Tasmania
DEPARTMENT of HEALTH and HUMAN SERVICES

Tasmanian Department of Health and Human Services

Agency Health Professional Reference Group

Allied Health Professional Workforce Planning Group

Allied Health Professional Workforce Planning Project

Podiatry Information

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3 Preface

This Podiatry Information should be read in conjunction with the main Allied Health Professional Workforce Planning Project Discussion Paper.

4 Overview

Podiatrists (previously known as chiropodists) are primary health care professionals concerned with the diagnosis and treatment of disorders of the foot and lower limb. Practice involves preventative, palliative and corrective methods; and may include medicinal, mechanical, surgical, orthotic, prosthetic and manipulative procedures.

Bachelor (entry-level to the profession) and masters level qualifications in podiatry are offered by universities in all states of Australia except Tasmania. Podiatry services in the DHHS provide clinical placements for undergraduate podiatrists from mainland universities. These placements assist with the recruitment of new graduate podiatrists.

Podiatrists were employed in Community Rehabilitation and Allied Health Services in the Community, Population and Rural Health Division and in the Royal Hobart and the Launceston General Hospitals in the Hospitals and Ambulance Service Division.

As at March 2002,the DHHS podiatry workforce consisted of 18 podiatrists employed in a mix of full time and part time podiatry positions (15.55 FTEs). It required 1.2 podiatrists to fill one FTE podiatry position. This ratio as within the average range for other allied health professionals.

The average age of the DHHS podiatry workforce was 38 years, which was lower than the average age of 40.3 years of all DHHS allied health professions. The median age of the DHHS podiatry workforce was 37 years, which was younger than the average age of 42 years of all DHHS allied health professions. The DHHS podiatry workforce retained a higher percentage of podiatrists in older age groups than the Australian podiatry workforce where podiatrists were more likely to have their own practice or partnership as their age increased.

The gender ratio of the DHHS podiatry workforce of 75 per cent female to 25 per cent male was similar to the gender ratios in the Tasmanian and Australian podiatry workforces.

In the years 2000 and 2001, an average of four podiatrists left the DHHS per year and an average of 4.5 DHHS podiatry positions were advertised per year. At 22 per cent per year, podiatry had one of the highest average turnover rates per headcount of all the allied health professions in those two years.

There were three DHHS podiatry positions that were vacant for at least six months in 2001. These were in the Community, Population and Rural Health Division in the north and south.

The numbers of podiatrists per population in Tasmania was higher than the national average of podiatrists per population indicating that the supply of podiatrists to the local public and private sectors was probably adequate.

However the distribution of DHHS podiatrists to rural areas was insufficient and this has resulted in the contracting out of some DHHS podiatry services to the private sector in some areas, or the provision of no podiatry services in other areas.

The demand for podiatrists across Australia is high and increases with the age of the population and the prevalence of diabetes. A comparatively aged population and high prevalence of diabetes and predisposition to diabetes in Tasmania is impacting on podiatry services at present and will result in increased demand for podiatry services in the future.

A number of workforce planning issues specific to the DHHS podiatry workforce were highlighted through consultations with the professional organisation and DHHS staff:

- A more centralised organisational structure for podiatrists within the DHHS was being trialled with the role of the podiatry manager in HAS at the Royal Hobart Hospital being expanded to include the management of all CPRH podiatry services state-wide. It was envisaged that this would that rationalise reporting lines and provide efficiencies in both service delivery and management.
- Although the podiatry workforce was relatively small compared to other allied health professions, the turnover rate of one in five DHHS podiatrists per year was expensive for the DHHS. It was costly in terms of service delays; recruitment costs; staff orientation time; resources that are not used in clinical and service improvement activities, teaching and research; the loss of intellectual capital developed through DHHS funded CPD activities and 'burnout' of senior and long-term employed podiatry staff.
- A trial of employing foot-care specialists within DHHS redressed a gap in basic foot-care for the very frail elderly, and released podiatrists to concentrate on more complex work. It was proposed that more foot-care assistants were employed state-wide.
- To ensure currency of practice and to maintain their registration with the Podiatrists' Registration Board of Tasmania, podiatrist are required to have practiced podiatry in the last five years. To date, because of the demanding job market, all podiatrists wanting to maintain registration in Tasmania have not found this requirement a difficulty. However, there appears to be no process for re-training and this could become an issue in the future.
- Salaries and conditions for DHHS podiatrists were lower than other states and territories of Australia, except New South Wales. The majority of other Australian states also offer salary packaging to public sector employed podiatrists; this is only offered to Hospitals and Ambulance Service Division employed podiatrists and most podiatrists are employed through the Community, Population and Rural Health Division.

- There is a fixed term Commonwealth Government (More Allied Health Services Program) funded podiatry position in the north west. When the funding for this position expires there could be a significant gap in services.
- Staff recruitment in the private sector was more successful than in the public sector due to flexibility of conditions of service. As at July 2002, there were a number of vacancies in private podiatry services. This meant that the DHHS, also with vacant positions, had to compete with the private sector for staff at a considerable handicap.

5 Description of the podiatry profession

Podiatrists (previously known as chiropodists) are primary health care professionals concerned with the diagnosis and treatment of disorders of the foot and lower limb. Practice involves preventative, palliative and corrective methods; and may include medicinal, mechanical, surgical, orthotic, prosthetic and manipulative procedures.

Most podiatrists work in private practice, but increasing numbers are employed in hospitals, community health centres, sports clinics, fitness centres, geriatric services and domiciliary care services. They may also work at day care centres for the elderly and may visit nursing homes to treat the residents (Commonwealth Department of Education, Science and Training 2002).

Podiatrists who seek employment in Tasmania must register with the Podiatrists' Registration Board of Tasmania.

5.1 Description of related occupations

5.1.1 Foot-care assistants

Foot-care assistant is a new occupational group in Tasmania. The role of these therapy support staff is to provide basic foot-care, e.g. the maintenance of non-pathological toenails of very frail-aged clients. There was an identified service gap for this group of clients that the DHHS was unable to adequately address with podiatry services.

Foot-care assistants are presently trained and supervised by the DHHS podiatry service. They are not qualified to diagnose conditions or prescribe treatment.

It is important to note that the Australasian Podiatry Council, which is the peak body representing podiatrists in Australia, does not support this occupational group.

6 Workforce supply

6.1 Profile of the current DHHS podiatry workforce

6.1.1 Demographics of the DHHS podiatry workforce

6.1.1.1 Human Resource Services Information System data

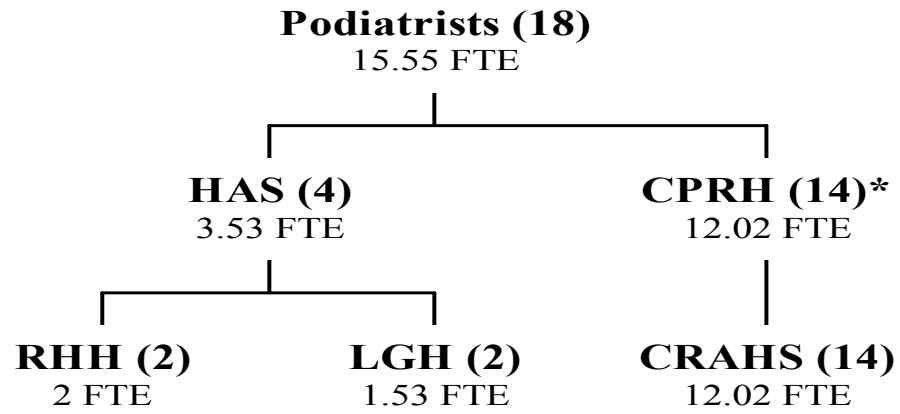
Data on the DHHS podiatry workforce from the DHHS Human Resource Services Information System (as at 21 March 2002) has been displayed graphically. The information displayed in these graphs represents all podiatry positions within DHHS regardless of whether these were filled or vacant at the time of this analysis.

Public sector podiatry services contracted out to the private sector were not included in this data analysis.

The DHHS podiatry workforce consisted of 18 podiatrists employed in a mix of full time and part time podiatry positions (15.55 FTEs). It required 1.2 podiatrists to fill one FTE podiatry position. This ratio is within the average range for other allied health professionals.

As displayed in Figure 1, podiatrists were employed in Community Rehabilitation and Allied Health Services (CRAHS) in Primary Health in the Community, Population and Rural Health Division and in the Royal Hobart and the Launceston General Hospitals of the Hospitals and Ambulance Service Division.

Figure 1: Division and service structure of podiatrists employed within DHHS (headcount in brackets)



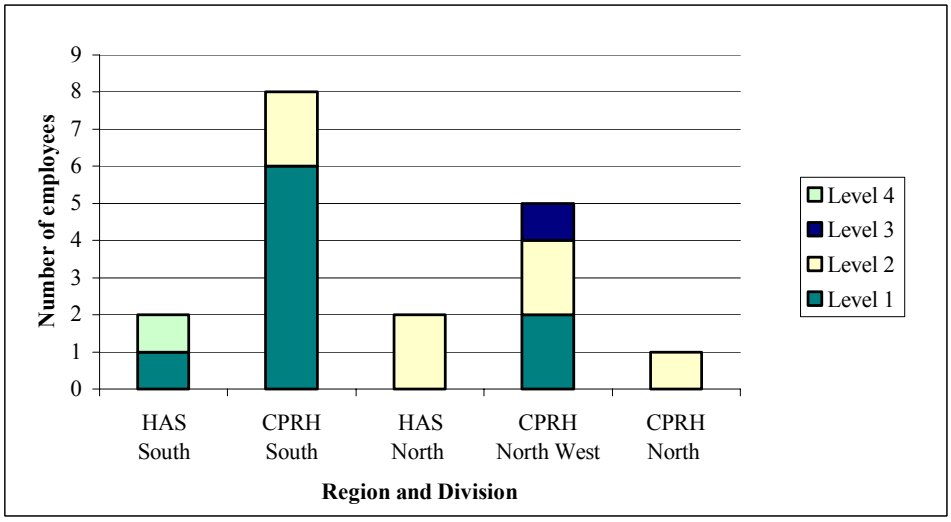
Source: Human Resource Services Information System 21 March 2002 (filled and vacant positions)

* These figures do not include positions:

- recently funded through Commonwealth Government programs and which may not be recurrent positions
- supplied through contracts with private podiatrists to various rural centres in the north, north east and north west.

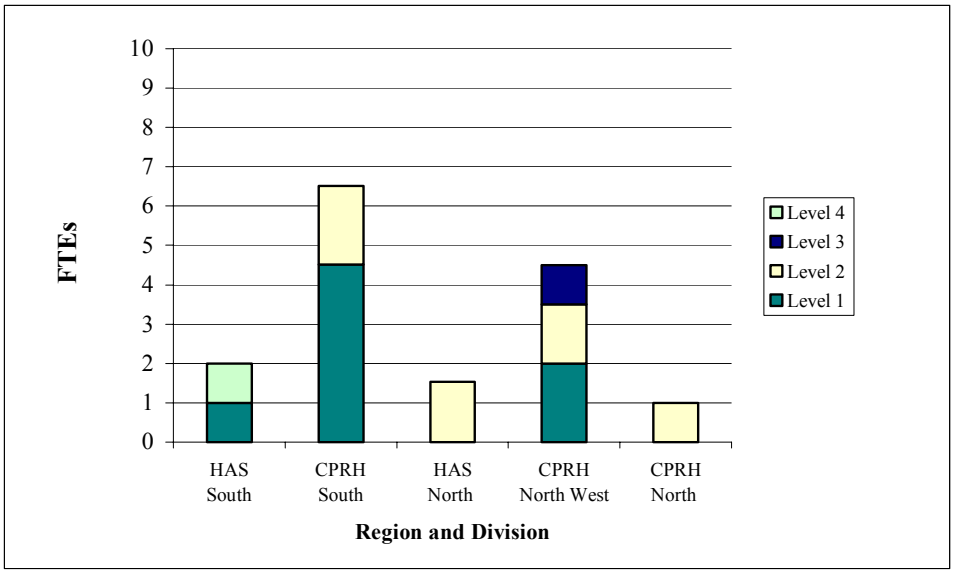
Figures 2 and 3 display the distribution of podiatrists by headcount and FTE respectively across DHHS.

Figure 2: Podiatry headcount per award classification across DHHS



Source: Human Resource Services Information System 21 March 2002

Figure 3: Podiatry FTEs per award classification across DHHS



Source: Human Resource Services Information System 21 March 2002 (filled and vacant positions)

Table 1 shows the numbers of DHHS podiatrists at the various award levels.

Table 1: Breakdown of the numbers of DHHS podiatrist FTE positions at specific award levels

Award levels	PF1	PF2	PF3	PF4	DHHS total
FTE podiatrist positions	6.52 FTEs	6.03 FTEs	1.0 FTEs	1.0 FTEs	15.55 FTEs

Source: DHHS Human Resource Services Information System 21 March 2002 (filled and vacant positions)

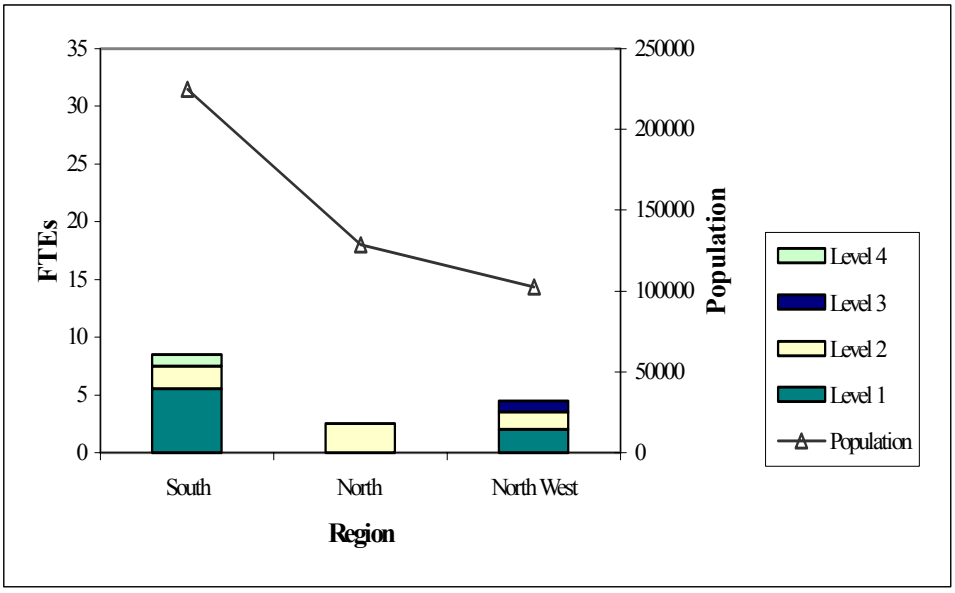
Figures 4 to 6 display the DHHS podiatry FTEs compared to the three regional populations in 2001. These figures do not include some positions within Community Rehabilitation and Allied Health Services of the CPRH that were:

- supplied through contracts with private podiatrists to various rural centres in the north, north east and north west
- non-recurrent Commonwealth Government funded position in the north west.

The exclusion of these positions may produce some distortion in Figures 4 and 6.

Figure 4 displays the distribution of FTE podiatry positions within DHHS along with the regional populations from the 2001 census.

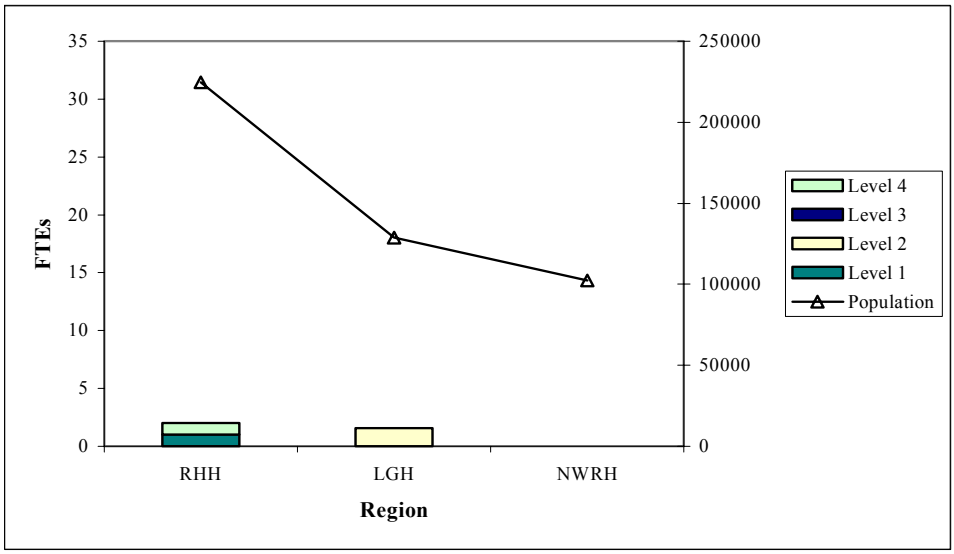
Figure 4: Podiatry FTEs per award classification in the DHHS compared to regional population in 2001



Source: Human Resource Services Information System 21 March 2002 (filled and vacant positions) and ABS census 2001

Figure 5 displays the number of FTE podiatry positions in the Hospitals and Ambulance Service Divisions along with the populations in the three regions of Tasmania. There were no hospital podiatry services in the north west.

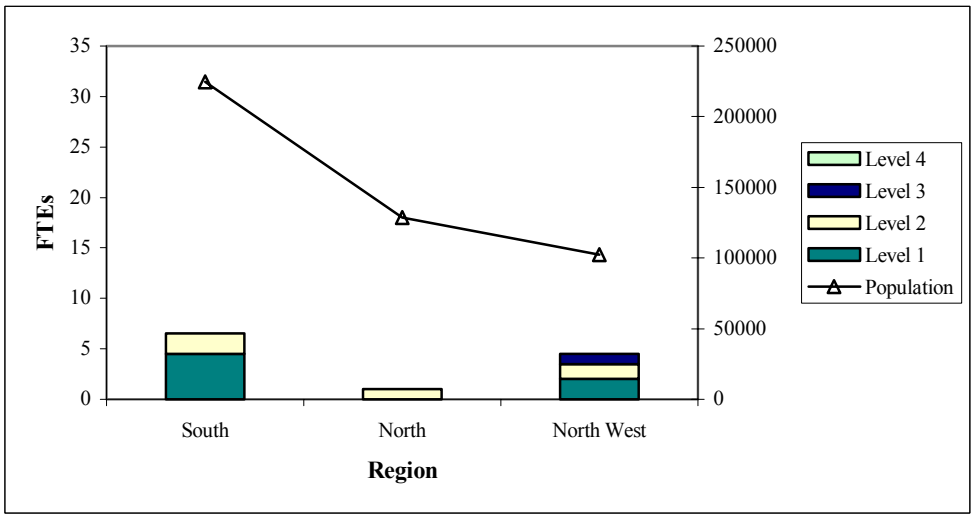
Figure 5: Podiatry FTEs per award classification in the HAS compared to regional population in 2001



Source: Human Resource Services Information System 21 March 2002 (filled and vacant positions) and ABS census 2001

Figure 6 displays the number of FTE podiatry positions in the Community, Population and Rural Health Division along with the populations in the three regions of Tasmania.

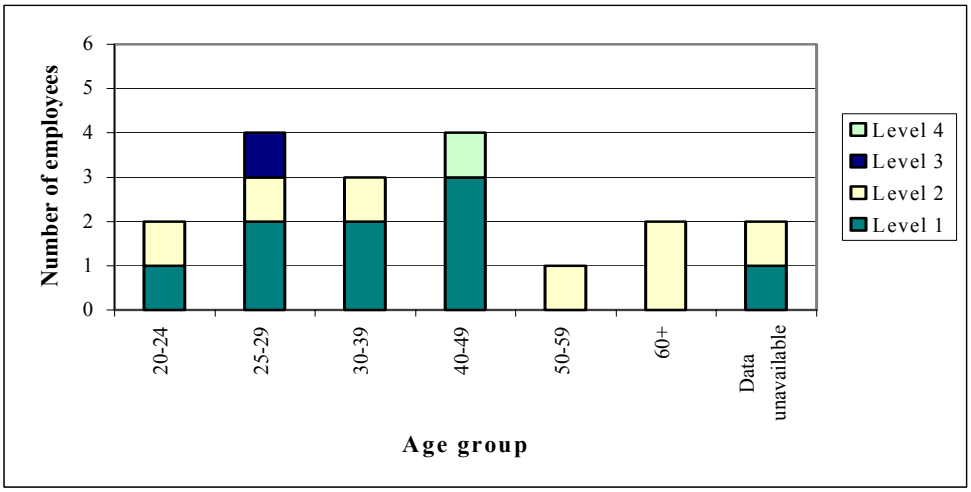
Figure 6: Podiatry FTEs per award classification in the CPRH compared to regional population in 2001



Source: Human Resource Services Information System 21 March 2002 (filled and vacant positions) and ABS census 2001

Figure 7 displays the age group distribution of the DHHS podiatry workforce. The average age of podiatrists within DHHS was 38 years, which was similar to the average age of 40.3 years of all DHHS allied health professions. The median age of the DHHS podiatry workforce was 37 years, which was younger than the average age of 42 years of all DHHS allied health professions.

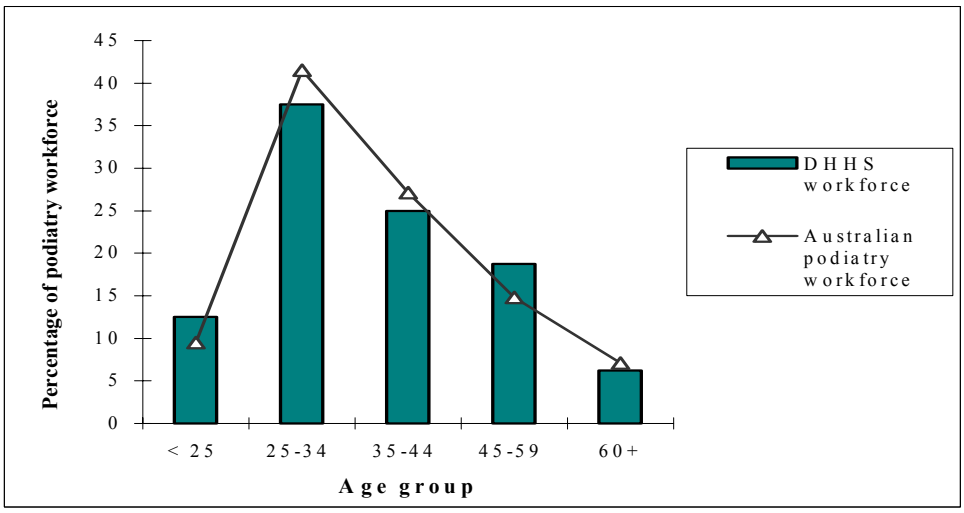
Figure 7: Podiatry workforce per age group and award classification



Source: Human Resource Services Information System 21 March 2002 (filled and vacant positions)

Figure 8 displays the age distribution of the DHHS podiatry workforce in different age groups from Figure 7 for comparisons with AIHW (2002) data. The distribution of the DHHS podiatry workforce was similar to the national age distribution of podiatrists, in that the highest numbers of podiatrists were in the 25 to 34 years range and the lowest were in the greater than 60 years age range.

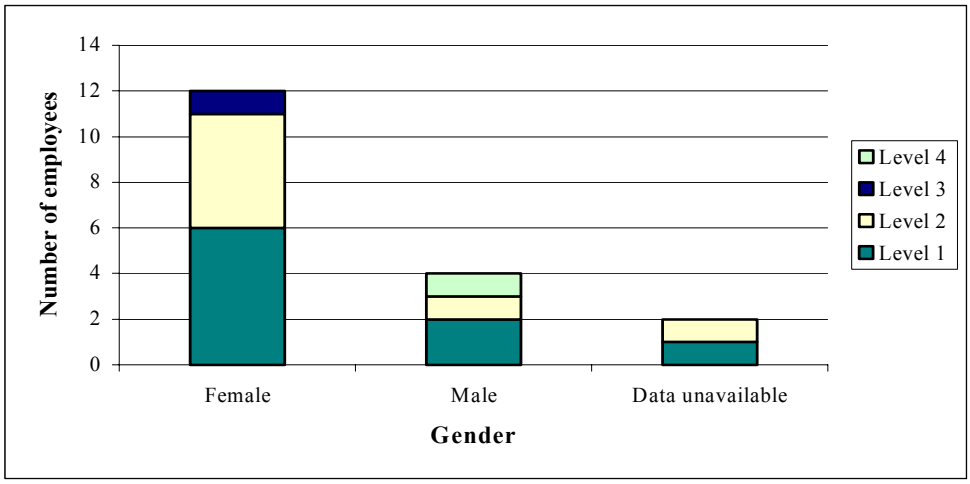
Figure 8: Podiatry workforce in DHHS per AIHW age groupings



Source: DHHS Human Resource Services Information System 21 March 2002 (filled and vacant positions)

Figure 9 displays the gender distribution of DHHS podiatrists across the award levels. There were four males (25 per cent) employed in the DHHS. Males comprise 37 per cent of the national podiatry workforce (AIHW 2002).

Figure 9: Podiatry workforce per gender and award classification



Source: Human Resource Services Information System 21 March 2002 (filled and vacant positions)

6.1.1.2 DHHS staff survey data

Of the 18 podiatrists employed by the DHHS, 9 completed a survey form; resulting in a 50 per cent response rate. Due to the low response rate, only responses to some of the questions that were supported by information from other consultations were used to describe the supply of podiatrists later in this report.

6.1.1.3 Podiatrists' Registration Board of Tasmania data

There were 58 podiatrists registered with the Podiatrists' Registration Board of Tasmania in 2001 and 61 as at 5 August 2002.

The numbers of podiatrists registered in Tasmania has decreased from 73 in 1994/1995 to 61 in 2001/2002. The change in numbers was due to the introduction of compulsory professional indemnity insurance and the recent increase in the practicing fee. As a result of these, some non-practicing podiatrists do not maintain registration (Department of Health and Human Services 2002).

The age group distribution of the 61 podiatrists registered in Tasmania in 2002 is dissimilar to the age group of DHHS employed podiatrists in that there are proportionally more DHHS podiatrists in the 40 to 49 years age group.

The male to female ratio of podiatrists registered to practice in Tasmania, to 5 August 2002, was 34 per cent male to 66 per cent female. This is similar to the ratio of males to females within DHHS and across Australia.

Private podiatrists constitute approximately 70 per cent of the Tasmanian podiatry workforce, although there are some podiatrists who are employed in both the public and private sectors. This is similar to national podiatry statistics where 75 per cent were employed in the private sector (AIHW 2002).

The Podiatrists' Registration Board conducted an infection control survey in 2001. Ninety percent (52 of a possible 58) of Tasmanian podiatrists responded to the survey and provided the data that is displayed in Table 2. Respondents were able to tick more than one clinic type. It can be seen that there was overlap of staff employed in the public and private sectors and in different clinic types within the public sector.

Table 2: Clinic types of Tasmanian podiatrists

Clinic type	Numbers of respondents in main clinic type	Percent of respondents in main clinic	Numbers of respondents in second clinic type	Percent of respondents in second clinic type
Private clinic	35	67 %	12	23 %
Public hospital	11	21 %	4	8 %
Public community health centre	8	15 %	6	12 %
Nursing home or hostel	13	25 %	11	21 %
Home visits	20	38 %	15	29 %
Private hospital or health centre	5	10 %	5	10 %

Source: Podiatrists' Registration Board of Tasmania Infection Control Survey 2001

6.1.1.4 AIHW data

The AIHW report (2002) stated that the national podiatry workforce increased by 43 per cent from 1991 to 1999. This rapid increase was greater than the increases in the physiotherapy (25 per cent) and optometry (24 per cent) workforces.

Because of the recent increases in the numbers of podiatrists, the Australian podiatry workforce was younger than some other health professions. The average national age of podiatrists was 37 years for males and 38 years for females; the average national age of doctors was 42 years and of nurses was 46 years. The average national age of podiatrists is however comparable with some other allied health professions: occupational therapists with an average national age of 36 years and physiotherapists with an average national age of 39 years.

The average Tasmanian age of podiatrists at 38 years matches this national picture.

The AIHW report (2002) stated that the gender ratio of males to females would increase. Forty six per cent of podiatry graduates in 1999 were male

(compared to the average Australian podiatry profession ratio of 36 per cent males in 1999).

6.1.2 Vacancies

The DHHS Human Resources Service indicated that there were two PF1 community podiatry positions vacant in the south (0.8 and 0.52 FTE) and one PF1 community podiatry position vacant in the north (1.00 FTE) for six months in the period from 1 July 2001 to 1 January 2002.

As at July 2002, there were 6.8 FTE positions within DHHS that have been vacant for some months. Anecdotal information from the private sector was that there were six positions vacant state-wide in July 2002.

6.1.3 Contracts with the private sector

There were 1.5 FTE positions within Community Rehabilitation and Allied Health Services of the CPRH that were supplied through contracts with private podiatrists to various rural centres in the north, north east and north west.

6.1.4 Types of work and client groups

The podiatry respondents to the DHHS staff survey said they worked either as clinicians or clinician managers.

It was not possible to describe the podiatry client casemix from the data.

6.1.5 The education of DHHS podiatrists

Bachelor (entry level to the profession) and masters level qualifications in podiatry are offered by universities in all states of Australia except Tasmania. The Curtin University of Technology and the University of South Australia also offer postgraduate certificates and diplomas in podiatry.

The total number of students completing the four-year podiatry degree courses across Australia increased from 115 in 1996, to 128 in 2000 (AIHW 2002). The recently commenced podiatry undergraduate course through the Charles Sturt University in NSW will produce an additional number of graduates in 2004.

Representatives of the Australian Podiatry Association (Tasmania) stated that there have been a number of Tasmanians who undertook podiatry training on the mainland recently, but that all of these graduates took up employment on the mainland despite the advertisement of a number of positions in Tasmania.

Podiatry services in HAS and CPRH provide clinical placements for undergraduate podiatrists from mainland universities. These placements assist with the recruitment of new graduate podiatrists.

To date, the podiatry profession in Tasmania has not pursued the establishment of an undergraduate course in the state as:

- evidence from other states with podiatry schools suggest that there is no improvement in the recruitment and retention of podiatrists in rural areas. In fact some states have a very high proportion of podiatrists in major centres and many vacancies in areas outside these centres.
- there are critical problems with the recruitment of suitable academic staff nationally.
- the profession estimates that sufficient numbers are being trained nationally. However graduates are opting to travel, do further studies, commence their own business or go to the employer who is seen as the most generous.
- the course is an expensive one to establish.
- there is no guarantee that graduates of a Tasmanian school would stay in Tasmania.
- one year's graduation of students could lead to an over supply for the available positions.

6.1.5.1 Postgraduate qualifications of DHHS podiatrists

There were two podiatry respondents to the DHHS staff survey who had postgraduate qualifications. These were a masters level qualification in business administration and a graduate diploma level qualification in podiatry. These courses were undertaken by distance education.

6.1.5.2 DHHS podiatrists born outside Australia

Representatives of the Australian Podiatry Association (Tasmania) stated that podiatrists entering Australia and wishing to under take employment as a podiatrist must undergo an assessment process. The time delays experienced through immigration processes and the podiatry assessment processes prevent recruitment from overseas being a useful option for the DHHS.

Analysis of the data provided by podiatry respondents to the DHHS staff survey showed that a small number of respondents were born in the United Kingdom/Ireland and in New Zealand. This information could not be used to say where these podiatrists were educated.

6.2 Projecting workforce supply

Workforce supply is a balance between outgoing staff (retirees, those temporarily withdrawing from the workforce, emigrants or those who die or take up employment with other employers) and incoming staff (new graduates, immigrants, staff coming from other employment and staff increasing their hours of employment).

The AIHW report of 2002 said that there is very little movement of podiatrists in and out of Australia. In 1999-2000, eleven podiatrists departed Australia and five podiatrists entered Australia.

6.2.1 Outgoing staff

A total of eight podiatrists terminated their employment with the DHHS in 2000 and 2001.

Applying this average to the 21 March 2002 headcount, approximately 22 per cent of the DHHS podiatry workforce left per year.

This was one of the higher average rates of leaving for DHHS allied health professions.

Table 3 shows that across Australia, podiatrists are more likely to have their own practice or partnership as their age increases, 28 per cent of podiatrists of less than 25 years had their own practices or partnerships compared with 63 per cent of podiatrists in the 55 to 65 age group with their own practices or partnerships.

It could be predicted that there will be decreasing numbers of DHHS podiatrists in the older age groups, although as shown in Figure 8, this does not seem to have affected the DHHS podiatry workforce to date.

Table 3: The age groups and percentages of the Australian podiatry workforce who have their own practices or partnerships

	Less than 25 years	25 to 34 years	35 to 44 years	45 to 55 years	55 to 65 years	Greater than 65 years
Per cent with their own practice or partnerships	28 %	49 %	62 %	64 %	63 %	66 %

Source: AIHW 2002, Podiatry Labour Force 1999

In order to ascertain the possible future numbers of outgoing podiatrists, staff were asked a number of questions in the DHHS staff survey. Staff were asked:

- if the hours they worked were the hours they wanted to work
- if they anticipated a change in their work hours in the next three years and the reasons for this change
- if they were considering leaving the DHHS in the next six to twelve months, and if so, what were the reasons
- what were their levels of satisfaction for a number of professional practice parameters in the DHHS.

Five of the nine respondents to the survey stated that they would like to decrease the hours they worked. Three of these were respondents who said they were doing unpaid overtime each week (two of these three respondents stated that they undertook more than five hours unpaid overtime per week) and the other two respondents wanted to decrease their number of paid hours of work.

Three of the nine respondents to the DHHS staff survey indicated they would like to decrease their hours in the next three years and stated 'lifestyle preference' (two respondents) and 'family considerations' (one respondents) as the reasons.

Three of the nine podiatry respondents (33 per cent) to the DHHS staff survey stated that they intended to leave DHHS in the next six to 12 months and they gave their reasons as 'other employment' (two) and 'travel' (one). This rate of staff intending to leave in the next six to twelve months is higher than the average rate for all allied health professions intending to leave (at 25 per cent). If the predicted departures translate into actual departures, this would be a considerable turnover for the size of the workforce.

Table 4 provides information on staff responses on levels of satisfaction with the various professional practice parameters.

Table 4 : Staff satisfaction with professional practice parameters in DHHS

Criteria measured	Per cent of respondents who were satisfied or very satisfied
Opportunity to use your abilities	89%
Sufficient work to maintain competence	78%
Hours of work	44%
Amount of work	45%
Overall satisfaction with your practice	67%

Source: DHHS staff survey October 2001

Other information relevant to staff leaving the DHHS in the future was that two podiatrists were older than 60 years of age.

6.2.2 Incoming staff

In the two years 2000 and 2001, there were 9 full time, temporary and casual podiatry positions advertised. It was not known if these advertisements were successful.

Representatives of the Tasmanian branch of the professional organisation stated that there have been a number of more experienced podiatrists recruited to Tasmania (public and private sector) in recent years. These podiatrists have been attracted by the lifestyle of Tasmania.

6.3 Current demand for podiatrists

6.3.1 Perceived podiatry service gaps

Podiatry services were supplied to the five districts of CPRH. All the services in the north east and some services in the north and north west were provided by private podiatrists through contracts with the DHHS.

District managers said that recruitment varied from year to year and was less successful in the north west of the state. In rural areas, new graduates rarely stay for more than a year and experienced podiatrists rarely for more than two years.

The professional organisation stated that this level of staff turnover has a profound effect on already high waiting periods for clients. The lag between resignation and recruitment at best is four to five weeks. If recruitment fails then a position could be vacant for a significant period escalating waiting times and placing stress on remaining staff.

6.3.2 Patterns of usage

6.3.2.1 Profession to population ratios

The AIHW report of 2002, stated that the number of podiatrists registered in Tasmania had increased from 57 in 1991 to 63 in 1999.

The same report stated that there were 12.2 podiatrists per 100, 000 of the Tasmanian population in 1991 and 13.3 in 1999. The Australian average was of 10.7 podiatrists per 100,000 in 1999. All of these statistics were for podiatrists who could have been employed in the public or private sectors.

The higher rates of podiatrists in Tasmania were consistent with the population of Tasmania being older than other states and territories and an increased need for podiatry services with increasing age. The AIHW (2002) stated that the median age of Tasmanians is 36 years and this is higher than the average of the Australian population, and that the per cent of the Tasmanian population aged 65 years and over is 13 per cent and is higher than the national per cent of 12 per cent.

Although, by national comparisons the supply of podiatrists available to the Tasmanian community was adequate, the professional organisation stated that access to services by rural clients through the public system was very limited, both in terms of frequency and capacity of the services.

6.3.2.2 Staff workload assessments

The DHHS staff survey asked podiatrists if they considered their current workload was about right, too much or too little. Of the nine podiatry respondents:

- four stated that their workload was about right
- and five stated that their workload was too much.

6.3.3 Population needs

The AIHW report of 2002 stated that "since foot conditions often develop with age, the need for podiatrists is expected to increase with the ageing of the population. In particular, diabetes is likely to contribute to the need for podiatrists' treatments in the future".

The AIHW report showed data that displayed the increased use of podiatry services with age. Data was collected through the ABS National Health Survey (1995). Table 5 displays a summary of the age groups of Australians who consulted a podiatrist in the two weeks prior to the survey.

Table 5: The age distribution of persons who consulted a podiatrist in the two weeks before the National Health Survey in 1995

Measurement	0-14 years	15-24 years	25-44 years	45-64 years	65-79 years	> 80 years
Number of Australians	4,361	5,412	14,285	26,649	42,780	17,579
Number of persons per 100, 000 Australian population	112	200	216	713	2,538	3,771

Source: AIHW 2002, Podiatry Labour Force 1999

The AusDiab data report of Tasmania (2001) stated that the prevalence of known diabetes in the Tasmanian population is the highest of all Australian states and territories. In addition the prevalence of impaired glucose metabolism (which predisposes people to diabetes) in Tasmania is one of the highest described internationally.

A comparatively aged population and high prevalence of diabetes and predisposition to diabetes in Tasmania is impacting on podiatry services at present and will result in increased demands for podiatry services in the future.

6.4 Projecting future demand for podiatrists

It appeared that the major national drivers for podiatry services were the ageing of the population and the incidence of diabetes in the community, as discussed above.

Commonwealth Government podiatry workforce predictions were available as well as the drivers for DHHS podiatrists as perceived by respondents to the DHHS staff survey.

6.4.1 Commonwealth Government information

The Commonwealth Governments JobSearch web site (2002) provides the following information:

"Job prospects for podiatrists are good.

Employment growth for podiatrists to 2007-08 is expected to be slight. Employment in this very small occupation (1,600 in February 2002) grew

strongly over the past ten years and over the past five years, although employment estimates fluctuate.

Podiatrists have a high proportion of full-time jobs (90 per cent).

Unemployment for podiatrists is low.

Podiatrists are employed in other health services (podiatry) and community care services. The mix of industries employing podiatrists is very favourable for employment growth prospects.

The vacancy level for podiatrists is low. Vacancies arising from job changing (podiatrists changing employers) are expected to provide 85 per cent of vacancies, compared with 3 per cent from job openings (podiatrists leaving the occupation) and 12 per cent from new jobs (employment growth for podiatrists)."

6.4.2 Perceived drivers of podiatry services in DHHS

The majority of podiatry respondents to the DHHS staff survey perceived that the factors likely to increase the future size of the podiatry workforce were:

- ageing of the population
- changing patterns of health and illness
- patient expectations/knowledge
- requirements for safer procedural practice
- multi-disciplinary team provision
- increasing specialisation
- the need for improved geographical distribution of the profession
- growth in consumer demand.

7 Workforce planning issues identified in consultations

7.1 Organisational structures for podiatrists within DHHS

The DHHS podiatry service structure has until recently been decentralised.

All positions in the north west were managed by the district manager in the Aged Rural and Community Health Services of CPRH.

In the north, there was a split in management responsibility between CPRH and the HAS. The Primary Health staff in CPRH reported to the CPRH district manager and HAS podiatrists reported to the Director of Allied Health Services at the Launceston General Hospital.

In the north east, CPRH podiatry services were provided via private podiatrists who were managed by CPRH community centre managers.

In the south and south east districts, as with the north, management responsibility was split between CPRH & HAS.

A one-year trial commenced on 1 August 2002 which involved the adoption of a state-wide organisational model for CPRH podiatry services. The role of the PF 4 podiatry manager in HAS at the Royal Hobart Hospital was expanded to include the management of all CPRH podiatry services state-wide.

It was anticipated that this streamlined structure will rationalise reporting lines and provide efficiencies in both service delivery and management, including a consistent approach to data collection, needs analysis, recruitment and workload management.

To date, the majority of clinical placements for undergraduate podiatrists have been in the south of Tasmania. It is also proposed that the new state-wide DHHS podiatry service model will support a greater number of clinical placements in other areas of Tasmania.

7.2 Turnover of DHHS podiatrists

Approximately 20 per cent of podiatrists terminate their employment with the DHHS each year. Although the DHHS podiatry workforce is small relative to other allied health professional workforces and the medical and nursing workforces, the loss of one in five podiatrists each year is expensive in terms of:

- delayed services to clients because of vacant positions
- recruitment costs (Human Resource Services and podiatry management time, advertisement and relocation costs)
- staff orientation time (and time when staff are not operating to full efficiency because they are new to the position)
- resources that are not used in clinical and service improvement activities, teaching and research (because they were directed to staff recruitment and new staff management)
- loss of intellectual capital developed through DHHS funded CPD activities
- 'burnout' of senior and long-term employed podiatry staff.

7.3 Employment of foot-care assistants

A trial of the employment of foot-care assistants within DHHS found two major benefits. The first benefit being the redress of a gap in podiatry services, i.e. basic foot-care for the very frail elderly; and the second benefit being the release of podiatrists to concentrate on more complex work.

More foot-care assistant positions are being sought to enable these service efficiencies to be extended across Tasmania.

7.4 Re-entry into podiatry

To ensure currency of practice and to maintain their registration with the Podiatrists' Registration Board of Tasmania, podiatrists are required to have practiced podiatry in the last five years.

To date, because of the demanding job market, all podiatrists wanting to maintain registration in Tasmania have not found this requirement a difficulty.

However, there appears to be no process for re-training and this could become an issue in the future.

7.5 Remuneration

Representatives of the Australian Podiatry Association (Tasmania) stated that salary and conditions for DHHS podiatrists were lower than other states and territories of Australia, except New South Wales.

In the majority of other Australian states, podiatrists commence public sector employment at the PF2 level; in Tasmania, podiatrists commence employment in the DHHS at the second year of PF1. Commencing employment at the PF2 level, not only provides higher remuneration for podiatrists, but provides them with status of a senior professional practitioner.

The majority of other Australian states also offer salary packaging to public sector employed podiatrists; this is only offered to HAS employed podiatrists in Tasmania and most podiatrists are employed through the CPRH.

These remuneration issues, some of which were identified in 1994 in a review of public podiatry services in Tasmania (Community and Health Services 1994), combine to be considerable disincentives for interstate podiatrists considering employment in DHHS.

7.6 Contracting with private podiatry services

The distribution of private podiatrists across Tasmania was limited to the major regional centres although some private practitioners provided services to rural centres depending on the preferred workload.

A recent expression of interest sent to private podiatrists in the north to provide public services to the Break O'Day and Dorset Municipalities resulted in only one expression of interest to supply 50 per cent of the requested services. This was despite enticements such as rent-free use of fully equipped clinical facilities.

7.7 Non-DHHS funded positions

There is a fixed term Commonwealth Government (More Allied Health Services Program) funded podiatry position in the north west. When the funding for this position expires there could be a significant gap in services.

7.7.1 Staff satisfaction with DHHS employment

A total of five podiatrists from the south and north west attended the focus groups. There was no podiatry representation from the north. A summary of the information obtained is in Table 6.

Table 6: Summary of information obtained from podiatrists at the focus groups

Positive attributes of employment in DHHS	Aspirations	Negative attributes of employment in DHHS	Constraints
• Diversity of work and clients • Working with other allied health professionals	• Better access to CPD	• Lack of CPD opportunities • Recruitment processes are very inefficient • Chronic staff shortages	• Budgets
Regional variations Salary packaging is of interest in the north west.			

Source: DHHS focus group December 2001

Representatives of the professional organisation said that the reasons podiatrists were attracted to Tasmania were 'lifestyle', 'family or friends here' and 'recommendations from people with Tasmanian experiences'. Members cited the reasons for leaving Tasmania, as 'lack of postgraduate education opportunities', 'working condition differences with the mainland', 'feelings of professional isolation' and 'travel opportunities'.

7.8 Professional development to retain and strengthen a quality workforce

7.8.1 Professional association information

Representatives of the Australian Podiatry Association (Tasmania) stated that the Association has 80 per cent of Tasmanian podiatrists as members. This is significantly higher than other states, possibly due to the feeling of professional isolation and the need for professional development.

The Australian Podiatry Association has a requirement of 30 hours of CPD over two years for members to be able to use the title of Accredited Podiatrist. The CPD activities can encompass five categories: podiatry professional development, self-directed learning, podiatrist education, quality assurance activities and community service activities.

7.8.2 DHHS staff survey information

The DHHS staff survey asked if staff were offered regular CPD. Most said that they were offered regular CPD, but there was confusion over the numbers of hours that were offered. This may have been because CPD was not offered each week, but possibly each month.

7.9 Employment opportunities in the private sector

Representatives of the podiatry professional organisation said that staff recruitment in the private sector was more successful than in the public sector due to flexibility of conditions of service. They also stated that there was medium to high potential for growth in the private sector in Tasmania.

The representatives of the professional organisation also reported that the type of work undertaken by the private sector varied according to the private practice; mostly it was diverse and flexible and very similar to that encountered in the public sector.

Working conditions in the private sector again were dependent on the private practice. Many individuals in the private sector were employed part-time through personal preference.

As at July 2002, there were a number of vacancies in private podiatry services. This meant that the DHHS, also with vacant positions, had to compete with the private sector for staff at a considerable handicap (i.e. lower rates of remuneration and less flexible working conditions).

8 Annotated bibliography

Australian Institute of Health and Welfare, 2002, *Podiatry Labour Force 1999,* AIHW cat. no. HWL 23. Canberra: AIHW (National Health Labour Force Series no. 23).
http://www.aihw.gov.au/publications/hwl/podilf99/index.html**.**

In 1990, the Australian Health Ministers Advisory Council commissioned the AIHW to develop national health labour force statistics about the major registrable professions. The AIHW collected podiatry data from a number of areas: the Podiatry Labour Force Survey, the ABS, DEST and DIMIA.

Commonwealth Department of Employment and Workplace Relations, JobSearch web site, viewed 3 October 2002,
http://jobsearch.gov.au/joboutlook/ASCODesc.asp?ASCOCode=2388

Community and Health Services Tasmania, 1994, *Review of Public Podiatry Services in Tasmania: Options paper and Recommendations*, Tasmanian Department of Health and Human Services, Hobart.

This review was undertaken by a Working Group comprised of staff from community and hospital services in the three regions of Tasmania. The Working Group made a number of recommendations, some of which were adopted by the Agency.

Department of Health and Human Services, 2002, Annual Report 2001-2002

Dunstan D, Zimmet P, Welborn T, Sicree R, Armstrong T, Atkins R, Cameron A, Shaw J and Chadban S, 2001, *Diabesity and Associated Disorders in Australia - 2000, The Accelerating Epidemic The Australian Diabetes, Obesity and Lifestyle Study (AusDiab*), International Diabetes Institute.

The study was commissioned by the Australian Health Ministers in August 1999 to provide a focus to the wide range of activities being undertaken across Australia. The study was an important element in the development of the Commonwealth Government's National Diabetes Strategy.

Podiatrists Registration Act 1995,
http://www.thelaw.tas.gov.au/scanact/ACTTITLE/F/PO