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**Executive summary**

Podiatry is an allied health profession specialising in the treatment and management of disorders of the foot and lower limbs. The scope of practice of podiatrists has progressed in Australia since 1995 to include the prescription and administration of a limited range of scheduled medicines in most jurisdictions.

The Podiatry Board of Australia (PodBA) has established a governance structure to support podiatry prescribing which underpins the podiatry prescribing frameworks currently in place in all jurisdictions except Tasmania. Podiatry prescribing has been successfully and safely implemented in these jurisdictions and there is growing evidence demonstrating the benefits of podiatry prescribing. One of the potential benefits for Tasmania is the opportunity to foster ‘shared care’ models of care between podiatrists and medical professionals, which will foster inter-professional collaboration providing more timely access to scheduled medicines and improved treatment outcomes.

While the PodBA is responsible for the regulation and governance of podiatrist practice in Australia, podiatry prescribing is limited by the drugs and poisons legislation in individual states and territories.

The Poisons Act 1971 currently limits podiatry prescribing in Tasmania to a select list of Schedule 4 local anaesthetics. This limitation on scope of practice is regarded as a significant issue for the podiatry workforce in Tasmania due to its impact on the ability of podiatrists to provide contemporary and holistic care to their patients and enable full scope of practice.

The proposed Framework for the implementation of prescribing by podiatrists in Tasmania as outlined in this Consultation Paper is based on the PodBA governance arrangements for endorsement for scheduled medicines and the Health Professionals Prescribing Pathway (HPPP) endorsed by the Standing Council on Health in November 2013. The Framework outlines options for consideration in determining the list of scheduled medicines available to podiatrists endorsed by the PodBA. The preferred option is for Tasmania to adopt the full list of scheduled medicines approved by the PodBA. This approach has been adopted in Western Australia, New South Wales and Victoria. The alternative options create significantly more administrative burden when a change to the list of scheduled medicines is required.

Implementation of this Framework would require amendments to the Poisons Act 1971 and associated regulations to articulate the changes to the list of scheduled medicines accessible to both public and private podiatrists in Tasmania. Implementation will require development of policy by public health service providers to enable prescribing by podiatrists in the public sector who would be obliged to comply with such policy and other related policies, for example, antibiotic stewardship.

This draft consultation was developed by a small working group comprising the Chief Allied Health Adviser, Chief Pharmacist and senior podiatrists within the context of the HPPP and National Strategy for the Quality Use of Medicines. Additional comment and input was obtained from consultant medical staff, Medication Strategy and Reform, Chief Medical Officer, Chief Health Officer and Chief Nursing and Midwifery Officer.

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1 Poisons Act 1971 s38(1)(f)

2 Guidelines for Endorsement for Scheduled Medicines March 2011
Stakeholders are invited to provide written submissions regarding implementation of the Framework as outlined in this Consultation paper. All submissions will be considered in providing further advice to the Minister for Health. Submissions will be accepted from **Monday 21 September 2015 to 5.00pm Monday 2 November 2015.**

Submissions and can be lodged electronically at: podiatryprescribing@dhhs.tas.gov.au

or can be sent by mail in hard copy form to:

Chief Allied Health Adviser  
Podiatry Prescribing Public Consultation  
DHHS  
GPO Box 125  
Hobart Tasmania 7001

Relevant information can also be downloaded from:

Introduction

Podiatry is a health science that deals exclusively in the prevention, diagnosis, treatment and rehabilitation of foot and lower limb disorders and associated chronic diseases. Through their understanding of gait and biomechanics, podiatrists apply physical and soft-tissue therapies to the feet and lower limbs, prescribe shoe inserts and a variety of orthoses. A podiatrist’s expertise extends to the management of complications of the lower limb occurring secondary to conditions such as diabetes, peripheral vascular disease and arthropathies as well as more specialist areas such as wound care and the high risk foot, sports medicine, paediatrics, gerontology, soft lesion curettage and nail surgery. Many interventions performed by podiatrists require the administration or application of medications to relieve pain, oedema and discomfort, and to treat fungal, yeast or bacterial infections.

Podiatrists play a key role in the early intervention and management of foot complications which are essential to maintaining wellbeing and independence in vulnerable members of our society and can prevent or delay hospitalisation in many cases. The scope of practice of podiatrists in Australia includes the ability to prescribe a limited number of Schedule 2, 3, 4 and 8 medications for podiatrists and podiatric surgeons who have been endorsed by the PodBA to use scheduled medicines.

While the PodBA is responsible for the governance and regulation of podiatrists, the granting of authority for professions to incorporate drug prescribing into their scope of practice in Australia is complicated by separate and individual state and territory drugs and poisons legislation.

There is no overarching Commonwealth legislation to provide national governance to prescribing, so any profession seeking to prescribe scheduled medicines must seek amendments to relevant drugs and poisons legislation in each state and territory to obtain the required authority to prescribe scheduled medicines. Into the future, this may be addressed by work being done on the Nationally Consistent Prescribing Authorities for the Non-Medical Professions project under the HPPP.

In Tasmania, the Poisons Act 1971 restricts the scope of practice of podiatrists to the administration of a limited number of Schedule 4 local anaesthetics, rather than the extended list of Schedule 2, 3, 4 and 8 medications covered by PodBA’s Guidelines for Endorsement for Scheduled Medicines (March 2011).

The Australian Podiatry Association – Tasmanian Branch (APodA Tas), Australian Podiatry Council (APodC) and Pharmacy Guild – Tasmanian Branch, support podiatry prescribing. Following discussion with the Australasian Podiatry Council in August 2014, the Minister for Health, the Honourable Michael Ferguson, agreed to consider this issue further following a public consultation.

The Framework outlined in this document has been developed to articulate how podiatry prescribing would be implemented in Tasmania in accordance with the PodBA requirements. It also outlines changes to the Poisons Act 1971 required to support the full scope of practice of podiatrists.

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3 Health Workforce Australia [2014] Australia’s Health Workforce Series – Podiatrists in Focus

4 Model of Care for the High Risk Foot, Cardiovascular and Diabetes and Endocrine Health Networks, Western Australian Department of Health, 2010)

5 NHMRC, Guideline: Prevention, Identification and Management of Foot Complications in Diabetes
The need for change

The scope of practice of health professionals in Australia and world-wide is constantly evolving in response to emerging trends and technologies, changing workforce profiles and the health care needs of the population. Podiatry is no exception, having evolved to its current scope of practice from chiropody in the 1970s.

Podiatry prescribing is well established in Australia and has been safely incorporated as part of routine practice for podiatrists endorsed by the PodBA for many years (see Appendix 1). Podiatry prescribing was first introduced in Australia in 1995 in Western Australia and since this time, all jurisdictions except Tasmania have made legislative changes to enable podiatry prescribing for podiatrists endorsed by the PodBA. As the majority of podiatrists in Australia have the opportunity to practice to the full extent of their scope of practice, there is growing expectation for Tasmania to enable podiatry prescribing through amendments to its drugs and poisons legislation. There is also an increasing national trend towards the advancement of scope of practice for non-medical health professionals which is supported by national policy initiatives including the National Health Workforce Strategic Framework, National Medicines Policy and Health Professionals Prescribing Pathway (2013).

i. National Health Workforce Reform

Health workforce issues have been on the national agenda for the last decade and were highlighted in a Productivity Commission research report, Australia’s Health Workforce 2005, for the Australian Government. The report affirmed the need for role flexibility and reform of traditional health provider roles within the Australian health system.

In response to projected health workforce issues, Health Workforce Australia (HWA) developed the National Health Workforce Innovation and Reform Strategic Framework for Action 2011 – 2015 (the Strategic Framework for Action), which was approved by Australian Health Ministers in August 2011. The Strategic Framework for Action highlights significant concerns surrounding health workforce shortage due to the aging population in Australia, which is associated with significant increases in health expenditure. This is coupled with the increased burdens of chronic disease necessitating long term care and higher expectations from the community regarding health services.

The 2011 Census confirmed Tasmania now has the highest median age of all states and territories, reflecting Tasmania’s high proportion of people aged 65 years and over. This age profile results in a greater disease burden, particularly for chronic diseases such as diabetes, peripheral vascular disease and arthropathies. This demographic trend will place an increased demand on podiatric services. Research is also showing there is a gap between projected Tasmanian medical practitioner and nursing demand and workforce availability. These workforce trends will also place greater demand on allied health services, such as podiatry.

Health workforce innovation and reform is required to address skill shortfalls, with the needs of the consumer and the population taking priority. With the increased emphasis on primary care, there will be an increased recognition of the role allied health professionals in the management of our high disease burdened and aging population. Enabling all health professionals to work within their full scope of practice

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6 Australia’s Health Workforce, Productivity Commission Research Report 22 December 2005 for the Australian Government
8 State of Public Health 2013 DHHS Tasmania State Government  May 2013 pp35
9 Health Workforce 2025: Doctors, Nurses and Midwives Volume 2, Health Workforce Australia, March 2012
is essential to continue to meet this service demand. Enabling podiatrists in Tasmania to practice their full scope of practice, once endorsed by the PodBA, will contribute to Tasmania meeting the health care needs of the population.

ii. National Medicines Policy

The National Medicines Policy was developed by the Australian Government in 1999 in collaboration with state and territory government stakeholders. The National Medicines Policy encourages cooperation and collaboration of all health providers to ensure patient access to medicines is timely.

The challenges of providing timely access are most acute in the rural areas of Tasmania where additional prescribers in communities would be beneficial to these Tasmanians. Prescribing podiatrists, through the additional study required for endorsement by the PodBA, will have the knowledge and skills to ensure prescribed medicines are used judiciously, appropriately, safely and efficaciously, in line with the National Medicines Policy.

iii. Health Practitioners Prescribing Pathway

In November 2013, the Standing Council on Health approved the Health Practitioners Prescribing Pathway (HPPP); a prescribing pathway for health professionals other than medical practitioners. The HPPP provides a nationally consistent approach to the prescribing of medicines by non-medical health professionals registered under the National Registration and Accreditation Scheme (NRAS). It includes: principles for health professionals who prescribe; steps a health professional must complete to undertake safe and competent prescribing; safe models of prescribing for health professions; and, roles and responsibilities in the HPPP. An overview of the HPPP is included at Appendix 2 and further information about the HPPP is available on the HWA website at http://www.hwa.gov.au/our-work/boost-productivity/health-professionals-prescribing-pathway-program.

The HPPP sits within the context of the National Strategy for the Quality Use of Medicines. Quality use of medicines means selecting medication management options wisely, choosing suitable medicines if a medicine is considered necessary and using medicines safely and effectively to achieve the best possible outcomes. HWA conducted a Consumer Narrative Survey on Prescribing Experiences which indicated universal support for prescribing by health professionals other than medical practitioners10.

The HPPP is based on the following principles:

- the health, wellbeing and safety of the person taking a medicine must be maintained at all times
- health professionals who prescribe are accountable for their actions
- health professionals authorised to prescribe undertake prescribing within their individual and professional scope of practice, and maintain the level of professional competence and ethical standards (including the separation of commercial interests) expected of their profession
- health professionals who prescribe commit to the safe and effective use of medicines as described by the National Medicines Policy
- health professionals involved in prescribing work in partnership with the person taking a medicine, their carers and other members of the health care team.

10 Consumer Narrative Survey on Prescribing Experiences: Research Report INCA consulting for HWA 2012. Consumers expressed satisfaction with health professionals other than medical practitioners if the following conditions were met: technical ability and training; sharing of information; regulatory and professional framework for permitting and restricting prescribing activity; monitoring practice for quality and abuse.
The HPPP describes five (5) steps to safe and competent prescribing. These are:

- Education and training consistent with the health professional’s scope of practice;
- Recognition from the relevant National Board of competence to prescribe through the primary qualification or recognition via an endorsement to prescribe in accordance with s94 of the Health Practitioner Regulation National Law 2009;
- Authorisation to prescribe by the relevant legislation and associated regulations provided by the State or Territory in which the professional practices;
- Prescribing medicines within scope of practice working collaboratively with the patient, their carer(s) (if applicable) and the healthcare team for quality care; and
- Maintaining and enhancing competence to prescribe within the scope of practice and according to the requirements of the profession and employment.

The implementation of the HPPP across Australia is a priority to ensure the health workforce is meeting the growing and changing healthcare requirements of Australia.

This Framework has been developed with reference to the HPPP and will support implementation of the HPPP in Tasmania.
Workforce Issues

The Health Workforce Australia 2015 report notes in their key findings the issue of mal-distribution of doctors and the forecast shortage of this workforce. Tasmania experiences issues with limited and/or delayed access to medical specialists and general practitioners (GPs). In 2009 a survey exploring patient GP experiences found that around 18% of Tasmanians reported the waiting time to see a GP was a key barrier to accessing services. Mal-distribution and shortages in the health workforce are acutely recognisable when considering the distribution and shortages within the GP workforce. Health workforce mal-distribution introduces significant barriers to health care access, particularly in accessing GPs who have a key role in medication management for patients in primary healthcare.

Australia’s Health 2014 refers to prescribing patterns of general practitioners (GPs) identified by the Bettering Evaluation and Care of Health (BEACH) survey of general practice activity on drugs prescribed. In 2012–13, patients presented to GPs with an average of 1.6 reasons for the visit, with requests for prescriptions, general check-ups and test results being the most frequently recorded reasons. For every 100 GP–patient encounters, GPs provided, on average, 83 prescriptions, 37 clinical treatments, undertook 17 procedures, made 9 referrals to specialists, 5 referrals to allied health services, and placed 47 pathology test and 10 imaging test orders.

Primary health care has a vital role in preventing risk factors and disease through provision of early intervention, prevention and screening programs. The supply of dentists, psychologists, pharmacists and other allied health practitioners, including podiatrists, however decreases with increasing remoteness and is a significant issue in Tasmania. Efforts to remedy these shortfalls in regional and remote areas has included expansion of or changing the scope of practice for the existing health workforce in these areas and promoting emerging health disciplines better suited to primary health care in regional and remote areas.

The use of scheduled medicines is an important adjunctive treatment to podiatric management of foot wounds, skin and nail pathologies, sports injuries and surgery. The limited and/or delayed access to medical specialists and GPs in Tasmania can result in significant delays before these therapies can commence and this can result in increased severity of the presenting complaint or development of secondary complications, often requiring hospitalisation. In the management of diabetes and high risk patients, timely treatment with medicines is particularly important to prevent more severe infections such as sepsicaemia and osteomyelitis and reduce the risk of lower extremity amputation (IDSA 2012). According to Lavery et al. more than half of all diabetic foot ulcers will become infected and require hospitalisation, and 20% of infections will result in amputation.

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11 Health Indicators Tasmania 2013
12 Health Workforce 2025 Doctors, Nurses and Midwives Volume 1, March 2012 Australia’s Health 2010, Workforce Gaps Now and in 2020, Australian Family Physician, Vol 40 No 1, January/February 2011
13 Australia’s Health 2014 p395
14 Australia’s Health 2014 p363
15 Australia’s Health 2014 p367
16 Infectious Diseases Society of America (IDSA): IDSA Practice Guidelines. IDSA Guidelines: 2012 Infectious Disease Society of America Clinical Practice Guideline for the Diagnosis and Treatment of Diabetic Foot Infections
17 Lavery, Armstrong, et al, diabetes Care 2006
The ability for endorsed podiatrists in Tasmania to prescribe a limited range of Schedule 2, 3, 4 and 8 medications would enable podiatrists to operate within the profession’s full scope of practice and provide timely patient access to medications and improve treatment outcomes for the Tasmanian community.

**Recruitment and Retention**

Tasmania currently has 98 podiatrists registered with the Australian Health Practitioner Regulation Agency (AHPRA). This equates to 2.2 per cent of registered podiatrists nationally. AHPRA registration for podiatrists is classified as general registration or as a registered podiatric surgeon. There are no podiatric surgeons registered in Tasmania.

AHPRA has advised that there are a number of podiatrists in Tasmania who would be eligible to apply for endorsement. Anecdotally, it is known that are podiatrists who are currently undertaking an approved course of study towards becoming endorsed to prescribe scheduled medicines.

In June 2013, there were 92 registered and practicing podiatrists in Tasmania of which 88 were employed in direct clinical care roles. Of these, 71% practiced in a private setting\(^{18}\). Figure 1 provides further information regarding the clinical practice settings of podiatrists in Tasmania as at 2013\(^{19}\) AHPRA data does not provide detail on the geographical distribution of podiatrists in Tasmania, however, anecdotally, it can be stated that outreach services are provided to rural and remote regions of Tasmania by public and private podiatrists.

**Figure 1 Podiatry Practice Settings in Tasmania**

Currently, Tasmania does not have any registered podiatrists endorsed by PodBA to prescribe scheduled medicines. Of the 4,386 registered podiatrists in Australia, 67 (1.5 per cent) have scheduled medicine endorsement\(^ {20}\).

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18 AHPRA: Podiatry Registration Data June 2013


20 AHPRA Podiatry registrant data 12 August 2015
AHPRA has advised there are a number of podiatrists in Tasmania who would be eligible to apply for endorsement. Anecdotally, it is known there are podiatrists in Tasmania who are currently undertaking an approved course of study towards becoming endorsed to prescribe scheduled medicines.

As a small isolated State which does not offer tertiary training in podiatry, Tasmania already experiences significant recruitment and retention issues and is reliant on podiatrists relocating from interstate or overseas. The limited scope of practice of podiatrists in Tasmania may be seen as a disincentive to practice in Tasmania. Enabling podiatry prescribing would establish Tasmania as a more competitive and attractive destination for podiatrists seeking employment, and would reiterate the State’s commitment to providing the highest quality and most contemporary health services and models of care.
Podiatry Prescribing Framework

The PodBA has established a robust governance structure to support podiatry prescribing and this governance structure underpins the podiatry prescribing frameworks currently in place across Australia. Podiatrists seeking to be endorsed to prescribe scheduled medicines must follow one of two pathways before an application can be made to the PodBA for that endorsement. This proposed Framework for Tasmania is based on the PodBA’s governance arrangements and the HPPP, and outlines the legislative changes required to the Poisons Act 1971 to enable the Framework to be implemented.

i. Governance and Regulation of Podiatrists

In 2008, the Council of Australian Governments (COAG) decided to establish the National Registration and Accreditation Scheme for registered health professionals (NRAS). NRAS was formally established on 1 July 2010, when the Australian Health Practitioner Regulation Agency (AHPRA) and the first ten National Boards were established under the Health Practitioner Regulation National Law 2009 (the National Law). Podiatry was included in the first tranche of National Boards to be established in July 2010, and since this time all podiatrists working in Australia are required to be registered with the PodBA.

The PodBA is responsible for the regulation of podiatry as a profession in Australia and undertakes the following functions:

- Registering podiatrists and podiatry students;
- Developing standards, codes and guidelines for the podiatry profession;
- Handling notifications, complaints, investigations and disciplinary hearings;
- Assessing overseas trained practitioners who wish to practice in Australia; and
- Approving accreditation standards and accredited courses of study.

ii. Education and Training Requirements

To gain registration with the PodBA, a podiatrist must have completed an accredited undergraduate course from a recognised tertiary institution. There are nine tertiary institutions in Australia which provide accredited podiatry courses21. While there are no facilities in Tasmania, each State funded podiatry service in Tasmania has agreements in place to support clinical placements from each institution.

The move towards podiatry prescribing in Australia commenced in the mid 1990's in Western Australia and South Australia. Since that time, each tertiary institution has developed curricula to include approved programs of study in podiatric therapeutics which allow direct entry into the Board’s scheduled medicine pathway.

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21 ANZPAC Australian and New Zealand Podiatry Accreditation Council
### Table 1 List of accredited podiatry courses in Australia

<table>
<thead>
<tr>
<th>Education Provider:</th>
<th>Central Queensland University</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program of Study Name:</td>
<td>Bachelor of Podiatry Practice (Pass &amp; Honours)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Education Provider:</th>
<th>Charles Sturt University</th>
</tr>
</thead>
</table>
| Program of Study Name: | • Bachelor of Podiatric Medicine (Pass and Honours)  
• Bachelor of Podiatry |

<table>
<thead>
<tr>
<th>Education Provider:</th>
<th>La Trobe University</th>
</tr>
</thead>
</table>
| Program of Study Name: | • Bachelor of Applied Science/Master of Podiatric Practice  
• Bachelor of Health Science/Master of Podiatric Practice (Pass & Hons)  
• Bachelor of Podiatry  
• Master of Podiatric Practice (Pass & Hons) |

<table>
<thead>
<tr>
<th>Education Provider:</th>
<th>Queensland University of Technology</th>
</tr>
</thead>
</table>
| Program of Study Name: | • Bachelor of Health Science (Podiatry)  
• Bachelor of Health Science (Podiatry) / Bachelor of Applied Science (Human Movement Studies)  
• Bachelor of Podiatry (Pass & Honours) |

<table>
<thead>
<tr>
<th>Education Provider:</th>
<th>The University of Western Australia</th>
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</thead>
</table>
| Program of Study Name: | • Bachelor of Podiatric Medicine  
• Doctor of Podiatric Medicine |

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<tr>
<th>Education Provider:</th>
<th>University of Newcastle</th>
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<td>Program of Study Name:</td>
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<tr>
<th>Education Provider:</th>
<th>University of South Australia</th>
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<td>Program of Study Name:</td>
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<tr>
<th>Education Provider:</th>
<th>University of Western Sydney</th>
</tr>
</thead>
</table>
| Program of Study Name: | • Bachelor of Health Science / Master of Podiatric Medicine (Pass & Hons)  
• Bachelor of Podiatric Medicine  
• Master of Podiatric Medicine (Pass & Hons) |

<table>
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<tr>
<th>Education Provider:</th>
<th>Southern Cross University</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program of Study Name:</td>
<td>• Bachelor of Podiatry (Pass &amp;Honours)</td>
</tr>
</tbody>
</table>

The following list (Table 2) provides details of programs of study in podiatric therapeutics that the PodBA considers to be substantially equivalent to, or based on similar competencies to, an approved program of study in podiatric therapeutics for the purpose of an endorsement for scheduled medicines.
Table 2 Courses substantially equivalent to an approved program of study in podiatric therapeutics

<table>
<thead>
<tr>
<th>Education Provider</th>
<th>Queensland University of Technology</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bachelor of Health Science (Podiatry) completed in 2011 and 2012 and which includes the following three elective subjects: LSB384 Pharmacology for Health Professionals LSB 584 Pharmacotherapeutics for Podiatrists PUB662 Clinical Therapeutics for Podiatrists</td>
</tr>
<tr>
<td>Program of Study Name:</td>
<td>Graduates are required to provide with their application for endorsement for scheduled medicines evidence in the form of academic transcripts to show they have successfully completed the three specified elective subjects</td>
</tr>
</tbody>
</table>

A podiatrist with a qualification dating pre 2000 is required to complete an approved program of study in podiatric therapeutics prior to commencing the PodBA endorsement process.

iii. Endorsement for Scheduled Medicines

PodBA developed the Po
diatry endorsement for scheduled medicines registration standard to articulate the requirements of podiatrists endorsed to prescribe scheduled medicines (see Appendix 3). Under the National Law, all registration standards must be approved by the Australian Health Workforce Ministerial Council. The Podiatry endorsement for scheduled medicines registration standard was approved on 31 March 2010, with effect from 1 July 2010.

The PodBA has also developed the Podiatry Guidelines for Endorsement for Scheduled Medicines (March 2011). The Guidelines outline the process required to become an endorsed podiatrist for scheduled medicines and provides a comprehensive overview of the requirements, including details of the two possible pathways to achieve endorsement.

Pathway 1

The applicant must have:

- Successfully completed an approved program of study in podiatric therapeutics or a program of study determined by the PodBA to be substantially equivalent to an approved program of study and;
- Clinical experience of seven years (based on 38 hours / week x 48 weeks / year) post qualification as a podiatrist, in an appropriate setting where active prescribing is occurring (involved with clinical decision making and determining pharmacological management), and;
- Two confirmatory references vouching for the applicant’s exposure and participation with podiatric patient care involving restricted medicines over the past seven years (must be a medical practitioner or a podiatrist with endorsement for scheduled medicines).

Pathway 2

The applicant must have successfully completed:

- An approved program of study in podiatric therapeutics or a program of study determined by the PodBA to be substantially equivalent to an approved program of study and;
- Web based case studies approved by the PodBA (20 hours which equates to 15 web-based case studies with evidence of completion), and;
- 40 sessions of supervised practice (supervision by an endorsed prescriber approved by the PodBA) in an appropriate setting and where active prescribing is occurring within a 12 month period). An endorsed prescriber will be a medical practitioner or a podiatrist endorsed for scheduled medicines.

The PodBA has also developed a range of supporting documents to support podiatry prescribing. These resources would be adopted for use in Tasmania during implementation of this Framework. The resources developed by the PodBA\(^{23}\) include:

- **Podiatry Policy on extension of time to complete Pathway 2**
- **Podiatry Policy on log sheets for Endorsement of Scheduled Medicines**
- **Endorsement for Scheduled Medicines: Information package**
- **FAQ Endorsement for Scheduled Medicines for Podiatrists**
- **Prescribing Information for Podiatrists Endorsed for Scheduled Medicines**
- **Sample Log Sheet for Endorsement of Scheduled Medicine**
- **Prescription Pad for Podiatrist with Endorsement for Scheduled Medicines**

There are explicit lines of communication between the podiatrist, the medical practitioner and the pharmacist to ensure best practice outcomes.

Other Requirements

Podiatrists with an endorsement for scheduled medicines must also continue to meet other relevant registration standards prescribed by the PodBA, including:

- Podiatry continuing professional development registration standard, including the additional continuing professional development requirements for endorsement for scheduled medicines;
- Podiatry criminal history registration standard;
- Podiatry English language skills registration standard;
- Podiatry professional indemnity insurance registration standard. (Professional Indemnity Insurance for endorsed podiatrists must be maintained at a minimum of $10 million);
- Podiatry recency of practice registration standard.

Copies of these standards can be downloaded from:


AHPRA and the PodBA have developed a nationally consistent approach to auditing health practitioner’s compliance with mandatory registration standards.

Endorsed podiatrists found to have contravened any current legislation by undertaking activities that put the health of patients at risk, will be referred to the PodBA\(^{24}\).

Legislation and Scheduled Medicines

A podiatrist holding a scheduled medicine endorsement is able to prescribe or supply scheduled medicines only to the extent of the authority conferred under the drugs and poisons legislation in the jurisdiction in which they practice. It is the podiatrists' responsibility to ensure they have the resources, expertise and skills necessary to fulfil their professional responsibilities safely and effectively. The podiatrist must also know the drugs and poisons legislation in the jurisdiction in which they practice.

In Tasmania, the Poisons Act 1971 allows varying prescribing rights to medical practitioners, dentists, authorised nurse practitioners and veterinary surgeons with limited prescribing rights to podiatrists, optometrists, nurses and midwives. Section 38(1)(f) of the Poisons Act 1971 restricts the practice of Tasmanian podiatrists to the administration of local anaesthetics:

(f) the administration to a person of a local anaesthetic included in Schedule 4 of the poisons list by a person who is a registered podiatrist under the Health Practitioner Regulation National Law (Tasmania) in the lawful practice of the profession of podiatry.

This Framework proposes to seek amendments to the Poisons Act 1971 through the Parliament of Tasmania to enable Tasmanian podiatrists to prescribe a list of Schedule 2, 3, 4 and 8 medicines as detailed in PodBA’s Podiatry Guidelines for Endorsement for Scheduled Medicines (March 2011).

Section 5 of the National Law defines scheduled medicines as ‘a substance included in a Schedule to the current Poisons Standard within the meaning of the Therapeutic Goods Act 1989 of the Commonwealth’. The expression ‘scheduled’ refers to any drug, poison or substance listed in the Commonwealth Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP or commonly called the Poisons Standard).

The SUSMP allocates categories that form Schedules to the SUSMP:

- Schedule 2 (S2) ‘Pharmacy Medicine’
- Schedule 3 (S3) ‘Pharmacist Only Medicine’
- Schedule 4 (S4) ‘Prescription Only Medicine’
- Schedule 5 (S5) ‘Caution’
- Schedule 6 (S6) ‘Poison’
- Schedule 7 (S7) ‘Dangerous Poison’
- Schedule 8 (S8) ‘Controlled Drug’
- Schedule 9 (S9) ‘Prohibited Substance’

The PodBA has approved the List of Scheduled Medicines Approved by the PodBA (the National Podiatry Scheduled Medicines List). This is included as Appendix B to the Board’s Podiatry Guidelines for Endorsement for Scheduled Medicines (March 2011). In summary, selected Schedule 2 and Schedule 3 medicines may be prescribed and administered by a podiatrist. Also, there are restrictions surrounding some Schedule 4 medications, and some selected Schedule 8 medicines may only be prescribed by a podiatric surgeon.

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24 Research during the development of this Framework with Health Complaints Entities and the Board, did not identify any cases referred to the PodBA regarding podiatrists with an endorsement for scheduled medicines.

25 Note: in Tasmania supply also includes administer

26 PodBA, Podiatry Guidelines for Endorsement for Scheduled Medicines (March 2011)
Scheduled list in Tasmania

While the PodBA has established a comprehensive governance structure to support podiatry prescribing, State and Territory legislation has overarching authority, thus necessitating the requirement to amend the *Poisons Act 1971* (Tasmania) to enable podiatrists in Tasmania to seek the Board’s endorsement to prescribe medicines.

There are two options for legislative change to the *Poisons Act 1971* that would support implementation of podiatry prescribing in Tasmania. Option 1 is the preferred course for Tasmania.

**Option 1: Amend the Poisons Act for the prescribing of Schedule 4 and/or 8 substances consistent with the list approved by the PodBA**

The PodBA has determined that a podiatrist with an endorsement for scheduled medicines has the necessary knowledge and skills to prescribe and supply the particular scheduled medicines specified in Appendix B of the *Podiatry Guidelines for Endorsement for Scheduled Medicines (March 2011)*.

New South Wales, Western Australia, Australian Capital Territory, Queensland and the Northern Territory have adopted the list of substances specified in the Guidelines developed under section 39 of the National Law.

This is the preferred option, as it will ensure consistency with wider Australian practice and there will be no delays caused by the requirement for local consultation and consideration of the scheduled list for adoption in Tasmania. This option is also supported by the PodBA and the resources already developed. This option would also be the most simple to administer as it would not require further amendments to the *Poisons Act 1971* or legislative instruments in the event that future changes were made to the National Podiatry Scheduled Medicines List.

It is important to note any changes to the National Podiatry Scheduled Medicines List proposed by the PodBA will require the approval of the Australian Health Workforce Ministerial Council. As such, Tasmania would have the opportunity to discuss the implications for Tasmania of any proposed changes to the national list in this national forum and raise any concerns.

The right to vary the effect in Tasmania of the national list could be retained by the Minister with variations achieved under Ministerial Order. This is the approach taken in relation to the adoption of schedules of the Standard for the Uniform Scheduling of Medicines and Poisons. However, the retaining of the right to vary may not be necessary or desirable given the Minister has the opportunity to raise any concerns at the Australian Health Workforce Ministerial Council. The Minister will be advised that, when approving the national list, this will automatically amend the Poisons legislation in Tasmania.

Adopting the National Podiatry Scheduled Medicines List would seem the least administratively burdensome option and promote national consistency.

**Option 2: Provision made for prescribing from a list determined by the Minister for Health**

In this model, the Minister for Health determines the list of scheduled medicines allowed to be prescribed by podiatrists. This is the model currently used in Tasmania for the defining of the list of Class 2 substances available to optometrists for administration or supply (including prescribing).

The advantage of such an approach is that the Minister for Health will retain control of decisions on the inclusion of substances in lists for podiatrist prescribing and may consider any local implications. The disadvantage of such an approach is the likely delay due to a local consultation process subsequent to a decision taken by the PodBA on the inclusion of a substance under the National Podiatry Scheduled
Medicines List. Inconsistencies may also emerge with the national model and a significant number of variations may act to misalign practice with other states and territories.

This option would create an administrative burden in maintaining the list, as any changes would require drafting and signing of an order by the Minister of Health with review required by the Parliament’s Subordinate Legislation Committee.
Implementation of podiatry prescribing in Tasmania

Podiatrists wishing to gain endorsement for prescribing who are employed in the Department of Health and Human Services (DHHS), Tasmanian Health Service (THS) or in private practice will undertake either Pathway 1 or Pathway 2 as described in the Guidelines issued by the PodBA and will be individually responsible for meeting all of the prescribed requirements.

Where the podiatrist undertakes Pathway 2, DHHS and the THS will provide an environment that enables the podiatrist to complete the required period of supervised practice. Podiatrists currently employed in the DHHS and THS work in multidisciplinary environments, such as High Risk Foot Clinics, with endocrinologists, vascular surgeons and infectious disease specialists. The commitment of a registered prescribing health practitioner to provide supervision to podiatrists undertaking Pathway 2 is not expected to add a significant burden to their workload. This supervisor may be a medical practitioner or a podiatrist holding PodBA endorsement for scheduled medicines.

In the public sector, it is envisaged that some of the 40 sessions of supervised practice over a 12 month period would be incorporated into the time already committed by medical specialists working in High Risk Foot Clinics in the THS and through the podiatrist participating in a medical specialist’s inpatient rounds. Once endorsed, the public sector podiatrist undertaking prescribing will be constrained by the medications available on the Tasmanian Medicines Formulary which may limit their access to the range of medicines as listed in the PodBA Scheduled Medicines List.

Podiatrists working in private practice seeking endorsement for scheduled medicines would be required to arrange their own supervised practice to meet the requirements for supervised practice under Pathway 2. This could be undertaken in any health care setting including acute care with medical specialists or primary health care with general practitioners.

When a podiatrist meets the PodBA’s requirements for endorsement to prescribe scheduled medicines, the podiatrist is responsible for ensuring their practice is compliant with the PodBA’s registration standards and their employer’s policies. The DHHS and THS operational areas are committed to supporting the implementation of prescribing rights for podiatrists and it is envisaged that a state-wide policy referring to the PodBA’s Guideline and amended State poisons legislation will be introduced to facilitate implementation of this expanded scope of practice. Private podiatry practices and sole private podiatrists will be responsible for determining the need for policies to support implementation of podiatry prescribing in their individual practices.

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27 A formulary is a list of the pharmaceutical medicines available for use at an organisation, and the conditions for their use. The Tasmanian Medicines Formulary is an electronic resource for all Healthcare staff in Tasmanian Public Hospitals involved in medication management to assist them in making cost-effective, evidence based decisions when prescribing, administering and dispensing medications.
Ensuring patient safety

Podiatry prescribing of scheduled medicines has been undertaken safely in Western Australia, South Australia, New South Wales and Victoria for a number of years. It is recognised that reporting of issues by health professionals is generally low, however, to date, the Australasian Podiatry Council (APodC) has no knowledge of any PodBA endorsed podiatrists misusing scheduled medicines and no knowledge of any adverse events impacting on patient safety.

While safety in the use of medicines cannot be guaranteed at all levels, podiatry prescribing has not created a risk to patient safety. Particular concerns, however, do exist in Tasmania concerning the prescribing of drugs that may be subject to misuse. Prescribing of opioids and benzodiazepines are at high rates and there are concerns with morbidity and mortality consequent to their misuse. These concerns are highlighted in the Report: A review of Opioid Prescribing in Tasmania: A Blueprint for the Future (2012).

Within the context of podiatry prescribing, the benefit and risk of the prescribing of drugs subject to misuse does require some consideration. Section 59 of the Poisons Act 1971 makes it an offence to make drugs of dependence available in certain circumstances and in the event that podiatrists are given access to these substances, podiatrists would need to be educated about requirements and relevant restrictions under the Poisons Act 197128.

It is important to note that only podiatric surgeons with endorsement for scheduled medicines are permitted to prescribe Schedule 8 medicines. There are no podiatric surgeons practicing in Tasmania currently, and as general registration podiatrists with endorsement for scheduled medicines are not permitted to prescribe Schedule 8 medicines, the risk of misuse of this class of drugs by podiatrists is perceived to be low.

The risk of misuse of Schedule 8 medicines by podiatrists may be reduced by restricting supply or prescribing to the very limited quantities of benzodiazepines and opioids as currently specified in the National Podiatry Scheduled Medicine List approved by the PodBA. The general storage and recording requirements specified by the Poisons Regulations 2008 will also apply to podiatrists.

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28 The PodBA “Guidelines for Endorsement for Scheduled Medicines states, “Podiatrists must be familiar with and comply with the requirements of State and Territory drugs and poisons legislation, as relevant to their practice of podiatry in a jurisdiction – refer to the Board document titled ‘Endorsement for Scheduled Medicines – Overview’”.

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Glossary

**Administration:** The giving or applying of a medicine whether orally, topically, by injection or by other means

**Dispensing:** The sale or supply of a scheduled substance by a pharmaceutical chemist on or in accordance with the prescription of a medical practitioner or other authorised person (this process includes the labelling and recording of supply in accordance with poisons legislation)

**Endorsed Podiatrist:** a registered podiatrist qualified to administer, obtain, possess, prescribe, sell and supply or use Schedule 2, 3, 4 or 8 medicines for the treatment of podiatric conditions.

**General Endorsement:** This group will make up the majority of prescribing podiatrists. The limited drug list is aimed at addressing the clinical needs of the generalist podiatric practitioner.

**High Risk Foot:** the High Risk Foot is defined as a foot with progressive deformity, ulceration, infection and/or amputation as a result of a patient’s underlying medical condition. Consideration is given to those “at risk” of complications, so the full spectrum of high risk foot management can be analysed. In Australia and internationally the high risk foot is generally associated with diabetes. Other less common underlying diagnoses include neurological disorders, vascular disease, inflammatory conditions (e.g. Rheumatoid arthritis) and renal disease. While this model of care will focus on the diabetic high risk foot, it is also relevant to patients with high risk foot secondary to other systemic conditions. (Model of Care for the High Risk Foot, Cardiovascular and Diabetes and Endocrine Health Networks, Western Australian Department of Health, 2010)

**Medicines:** therapeutic goods that are represented to achieve, or are likely to achieve, their principal intended action by pharmacological, chemical, immunological or metabolic means in or on the body of a human or animal.

**Person:** covers patient, consumer, patient and client.

**Prescriber:** a health practitioner authorised to undertake prescribing within their scope of practice.

**Prescribing:** an iterative process involving the steps of information gathering, clinical decision making, communication and evaluation which results in the initiation, continuation or cessation of a medicine.

**Scheduled Medicine:** any drug, poison or substance listed in the Commonwealth Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP or commonly called the Poisons Standard).

**Scope of practice:** the area and extent of practice for an individual health professional, usually defined by a regulator, a profession or employer, after taking into consideration the health professional’s education, training, experiences, expertise and demonstrated competency.

**Specialist Endorsement:** The extended list of drugs is only to be made available to groups of practitioners recognised by the board which have an identified clinical need for access to the extended range of agents.

At this point in time the Board proposes to only recognise fellows of the Australasian College of Podiatric Surgeons as meeting the requirements for specialist endorsements (clinical need), however, other speciality groups may apply to the Registration Board for similar privileges in the future.

**Supply:** includes the administration of a substance, its dispensing on prescription, and the offer or agreement to supply such a substance
## Appendix 1 – Status of podiatry prescribing by jurisdiction

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Year Prescribing rights obtained</th>
<th>Jurisdictions without podiatry prescribing medication use</th>
<th>Registration / endorsement requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Australia</td>
<td>1995 2012</td>
<td>Limited prescription rights to a nominated group of drugs.</td>
<td>‘National Podiatry Scheduled Medicines List’ adopted</td>
</tr>
</tbody>
</table>
| South Australia    | 1996                             | Podiatrist may only administer an S4 drug listed in clause 1 of Schedule I of these regulations. | Controlled substances Act 1984 - sect 18  
Controlled substances (poisons) Regulations 2011 |
| Victoria           | 2009                             | Expanded Drug List adopted                               |                                        |
| New South Wales    | 2010                             | ‘National Podiatry Scheduled Medicines List’ adopted     |                                        |
| Queensland         | 2014                             | ‘National Podiatry Scheduled Medicines List’ adopted     |                                        |
| Northern Territory | 2014                             | ‘National Podiatry Scheduled Medicines List’ adopted     |                                        |
| Australian Capital Territory | 2015 | ‘National Podiatry Scheduled Medicines List’ adopted |                                        |
| Tasmania           | Yet to be obtained               | Local anaesthetic included in Schedule 4 of the Poisons List |                                        |
Appendix 2 – Health Professional Prescribing Pathway

Health Professionals Prescribing Pathway

Step 1: Complete education and training
- The health professional complies with the relevant education and training requirements as determined by the National Board of their profession.
- The health professional meets all education and training requirements for safe and effective prescribing.

Safety and quality requirements
- National Prescribing Competency Framework
- National Accreditation Standards
- Safe prescribing models

Roles and Responsibilities
- Prescribers
- Midwives
- Assistants
- Clinical Support Workers

Step 2: Obtain recognition from the National Board of competence to prescribe
- The health professional is registered with the National Board and meets all requirements for recognition of competence to prescribe.
- The health professional is recognized by the National Board as competent to prescribe.

Safety and quality requirements
- Registration Standards
- National Board Policy
- Guidelines
- Safe prescribing models

Step 3: Ensure authorisation to prescribe
- The health professional ensures they are authorized to prescribe within their state or territory.
- The health professional ensures their authority to prescribe is recognized by the relevant state or territory.

Safety and quality requirements
- State and Territory legislation

Step 4: Prescribe medicines within scope of practice
- The health professional prescribes within the scope of practice determined by their state or territory.
- The health professional works collaboratively with the consumer and other health care providers to ensure the most appropriate treatment for the consumer.

Safety and quality requirements
- Safe Practice Standards
- National Medicines Policy
- Safe and Guilt Line of Medicines
- Information and decision support systems
- Safe prescribing models

Step 5: Maintain and enhance competence to prescribe
- The health professional maintains and enhances their competence to prescribe.
- The health professional ensures ongoing education and training to maintain competence.

Safety and quality requirements
- GDP Standards
- Professional Development Guidelines
- Self-reflection

Roles and Responsibilities
- Prescribers
- Assistants
- Clinical Support Workers
- Professional Associations

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Appendix 3 - Podiatry endorsement for scheduled medicines registration standard

Information on the PodBA Endorsement for Scheduled Medicines including Standards and Guidelines, approved program of study, assessment of qualifications and sequence of learning can be found at: http://www.podiatryboard.gov.au/Registration-Endorsement/Endorsement-Scheduled-Medicines.aspx