Complete this clinical study with reference to the Board’s *Guidelines: Endorsement for scheduled medicines* (ESM guidelines). In particular see *Appendix 2 – Evidence for inclusion in your portfolio* – section 1.1 *Clinical studies*.

This de-identified clinical study must relate to one of the observational clinical sessions you attended in which you actively observed the clinical decision making process.

**When completing this study, it’s important that you consider the following:**

* What you would prescribe for this particular patient
* Why it would be safe and effective for the patient, given the relevant information obtained during the consultation
* Does the prescription give clear directions for the dispensing pharmacist, patient and other health practitioners?   
  Is it accurate and meet legal requirements?
* Have you removed any individual’s name and any information from which an individual’s identity could be revealed?

**The clinical study must be comprehensive and:**

* be prepared as though you were the prescribing practitioner for the patient at that observational clinical session.   
  If the observed scenario includes elements that are outside the scope of practice of a podiatrist with endorsement   
  for scheduled medicines, you should include a discussion of the appropriate management that could be undertaken   
  by an endorsed podiatrist.
* demonstrate that:
  + you have critically reflected on the observational clinical session that this clinical study relates to and have applied your knowledge of prescribing to that individual patient by considering all relevant patient and medicine specific factors and formulating an independent prescribing decision supported by evidence based guidelines or references.
  + there are sound reasons for prescribing a scheduled medicine and, in particular, the scheduled medicine(s) prescribed
  + you have considered options other than pharmacological intervention
  + the choice of treatment is in line with evidence based guidelines such as the Australian clinical guidelines, (Therapeutic Guidelines). Clinical justification
  + should be provided where treatment deviates from guideline-based therapy.
  + Where antibiotics are prescribed, consideration should be given to the principles of antimicrobial stewardship. Clinical justification should be provided
  + where treatment deviates from these principles.
  + the choice of scheduled medicine has been made in consideration of various schedules which contain the same medicines in differing presentations and
  + the cost considerations in respect to pharmacy dispensing fees
  + you have identified which prescribing competencies (as defined in the NPS MedicineWise Competencies Required to Prescribe Medicines) are
  + addressed in this particular patient encounter
* be accompanied by a sample completed prescription that you have prepared for that individual patient for all medicines you have prescribed.

It is important that you carefully read the information in the ESM guidelines (Appendix 2 – section 1.1: Clinical studies) about what should be included in the clinical study as well as the specific requirements for some clinical studies.

For example, some of your clinical studies must also include a sample of communication with members of the patient’s healthcare team and in some the actual outcome of the medicine(s) prescribed must be reported.

Prescriptions

Generating a prescription requires a clear understanding of both legal and professional obligations. An incorrect prescription may carry the risk of serious patient harm.

Information about prescriptions is included in the Board’s Clinical practice guidelines: Endorsement for scheduled medicines, which are at Appendix 3 to the ESM guidelines

|  |  |  |  |
| --- | --- | --- | --- |
| Clinical study details | | | |
| **Clinical study number** |  | **Date of observation** | |
|  |  | Click or tap to enter a date. |
| **Your name** |  |  |
|  | | | |
| **Attending prescribing clinician’s name** | | | |
|  | | | |
|  | | | |
| **Clinical setting description** | | | |
| Inpatient – *Provide hospital/ward/encounter type below* | | | |
|  | | | |
| Outpatient – *Provide hospital/name of clinic below* | | | |
|  | | | |
| Community health – *Provide name below* | | | |
|  | | | |
| Primary health or private practice | | | |
|  | | | |
| Other – *Please describe below* | | | |
|  | | | |
|  | | | |
| **Presentation type** | | | |
| Choose an item. |  |  | |
| **Case category** *(check all boxes that apply)* | | | |
| High risk  Complex  Describes clinical outcome of medicine  Describes polypharmacy  Includes sample of communication with other member of healthcare team | | | |

***Please note: All text boxes below will expand to fit content.***   
Images can also be inserted into text fields by clicking on the icon in the blue field.

**Patient details**

|  |
| --- |
|  |
| **Subjective** |
|  |
| **Objective** |
|  |
| **Assessment** |
|  |
| **Plan** |
|  |
| **Medications prescribed (including scheduling)** |
|  |
| **Scheduled medicines assessment and evaluation** |
|  |
| **Education** |
|  |
| **Review/monitoring/clinical outcome of medicine** **(where relevant)** |
|  |
| **Reflection of learnings relating to this case** |
|  |
|  |
| **Essential prescribing skills/code relevant to this case**  Information about the essential prescribing skills and how they map to the NPS prescribing competencies are published on the Board’s website. These may also be incorporated into each of the above sections. |
|  |

|  |
| --- |
| **Attachments** (list your attachments below) |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signatures | | | |
| **Mentor name** |  |  | |
|  | | | |
| **Signature of mentor** |  | **Date** | |
|  |  | Click or tap to enter a date. |
|  |  |
| **Your name** |  |  | |
|  | | | |
| **Your signature** |  | **Date** | |
|  |  | Click or tap to enter a date. |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Form submission | | | | |
| The fastest way to submit this form and any supporting documents is online at [www.ahpra.gov.au/registration/online-upload](http://www.ahpra.gov.au/registration/online-upload).  If you wish to submit it via mail, please post this form and required attachments to: | | | | |
| Ahpra  GPO Box 9958  IN YOUR CAPITAL CITY (refer below) | | | You may contact Ahpra on 1300 419 495 or you can lodge an enquiry at www.ahpra.gov.au | |
| Adelaide SA 5001 | Brisbane QLD 4001 | Canberra ACT 2601 | | Darwin NT 0801 |
| Hobart TAS 7001 | Melbourne VIC 3001 | Perth WA 6001 | | Sydney NSW 2001 |