

## Guidelines for endorsement for scheduled medicines

---



Podiatry  
Board of  
Australia

# Contents

---

Introduction	1
Summary	1
Scheduled medicines endorsement	1
Requirements for endorsement for scheduled medicines	1
Definitions	3
Appendix A	
Practice Guidelines	4
List of approved drugs for endorsement	6
Appendix B	
Approved programs of study that transitioned on 1st July 2010	13
Attachment A	
Extract from relevant provisions from the <i>Health Practitioner Regulation National Law Act 2009</i>	14

## Introduction

These guidelines have been developed by the Podiatry Board of Australia as required by Section 39 of the Health Practitioner Regulation National Law<sup>1</sup> (the National Law). The guidelines supplement the requirements set out in the Board's registration Standard for endorsement of scheduled medicines.

The relevant sections of the National Law are attached.

There are provisions in State and Territory drugs and poisons legislations for podiatrists with general registration to use specified restricted medicines [for example, local anaesthetics] in podiatry practice. Podiatrists with the knowledge and skills to use these specified medicines are able to continue to access these restricted medicines without an endorsement for scheduled medicines.

## Summary

These guidelines provide additional guidance and information for podiatrists to apply for or renew an endorsement for scheduled medicines. The Board has determined that a podiatrist with an endorsement for scheduled medicines has the necessary knowledge and skills to access and use the particular scheduled medicines specified in these guidelines.

**Registered practising 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.**

## Scheduled medicines endorsement

Which scheduled medicines can be prescribed or supplied?

In some States and Territories, the scheduled medicines that can be prescribed, supplied or used by a podiatrist or podiatric surgeon are clearly listed in the drugs and poisons legislation. The list of scheduled medicines may vary from one jurisdiction to the next. The podiatrist must be familiar with and comply with the requirements of the legislation relating to scheduled medicines in each jurisdiction in which they practice podiatry. Contact the health department in each State or Territory for information relating to the drugs and poisons legislation.

In some States and Territories, an endorsement for scheduled medicines is required on the register for a podiatrist with general registration to be able to prescribe or supply scheduled medicines. The scheduled medicines

relate to a list of Schedule 2, 3, 4 or 8 medicines specified in these guidelines. These guidelines provide guidance to the application and renewal of the endorsement for scheduled medicines.

## Additional information

To assist podiatrists the Board provides an overview which includes the following information:

- the current drugs and poisons legislation for each State and Territory
- the contact information for State and Territory Health Departments
- the scheduled medicines authorizations in Drugs and Poisons regulations for:
  - > podiatrists with general registration
  - > podiatric surgeons
  - > Western Australian general podiatrists who are authorized to use an extended range of restricted drugs
  - > podiatrists with endorsement

This overview is found at the Codes and Guidelines section of the Board's website [www.podiatryboard.gov.au](http://www.podiatryboard.gov.au).

## Requirements for endorsement for schedule medicines

The Board must ensure that podiatrists with an endorsement for scheduled medicines are appropriately qualified to prescribe or supply schedule 2, 3, 4 or 8 medicines to patients for the treatment of podiatric conditions, from a list approved by the Board.

### Application for endorsement for scheduled medicines

The Podiatry Board of Australia has developed a range of templates to assist the podiatrist seeking endorsement. These templates outline the documentation required. The templates are on the Board's website and are available from the Australian Health Professional Regulation Agency [AHPRA].

The requirements for endorsement are set out in the Board's registration Standard for endorsement of scheduled medicines. To be eligible for a scheduled medicines endorsement, an applicant for registration or a podiatrist must meet the requirements for an endorsement for scheduled medicines.

**The requirements for the endorsement for scheduled medicines are achieved by:**

<sup>1</sup> the National Law is contained in the schedule to the *Health Practitioner Regulation National Law (2009)*.

The successful completion of an approved program of study in podiatric therapeutics or a program of study determined by the Board to be substantially equivalent to an approved program of study and one of the following:

- i. **Clinical experience** of 7 years post-qualification, in an appropriate setting where active prescribing is occurring and two confirmatory references of applicant exposure to patient care involving restricted drugs;
- ii. Successful completion of **web-based case studies approved by the board** (20 hours) and 40 sessions / 160 hours of **supervised practice** (supervision by a prescriber who is approved by the Board – for example, a medical practitioner or a podiatrist who is an endorsed prescriber) in an appropriate setting and where active prescribing is occurring in a 12 month period.

Note: Option ii is available to:

- Podiatrists with general registration
- Applicants enrolled in an approved podiatric entry level program of study
- Applicants enrolled in an approved program of study in podiatric therapeutics
- Applicants enrolled in programs of study determined by the Board to be substantially equivalent to an approved program of study

An **approved program of study** in podiatric therapeutics in the context of scheduled medicines endorsement is a program of study in the use of medicines that has been accredited for this purpose by the Australia and New Zealand Podiatry Accreditation Council [ANZPAC] and approved by the Podiatry Board of Australia.

Under Section 283 of the National Law, existing programs of study leading to a scheduled medicines endorsement in a State or Territory participating in the national scheme could transition as approved programs of study. The Podiatry Board of Australia accepted the Podiatrists Registration Board of Victoria's list of existing approved programs of study to transition as 'approved programs of study in podiatric therapeutics' for these guidelines. The programs are provided at Appendix B.

Overseas qualified podiatrists who are seeking endorsement for scheduled medicines need to demonstrate equivalency of standards in education and/or training or have completed a course of study approved by the board. These podiatrists will be expected to have completed education and training procedures identical to

that undertaken by local podiatrists, including assessment and mentorship.

**Clinical experience**, in the context of an endorsement for scheduled medicines is for those podiatrists who have a minimum of seven years' clinical experience working in an environment where active prescribing occurs. A statement from two referees confirming the podiatrist has completed this clinical experience and has had adequate experience in observing and participating in the administration of a variety of classes of restricted drugs for various foot related conditions is required. The referees must be medical practitioners or other endorsed prescribers (e.g. podiatrists). The Board must receive supportive statements from the two referees for the application of endorsement to be considered.

The Board considers that seven years of clinical experience is a consistent definition of a senior (experienced) clinician. 'Senior Clinician' is defined as a podiatrist possessing specific knowledge in a branch of the profession and working in an area that requires high levels of clinical knowledge as recognised by the employer or the profession.

The applicant may decide on the option to undertake and successfully complete 20 hours of Board **approved web-based case studies**. Details of providers of web-based case studies are on the Board's website, in the Codes and Guidelines section. Evidence of successful completion of the web-based case studies is required for the application of the endorsement to be considered. This option also includes 160 hours of supervised practice [40 sessions]. This **supervised practice** must be supervised by a prescriber who is approved by the Board in an appropriate setting and where active prescribing is occurring, in a 12-month period. The Board insists that a **supervisor agreement** involving the approved prescriber and the applicant must be in place prior to the commencement of this clinical training. A log sheet will record the clinical experience and reflect learning outcomes achieved. The log sheet will be signed by the applicant and supervisor and dated, when completed. One log sheet will be completed for each session or each 4-hours of clinical training. A **log sheet** template and supervisor agreement template will be available to provide guidance. The supervisor agreement and log sheets will need to be produced if requested at the time of an application for endorsement.

### Additional registration standards

Podiatrists with an endorsement for scheduled medicines must continue to meet other registration Standards, including:

- The additional continuing professional development requirements for endorsement for scheduled medicines. The podiatrist must ensure they have the equipment, expertise and skills necessary to fulfil their professional responsibilities safely and effectively
- Adequate professional indemnity insurance for his or her practice
- Have recent practice [as defined by the Board's recency of practice registration Standard] to prescribe or supply schedule 2, 3, 4 or 8 medicines to patients for the treatment of podiatric conditions.

### Audit

The board will randomly audit at least 10% of podiatrists with endorsement for scheduled medicines annually. The Board has produced a document "Audit guide for podiatrists with endorsement for scheduled medicines". This document is available from the Board's website.

### Practice guidelines

The Board has developed and consulted to produce practice guidelines for podiatrists with endorsement for scheduled medicines. These guidelines are at Appendix A and address three aspects of practice for podiatrists with scheduled medicines endorsement:

1. Communication with other members of the patient's treating team
2. Pre-endorsement recommendation and CPD requirements
3. The scheduled medicines that an endorsed podiatrist is qualified to prescribe or supply.

The podiatrist must always refer to the drugs and poisons legislation in the jurisdiction of practice to determine the scheduled medicines authorized to prescribe or supply in that jurisdiction.

### Recommendations

All podiatrists with an endorsement for scheduled medicines undertake a therapeutics update course approved by the Board before commencing activities under their endorsement for the first time. Details of approved courses are available on the Board's website. The Board also recommends that podiatrists with an endorsement for scheduled medicines should enter into a mentor agreement with a prescriber who is approved by the Board for a two year period after achieving this endorsement.

The pre-endorsement course and the mentor agreement provide assurance that the podiatrist has undertaken

all educational recommendations. A certificate of completion of an approved pre-endorsement course and the mentoring undertaking can contribute to CPD requirements.

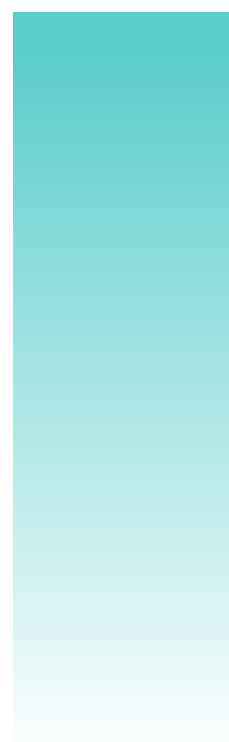
### Definitions

**Scheduled medicines** The National Law refers to scheduled medicines. The expression 'scheduled' refers to any drug, poison or substance listed in the Commonwealth Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP). The SUSDP allocates categories that form Schedules to the SUSDP [commonly called 'Poisons List']:

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

### 20 hours of Board approved web-based case studies.

For the purposes of this guideline, 20 hours of Board approved web-based case studies equates to 15 Board approved web-based case studies.



## Appendix A Practice Guidelines

### Practice guidelines for podiatrists with endorsement for scheduled medicines

These practice guidelines address three aspects of scheduled medicines endorsement for podiatrists:

4. Communication with other members of the patient's treating team
5. Pre-endorsement recommendations and CPD for podiatrists with scheduled medicine endorsement
6. The scheduled medicines that the podiatrist with endorsement for scheduled medicines is qualified to prescribe or supply.

#### 1. Communication with other members of the patient's treating team

A number of health practitioners may be involved in providing care to the patient. This is referred to as "shared care". Within a shared care arrangement, patient care is provided by two or more practitioners, each practising within his or her sphere of expertise. Shared care allows continuing involvement of the podiatrist in the care of the patient and aims to co-ordinate patient care to provide high quality integrated care that is readily accessible and convenient to the patient and cost effective for all parties involved. Communication and clear demarcation of roles and responsibilities are essential for effective shared care.

##### 1.1 Ethical and legal obligations associated with shared patient care

Podiatrists participating in shared care must be competent to collect data according to set protocols and must ensure they have the equipment, expertise and skills required to perform their role safely and effectively. An appropriate level of professional indemnity insurance is required. Podiatrists must act in the best interest of the patient at all times. The decision of where/when to refer the patient must be based on the needs and requirements of the patient. The patient should be informed of alternative management, providers and facilities.

##### 1.2 Informed financial consent

Patients must be informed that the medications prescribed by podiatrists with endorsement for scheduled medicines are not eligible for the Pharmaceutical Benefits Scheme rebate and therefore may cost more to the patient than if prescribed by a medical practitioner.

#### 1.3 Roles and responsibilities in shared patient care

Within a shared care arrangement, it is essential that the roles and responsibilities of the podiatrist with endorsement for scheduled medicines and the medical practitioner are clearly defined and continue to be redefined as the clinical circumstances of the patient(s) change. For optimal patient care, both the podiatrist and medical practitioner should have similar treatment philosophies. Which responsibilities are given to each practitioner depends upon the experience and confidence each professional has in the other, but professional relationships between providers will often evolve over time by understanding and sharing of a common treatment approach.

#### 1.4 Communication in shared patient care

Communication is the lynchpin of effective shared care. Open discussion, communication and documentation are paramount to ongoing success. Participating practitioners and their patients must clearly understand which practitioner is responsible for providing the various aspects of care.

To avoid repetition and confusion, each treating party must have a clear understanding of:

- the other's diagnoses, treatment(s) and ongoing recommendations to the patient
- what information they need to forward to others involved in the patient's care
- timeframes in which this information should be forwarded
- the preferred format for this information
- who is responsible for ongoing patient care and the follow-up of patients who miss scheduled appointments
- the roles and responsibilities of each person participating in the shared care.

The use of standardised protocols and forms are recommended to clarify responsibilities and facilitate the transfer of information and communication between practitioners involved in shared care. Such systems may involve standardised forms used by all parties participating in the shared care arrangement, or may be a less regimented (but stated) agreement that each party will forward a report to others after each patient consultation. As a minimum requirement, practitioners sharing patient care should have a clear understanding of which tests should be completed during review appointments.

Ongoing discussion between the podiatrist with endorsement for scheduled medicines and the involved medical practitioner should review these protocols and



make any changes necessary over time to ensure optimal patient care. All practitioners involved in shared care of patients should receive a copy of the results of any review appointments the patient attends.

### 1.5 Required communications

In a shared care arrangement, the practitioner who actually writes and signs the prescription carries the accountability for prescribing the drugs, however formal consultation and communication with others in the patient's treating team will ensure safe and effective care.

Due to potential for systemic effect and/or the requirement for a definitive diagnosis or more extensive treatment, the Board requires podiatrists with endorsement for scheduled medicines to establish processes for clear communication and consultation with a medical practitioner for certain drug classes in Schedule 4. The podiatrist with endorsement for scheduled medicines is required to prescribe in accordance with these guidelines.

### 1.6 Patient involvement in shared care

In a shared care arrangement, patients must be clearly informed of who maintains responsibility for their primary care and when they are required to attend reviews with each practitioner. Patients must be provided the opportunity to choose whether or not they wish their care to be shared between the general practitioner and their podiatrist. Similarly, the patient reserves the right to seek a second opinion if they so choose. Written information for patients regarding shared care may prove a useful adjunct to verbal discussions with their podiatrist who has the endorsement for scheduled medicines. In a shared care arrangement, the person who actually writes and signs the prescription carries the responsibility for prescribing the drugs.

## 2. Pre-endorsement requirements and CPD for endorsed podiatrists

All podiatrists who apply for a scheduled medicines endorsement should undertake a therapeutics update course approved by the Board before commencing activities under their endorsement for the first time. Details of approved courses are available on the Board's website. This course may contribute towards CPD requirements. In addition, the Podiatry Board of Australia's CPD registration standard contains ongoing requirements for endorsed podiatrists.

The CPD Standard states: "2. In addition, registered podiatrists with scheduled medicine endorsements must complete an additional 10 hours of CPD per year related to this scope of practice which complies with the requirements of the Board." The Board's guidelines on Continuing Professional Development provide more detailed information regarding the additional CPD requirements for podiatrists with endorsement for scheduled medicines.

## 3. List of drugs that an endorsed podiatrist is qualified to prescribe or supply

The list specifies the Schedule 2, 3, 4 and 8 drugs that an endorsed podiatrist is qualified to prescribe or supply. Certain drugs will be restricted to those podiatrists with endorsement for scheduled medicines who have a demonstrated clinical need. The list details these restrictions in the column headed 'endorsement'. There are certain drugs and/or routes of administration which have been restricted for use by podiatric surgeons based on clinical need.

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.

### 3.1 Antimycotic agents

At initiation of oral therapy by a podiatrist with endorsement for scheduled medicines a medical practitioner must be informed and requested to assist in monitoring the systemic status of the patient, in line with the principles of shared care.

### 3.2 Antibacterial agents

A medical practitioner must be notified if there is no improvement in clinical signs of infection after one course of antibacterial therapy (current *Therapeutic Guidelines: Antibiotics* indicate this to be 7 – 10 days) irrespective of which member of the shared care practitioners commenced the therapy. The treatment plan (including consideration of further investigations or treatments) needs to be jointly agreed and communicated with the patient's shared care practitioners. Additionally if an infection worsens during the course of treatment the patient must be referred for further investigation to a medical practitioner.

### 3.3 Anti-inflammatory agents

No course of treatment initiated by an podiatrist with endorsement for scheduled medicines shall exceed seven (7) days without direct involvement of a medical practitioner

In the case of initial diagnosis and treatment for gout a medical practitioner must be notified. The medical practitioner is requested to undertake further confirmatory diagnostics and to undertake the long term management of the condition.

Date of issue: 1 July 2010

Date of review: This guideline will be reviewed at least every three years

Last reviewed:

## List of approved drugs for endorsement

In relation to the list of approved drugs:

- A podiatrist is defined as a registered podiatrist with endorsement for scheduled medicines
- A Podiatric Surgeon is defined as a podiatrist registered as a podiatric surgeon under the National Law

### ANTIMYCOTIC AGENTS

#### Schedule 2

DRUG CLASS	DRUG	ROUTE	ENDORSEMENT	RESTRICTION
	Amorolfine	Topical	Podiatrist	Topical preparations containing 0.25% or less of amorolfine.
	Bifonazole	Topical	Podiatrist	Cream 1%
	Clotrimazole	Topical	Podiatrist	Cream 1% and Lotion 1%
	Econazole	Topical	Podiatrist	Cream 1%
	Ketoconazole	Topical	Podiatrist	Cream 1%
	Miconazole	Topical	Podiatrist	Dermal preparations 2%
	Nystatin	Topical	Podiatrist	Dermal preparations
	Terbinafine	Topical	Podiatrist	Dermal preparations

#### Schedule 3

DRUG CLASS	DRUG	ROUTE	ENDORSEMENT	RESTRICTION
	Amorolfine	Topical	Podiatrist	For topical use containing more than 0.25% of amorolfine

#### Schedule 4

DRUG CLASS	DRUG	ROUTE	ENDORSEMENT	RESTRICTION	CLINICAL USE
Allylamines	Terbinafine	Oral	Podiatrist	In conjunction with shared care arrangement.	Dermatophyte infection of skin & nail where topical treatment is ineffective or inappropriate. Requires positive microscopy or culture and baseline hepatic function.
<b>Mitosis Inhibitors</b>	Griseofulvin	Oral	Podiatrist	In conjunction with shared care arrangement.	Dermatophyte infection of skin & nail where topical treatment is ineffective or inappropriate. Requires positive microscopy or culture.



## ANTIBACTERIALS

### Schedule 4

DRUG CLASS	DRUG	ROUTE	ENDORSEMENT	RESTRICTION	CLINICAL USE
Cephalosporins	Cephalexin	Oral	Podiatrist		Mild to moderate Gram Positive skin and soft tissue infection
Lincosamides	Clindamycin	Oral	Podiatrist	Treatment for longer than 10-days requires general practitioner or specialist advice	For treatment of infection in patients with severe penicillin and cephalosporin allergy.  Skin, soft tissue and bone infection
		IV	Podiatric Surgeon	In association with a hospital admission (including a registered day surgery facility) in conjunction with specialist advice. Treatment for longer than 10-days requires specialist advice	For treatment of infection in patients with severe penicillin and cephalosporin allergy.  Severe skin, soft tissue and bone infection  Surgical prophylaxis in patients allergic to penicillin and cephalosporins
Macrolides	Roxithromycin	Oral	Podiatrist		Skin and soft tissue infection in patients with severe penicillin and cephalosporin allergy
Nitroimidazoles	Metronidazole	Topical	Podiatrist		Fungating wounds
		Oral	Podiatrist	Treatment for greater than 10- days requires general practitioner or specialist advice	Mild to moderate anaerobic and mixed skin and soft tissue infections
		IV	Podiatric Surgeon	In association with a hospital admission (including a registered day surgery facility) in conjunction with specialist advice  Treatment for greater than 10- days requires general practitioner or specialist advice	Moderate anaerobic and mixed skin and soft tissue infections

## ANTIBACTERIALS (Cont.)

### Schedule 4 (Cont.)

DRUG CLASS	DRUG	ROUTE	ENDORSEMENT	RESTRICTION	CLINICAL USE
Penicillins	1. Amoxicillin	Oral	Podiatrist		Mild to moderate mixed skin and soft tissue infections
		IM	Podiatric Surgeon		Moderate to severe mixed skin and soft tissue infections
		IV	Podiatric Surgeon	In association with a hospital admission (including a registered day surgery facility) in conjunction with specialist advice	Moderate to severe mixed skin and soft tissue infections from a surgical episode or wound complication
	2. Clavulanic Acid (in combination with Amoxicillin)	Oral	Podiatrist		Mild to moderate mixed skin and soft tissue infections
		IM	Podiatric Surgeon		Moderate to severe mixed skin and soft tissue infections
		IV	Podiatric Surgeon	In association with a hospital admission (including a registered day surgery facility) in conjunction with specialist advice	Moderate to severe mixed skin and soft tissue infections from a surgical episode or wound complication
	3. Dicloxacillin	Oral	Podiatrist	Treatment for longer than 10-days requires general practitioner systemic monitoring.	Skin and soft tissue infection
		IM	Podiatric Surgeon		
		IV	Podiatric Surgeon	In association with a hospital admission (including a registered day surgery facility) in conjunction with specialist advice	Surgical prophylaxis Skin and soft tissue infection following a surgical episode or wound complication
	4. Flucloxacillin	Oral	Podiatrist	Treatment for longer than 10-days requires general practitioner systemic monitoring.	Skin and soft tissue Infection
		IM	Podiatric Surgeon		
		IV	Podiatric Surgeon	In association with a hospital admission (including a registered day surgery facility) in conjunction with specialist advice	Surgical prophylaxis Skin and soft tissue infection following a surgical episode or wound complication
Silver Sulfadiazine		Topical	Podiatrist		Treatment and prevention of wound infection

## ANTI-INFLAMMATORIES

### Schedule 2

DRUG CLASS	DRUG	ROUTE	ENDORSEMENT	RESTRICTION
	Aspirin	Oral	Podiatrist	Except when included in Schedule 4
	Diclofenac	Oral Topical	Podiatrist	Except when included in Schedule 3 or 4
	Hydrocortisone and Hydrocortisone Acetate	Topical	Podiatrist	Dermal use except when in Schedule 3 or 4
	Ibuprofen	Oral Topical	Podiatrist	Except when in Schedule 3 or 4

### Schedule 3

DRUG CLASS	DRUG	ROUTE	ENDORSEMENT	RESTRICTION
	Diclofenac	Oral	Podiatrist	Except when included in Schedule 2 or 4
	Hydrocortisone and Hydrocortisone Acetate	Topical	Podiatrist	Dermal use except when in Schedule 2 or 4
	Ibuprofen	Oral	Podiatrist	Except when in Schedule 2 or 4

### Schedule 4

DRUG CLASS	DRUG	ROUTE	ENDORSEMENT	RESTRICTION	CLINICAL USE
<b>Corticosteroids</b>	Betamethasone	Injection, Topical	Podiatrist	Injection limited to local deposition.	For use in Inflammatory conditions of the foot and ankle where non-pharmacological treatment has failed to reduce inflammation.
	Dexamethasone	Injection, Topical	Podiatrist	Communication with general practitioner as to treatment and outcome is expected.	
	Methylprednisolone	Injection, Topical	Podiatrist		
	Triamcinolone	Injection, Topical	Podiatrist		
	Desonide	Topical	Podiatrist	Adherence to use according to clinical guidelines such as <i>Therapeutic Guideline: Dermatology</i>	
	Mometasone furoate	Topical	Podiatrist		
	Hydrocortisone	Topical	Podiatrist		

## ANTI-INFLAMMATORIES (Cont.)

### Schedule 4 (Cont.)

DRUG CLASS	DRUG	ROUTE	ENDORSEMENT	RESTRICTION	CLINICAL USE
<b>Nonsteroidal anti-inflammatories</b>	Aspirin	Oral	Podiatrist		<p>For short term control of acute inflammation.</p> <p>Use lowest dose possible for shortest period of time.</p> <p>May be used in conjunction with physical measures to reduce inflammation. Paracetamol may be used additionally.</p>
	Diclofenac	Oral, Topical	Podiatrist		
	Celecoxib	Oral	Podiatrist		
	Ibuprofen	Oral, Topical	Podiatrist		
	Indomethacin	Oral	Podiatrist		
	Ketolac	Oral, Injection	Podiatric Surgeon	Peri operative treatment only	
	Meloxicam	Oral	Podiatrist		
	Naproxen	Oral	Podiatrist		
	Sulindac	Oral	Podiatrist		
<b>Gout</b>	Colchicine	Oral	Podiatrist	In shared care arrangement and as a diagnostic/therapeutic dose over 24 hours.	For use where NSAIDs have failed to control inflammation and there is a strong clinical suspicion for gout.

## PAIN MANAGEMENT

Additionally drugs listed as anti-inflammatories may also be used as for analgesia (pain management)

### Schedule 2

DRUG CLASS	DRUG	ROUTE	ENDORSEMENT	RESTRICTION	CLINICAL USE
	Aspirin	Oral	Podiatrist	Except when included in Schedule 4	
	Codeine	Oral	Podiatrist	Except when included in Schedule 3, 4 or 8	
	Paracetamol	Oral	Podiatrist	Except when in Schedule 4	

### Schedule 3

DRUG CLASS	DRUG	ROUTE	ENDORSEMENT	RESTRICTION	CLINICAL USE
	Codeine	Oral	Podiatrist	Except when included in Schedule 2, 4 or 8	

## Guidelines for endorsement for scheduled medicines

### PAIN MANAGEMENT (Cont.)

#### Schedule 4

DRUG CLASS	DRUG	ROUTE	ENDORSEMENT	RESTRICTION	CLINICAL USE
<b>Opioid analgesics</b>	Codeine	Oral	Podiatrist	Except when included in Schedule 2, 3 or 8	Moderate musculoskeletal pain (post procedural or traumatic in origin)
<b>Non - opioid analgesics</b>	Methoxyflurane	Inhalation	Podiatrist	Short term pain relief e.g. pre injection.	Analgesia in subanaesthetic concentration delivered via inhaler.

### SPECIFIC PURPOSE (Miscellaneous)

#### Schedule 2

DRUG CLASS	DRUG	ROUTE	ENDORSEMENT	RESTRICTION
Antihistamine	Desloratadine	Oral	Podiatrist	

#### Schedule 3

DRUG CLASS	DRUG	ROUTE	ENDORSEMENT	RESTRICTION
Antihistamine	Promethazine	Oral	Podiatrist	

#### Schedule 4

DRUG CLASS	DRUG	ROUTE	ENDORSEMENT	RESTRICTION
Antihistamines	Promethazine	Oral	Podiatrist	Urticaria and sedation (pre-medication)
	Desloratadine	Oral	Podiatrist	Urticaria

### LOCAL ANAESTHESIA

#### Schedule S2

DRUG CLASS	DRUG	ROUTE	ENDORSEMENT	RESTRICTION
<b>Aminoamides</b>	Lignocaine	Topical		Except when included in Schedule 4
	Prilocaine	Topical	Podiatrist	In preparations for dermal use containing 10% or less of total local anaesthetic substances

#### Schedule S4

DRUG CLASS	DRUG	ROUTE	ENDORSEMENT	RESTRICTION	CLINICAL USE
<b>Aminoamides</b>	Bupivacaine (Plain or with adrenaline)	Injection	Podiatrist		Surgical anaesthesia. Pain reduction with or without addition of steroid.

## LOCAL ANAESTHESIA (Cont.)

### Schedule S4 (Cont.)

DRUG CLASS	DRUG	ROUTE	ENDORSEMENT	RESTRICTION	CLINICAL USE
	Felypressin	Injection	Podiatrist		Surgical anaesthesia.  Pain reduction with or without addition of steroid.
	Levobupivacaine (Plain or with adrenaline)	Injection	Podiatrist		
	Lignocaine (Plain or with adrenaline)	Injection Topical	Podiatrist		
	Mepivacaine (Plain or with adrenaline)	Injection Topical	Podiatrist		
	Prilocaine (Plain or with felypressin)	Injection Topical	Podiatrist		
	Ropivacaine	Injection	Podiatrist		
<b>Aminoester</b>	Procaine	Injection	Podiatrist	Only for use if known allergy to amides.	

## EMERGENCY (ANAPHYLACTIC REACTIONS)

### Schedule S4

DRUG CLASS	DRUG	ROUTE	ENDORSEMENT	RESTRICTION	CLINICAL USE
<b>Adrenergic agonist</b>	Adrenaline	IM	Podiatrist		Severe allergic reactions including anaphylactic shock, life threatening angioedema, bronchospasm and croup.
	Adrenaline	IV	Podiatrist	Podiatric surgeon	For advanced life support as per resuscitation guidelines

## ANTI-ANXIETY AGENTS

### Schedule 4

DRUG CLASS	DRUG	ROUTE	ENDORSEMENT	RESTRICTION	CLINICAL USE
<b>Benzodiazepines</b>	Temazepam	Oral	Podiatrist	1 dose	Pre medication for surgery or procedure
	Lorazepam	Oral	Podiatrist	1 dose	



### Appendix B Approved programs of study that transitioned on 1st July 2010.

Podiatrists who have completed these courses in the years indicated have been deemed to have met the course requirement, one step towards gaining an endorsement for scheduled medicines.

#### La Trobe University

- Bachelor of Podiatry completed in 2003 or later.
- Graduate Diploma in Podiatry (Pharmacology Units).
- Honours degree in Podiatry (Pharmacology Units).

#### Pharmacology Units

Certificate of successful completion of pharmacology units (as single subjects) equivalent to those offered in the Bachelor of Podiatry course at La Trobe University completed in 2000 or later.

#### Charles Stuart University

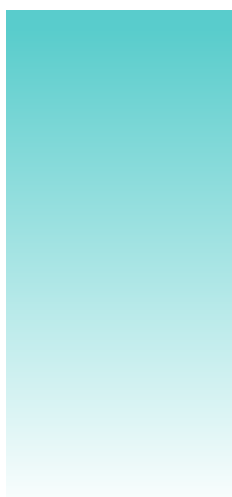
- Bachelor of Health Science (Podiatry) completed in 2004 or later.

#### University of South Australia

- Bachelor of Podiatry completed in 2012 or later.
- Certificate of successful completion of graduate course in advanced Pharmacology for Podiatrists dated 2009 or later.

#### Queensland University of Technology

- Bachelor of Health Science (Podiatry) completed in 2013 or later.



## Attachment A

### Extract from relevant provisions from the *Health Practitioner Regulation National Law Act 2009*

#### Division 3 Registration standards and codes and guidelines

##### 39 Codes and guidelines

A National Board may develop and approve codes and guidelines—

- a). to provide guidance to the health practitioners it registers; and
- b). about other matters relevant to the exercise of its functions.

**Example.** A National Board may develop guidelines about the advertising of regulated health services by health practitioners registered by the Board or other persons for the purposes of section 133.

40 Consultation about registration standards, codes and guidelines

1. If a National Board develops a registration standard or a code or guideline, it must ensure there is wide-ranging consultation about its content.
2. A contravention of subsection (1) does not invalidate a registration standard, code or guideline.
3. The following must be published on a National Board's website—
  - a). a registration standard developed by the Board and approved by the Ministerial Council;
  - b). a code or guideline approved by the National Board.
4. An approved registration standard or a code or guideline takes effect—
  - a). on the day it is published on the National Board's website; or
  - a). if a later day is stated in the registration standard, code or guideline, on that day.

##### 41 Use of registration standards, codes or guidelines in disciplinary proceedings

An approved registration standard for a health profession, or a code or guideline approved by a National Board, is admissible in proceedings under this Law or a law of a co-regulatory jurisdiction against a health practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession.

## Specific provisions

### 94 Endorsement for scheduled medicines

1. A National Board may, in accordance with an approval given by the Ministerial Council under section 14, endorse the registration of a registered health practitioner registered by the Board as being qualified to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicines if the practitioner—
  - a). holds either of the following qualifications relevant to the endorsement—
    - ii). an approved qualification;
    - iii). another qualification that, in the Board's opinion, is substantially equivalent to, or based on similar competencies to, an approved qualification; and
  - b). complies with any approved registration standard relevant to the endorsement.

Note. The endorsement of a health practitioner's registration under this section indicates the practitioner is qualified to administer, obtain, possess, prescribe, sell, supply or use the scheduled medicine or class of medicines specified in the endorsement but does not authorise the practitioner to do so. The authorisation of a health practitioner to administer, obtain, possess, prescribe, sell, supply or use scheduled medicines in a participating jurisdiction will be provided for by or under another Act of that jurisdiction. Health practitioners registered in certain health professions will be authorised to administer, obtain, possess, prescribe, sell, supply or use scheduled medicines by or under an Act of a participating jurisdiction without the need for the health practitioners to hold an endorsement under this Law.

2. An endorsement under subsection (1) must state—
  - a). the scheduled medicine or class of scheduled medicines to which the endorsement relates; and
  - b). whether the registered health practitioner is qualified to administer, obtain, possess, prescribe, sell, supply or use the scheduled medicine or class of scheduled medicines; and
  - c). if the endorsement is for a limited period, the date the endorsement expires.