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Dear Mr Warnock

The AMA has reviewed the Consultation paper on Guidelines for Endorsement for Scheduled Medicines, which proposes revisions to the current Guidelines published by the Podiatry Board of Australia on 1 July 2010.

The AMA acknowledges the role of the Podiatry Board of Australia to protect the public by developing standards, codes and guidelines for the podiatry profession and by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.

Course content and accreditation

In making this submission, the AMA cannot support the registration of podiatrists as qualified to prescribe scheduled medicines. The AMA remains concerned that the approved programs of study leading to endorsement for podiatrists in relation to scheduled medicines are insufficient in scope and breadth to ensure podiatrists are appropriately qualified to prescribe.

Some of our members have taken the time to look at the course content for programs of study in podiatric therapeutics and are gravely concerned that podiatrists have not had the appropriate undergraduate training to either prescribe medicines or supervise prescribing by other podiatrists. Nor are they confident that the course content has been appropriately accredited to meet the standards required to guarantee public safety.

This would leave open the question of whether the Australian and New Zealand Podiatry Accreditation Council (ANZPAC) has developed appropriate standards against which to accredit courses on behalf of the Podiatry Board of Australia and is able to undertake accreditation adequately. Should ANZPAC not have adequate standards in place to accredit courses then this may not allow the Board to adequately discharge its responsibility for public safety.

The Podiatry Board of Australia has, inappropriately in our view, 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. It is improper for the Board to approve programs of study in podiatric therapeutics before the appropriate accrediting body has approved these programs

It is vital that prescribers are adequately trained in organic and inorganic chemistry, physiology, biochemistry, and anatomy. Only after these core subjects are acquired can a course in pharmacology be properly used and integrated to treat patients. To our knowledge, there is limited medical input into the development and accreditation of course content of programs of study in podiatric therapeutics and yet the outcome from this activity has a significant impact on the medical health of patients.

Shared care arrangements

Neither is it evident that the changes to the guidelines sought by the Board facilitate collaborative arrangements between the podiatrist and the medical profession. It is not in the public interest to have podiatrists operating independently of the patient's usual medical practitioner. We do not want to see a fragmented health system with multiple entry points that poses a risk to safe, high quality care.

There must be legally sound, shared care arrangements with the medical profession in place for the AMA to consider supporting these guidelines. This has been the safety net applied to other non-medical healthcare professionals who wish to prescribe. It should never be optional for podiatrists to inform the medical practitioner about the care they have provided to the patient. This is consistent with shared/collaborative care arrangements agreed with other healthcare professionals such as nurse practitioners and midwives, and optometrists.

In this respect it is our view that the proposed guidelines are unsatisfactory and unsafe. Many foot ailments have associated chronic health conditions, which require management and care from a medical practitioner. The population generally served by podiatrists are older people with a range of health issues and with a higher risk of poly-pharmacy harm that demands care and regular review from a medical practitioner.

The revised Guidelines should clearly advise on the importance and nature of collaborative relationships between the podiatrist and the medical profession. The AMA requests that the Guidelines confirm and provide for the role of the medical practitioner as the lead clinician for coordination of patient care to ensure patient care is not fragmented.

National Drugs List

The AMA notes that the List of Scheduled Medicines Approved by the Board (the National Drugs List) has been expanded to include all relevant scheduled medicines listed in existing State and Territory Drugs and Poisons legislation.

The AMA does not support any expansion of the List of approved drugs for endorsement. It is premature to expand the list of medicines when current arrangements have been in place for less than twelve months and have not been properly evaluated on the basis of quality, safety and cost effectiveness.

In particular the AMA objects to the inclusion of anti-anxiety medicines in National Drugs List. We are not confident that podiatrists are adequately trained or appropriately qualified to prescribe these medicines. The prescription of anti-anxiety medicines is outside the scope of practice for podiatrists. A comprehensive assessment of history, presentation, past history, co-morbidities and a general medical

examination are a necessary part of adequately assessing a patient and the risks and benefits associated with prescribing and/or continuing these medications. Podiatrists are not trained in nor are they experienced in this area of care. For the same reasons it is equally dangerous and inappropriate to have podiatrists prescribing drugs of addiction.

A copy of this submission will be provided to the Medical Board of Australia for their consideration.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Pesce', written in a cursive style.

Dr Andrew Pesce
President

3 December 2010

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