



Podiatry Board of Australia

GUIDELINES: ENDORSEMENT FOR SCHEDULED MEDICINES

1 August 2018

Introduction

These guidelines have been developed by the Podiatry Board of Australia (the Board) to provide guidance about how to meet the requirements of the Board's *Registration standard: Endorsement for scheduled medicines* (ESM registration standard) when you are applying for endorsement for scheduled medicines and when endorsed. You are expected to understand and apply these guidelines together with the ESM registration standard.

Do these guidelines apply to me?

These guidelines should be used by podiatrists and podiatric surgeons:

- seeking to have their registration endorsed for scheduled medicines, and/or
- whose registration is endorsed for scheduled medicines.

These guidelines must be read in conjunction with the ESM registration standard, published on the [Endorsement for scheduled medicines](#) page of the Board's website.

Overview

These guidelines are divided into the following parts:

1. *Prescribing competencies for endorsement for scheduled medicines* – information about the required prescribing competencies to have your registration endorsed for scheduled medicines and to ensure that you can safely and effectively administer, obtain, possess, prescribe, sell, supply or use the scheduled medicines listed in the *National podiatry scheduled medicines list*¹ for the treatment of podiatric conditions.
2. *Requirements for endorsement for scheduled medicines* – further information and guidance about the Board's requirements for endorsement for scheduled medicines, including information about the two pathways to endorsement; qualifications for each pathway; and for Pathway B, information about approved online case studies, supervised practice, portfolio of evidence, and assessment, including information about the principles the Board will use when assessing an application for endorsement for scheduled medicines under Pathway B.
3. *Ongoing requirements for podiatrists and podiatric surgeons with endorsement for scheduled medicines* –

information about clinical practice requirements, and maintaining competence.

4. *References and resources* – a list of useful references for endorsed practitioners and practitioners working towards endorsement, and
5. *Appendices* – additional details and further information about some of the material covered in the body of these guidelines:
 - Appendix 1 contains detailed information about the requirements for a mentor under Pathway B
 - Appendix 2 contains detailed information about the evidence to include in the portfolio that must be developed as part of Pathway B, and
 - Appendix 3 contains the Board's *Clinical practice guidelines: Endorsement for scheduled medicines*.

The information contained in these guidelines is complementary to and must be read in conjunction with the Board's ESM Registration standard.

Bolded terms (apart from headings) in these guidelines and appendices are defined in the Definitions section.

1. Prescribing competencies for endorsement for scheduled medicines

As required by the Board's ESM registration standard, if you are applying for an endorsement for scheduled medicines you must be able to demonstrate that you have the required **prescribing competencies** to have your registration endorsed for scheduled medicines.

The required **prescribing competencies** are defined in the ESM registration standard and these guidelines as the prescribing competencies described in the NPS MedicineWise *Prescribing competencies framework*² as it may be updated from time to time – or such other national prescribing competencies that the Board may adopt by notice published on the Board's website.

The NPS MedicineWise *Prescribing competencies framework* describes the competencies that health professionals require to prescribe medicines judiciously, appropriately, safely and effectively in the Australian healthcare system. In summary, the prescribing competencies (as set out in the framework) relate to seven main areas. Five competencies are specific to prescribing and two are more general professional competencies that are also critical to safe prescribing.

¹ The *National podiatry scheduled medicines list* is at Attachment A to the Board's ESM registration standard.

² NPS: Better choices, Better health. Competencies required to prescribe medicines: putting quality use of medicines into practice. Sydney: National Prescribing Service Limited, 2012. Available at www.nps.org.au/health-professionals/cpd/prescribing-competencies-framework

The areas are as follows:

1. *Assessment*: Understands the patient and their clinical needs.
2. *Treatment options*: Understands the treatment options and how they support the patient's clinical needs.
3. *Shared decision-making*: Works in partnership with the person to develop and implement a treatment plan.
4. *Coordination*: Communicates the treatment plan clearly to other health professionals.
5. *Monitors and reviews*: Monitors and reviews the patient's response to treatment.
6. *Professional*: Practises professionally.
7. *Communicates*: Communicates and collaborates effectively with the person and other health professionals.

2. Requirements for endorsement for scheduled medicines (ESM)

The Board's ESM registration standard sets out the requirements for a podiatrist or podiatric surgeon to have their registration endorsed for scheduled medicines under section 94 of the **National Law**.

The requirements are designed to ensure that a podiatrist or podiatric surgeon whose registration is endorsed for scheduled medicines has the required **prescribing competencies** to safely administer, obtain, possess, prescribe, sell, supply or use scheduled medicines for the treatment of podiatric conditions.

There are two pathways for endorsement for scheduled medicines:

1. Pathway A – approved qualification pathway.
2. Pathway B – supervised practice pathway for registered practitioners.

2.1 Pathway A – approved qualification pathway

Evidence that you hold an **approved qualification for endorsement for scheduled medicines** (or equivalent) is required by the Board for this pathway.

The definition of an **approved qualification for endorsement for scheduled medicines** is in the Board's ESM registration standard and these guidelines. The qualification is obtained by completing a Board-approved program of study for endorsement for scheduled medicines.

The Board's *Registration standard: Recency of practice* will apply to your application for endorsement for scheduled medicines under Pathway A, unless you are a **recent**

graduate as defined in the Board's ESM registration standard and these guidelines.

This means that if you don't apply for endorsement for scheduled medicines under Pathway A within 12 months of being awarded the **approved qualification for endorsement for scheduled medicines**, you will have to meet the requirements of the Board's *Registration standard: Recency of practice* with respect to recent practice in this scope of practice (relating to the endorsement for scheduled medicines).

The Board's approved programs of study for endorsement for scheduled medicines are published on the [accreditation](#) page of the Board's website. Information about the process for assessing whether a qualification is substantially equivalent to, or based on similar competencies to, an approved qualification is published on the [Endorsement for scheduled medicines](#) page of the Board's website.

2.2 Pathway B – supervised practice pathway for registered practitioners

2.2.1 Overview of Pathway B

Pathway B provides a pathway for registered podiatrists and podiatric surgeons to meet the requirements for endorsement for scheduled medicines through a combination of:

- an approved qualification in podiatric therapeutics
- successful completion of approved online case studies relevant to the endorsement
- a period of supervised practice, and
- development of a portfolio of evidence for assessment by the Board.

There are also steps you must complete before commencing your period of supervised practice and to progress during your period of supervised practice.

Further guidance about each of these requirements can be found below.

A simple flowchart which provides an overview of the requirements for Pathway B is published on the [Endorsement for scheduled medicines](#) page of the Board's website.

2.2.2 Approved qualification in podiatric therapeutics

The definition of an **approved qualification in podiatric therapeutics** is in the ESM registration standard and these guidelines.

The qualification is obtained by completing an approved program of study in podiatric therapeutics. The qualification must be current. This means that it must not be more than seven years old at the time you apply to the Board to commence **supervised practice** under this

pathway. The date the qualification was conferred is the date that is used to determine its currency.

If your qualification will be more than seven years old by the time you apply to commence **supervised practice**, you will need to complete another approved program of study in podiatric therapeutics before commencing the other requirements under this pathway.

The Board's approved programs of study in podiatric therapeutics are published on the [accreditation](#) page of the Board's website. Information about the process for assessing whether a qualification is substantially equivalent to, or based on similar competencies to, an approved qualification is published on the [Endorsement for scheduled medicines](#) page of the Board's website.

You must submit evidence of your approved qualification with your application to the Board to commence **supervised practice**. If your qualification has been assessed as substantially equivalent to, or based on similar competencies to, an approved qualification you must submit evidence of that assessment.

2.2.3 Approved online case studies

Online case studies are a well-accepted method for integrating knowledge, skills and key aspects of clinical decision making.

Approved online case studies are approved by the Board and are defined in the ESM registration standard and these guidelines. The **approved online case studies** must be completed after you have obtained your **approved qualification in podiatric therapeutics** (or equivalent).

You must submit evidence of having successfully completed 15 **approved online case studies** when you apply to the Board to commence **supervised practice**. The evidence required will usually be in the form of a certificate from the education provider certifying that you have successfully completed the online case studies.

A list of education providers who deliver **approved online case studies** is published on the [Endorsement for scheduled medicines](#) page of the Board's website.

2.2.4 Supervised practice

Overview

The definition of **supervised practice** for the purpose of Pathway B is in the ESM registration standard and these guidelines.

The period of **supervised practice** must meet the requirements of the ESM registration standard and these guidelines. You must be registered as a podiatrist or podiatric surgeon in Australia before you can commence **supervised practice** under this pathway.

The purpose of undertaking a period of **supervised practice** is to further develop your capacity to undertake best practice in prescribing which will build on the

profession specific knowledge that you have gained through attaining an **approved qualification in podiatric therapeutics** and completing **approved online case studies**.

You must have a signed mentor agreement in place with a mentor who meets the requirements set out in Appendix 1. A mentor agreement template is on the [Endorsement for scheduled medicines](#) page of the Board's website.

Apply to commence supervised practice

Before you commence your period of **supervised practice** you must apply to the Board to commence **supervised practice** and submit the following to the Board for approval:

- evidence that you hold an **approved qualification in podiatric therapeutics**, or equivalent
- evidence of having successfully completed **approved online case studies**, and
- a signed mentor agreement.

The *Application to commence supervised practice* form can be found on the [Endorsement for scheduled medicines](#) page of the Board's website.

You must not commence your period of **supervised practice** until the Board is satisfied that you have met these prerequisites and has advised you in writing that you have met the prerequisites.

Supervised practice – clinical experience

As required by the ESM registration standard, you must complete a minimum period of 150 hours of **supervised practice** within a 12-month period under the guidance of a mentor. Your mentor has a key role in ensuring you understand the requirements for safe and effective prescribing of scheduled medicines for the treatment of podiatric conditions.

Information about the role and responsibilities of the mentor are set out in Appendix 1. You and your mentor must be familiar with the information in this appendix.

It is essential that you are exposed to a variety of settings to ensure a mix of clinical experiences. You should have an opportunity to observe and review clinical encounters with patients across the continuum of care.

The **supervised practice** must involve podiatric pathology and be sufficient to allow substantial exposure to podiatric conditions, interventions and their management through the use of scheduled medicines. It will involve:

- learning through observing prescribing clinicians in patient consultations or other clinical encounters and discussion, and
- reflection in a range of prescribing environments under the guidance of your mentor.

GUIDELINES: ENDORSEMENT FOR SCHEDULED MEDICINES

The minimum of 150 hours of **supervised practice** that you are required to complete includes:

- the observational sessions with the prescribing clinicians
- meetings with your mentor
- reflection (see Appendix 2: Evidence for inclusion in your portfolio – 1.2 Reflective journal), and
- development of your portfolio of evidence.

It must be completed within 12 months of the date that you are advised in writing that the Board is satisfied you have met the prerequisites for **supervised practice**.

If you are unable to complete the minimum of 150 hours of **supervised practice** within a 12-month period, the Board may grant an extension of time to complete the **supervised practice** in exceptional circumstances. A Board policy on when an extension may be granted is published on the [Endorsement for scheduled medicines](#) page of the Board's website.

Attending prescribing clinician for patient consultations

The attending prescribing clinician for the clinical encounters you are observing will be an experienced health practitioner who can prescribe scheduled medicines. **This may be your mentor or another health practitioner.**

The use of more than one prescribing clinician is encouraged as this may assist you in getting exposure to a mix of clinical experiences. It will also enable you to benefit from different perspectives on prescribing, according to different contexts. Examples of prescribing clinicians include: a podiatrist or podiatric surgeon whose registration is endorsed for scheduled medicines; a GP; specialist nurse practitioner; hospital medical officer; pharmacist; or dermatologist.

The Board expects that rather than just being a passive observer you will actively observe the clinical decision making for the particular patient and discuss with the attending prescribing clinician after the consultation and that this will be reflected in the evidence that you submit with your portfolio.

The attending prescribing clinician is required to sign and date your log of supervised practice activities for each clinical attendance. See Appendix 2 for information about the log of supervised practice activities, which forms part of your reflective journal.

2.2.5 Portfolio of evidence

As required by the ESM registration standard, during your period of **supervised practice** you will progressively develop a portfolio of evidence that will demonstrate to the Board that you have the required **prescribing competencies** to have your registration endorsed for scheduled medicines and that you have met the Board's requirements for **supervised practice**.

The portfolio allows you to describe and provide evidence of your learning through your clinical experience, related education, interaction with your mentor and self-reflection.

There is no formal prescribed format for the portfolio, however the evidence contained in your portfolio must:

- demonstrate clearly and in detail that you have dealt with a diverse range of patient cases and clinical settings involving the use of scheduled medicines in the management of podiatric conditions
- be sufficient to satisfy your mentor and the Board that you have the required **prescribing competencies** to be able to safely administer, obtain, possess, prescribe, sell, supply or use the scheduled medicines in the *National podiatry scheduled medicines list* for the treatment of podiatric conditions, and
- demonstrate how you have reflected on your performance during the period of **supervised practice**.

Remember: you need to be able to demonstrate that you meet each of the competencies described in the NPS MedicineWise *Prescribing competencies framework* and that you have the related podiatric-specific knowledge, skills and behaviours for each competency

It is essential that you are familiar with and understand the NPS MedicineWise *Prescribing competencies framework* and can clearly demonstrate through the evidence in your portfolio that you meet each of the **prescribing competencies** described in the framework or such other national prescribing competencies that the Board may adopt by notice published on the Board's website.

Examples of evidence

The evidence in your portfolio must include de-identified clinical studies and a reflective diary/journal. It can also include de-identified case notes, journal reviews and additional formal education.

More detailed information on the evidence to be included in your portfolio, including examples of evidence, is set out in Appendix 2.

The documents included in your portfolio of evidence must be signed by you and your mentor. Verification by your mentor of the content of the evidence in your portfolio will help ensure that your portfolio accurately reflects that you have completed the Board's requirements for **supervised practice** and have met the required **prescribing competencies**.

The evidence in your portfolio should be clearly presented and labelled and accompanied by an evidence matrix to show which piece of evidence demonstrates

what competency. A template evidence matrix is published on the [Endorsement for scheduled medicines](#) page of the Board's website.

2.2.6 Principles for assessment of application for ESM under Pathway B

The Board will apply the following principles when assessing your application for endorsement for scheduled medicines under Pathway B:

- evidence submitted must be a valid, reliable and accurate record of your learning and must be signed by you and your mentor, and
- the evidence you submit will be assessed against the competencies described in the NPS MedicineWise *Prescribing competencies framework*. It is therefore essential that you are familiar with this framework and associated knowledge, skills and behaviours related to each competency outlined in the framework.

2.2.7 Assessment

Initial assessment of clinical studies

As set out in Appendix 2 to these guidelines, you must include a minimum of 15 clinical studies in your portfolio.

As required by the ESM registration standard, when you have completed a minimum of 25 hours of **supervised practice**, you must submit to the Board for assessment three clinical studies that have been completed in accordance with the requirements set out in Appendix 2 and reviewed and signed off by your mentor. All three clinical studies must include a completed prescription (see Appendix 2). The clinical studies must be accompanied by a brief report from you which outlines which of the **prescribing competencies** are demonstrated in each clinical study.

This provides an opportunity for the Board to provide feedback to you in the early part of your period of **supervised practice** and provide you with an opportunity to reflect on the feedback, discuss it with your mentor and address any concerns before you complete your period of **supervised practice**.

Clinical studies that have been assessed as satisfactory by the Board will be returned to you and you must resubmit them in your portfolio to the Board when you apply to have your registration endorsed for scheduled medicines at the end of the period of **supervised practice**. These clinical studies are counted towards the minimum of 15 that you are required to submit in the portfolio.

Any clinical studies that are assessed during this initial assessment as unsatisfactory will be returned to you with a clear statement about why the particular clinical study was unsatisfactory. This provides you with an

opportunity to reflect on the feedback you have received and then apply that learning to another clinical study.

You will be given an opportunity to submit one further clinical study to replace each unsatisfactory clinical study. In other words, you can present up to three new clinical studies for initial assessment.

You will not be allowed to re-submit any clinical study you have previously submitted.

Three clinical studies must be assessed as satisfactory by the Board before you finish your period of **supervised practice**.

If a total of six clinical studies are assessed as unsatisfactory during the initial assessment, the Board may decide that you are required to undertake further education before continuing with any further **supervised practice**.

Final assessment for Pathway B

The ESM registration standard sets out when you can submit your application to the Board to have your registration endorsed for scheduled medicines under Pathway B.

The *Application for endorsement of registration for scheduled medicines* form can be found on the [Endorsement for scheduled medicines](#) page of the Board's website.

Your application and portfolio of evidence will be assessed in line with the principles for assessment outlined above at 2.2.6. In accordance with section 100 of the **National Law**, the Board may seek further information before deciding your application for endorsement.

If you have not provided sufficient evidence in your portfolio to demonstrate you have the required **prescribing competencies** to have your registration endorsed for scheduled medicines, the Board may take one or more of the following actions:

- require you to provide further information
- require you to undertake a further period of **supervised practice**
- require you to complete further education, and/or
- refuse your application for endorsement.

3. Ongoing requirements for practitioners with an endorsement for scheduled medicines

ESM clinical practice guidelines

The Board's *Clinical practice guidelines: Endorsement for scheduled medicines* at Appendix 3 provide guidance about appropriate clinical practice relating to the safe and effective use of scheduled medicines, including communication with the patient and members of their healthcare team; quality use of medicines (QUM); adverse event reporting; prescriptions; supply of scheduled medicines; and antimicrobial stewardship.

You are expected to understand and apply the clinical practice guidelines in your practice.

Maintaining competence

If your registration is endorsed for scheduled medicines you must maintain your competence to **prescribe** scheduled medicines for the treatment of podiatric conditions, including through:

- completing the required amount of CPD relevant to your scheduled medicines endorsement as set out in the Board's *Registration standard: Continuing professional development* and *Guidelines: Continuing professional development*, and
- maintaining recent experience in this scope of practice that meets the Board's *Registration standard: Recency of practice*.

4. References and resources

You should utilise resources which inform evidence-based practice in prescribing medicines in Australia. This applies when:

- undertaking your period of **supervised practice** under Pathway B
- preparing your portfolio under Pathway B, and
- practising once your registration has been endorsed for scheduled medicines.

References used must be the most current editions to ensure your knowledge is up to date.³

Essential references

- **Australian Medicines Handbook (AMH)**
shop.amh.net.au/products/electronic/down-2015
- **Therapeutic guidelines (eTG and latest hard copy versions)** – relevant to your practice
www.tg.com.au
- **NPS MedicineWise**
www.nps.org.au
- **MIMS Australia**
www.mims.com.au
- **MIMS online**
www.mims.com.au/index.php/products/mims-online

Additional useful references

- **Quality Use of Medicines (QUM)**
www.health.gov.au/internet/main/publishing.nsf/Content/nmp-quality.htm
- **Antimicrobial stewardship**
www.safetyandquality.gov.au/our-work/healthcare-associated-infection/antimicrobial-stewardship
- **TGA Medicines Safety Update**
www.tga.gov.au/publication/medicines-safety-update
- **TGA⁴**
www.tga.gov.au
- **Medication safety - Australian Commission on Safety and Quality in Healthcare**
www.safetyandquality.gov.au/our-work/medication-safety
- **Choosing Wisely Australia**
www.choosingwisely.org.au/home
- Recent textbook on Clinical Pharmacology
- Journals – e.g. *Medical Journal of Australia*

The Board may publish additional useful references on its website from time to time.

Authority

The Podiatry Board of Australia has developed these guidelines under section 39 of the **National Law**.

Guidelines approved by the Board may be used as evidence of what constitutes appropriate professional conduct or practice for the podiatry profession in proceedings against a health practitioner under the **National Law**, or a law of a co-regulatory jurisdiction.

³ There may be a cost for accessing some of these resources.

⁴ The TGA website includes useful information for health professionals, including reporting adverse events; Product Information (PI); and Consumer Medicine Information (CMI) that can be printed off and provided to the patient when the medicine is prescribed.

Definitions

The following terms are defined for the purpose of the ESM registration standard and these guidelines:

Approved qualification for endorsement for scheduled medicines means a qualification obtained by completing a podiatry program of study that has been accredited by the accreditation authority for the podiatry profession and subsequently approved by the Board as providing a qualification for the purpose of endorsement for scheduled medicines for the podiatry profession under Pathway A of the Board's ESM registration standard. The program of study is aligned to the NPS MedicineWise *Prescribing competencies framework*⁵ and includes education and training in podiatric therapeutics as well as clinically-supervised practice to ensure that graduates have the required competencies for endorsement for scheduled medicines.

Approved qualification in podiatric therapeutics means a qualification obtained by completing a program of study that has been accredited by the accreditation authority for the podiatry profession and subsequently approved by the Board as providing a qualification in podiatric therapeutics for the purpose of Pathway B of the Board's ESM registration standard. It includes education and training in podiatric therapeutics but **does not** include the clinically supervised practice that is required for endorsement for scheduled medicines.

Approved online case studies are case studies relevant to endorsement for scheduled medicines delivered online by a university or other approved education provider and approved by the Board. These case studies include an assessable component. Information about approved online case studies is included in the ESM registration standard and these guidelines.

Ministerial Council means the Australian Health Workforce Ministerial Council.

National Law means the Health Practitioner Regulation National Law as in force in each state and territory.

Prescribe, when the term is used on its own in the ESM registration standard and these guidelines (including the appendices), means the 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.⁶

Prescribing competencies means the prescribing competencies described in the NPS MedicineWise *Prescribing competencies framework*⁷ as it may be updated from time to time – or such other national prescribing competencies that the Board may adopt by notice published on the Board's website.

Recent graduate for the purpose of the ESM registration standard and these guidelines means a person applying for endorsement for scheduled medicines under Pathway A on the basis of an approved qualification for endorsement for scheduled medicines (as defined in the ESM registration standard and these guidelines) that was awarded not more than 12 months prior to the date of their application.

Supervised practice for the purpose of Pathway B means the observational clinical sessions undertaken by a registered podiatrist or podiatric surgeon with an experienced health practitioner (attending clinician) who can prescribe scheduled medicines in a range of prescribing environments that meets the requirements of the Board's ESM registration standard and these guidelines.

The supervised practice also encompasses reflective practice and meetings with a mentor culminating in a portfolio of evidence that meets the requirements of the Board's ESM registration standard and these guidelines.

Review

These guidelines will be reviewed from time to time as required. This will generally be at least every three years.

These guidelines replace the previously published guidelines dated 15 March 2011.

Last reviewed: August 2018

5 NPS: Better choices, Better health. Competencies required to prescribe medicines: putting quality use of medicines into practice. Sydney: National Prescribing Service Limited, 2012. Available at www.nps.org.au/health-professionals/cpd/prescribing-competencies-framework

6 Adapted from the definition of 'prescribing' in the *Health Professionals Prescribing Pathway*, which includes the following statement about the definition – *The definition of prescribing used in the HPPP may be different to the definition of prescribing provided in the legislation governing the use of medicines in each jurisdiction. Health professionals are advised to review the legislation in effect in the State or Territory in which they practice to ensure they understand their legal authorisation to prescribe medicines.*

7 NPS: Better choices, Better health. Competencies required to prescribe medicines: putting quality use of medicines into practice. Sydney: National Prescribing Service Limited, 2012. Available at www.nps.org.au/health-professionals/cpd/prescribing-competencies-framework

Appendix 1

Pathway B: Information about mentors

Who can be your mentor?

Your mentor **must** be experienced and knowledgeable in relation to the use of scheduled medicines for the treatment of podiatric conditions, with a minimum of **two (2) years** clinical experience in the use and prescribing of scheduled medicines.

Your mentor can be either:

- a podiatrist or podiatric surgeon whose registration has been endorsed for scheduled medicines for at least two years, or
- a registered medical practitioner.

Who cannot be your mentor?

A registered medical practitioner or podiatrist or podiatric surgeon cannot be a mentor if their registration or endorsement is subject to a restriction (such as condition(s) or an undertaking) which restricts their prescribing scope of practice and they don't have access to the full range of medicines in the *National podiatry scheduled medicines list*.⁸

If a mentor has restrictions of this nature placed on his or her registration during the supervision period a new mentor must be engaged.

Professional relationship

The relationship between you and your mentor must be professional. While your mentor is not a supervisor in the strict sense, the same principles that would apply with regard to a supervisor apply to your relationship with your mentor. As stated in the Board's *Code of conduct*, good practice involves avoiding any potential for conflict of interest in the supervisory relationship. For example, this means avoiding mentoring someone who is a close relative or friend, or where there is another potential conflict of interest that could impede objectivity and/or interfere with your achievement of learning outcomes or relevant experience.

Meetings with your mentor

It is critical that your mentor has adequate time for this role and allows for regular, protected time with you to:

- discuss every observational clinical consultation or encounter with a view to determining what understanding you have of the issues dealt with and the lessons to be learnt
- review the evidence that you wish to include in your portfolio and provide constructive feedback on any identified prescribing errors or other errors
- assist you to determine what additional evidence you may need to include in your portfolio
- discuss any problems or issues relating to your period of **supervised practice**, in a supportive environment
- facilitate and/or guide you in finding observational placements which will enhance the objectives of your **supervised practice**, and
- ensure that you understand what resources are available to facilitate the successful attainment of endorsement for scheduled medicines under Pathway B.

It is preferable that your meetings with your mentor are face-to-face. However, if this is not possible, due to unavailability of a suitable mentor in your area, these meetings can be conducted by teleconference or other means of communication such as web conferencing.

In assessing whether they have adequate time to take on the role of mentoring you, potential mentors are encouraged to consider the responsibilities they will need to fulfil as described in these guidelines, as well as the associated time commitments.

Mentor agreement

Before you commence your period of **supervised practice** you must have a signed mentor agreement in place with your mentor. The mentor agreement must be submitted with your application to the Board to commence **supervised practice**.

A mentor agreement template is published on the [Endorsement for scheduled medicines](#) page of the Board's website.

⁸ The *National podiatry scheduled medicines list* can be found at Attachment A to the Board's *Registration standard: Endorsement for scheduled medicines*

Change of mentor

It is expected that you will have only one mentor during your period of **supervised practice**. However, if you do need to change mentors (for example, if your mentor is no longer available or suitable to mentor you) you must have a signed mentor agreement in place with a new mentor.

The new mentor agreement must be submitted to the Board as soon as possible after it is signed by the mentor.

Role and responsibilities of your mentor

Your mentor may not always be directly involved in your observational clinical experiences but will provide guidance to you during subsequent discussion of and reflection on those clinical experiences.⁹

Your mentor has a key role in ensuring you understand the requirements for safe and effective prescribing of scheduled medicines for the treatment of podiatric conditions. The **supervised practice** you undertake will involve learning through observation, experience, discussion and reflection in a range of prescribing environments under the guidance of your mentor.

Your mentor oversees the **supervised practice** period and ensures that you have exposure to a range of observational consultations/clinical experiences that include the management of podiatric conditions through the use of scheduled medicines.

Through their knowledge and experience, your mentor provides support for the development of your skills to **prescribe** scheduled medicines across a range of prescribing environments.

Your mentor must be familiar with and understand these guidelines, as well as:

- the NPS MedicineWise *Prescribing competencies framework*
- Quality Use of Medicines (QUM)¹⁰
- the Podiatry Board of Australia's *Registration standard: Endorsement for scheduled medicines*
- the *National podiatry scheduled medicines list* (Attachment A to the Board's *Registration standard: Endorsement for scheduled medicines*)
- the Podiatry Board of Australia's *Clinical practice guidelines: Endorsement for scheduled medicines* (see Appendix 3), and

- the relevant code of conduct for their profession – that is, either the Podiatry Board of Australia's *Code of conduct*¹¹ or the Medical Board of Australia's *Good medical practice*.¹²

Review of evidence by mentor

A critical component of the **supervised practice** period is the requirement for you to develop a portfolio of evidence to demonstrate that you have met the **prescribing competencies** described in the NPS MedicineWise *Prescribing competencies framework*. Your mentor is responsible for reviewing, assessing, and providing constructive feedback on the evidence you have developed.

As soon as practicable after completing each piece of evidence for your portfolio, you must discuss the content with your mentor and discuss the prescribing competency or competencies that it is intended to demonstrate. A learning outcome may be written post observation to highlight new learning upon reflection.

You and your mentor should together ensure that you:

- are exposed to a range of therapeutic uses of the scheduled medicines on the *National podiatry scheduled medicines list* for the treatment of podiatric conditions
- observe the pharmacological reasoning, decision-making and management of podiatric conditions through the use of scheduled medicines
- observe and reflect on the Quality Use of Medicines¹³
- demonstrate the communication between the patient and the health professionals who contribute to the patient's health management
- are exposed to and involved with prescription writing
- consider your ethical and legal obligations in relation to the prescribing of scheduled medicines
- understand the importance of explaining the cost implications for the patient of the medicines that you prescribe, and
- can clearly demonstrate, through the evidence in your portfolio, that you meet each of the **prescribing competencies** described in the NPS MedicineWise *Prescribing competencies framework*.

Once you and your mentor are satisfied with the content of the evidence document, you must both sign and date the document.

⁹ You will be observing and/or participating in patient consultations where the attending prescribing clinician may be the mentor or another experienced health practitioner. Involvement of more than one type of prescribing clinician is suggested to facilitate exposure to a mix of clinical experiences and different perspectives on prescribing.

¹⁰ Quality Use of Medicines (QUM) www.health.gov.au/internet/main/publishing.nsf/Content/nmp-quality.htm

¹¹ The Podiatry Board of Australia's *Code of conduct* can be found on the Board's website under [Policies, Codes and Guidelines](#)

¹² The Medical Board of Australia's *Good medical practice* can be found on the Medical Board's website under [Codes, Guidelines, Policies](#)

¹³ Quality Use of Medicines (QUM) www.health.gov.au/internet/main/publishing.nsf/Content/nmp-quality.htm

Certificate of completion of supervised practice

When you have completed your period of **supervised practice**, your mentor is required to review your portfolio of evidence and complete the *Certification of completion of supervised practice* form. The form is available on the [Endorsement for scheduled medicines](#) page of the Board's website.

You and your mentor should ensure that the portfolio of evidence reflects that you have completed at least 150 hours of **supervised practice** in Australia that meets the requirements of the ESM registration standard and these guidelines.

It should also reflect that your mentor has noted:

- a diversity of patients and medical conditions
- a diversity of clinical settings
- a diversity of prescribing of scheduled medicines for the treatment of podiatric conditions from each of the classes of drugs in the *National podiatry scheduled medicines list*¹⁴
- observance of Quality Use of Medicines¹⁵
- that you have understood your ethical and legal obligations in relation to the prescribing of scheduled medicines and that you understand the importance of explaining the cost implications for the patient of the medicines that you prescribe, and
- that you have the required **prescribing competencies** to have your registration endorsed for scheduled medicines.

¹⁴ The *National podiatry scheduled medicines list* is at Attachment A to the Board's *Registration standard: Endorsement for scheduled medicines*

¹⁵ Quality Use of Medicines (QUM) www.health.gov.au/internet/main/publishing.nsf/Content/nmp-quality.htm

Appendix 2

Pathway B: Evidence for inclusion in your portfolio

As required by the ESM registration standard, during your period of **supervised practice** you will progressively develop a portfolio of evidence that will demonstrate to the Board that you have met the Board's **supervised practice** requirements and you have the required **prescribing competencies** to have your registration endorsed for scheduled medicines.

The required **prescribing competencies** are the prescribing competencies described in the NPS MedicineWise *Prescribing competencies framework*.¹⁶ You may include various types of evidence in your portfolio to demonstrate that you have met each of the **prescribing competencies**.

Some pieces of evidence may be used to demonstrate that you have met a number of the **prescribing competencies**. You may use multiple pieces of evidence to address any of the competencies.

Each piece of evidence in your portfolio must:

- be your own work
- be reviewed by and discussed with your mentor as soon as practicable after you have completed it. This will enable the mentor to be confident that your clinical experience relates, or is relevant to podiatric interventions and contributes to the diverse scenarios required for the Board to consider your application for endorsement for scheduled medicines
- be signed and dated by you and your mentor, and
- must be referenced to one or more of the required **prescribing competencies**.

If the Board considers that the evidence submitted in your portfolio does not provide sufficient information to demonstrate you have the required **prescribing competencies** to have your registration endorsed for scheduled medicines, depending on the information you have submitted, it may:

- require you to undertake a further period of **supervised practice**
- require you to complete further education
- require you to provide further information, or
- refuse your application for endorsement.

The examples of evidence outlined below are key types of evidence that will assist you in demonstrating that you have met the required **prescribing competencies**.

You don't have to use all of the examples of evidence set out below but you must include clinical studies and a reflective journal as part of your evidence. These must meet the requirements set out below.

The list is not exhaustive and you may wish to include additional types of evidence to support your application. You are encouraged to use a variety of evidence to demonstrate that you have met all of the **prescribing competencies**.

You need to be able to demonstrate that you meet each of the competencies described in the NPS MedicineWise *Prescribing competencies framework* and that you have the related podiatric-specific knowledge, skills and behaviours for each competency

1. Essential evidence

As noted above, clinical studies and a reflective journal must be submitted as part of your portfolio of evidence.

1.1 Clinical studies

Your portfolio must include records of individual de-identified cases and consultations¹⁷ in the form of clinical studies. Clinical studies are an important means of demonstrating your knowledge and skills and your clinical reasoning in relation to the particular case.

You must include a **minimum of 15 clinical studies** which must:

- reflect a variety of placements during the period of **supervised practice**, such as (but not restricted to) high-risk foot clinics, teaching clinics, emergency departments, the operating room, rheumatology clinics, endocrinology clinics, general medical practice and aged care facilities
- involve podiatric pathology in at least 12 of the clinical studies and be related to a podiatric condition, intervention or management. Clinical studies that don't involve podiatric pathology must deal with conditions that would allow the knowledge and skills to transfer to podiatry
- include at least five high-risk cases, for example, diabetes-related cases

¹⁶ PS: Better choices, Better health. Competencies required to prescribe medicines: putting quality use of medicines into practice. Sydney: National Prescribing Service Limited, 2012. Available at www.nps.org.au/health-professionals/cpd/prescribing-competencies-framework

¹⁷ De-identified means removing any individual's name and any information from which an individual's identity could be revealed.

GUIDELINES: ENDORSEMENT FOR SCHEDULED MEDICINES

- include cases where patients have a range of co-morbidities and are at risk of adverse outcomes related to polypharmacy
- demonstrate complexity in patient cases – you must include at least five cases which involve more than one class of medicines. These cases must include at least one medicine from the *National podiatry scheduled medicines list* and may also include the medicines that the patient is already taking, and
- clearly show your patient assessment and clinical decision making processes, and demonstrate your knowledge and critical thinking in relation to the use of scheduled medicines in your clinical practice.

As required by the Board's ESM registration standard and explained in the body of these guidelines, three of the clinical studies must be submitted to the Board for assessment after you have completed at least 25 hours of **supervised practice**. See the body of these guidelines under *Initial assessment of clinical studies* for further information.

Each individual clinical study

Each clinical study you include in your portfolio must be comprehensive, and include a medicines assessment and evaluation. A clinical study may be used as evidence of a number of the required **prescribing competencies**. It must be prepared as though you were the prescribing practitioner.

A comprehensive clinical study also includes the following:

- relevant medical history
- medication history and current medications (including prescription and over-the-counter medicines or complementary medicines)
- the presenting complaint
- assessment
- relevant clinical findings and investigations
- diagnosis/differential diagnosis
- recommended treatment plans and alternatives
- scheduled medicines assessment and evaluation, including:
 - medicines prescribed and mode of administration
 - indication/purpose for medicines prescribed
 - evidence for use and effectiveness
 - rationale for prescribing a particular agent
 - pharmacodynamics and pharmacokinetics
 - dosing and administration issues
 - adverse effects
 - interactions

- contraindications and patient precautions
 - appropriateness for the patient
 - patient education and information provided to patient about the medicine(s) prescribed
 - consideration of your ethical and legal obligations in relation to the prescribing of scheduled medicines
 - explanation of the cost implications for the patient of the medicines prescribed, and any alternatives
 - outline of collaboration and/or communication with other health providers
 - shared care protocols, and
 - a 'reflective component' to indicate how your knowledge has developed and grown, and
- a plan for monitoring and review.

Each clinical study should demonstrate that:

- you have actively observed the clinical decision-making for the particular patient
- you have discussed with the attending prescribing clinician the management of a podiatric condition and the prescription or administration of a scheduled medicine
- you have considered options other than a pharmacological intervention
- there are sound reasons for prescribing a scheduled medicine and, in particular, the scheduled medicine(s) prescribed
- the choice of scheduled medicine has been made in consideration of various schedules which contain the same medicines in differing presentations and the cost considerations in respect to pharmacy dispensing fees, and
- you have met one or more of the **prescribing competencies**.

Completed prescription

All clinical studies you submit must be accompanied by a sample completed prescription that you have prepared for that individual patient. The sample prescription must demonstrate your ability to clearly and unambiguously prescribe the scheduled medicines in the *National podiatry scheduled medicines list*.¹⁸

An example of a prescription is available on the [Endorsement for scheduled medicines](#) page of the Board's website.

¹⁸ The *National podiatry scheduled medicines list* is at Attachment A to the Board's *Registration standard: Endorsement for scheduled medicines*.

GUIDELINES: ENDORSEMENT FOR SCHEDULED MEDICINES

Additional requirements for some clinical studies

Some of your clinical studies must also include the following:

- *Sample of communication with members of the patient's healthcare team*

At least five clinical studies must include a de-identified sample letter or other form of communication to one or more members of the patient's healthcare team, such as their GP or other health professional. This may be used to demonstrate your competency in communication and collaboration with other health professionals to achieve optimal health outcomes for the patient.

The communication must be clearly referenced to the particular clinical study and reflect the outcomes of the consultation with that patient.

The five clinical studies that include the communication must reflect different clinical scenarios so that you can demonstrate your communication and collaboration in different situations.

- *Clinical outcome of medicine*

In at least five clinical studies the actual outcome of the medicine(s) prescribed must be reported.

Template clinical study

The Board has developed a template for a clinical study, which is available on the [Endorsement for scheduled medicines](#) page of the Board's website.

1.2 Reflective journal

The purpose of a reflective journal is to enable you to demonstrate that:

- a. you have undertaken a minimum of 150 hours of **supervised practice** within a 12-month period.
Your reflective/journal **must** include a log of the activities you have undertaken during your **supervised practice**. The attending prescribing clinician at each clinical attendance must sign and date each attendance.¹⁹
- b. you have reflected on your prescribing practice
The reflective component may include, for example:
 - your reflection on one or more of your clinical studies that involved a broad issue regarding prescribing/use of scheduled medicines
 - your reflection on medico-legal aspects of the use and prescribing of scheduled medicines
 - a reflective piece (no more than one page) that demonstrates a discussion with a patient from one of your clinical studies around an element of prescribing unique to the case

- a clinical narrative, which is a written account of an interaction with a patient from one of your clinical studies that highlights a particular issue relating to the use of scheduled medicines. For example it may include:
 - a situation where things did not go as well as planned, such as a breakdown in communication or failure of the patient to comply, and how the situation was managed and what you learnt from it, and/or
 - a clinical scenario that was particularly complex or demanding
- a theoretical or simulation case scenario that involves the use of the emergency drugs in the *National podiatry scheduled medicines list*
- an outline of policies and protocols that you would introduce to your practice to support and reinforce the Quality Use of Medicines²⁰
- your reflection on maintaining your **prescribing competencies**. This could include an outline of how you plan to:
 - audit the outcomes of your prescribing activity
 - regularly review and reflect on your prescribing practices and identify your learning needs, and/or
 - maintain your prescribing knowledge and skills, including continuing the professional development activities you consider would be appropriate to address your learning needs, and
- a reflection that demonstrates a higher understanding of issues around prescribing in Australia. Topics are open but examples could include:
 - antibiotic stewardship
 - access to NSAID without prescription
 - cost of medicines on PBS versus non PBS
 - reporting mechanisms to the TGA for adverse drug reactions and why this is important
 - legislative requirements about safe storage of medicines
 - protocols for off label use of medicines in podiatry practice, and
 - communication strategies with other health care practitioners.

¹⁹ A sample log of activities can be found on the Board's website under *Registration and Endorsement*.

²⁰ See Quality Use of Medicines (QUM) www.health.gov.au/internet/main/publishing.nsf/Content/nmp-quality.htm

2. Additional types of evidence

The following are examples of additional types of evidence that you may wish to include in your portfolio to demonstrate that you have met the required **prescribing competencies**.

The list is not exhaustive and you may wish to include further types of evidence.

2.1 Mentor/clinician feedback

A written account from your mentor or attending prescribing clinician from one or more of your clinical studies is a useful way to demonstrate one or more of the **prescribing competencies**.

For example:

- a written account by your mentor or attending prescribing clinician relating to one or more of your clinical studies (de-identified) which focuses specifically on their observation of your professionalism and communication skills and how you have demonstrated competency in relation to the following horizontal competencies described in the NPS MedicineWise *Prescribing competencies framework*:
 - *H1: Practises professionally, and*
 - *H2 Communicates and collaborates effectively with the person and other health professionals, and/or*
- a statement from your mentor which focuses on your progress. That is, how your learning has developed during the period of **supervised practice**. It should include examples and context relating to specific **prescribing competencies**.

2.2 Review of journal articles or relevant textbooks

It is also possible to use a review of relevant journal articles or textbooks to provide evidence of meeting specific **prescribing competencies**.

For example, you may review a journal article and outline how you may change your prescribing practice based on what you have learnt from that article (that is, what changes you would make and why). The review should include a brief analysis of the article and you should also attach the article to your review.

2.3 Additional education

You may wish to submit evidence of additional formal education relating to prescribing scheduled medicines.

For example:

- NPS MedicineWise e-learning modules.
- TGA online learning modules – e.g. safety through reporting modules.

2.4 Pharmacy rotation

A rotation in a retail or hospital pharmacy provides an opportunity to observe communication strategies between a number of parties in the prescription/dispensing process.

For example, you may observe the interaction between pharmacist and patient/carer, or interaction between pharmacist and prescriber, where clarification is sought in relation to a prescription. A reflection on learning from a rotation in a pharmacy may assist you to demonstrate one or more of the NPS **prescribing competencies**.

2.5 Simulation

Simulation-based education includes the development and application of clinical knowledge and, of clinical skills such as assessing and examining patients, communicating with patients, performing procedural skills and clinical reasoning. The mode of simulation-based education within the clinical environment can be achieved with mannequins, part-task trainer models, simulated patients (patient actors), online simulations or hybrid simulators.

You may wish to submit evidence of simulation based education that you have undertaken relating to the safe use of scheduled medicines.

Appendix 3

Clinical practice guidelines: Endorsement for scheduled medicines

Clinical guidelines and protocols for podiatrists and podiatric surgeons with endorsement for scheduled medicines

These guidelines outline the ongoing clinical practice requirements for podiatrists and podiatric surgeons with an endorsement for scheduled medicines. They include guidance about appropriate clinical practice relating to the safe and effective use of scheduled medicines, including:

1. Communication with other members of the patient's treating team
2. Quality Use of Medicines (QUM)
3. Adverse event reporting
4. Prescriptions
5. Supply of scheduled medicines, and
6. Antimicrobial stewardship.

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

A number of health practitioners are often involved in providing care to patients. This may be referred to as shared care. Within a shared care arrangement it is recognised that patient care is provided by two or more practitioners, each practising within his or her sphere of expertise. Shared care 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 and podiatric surgeons participating in shared care must be competent to collect clinical information 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.²¹ Podiatrists and podiatric surgeons must act in the best interest of the patient at all times. The needs and requirements of the patient must determine the decision of where and/or when to refer the patient. The patient should be informed of alternative management, providers and facilities. In a shared care arrangement, the practitioner who actually writes and signs the prescription carries the accountability for prescribing the scheduled medicines.

1.2 Informed financial consent

Patients must be informed that the scheduled medicines prescribed by a podiatrist or podiatric surgeon with endorsement for scheduled medicines are not eligible for the Pharmaceutical Benefits Scheme (PBS) rebate and therefore may cost more to the patient than if prescribed by a medical practitioner.

1.3 Communication in shared patient care

Communication is the lynchpin of effective shared care. Open discussion, communication and documentation are paramount. Participating practitioners and their patients must understand clearly which practitioner is responsible for providing each of 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
- the information 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, and
- 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 arrangement which places emphasis on contemporary communicated documentation. 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 or podiatric surgeon whose registration is endorsed for scheduled medicines and the relevant medical practitioner should involve reviewing these protocols and making 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.

²¹ See the Board's Registration standard: Professional indemnity insurance arrangements

1.4 Required communications

Formal consultation and communication with others in the patient's treating team aims to ensure safe and effective care.

Due to the potential for systemic effect and/or the requirement for a definitive diagnosis or more extensive treatment, the Board requires podiatrists and podiatric surgeons with endorsement for scheduled medicines to establish processes for clear communication and consultation with a medical practitioner for certain drug classes in Schedule 4, for example in the management of gout and mycosis where ongoing health monitoring is required. The podiatrist or podiatric surgeon whose registration is endorsed for scheduled medicines is required to prescribe in accordance with these guidelines.

1.5 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 or podiatric surgeon. 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 or podiatric surgeon whose registration is endorsed for scheduled medicines.

2. Quality Use of Medicines (QUM)

When incorporating scheduled medicines into a patient care plan, podiatrists and podiatric surgeons should be familiar with and utilise contemporary resources to support the best possible use of medicines in podiatric practice. Podiatrists and podiatric surgeons who **prescribe** scheduled medicines should observe the Quality Use of Medicines (QUM) principles as they apply to the scope of the endorsement.

Quality use of medicine means:

- a. selecting management options wisely by:
 - considering the place of medicines in treating illness and maintaining health, and
 - recognising there may be better ways than medicine to manage many disorders.
- b. choosing suitable medicines (if a medicine is considered necessary) so that the best available option is selected by taking into account:
 - the individual
 - the clinical condition
 - risks and benefits
 - dosage and length of treatment

- any coexisting conditions
 - other therapies
 - monitoring considerations, and
 - costs for the individual, the community and the health system as a whole.
- c. using medicines safely and effectively to get the best possible results by:
 - monitoring outcomes
 - minimising misuse, over-use and under-use
 - improving people's ability to solve problems related to medication, such as negative effects, and
 - managing multiple medications.

The National Strategy for Quality Use of Medicines (QUM) can be found at: www.health.gov.au/internet/main/publishing.nsf/content/nmp-quality.htm

3. Adverse event reporting

The Therapeutic Goods Administration (TGA) is part of the Australian Government Department of Health and Ageing, and is responsible for regulating therapeutic goods including medicines, medical devices, blood and blood products.

The TGA also collects reports of adverse events associated with medicines and medical devices. Monitoring of adverse events allows the TGA to investigate and take action on medicines safety issues.

Podiatrists and podiatric surgeons can assist the TGA in safeguarding public health by reporting all suspected adverse events associated with medicines, particularly those associated with new products. This information forms an important part of the TGA's monitoring activities and plays a key role in helping identify potential relationships between a therapeutic good and a series of adverse events. When a link can be established, the TGA takes action to ensure that medicines available in Australia continue to meet appropriate standards of safety, efficacy and quality.

Further information can be found on the TGA [website](#).

4. Prescriptions

A prescription is a legal document. It is a precise written instruction from a prescriber to a pharmacist for preparing and dispensing a drug for a patient.

The endorsed podiatrist or podiatric surgeon must provide a prescription that is legible; this reduces the potential for errors in treatment. Computer-generated prescriptions are generally more legible than those that are handwritten.

Regardless of the format of the prescriptions, endorsed podiatrists and podiatric surgeons need to constantly check the details of the prescription.

The essential information required for a legal prescription may vary between states and territories. Endorsed podiatrists and podiatric surgeons need to be aware of these variances if practising in different jurisdictions. The requirements generally include:

- prescriber's name, address, telephone number and qualifications
- patient's full name, address and date of birth
- date the prescription is written
- drug name in full
- drug strength
- drug form (e.g. tablet, capsule, or mixture)
- quantity of drug to be supplied
- drug dose, route of administration, frequency, and duration of treatment (if necessary)
- clear instructions for the patient (in English) – it is not appropriate to write 'take as directed'
- any further instructions necessary for the pharmacist, and
- the handwritten signature of the prescriber.

4.1 Self-prescribing

The Board advises against endorsed podiatrists and podiatric surgeons self-diagnosing and then self-prescribing schedule 4 and/or 8 medicines.

5. Supply of scheduled medicines

The Board supports the view that the division of responsibility between an endorsed podiatrist or podiatric surgeon who prescribes a scheduled medicine and a pharmacist who dispenses the scheduled medicine to the patient, provides an important check designed to safeguard patients.

The expertise of the pharmacist in counselling patients is important in the follow-up care of the patient. This includes checking adherence to the prescriber's instructions, confirming administration times and techniques, screening for adverse reactions, and referring back to the prescriber for further investigations or advice when required.

Podiatrists and podiatric surgeons who choose to supply a scheduled medicine directly to a patient need to meet the labelling and record-keeping requirements of the jurisdiction in which they are practising, provide counselling about the use of the medicine, its side effects and potential interactions and, if available, provide a Consumer Medicines information leaflet.²²

6. Antimicrobial stewardship

When considering the use of antibiotics for the treatment of podiatric pathology, podiatrists and podiatric surgeons should be familiar with and utilise contemporary resources to support the safe and appropriate use of antimicrobials.

Antimicrobial resistance (AMR) is the ability of a microorganism (like bacteria, viruses and parasites) to stop an antimicrobial (such as antibiotics, antivirals and antimalarials) from working against it. As a result, standard medical treatments become ineffective and infections persist and may spread to others. Healthcare professionals are left with limited or, in some instances, no available treatment options.

Endorsed podiatrists and podiatric surgeons using antimicrobial preparations should understand all issues relating to the emergence of resistance by pathogenic organisms and mechanisms for limiting this. Selection of an antimicrobial should always involve consideration of the risk that microbial resistance could develop.

Antimicrobial stewardship resource materials can be found at: www.safetyandquality.gov.au/our-work/healthcare-associated-infection/antimicrobial-stewardship.

[NPS Medicinewise](#) provide a range of information for prescribers to help them understand the risks of AMR and what they can do to help contain this.

²² Consumer Medicines information leaflets are available at www.medicines.org.au.