Prescribing Information for Podiatrists Endorsed for Scheduled Medicines

This information must be read in conjunction with the Podiatry Board of Australia's Endorsement for Scheduled Medicines Registration Standard and the Podiatry Guidelines for Endorsement of Scheduled Medicines. Both documents are found at the Board's website: www.podiatryboard.gov.au

The expression "scheduled medicines" refers to any poison listed in the Commonwealth Standard, the Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP). Substances are allocated to categories that form schedules to the SUSDP. The schedule largely determines the accessibility of a drug to the public.

A Schedule 2 (S2) poison is also known as a "Pharmacy Medicine"; a Schedule 3 (S3) poison as a "Pharmacist Only Medicine"; a Schedule 4 (S4) poison as a "Prescription Only Medicine"; and a Schedule 8 (S8) poison as a "Controlled Drug". These expressions are seen on the main label of the products concerned.

A substance may not be in any poisons schedule (and may therefore be available from any retail shop) or it may be in one or more of the schedules. Allocation of a substance to a particular schedule is often accompanied by conditions such as strength, dose, frequency of use, pack size and purpose. For example, diclofenac may either be unscheduled as a gel, or included in S2, S3 or S4 when in tablet form depending on formulation, dose and pack size.

The Podiatry Board's Guidelines for Endorsement of Scheduled Medicines includes the "List of Scheduled Medicines as Approved by the Podiatry Board of Australia" (The National Drugs List) in a number of tables. The National Drugs List includes the names of the drugs, the routes of administration, endorsement [for podiatrist or podiatric surgeon], restrictions and notes on the clinical use.

What podiatrists with endorsement for scheduled medicines may do

The prescribing information presented here is for **podiatrists with general registration and whose registration is also endorsed for scheduled medicines under the *Health Practitioner Regulation National Law (2009)***. For the purposes of this paper these podiatrists will be referred to as 'endorsed podiatrists'.

An endorsed podiatrist is authorized to be in possession of and to use, sell or supply and to prescribe the drugs specified in the various Sate and Territory **Drugs and Poisons legislation**. This information is provided at the Board's website "Additional Information for Scheduled Medicines". Currently, some States and Territories are reviewing the drugs and poisons legislation, so it is prudent for endorsed podiatrists to check for changes.

Writing prescriptions

There is no national mandated stationery for prescriptions. A template for prescription pads is available on the Board's website. For podiatric surgeons who have an endorsement for scheduled

medicines and who are on the specialist register, it is appropriate to include “Podiatric Surgeon” on the prescription pad. It is the responsibility of the endorsed podiatrist to arrange for printing of prescription pads, in accordance with State and Territory drugs and poisons legislation.

Endorsed podiatrists are expected to familiarize themselves with the relevant provisions of the drugs and poisons legislation in each State and Territory where he/she practises.

Endorsed podiatrists must take all reasonable steps to ensure that a therapeutic need exists and to prescribe/supply only for treatment of patients under their care for conditions of the foot.

The prescription must:

- be written only for the person named on the prescription;
- not include any particular that is false or misleading;
- not be written in a secret code or cipher.

Prescriptions must be handwritten legibly and durably and include the following particulars:

- the name, address and telephone number of the podiatrist;
- the name and address of the patient;
- the date on which the prescription was written;
- the podiatrist’s signature;
- the quantity to be supplied; and
- directions for the precise dose or use and frequency of administration. If the complexity of the dosage regimen or use makes the inclusion of these particulars impracticable, or if the administration is to be carried out by another registered health professional, these details may be omitted.

If the prescription is computer-generated, the podiatrist must sign it with his or her usual signature. If, for example, lorazepam or temazepam is prescribed, the name of the drug, the strength, the directions for use and the quantity (single dose only) must also be handwritten.

In an emergency, verbal instructions for the supply of a S4 drug may be given to a pharmacist but must be confirmed in writing with a prescription as soon as practicable.

It is unlawful for any podiatrist to use or prescribe an S4 drug for the purpose of self-administration (unless the drug is lawfully prescribed by an appropriate health practitioner for treatment).

The Board strongly recommends that prescription pads and pages for computer-generated prescriptions be stored in a locked receptacle such as a drawer, filing cabinet or cupboard. A copy of the prescription must be held by the endorsed podiatrist and may be required during an audit conducted by the Board.

Some Do’s and Don’ts

DO:

Write quantities less than 1 gram as milligrams
Write quantities less than 1 milligram as micrograms
Use millilitres (mL), not cubic centimetres
Write in English
Read and check your prescription before handing it to the patient
Keep a copy of all prescriptions
Store prescription pads in a safe place

DO NOT:

Write .5 but 0.5
Abbreviate drug names
Abbreviate the words microgram, nanogram
Write “as directed” or “p.r.n.” (as necessary)
Omit directions for use

Pharmaceutical Benefits Scheme (PBS)

Although prescriptions written by endorsed podiatrists are not considered under the Pharmaceutical Benefits Scheme [PBS], endorsed podiatrists will still be able to prescribe many of the S2, S3, S4 and S8 drugs at the same cost to non-concession card-holding patients as a prescription from a medical practitioner.

Prescriptions written outside the PBS are referred to as “private prescriptions”.

Supply of S8 drugs by podiatrists with endorsement for scheduled medicines

S8 drugs can only be prescribed and not supplied by an endorsed podiatrist and only those listed under the relevant jurisdiction’s drugs and poisons legislation.

Supply of S2, S3 and S4 drugs by endorsed podiatrists

The Board does not approve of podiatrists stocking and dispensing S2, S3 or S4 drugs for profit. The Board endorses the tradition of patients being issued with a prescription to be dispensed by a pharmacist.

The Board has determined that podiatrists are not to sell or supply S2, S3 or S4 drugs. This advice does not apply to:

i. the use of S2, S3 or S4 drugs in an emergency;
ii. the provision of medications in unusual clinical situations, in remote areas or after hours, or wherever access to a pharmacy is likely to be difficult; and
iii. the use of ‘sample’ or ‘starter packs’.

Exceptions to the general prohibition on dispensing will usually be readily identified by endorsed podiatrists, as they will clearly be in the best interests of patients and as the medications will not be provided for profit. It is customary in such situations that medicines are supplied gratis.

If S4 drugs are supplied, including samples, the pack must be labelled with the details specified in the drugs and poisons legislation.

The differentiation of responsibilities between prescribers and pharmacists provides checks and balances to safeguard patients and should be maintained. The expertise of the pharmacist in counselling of patients has an important role in follow-up care by checking adherence to the prescriber’s requirements, confirming administration times and techniques, screening for adverse reactions and referral back to the podiatrist for further investigations or advice when required.

The role of the pharmacist in the process of monitoring medications is recognised by laws which regulate pharmacy record-keeping, labelling and dispensing. Adherence by pharmacists to the required standards is closely monitored.

The Board advises that the practice of routinely dispensing and supplying S2, S3 or S4 drugs for profit will be regarded by the Board as professional conduct which is of a lesser standard than that

which might reasonably be expected of a podiatrist by his or her peers. Such conduct may lead to the podiatrist concerned being subject to Board's disciplinary proceedings.

In supplying medications, endorsed podiatrists are reminded that the legal requirements as specified in State and Territory Drugs and Poisons legislation for record keeping, labelling and dispensing must be met and that good practice always demands adequate counselling of patients about the use of drugs, their side effects, contraindications and potential interactions. As the professional expertise of the pharmacist is not available to the patient in these situations the obligation on the endorsed podiatrist to meet these legal and professional duties is clearly increased.

S2 or S3 drugs that are kept by an endorsed podiatrist and supplied to a patient must:

- remain in the original unopened container as supplied by the manufacturer;
- not be supplied by persons other than an endorsed podiatrist; and
- not be supplied in an open shop.

In the case of supply of a S3 drug, the endorsed podiatrist must, in addition:

- be satisfied that a therapeutic need exists;
- attach a label to the container showing the name and address of the premises from which the S3 drug was supplied; and
- personally deliver or supervise its delivery to the person; and
- provide directions for use.

Storage

S4 drugs must be stored in a lockable storage facility, to which only an endorsed podiatrist has access and which must be kept locked except when necessary to carry out an essential operation with the drugs stored in it. Practice staff are not permitted access to S4 drugs. It is good professional practice to also store S2 and S3 drugs in a lockable storage facility.

Records

Details of supply or administration of S4 drugs must be recorded and the details must be retrievable for three years. Records must show the name of the person carrying out the transaction. Patient record cards must show the patient's name and address, the date and the medication administered or supplied. Computerized records are preferred.

General

An endorsed podiatrist who loses a poison or controlled substance, or from whom a poison or controlled substance is stolen, must immediately notify the police in the first instance. The Board recommends that both the Department of Health and the police are notified.

Authorized officers of the Department of Health and officers of the Police may, at any reasonable time, enter a podiatrist's business premises and inspect stocks and records. A warrant is not required and it is an offence to obstruct or hinder an officer in the performance of his or her duty. Confirmation of this information can be obtained from the Department of Health in the State or Territory of your practice.

Endorsed podiatrists, according to best practice principles, will have access to current editions of the following information, either in hard copy or electronically:

- Australian Medicines Handbook
- A reference work on prescription proprietary:
  - MIMS Annual together with bi-monthly addenda or MIMS CD or E-Mims
- Copies of the legislation controlling the practice of endorsed podiatrists
- Drugs and Poisons legislation in the State and Territory of practice
- Podiatry Endorsement for Scheduled Medicines Registration Standard
- Podiatry Guidelines for Endorsement of Scheduled Medicines
- A reference work on drug interactions – one of either:
  - Drug Interaction Facts – Facts and Comparisons (the edition with quarterly amendments not the softcover annual publication); or
  - Drug Interaction Analysis and Management, Hansten and Horn.
  - The Merck Manual of Diagnosis and Therapy, by Merck Sharp & Dohme, or
  - General Practice by J. Murtagh
- Therapeutic Guidelines Limited Series, including:
  - Analgesic Guidelines;
  - Antibiotic Guidelines;
  - Dermatology Guidelines; and
  - Psychotropic Guidelines.
- ADRAC bulletin
- Access to The Quality Use of Medicines principles.

Definitions

For the purposes of this document, a ***medicine*** includes:

a) Any substance in a State or Territory Poisons List intended for therapeutic use
b) Any therapeutic goods that are represented to achieve, or arelikely to achieve, their principal intended action by pharmacological, chemical, immunological or human metabolic means in or on the human body.

To ***sell*** a medicine includes to sell, whether by wholesale or retail and barter and exchange and also includes dealing in, agreement to sell, or offering or exposing for sale, or keeping or having in possession for sale, or sending, forwarding, delivering or receiving for sale or on sale, or authorising, directing, causing, suffering, permitting or attempting any of such acts or things.

To ***supply*** includes to:

a) Sell, dispense and distribute
b) Supply, whether free of charge or otherwise, by way of sample or advertisement
c) Supply, whether free of charge or otherwise, in the course of testing for safety or efficacy on persons or animals
d) Agree or offer to sell or distribute
e) Keep or have in possession for sale, dispensing or distribution
f) Send, forward, deliver or receive for sale, dispensing or distribution
g) Authorise, direct, cause, suffer, permit or attempt any act mentioned in a) to f) both inclusive.

Therapeutic use means use in or in connection with:

a) Preventing, diagnosing, curing or alleviating a disease, ailment, defect or injury in persons or animals
b) Influencing, inhibiting or modifying a physiological process
c) Testing the susceptibility of persons to a disease or ailment
d) Influencing, controlling or preventing conception in persons
e) Testing for pregnancy in persons
f) The replacement or modification of parts of the anatomy.