

National Primary Health Care Strategy CONSULTATION SUBMISSION FORM

Submissions on the Discussion Paper: *'Towards a National Primary Health Care Strategy'* should be accompanied by this form.

Name and designation:	Mr. Casper Ozinga Secretary
Company/organisation:	Australian Pedorthic Medical Grade Footwear Association
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Send this form and your submission to:

Email:

nphcs@health.gov.au

Post:

National Primary Health Care
Strategy Submissions
GPO Box 9848
CANBERRA ACT 2601

Content of submission - your submission should include:

- A completed consultation submission form (as detailed above)
- Comment on areas/questions in the Discussion Paper that are of interest to you;
- If applicable, any other relevant information (for example, any technical, economic or business information, or research-based evidence) supporting your comments and views; and
- If applicable, identification and discussion of any perceived omissions in the Discussion Paper or alternative approaches.

Enquiries regarding submissions should be directed to:

- NPHCS Secretariat (02) 6289 5159 or email nphcs@health.gov.au
- Further information, including Questions and Answers, is available at: www.health.gov.au/primaryhealthstrategy

Deadline for submissions: **27 February 2009**

Unless otherwise indicated in the submission, all submissions will be published on the Department of Health and Ageing website. If you wish any information contained in your submission to be treated as confidential, please explicitly and clearly identify that information, and outline the reasons why you consider it to be confidential. Note that general disclaimers in covering emails will not be interpreted as a specific request or taken as sufficient reason for submissions to be treated confidentially. Any submissions which include personal information identifying specific individuals will be de-identified before submissions are published.

In addition, where submissions focus on issues specifically relevant to state and territory governments, this information may be forwarded to the relevant jurisdiction(s).

Note that submissions or comments will generally be subject to freedom of information provisions under the Commonwealth *Freedom of Information Act 1982*.



**Australian
Pedorthic
Medical
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Footwear
Association**

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2 March 2009

NPHCS Secretariat
National Primary Health Care Strategy Submissions
GPO Box 9848
CANBERRA ACT 2601

Dear Sir,

The Australian Pedorthic Medical Grade Footwear Association (APMGFA) represents the Pedorthic Industry in Australia.

Pedorthics is the professional field concerned with the provision of medical grade footwear, orthotics appliances and appropriate advice to a patient after assessment and analysis of the patient's problems. This includes the provision of pre-fabricated footwear, alteration of prefabricated footwear, custom designed and manufactured footwear/orthotics appliances and advice on the need and application of medical grade footwear and orthotic appliances.

Over recent years the APMGFA has introduced formal training and registration of Pedorthist and we now award the credentials for Certified Pedorthists (CPed). Other registrations include CRetPed and CPed CM for those pedorthists that specialise in retail or custom making of orthotic devices. More details about APMGFA can be found on our website www.apmgfa.org.au.

A Pedorthist is a specialist in using footwear - which includes shoes, shoe modifications, foot orthoses and other pedorthic devices - to solve problems in, or related to, the foot and lower limb.

Primarily, a Pedorthist will select, make and/or modify footwear and foot control devices to help people maintain or regain as much mobility as possible or to optimize their lower extremity biomechanics. Their scope of practice is typically defined in layperson's terms as the ankle and below.

When ability to walk is affected, everything that surrounds or touches a foot - whether it is foot orthoses (commonly known as orthotics or arch supports), shoes, boots, slippers, sandals, socks, hosiery, night splints, bandages, braces, partial-foot prosthetics, or other devices - interacts with a foot; this makes footwear a crucial part of a recommended treatment plan.

We know that we have a role in the health of our patients. In the area of preventative health care such as treatment of diabetic foot conditions, the Pedorthists is a valued team member alongside the Podiatrist and Medical Practitioner and therefore have something to contribute to the successful implementation of the Primary Health Care Strategy. In our submission, which follows this introductory letter, we have documented our response to a number of the questions raised in your discussion paper. There are many areas on the discussion paper which are not impacted by our industry and therefore we have not made any comment on them.

We do recognise that the Primary Health Care Strategy will focus essentially on GPs, hospitals and other mainstream professional groups; however we sincerely hope that our discussion points are considered and included in the overall plan.

We will be pleased to provide further comment and input if required.

Yours truly,

Casper Ozinga
Secretary
Australian Pedorthic Medical Grade Footwear Association.

APMGFA submission to Australian National Primary Health Care Strategy

Introduction

We have structured our submission to follow the main sections of the Discussion Paper from the Australian Government, "Towards a National Primary Health Care Strategy", and have submitted our content under each of the questions to which we consider we have something to contribute.

Why a National Primary Health Care Strategy?

- Are there aspects of a future Australian primary health care system that are not included in these key elements?

Although the APMGFA is not in a position to provide Australia wide service to people who require medical grade footwear, it is felt that the Australian primary health care system as proposed in the discussion paper should have included some provision for services provided by Allied Health Professionals such as the Medical Grade Footwear Practitioner. Often the services and advice provided by these people are more preventative rather than reactive and will prevent serious problems in the long term. These problems when they arise are often much more expensive than the cost of prevention.

The primary health care system in Australia is considered by many the best in the world however there are services provided in both the Europe and the Americas that could also be provided under our system. These services, such as subsidised pedorthic footwear for patients with type II diabetes, will prevent or postpone more serious problems.

1. Accessible, clinically and culturally appropriate, timely and affordable;

- How can we ensure appropriate services for all geographical areas and population groups?

Within the medical grade footwear industry, wide geographical areas and population groups are serviced by the regular clinics provided by Medical Grade Footwear Practitioners. It is understood that these types of services as provided, use the traditional Australian primary health care system.

- With limited public health dollars, how could priorities for accessing primary health care services be determined and targeting of public resources improved?

The Management Committee of the APMGFA suggest that some consideration should be given for preventive medicine as provided by vocational groups such as the Pedorthic Industry.

3. More focussed on preventive care, including support of healthy lifestyles;

- How can consumers be linked with local primary health care services to support a stronger focus on population-based preventive health care with national reporting?

Education appears to be the best way of ensuring population-based preventive health care. The APMGFA has consistently sought to educate the users of medical grade footwear in its role of preventing further damage to the patient's feet. Conditions such as diabetes, lead to high probability of poor blood circulation and in many cases amputation of parts of the feet. The APMGFA would be pleased to participate in a nationwide education program. It is our experience that semi professional groups are seldom encouraged to participate in communication messages for primary health care in Australia.

4. Well-integrated, coordinated, and providing continuity of care, particularly for those with multiple, ongoing, and complex conditions.

- Who is best placed to coordinate the clinical and/or service aspects of care?

It is our belief that the traditional primary health carers i.e. General Practitioners are the best people to coordinate clinical and/or service aspects of care. We strongly

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encourage that they work with a wide range of health care providers to ensure that the best interests of the patient.

The role of the vocational providers of health care should also be considered when the General Practitioner considers treatment or service options.

- How could information and accountability for patient handover between settings (eg. hospital and general practice) be improved?

The APMGFA would be pleased to participate in any data management system that ensured complete records of the patient are maintained. It is recognised that the requirements of privacy and confidentiality need to be maintained, however it is our belief that all health care providers should concentrate on good patient outcomes which is facilitated by preventative rather than reactive care.

This type of care requires good information about the condition and the preventative actions that are being taken.

- Would there be advantages in patients having the opportunity to 'enrol' with a key provider?

We believe there would be significant advantages for patients to enrol Medical Grade Footwear Practitioner with a key provider and thus they become part of an ongoing care program which includes the traditional primary health care providers and where necessary vocational health care practitioners such as Pedorthists..

5. Safe, high quality care which is continually improving through relevant research and innovation;

- What aspects of performance of the primary health care sector could be monitored and reported against (eg. for each Element in this Discussion Paper, what are key areas of performance that could be monitored and how)?

It is our belief that the patient outcomes are the key measures of performance that should be monitored. We do not have an opinion on the best way that these measures should be monitored, although we would be pleased to participate in the process once it is established.

- Who should be responsible for developing and maintaining a performance framework?

The performance framework would need to be maintained by a central authority. It is recognised that this may well be in government based such as the Department of Health and Ageing or a sub contract agency.

7. Flexibility to best respond to local community needs and circumstances through sustainable and efficient operational models.

- How could planning for primary health care services at the local level be improved?

We recognise that the Medical Grade Footwear practitioners do not have a key role in providing services across Australia. This is due both to the small number of practitioners and the sporadic requirement of medical grade footwear. We suggest that the General Practitioners would be the best group to coordinate local community services with a coordinated input of a number of other Health and Allied Health practitioners.

- What advantages/disadvantages would there be in having a regional organisational structure with responsibilities (ranging from local planning through to service delivery) for primary health care services?

In many cases members of the Medical Grade Footwear industry work with a regional hospitals to provide pedorthic and orthotic assistance and advice when required.

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- What advantages/disadvantages would there be if regional organisations were responsible for purchasing some primary health care services for their communities -that is, should they 'hold funding' for health services?

One of the problems that have been experienced by the Podiatrists is the wide range of medical problems that need to be treated to a small but significant extent by them. It is clear that the traditional tender based system does not work well as the necessary level of skill varies from patient to patient and fixed costs are allocated for a job/time rather than for an outcome.

- What mechanisms could be used to improve the accountability of primary health care services being delivered in a locality (in respect to quality of care, reach and equity)?

We have no clear suggestion how health care services should be held accountable however it is our suggestion that the performance measurement monitoring systems need to focus on patient outcomes.

- How can greater community engagement be supported in primary health care?

An outcome based team which includes all elements of medical requirements of the patient needs to be established. In order for this to work properly, key health care providers need to be educated in the wide range of services offered by other providers.

8. Working environments and conditions which attract, support and retain workforce;

- What changes in working arrangements and conditions will better support primary health care professionals?

For Podiatrists, the working environment tends to be quite variable. For this reason the initial work done by them tends to be of assessment and analysis. Any work that needs to be done in the modification of footwear is generally done in a separate workshop or laboratory. In Australia the usual process is for the Podiatrist to have their own workshop.

- How is teamwork facilitated in primary health care services and between them?

As mentioned in the previous section we believe that primary health care services would work together as a team better if there is an education process to ensure all primary health care providers recognise the benefits provided by those other providers.

- How can newer models of care or newer workforce roles (such as nurse practitioners and physician assistants) better support health professionals to meet demands created by a changing primary health care environment?

The professionalism of the newer workforce roles ensures that they do provide services focused on patient outcomes. The real problems appear to arise due to the inexperience of the other primary health care providers to recognise the quality and efficiency provided by the newer roles and make the referrals when appropriate.

- Are there specific changes needed in those regions or populations where there is difficulty attracting and retaining staff?

One of the major problems within our own industry is the difficulty in attracting and retaining staff.

Part of the problem is caused by the lack of recognition of the professionalism of the people in this industry. This is reflected in the payments for the services provided. Many providers in our industry run the businesses in small independent workshops that are often attached to their homes. We recognise that our own practitioners do not do adequate costing of their services and thus prices they charge often do not reflect the quality, experience and adequate return for the services provided.

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- What funding arrangement could best support team-based care?

We believe the best funding arrangement in our particular aspect of the primary health care industry would be for private health insurance and perhaps the universal health care insurance provider Medicare to recognise and pay for or subsidise the services provided by Medical Grade Footwear Practitioners.

- Are other changes needed to current roles and responsibilities (eg. for prescribing and referral rights to be extended to non-GPs and specialists)?

We fit into the role of non-General Practitioner specialists and currently service our patients independently of any other role. We believe that under any new system proposed, the Commonwealth would continue with this type of system of payment even though the overall care of the patient would be the General Practitioner..

9. High quality education and training arrangements for both new and existing workforce. Primary health care is:

- What improvements are needed to primary health care education and training? eg:
 - How can innovative vertically and horizontally integrated teaching models in primary health care be encouraged?

It is a position of the APMGFA that education is the most important way of ensuring an integrated primary health care strategy. To this end we have identified the key, competency requirements of the key classifications within our industry and since 2001 have been offering a certification process for Medical Grade Footwear practitioners.

It is important for the integration of a primary health care strategy that disciplines recognise key training and accreditation of a those areas that are generally considered allied health care providers. The APMGFA register of Medical Grade Footwear Practitioners may be found at www.MGFregister.com.au. The criteria for registration may also be found on the MGF register website.

- How can the role of teaching be better supported in a sustainable way?

The teaching of the vocational health care providers is generally covered by the TAFE system. The national competencies for Medical Grade Footwear practitioners can be found on the National Training Information Services website. If it is suggested that other vocational health care providers should document their competency requirements and ensure that there is a registration process in place based on agreed competencies.

The Therapeutic Goods Administration has recently identified certification and quality requirements of the medical devices are produced by Pedorthists. Similar standards should be developed and published by the relevant industry groups. The Commonwealth should ensure that Registered Training Organisation recognise and use training provided by these industry groups.

- Is there a greater role for competency-based education?

It is the position of the APMGFA that competency-based education is a must for all groups working within the national primary health care strategy. This applies just as much to be traditional, professional groups as to the newer vocational groups such as Pedorthists. In the same way, continuous professional development should be a requirement for all practitioners within the health care industry.

- What incentives could be offered to trainees to make settling in high needs/ workforce shortage communities more attractive?

One of the major problems within the Medical Grade Footwear industry is the churn rate of staff. We believe this is due to the lack of remuneration, training opportunities, and career development opportunities.

For a complete integration of medical grade footwear within the national primary health care strategy, there needs to be some guarantee of continuity of work, recognition of training and competency, and a career path for new entrants. The APMGFA has been developing this pathway for a number of years; however the numbers of people

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involved in the industry at this time restricts its capacity to offer services to the whole population. Remote regional areas are not adequately provided for at this time.

10. Fiscally sustainable, efficient and cost effective.

- How can we ensure that primary health care expenditure is sustainable?

It is the suggestion of the APMGFA that the best way of containing, and therefore sustaining, primary health care expenditure is to spend more on prevention, early diagnosis and treatment, and careful monitoring of health conditions, rather than the expensive and often less effective reactive processes often used. The services offered by the retail sector of the medical grade footwear practitioners area could greatly contribute to preventive medicine rather than the reacting to worsening conditions. eg comfort or extra depth footwear for diabetes sufferers before a serious neuropathy develops could prevent more serious problems in due course such as amputation.