

# Podiatrists



## 2017 Factsheet

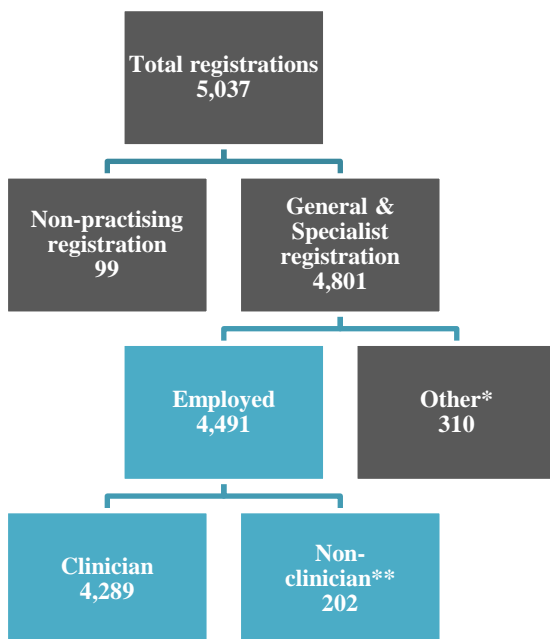
Podiatrists are registered healthcare practitioners trained to assess, diagnose and treat foot, ankle, and lower limb problems. Podiatrists treat biomechanical, pain related, and skin conditions as well as assisting in the management of chronic conditions such as poor circulation, and conditions affecting toenails.

To gain registration as a podiatrist, practitioners must complete a minimum three-year undergraduate or two-year postgraduate Master program of study approved by the Podiatry Board of Australia. Further training is required for the registration in the specialty of podiatric surgery.

The following analysis of the podiatry workforce is drawn from the number of podiatrists with general/specialist registration who are employed (4,491 in 2017) unless otherwise stated.

## Workforce

Figure 1: Podiatry registrations, 2017



\*'Other' includes: working but on long leave, working outside the profession, looking for work, overseas, and retired.

\*\*'Non-clinician' includes roles reported by survey respondents that did not fit predefined survey categories.

The number of registered podiatrists increased by 13.5% from 4,316 in 2014 to 4,900 in 2017 (average annual growth of 4.3%). The number of employed podiatrists ('workforce') increased by 13.7% from 3,951 to 4,491 over the same period (an average annual increase of 4.4%).

Table 1: Podiatrists, 2014-2017

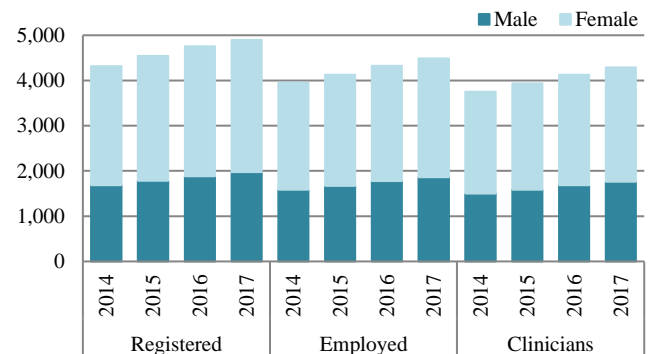
	2014	2015	2016	2017	Avg. annual growth
Registered	4,316	4,547	4,756	4,900	4.3%
Employed	3,951	4,127	4,327	4,491	4.4%
Clinicians	3,755	3,932	4,128	4,289	4.5%

In 2017, 26 podiatrists held a 'Podiatric Surgeon' specialty, an increase from 24 podiatrists in 2014.

## Demographics

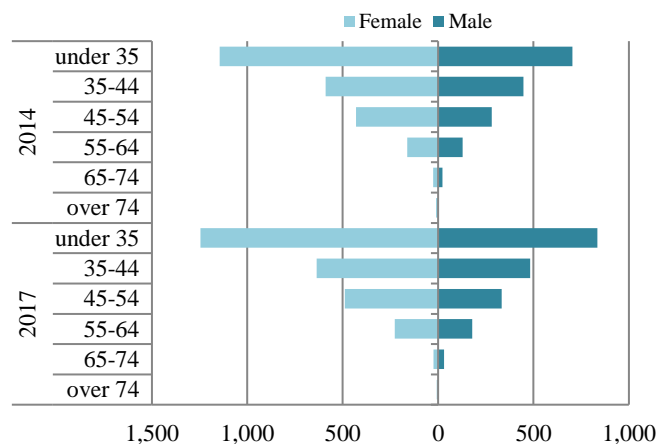
In 2017, female podiatrists comprised 58.6% of the workforce; a decrease from 59.8% in 2014.

Figure 2: Registered podiatrists, gender distribution, 2014-2017



In 2017, the average age of the workforce was 38.1 years, an increase from 37.6 years in 2014. The proportion of female podiatrists aged under 35 years decreased from 29.0% of the workforce in 2014 to 27.7% in 2017.

Figure 3: and gender distribution, 2014 and 2017



## Quick Facts - 2017

Figure 4: Summary, 2017

38.1	Average age
36.0	Average weekly hours
58.6	% female
75.1	% born in Australia
0.7	% Aboriginal and/or Torres Strait Islander
86.6	% with Australian qualifications
75.5	% in major cities

## Replacement Rate

In 2017, there were 1.9 new registrants for every podiatrist that did not renew their registration from 2016.

## Hours Worked

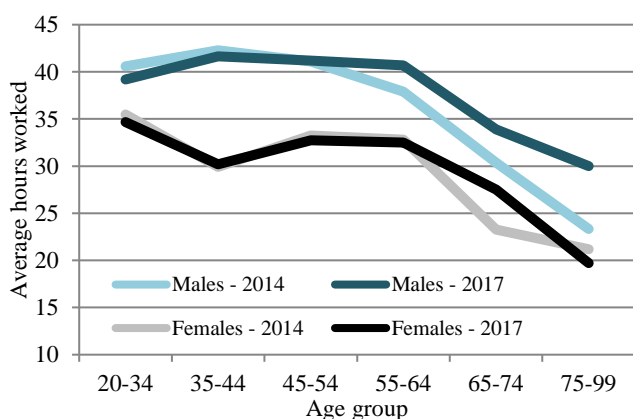
In 2017, podiatrists worked an average of 36.0 hours per week in total, and worked an average of 4.4 hours per week in non-clinical roles.

Table 2: Average hours per week, 2014-2017

Average hours worked	2014	2015	2016	2017
Clinical	31.7	31.6	31.3	31.6
Non-clinical	4.6	4.5	4.6	4.4
<b>Total</b>	<b>36.3</b>	<b>36.1</b>	<b>35.9</b>	<b>36.0</b>

In 2017, female podiatrists worked an average of 32.9 hours per week, a decrease from 33.3 in 2014. Male podiatrists worked an average of 40.2 hours per week, decreasing from 40.8 hours in 2014. In 2017, males in the 35-44 age group worked the most hours, at 41.6 hours per week on average.

Figure 5: Average hours per week by gender and age group, 2014 and 2017



## Principal Role

In 2017, 95.5% of podiatrists worked as clinicians in their principal role, an increase from 95.0% in 2014.

Table 3: Principal role, 2014 and 2017

Principal role	2014		2017	
	Headcount	%	Headcount	%
Clinician	3,755	95.0	4,289	95.5
Administrator	88	2.2	95	2.1
Teacher or educator	57	1.4	66	1.5
Researcher	36	0.9	30	0.7
Other	15	0.4	11	0.2
<b>Total</b>	<b>3,951</b>	<b>100</b>	<b>4,491</b>	<b>100</b>

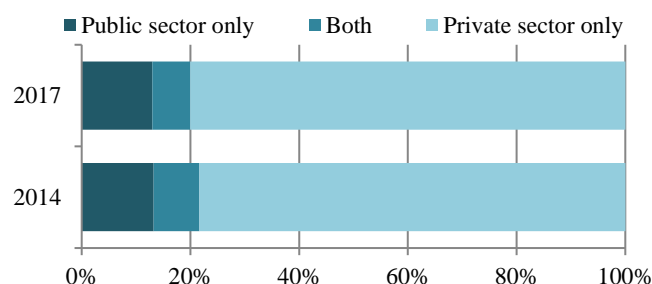
## Endorsements

In 2017, 1.8% of the podiatry workforce held a scheduled medicines endorsement, an increase from 1.6% in 2014.

## Principal Work Sector

In 2017, 13.0% of the workforce reported that in their principal role, they worked only in the public sector, a decrease from 13.3% in 2014

Figure 6: Sector in which clinical hours were worked, 2014 and 2017



## Principal Work Setting

In 2017, 43.1% of podiatrists worked in Group private practice, an increase from 41.4% in 2014 and 28.7% worked in Solo private practice, a decrease from 29.5% in 2014.

In 2017, podiatrists working in Locum private practice reported the highest average weekly hours (40.4) and those in an Aboriginal health service reported the lowest average weekly hours (26.3).

Table 4: Principal work setting, 2014 and 2017

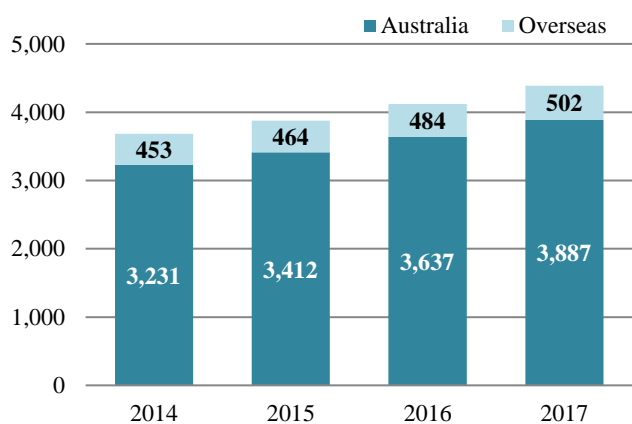
Principal work setting	2014		2017	
	Head count	Avg. total hours	Head count	Avg. total hours
Group private practice	1,637	36.8	1,934	36.3
Solo private practice	1,167	36.6	1,287	36.6
Other community health care service	349	34.1	374	33.9
Outpatient service	260	37.4	275	35.8
Residential aged care facility	174	33.0	218	33.3
Hospital	102	36.8	104	37.9

Principal work setting	2014		2017	
	Head count	Avg. total hours	Head count	Avg. total hours
Educational facility	65	37.9	77	35.2
Sports centre/clinic	51	39.7	77	35.2
Locum private practice	34	26.9	54	40.4
Aboriginal health service	32	37.6	43	26.3
Remaining work settings	80	34.6	125	36.6
<b>Total</b>	<b>3,951</b>	<b>36.3</b>	<b>4,491</b>	<b>36.0</b>

## Initial Qualification

The workforce survey asks podiatrists where they obtained their initial qualification. In 2017, 86.6% of the workforce obtained their initial qualification in Australia and 11.2% obtained their initial qualification overseas.

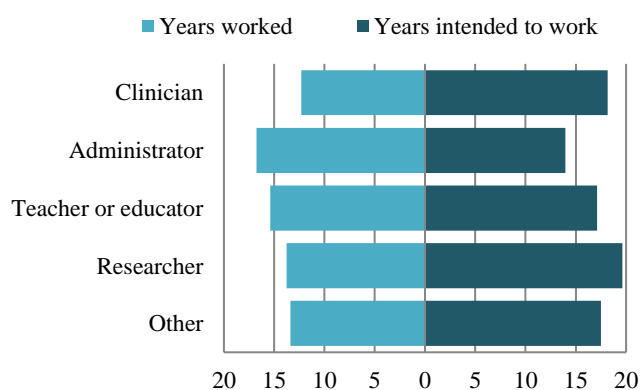
Figure 7: Initial qualification, 2014-2017



## Working Intentions

In 2017, podiatrists had, on average, worked 12 years in the profession, and intended to work another 18 years. In 2014 podiatrists had worked 13 years on average and intended to work for another 18 years.

Figure 8: Workforce intentions by principal role, 2017



## Distribution

### State and Territory

In 2017, the jurisdictions with the highest rates of full-time equivalent podiatrists per 100,000 population (FTE rate) were SA and VIC. Between 2014 and 2017, the total FTE rate increased from 16.1 to 17.3 and TAS had the largest FTE rate increase (2.0).

Table 5: Distribution by state/territory, 2017

State / Territory	Headcount	Total FTE	Avg. total hours	<sup>2</sup> FTE rate per 100,000 population
NSW	1,277	1,223.5	36.4	15.6
VIC	1,417	1,310.5	35.1	20.7
QLD	779	776.6	37.9	15.8
SA	396	370.8	35.6	21.5
WA	432	381.7	33.6	14.8
TAS	99	95.7	36.7	18.4
ACT	64	61.5	36.5	15.0
NT	24	25.3	40.1	10.3
<b>Total</b>	<b>4,491</b>	<b>4,249.5</b>	<b>36.0</b>	<b>17.3</b>

Note: 'Not stated/Unknown' responses are excluded from this table but are included in the total.

In 2017, podiatrists in the NT worked the most hours per week on average (40.1 hours) and those in WA worked the fewest (33.6 hours).

### Remoteness Area

In 2017, 93.7% of the podiatry workforce worked in either major cities or inner regional locations, compared to 93.5% in 2014.

Between 2014 and 2017, the largest shift in average hours worked was in very remote areas, decreasing from 41.7 hours per week in 2014 to 40.3 hours per week in 2017. However, due to the increase in the number of podiatrists and a decrease in population in very remote areas, the FTE rate in increased by 2.6.

Table 6: Distribution by remoteness area, 2017

Remoteness Area	Headcount	Total FTE	Avg. total hours	<sup>2</sup> FTE rate per 100,000 population
Major cities	3,391	3,182.3	35.7	18.0
Inner regional	819	782.9	36.3	17.8
Outer regional	231	232.2	38.2	11.3
Remote	31	31.3	38.3	10.7
Very remote	16	17.0	40.3	8.4
<b>Total</b>	<b>4,491</b>	<b>4,249.5</b>	<b>36.0</b>	<b>17.3</b>

Note: 'Not stated/Unknown' responses are excluded from this table but are included in the total

## Other Work Location Outside Major Cities

In 2017, 14.7% of the podiatry workforce reported that they had worked in a regional, rural or remote location, in addition to their principal job location. Of these respondents, 51.0% had worked in an inner regional location, 30.0% had worked in an outer regional location, 4.7% had worked in remote and 4.1% had worked in very remote locations.

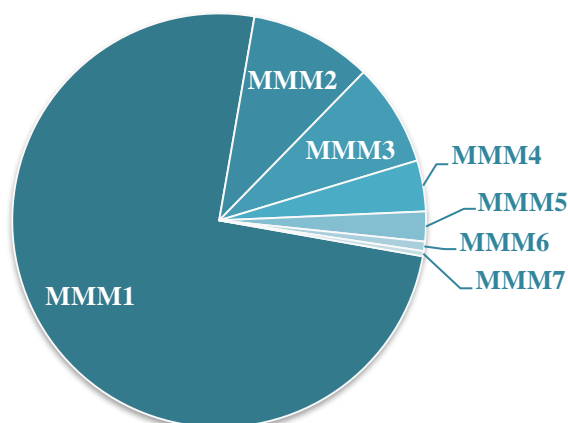
## Modified Monash Model locations

In 2017, the majority (74.9%) of FTE podiatrists were located in a major city or a location considered as MMM1 under the Modified Monash Model (MMM) classification system – a decrease from 75.9% in 2014.

(see [www.doctorconnect.gov.au](http://www.doctorconnect.gov.au) for more information on the MMM).

MMM3 locations had the highest FTE rate of podiatrists (21.8), followed by MMM4 (19.1). The lowest FTE rate was in MMM5 locations (5.5)

Figure 9: FTE distribution by MMM location, 2017



## Tele-Health

The workforce survey asks podiatrists to report their hours practiced via tele-health in podiatry in the previous year.

Note: Tele-health is the use of telecommunication techniques for the purpose of providing telemedicine, medical education, and health education over a distance.

A total of 189 podiatrists (4.2%) provided a response to the Tele-Health question in 2017. On average, these respondents practiced via Tele-Health for 10.5 hours per week, with the majority (73.0%) of Tele-Health services provided by podiatrists based in a major city.

Table 7: Tele-Health workforce remoteness location, 2017

Major cities	Inner regional	Outer regional	Remote	Very remote
73.0%	14.8%	7.4%	3.2%	1.6%

Note: The tele-health workforce remoteness location refers to the location of the Practitioner, not the location of the person receiving the service.

## References

- 1) National Health Workforce Dataset (NHWDS): Allied Health Practitioners 2014-2017.
- 2) ABS - 3218.0 - Regional Population Growth, Australia, 2016-17, Released 31/08/18.

## Notes

- 1) 'NP' denotes figures that are not published (suppressed) for confidentiality reasons
- 2) The 2013-2016 NHWDS have been revised due to an error in recoding the missing values for job role. As such the figures may not match those that were previously published.
- 3) FTE number measures the number of standard-hour workloads worked by employed health practitioners. The FTE number provides a useful measure of supply because it takes into account both the number of practitioners who are working and the hours that they work. FTE number is calculated based on the total hours worked in a 'standard working week'. The standard working week is assumed to be 38 hours, equivalent to 1 FTE for all practitioners with the exception of medical practitioners where it is assumed to be 40 hours.

## Commonwealth of Australia 2019

This work is copyright. You may download, display, print and reproduce the whole or part of this work in unaltered form for your own personal use or, if you are part of an organisation, for internal use within your organisation, but only if you or your organisation do not use the reproduction for any commercial purpose and retain this copyright notice and all disclaimer notices as part of that reproduction. Apart from rights to use as permitted by the Copyright Act 1968 or allowed by this copyright notice, all other rights are reserved and you are not allowed to reproduce the whole or any part of this work in any way (electronic or otherwise) without first being given the specific written permission from the Commonwealth to do so. Requests and inquiries concerning reproduction and rights are to be sent to the Communication Branch, Department of Health, GPO Box 9848, Canberra ACT 2601, or via e-mail to [copyright@health.gov.au](mailto:copyright@health.gov.au).

Enquiries concerning this report and its reproduction should be directed to:

Department of Health  
GPO Box 9848  
Canberra ACT 2601

[healthworkforcedata@health.gov.au](mailto:healthworkforcedata@health.gov.au)