Guidelines for Endorsement for Scheduled Medicines

Podiatry Board of Australia | AHPRA

Guidelines for Endorsement for Scheduled Medicines

Introduction

The Podiatry Board of Australia (the Board) has developed these Guidelines for Endorsement for Scheduled Medicines (Guidelines) under section 39 of the *Health Practitioner Regulation National Law Act* (the National Law) as in force in each State and Territory.

The purpose of these Guidelines is to assist podiatrists applying for the first time or renewing an endorsement for scheduled medicines.

These guidelines supplement the requirements set out in the Board's Endorsement for Scheduled Medicines Registration Standard.

There are provisions in relevant State and Territory drugs and poisons legislation for podiatrists with general registration to use specified restricted medicines (for example, local anaesthetics) in podiatry practice. Podiatrists with the knowledge and skills to use these specified medicines are able to continue to access these restricted medicines without an endorsement for scheduled medicines.

The Board has determined that a podiatrist with an endorsement for scheduled medicines has the necessary knowledge and skills to prescribe and supply the particular scheduled medicines specified in Appendix B to these Guidelines. These Guidelines provide information on the following topics:

- Scheduled medicines authorisation
- Requirements for endorsement for scheduled medicines
- Pathways to endorsement for scheduled medicines
- Application for endorsement for scheduled medicines
- Other relevant Registration Standards
- Renewal
- Audit
- Endorsement for Scheduled Medicines: Clinical Practice Guidelines (Clinical Practice Guidelines)
- Definitions
- Flow Chart 1 – Pathways to endorsement for scheduled medicines

The following documents are included in the Appendix to the Guidelines:

- Appendix A – Clinical Practice Guidelines
- Appendix B – *List of Scheduled Medicines Approved by the Podiatry Board of Australia* (the National Podiatry Scheduled Medicines List).
- Appendix C – relevant sections of the National Law

Note: A podiatrist who holds a scheduled medicine endorsement is able to prescribe or supply scheduled medicines only to the extent of the authority conferred under the drugs and poisons legislation in the jurisdiction in which they practice.

Scheduled medicines authorisation

Which scheduled medicines can be prescribed or supplied?

In each State and Territory, the scheduled medicines that can be prescribed, supplied or used by a podiatrist or podiatric surgeon are clearly listed in the relevant drugs and poisons legislation. The list of scheduled medicines may vary from one jurisdiction to the next. The podiatrist must be familiar with and comply with the requirements of the legislation relating to scheduled medicines in each jurisdiction in which they practise podiatry. Health departments in each State and Territory have information relating to the drugs and poisons legislation.

In some States and Territories, an endorsement for scheduled medicines is required for a podiatrist with general registration to be able to prescribe or supply scheduled medicines. The scheduled medicines relate to a list of Schedule 2, 3, 4 or 8 medicines specified in Appendix B to these guidelines. These guidelines provide guidance to application for and renewal of the endorsement for scheduled medicines.

To assist podiatrists, the Board has provided an **Overview** which includes the following information:

- The current relevant drugs and poisons legislation for each State and Territory
- The contact information for State and Territory Health Departments
- The scheduled medicines authorisations in Drugs and Poisons regulations for:
    - Podiatrists with general registration
    - Podiatric surgeons
    - Podiatrists who are authorised to use an extended range of restricted drugs, under State and/or Territory legislation
    - Podiatrists with an endorsement for scheduled medicines.

This Overview is an appendix to the Information Package found at the Board's website www.podiatryboard.gov.au.

Requirements for endorsement for scheduled medicines

The Board's role is to ensure that podiatrists with an endorsement for scheduled medicines are appropriately qualified to prescribe or supply Schedule 2, 3, 4 or 8 medicines to patients for the treatment of podiatric conditions, from the ***List of Scheduled Medicines Approved by the Podiatry Board of Australia*** **(the National Podiatry Scheduled Medicines List) at Appendix B**.

The Board has developed an '**Information Package for Endorsement for Scheduled *Medicines***' (referred to as the Information Package in these Guidelines). An applicant seeking an endorsement for scheduled medicines needs to be familiar with the Information Package and is responsible for ensuring the Information Package is known to those health practitioners who are asked to write references, offer clinical

experience and who undertake the role of the Supervisor. The Information Package is found at the *Codes and Guidelines* section of the Board's website.

Pathways to Endorsement for Scheduled Medicines

The requirements for endorsement are set out in the Board's Endorsement for Scheduled Medicines Registration Standard. An applicant for a scheduled medicine endorsement must follow one of two pathways before an application can be made to the Board. *See Flow Chart 1 on page 9 of this document*.

Approved Program of Study in Podiatric Therapeutics

For the purpose of the Board's Endorsement for Scheduled Medicines Registration Standard the Board will accept the following as an approved program of study in podiatric therapeutics:

- A program of study in podiatric therapeutics that has been accredited for this purpose by the Australia and New Zealand Podiatry Accreditation Council [ANZPAC] and approved by the Board
- A program of study that transitioned on the commencement day of the National Law as an 'approved program of study in podiatric therapeutics' (section 283 of the National Law)
- A program of study in podiatric therapeutics that, in the Board's opinion, is substantially equivalent to, or based on similar competencies to, an approved program of study (section 94 (1) (a) (ii) of the National Law).

A list of the approved programs of study is located on the Board's website and in the Information Package.

Pathway 1

The applicant must have:

1. Successfully completed an **approved program of study** in podiatric therapeutics or a program of study determined by the Board to be substantially equivalent to an approved program of study **and**
2. **Clinical experience** of seven years, post-qualification as a podiatrist, in an appropriate setting where active prescribing is occurring **and**
3. **Two confirmatory references** of the applicant's exposure to and participation with podiatric patient care involving restricted medicines.

For the purpose of these Guidelines the Board has defined the following:

- **Clinical experience of seven years** is defined as the equivalent to working seven years full time i.e. working 38 hours/week, 48 weeks/year, for seven years.

- **Active prescribing** refers to a clinical setting where the podiatrist is being involved in clinical decision making and participating in determining pharmacological management of patients with podiatric conditions.

- **Two confirmatory references**. A reference is required from each of two clinicians confirming the podiatrist has completed seven years of clinical experience and has had adequate experience in observing and participating in the administration and prescription of a variety of classes of

restricted medicines for various foot related conditions. The two clinicians providing the reference must be medical practitioners or podiatrists with endorsement for scheduled medicines. Details of information required in the references for the Board to assess the application for endorsement are provided in the Information Package.

Pathway 2

The applicant must have successfully completed:

1. An **approved program of study** in podiatric therapeutics or a program of study determined by the Board to be substantially equivalent to an approved program of study; **and**
2. Web-based case studies approved by the Board (20 hours); **and**
3. 40 sessions of supervised practice (supervision by an endorsed prescriber approved by the Board) in an appropriate setting and where active prescribing is occurring, within a 12-month period.

For the purpose of these Guidelines the Board has defined the following:

- **Web-based case studies approved by the Board.** The Board has determined that 20 hours of Board approved web-based case studies equate to 15 Board approved web-based case studies. Providers of web-based case studies are found in the Appendix to the Information Package. Evidence of the successful completion of the web-based case studies is required with the application for endorsement.
- **40 sessions of supervised practice.** The Board has determined that the evidence to demonstrate 40 sessions of supervised practice, as required in the Endorsement for Scheduled Medicines Registration Standard, will include:
    - A Supervisor Agreement as detailed in the Information Package, **and**
    - 40 Log Sheets written by the applicant as detailed in the Information Package, **and**
    - Certificate(s) of Completion of Supervised Practice as detailed in the Information Package.

  These documents must be included with the application for endorsement.
- **Endorsed prescriber**. An endorsed prescriber approved by the Board to supervise the applicant's clinical experience will be a registered medical practitioner or a podiatrist endorsed for scheduled medicines.

Further detailed information regarding the pathways is provided in the Information Package.

Therapeutics Update Course (Pathway 1 and Pathway 2)

Before deciding to endorse a podiatrist's registration for scheduled medicines the Board must be satisfied that the podiatrist is competent to practise podiatry in accordance with an endorsement for scheduled medicines.

Under the National Law, the Board may endorse a podiatrist's registration for scheduled medicines, and impose any conditions that it considers necessary or desirable in the circumstances.

If the Board does not consider that the podiatrist has adequate recent experience in relation to administering, using or prescribing the medications on the National Podiatry Scheduled Medicines List the

Board may endorse the podiatrist's registration for scheduled medicines and impose a condition that a **therapeutics update course** approved by the Board be successfully completed before commencing activities under their endorsement for the first time.

The Board recommends that podiatrists complete a **therapeutics update course** before submitting their application for endorsement.

The aim, specific objectives and details of approved **therapeutics update courses** and the education providers are included in the Appendix to the Information Package.

Applications for endorsement for scheduled medicines

The Information Package will assist the registrant with the application for endorsement for scheduled medicines. The documentation in the package must be used by the podiatrist when submitting the application.

Who can apply for endorsement?

Podiatrists with general registration who have successfully met the requirements of either Pathway 1 or Pathway 2.

An applicant after successfully completing an entry-level program of study may seek an endorsement for scheduled medicines immediately after the successful application for general registration. An applicant will require evidence of successful completion of:

- An approved program of study in podiatric therapeutics; **and**
- Board approved web-based case studies [20 hours]; **and**
- 40 sessions of supervised practice as described in this Guideline and as detailed in the Information Package.

Podiatric surgeons who are seeking endorsement for scheduled medicines need to successfully meet the requirements of either Pathway 1 or Pathway 2.

Overseas qualified podiatrists who are seeking endorsement for scheduled medicines need to demonstrate equivalency of standards in education and/or training or have completed a course of study approved by the Board. These podiatrists will be expected to have completed education and training procedures equivalent to current Australian standards.

Applications may be lodged with AHPRA when the applicant has completed the requirements of either Pathway 1 or Pathway 2. An application form for Endorsement of Registration for Scheduled Medicines for Podiatrists is available on the Board's website in the 'Forms' section.

Other registration standards

Applicants for endorsement for scheduled medicines must also satisfy all other relevant Registration Standards of the Board and particularly:

- Podiatry Recency of Practice Registration Standard
- Podiatry Continuing Professional Development Registration Standard

- Podiatry Professional Indemnity Insurance Registration Standard

Podiatrists with an endorsement for scheduled medicines must continue to meet other Registration Standards, including: **continuing professional development** (CPD) requirements for endorsement for scheduled medicines and **professional indemnity insurance** (PII) for their practice.

Renewal

Annual renewal of an endorsement for scheduled medicines is required and occurs at the same time as renewal of general registration. Rules relating to fees and late applications will apply. See the Fees section on the Board's website for additional information.

Audit

The Board will randomly audit podiatrists with endorsement for scheduled medicines annually.

Endorsement for Scheduled Medicines: Clinical Practice Guidelines (Clinical Practice Guidelines)

The Board's *Endorsement for Scheduled Medicines Clinical Practice Guidelines* is at Appendix A and addresses aspects of practice for podiatrists with scheduled medicines endorsement, including:

1. Communication with other members of the patient's treating team
2. The scheduled medicines that a podiatrist endorsed for scheduled medicines is qualified to administer, obtain, possess, prescribe, sell, supply or use **(**see **the National Podiatry Scheduled Medicines List at Appendix B).**

The Board endorses the registration of a podiatrist for scheduled medicines under section 94 of the National Law. Endorsed podiatrists must comply with the *Clinical Practice Guidelines of Scheduled Medicines* developed and approved from time to time by the Board in accordance with section 39 of the National Law and published on the Board's website at: www.podiatryboard.gov.au.

Note: A podiatrist who holds a scheduled medicine endorsement is able to prescribe or supply scheduled medicines only to the extent of the authority conferred under the drugs and poisons legislation in the jurisdiction in which they practice.

Definitions

For the purpose of these Guidelines:

Scheduled medicines: Section 5 of the National Law defines to scheduled medicines as meaning 'a substance included in a Schedule to the current Poisons Standard within the meaning of the *Therapeutic Goods Act 1989* of the Commonwealth'. The expression 'scheduled' refers to any drug, poison or substance listed in the Commonwealth *Standard for the Uniform Scheduling of Medicines and Poisons* (SUSMP or commonly called the Poisons Standard). The SUSMP allocates categories that form Schedules to the SUSMP:

- Schedule 2 (S2) 'Pharmacy Medicine'
- Schedule 3 (S3) 'Pharmacist Only Medicine'

- Schedule 4 (S4) ‘Prescription Only Medicine’
- Schedule 5 (S5) ‘Caution’
- Schedule 6 (S6) ‘Poison’
- Schedule 7 (S7) ‘Dangerous Poison’
- Schedule 8 (S8) ‘Controlled Drug’
- Schedule 9 (S9) ‘Prohibited Substance’

Information Package for Endorsement for Scheduled Medicines. The Information Package is the Board’s information and document package, updated from time to time as required, and provides guidance to registrants who apply for endorsement for scheduled medicines.

Flow Chart 1

* For explanatory details, you must see the Guidelines for Endorsement for Scheduled Medicines and the Information Package

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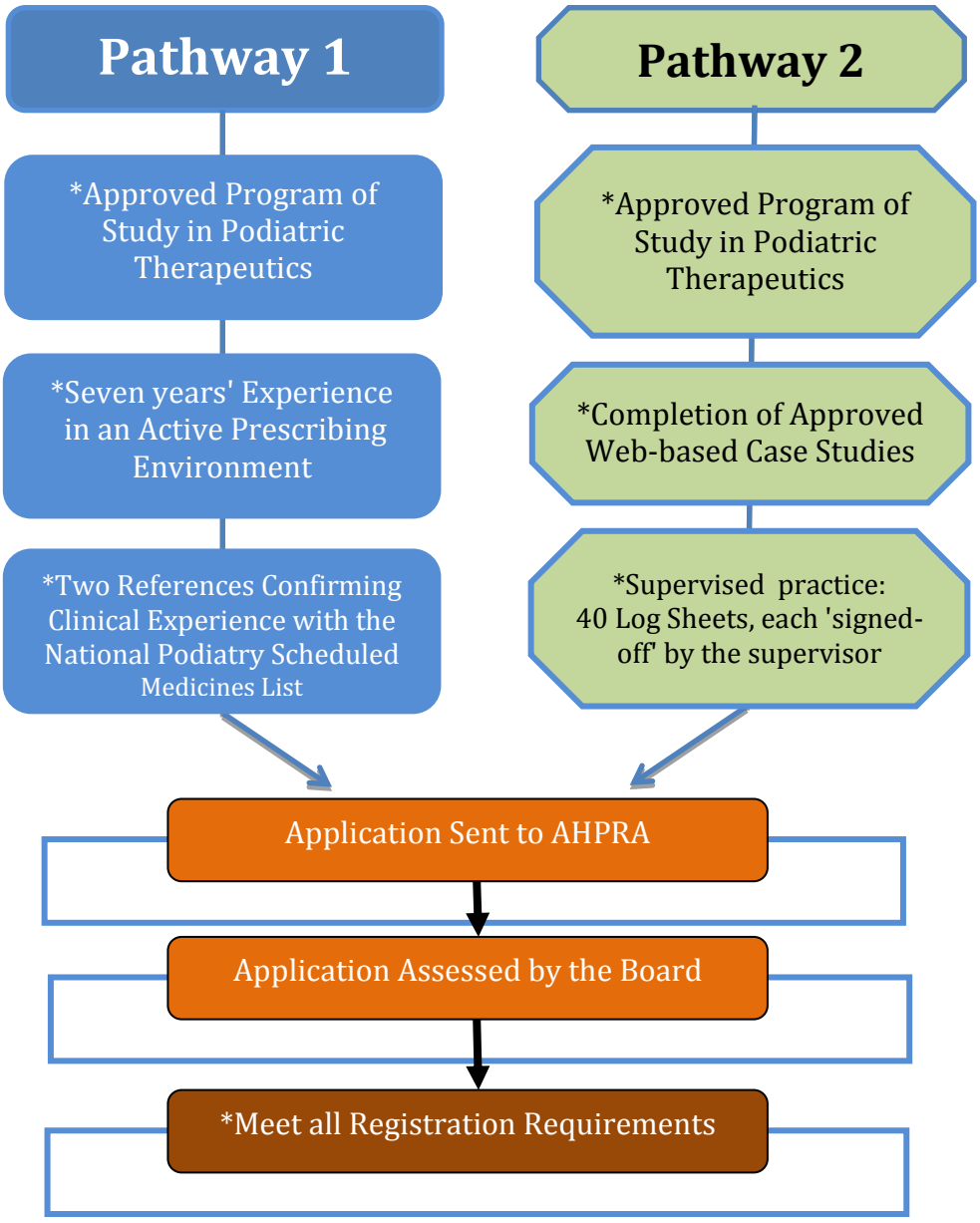
Pathways to Endorsement for Scheduled Medicines

An applicant for endorsement must follow either Pathway 1 or Pathway 2 as illustrated below



Appendix A

Endorsement for scheduled medicines: Clinical Practice Guidelines

Clinical guidelines and protocols for podiatrists with endorsement for scheduled medicines

These Clinical Practice Guidelines address the following clinical aspects of scheduled medicines endorsement for podiatrists:

1. **Communication** with other members of the patient's treating team
2. The scheduled medicines that the podiatrist with endorsement for scheduled medicines is qualified to prescribe or supply - see Appendix B for the **List of Scheduled Medicines Approved by the Podiatry Board of Australia (the National Podiatry Scheduled Medicines List).**

1. Communication with other members of the patient's treating team

A number of health practitioners are often involved in providing care to patients. This may be referred to as *shared care*. Within a shared care arrangement it is recognised that patient care is provided by two or more practitioners, each practising within his or her sphere of expertise. Shared care aims to co-ordinate patient care to provide high-quality, integrated care that is readily accessible and convenient to the patient and cost-effective for all parties involved. Communication and clear demarcation of roles and responsibilities are essential for effective shared care.

1.1 Ethical and legal obligations associated with shared patient care

Podiatrists participating in shared care must be competent to collect data according to set protocols and must ensure they have the equipment, expertise and skills required to perform their role safely and effectively. An appropriate level of professional indemnity insurance is required. Podiatrists must act in the best interest of the patient at all times. The needs and requirements of the patient must determine the decision of where and/or when to refer the patient. The patient should be informed of alternative management, providers and facilities. In a shared care arrangement, the practitioner who actually writes and signs the prescription carries the accountability for prescribing the medications.

1.2 Informed financial consent

Patients must be informed that the medications prescribed by podiatrists with endorsement for scheduled medicines are not eligible for the Pharmaceutical Benefits Scheme (PBS) rebate and therefore may cost more to the patient than if prescribed by a medical practitioner.

1.3 Communication in shared patient care

Communication is the lynchpin of effective shared care. Open discussion, communication and documentation are paramount. Participating practitioners and their patients must understand clearly which practitioner is responsible for providing each of the various aspects of care.

To avoid repetition and confusion, each treating practitioner must have a clear understanding of:

- The diagnoses, treatment(s) and ongoing recommendations to the patient of the other treating practitioners
- The information to forward to others involved in the patient's care
- Timeframes in which this information should be forwarded
- The preferred format for this information
- Who is responsible for ongoing patient care and the follow-up of patients who miss scheduled appointments
- The roles and responsibilities of each person participating in the shared care.

The use of standardised protocols and forms are recommended to clarify responsibilities and facilitate the transfer of information and communication between practitioners involved in shared care. Such systems may involve standardised forms used by all parties participating in the shared care arrangement, or may be a less regimented arrangement which places emphasis on contemporary communicated documentation. As a minimum requirement, practitioners sharing patient care should have a clear understanding of which tests should be completed during review appointments.

Ongoing discussion between the podiatrist with endorsement for scheduled medicines and the involved medical practitioner should review these protocols and make any changes necessary over time to ensure optimal patient care. All practitioners involved in shared care of patients should receive a copy of the results of any review appointments the patient attends.

1.4 Required communications

Formal consultation and communication with others in the patient's treating team aims to achieve safe and effective care.

Due to the potential for systemic effect and/or the requirement for a definitive diagnosis or more extensive treatment, the Board requires podiatrists with endorsement for scheduled medicines to establish processes for clear communication and consultation with a medical practitioner for certain drug classes in Schedule 4, for example in the management of gout and mycosis where ongoing health monitoring is required. The podiatrist with endorsement for scheduled medicines is required to prescribe in accordance with these Clinical Practice Guidelines.

1.5 Patient involvement in shared care

In a shared care arrangement, patients must be clearly informed of who maintains responsibility for their primary care and when they are required to attend reviews with each practitioner. Patients must be provided the opportunity to choose whether or not they wish their care to be shared between the general practitioner and their podiatrist. Similarly, the patient reserves the right to seek a second opinion if they so choose. Written information for patients regarding shared care may prove a useful adjunct to verbal discussions with their podiatrist who has the endorsement for scheduled medicines.

2. The National Podiatry Scheduled Medicines List

The **National Podiatry Scheduled Medicines List** (at Appendix B) is the scheduled medicines that have been approved by the Podiatry Board of Australia, for podiatrists with an endorsement for scheduled medicines to administer, obtain, possess, prescribe, sell, supply or use for the treatment of podiatric conditions.

Appropriate current references and resources should be available to podiatrists with scheduled medicines endorsement. Such references include but are not limited to:

- *Australian Medicines Handbook* (AMH) available on CD ROM http://www.amh.net.au
- *Therapeutic Guidelines: essential titles for podiatry: Antibiotic, Analgesic, Dermatology, Endocrinology, Toxicology and Dental*. http://www.tg.com.au
- MIMS Annual together with bi-monthly addenda or MIMS CD or E-Mims http://www.mims.com.au
- *The Merck Manual of Diagnosis and Therapy*, Merck Sharp & Dohme
- *General Practice* by J. Murtagh
- Recent textbook on Clinical Pharmacology e.g.
  A textbook of pharmacology, Bryant B, et al (2005)
  Medical Pharmacology at a Glance, Neal MJ (2009)
- Journals
  Australian Prescriber and Adverse Drug Bulletin
  http://www.tga.health.gov.au/adr/aadrd.htm
  Australian Medical Journal

The **National Podiatry Scheduled Medicines List** specifies the Schedule 2, 3, 4 and 8 drugs that an endorsed podiatrist is qualified to prescribe or supply. Certain drugs (or routes of administration) will be restricted to those podiatrists with endorsement for scheduled medicines who have a demonstrated clinical need, such as podiatric surgeons. The **National Podiatry Scheduled Medicines list** details these restrictions in the column headed *Endorsement*.

Currently, as podiatrists do not have direct access to the required range of diagnostic services, certain agents require specific communication pathways with the patient's general practitioner (see sections 2.1 Antimycotic agents; 2.2 Antibacterial agents; and 2.3 Anti-inflammatory agents in these Clinical Practice Guidelines).

In relation to the **National Podiatry Scheduled Medicines List**:

- A Podiatrist is defined as a registered podiatrist with an endorsement for scheduled medicines.
- A Podiatric Surgeon is defined as a podiatrist registered as a podiatric surgeon under the National Law.

Podiatrists must be familiar with and comply with the requirements of State and Territory drugs and poisons legislation, as relevant to their practice of podiatry in a jurisdiction – refer to the Board document titled "Endorsement for Scheduled Medicines – Overview".

2.1 Antimycotic agents

At initiation of oral therapy by a podiatrist with endorsement for scheduled medicines, a medical practitioner **must** be informed and requested to assist in monitoring the systemic status of the patient, in line with the principles of shared care.

2.2 Antibacterial agents

A medical practitioner **must** be notified if there is no improvement in clinical signs of infection after one course of antibacterial therapy (current *Therapeutic Guidelines: Antibiotics* indicate this to be seven (7) to ten (10) days), irrespective of which member of the shared care practitioners commenced the therapy. The treatment plan (including consideration of further investigations or treatments) needs to be communicated with and agreed jointly by the patient's shared care practitioners. Further, if an infection worsens during the course of treatment, the choice and dose of agent must be reviewed with referral for further investigation if indicated.

2.3 Anti-inflammatory agents

No course of treatment initiated by a podiatrist with endorsement for scheduled medicines shall exceed seven (7) days without direct involvement of a medical practitioner.

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) and to undertake the long-term management of the condition.

Appendix B

The National Podiatry Scheduled Medicines List

Antimycotic agents

Schedule 2

Drug class	Drug	Route	Endorsement	Restriction
	Amorolfine	Topical	Podiatrist	Topical preparations containing 0.25% or less of amorolfine.
	Bifonazole	Topical	Podiatrist	Cream 1%
	Clotrimazole	Topical	Podiatrist	Cream 1% and Lotion 1%
	Econazole	Topical	Podiatrist	Cream 1%
	Ketoconazole	Topical	Podiatrist	Cream 1%
	Miconazole	Topical	Podiatrist	Dermal preparations 2%
	Nystatin	Topical	Podiatrist	Dermal preparations
	Terbinafine	Topical	Podiatrist	Dermal preparations

Schedule 3

Drug class	Drug	Route	Endorsement	Restriction
	Amorolfine	Topical	Podiatrist	For topical use containing more than 0.25% of amorolfine

Schedule 4

Drug class	Drug	Route	Endorsement	Restriction
Allylamines	Terbinafine	Oral	Podiatrist	In conjunction with shared care arrangement.
Mitosis Inhibitors	Griseofulvin	Oral	Podiatrist	In conjunction with shared care arrangement.

Antibacterials

Schedule 4

Drug class	Drug	Route	Endorsement	Restriction
Cephalosporins	Cephalexin	Oral	Podiatrist	Prolonged treatment (>10 days) should only be considered with additional medical advice
Lincosamides	Clindamycin	Oral	Podiatrist	Prolonged treatment (>10 days) should only be considered with additional medical advice
		IV	Podiatric Surgeon	In association with a hospital admission (including a registered day surgery facility).
Macrolides	Roxithromycin	Oral	Podiatrist	Prolonged treatment (>10 days) should only be considered with additional medical advice
	Erythromycin	Oral	Podiatric Surgeon	Prolonged treatment (>10 days) should only be considered with additional medical advice
Nitroimidazoles	Metronidazole	Topical	Podiatrist	Prolonged treatment (>10 days) should only be considered with additional medical advice
		Oral	Podiatrist	Prolonged treatment (>10 days) should only be considered with additional medical advice
		IV	Podiatric Surgeon	In association with a hospital admission (including a registered day surgery facility).
Penicillins	Amoxycillin	Oral	Podiatrist	Prolonged treatment (>10 days) should only be considered with additional medical advice
		IM	Podiatric Surgeon	One bolus dose to initiate therapy

Drug class	Drug	Route	Endorsement	Restriction
		IV	Podiatric Surgeon	In association with a hospital admission (including a registered day surgery facility).
	Clavulanic Acid (in combination with amoxycillin)	Oral	Podiatrist	Prolonged treatment (>10 days) should only be considered with additional medical advice
		IM	Podiatric Surgeon	One bolus dose to initiate therapy
		IV	Podiatric Surgeon	In association with a hospital admission (including a registered day surgery facility).
	Dicloxacillin	Oral	Podiatrist	Prolonged treatment (>10 days) should only be considered with additional medical advice
		IM	Podiatric Surgeon	One bolus dose to initiate therapy
		IV	Podiatric Surgeon	In association with a hospital admission (including a registered day surgery facility). advice
	Flucloxacillin	Oral	Podiatrist	Prolonged treatment (>10 days) should only be considered with additional medical advice
		IM	Podiatric Surgeon	One bolus dose to initiate therapy
		IV	Podiatric Surgeon	In association with a hospital admission (including a registered day surgery facility).
	Phenoxymethyl penicillin	Oral	Podiatric Surgeon	Prolonged treatment (>10 days) should only be considered with additional medical advice

Drug class	Drug	Route	Endorsement	Restriction
Quinolones	Ciprofloxacin	Oral	Podiatric Surgeon	Prolonged treatment (>10 days) should only be considered with additional medical advice Should be used when microbiological tests indicate it is the only effective drug.
Tetracycline	Doxycycline	Oral	Podiatric Surgeon	
Mupirocin		Topical	Podiatrist	
Silver Sulfadiazine		Topical	Podiatrist	

Anti-inflammatories

Schedule 2

Drug class	Drug	Route	Endorsement	Restriction
	Aspirin	Oral	Podiatrist	Except when included in Schedule 4
	Diclofenac	Oral Topical	Podiatrist	Except when included in Schedule 3 or 4
	Hydrocortisone and Hydrocortisone Acetate	Topical	Podiatrist	Dermal use except when in Schedule 3 or 4
	Ibuprofen	Oral Topical	Podiatrist	Except when in Schedule 3 or 4

Schedule 3

Drug class	Drug	Route	Endorsement	Restriction
	Diclofenac	Oral	Podiatrist	Except when included in Schedule 2 or 4
	Hydrocortisone and Hydrocortisone Acetate	Topical	Podiatrist	Dermal use except when in Schedule 2 or 4
	Ibuprofen	Oral	Podiatrist	Except when in Schedule 2 or 4

Schedule 4

Drug class	Drug	Route	Endorsement	Restriction
Corticosteroids	Betamethasone	Injection, Topical	Podiatrist	Injection limited to local deposition. Communication with general practitioner as to treatment and outcome is expected.
	Dexamethasone	Injection, Topical	Podiatrist	
	Methylprednisolone	Injection, Topical	Podiatrist	
	Triamcinolone	Injection, Topical	Podiatrist	
	Desonide	Topical	Podiatrist	Adherence to use according to clinical guidelines such as *Therapeutic Guideline: Dermatology*
	Mometasone furoate	Topical	Podiatrist	
	Hydrocortisone	Topical	Podiatrist	
Nonsteroidal anti-inflammatories	Aspirin	Oral	Podiatrist	
	Diclofenac	Oral, Topical	Podiatrist	
	Celecoxib	Oral	Podiatrist	
	Ibuprofen	Oral, Topical	Podiatrist	

Drug class	Drug	Route	Endorsement	Restriction
	Indomethacin	Oral	Podiatrist	
	Ketorolac	Oral, Injection	Podiatric Surgeon	Peri operative treatment only
	Meloxicam	Oral	Podiatrist	
	Naproxen	Oral	Podiatrist	
	Sulindac	Oral	Podiatrist	
Gout	Colchicine	Oral	Podiatrist	In shared care arrangement and as a diagnostic/therapeutic dose over 24 hours.

Pain management

Additionally drugs listed as anti-inflammatories may also be used as for analgesia (pain management)

Schedule 2

Drug class	Drug	Route	Endorsement	Restriction
	Aspirin	Oral	Podiatrist	Except when included in Schedule 4
	Codeine	Oral	Podiatrist	Except when included in Schedule 3, 4 or 8
	Paracetamol	Oral	Podiatrist	Except when in Schedule 4

Schedule 3

Drug class	Drug	Route	Endorsement	Restriction
	Codeine	Oral	Podiatrist	Except when included in Schedule 2, 4 or 8

Schedule 4

Drug class	Drug	Route	Endorsement	Restriction
Opioid analgesics	Codeine	Oral	Podiatrist	Except when included in Schedule 2, 3 or 8
Non - opioid analgesics	Methoxyflurane	Inhalation	Podiatrist	Short term pain relief e.g. pre injection.

Schedule 8

Drug class	Drug	Route	Endorsement	Restriction
Opioid analgesic	Oxycodone (in short-acting form)	Oral	Podiatric Surgeon	Must not prescribe or give a written instruction to administer more than 10 doses of 5mg each to a person for a relevant condition

Specific purpose (miscellaneous)

Schedule 2

Drug class	Drug	Route	Endorsement	Restriction
Antihistamine	Desloratadine	Oral	Podiatrist	

Schedule 3

Drug class	Drug	Route	Endorsement	Restriction
Antihistamine	Promethazine	Oral	Podiatrist	
	Loratidine	Oral	Podiatrist	Not exceeding that usually required for a 10 day course of treatment for the relevant condition
	Fexofenadine	Oral	Podiatrist	Not exceeding that usually required for a 10 day course of treatment for the relevant condition

Schedule 4

Drug class	Drug	Route	Endorsement	Restriction
Antihistamines	Promethazine	Oral	Podiatrist	Uticaria and sedation (pre-medication)
	Desloratidine	Oral	Podiatrist	Uticaria

Local anaesthesia

Schedule S2

Drug class	Drug	Route	Endorsement	Restriction
Aminoamides	Lignocaine	Topical		Except when included in Schedule 4
	Prilocaine	Topical	Podiatrist	In preparations for dermal use containing 10% or less of total local anaesthetic substances

Schedule S4

Drug class	Drug	Route	Endorsement	Restriction
Aminoamides	Bupivacaine (Plain or with adrenaline)	Injection	Podiatrist	
	Felypressin	Injection	Podiatrist	
	Levobupivacaine (Plain or with adrenaline)	Injection	Podiatrist	
	Lignocaine (Plain or with adrenaline)	Injection Topical	Podiatrist	
	Mepivacaine (Plain or with adrenaline)	Injection Topical	Podiatrist	
	Prilocaine (Plain or with felypressin)	Injection Topical	Podiatrist	

Drug class	Drug	Route	Endorsement	Restriction
	Ropivacaine	Injection	Podiatrist	
Aminoester	Procaine	Injection	Podiatrist	Only for use if known allergy to amides.
	Amethocaine	Topical	Podiatrist	For dermal use in adults and children.

Emergency (anaphlactic reactions)

Schedule S4

Drug class	Drug	Route	Endorsement	Restriction
Adrenergic agonist	Adrenaline	IM	Podiatrist	
	Adrenaline	IV	Podiatric Surgeon	

Anti-anxiety agents

Schedule 4

Drug class	Drug	Route	Endorsement	Restriction
Benzodiazepines	Temazapam	Oral	Podiatrist	Pre medication for surgery or procedure 1 dose
	Lorazepam	Oral	Podiatrist	Pre medication for surgery or procedure 1 dose

Drug class	Drug	Route	Endorsement	Restriction
	Diazepam	Oral	Podiatric Surgeon	Pre medication for surgery or procedure and assistance with muscle spasm. Maximum quantity is that usually required for 10 days' treatment of the muscle spasm.

Appendix C

Health Practitioner Regulation National Law Act **(the National Law) as in force in each state and territory**

Extract - relevant provisions of the National Law

Division 3 Registration standards and codes and guidelines

39 Codes and guidelines

A National Board may develop and approve codes and guidelines—

(a) to provide guidance to the health practitioners it registers; and

(b) about other matters relevant to the exercise of its functions.

Example. A National Board may develop guidelines about the advertising of regulated health services by health practitioners registered by the Board or other persons for the purposes of section 133.

40 Consultation about registration standards, codes and guidelines

(1) If a National Board develops a registration standard or a code or guideline, it must ensure there is wide ranging consultation about its content.

(2) A contravention of subsection (1) does not invalidate a registration standard, code or guideline.

(3) The following must be published on a National Board's website—

(a) a registration standard developed by the Board and approved by the Ministerial Council;

(b) a code or guideline approved by the National Board.

(4) An approved registration standard or a code or guideline takes effect—

(a) on the day it is published on the National Board's website; or

(b) if a later day is stated in the registration standard, code or guideline, on that day.

41 Use of registration standards, codes or guidelines in disciplinary proceedings

An approved registration standard for a health profession, or a code or guideline approved by a National Board, is admissible in proceedings under this Law or a law of a co-regulatory jurisdiction against a health

practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession.

Specific provisions

94 Endorsement for scheduled medicines

(1) A National Board may, in accordance with an approval given by the Ministerial Council under section 14, endorse the registration of a registered health practitioner registered by the Board as being qualified to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicines if the practitioner—

(a) holds either of the following qualifications relevant to the endorsement—

i. an approved qualification;

ii. another qualification that, in the Board's opinion, is substantially equivalent to, or based on similar competencies to, an approved qualification; and

(b) complies with any approved registration standard relevant to the endorsement.

Note. The endorsement of a health practitioner's registration under this section indicates the practitioner is qualified to administer, obtain, possess, prescribe, sell, supply or use the scheduled medicine or class of medicines specified in the endorsement but does not authorise the practitioner to do so. The authorization of a health practitioner to administer, obtain, possess, prescribe, sell, supply or use scheduled medicines in a participating jurisdiction will be provided for by or under another Act of that jurisdiction. Health practitioners registered in certain health professions will be authorized to administer, obtain, possess, prescribe, sell, supply or use scheduled medicines by or under an Act of a participating jurisdiction without the need for the health practitioners to hold an endorsement under this Law.

(2) An endorsement under subsection (1) must state—

(a) the scheduled medicine or class of scheduled medicines to which the endorsement relates; and

(b) whether the registered health practitioner is qualified to administer, obtain, possess, prescribe, sell, supply or use the scheduled medicine or class of scheduled medicines; and

(c) if the endorsement is for a limited period, the date the endorsement expires.