impact on patients

- Without this amendment, a podiatrist with an endorsement to prescribe medicines may clinically decide a medicine is needed today, yet the patient must still book a second consult (GP/nurse practitioner) just to obtain a PBS-subsidised script.
- This duplication delays treatment (especially harmful in diabetic foot infection), adds cost, and consumes scarce GP capacity.
- The Bill rightly recognises the value of timely access via nurse prescribers. Parity demands that podiatrists with an endorsement to prescribe medicines—who are nationally regulated, competency-assessed prescribers—be recognised at the same time, or their patients are left behind.
- In practical terms, absent parity, podiatry patients become the only cohort forced into a second appointment for a subsidised script—purely because their prescriber is a podiatrist, not because of any additional clinical risk.

4.0 Podiatry is ready: strong guardrails, long safety record

- **National regulation:** PBA endorsement sets training, supervised practice, assessment and ongoing competence.
- **Approved medicines list for podiatry:** The [National Podiatry Endorsed Scheduled of Medicines List](#) clearly defines the medicines podiatrists may use and practice must meet [PBA's endorsement standard and guidelines](#).
- **State/territory laws apply:** Local medicines/poisons legislation specifies what an authorised podiatrist may obtain/possess/use/supply and any extra conditions; podiatrists must comply with both national and jurisdictional requirements [1-11].
- **Two decades of safe practice:** Podiatrists with an endorsement to prescribe medicines have prescribed under state/territory frameworks for 15-plus years. APodA is not aware of any systemic safety issue related to podiatry prescribing.



5.0 What we are asking for

An amendment that recognises **podiatrists and podiatric surgeons with an endorsement to prescribe medicines** as PBS prescribers for medicines on the National Podiatry Scheduled Medicines List, subject to state/territory authorisations—to commence concurrently with the nurse prescriber amendment. This mirrors the approach used for other non-medical prescribers and delivers true patient parity.

6.0 Patient and system benefits

- Faster, safer care: Immediate access to appropriate therapy (e.g., oral antibiotics) improves outcomes and prevents deterioration.
- Lower costs for consumers: Eliminates the “pay private or book again” dilemma.
- Frees GP time: Removes script-only duplication, supporting GP access for complex care.
- Better national visibility: PBS-issued scripts flow to medicines monitoring and My Health Record, strengthening stewardship and safety.

7.0 Costs and offsets

APoDA’s departmental submission cites modest PBS costs (\$2.4m over five years) offset by reduced MBS outlays from avoided duplicate “script-only” GP visits. 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 [12, 13].

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.

8.0 Scope clarity

Allows: Podiatrists with an endorsement to prescribe medicines through the PBA to issue PBS-subsidised prescriptions for medicines on the [National Podiatry Endorsed Scheduled of Medicines List](#), consistent with jurisdictional law. Keep all existing training, competence and governance requirements intact.

Does not: Expand the approved podiatry medicines list; override state/territory restrictions; permit non-endorsed podiatrists to prescribe.

9.0 Implementation – simple, aligned, low risk

1. Legislative recognition in the Bill.
2. PBS systems enablement (prescriber numbers; item mapping to the [National Podiatry Endorsed Scheduled of Medicines List](#)).
3. Guidance to pharmacists and clinicians, building on prior non-medical prescriber roll-outs.
4. Routine monitoring via PBS data; optional early post-implementation review.

10.0 Alignment with national reform

- Advances scope-of-practice and primary care access goals.
- Consistent with the National Allied Health Workforce Strategy emphasis on enabling regulated professionals to work to full scope within robust governance.



11.0 Conclusion

APodA is seeking a simple parity fix: amend the Bill so podiatrists with an endorsement to prescribe medicines can prescribe items on the PBS medicines list at the same time as endorsed nurses. This will ensure that podiatry isn't the only profession left out. This change removes today's duplication where patients either pay full private price or book a second GP visit for the same medicine, delaying care and lifting out-of-pocket costs. It especially benefits people with diabetes/high-risk foot, older Australians, and rural/remote communities.

The reform is safe, efficient, and ready to implement. Podiatrists with an endorsement to prescribe medicines are nationally regulated under the Podiatry Board of Australia (Ahpra), restricted to a defined list of podiatry-appropriate medicines, and already comply with state/territory medicine laws. PBS inclusion enables prescriber numbers, pharmacy verification, and My Health Record traceability, supporting stewardship and reducing avoidable hospitalisations (e.g., amputations). The expected PBS cost is modest relative to downstream savings and aligns with the Government's access and workforce objectives.

12.0 References

1. Australian Capital Territory, *Medicines, Poisons and Therapeutic Goods Regulation 2008*, A.C.T. legislation, Editor. 2008.
2. Northern Territory Government, *Medicines, Poisons and Therapeutic Goods Act 2012*, N.T. Legislation, Editor. 2012.
3. Northern Territory Government, *Medicines, Poisons and Therapeutic Goods Regulations 2014*, N.T. legislation, Editor. 2014.
4. NSW Government, *Poisons and Therapeutic Goods Act 1966 No 31*, N. legislation, Editor. 1966.
5. NSW Government, *Poisons and Therapeutic Goods Regulation 2008*, N. legislation, Editor. 2008.
6. Queensland Government, *Medicines and Poisons (Medicines) Regulation 2021*, Q. legislation, Editor. 2021.
7. South Australian Government, *Controlled Substances (Poisons) Regulations 2011*, S.A. legislation, Editor. 2011.
8. Tasmanian Government, *Poisons Regulations 2018*, T. Legislation, Editor. 2018.
9. Victorian Government, *Drugs, Poisons and Controlled Substances Act 1981*, V. Legislation, Editor. 1981.
10. Victorian Government, *Drugs, Poisons and Controlled Substances Regulations 2017*, V. Legislation, Editor. 2017.
11. Western Australia Government, *Medicines and Poisons Regulations 2016*, W.A. legislation, Editor. 2016.
12. Lipsky, B.A., et al., *2012 Infectious Diseases Society of America clinical practice guideline for the diagnosis and treatment of diabetic foot infections*. Clinical infectious diseases, 2012. **54**(12): p. e132–e173.
13. Boulton, A.J., et al., *The global burden of diabetic foot disease*. The Lancet, 2005. **366**(9498): p. 1719–1724.

