Consultation on:

* Registration standard: Endorsement for scheduled medicines
* Guidelines: Endorsement for scheduled medicines

14 October 2016

Responses to consultation questions

**Please provide your feedback as a Word document (not PDF) by email to** **podiatryconsultation@ahpra.gov.au****by close of business on Friday 9 December 2016.**

Stakeholder Details

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| **Organisation name** |
| University of Western Australia Podiatric Alumni |
| **Contact information** *(please include contact person’s name and email address)* |
| Julian Boo(content redacted) |

Your responses to the consultation questions

| **Registration standard: Endorsement for scheduled medicines** *Please provide your responses to any or all questions in the blank boxes below* |
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| 1. Is the content and structure of the draft proposed revised ESM registration standard helpful, clear, relevant and more workable than the ESM registration standard that was released for preliminary consultation in May 2015?
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| The requirement for a review with the current ESM registration is well and truly overdue. The content is relevant however, additional issues will need to be addressed which will be discussed in the following questions.  |
| 1. Is the proposed new *Pathway 1* clear and easy to understand?
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| The proposed pathway 1 requires further clarification in regards to the courses/qualifications that qualify as the board stated: “The Board understands that the majority of education providers in Australia are not yet ready to offer podiatry courses that would meet *Pathway 1”.* Graduates who obtained their qualifications from an approved course/qualification prior to the approval of the new Pathway 1 should also be eligible for application.  |
| 1. Are the definitions clear and easy to understand?
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| The definitions have been clearly set out.  |
| 1. Is there any content that needs to be changed or deleted in the draft proposed revised ESM registration standard?
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| The proposed 150 hours of supervision over a year may not be an achievable goal. Eligible mentors must fit the board’s guideline of “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”. It may be a difficult task to seek mentors who fit the board’s criteria due to the lack of podiatrists who are endorsed. Furthermore, podiatrists may not work in a setting where they have regular access to a registered medical practitioner or to have a medical practitioner who has the time to assist in the mentoring program.  |
| 1. Is there anything missing that needs to be added to the draft proposed revised ESM registration standard?
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| The proposed ESM standards should take in consideration the pharmacology curriculum different courses/universities have incorporated into their podiatry program. Assessments with various courses should be performed on a case by case basis to allow graduates to streamline their application.  |
| 1. Do you have any other comments on the draft proposed revised ESM registration standard?
 |
| No further comments.  |

| **National Podiatry Scheduled Medicines List***Please provide your responses to any or all questions in the blank boxes below* |
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| 1. Is the draft updated and reformatted National Podiatry Scheduled Medicines List clearer and easier to understand now that it has been collated into therapeutic classes of medicines and further sub-divided into sub-classes in line with the Australian Medicines Handbook?
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| Yes. |
| 1. Is the list clear with respect to the scheduled medicines that endorsed practitioners are qualified to use and prescribe, including appropriate route, doses and indications?
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| Yes. |
| 1. Do you have any other comments or feedback on the draft updated and reformatted National Podiatry Scheduled Medicines List?
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| Podiatrists should gain access to a complete list of medicines under each scheduled lists. With the emergence of better medication, having a restricted list of medications will only prevent podiatrists from practicing evidence based best practice. Furthermore, having a complete list of medicines will remove the need for further assessments or approvals in future when medicines become redundant or better medicines are proposed.  |

| **Guideline: Endorsement for scheduled medicines***Please provide your responses to any or all questions in the blank boxes below* |
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| 1. Is the content of the draft proposed revised ESM guidelines helpful, clear, relevant and more workable than the current guidelines?
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| The content of the proposed draft is clearer but there are some issues that will require addressing as detailed in the following questions.  |
| 1. Is there any content that needs to be changed or deleted in the draft proposed revised ESM guidelines?
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| Under clinical studies, applicants are required to include cases where patients have a range of co-morbidities and are at risk of adverse outcomes related to polypharmacy. However, the board also requires applicants to demonstrate complexity in patient cases – to include at least five cases which involve more than one class of medicines. Both abovementioned points contraindicate the practice of reducing polypharmacy.  |
| 1. Is there anything missing that needs to be added to the draft proposed revised ESM guidelines?
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| Additional guidelines should be put in place for postgraduate podiatry students and graduands. Graduated podiatric surgeons who are able to perform complex and invasive surgery should have access to prescribing rights immediately upon graduation. The lack of ability to prescribe or dispense medicines prior, during and after surgery will significantly hinder the surgical procedure and the patient’s recovery process.  |
| 1. Do you have any other comments on the draft proposed revised ESM guidelines?
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| No further comments.  |
| 1. Do you have any comments on the draft proposed revised Clinical practice guidelines: Endorsement for scheduled medicines?
 |
| No further comments.  |

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