



3 December 2010

Mr Jason Warnock
Chair
Podiatry Board of Australia
G.P.O Box 9958
Melbourne Victoria

By email: chair@podiatryboard.gov.au

Dear Mr Warnock

Consultation Paper on Guidelines for Endorsement for Scheduled Medicines

The Australian Orthopaedic Association welcomes the opportunity to provide a response to the consultation paper from the Podiatry Board of Australia on the Guidelines for Endorsement for Scheduled Medicines.

AOA is the peak professional body for orthopaedic surgeons in Australia. AOA provides high quality specialist education, training and continuing professional development. AOA is committed to ensuring the highest possible standard of orthopaedic care and is the leading authority in the provision of orthopaedic information to the community.

AOA is of the opinion that prescribing any medications should only be undertaken by a health professional with an Australian medical degree, or an approved alternative.

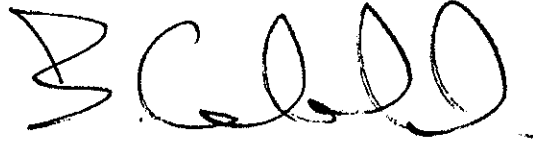
AOA does not consider that currently the Podiatry Board of Australia can provide enough medical training, and as such, patients will be put at significant risk if podiatrists so trained are able to prescribe medications of any type.

The Podiatry Board of Australia needs to be more inclusive in the process of reviewing podiatrist's education than it has been to date. There is an expectation that medical practitioners will not only establish and maintain mentor programs but will also enter into shared care arrangements with podiatrists. These shared care arrangements still require medical practitioners to take on the serious legal responsibilities associated with the care of patients. Medical practitioners need to be assured that other team members in the shared care arrangement have adequate education and pharmacological knowledge to prescribe medicines.

AOA recommends that the process to authorise podiatrists to prescribe scheduled medicines be held in abeyance until both AMA and AOA have been included in the review of the basic education of podiatrists. AOA is disturbed by the lack of adequate time and less than effective notification to consider this matter. An appropriate consultation period is required to consider a matter of such importance.

Please find AOA's submission attached.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Bill Cumberland". The signature is stylized, with a large, looped "B" and "C" followed by several smaller loops and a horizontal line at the end.

Bill Cumberland
President

AOA Submission

Consultation Paper on Guidelines
for Endorsement for Scheduled
Medicines



AOA
AUSTRALIAN
ORTHOPAEDIC
ASSOCIATION

The Australian Orthopaedic Association (AOA) welcomes the opportunity to provide a response to the consultation paper from the Podiatry Board of Australia (*Podiatry Board*) on Guidelines for Endorsement for Scheduled Medicines (*Guidelines*) (*Consultation Paper*).

AOA is the peak professional body for orthopaedic surgeons in Australia. AOA provides high quality specialist education, training and continuing professional development. AOA is committed to ensuring the highest possible standard of orthopaedic care and is the leading authority in the provision of orthopaedic information to the community.

AOA intend to concurrently submit this response to the Ministers of Health Committee and directly to AHPRA executives.

AOA believes that there has been a fundamental flaw in establishing the process for the prescription of medicines in the Schedule of Medicines by podiatrists and the timelines that have been involved and it is important for a review of the entire process to be undertaken, this submission is not confined to the matters detailed in the Consultation Paper.

Prior to National Registration, normal podiatrists did not have the right to prescribe in over half of the jurisdictions in Australia, and rights were limited in the remaining jurisdictions in Australia. Without regard to the appropriateness or efficacy of this practice, the Podiatry Board has now asserted that there will be an extension of the right to prescribe to all podiatrists. In AOA's submission, and as will be demonstrated below, the standard of undergraduate education of podiatrists in Australia falls below the standard that should be required to allow prescribing in Australia. The Podiatry Board has provided assurances that a course will be devised to educate podiatrists to prescribe. However, to date the Podiatry Board has not provided any information on this course. AOA is therefore very concerned about the scope, level and breadth of education that will be provided to podiatrists.

The right to prescribe in reality, is focussed on the right to prescribe S4 medications and above.

In AOA's submission, the changes to the Guidelines are an attempt by the Podiatry Board to allow podiatrists to prescribe S2 and S3 medications, which is unnecessary. In AOA's submission, there is no need for podiatrists to "prescribe" these drugs as they are currently freely available to patients over the counter at pharmacies without the need for a prescription.

Medications in the S4 schedule and above require specialist education to prescribe. In AOA's submission, the requisite level of education is not currently provided to podiatrists in their courses, despite assertions to the contrary by the Podiatry Board and podiatry profession generally.

In AOA's submission, the Podiatry Board has permitted the prescribing of scheduled medicines by podiatrists without adequate consultation on this process. It has endorsed courses of education that are required to prescribe without reference to its own accrediting body, yet without having defined the Standard of Education. It has reduced the level of education required to have the right to prescribe to a level that removes the protection offered to Australians in the Schedule of Medicines.

In AOA's submission, if the Podiatry Board is seeking to have prescriptions provided by a podiatrist in a competent manner, then it would be appropriate to form an independent Accrediting Committee to define the standards of education that are required, prior to advancing the process. This Committee should consult with individuals with significant experience in prescribing the relevant medicines to determine the educational requirements necessary for safe practice. Any information should be provided to an Accrediting Body to

consider whether any of the established educational institutions meet the requisite education standards and accredit the relevant education institutions. This has not been the case.

AOA submits that the Podiatry Board has selected and endorsed certain institutions and courses without an adequate review by an independent accrediting body of such institutions and courses.

The Consultation Paper states that the accrediting body will be ANZPAC. AOA understands that, although ANZPAC has not published an approved educational study program, the Podiatry Board has already certified Latrobe University and Queensland University of Technology, Charles Stuart University, University of South Australia and Curtin University as approved study programs.

AOA submits that safe prescribing is the result of cumulative comprehensive experience in organic and inorganic chemistry and understanding in physiology, pathology, biochemistry and anatomy. Only after these core subjects are completed can a course in pharmacology be properly used and integrated to treat patients.

Australian podiatrists regularly point to the fact that American podiatrists have the right to prescribe, and use this as an argument to bolster their own requests to prescribe. In this regard it is important to note that:

- AOA understand that the American Podiatric Association agrees with AOA's view that Australian podiatrists are not sufficiently qualified or experienced to prescribe medicines in the Schedule of Medicines;
- in the USA there is a requirement for all of these basic studies (in the form of the MCAT examination, which is required before entering both Medical School and Podiatry School) to be completed prior to entering into a Podiatry College;
- in AOA's submission, Australian undergraduate podiatry education is not equivalent to the equivalent education in the USA. For example, AOA understands that a graduate in podiatry in Australia is not eligible for College education in the USA, cannot practice in the USA and cannot prescribe in the USA without first passing the MCAT and completing an undergraduate course in the USA.

AOA can provide examples of deficiencies in courses offered by Australian educational institutions which demonstrate that such courses do not provide Australian podiatry graduates with sufficient qualifications and experience to safely prescribe medicines in the Schedule of Medicines.

AOA would agree that it is not the role of the Podiatry Board to investigate the specific activities that occur within a specific course inside a university, this would rightly be handled by the Accrediting Agency.

To provide an endorsement or certification, without adequately having sought the experience and information from current prescribing bodies, in AOA's submission is not acceptable.

The actions that the Podiatry Board of Australia have undertaken are further highlighted in the list of drugs.

There seems to be a complete lack of understanding of the scheduling process by the Podiatry Board. It suggests that surgical Podiatrists be allowed to prescribe Ciprofloxacin. Ciprofloxacin is an Authority Prescription drug. There is no ability for any medical practitioner to be able to prescribe Ciprofloxacin without restrictions. Authority needs to be sought for

Ciprofloxacin to be prescribed.

In AOA's submission, the Podiatry Board seems to be aware of the potential risk for griseofulvin to cause hepatic, renal and immune deficiency states. The Podiatry Board appears to be proposing that individuals who have insufficient education and training to monitor these complications should have the right to prescribe these as oral therapies. This is to subject society to major risks, with no benefit as competent provision of these drugs is offered by General Practitioners.

AOA believes that there is a major risk of the decrease in the quality of drug prescription under the proposed protocols.

AOA believes that this proposal should be redrafted, and an emphasis on undergraduate education provided. After a course involving the basic sciences and pharmacology that have been outlined, at a standard commensurate with Medical Education or CPME standards, then this course should be applied to all individuals who seek to provide pharmaceutical treatment and a vigorous and independent exam process attached to ensure appropriate standard has been achieved. Only after this assurance to the people of Australia of the adequate education of Podiatrists, should the right to prescribe be provided to them.

In addition, in AOA's submission further consultation, investigation and analysis should be undertaken of the education requirements and supervision across Australia to ensure there is a consistent level of education and supervision across all jurisdictions.

Finally, in AOA's submission the issue of auditing needs to be assessed.

The Podiatry Board states that there is an auditing process that has been devised and is available on its website. No information on the auditing process has been made available to AOA and AOA has been unable to locate such information on the Podiatry Board's website. AOA has concerns regarding what will constitute the auditing process, whether the audit will be performed by an independent person and the standards that will be applied.

The Podiatry Board has stated that 10% of podiatrists will be audited each year. AOA understands that there are currently in excess of 2000 podiatrists in Australia. Significant resources will need to be dedicated to these audits. AOA is therefore concerned about the quality and thoroughness of these audits.

The Pathways outlined in the proposal are, in AOA's submission, inadequate. Pathway 1 relies on undergraduate knowledge (which is clearly not adequate from the above information) and then to learn from having been around others who prescribe. There is no evidence that this model will result in adequate education being attained.

Pathway 2 is dependant on an as yet undefined program of study. It would be unlikely that current prescribers would be prepared to take on individuals with the current level on podiatry undergraduate education and bear the responsibility for supervising their education and potential complications without being fully appraised about the nature of the program of study.

The Podiatry Board needs to be more inclusive in the process of reviewing the education than has occurred to date, and incorporate the medical fraternity in the construction of the course, the examination and definitions of Standards of Education required if it wishes this process to move ahead. This is particularly so if the Podiatry Board is then going to impose onto the medical fraternity (who are the bulk of the prescribers) to establish and maintain

mentor programs. This would be at large time expense to the medical practitioners. It is vitally important if the Podiatry Board are seeking medical practitioners to be involved in share care arrangements in which the Medical Practitioners takes on the serious legal responsibilities being associated with the care of a patient when the other member of the share care agreement has inadequate education in the prescription of pharmaceuticals.

Path Forward

AOA would like the Council of Ministers to hold this process in abeyance until such time as a review of the basic education of the podiatry profession is undertaken to determine the courses that should be included in the education of podiatrists. The AMA and AOA should be consulted as part of this review and it should include an assessment of the CPME and its requirements and standards.

In AOA's submission, the Podiatry Board has permitted podiatrists to prescribe scheduled medicines without adequate consultation on this process. It has endorsed courses of education that allow podiatrists to prescribe without reference to its own accrediting body as to the new educational requirements for this expanded scope of practice. As a result, it has reduced the level of education required for podiatrists in order for them to have the right to prescribe. In AOA's submission there are serious patient safety concerns with this approach and it has undermined the protection provided to Australian patients in the Schedule of Medicines.

Following this review the Podiatry Board could apply to the accrediting body, ANZPAC, to recognise and certify the relevant courses. These courses would then be certified by the Podiatry Board.

In AOA's submission, Medical Practitioners (as distinct from podiatrists) should be part of the ANZPAC committee in order to give a balanced view of the education requirements for persons wishing to prescribe medications. AOA understand that, at present, no medical practitioners are part of the ANZPAC committee.

AOA looks forward to playing an integral role in further developing the Guidelines in the future.