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Pharmaceutical Benefits Advisory Committee  
Department of Health, Disability and Ageing  
Pharmaceutical Evaluation Branch  
Canberra  
E: [PBAC@health.gov.au](mailto:PBAC@health.gov.au)  
29 January 2026

Dear PBAC Committee,

**RE: Access to the Pharmaceutical Benefits Scheme for Podiatry and in relation to Aboriginal Community Controlled Health Organisations (ACCHO) service provision**

I am writing on behalf of the Aboriginal and Torres Strait Island Diabetes-Related Foot Complications (DRFC) program Executive Advisory Committee (EAC). The DRFC program has run from 2020 – 2025, with the aims of providing improved and culturally appropriate diabetic foot care and preventative care for Aboriginal people in regional and remote communities. Pivotal to this program is Podiatrist expertise within Aboriginal Community Controlled Health Organisations (ACCHOs) and regional public health sectors, across all stages of health care (prevention, early intervention and acute care for high-risk foot [HRF]). The DRFC program operates in 5 regions across Western Australia, Northern Territory, South Australia and Far North Queensland.

The Aboriginal Medical Services Alliance Northern Territory (AMSANT) reported in November 2025, that Aboriginal people within the NT are still experiencing some of the highest rates of diabetes-related foot disease in the world, and the highest rate of diabetes-related lower limb amputation in Australia. Within South Australia, the Royal Adelaide Hospital 2024 data indicates that Aboriginal people are undergoing amputation at a younger age and represent 11% of the amputation cohort when they are 3% of the SA population. This means Aboriginal people are at least 3.6 times more likely to undergo diabetes-related amputation and its significant quality of life impacts, often at a younger age.

Limited funded programs and staffing vacancies, means for people within regional and remote centres that access to podiatry services can be infrequent (with many outreach clinics on a monthly cycle). To delay further while waiting for GP availability to prescribe HRF medications can mean progression of the foot ulcer wound severity and therefore management moves from early intervention to complex care with the associated impacts for the person, and significantly increased costs to the health system. Closing the Gap (CTG) medicines funding that reduces scripts to concessional rates or no cost for registered Aboriginal and Torres Strait Islander patients are not eligible to be claimed without a PBS valid prescription. For ACCHOs, this results in scripts that could be progressed by Podiatrists, e.g. antibiotics for wound care, or topical antifungals for fungal skin infections (usually an over the counter product), must be issued as a private script and the associated costs are often prohibitive for patients. Patients then need to be referred to GPs adding to congested wait times (noting the same staffing vacancy issues impact GP regional and remote availability), often taking a critical walk-in appointment for community members, or to Emergency Departments for simple prescriptions (and adding to ramping pressures).

Podiatrists within the DRFC program indicate that gaining prescribing endorsement is not beneficial due to the PBS and Medicare eligibility constraints for ACCHOs. Becoming an endorsed prescriber is a substantial training pathway, with annual training and credentialing requirements to ensure capabilities and clinical governance. Podiatrists with endorsed prescribing, working within ACCHOs report letting this qualification lapse due to the PBS barriers or having to leave this service in order to maintain their credentials.

While the complexity of diabetes and effective diabetic foot care is multi-faceted for people in rural and remote centres, a key part of the solution is the provision of PBS prescribing rights to Podiatrists including those working within ACCHO services and the EAC fully supports this system improvement.

Thank you for including these concerns within this current system review of the PBS to enable more effective healthcare and care close to home for all Australians. If you would like any further information, please contact me

Kind regards

A/Prof. Kim Morey (Eastern Arrernte/Anmatyerre)  
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Aboriginal and Torres Strait Islander Diabetes-related Foot Complications Program  
Co-Theme Lead, Wardliparingga Aboriginal Health Equity  
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