



Podiatry Board of Australia

REGISTRATION STANDARD: ENDORSEMENT FOR SCHEDULED MEDICINES

1 August 2018

REGISTRATION STANDARD: ENDORSEMENT FOR SCHEDULED MEDICINES



This registration standard describes the Podiatry Board of Australia's (the Board) minimum requirements for a podiatrist or podiatric surgeon to have their registration endorsed for scheduled medicines under section 94 of the **National Law**¹, the scope of the endorsement, and what the Board expects of practitioners with this type of endorsement.

Does this standard apply to me?

This registration standard applies to all podiatrists and podiatric surgeons:

- applying to have their registration endorsed for scheduled medicines under section 94 of the **National Law**, or
- whose registration is endorsed for scheduled medicines.

Scope of endorsement

A podiatrist or podiatric surgeon whose registration is endorsed for scheduled medicines under section 94 of the **National Law** is qualified to administer, obtain, possess, prescribe, sell, supply or use Schedule 2, 3, 4 or 8 medicines for the treatment of podiatric conditions, included in the *National podiatry scheduled medicines list*.²

What must I do?

To demonstrate that you are eligible to apply for endorsement for scheduled medicines you must provide evidence that you meet the requirements of one of the following pathways:

1. Pathway A: Approved qualification pathway

- 1.1 To meet the requirements for this pathway you must provide evidence that you hold one of the following qualifications:
- a. an **approved qualification for endorsement for scheduled medicines**, or
 - b. another qualification that the Board considers to be substantially equivalent to, or based on similar competencies to, an **approved qualification for endorsement for scheduled medicines**.

1.2 The Board's *Registration standard: Recency of practice* will apply to your application for endorsement for scheduled medicines under this pathway unless you are a recent graduate as defined in this registration standard.

2. Pathway B: Supervised practice pathway for registered practitioners

To meet the requirements of this pathway you must provide evidence that you have successfully completed four (4) key components:

- qualification
- online case studies
- **supervised practice**, and
- portfolio of evidence.

The requirements of these key components are described in 2.1 to 2.4 below.

There are progress steps you must complete before commencing your period of **supervised practice** (see 2.3.2 below) and during your period of **supervised practice** (see 2.5 below).

2.1 Qualification

You must provide evidence that you hold one of the following qualifications:

- a. an **approved qualification in podiatric therapeutics**, or
- b. another qualification that the Board considers to be substantially equivalent to, or based on similar competencies to, an **approved qualification in podiatric therapeutics**.

The qualification must be current (not more than seven years old) at the time of applying to the Board to commence **supervised practice** (see 2.3.2 below).

2.2 Online case studies

You must provide evidence that you have successfully completed 15 **approved online case studies**.

The **approved online case studies** must be completed after you have obtained your **approved qualification in podiatric therapeutics** (or equivalent), and not more than three years prior to first applying for endorsement for scheduled medicines.

¹ Bolded terms (apart from those in headings) are defined in the *Definitions* section of this registration standard

² The *National podiatry scheduled medicines list* is attached to this registration standard – see Attachment A.

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2.3 Supervised practice

2.3.1 You must complete a period of supervised practice in Australia that:

- involves learning through observation, experience, discussion and reflection in a range of prescribing environments as described in the Board's *Guidelines: Endorsement for scheduled medicines* (ESM guidelines)
- is undertaken over a minimum of 150 hours within a 12-month period
- is under the guidance of a mentor who meets the Board's requirements for a mentor as described in the ESM guidelines and with whom you have a signed mentor agreement in place before you commence your period of **supervised practice**, and
- includes preparing a portfolio of evidence (as described in 2.4 below) and submitting the items of evidence from the portfolio as required by this registration standard and the ESM Guidelines.

2.3.2 Before you commence your period of supervised practice you must:

- be registered as a podiatrist or podiatric surgeon in Australia, and
- apply to the Board to commence **supervised practice** in accordance with the procedure described in the ESM Guidelines. This includes submitting the documents described in the ESM Guidelines to demonstrate you have the prerequisites to undertake **supervised practice**.

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

2.3.4 The period of **supervised practice** must be completed within 12 months of the date that you are advised in writing that you have met the prerequisites for **supervised practice**.

Further information about the requirements for **supervised practice** is in the ESM Guidelines.

2.4 Portfolio of evidence

You must submit within the timeframe and in the manner required by this registration standard and the ESM Guidelines a portfolio of evidence for assessment by the Board.

The portfolio of evidence must meet the requirements for a portfolio of evidence as set out in the ESM Guidelines and demonstrate to the Board's satisfaction that you have:

- the required **prescribing competencies** to have your registration endorsed for scheduled medicines, and
- met the Board's **supervised practice** requirements.

2.5 Initial assessment of clinical studies

During your period of **supervised practice** you must, among other things, prepare clinical studies as part of your portfolio of evidence. The clinical studies relate to patient cases you have observed during your period of **supervised practice**.

When you have completed a minimum of 25 hours of **supervised practice** you must submit to the Board for assessment three clinical studies. You can continue with your period of **supervised practice** while these case studies are being assessed.

The Board will advise you whether the clinical studies you have submitted are satisfactory. You must have three clinical studies assessed as satisfactory by the Board by the time you complete your period of **supervised practice**.

Further information about the requirements for clinical studies and the initial assessment by the Board, including what happens if the clinical studies are assessed as not satisfactory can be found in the ESM Guidelines.

2.6 When can I submit an application for endorsement under Pathway B?

You may submit your application to the Board to have your registration endorsed for scheduled medicines under Pathway B, together with your portfolio of evidence when:

- you have completed your period of **supervised practice**, and
- three clinical studies have been assessed as satisfactory by the Board.

Your application must be submitted within 12 months of completing your period of **supervised practice**.

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:

- 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.

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Guidelines

This registration standard must be read in conjunction with the following guidelines. You are expected to apply these guidelines together with this registration standard.

Guidelines: Endorsement for scheduled medicines (ESM Guidelines)

These guidelines provide more information and guidance about how to meet the requirements of this registration standard, including:

- the required **prescribing competencies** to have your registration endorsed for scheduled medicines
- approved qualifications
- information about **approved online case studies**
- the requirements for **supervised practice**
- the evidence to be included in the portfolio
- information about initial assessment of clinical studies, and
- useful references and resources.

The ESM guidelines can be found on the [Endorsement for scheduled medicines](#) page of the Board's website.

Clinical practice guidelines: 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 communication with the patient and members of the patient's healthcare team
- quality use of medicines (QUM)
- adverse event reporting
- prescriptions
- supply of scheduled medicines, and
- antimicrobial stewardship.

The clinical practice guidelines can be found at Appendix 3 to the ESM Guidelines.

State or territory authority

The endorsement of your registration for scheduled medicines indicates that you are qualified to administer, obtain, possess, prescribe, sell, supply or use Schedule 2, 3, 4 or 8 medicines specified in the endorsement but does not authorise you to do so.

The authorisation for you to administer, obtain, possess, prescribe, sell, supply or use scheduled medicines in a state or territory will be provided by or under legislation and regulations of the state or territory in which you are practising.

You must administer, obtain, possess, prescribe, sell, supply or use scheduled medicines within the scope of the state or territory authority at all times.

What does this mean for me?

When you apply for endorsement for scheduled medicines

When you apply to have your registration endorsed for scheduled medicines you must meet the requirements of this registration standard.

At renewal of registration

When you apply to renew your registration, you are also applying to renew your endorsement for scheduled medicines.

You must have recent practice relating to your endorsement for scheduled medicines in accordance with the Board's *Registration standard: Recency of practice* and must have completed continuing professional development (CPD) relevant to your endorsement in accordance with the Board's *Registration standard: Continuing professional development*.

When you apply to renew your registration you must declare whether you have met the Board's recency of practice, continuing professional development and professional indemnity insurance arrangements registration standards.

During the registration period

You must:

- administer, obtain, possess, prescribe, sell, supply or use only the scheduled medicines listed in the Board's *National podiatry scheduled medicines list* at Attachment A in accordance with your endorsement and the restrictions specified in that list, and only to the extent that you are authorised by the relevant

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legislation and regulations in the state or territory in which you are practising

- be aware of, understand and comply with relevant state or territory drugs and poisons legislation and regulations including provisions relating to the secure storage of medicines in your possession
- comply with the relevant state, territory or commonwealth legislation and regulations relating to the reporting of adverse events related to medication incidents and the advertising of therapeutic goods, including scheduled medicines
- ensure that you **prescribe** within your scope of practice
- work collaboratively with your patient and their healthcare team
- practise in accordance with the Board's *Clinical practice guidelines: Endorsement for scheduled medicines*
- have recent experience in this scope of practice that meets the Board's *Registration standard: Recency of practice*, and
- maintain and enhance your competence to prescribe scheduled medicines including completing the required amount of CPD relevant to your scheduled medicines endorsement as set out in the Board's *Registration standard: Continuing professional development*.

What happens if I don't meet this standard?

The **National Law** establishes possible consequences if you don't meet this standard, including that:

- the Board can refuse your application for endorsement or renewal of registration, or impose conditions on your endorsement (sections 102, 103 and 112 of the **National Law**), and
- registration standards, codes or guidelines may be used in disciplinary proceedings against health practitioners as evidence of what constitutes appropriate practice or conduct for the health profession (section 41 of the **National Law**).

Authority

The Board has approval from the **Ministerial Council** under section 14 of the **National Law** to endorse the registration of a podiatrist or podiatric surgeon to the extent described in this registration standard.

This registration standard was approved by the **Ministerial Council** on 2 February 2018.

Registration standards are developed under section 38 of the **National Law** and are subject to wide-ranging consultation.

Definitions

The following terms are defined for the purpose of this registration standard:

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 this registration standard. The program of study is aligned to the NPS MedicineWise *Prescribing Competencies Framework* 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 this 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 in the *ESM Guidelines*, published on the [Endorsement for scheduled medicines](#) page of the Board's website.

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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 this registration standard 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.³

Prescribing competencies means the prescribing competencies described in the NPS *MedicineWise Prescribing Competencies Framework*⁴ 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 this registration standard 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 this registration standard and the ESM 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 this registration standard and the ESM guidelines. The supervised practice also encompasses reflective practice and meetings with a mentor, culminating in a portfolio of evidence that meets the requirements of this registration standard and the ESM guidelines.

Review

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

Last reviewed: 1 August 2018

This standard replaces the previously published registration standard dated 1 July 2010.

³ 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 practise to ensure they understand their legal authorisation to prescribe medicines.*

⁴ *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

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Attachment A

Introduction

The *National podiatry scheduled medicines list* specifies the Schedule 2, 3, 4 and 8 medicines that podiatrists and podiatric surgeons whose registration has been endorsed for scheduled medicines by the Podiatry Board of Australia (Board) are **qualified** to administer, obtain, possess, prescribe, sell, supply or use for the treatment of podiatric conditions.

Endorsed practitioners may only administer, obtain, possess, prescribe, sell, supply or use the scheduled medicines in the *National podiatry scheduled medicines list* to the extent that they are **authorised** by the relevant drugs and poisons legislation and regulations in the state or territory in which they are practising. This includes ensuring they comply with relevant state or territory drugs and poisons legislation relating to the secure storage, labelling, record-keeping, disposal, loss or theft of medicines in their possession.

The list is collated into therapeutic classes of medicines and further sub-divided into sub-classes. Certain medicines (or routes of administration) are restricted to podiatric surgeons who have a demonstrated clinical need to use those medicines.

Therapeutic Goods Administration (TGA) approved routes, doses or indications should be used, according to the Approved Product Information.

In line with the principles of Quality Use of Medicines (QUM) and specifically shared care, if a podiatrist or podiatric surgeon with endorsement for scheduled medicines is initiating a medicine, communication with the patient's nominated medical practitioner(s) is essential regarding the treatment and expected outcome.

When incorporating scheduled medicines into a patient care plan, podiatrists and podiatric surgeons should utilise resources which inform evidence-based practice and support contemporary and appropriate use of scheduled medicines.

Practitioners should be familiar with the Australian Register of Therapeutic Goods (ARTG) www.tga.gov.au/australian-register-therapeutic-goods and the requirements for any exemptions under the Special Access Scheme (SAS) and the Authorised Prescriber

Scheme (AP) for medicines that are not included on the ARTG.

Various resources are utilised by podiatrists and podiatric surgeons to underpin and support the best possible use of medicines in podiatric practice.

References used should be the most current editions to ensure your knowledge is current.⁵ Some of the following references are essential:

Essential references

- **Australian Medicines Handbook**
shop.amh.net.au/products/electronic/down-2015
- **Therapeutic Guidelines (eTG and latest hard copy versions) – relevant to your practice**
www.tg.org.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
- **TGA⁶**
www.tga.gov.au
- **Medication safety – Australian Commission on Safety and Quality in Health Care**
www.safetyandquality.gov.au/our-work/medication-safety
- **Choosing Wisely Australia**
www.choosingwisely.org.au/home

⁵ There may be a cost for accessing some of these resources

⁶ 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 www.tga.gov.au/publication/poisons-standard-susmp#susmp

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Scheduling

Medicines and poisons are classified into Schedules according to the level of regulatory control over the availability of the medicine or poison, required to protect public health and safety.

The Schedules are published in the *Standard for the Uniform Scheduling of Medicines and Poisons* (SUSMP) – referred to as the *Poisons Standard*.⁷ The schedules relevant to the *National podiatry scheduled medicines list* are:

Schedule 2	Pharmacy Medicine – Substances, the safe use of which may require advice from a pharmacist and which should be available from a pharmacy or, where a pharmacy service is not available, from a licensed person.
Schedule 3	Pharmacist Only Medicine – Substances, the safe use of which requires professional advice but which should be available to the public from a pharmacist without a prescription.
Schedule 4	Prescription Only Medicine OR Prescription Animal Remedy – Substances, the use or supply of which should be by or on the order of persons permitted by State or Territory legislation to prescribe and should be available from a pharmacist on prescription.
Schedule 8	Controlled Drug – Substances which should be available for use but require restriction of manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence.

The National podiatry scheduled medicines list

The *National podiatry scheduled medicines list* specifies the Schedule 2, 3, 4 and 8 medicines that podiatrists and podiatric surgeons whose registration has been endorsed for scheduled medicines by the Podiatry Board of Australia (Board) are **qualified** to administer, obtain, possess, prescribe, sell, supply or use for the treatment of podiatric conditions.

From April 2016, the TGA is updating some medicine ingredient names used in Australia to align with names used internationally. Information about the changes can be found on the [TGA website](#).

This list has been updated to reflect the new names. The medicines on this list that are affected are marked with an asterisk*. Some of the changes are minor spelling changes only.

Allergy and anaphylaxis	
Sympathomimetics	
Antihistamines	
<ul style="list-style-type: none"> • Sedating antihistamines • Less sedating antihistamines 	
IV route is restricted to use by podiatric surgeons only and must only be used in association with a hospital admission (including a registered day surgery facility)	
Sympathomimetics	Restrictions/additional notes
Adrenaline (epinephrine)*	For anaphylaxis Intravenous (IV) route is restricted to podiatric surgeons only
Antihistamines	
Sedating antihistamines	Restrictions/additional notes
Promethazine	Oral route only
Less sedating antihistamines	Restrictions/additional notes
Desloratadine	
Fexofenadine	
Loratadine	

⁷ See www.tga.gov.au/publication/poisons-standard-susmp#susmp

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Anaesthetics	
General anaesthetics <ul style="list-style-type: none"> Inhaled anaesthetics Drugs for local anaesthesia <ul style="list-style-type: none"> Local anaesthetics 	
General anaesthetics	
Inhaled anaesthetics	Restrictions/additional notes
Methoxyflurane	Short-term analgesia and may be of use in acute trauma, pre-injection and wound dressing Should only be used where appropriate resuscitation facilities are available
Drugs for local anaesthesia	
Local anaesthetics	Restrictions/additional notes
Tetracaine (amethocaine) hydrochloride*	Skin preparation only For use in hospital and podiatry practice setting only
Bupivacaine Plain or with adrenaline (epinephrine)*	
Levobupivacaine	
Lidocaine (lignocaine)* Plain or with adrenaline (epinephrine)*	
Prilocaine	
Ropivacaine	

Analgesics	
Drugs for pain relief <ul style="list-style-type: none"> Non-opioid analgesics Opioid analgesics 	
Drugs for pain relief	
Non-opioid analgesics	Restrictions/additional notes
Aspirin (analgesic)	
Paracetamol	Route restricted to oral only
Opioid analgesics	Restrictions/ additional notes
Codeine phosphate*	For use as a combination product only
Oxycodone (in short-acting/immediate release form)	Restricted to podiatric surgeon only Route restricted to oral only Must only prescribe up to 10mg doses (maximum of 20mg in 24 hours) for a maximum of three days Schedule 8: Controlled drug – see reference to storage of scheduled medicines in <i>Introduction</i> section

Antidotes and antivenoms	
Antidotes	Restrictions/additional notes
Naloxone	Restricted to podiatric surgeon only Route restricted to injection only

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Anti-infectives	
Antibacterials	
<ul style="list-style-type: none"> • Cephalosporins • Lincosamides • Macrolides • Nitroimidazoles • Penicillins • Quinolones • Tetracyclines 	
Antifungals	
<ul style="list-style-type: none"> • Other antifungals 	
<p>Inappropriate and overuse of antimicrobials contributes to the emergence of resistant bacteria and causes patient harm. In line with the principles of anti-microbial stewardship, prolonged treatment (i.e. longer than the standard course of treatment) should only be considered with medical practitioner advice. If there is no improvement or a worsening of clinical signs during the course of the treatment, the choice and dose of agent must be reviewed with referral for further investigation.</p> <p>IM and IV routes are restricted to use by podiatric surgeons only. IV routes must only be used in association with a hospital admission (including a registered day surgery facility).</p> <p>When route of administration by podiatric surgeon is intramuscular (IM), use is restricted to one bolus injection to initiate therapy.</p>	
Antibacterials	
Cephalosporins	Restrictions/additional notes
Cefalexin*	
Lincosamides	Restrictions/additional notes
Clindamycin	
Macrolides	Restrictions/additional notes
Erythromycin	Restricted to podiatric surgeon only Route restricted to oral only
Roxithromycin	

Anti-infectives	
Nitroimidazoles	Restrictions/additional notes
Metronidazole	IV route restricted to podiatric surgeon only
Penicillins	Restrictions/additional notes
Amoxicillin*	Intramuscular (IM) and IV route restricted to podiatric surgeon only
Amoxicillin* with clavulanic acid	
Dicloxacillin	
Flucloxacillin sodium*	IM and IV route restricted to podiatric surgeon only
Phenoxyethylpenicillin	Restricted to podiatric surgeon only Route restricted to oral only
Quinolones	Restrictions/additional notes
Ciprofloxacin	Route restricted to oral only
Tetracyclines	Restrictions/additional notes
Doxycycline hyclate (hydrochloride)*	Restricted to podiatric surgeon only Route restricted to oral only
Antifungals	
Other antifungals	Restrictions/additional notes
Terbinafine	When oral therapy using antifungal agents is initiated by a podiatrist or podiatric surgeon with endorsement for scheduled medicines, the prescriber must inform, request and ensure agreement from a medical practitioner with regard to who takes responsibility for monitoring the systemic status of the patient in line with the principles of Quality Use of Medicines (QUM).
Griseofulvin	

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Dermatological drugs	
Drugs for eczema	
<ul style="list-style-type: none"> Corticosteroids (skin) 	
Drugs for skin infections	
<ul style="list-style-type: none"> Azoles (skin) Other antifungals (skin) Anti-bacterials (skin) 	
Drugs for actinic keratoses	
References to the word 'skin' against some medicines generally refer to the topical application of the medicine, rather than the treatment of a skin condition.	
Drugs for eczema	
Corticosteroids	Restrictions/additional notes
Betamethasone (skin)	
Desonide (skin)	
Hydrocortisone (skin)	
Methylprednisolone (skin)	
Mometasone (skin)	
Triamcinolone (skin)	
Drugs for skin infections	
Azoles	Restrictions/additional notes
Bifonazole	
Clotrimazole (skin)	
Econazole	
Ketoconazole (skin)	
Miconazole (skin)	
Other antifungals (skin)	Restrictions/additional notes
Amorolfine	
Nystatin (skin)	
Terbinafine (skin)	

Dermatological drugs	
Anti-bacterials (skin)	Restrictions/additional notes
Mupirocin	
Silver sulfadiazine	
Drugs for actinic keratoses	Restrictions/additional notes
Diclofenac (skin)	

Immunomodulators and antineoplastics	
Immunosuppressants	
<ul style="list-style-type: none"> Corticosteroids 	
Corticosteroids	Restrictions/additional notes
Dexamethasone	Injection only Injection limited to treatment of podiatric conditions where there is evidence or best practice recommendations to support its use.
Betamethasone	Injection and topical only
Methylprednisolone	Injection limited to treatment of podiatric conditions where there is evidence or best practice recommendations to support its use.
Triamcinolone	

Neurological drugs	
Antiepileptics	
<ul style="list-style-type: none"> Benzodiazepines (neurology) 	
Benzodiazepines (neurology)	Restrictions/additional notes
Diazepam	Restricted to podiatric surgeon only Route restricted to oral only Can be used for up to 10 days for treatment of muscle spasm

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Psychotropic drugs	
Drugs for anxiety and sleep disorders	
• Benzodiazepines	
Benzodiazepines	Restrictions/additional notes
Diazepam	Restricted to podiatric surgeon only Route restricted to oral only One dose orally for pre-procedural anxiety
Lorazepam	Route restricted to oral only One dose orally for pre-procedural anxiety

Rheumatological drugs	
Drugs for gout	
Drugs for other musculoskeletal conditions	
NSAIDs	
<p>In the case of initial diagnosis and treatment for gout, a medical practitioner must be notified. The medical practitioner should be requested to undertake further confirmatory diagnostics (unless already arranged by the podiatrist or podiatric surgeon) and to undertake the long-term management of the condition.</p> <p>Risks associated with NSAIDs (prescription and Over the Counter (OTC)) include, but are not limited to, gastrointestinal bleeding; precipitating acute renal failure; and significantly increased risks of cardiovascular events (e.g. stroke, heart attack) and therefore should be used with caution especially in patients with predisposing risk factors, including cardiovascular risk factors.</p>	
Drugs for gout	Restrictions/additional notes
Colchicine	Route restricted to oral only As a therapeutic dose over a 24 hour period as per the <i>Australian Medicines Handbook</i> dosage guidelines
Drugs for other musculoskeletal conditions	
NSAIDs	Restrictions/additional notes
Celecoxib	
Diclofenac	
Ibuprofen	
Indometacin*	
Ketorolac	Restricted to podiatric surgeon only For peri-operative treatment only
Meloxicam	
Naproxen	
Sulindac	