



27th January 2026

Health Legislation Amendment (Prescribing of Pharmaceutical Benefits) Bill 2025

The Pharmaceutical Benefits Scheme (PBS) need to be changed to include prescriptions written by endorsed podiatrists be included in the scheme. Podiatry remains the only profession in Australia that can prescribe Schedule 2,3,4 (and limited Schedule 8) medicines where patients are unable to access a subsidy under the PBS when prescribed.

The Advanced Practicing Podiatrists – High Risk Foot Group is a professional body of podiatrists representing practitioners working with people who have diabetes related foot disease. We represent approximately 300 podiatrists; many being endorsed to prescribe restricted medicines.

As of September 2025, there are 318 podiatrists with their registration endorsed to prescribe, with modest growth predicted to over 600 by 2030. There have not been any published regulatory actions of podiatrists unsafely using scheduled medicines to date. Podiatry use of scheduled medicines is overwhelmingly for urgent foot health needs. Most often these are to prevent severe infections and reduce the risk of lower extremity amputation. If a podiatrist does not, or cannot prescribe, or a patient is unable to afford these medicines through a private prescription, patients are referred to a general practitioner or emergency department for the medicine prescription. All medicines that are relevant to a podiatrists' scope of practice are listed on PBS.

Access for concession card holders and people in rural/remote areas are disproportionately impacted by this increased cost and burden of additional health care consultation under the Medicare Benefits Scheme (MBS), and higher medicine costs

With an assigned Prescriber Number (PBS authorised), podiatry prescribing patterns can be monitored to ensure ongoing patient safety by using quality, appropriate and approved medicines. Podiatrists' prescriptions would also be readily available through a Patients My Health Record.

Australians can be supported by the PBS when an appropriate prescription is provided by doctors, nurse practitioners, optometrists, dentists, pharmacists, but this does not extend to podiatry, despite the endorsement over fifteen years ago. Podiatrists have been regulated and authorised to safely prescribe medicines since 2010. Podiatrists remain the only profession in Australia where their patients are unable to access these PBS subsidised medicines.

Changing legislation to allow endorsed podiatrist to be able to prescribe subsidised medicines will both save the patient and government money and free up time for general practitioners and emergency departments to provide the care they can best provide, and allow the podiatrist to work at the top of scope of their practice without an unfair monetary penalty.

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Case Study:

A 72yo man on the aged pension, with a history of diabetes and related health problems attends a podiatry clinic near the end of the year for an annual review of his foot health, taking advantage of an Enhanced Primary Care referral from his GP. As part of the assessment, the podiatrist notes that while the circulation and sensation to the feet are within normal limits, there is a probable fungal infection in the toenails. The therapeutic guidelines recommend a 12 week course of oral terbinafine for the management of such conditions. As an endorsed podiatrist, it is within scope to initiate the prescription of oral terbinafine with an initial 6 week course of medicine. The man has reached the PBS safety net of \$277.20, so no longer is required to pay the \$7.70 for his PBS medicines, but as the prescription provided by his podiatrist is a private script, not covered by the PBS, a discount pharmacy will charge \$27.99 for a packet of 42 tablets.

The patient is then in a dilemma. Why are they needing to pay for a script when they have reached the safety net? Why do they need to make an appointment with their GP (that may have an out of pocket cost) to receive the medicine subsidised?
