

The Podiatric Workforce in Australia

The challenges facing a small but critical workforce

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Executive summary

Overview

This report, commissioned by the Pedorthic Association of Australia (PAA), provides an overview of the pedorthic profession in Australia, estimates of workforce need and supply, and the current risks facing the profession.

The recommendations have been formed by an analysis of the pedorthic workforce, published data on the burden of disease associated with lower limb anomalies managed by pedorthists, demographic data from the PAA client relationship management system (CRM), and an assessment of population needs using data from the Australian Bureau of Statistics (ABS) and the Public Health Information Development Unit (PHIDU).

Pedorthists are autonomous allied health practitioners who optimise patient function using highly specialised footwear manufacturing and modification techniques to prevent and treat foot pain and deformity, increase mobility, prevent falls and reduce the risks of amputation in people with diabetes.

Over the past decade, pedorthics has evolved from a technically based, vocational qualification to a recognised allied health profession supported by the introduction of a Bachelor of Pedorthics (BPed) delivered by Southern Cross University (SCU). The BPed is the only degree level training for pedorthists offered in the southern hemisphere.

Just over 40% of the pedorthist's workload is related to the prevention and management of diabetic foot disease. Other important areas of work include providing accommodative and adaptive footwear to people with congenital foot deformities (25%); arthritis (15%) and for people who have suffered from trauma (14%). These are high-risk populations for whom lack of access to appropriate interventions can be

costly in terms of ongoing disease risks and reduced mobility impacting their ability to participate in society.

The scientific rigour of a university-based training program is essential to establish the standards and consistency of the treatments required to meet the needs of the high-risk populations pedorthists serve. It also provides the workforce with the technical underpinning, language and skills to engage with the health workforce as allied health professionals, rather than technicians, which is an important component of driving high quality outcomes for patients.

SCU has advised PAA of their intention to cease delivery of the BPed program from July 2022. As the only degree level qualification for pedorthists this will immediately stop the growth of the profession at a time of rapidly increasing need for specialised foot care experts, nationally and globally,

The pedorthic profession is small, and declining, with only 35 Certified Pedorthist Custom Makers, or 0.14 Pedorthist Custom Makers per 100,000 population in Australia. In comparison, the Netherlands and Canada have 18 and 1.3 certified pedorthists per 100,000 people respectively. As a proportion of the number of people diagnosed with diabetes, this represents 2.5 pedorthists per 100,000 in Australia versus 9.0 and 389.6 in Canada and the Netherlands respectively.

The Western Pacific Region accounts for three-quarters of the global population of people with diabetes and carries some of the greatest burden of diabetic foot disease. Customised footwear is a key intervention to prevent lower limb ulceration and amputation.

Diabetes accounts for less than half of the pedorthist's workload, yet, based on the epidemiology and risks associated with diabetes alone, Australia has insufficient pedorthists to meet population needs.

We conservatively estimate that Australia requires approximately 1000 Certified Pedorthist Custom Makers to meet population needs for pedorthic services (4 per 100,000), or nearly 30 times the number of Certified Pedorthist Custom Makers currently registered in Australia (see p9 for justification).

Without the credibility of an undergraduate degree, pedorthists face increasing challenges recruiting new members to the profession, risk losing their status as an allied health profession, and have a reduced ability to build a scientific basis for their work. This will have a direct impact on the accessibility and quality of orthopaedic footwear interventions for high-risk populations.

The limited number of English language, degree level courses in pedorthics means that the BPed offered by SCU is an opportunity to contribute to the health of our region, and attract international students to an important and unique allied health degree.

Without an increase in the supply of pedorthists, Australia will need to rely on internationally trained pedorthists to meet future workforce demand, in competition with other countries with potentially greater need. In response to this critical workforce shortage, we propose the following recommendations:

1. Recommendation for higher education in Australia
 - a. **Continue to deliver the Bachelor of Pedorthics in the Australian higher education system.**
SCU has invested in the development and accreditation of a degree level program for pedorthists with financial support from industry to create a state-of-the-art pedorthic training facility. SCU provides podiatry training, which has similar demand drivers to pedorthists and a substantial overlapping of course content. SCU is a logical host for the pedorthics program in Australia.
 - b. **Develop Australia as a centre for excellence for the management of diabetic foot disease.**

Given the high morbidity and subsequent burden of disease from diabetes in Australia and the Western Pacific Region, Australia should be promoting our excellence in teaching and training in the allied health sciences relevant to the management of diabetic foot disease; and supporting our regional neighbours in the delivery of high-quality primary care prevention for diabetes.

2. Recommendations for policy
 - a. **National identification and recognition of small but critical allied health workforces:**
At a policy level, it is important to recognise the plurality of the Australian health care system:
 - to identify the contribution that small but critical workforces make to population health outcomes; and
 - create structures to ensure the sustainability and quality of those workforces.
 - b. **A national strategy to ensure the sustainability of small but critical workforces.**
The current higher education funding system creates challenges for universities to subsidise the delivery of small but critical workforces. This is a direct risk for small but critical workforces such as the pedorthic profession and reduces the ability for new professions to emerge in response to changing societal needs.
 - c. **Better integration of university course offerings and health workforce need.**
There is a need for greater integration between the drivers for higher education course delivery and health workforce demand to ensure the sustainability of small but critical workforces such as the pedorthic profession.

SCU is ideally positioned to be a centre of excellence for the management of diabetic foot disease in the Western Pacific Region because it is a provider of both podiatry and pedorthic training at the Gold Coast Campus, with close proximity to the Gold Coast Airport. The podiatry workforce faces the same demand issues as the pedorthic workforce and is a nationally recognised area of skills shortage in Australia in 2022,

d. **Develop strategies to increase access to small but critical workforce.**

From a health service perspective, there is a need for better access to pedorthic services for rural, remote, and Indigenous populations, as well as structured ways of supporting access for homebound people.

3. Recommendations for the pedorthic profession

a. **Increase public awareness of the pedorthic workforce**

Promote their role in managing and preventing diabetes related foot complications, congenital foot deformities and other lower limb complications through marketing by PAA and members of the profession.

b. **Develop strong allies with other professional groups who will act as champions for the pedorthic profession.**

The endorsement and support of other professional groups (particularly the medical profession) is a strong driver for workforce change, growth, and sustainability.

c. **Build a pedorthic community engagement group**

This will comprise pedorthic service users (people with diabetes and people with lower limb disability) who will both support the direction of the profession and advocate for improved service access.