**Australian and New Zealand Podiatry Accreditation Council (ANZPAC) response to public consultation paper on *Endorsement for scheduled medicines registration standard and guidelines***

The Australian and New Zealand Podiatry Accreditation Council (ANZPAC) welcomes the opportunity to provide feedback on the public consultation paper on *Endorsement for scheduled medicines registration standard and guidelines.*

**General Statement**

ANZPAC notes that considerable changes have been made to both the registration standard and guidelines as a result of preliminary consultation feedback. ANZPAC particularly applauds the proposal of the Podiatry Board of Australia (the Board) to introduce a new Pathway 1 where graduates from an accredited and approved program of study are qualified for endorsement for scheduled medicines. ANZPAC also welcomes changes to the evidence requirements for Pathway 2 that offer practitioners flexibility with regard to the evidence they can provide to demonstrate that they have met the Board’s requirements.

In providing comments on the public consultation, ANZPAC is cognisant of the objectives and guiding principles of the National Registration and Accreditation Scheme (NRAS) that include:

* To facilitate the provision of high quality education and training of health practitioners
* To enable the continuous development of a flexible, responsive and sustainable Australian health workforce
* To enable innovation in the education of, and service delivery by, health practitioners.

Given the emphasis in the Accreditation Systems Review on supporting educational innovation in programs including clinical training arrangements, use of simulation, inter-professional learning and a need to have a pragmatic and sustainable model of education for obtaining an ESM, our comments also make reference to these points given the need for robust accreditation standards to support the implementation of this standard.

**Specific Comments – Registration Standard**

As stated above, ANZPAC welcomes the Board’s proposal to introduce a new Pathway 1 where graduates from an accredited and approved program of study are qualified for endorsement for scheduled medicines (ESM). In supporting this proposal, ANZPAC makes the following specific comments:

* There is the potential for ambiguity between recognition of the ‘new’ and ‘current’ Pathways 1 and 2 amongst stakeholders. ANZPAC suggests that the new Pathways be given new designations – perhaps ‘A’ and ‘B’.
* Current ESM accreditation standards do already map to the *NPS Medicinewise Prescribing Competencies Framework* however ANZPAC acknowledges that a review of all ESM accreditation standards is required to facilitate the introduction of this pathway
* With regard to point 1 (b) in the proposed revised ESM registration standard, namely *“another qualification that the Board considers to be substantially equivalent to, or based on similar competencies to, an approved qualification in podiatric therapeutics”* – will ANZPAC continue to undertake these assessments and will they be required to be assessed against the revised ESM accreditation standards only?
* Is the Board able to demonstrate where the evidence exists to justify the use of 15 online case studies? As you are aware, with the move away from prescriptive standards and the philosophy that it’s a matter of demonstrating competence rather than achieving a certain threshold, further clarification would assist providers in creating this resource.
* Could the Board please articulate how, and against what criteria it will approve these online case studies? ANZPAC is able to assist the Board in providing expert advice on the assessment of the supervised practice evidence portfolio as an extension of our role under our current Agreement.
* Is the Board able to demonstrate where the evidence exists to justify the use of 150 hours of supervised practice within a 12-month period? This relatively short timeframe may mean that some applicants have started supervised practice, but are unable to finish it within the prescribed timeframe. Extending the 12-month period to 24-months would be likely to assist applicants considerably in balancing their normal work and supervised practice. Additionally, the use of theoretical or simulation case scenarios may be designed in such a way that development of competence in prescribing is achieved faster than 150 hours – perhaps the 150 hours could be described as ‘indicative’, and more of a focus put on the quality of the portfolios of evidence that are submitted for review.
* Similarly, ANZPAC is concerned that the prescriptive nature of the 150 hours of supervised practice detracts from a competency focus (does 149 hours meant the applicant is ‘incompetent’) and the need for applicants to demonstrate how they meet the *NPS Medicinewise Prescribing Competencies Framework*.
* ANZPAC seeks further clarification why after 25 hours of supervised practice applicants must submit to the Board for assessment three (3) clinical studies. Specifically, ANZPAC is keen to understand the Board’s rationale for this “checkpoint” and what form feedback will be back to applicants. ANZPAC is certainly keen to work with the Board to identify and develop high-quality sample portfolio/case submissions that could be used to assist in this process.

**Specific Comments – Guidelines**

ANZPAC endorses the proposed revised guidelines with the following specific comments:

* ANZPAC proposes that the Board considers opportunities for applicants to apply to seek an extension from the current 7-year to 10-year expiry of currency of podiatric therapeutics programs, similar to recognition of prior learning policies adopted by many education providers. This would allow experience to also be taken into consideration when determining currency of advanced standing
* For the supervised practice, there is no definition of what an ‘attending physician’ is; does this need to be a medical practitioner or a podiatrist with an endorsement with ESM, or can the supervised session be with a practitioner with general podiatry registration with no endorsement, or a pharmacist (as described in the pharmacy rotation in Appendix 2)? Given the current emphasis on workforce and identifying and addressing any perceived barriers to workforce reform, ANZPAC is keen to ensure that any applicant has reasonable access to suitably qualified supervisor and suggests the Board maintain a database or other such mechanism of such persons.

**Specific Comments – National Podiatry Scheduled Medicines List**

There have been a variety of revisions to this list that negatively impact the scope of therapeutics practice for current and future endorsed prescribers. ANZPAC would like to understand the rationale for these changes. These include:

* Increased restriction in the use of codeine to only where it is in combination with another medicine.
* A troubling restriction in the indications for use of injectable corticosteroids to a defined anatomical area, namely the “foot”. This is perhaps the first time the Board has ever defined any aspect of podiatric practice to just “the foot”. This is concerning as this introduces a legal “grey zone” in terms of treatment via injections of the structures around the ankle, and more proximal. By way of alternative, in Queensland drug legislation there is a preference to highlight restrictions like this without mentioning anatomy, and usually states “for podiatric conditions”. It should be considered important to strike this reference to a defined anatomical area as it may negatively influence into other areas of podiatric care (for example, dry needling, acupuncture and mechanical and physical therapies for conditions proximal to the foot).
* Removal of access to lorazepam for endorsed podiatrists and now restricted to podiatric surgeons only. The rationale for this removal of access would be helpful to stakeholders.
* Indications for the use of methoxyflurane are more restrictive. The indications often are simply stated as “pain” (such as post-acute injury, or procedural related). ANZPAC suggests the Board reviews the evidence on adverse reactions with this drug, as we believe that not a single major adverse effect has been reported in Australia after about 15 million administrations. Similarly, could “appropriate resuscitation facilities” be defined?

In general, ANZPAC would like to see a shift in language towards appropriate and competent use of medicines.

Should you require any additional information related to this submission, or would like to discuss it further, please do not hesitate to contact the Executive Officer, Rachel Portelli, on (content redacted) or at (content redacted).

Yours sincerely



Dr Rolf Scharfbillig

**Chair**

**Australian and New Zealand Podiatry Accreditation Council**