



Podiatry in aged care

The number of Australians requiring aged care services is steadily rising in Australia, with many of these individuals entering Residential Aged Care Facilities (RACFs). The provision of podiatry to RACFs clients, many of whom have a greater need for care and assistance, is an important contributor to these people's ongoing health, wellbeing, and quality of life.

Podiatrists in RACFs help clients with the following:

- Maintaining basic foot care (including nail cutting/reduction, corn enucleation and callus debridement)
- Choosing appropriate footwear
- Monitoring and addressing circulatory and sensation issues that may cause complications in clients with peripheral vascular disease and/or diabetes
- Attending to lower-limb wounds and ulcers
- Diagnosis and treatment of lower-limb and foot musculoskeletal pathology to keep clients on their feet, aiming to prevent falls and maintain clients' activity, especially ambulation

Currently, many clients in Residential Aged Care Facilities are provided for by either the Medicare system, DVA or the RACF itself, depending on their needs and care level as defined under the Aged Care Funding Instrument (ACFI). It is the position of the Australasian Podiatry Council that the decisions made regarding these services be subject to regulation, and that providers of podiatric services not only fully abide by current Medicare protocols and adhere to the existing practice standards outlined by the Podiatry Board of Australia, but also meet accreditation standards that ensure quality, appropriate care for clients.

Allied Health Professionals Australia (AHPA) has recently called for the establishment of "strong links between specified services and accreditation...to ensure appropriate mechanisms for assessing the appropriateness of service provision." The Australasian Podiatry Council supports this position, at a regulatory level and within RACFs on the ground, and contends that at least one person on the accreditation review team must be trained in podiatric protocols to be able to properly assess the quality and safety of care required to be funded under specified care and services. This accreditation and regulation process should then serve to ensure:

- Appropriate client assessment under ACFI; allied health practitioners are obligated under the law to action a Chronic Disease Management (CDM) Plan only when directed to do so by a referring physician or, in aged facilities, a nurse. RACF regulation must protect practitioners acting in good faith and identify facilities attempting to circumvent this system.
- The role of the practitioner in the establishment and overseeing of care plans; informed input from practitioners when making health and care-related decisions on behalf of clients must be a requirement for accreditation. This will ensure



services provided are as-needed, timely and appropriate given the client's case history, balancing the pressure from within RACFs run as businesses for profit.

- Quality of services provided; accreditation must outline standards of service for clients, and practitioners must be required to meet these standards as a base of operating. This will remove the risk of cost-cutting provisions resulting in the use of unskilled, ineffective but low-cost providers.

Aged care service provision, particularly within Residential Aged Care Facilities, will inevitably have to meet increased demand dictated by an ageing population. This growth must not be at the expense of quality service provision by appropriately qualified practitioners. The Australasian Podiatry Council supports the creation of allied health accreditation and regulation systems for operating in RACFs in order to protect practitioners working within the aged care system and clients alike.