Consultation paper on:

Guidelines for Endorsement for Scheduled Medicines

Introduction

This consultation paper has been developed under the requirements of the Health Practitioner Regulation National Law Act 2009 (the National Law) as enacted in participating States and Territories. The National Law empowers National Boards to develop registration standards for Ministerial Council approval. It also empowers National Boards to develop and approve codes and guidelines to provide guidance to the health practitioners a Board registers and about other matters relevant to the exercise of Boards' functions.

The National Law includes a requirement for National Boards to ensure there is wide ranging consultation on proposed registration standards, codes and guidelines.

The Podiatry Board of Australia (the Board) has previously consulted on proposed registration standards, codes and guidelines to apply from 1 July 2010.

Ministerial Council approved the Board's Endorsement for Scheduled Medicines **registration standard** that has been in place since 1 July 2010 and it and other registration standards, codes and guidelines are available on the Board's website at www.podiatryboard.gov.au.

There is no proposal to change the **registration standard**. This consultation paper proposes revisions to the **guidelines** for Endorsement for Scheduled Medicines as published by the Board on 1 July 2010.

The proposed changes to the guidelines can be summarised as follows:

- Since the publication of the guidelines, the Board has decided to make the requirements for endorsement set out in the guideline more easily understood.
- The requirements for endorsement have not changed.
- The List of Scheduled Medicines Approved by the Board (the National Drugs List) that is included in the guidelines has been expanded. The Board has collated information from all existing State and Territory Drugs and Poisons legislation and pharmacy units within governments and has included all relevant scheduled medicines in the National Drugs List.
- Endorsed podiatrists and podiatric surgeons must adhere to the legislated allowances under the various drugs and poisons legislations in each State or Territory. Ultimately, the

Board would like to facilitate consistency in availability of scheduled medicines across all jurisdictions but at the same time, respects the individual States and Territories' rights to maintain the lists that they believe are most appropriate. Under the National Law, the Board can assure governments that the standards for endorsement for scheduled medicines are the same across all jurisdictions and that each endorsed podiatrist is adequately trained and experienced in using the drugs and poisons listed on the National Drugs List. The Board believes that having a consistently applied list of scheduled medicines across all Australian jurisdictions will have benefits in terms of patient safety, practitioner consistency and for the benefit of allied professions such as pharmacy, by them being able to have easy reference to information about what drugs and poisons a podiatrist endorsed for scheduled medicines or podiatric surgeon can prescribe no matter where the prescription is from within Australia.

The Board welcomes feedback and peer review of its proposals.

If you wish to provide comments on this paper, please lodge a written submission in electronic form, marked 'Attention: Chair, Podiatry Board of Australia' to chair@podiatryboard.gov.au by close of business on **3 December, 2010**.

Please note that your submission will be placed on the Board's website unless you indicate otherwise.

Podiatry Board of Australia | AHPRA

Guideline: Consultation draft

1 November 2010

Endorsement for scheduled medicines

Introduction

These guidelines have been developed by the Podiatry Board of Australia (the Board) as required by section 39 of the *Health Practitioner Regulation National Law Act* (the National Law) as enacted in participating jurisdictions. The guideline supplements 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 who are applying for, or renewing, 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 practise podiatry. Health departments in each State or Territory have 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 has provided 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
    - podiatrists who are authorised to use an extended range of restricted drugs, under State and/or Territory law
    - podiatrists with an endorsement for scheduled medicines.

This overview is found at the *Codes and Guidelines* section of the Board's website at www.podiatryboard.gov.au.

Requirements for endorsement for scheduled 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 the ***List of Scheduled Medicines Approved by the Podiatry Board of Australia*** **(the National Drugs List)**.

The Board has developed an "**Information Package for Endorsement for Scheduled *Medicines***" (referred to as the Information Package in this guideline). An applicant seeking an endorsement for scheduled medicines is responsible for ensuring the Information Package is known to those health practitioners who are asked to write references, offer clinical experience and who undertake the role of the Supervisor. The package is found at the *Codes and Guidelines* section of the Board's website at www.podiatryboard.gov.au.

Pathways for Endorsement for Scheduled Medicines

The requirements for endorsement are set out in the Board's registration standard for endorsement of scheduled medicines. An applicant for a scheduled medicine endorsement must follow one of two pathways.

Pathway 1

An applicant must have successfully completed:

1. 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**
2. **clinical experience** of seven years, post-qualification as a podiatrist, in an appropriate setting where active prescribing is occurring **and**
3. **two confirmatory references** of the applicant's exposure to and participation with patient care involving restricted medicines.

A reference is required from each of two clinicians, confirming the podiatrist has completed this clinical experience and has had adequate experience in observing and participating in the administration and prescription of a variety of classes of restricted medicines for various foot-related conditions.

The clinicians must be medical practitioners or podiatrists with endorsement for scheduled medicines.

The Board has produced a guide to assist clinicians to provide the information required in the reference. This *Guide for a Clinician Making a Reference about an Applicant's Clinical Experience*", is included in the Information Package. The Board must receive the confirmatory references, which include all the details provided in the guide from both referees for the application of endorsement to be considered.

Pathway 2

The applicant must have successfully completed:

1. 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**
2. web-based case studies approved by the Board (20 hours) and
3. 160 hours / 40 sessions of supervised practice (supervision by a medical practitioner or a registered podiatrist with an endorsement for scheduled medicine) in an appropriate setting and where active prescribing is occurring, preferably within a 12-month period. One session is of 4-hours duration.

The Board has determined that 20 hours of Board approved web-based case studies equate to 15 Board approved web-based case studies. Providers of web-based case studies are found in the Information Package.

Evidence of the successful completion of the web-based case studies is required for the application of the endorsement to be considered.

Prior to the commencement of supervised practice, the applicant must ensure that there is a **Supervisor Agreement** in place with the Supervisor. A total of 160 hours / 40 sessions of supervised practice is required to be undertaken.

The Information Package on the Board's website includes the following documents relevant for supervised practice:

- Supervisor Agreement
- Log Sheet Instructions
- Log Sheet
- Prescription Pad template
- Certification of Completion of Supervised Practice

These documents assist the Board to assess each application for endorsement for scheduled medicines. These documents must be used by the podiatrist when making the application.

A ***Log Sheet*** must be completed for each session or each four hours of clinical practice. The Board's ***Log Sheet Instructions*** provide the details of the information required. The Supervisor Agreement and the 40

Log Sheets will need to be produced (certified copies with de-identification of patients) at the time of an application for endorsement.

Pathway 2 is available to any of the following:

- Podiatrists with general registration
- Applicants enrolled in and who successfully completed an approved podiatric entry level program of study
- Podiatrists with general registration enrolled in and who successfully completed an approved program of study in podiatric therapeutics
- Podiatrists with general registration enrolled in and successfully completed a program of study in podiatric therapeutics that the Board determines to be substantially equivalent to an approved program of study.

The approved program of study in podiatric therapeutics is a requirement for all applicants. The approved program of study in podiatry 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 Board.

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 Registration and Accreditation Scheme (the National Scheme) could transition as approved programs of study. The Board accepted the list from the Podiatrists Registration Board of Victoria of existing approved programs of study to transition as 'approved programs of study in podiatric therapeutics' for this guideline.

Under section 94 (1) (a) (ii), the Board can approve qualifications that, in the Board's opinion, are substantially equivalent to, or based on similar competencies to, an approved qualification.

The approved programs of study are at Appendix B of this guideline.

An applicant after successfully completing an entry-level program of study may seek an endorsement for scheduled medicines immediately after the successful application for general registration. An applicant will require evidence of successful completion of:

- An approved program of study in podiatric therapeutics; **and**
- Board approved web-based case studies [20 hours]; **and**
- 160 hours / 40 sessions of supervised practice [40 Log Sheets and Supervisor Agreement] as described in this guideline.

All podiatrists who have been granted an endorsement for scheduled medicines are encouraged to enter into a mentor agreement with a prescriber for a two-year period.

Podiatric Surgeons who are seeking endorsement for scheduled medicines need to choose and successfully meet the requirements of either Pathway 1 or Pathway 2.

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 equivalent to that undertaken by local podiatrists.

Additional registration standards

The Board acknowledges that most podiatrists with an endorsement for scheduled medicines have not independently prescribed or supplied Schedule 2, 3, 4, or 8 medicines previously. In order to meet the principles of the recency of practice registration Standard, the Board will accept evidence that an applicant will successfully complete a **therapeutics update course** approved by the Board before commencing activities under their endorsement for the first time. The Recency of Practice registration standard is on the Board's website at www.podiatryboard.gov.au.

Podiatric surgeons who have prescribed under State and Territory drugs and poisons legislation may have recency of practice in prescribing. These registrants must also undertake the therapeutics update course approved by the Board as the range of drugs that can be accessed under the endorsement will differ from the range of medicines previously administered or prescribed.

Details of approved courses and the education providers are included in the Information Package, which is available on the Board's website.

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

- The additional **continuing professional development** (CPD) requirements for endorsement for scheduled medicines; the podiatrist must ensure the resources, expertise and skills necessary to fulfill their professional responsibilities safely and effectively and
- Adequate **professional indemnity insurance** for his or her practice.

Audit

The Board will randomly audit podiatrists with endorsement for scheduled medicines annually.

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 aspects of practice for podiatrists with scheduled medicines endorsement:

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

2. The scheduled medicines that an endorsed podiatrist is qualified to prescribe or supply, the **List of Scheduled Medicines Approved by the Podiatry Board of Australia (the National Drugs List).**

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

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 or commonly called the Poisons List). The SUSDP allocates categories that form Schedules to the SUSDP:

- 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'

Appendix A

Endorsement for scheduled medicines: Practice guidelines

Practice guidelines for podiatrists with endorsement for scheduled medicines

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

1. **Communication** with other members of the patient's treating team
2. The scheduled medicines that the podiatrist with endorsement for scheduled medicines is qualified to prescribe or supply, the **List of Scheduled Medicines Approved by the Podiatry Board of Australia (the National Drugs List).**

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 may be 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 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.

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 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 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.
- 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.

1.4 Required communications

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

1.5 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. 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. The National Drugs List

All scheduled medicines on the National Drugs List are for the treatment of podiatric conditions as supported by therapeutic guidelines.

The National Drugs 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 National Drugs 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. Additionally certain agents require specific communication pathways (see sections 2.1 Antimycotic agents, 2.2 Antibacterial agents and 2.3 Anti-inflammatory agents in these practice guidelines).

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.

2.1 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.

2.2 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 seven (7) to ten (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 communicated with and agreed jointly by the patient's shared care practitioners. Further, if an infection worsens during the course of treatment, the patient **must** be referred for further investigation.

2.3 Anti-inflammatory agents

No course of treatment initiated by a 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.

In relation to the National Drugs List:

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

All scheduled medicines on the National List are for the treatment of podiatric conditions as supported by therapeutic guidelines.

List of Scheduled Medicines Approved by the Podiatry Board of Australia (the National Drugs List)

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
Allylamines	Terbinafine	Oral	Podiatrist	In conjunction with shared care arrangement.
Mitosis Inhibitors	Griseofulvin	Oral	Podiatrist	In conjunction with shared care arrangement.

Antibacterials

Schedule 4

Drug class	Drug	Route	Endorsement	Restriction
Cephalosporins	Cephalexin	Oral	Podiatrist	Prolonged treatment (>10 days) should only be considered with additional medical advice
Lincosamides	Clindamycin	Oral	Podiatrist	Prolonged treatment (>10 days) should only be considered with additional medical advice
		IV	Podiatric Surgeon	In association with a hospital admission (including a registered day surgery facility).
Macrolides	Roxithromycin	Oral	Podiatrist	Prolonged treatment (>10 days) should only be considered with additional medical advice
	Erythromycin	Oral	Podiatric Surgeon	Prolonged treatment (>10 days) should only be considered with additional medical advice
Nitroimidazoles	Metronidazole	Topical	Podiatrist	Prolonged treatment (>10 days) should only be considered with additional medical advice
		Oral	Podiatrist	Prolonged treatment (>10 days) should only be considered with additional medical advice
		IV	Podiatric Surgeon	In association with a hospital admission (including a registered day surgery facility).
Penicillins	Amoxycillin	Oral	Podiatrist	Prolonged treatment (>10 days) should only be considered with additional medical advice
		IM	Podiatric Surgeon	One bolus dose to initiate therapy
		IV	Podiatric Surgeon	In association with a hospital admission (including a registered day surgery facility).

Drug class	Drug	Route	Endorsement	Restriction
	Clavulanic Acid	Oral	Podiatrist	Prolonged treatment (>10 days) should only be considered with additional medical advice
		IM	Podiatric Surgeon	One bolus dose to initiate therapy
		IV	Podiatric Surgeon	In association with a hospital admission (including a registered day surgery facility).
	Dicloxacillin	Oral	Podiatrist	Prolonged treatment (>10 days) should only be considered with additional medical advice
		IM	Podiatric Surgeon	One bolus dose to initiate therapy
		IV	Podiatric Surgeon	In association with a hospital admission (including a registered day surgery facility). advice
	Flucloxacillin	Oral	Podiatrist	Prolonged treatment (>10 days) should only be considered with additional medical advice
		IM	Podiatric Surgeon	One bolus dose to initiate therapy
		IV	Podiatric Surgeon	In association with a hospital admission (including a registered day surgery facility).
	Phenoxymethyl penicillin	Oral	Podiatric Surgeon	Prolonged treatment (>10 days) should only be considered with additional medical advice
Quinolones	Ciprofloxacin	Oral	Podiatric Surgeon	Prolonged treatment (>10 days) should only be considered with additional medical advice Should be used when microbiological tests indicate it is the only effective drug.
Tetracycline	Doxycycline	Oral	Podiatric Surgeon	

Drug class	Drug	Route	Endorsement	Restriction
Mupirocin		Topical	Podiatrist	
Silver Sulfadiazine		Topical	Podiatrist	

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
Corticosteroids	Betamethasone	Injection, Topical	Podiatrist	Injection limited to local deposition.
	Dexamethasone	Injection, Topical	Podiatrist	Communication with general

Drug class	Drug	Route	Endorsement	Restriction
	Methylprednisolone	Injection, Topical	Podiatrist	practitioner as to treatment and outcome is expected.
	Triamcinolone	Injection, Topical	Podiatrist	
	Desonide	Topical	Podiatrist	Adherence to use according to clinical guidelines such as *Therapeutic Guideline: Dermatology*
	Mometasone furoate	Topical	Podiatrist	
	Hydrocortisone	Topical	Podiatrist	
Nonsteroidal anti-inflammatories	Aspirin	Oral	Podiatrist	
	Diclofenac	Oral, Topical	Podiatrist	
	Celecoxib	Oral	Podiatrist	
	Ibuprofen	Oral, Topical	Podiatrist	
	Indomethacin	Oral	Podiatrist	
	Ketrolac	Oral, Injection	Podiatric Surgeon	Peri operative treatment only
	Meloxicam	Oral	Podiatrist	
	Naproxen	Oral	Podiatrist	
	Sulindac	Oral	Podiatrist	
Gout	Colchicine	Oral	Podiatrist	In shared care arrangement and as a diagnostic/therapeutic dose over 24 hours.

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
	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
	Codeine	Oral	Podiatrist	Except when included in Schedule 2, 4 or 8

Schedule 4

Drug class	Drug	Route	Endorsement	Restriction
Opioid analgesics	Codeine	Oral	Podiatrist	Except when included in Schedule 2, 3 or 8
Non - opioid analgesics	Methoxyflurane	Inhalation	Podiatrist	Short term pain relief e.g. pre injection.

Schedule 8

Drug class	Drug	Route	Endorsement	Restriction
Opioid analgesic	Oxycodone (in short-acting form)	Oral	Podiatric Surgeon	Must not prescribe or give a written instruction to administer more than 10 doses of 5mg each to a person for a relevant condition

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	
	Loratidine	Oral	Podiatric Surgeon	Not exceeding that usually required for a 10 day course of treatment for the relevant condition
	Fexofenadine	Oral	Podiatric Surgeon	Not exceeding that usually required for a 10 day course of treatment for the relevant condition

Schedule 4

Drug class	Drug	Route	Endorsement	Restriction
Antihistamines	Promethazine	Oral	Podiatrist	Uticaria and sedation (pre-medication)
	Desloratidine	Oral	Podiatrist	Uticaria

Local anaesthesia

Schedule S2

Drug class	Drug	Route	Endorsement	Restriction
Aminoamides	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
Aminoamides	Bupivacaine (Plain or with adrenaline)	Injection	Podiatrist	
	Felypressin	Injection	Podiatrist	
	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	
Aminoester	Procaine	Injection	Podiatrist	Only for use if known allergy to amides.
	Amethocaine	Topical	Podiatrist	For dermal use in adults and children.

Emergency (anaphlactic reactions)

Schedule S4

Drug class	Drug	Route	Endorsement	Restriction
Adrenergic agonist	Adrenaline	IM	Podiatrist	
	Adrenaline	IV	Podiatric Surgeon	

Anti-anxiety agents

Schedule 4

Drug class	Drug	Route	Endorsement	Restriction
Benzodiazepines	Temazapam	Oral	Podiatrist	1 dose
	Lorazepam	Oral	Podiatrist	1 dose
	Diazepam	Oral	Podiatric Surgeon	

Appendix B

Approved programs of study that transitioned on 1 July 2010

Podiatrists who completed these courses in the years indicated have been deemed to have met the course requirement 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 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 Advance Pharmacology for Podiatrists dated 2009 or later

Queensland University of Technology
Bachelor of Health Science (podiatry) completed in 2013 or later

Approved under Section 94 (1)(a)(ii) of the National Law as another qualification that, in the Board's opinion, is substantially equivalent to, or based on similar competencies to, an approved qualification:

Curtin University
Masters of Podiatry (discontinued in 2005)

Appendix C

Health Practitioner Regulation National Law Act 2009

Extract from relevant provisions

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 wideranging 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 authorization 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 authorized 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.