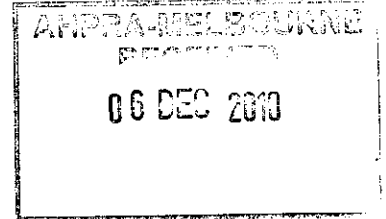




The Australian Podiatry Association (Western Australia)

Incorporated in 1966 - Limited by Guarantee
ABN 89 008 700 721

Suite 29A, 88 Broadway, Crawley 6009
Telephone: (08) 6389 0225 Facsimile: (08) 6389 1671
Email: apodawa@iinet.net.au



Mr Jason Warnock
Chair
Podiatry Board of Australia
GPO BOX 9958
MELBOURNE VIC 3001

Dear Jason

RE: Consultation Paper on Guidelines for Endorsement for Scheduled Medicines

The Australian Podiatry Association (WA) would like to provide its comments and suggestions in relation to the consultation paper on "Guidelines for Endorsement of Scheduled Medicines".

The Australian Podiatry Association (WA) would firstly like to congratulate the PBA on this landmark decision to endorse the use of scheduled medicines for all podiatrists across Australia. The Association supports the Podiatry Board of Australia in the development of the guidelines for the endorsement for scheduled medicines including the development of a List of Scheduled Medicines approved by the Board ("The National Drug List") and is very supportive of a consistent standard across Australia. The Australian Podiatry Association (WA) recognises the importance of communication between health care providers and supports the recommendations of this document. We agree that the development of a consistent list of scheduled medicines across all relevant areas of governance will provide benefits to patient safety, consistency of practice and continuum of care for patients throughout Australia.

The Australian Podiatry Association (WA) notes the Approved programs for scheduled medicines endorsement as a podiatrist include the La Trobe University Bachelor of Podiatry post graduate diploma 2003 (Pharmacology units), Honours degree in podiatry (Pharmacology units); Charles Sturt University Bachelor of Podiatry post graduate 2004; University of South Australia Post graduate units in pharmacology and Bachelor of Podiatry post- 2009 and Curtin University Master of Podiatry. We also note the absence of the University of WA Podiatric Medicine course from this list. We are aware that the new UWA programs of study have recently been assessed for accreditation by ANZPAC and anticipate these courses will be considered for inclusion on the list of approved programs in the future. The Australian Podiatry Association (WA) would appreciate notification in relation to the UWA courses once they have been included as approved programs to allow us to provide accurate information to our members.

The Australian Podiatry Association (WA) believes that a podiatrist registered as a podiatric surgeon under the National Law require access to an extended list of drugs specific to the requirements of podiatric surgery. We are therefore supportive of suitable drug lists being developed in the future for other specialties of podiatry including ‘high risk’ foot management.

The Australian Podiatry Association (WA) recommends that the following additional **antibacterial** agents be made available to podiatric surgeons by either oral “O” or Intravenous “IV” route. These recommendations are adopted from the “**Therapeutic Guidelines - Antibiotic**” Version 14, 2010.

- **Benzylpenicillin** IV for surgical prophylaxis in amputation for diabetic patients
- **Cefotaxime** IV or **Ceftriaxone** IV for gram-negative osteomyelitis or septic arthritis
- **Cephazolin** IV for preoperative prophylaxis and empiric treatment of osteomyelitis in patients who are hypersensitive to penicillin, excluding immediate hypersensitivity
- **Vancomycin** IV for preoperative prophylaxis and empiric treatment of osteomyelitis in patients with immediate penicillin hypersensitivity
- **Ciprofloxacin** IV for patients with immediate penicillin hypersensitivity with contaminated wounds
- **Gentamicin** IV for sepsis due to gram-negative enteric bacteria
- **Lincomycin** IV for patients with immediate penicillin hypersensitivity and MSSA with proven macrolide susceptibility
- **Piperacillin + tazobactam** IV or **Ticarcillin + clavulanate** IV for open, soiled wounds or infection in the presence of devitalized tissue, including the management of diabetic foot infections
- **Rifampicin + Fusidate** O for treatment of osteomyelitis due to MRSA

The Australian Podiatry Association (WA) recommends that the following additional **analgesic** agents be made available to podiatric surgeons. These recommendations are adopted from the “**Therapeutic Guidelines - Analgesic**” Version 5, 2007.

- **Tramadol** IV and O immediate-release and modified-release for reduced incidence and severity of opioid adverse effects *eg* respiratory depression and constipation plus limited potential for tolerance, physical dependence and addiction, even with long-term use.
- **Parecoxib** IV for multimodal analgesia during surgery

- **Piroxicam** oral for post-postoperative pain and as an analgesic, especially where there is an inflammatory component.

The Australian Podiatry Association (WA) recommends that the following additional **antithrombotic** agents be made available to podiatric surgeons. These recommendations are adopted from the “**Therapeutic Guidelines – Cardiovascular**”, version 5, 2008.

- **Enoxaparin** Subcutaneous for perioperative venous thromboembolism prophylaxis
- **Dalteparin** Subcutaneous for perioperative venous thromboembolism prophylaxis

The Australian Podiatry Association (WA) recommends that the following additional **antiemetic** agents are available to podiatric surgeons. These recommendations are adopted from the “**Therapeutic Guidelines – Gastrointestinal**” version 4, 2006.

- **5-HT₃-receptor antagonists** are effective at preventing vomiting and have a favourable adverse effect profile.
 - **Ondansteron** IV for prophylaxis and treatment of postoperative nausea and vomiting
 - **Dolasetron** IV for prophylaxis and treatment of postoperative nausea and vomiting
 - **Droperidol** has been shown to be effective when given at the end of anaesthesia
 - **Promethazine** given at the end of surgery has been shown to be effective in preventing PONV.

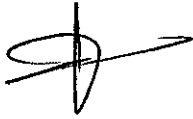
The Australian Podiatry Association (WA) supports adopting legislative changes in WA similar to section 17C of the Poisons and Therapeutic Goods Act 1966 No 31 of NSW. The NSW Act authorises the possession, use, supply or prescription of substances by a podiatrist and allows the Podiatry Board of Australia to manage the development of guidelines, endorsement process and the National Drug List. We encourage the Department of Health in WA to consider similar legislative changes when the relevant state Act is reviewed

The Australian Podiatry Association (WA) encourages the PBA to consider the therapeutic guidelines as part of the consultation process and believe that Medicare privileges for pathology and extended imaging should accompany the prescription of schedule medicines. It is imperative that podiatrists have access to pathology services to help guide antimicrobial/antifungal choice. The principles of antimicrobial use indicate the use of microbiology to guide therapy wherever possible and using evidence based practice Furthermore, the narrowest spectrum of antimicrobial should be used at all times (preferably monotherapy) with the dosage and duration of therapy appropriate to the site and type of infection.

It is therefore important that pathology and imaging rights be reviewed in conjunction with the 'Guidelines for Endorsement of Scheduled Medicines'.

The Australian Podiatry Association (WA) would like to thank the Podiatry Board of Australia the opportunity to provide input into this important landmark decision for all podiatrists across Australia.

Yours Sincerely

A handwritten signature in black ink, appearing to be 'AM', with a long horizontal stroke extending to the right.

FP

Amanda Meneghello
Australian Podiatry Association (WA)
2 December 2010