



Consultation on proposal for Podiatrist prescribing

15 September 2019 - FINAL

Table of Contents

1. Executive Summary	4
2. About this consultation	5
2.1. The case for change - increasing health demand.....	5
3. What is non-medical prescribing?	6
4. Who can respond to this consultation?	7
5. How to respond	8
6. The proposal	8
7. What happens next?	9
8. What do podiatrists do?	9
9. Examples of podiatry roles	9
9.1. General podiatry care	9
9.2. Musculoskeletal conditions	10
9.3. High risk foot care	10
9.4. Podiatric surgery	10
10. Where do podiatrists work?	10
11. How are podiatrists trained and regulated?	11
11.1. Podiatry training	11
11.2. Legislative Framework	11
12. How will podiatrist designated prescribers be trained?	12
12.1. Qualification to Prescribe	12
13. What benefits will podiatrist prescribing bring?	13
14. Protecting the Public	14
15. Podiatrist Prescribing in Other Countries	14
16. Governance and Safeguards	15
16.1. Continuing Competence and Monitoring	15
17. Options for podiatrist prescribing - Scopes of Practice	15
18. Indicative List of Medicines	16
18.1. How was the medicines list developed?	16
18.2. Background to the prescribing of classes of medicines	17
18.2.1. Analgesics.....	17
18.2.2. Antibacterials	17
18.2.3. Antifungals	18
18.2.4. Corticosteroids – plain	18
18.2.5. Parasitocidal Preparations	19
18.2.6. Emollients	19

<i>18.2.7. Local anaesthetics</i>	19
Appendix 1: Podiatrist Scope of Practice and Prescribing	21
Appendix 2: Current Status - Use of Medicines by New Zealand Podiatrists	23
Appendix 3: Podiatrist Prescriber Education and Course Objectives	27
Appendix 4: Podiatry Competency Standards (May 2015)	28

1. Executive Summary

You are invited to provide feedback by 5pm, 21st October on the Podiatrists Board of New Zealand's (PBNZ)'s proposal for podiatrist prescribing.

This consultation seeks your views on podiatrists who have completed approved training, prescribing medicines to their patients, in order to provide timely, cost effective and equitable access to medicines, and to improve patient outcomes.

This proposal will enable appropriately trained podiatrists to prescribe from a list of medicines relevant to their clinical practice. This is known as Designated Prescribing. The endorsement for prescribing will sit within the 'Podiatrist' scope of practice. There will be an annotation on the register that will readily identify those who are 'Podiatrist Prescribers.'

The proposed list of medications includes a carefully selected and limited range of analgesics, antibacterials, antifungals, corticosteroids, parasitocidal preparations, emollients and local anaesthetics.

The proposal is supported by New Zealand (NZ) practicing podiatrists and their membership organisations. In 2016, the PBNZ conducted a survey of registered podiatrists in NZ. Seventy five percent of respondents indicated there was a need to gain prescribing authority in order to best serve the needs of their patients.

Podiatrists are registered health professionals who focus on the diagnosis, management and treatment of foot and lower limb disorders. Examples of this include diagnosis and management of soft tissue and musculoskeletal conditions, such as injury to bone, tendons and ligaments. Podiatrists also play a key role in preventive management and education of both patients and other health professionals. Podiatrists are predominantly private practitioners and work in a range of settings, including the provision of contracted services to Public Health Organisations, and in District Health Boards. Podiatrists are frequently part of multi-disciplinary teams. The PBNZ board believes that the shared care model and good communication between podiatrists and their patients' GPs are critical to successful treatment, and the improvement of patient outcomes.

Whilst Podiatrists do not currently have approval to *prescribe* medicines, medicines are a key part of their treatment armoury. Podiatrists are currently able to *use* a number of medicines, including lidocaine (lignocaine), a local anaesthetic which is used under exemption, and topical antifungals which are classified as general sale medications. When a podiatrist requires another medicine to treat their patient, they are currently required to refer the patient back to their GP or other prescriber, wasting resources and resulting in delays to the start of treatment.

Podiatrists frequently see patients with foot infections, and many of these patients fall under the category of 'high risk foot'. Delays to accessing treatment can lead to devastating outcomes for these patients, including amputation of toes, the foot or lower limb. Amputations occur disproportionately in Māori and Pacifica, raising equity issues. Podiatrist prescribing would allow more timely and equitable access to medications, which would reduce the risk of amputations and avoid unnecessary hospital admissions.

The PBNZ is the authority responsible for the registration of podiatrists in NZ. Its' primary function is to protect the health and safety of members of the public by ensuring that podiatrists are competent and fit to practice.

Currently, New Zealand-trained podiatrists complete a Bachelor of Health Science in Podiatry from an accredited NZ University. The PBNZ also recognise equivalent overseas qualifications. Podiatrists are

required to undertake Continuing Professional Development (CPD) as a requirement of their Annual Practising Certificate.

The PBNZ will be responsible for training podiatrists to prescribe, ensuring they are equipped with the knowledge and skills required to be safe prescribers, including a requirement to advise the patients primary healthcare provider of medicines prescribed. The PBNZ will also be responsible for the continuing competence and monitoring of podiatrists who obtain Designated Prescribing rights.

The PBNZ has agreed that to qualify to become 'Designated Prescribers', all podiatrists wishing to become eligible to prescribe will be required to successfully complete the Podiatrist Prescriber course, or alternative Board-approved course of study.

2. About this consultation

This consultation seeks your views on podiatrists obtaining rights to prescribe from an approved list of medications, in order to provide timely, cost effective and equitable access to medicines, and to improve patient outcomes. This is known as Designated Prescribing.

Podiatry is an allied health profession specialising in the treatment and management of disorders of the foot and lower limb.

The Podiatrists Board of New Zealand (PBNZ) intends to apply to the Ministry of Health in late 2019 for podiatrists to become Designated Prescribers.

This decision is supported by New Zealand (NZ) practicing podiatrists. In 2016, PBNZ conducted a survey of registered podiatrists in NZ. Seventy five percent of respondents indicated there was a need to gain prescribing authority in order to best serve the needs of their patients.

This consultation document provides background information and invites views on possible changes to the medicines regulations, which would enable appropriately trained podiatrists to prescribe from a list of medicines relevant to their clinical practice.

The PBNZ will develop a governance structure to support the framework for podiatrist prescribing which meets the PBNZ's statutory responsibility to protect public safety, fits with relevant legislation and has the support of a broad section of the health sector/stakeholders.

To this end, the PBNZ is undertaking an extensive consultation about podiatrist prescribing, before finalising new educational requirements, and the standards and competencies that would be required for podiatrist prescribers.

This consultation will close on **Monday 21st October 2019**.

2.1. The case for change - increasing health demand

Increasing health demand is providing a strong impetus for innovation in ways of working in the health sector. Two factors driving the need for innovation are the increased health needs as a result of an aging population and an increase in non-communicable diseases.¹

¹ Commonly known as chronic or lifestyle-related diseases; the main ones are cardiovascular disease, diabetes, cancers and chronic respiratory disease, neurological and mental health disorders.

Many people suffer from at least one diagnosed chronic disease or long-term condition (LTC.)² Socio-economic factors continue to play a part in the development of disease, and vulnerable populations for example youth, children, Māori and Pacific peoples continue to find it difficult to access mainstream services.

In the future an aging population will create an enormous demand for treatment and trained health care professionals. The Ministry of Health have identified strategies to improve services including greater integration of services and removing barriers to the extension of scopes of practice e.g. diabetes nurse prescribing (Ministry of Health, 2012). Skilled podiatrists with prescribing rights could make a great contribution to improving patient care in the primary and hospital settings.

3. What is non-medical prescribing?

Over recent years changes to the law have permitted several professions, other than doctors and dentists, to play an increasing role in prescribing and managing medicines for their patients.

Non-medical prescribing (NMP) was introduced in NZ, as in other countries, to address the threat of diminishing access to prescription medicines.^{3,4} NMP is a comparatively new practice in NZ, however, the number of Health Professions with prescribing rights has increased in the last decade, with Registered nurses, midwives, dietitians, optometrists and pharmacists now prescribing medications for their patients. NMP within these Allied Health Professions has achieved a common goal of providing appropriate, convenient, timely, cost-effective health care and at the same time increased equity and access to care for patients.

There is little doubt that there is a need for Allied Health Professionals to assume new roles, including those previously exclusive to the medical profession and this constitutes part of the drive towards long-term sustainability and flexibility in healthcare provision in the Western world. Gilheany et al state “non-medical prescribing is a pragmatic and workable solution to a major challenge facing health services across the Western world. Even now it appears to be proving its worth, increasing the rate at which health care practitioners are utilised for skill sets rather than governed by lines of demarcation.”⁵ Evidence from an evaluation of nurse prescribing in the UK in 2000 shows that NMP is valued by patients and gives them quicker access to the medicines that they need.⁵

The last decade has witnessed a rapid transformation in the role boundaries of the Allied Health Professions, enabled through the creation of new roles and the expansion of existing, traditional roles. A strategy of health care ‘modernisation’ has encompassed calls for the redrawing of professional boundaries and identities, linked with demands for greater workforce flexibility.⁶ Several tasks and roles previously within the exclusive domain of medicine have been delegated to, or assumed by, Allied Health Professionals, as the workforce is reshaped to meet the challenges posed by changing

2 Ministry of Health website 2019.

3 Department of Health Social Services and Public Safety 2017. Prescribing by non-medical healthcare professionals. UK: Department of Health, Social Services and Public Safety, [viewed 8 August, 2018, <<https://www.health-ni.gov.uk/articles/pharmaceutical-non-medical-prescribing>>.

4 Cope, L.C., Abuzour, A.S. and Tully, M.P., 2016. Non-medical prescribing: where are we now? *Therapeutic advances in drug safety*, 7(4), pp.165-172.

5 Gilheany, M.F. and Borthwick, A.M., 2009. Recent developments in podiatric prescribing in the UK and Australia. *Journal of foot and ankle research*, 2(1), p.37.

6 Avery, A.J. and Pringle, M., 2005. Extended prescribing by UK nurses and pharmacists.

demographic, social and political contexts. The prescribing of medicines by the podiatry profession reflects these changes.⁷

Innovations in the health workforce continue, and the prescribing landscape in NZ continues to evolve. As recently as July 2019, changes have been made to Pharmacy prescribing, with the pre-requisites for the Pharmacist Prescriber qualification programme being removed.⁸

The Podiatry profession identified the need for prescribing rights and has been advocating since 1990 to gain approval to prescribe, including making two previous submissions to the Ministry of Health. The feedback from those submissions and current practice in podiatry in the Western World informs this consultation document.

The Ministry of Health produced a report written by Professor John Shaw in 1994. In his discussion paper⁹, Shaw concluded that Podiatrists have a better case than any other health professional for additional prescribing rights.

The aim of all health care professionals is to provide better patient care for those that we treat. In order to fully utilise the skill sets of each profession, we need to use shared tools and processes to efficiently use limited health resources. For a podiatrist to require another prescriber to provide a prescription in order to complete their treatment plan for that patient is wasteful and places barriers in the provision of timely care.

The cost of delayed treatment for, in particular, diabetic foot disease is to incur further damage and result in costly medical interventions, as well as the social and other costs associated with resultant amputations and life limiting infections.

Around New Zealand, amputation is a common treatment for patients, in the past five years alone in New Zealand, diabetic amputations have risen by 13 percent, with 989 amputation procedures performed in 2017. In total, 4388 amputations were performed during that five-year period.

4. Who can respond to this consultation?

Everyone is welcome to respond. The PBNZ values your views and encourages you to respond to this consultation document. We hope to hear from the public, patients, patient representative groups, healthcare providers, doctors, pharmacists and pharmacy organisations, regulators, non-medical prescribers, and other representative bodies.

7 Borthwick, A.M., Short, A.J., Nancarrow, S.A. and Boyce, R., 2010. Non-medical prescribing in Australasia and the UK: the case of podiatry. *Journal of foot and ankle research*, 3(1), p.1.

8 Pharmacy Council of New Zealand Newsletter: July 2019. "Pharmacist Prescriber Qualification Programme Pre-requisite Removed

9 Shaw, J.P., 1994. *Prescribing rights in New Zealand: A public discussion paper*. Ministry of Health.

5. How to respond

Feedback is due by **21st October 2019**.

You can:

- Provide feedback online using the web form on the link below
- OR – print [this separate feedback form](#) (also downloadable from below link), complete it and email it to: registrar@podiatristsboard.org.nz
- OR – print [this separate feedback form](#) (also downloadable from below link) and mail completed form to:
 - Annabel Whinam
Registrar
PO Box 9644
Wellington 6141

<https://podiatristsboard.org.nz/news-resources-forms/consultations/proposal-for-podiatrist-prescribing/>

6. The proposal

The proposal is that registered podiatrists with a current Annual Practising Certificate obtain Designated Prescribing Rights.

Designated Prescribers do not have full prescribing rights, but they may prescribe from a list of approved medicines, relevant to their clinical cases. The ability to prescribe medications will enable the provision of more timely, cost-effective and equitable access to health care for their patients.

An indicative list of medicines that the PBNZ intends to include in its application can be found in section 17 of this consultation document.

Consultation questions:

1. Do you agree with the proposal that qualified podiatrists be able to prescribe from a proposed list of medicines agreed by the PBNZ?
2. Do you agree that podiatrists who can prescribe medicines will enable patients to receive more accessible, timely and convenient care?

7. What happens next?

The PBNZ will consider any feedback from this consultation and plans to have further discussions with a range of stakeholders prior to submitting an application for designated prescribing rights to the Ministry of Health in late 2019.

8. What do podiatrists do?

Podiatrists are registered health professionals who focus on the diagnosis, management and treatment of foot and lower limb disorders.

Whilst Podiatrists do not currently have approval to prescribe medications, medications are a key part of their treatment armoury and they are currently able to use a number of medications. These medications include lidocaine (lignocaine), which is used under exemption, and topical antifungals which are 'general sale'¹⁰ medications.

Podiatrists perform many key roles in the health care of patients including:

- preventive management and education to those with at risk foot disorders due to health systemic problems, such as diabetes, inflammatory arthritis and neurological or vascular impairment
- treatment of foot infections and other disorders of the skin, nail, soft tissue and connective tissues
- wound care and ulcer management
- diagnosis and management of soft tissue musculoskeletal conditions such as injury to bone, tendons and ligaments
- the surgical treatment of the foot and its associated structures
- diagnosis and management of gait related problems and identify associated medical or surgical conditions that may require further referral and management
- diagnosis and management of painful foot conditions
- footwear advice and education
- provision of health promotion, preventative healthcare, treatment and rehabilitation using physical treatments, medicines and sometimes surgery

9. Examples of podiatry roles

9.1. General podiatry care

Podiatrists work in a range of clinical settings with a broad cross section of the population. Podiatrists diagnose and treat both chronic and acute disorders of the musculoskeletal system as well as a number of skin and nail conditions. Effective, prompt management of foot conditions is essential. Foot problems can seriously affect quality of life by reducing a person's mobility, independence and activities of daily living. There is a high correlation between untreated foot pathology and an increased risk of falls. Many patients present with infections of skin and/or nail (such as fungal or ingrowing nails and verrucae). Treatment of these often requires access to the correct anti-microbial drugs such as antibiotics or anti-fungal agents along with appropriate anaesthesia. Management of acute foot pain often requires analgesia as part of the treatment plan.

¹⁰ General Sale medications (sometimes known as Over-the-counter or OTC medications may be supplied by any retailer, including a supermarket.)

9.2. Musculoskeletal conditions

Podiatrists have an important role to play in the assessment and management of musculoskeletal lower limb pathology. Podiatrists assess, diagnose and manage complex lower limb musculoskeletal pathology and pain, including the provision of specialist footwear and in-shoe corrective devices. They may use injection therapy and request investigations such as ultrasound, MRI, X-ray and blood tests.

9.3. High risk foot care

Podiatrists are important to the multidisciplinary provision of high risk and active foot condition services. Podiatry assessment, treatment and management of complex foot problems stemming from diabetes, inflammatory arthritis, neurological and peripheral vascular conditions includes, wound assessment and management (including sharp debridement of¹¹wounds), the selection of appropriate wound therapies and products, physical treatments to remove excessive pressure from vulnerable parts of the foot and the management of infection, the prescription and modification of in-shoe devices and footwear to decrease pain and increase function and provision of foot and limb preserving education. Timely prescription of medicines for diabetic and other high risk foot infections is crucial in order to stop the infection worsening, reduce the risk of amputation and avoid unnecessary hospital admissions. Podiatrists also play an important role in educating other health professionals in the screening of patients for diabetes related foot problems and advising upon treatment options to minimise the risk of serious foot problems.

9.4. Podiatric surgery

Podiatric surgeons working in this field of practice have experience of working with patients with complex medical conditions. They may be involved in the conservative and surgical management of foot and ankle pathology across a broad patient group. Corrective foot surgery is used to reduce the pain and immobility of problems such as bunions, hammer toes and nerve impingement. Patients may require medications such as analgesia (for pain management), antibiotics (in managing infection), anticoagulants (following surgery), sedatives for pre-operative anxiety and injectable corticosteroids.

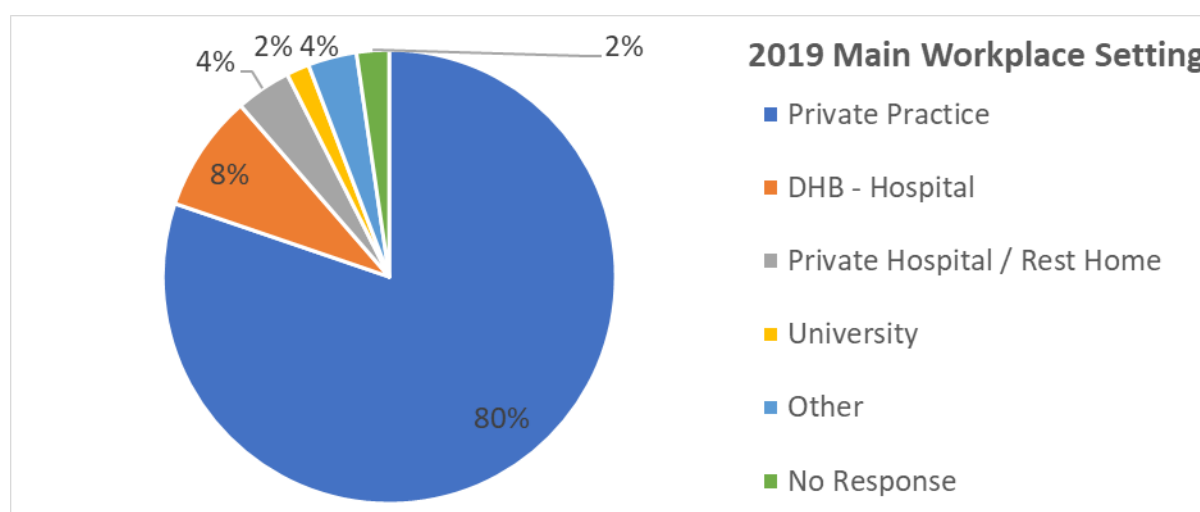
10. Where do podiatrists work?

There are at present 495 registered podiatrists in NZ (2019 NZPB figures), of which 436 registrants have current Annual Practising Certificates, and 59 are inactive. Their work spans a significant cross-section of the healthcare system. The majority work in the private sector, with others working in hospitals and in a wide variety of community settings, including both multidisciplinary practices, nursing homes and independent practices. Private sector podiatrists often provide contracted work for PHOs and DHBs providing 'in remission' services for people with a diagnosis of a high risk foot condition. Podiatrists also work in a variety of occupational health settings including, prisons, sports clubs and for the armed forces. The workplace setting data from PBNZ is displayed in Table 1.

11 Surgical sharp and conservative sharp debridement is performed by a skilled practitioner using surgical instruments such as scalpel, curette, scissors, rongeur, and forceps.

<https://www.woundsource.com/blog/wound-debridement-options-5-major-methods>

Table 1. Workplace settings of New Zealand registered podiatrists



11. How are podiatrists trained and regulated?

11.1. Podiatry training

The qualification accepted by the PBNZ as the entry qualification to seek registration is a Bachelor of Health Science in Podiatry from an accredited NZ University (or equivalent overseas qualification as determined by PBNZ).

11.2. Legislative Framework

The PBNZ is the authority responsible for the registration of podiatrists in NZ. Its primary function is to protect the health and safety of members of the public by ensuring that podiatrists are competent and fit to practice.

The PBNZ roles and responsibilities are outlined in the Health Practitioners Competence Assurance Act (2003) (amended 2019).

The prescribing of medicines is regulated under the Medicines Act (1981). The PBNZ is proposing to make an application under the Medicines Act for designated prescribing rights for registered podiatrists with a current Annual Practising Certificate. Designated prescribers do not have full prescribing rights and may only prescribe from a list of approved medicines.

Under the Medicines Act section 105(1) (qa), the PBNZ is responsible for setting the qualifications, training and experience of designated prescribers which are then specified in a regulation.

The Therapeutic Products Bill is currently progressing through the required processes to become legislation and establish a new regulatory scheme for therapeutic products. When the Therapeutic Products Act comes into force, it will replace the current scheme in the Medicines Act 1981.

For some aspects of the new scheme, the Bill will include transition provisions to provide additional time for the sector to meet the new requirements. The transition period will start on the commencement date.

Some of the objectives of the new regulatory scheme are that it:

- meets the expectations of risk management and assurance of acceptable safety
- results in efficient and cost-effective regulation
- is flexible, durable, up-to-date and easy to use
- ensures high-quality, robust and accountable decision-making
- is able to sustain capable regulatory capacity
- is trusted and respected
- supports consumer access to, and individual responsibility for care.

The PBNZ welcomes this and believes that podiatry prescribing would assist with the consumer access and cost-effective efficiency goals of the Ministry of Health.

Under the Medicines Act 1981, the Minister of Health and Director-General of Health holds regulatory accountability and associated regulatory powers. Under the new scheme, the regulator would hold such accountability and powers, independent of the Minister of Health.

A health practitioner's authority to prescribe would be established in, and bounded by, the person's scope of practice. In contrast, in the current approach the Medicines Act 1981 and regulations list the professions that can prescribe (and any parameters relating to their prescribing authority). The new scheme would require the Minister of Health's approval before a profession's responsible authority under the Health Practitioners Competence Assurance Act 2003 could include the authority to prescribe in a scope of practice.

12. How will podiatrist designated prescribers be trained?

12.1. Qualification to Prescribe

PBNZ have given lengthy consideration to the type and delivery of the educational material that would be required to enable podiatrists to safely prescribe medications as required as part of their working practices.

Registered Podiatrists who wish to apply for the Podiatrist Prescriber endorsement will be required to successfully complete the Podiatrist Prescriber Course. (See Appendix 3 for the outline of the Podiatrist Prescriber Course).

PBNZ has agreed that to qualify to become "designated prescribers", all podiatrists wishing to become eligible to prescribe will be required to successfully complete the Podiatrist Prescriber course, or alternative Board-approved course of study.

Consultation question:

3. Do you agree that the proposed Podiatrist Prescriber Course will provide podiatrists with the knowledge and skills required for safe prescribing?

13. What benefits will podiatrist prescribing bring?

Podiatrist prescribing would improve equity and timely access to medicines, consequently improving outcomes for patients. In addition, it would also provide greater cost-effectiveness and choice for patients. Podiatrists would prescribe where autonomy in medicines use would facilitate effective care for the patient, where the timely instigation of appropriate medicines management would prevent a deterioration in a patient's health status and where the appropriate use of medicines would enhance the aims of the treatment programme that has already been established for the patient. For example:

- timely prescription of medicines for diabetic foot infections is crucial in order to halt the rapid progression of infection, reduce the risk of amputation and avoid unnecessary hospital admissions. Designated prescribing would allow the podiatrist to play a central role in alleviating delays in timely access to medicines in the community
- in podiatry clinics, effective management of common foot problems often requires speedy access to antibiotics, effective use of antifungal agents, or analgesia to manage foot pain. Where it is safe to do so, prescribing would allow podiatrists to promptly provide the necessary medicines to their patients. Prompt treatment would help to alleviate patients' symptoms, encourage a more rapid recovery and avoid the need for patients to make additional appointments with other prescribers
- timely management of musculoskeletal and rheumatological disorders would reduce unnecessary or inappropriate waiting times for treatment, hasten recovery, and improve patient outcomes. Presently care can be delayed when patients have to make additional visits to doctors for prescriptions, or doctors are not available to support prescribing. Via designated prescribing, podiatrists would be able to immediately and safely prescribe the medicines needed, adapting and tailoring a patient's medicines alongside their physical treatment
- patients receiving foot surgery from a podiatric surgeon may require medicines such as analgesia (for pain management), antibiotics (in managing infection), anticoagulants (following surgery), sedatives for pre-operative anxiety and injectable corticosteroids. Prescribing some of these medicines by podiatrist independent prescribers would enable rapid patient care, with a reduction in delays in receiving necessary medicines
- designated prescribing would enable innovative service redesign to make greater use of podiatrists' skills in areas such as diabetes care, to ensure patients receive the medicines they need at the time they need them. For example, in areas as diverse as diabetic foot wound care, foot surgery, fungal skin infections, designated prescribing would enable patients to receive immediate appropriate pharmacological management alongside other physical treatments, whilst avoiding delays associated with additional appointments with other prescribers.
- designated prescribing could also provide greater choice for patients and reduce delays in accessing treatment and improving outcomes
- designated prescribing would also enhance the flexibility and expertise of the workforce and thereby improve care for patients now and in the future
- podiatrists are frequently the provider of first choice for foot problems because they specialise in the foot and lower limb, and thus as the primary care giver, patient/practitioner confidence is high. Granting designated prescribing rights will confirm that confidence and will allow the patient to obtain complete care from their podiatrist

14. Protecting the Public

Podiatrist prescribing has the potential to improve patient safety by improving medicines management, reducing the delays in receiving care and potentially reducing avoidable hospital admissions. Safeguards are of utmost importance because independent prescribing by any profession carries inherent risks. The two main risks which must be considered are:

1. The potential risk to patient safety of inappropriate prescribing of medicines
2. The risk to patient safety of failure to share information e.g. if the GP record was not updated in a timely manner.

The following principles would underpin prescribing responsibilities for podiatrists:

- patient safety is paramount. Prescribing responsibilities should only be enabled if they will deliver safe, effective and more convenient care for patients
- prescribers should only prescribe and practice within the limits of their clinical competence and scope of practice
- prescribing must be underpinned by robust governance structures
- designated prescribers must take full clinical and professional responsibility for their decisions
- prescribers need to be able to recognise when they need to ask for support in relation to a patient's care
- training should be within a nationally approved curriculum for prescribing training
- dispensing pharmacists and those charged with reimbursing prescriptions need to be able to identify prescribers easily through an annotation on the professional register
- as is the case for existing prescribers who independently prescribe, the same standards of training, practice, governance and regulation will apply regardless of whether the podiatrist is working in a DHB, private practice or other settings
- Podiatrist prescribers must communicate their prescribing and treatment plans to the patients' healthcare home (i.e. General Practitioner)

15. Podiatrist Prescribing in Other Countries

Podiatrists have the right to prescribe medications in several other countries.

Non-medical prescribing was introduced in the United Kingdom (UK) as a means to improve healthcare service efficiency, access to medicines and to support service innovation. Podiatrists and physiotherapists gained the right to independently prescribe in the UK in 2013¹². Prior to that, they had supplemental prescribing rights for a number of years.

In Australia, each State has independently granted prescribing rights to podiatrists, with Victoria being the first to do so, in 2009.

¹² The Pharmaceutical Journal, 20 Aug 2013: "Physiotherapists and Podiatrists Join the Ranks of Independent Prescribers".

16. Governance and Safeguards

16.1. Continuing Competence and Monitoring

The PBNZ has developed the Podiatrist Prescriber Course and as part of the requirements of the HPCA Act (2003), assumes the responsibility for the ongoing competency monitoring of podiatrists.

PBNZ already has in place a Continuing Professional Development (CPD) framework that requires practitioners to maintain their competence throughout their practising career as a podiatrist. The CPD cycle is 2 yearly and practitioners are able to upload their CPD activities and evidential information online. Audits are also undertaken of 10% of practitioners annually.

It is proposed that prescribing would become part of this CPD framework for Podiatrist Prescribers. This will include an annual online refresher module (to maintain technical knowledge) and peer prescriber review (to monitor practical application).

Consultation question:

4. Do you agree with the continuing competence requirements for Podiatrist Prescribers?

17. Options for podiatrist prescribing - Scopes of Practice

The scope of podiatry is very wide and covers a variety of physical, pharmaceutical and related interventions aimed at improving foot health and mobility. A podiatrist's scope of practice will change over time because of experience, specialisation in a certain clinical area or with a particular client group, or a movement into roles in management, education or research. A podiatrist must undertake the necessary ongoing training and experience to demonstrate that they are capable of working lawfully, safely and effectively within their given scope of practice and must not practise in areas where they are not proficient.

In order to meet the requirements of section 11 of the Health Practitioners Competence Assurance Act 2003 (HPCA), the PBNZ has gazetted and adopted four scopes of practice for the profession, and the qualification specifications for each scope.

The four scopes of practice are: Podiatrist, Podiatric Surgeon, Podiatric Radiographic Imager, and Visiting Podiatrist Educator/ Presenter. Information about these scopes of practice can be found in Appendix 1. All podiatrists are registered under the Podiatrist Scope of Practice.

The HPCA also specifies that health practitioners registered with a particular authority must not perform activities that fall outside the Scope of Practice for which they are registered.

The PBNZ has considered two options. The first is that the podiatrist prescriber sits as an endorsement within the existing Podiatrist Scope of Practice. The second is the development of a new Scope of Practice for Podiatrist Prescriber. The PBNZ's proposal is that there is a Podiatrist Prescriber endorsement within the general Podiatrist Scope of Practice. This option is preferred as it is anticipated that this endorsement will become a core professional competency over time and this will be better reflected by an endorsement rather than a separate scope. In addition, there will be less ongoing administration and cost involved.

By way of background, other professions have chosen to approach this question in the following way:

Optometrists and Dispensing Opticians Board: Authorisation to prescribe is part of their main Scope of Practice. There is a condition placed on their Scope if they can't prescribe.

Midwifery Council of NZ: Authorisation to become a prescriber is part of the main Scope of Practice, all 3,300 midwives have designated prescribing rights.

Pharmacy Council: Pharmacist Prescriber is a separate Scope of Practice. In this scope the suitably qualified and trained pharmacists who are already working in a collaborative health team environment are able to prescribe medicines.

Dietitians Board: Authorisation to become a Dietitian Prescriber is by way of successful completion of a Dietitians Prescriber Course and test and results in an endorsement on the annual practising certificate¹³.

Consultation questions:

5. Do you agree that Podiatrist Prescriber should be an endorsement within the existing Podiatrist Scope of Practice?
6. Do you agree that the name Podiatrist Prescriber adequately describes and informs the public and other health professionals of the breadth (or limitations) of this prescribing authority?

18. Indicative List of Medicines

18.1. How was the medicines list developed?

The medicines list has been developed from the NZ Formulary¹⁴ and the Community Pharmaceutical Schedule¹⁵. An indicative list of medicines that the PBNZ proposes Podiatrists could prescribe was developed following consultation with Maree Jensen¹⁶ who was responsible for developing the Dietitians Board prescribing framework. In Feb 2019, registered podiatrists and NZMC, Podiatry NZ (Podiatry's professional body) were asked for their feedback on this medicines list. Discussions with other Allied Health Professions who prescribe, and Medsafe's datasheets¹⁷ have also informed the Board's approach.

As a result of the feedback received, several changes were made to the medicines list. Medications that podiatrists commonly need to prescribe to their patients have been added, some medicines have been removed, and the number of antibiotics podiatrists propose to prescribe has been reduced. Whilst PBNZ is cognisant of the need for antibiotic stewardship, the Board believes that the risks must be weighed against the benefits for those patients who presently have poor access to care.

13 Dietitian Policy Prescriber Statement, Dietitians Board Website

14 <https://nzf.org.nz/>

15 <https://www.pharmac.govt.nz/tools-resources/pharmaceutical-schedule/>

16 Maree Jensen is the previous Academic Director, School of Pharmacy, University of Auckland- now honorary member of staff with both the Schools of Pharmacy and Medicine.

17 <http://www.medsafe.govt.nz/profs/Datasheet/datasheet.htm>

18.2. Background to the prescribing of classes of medicines

Podiatrists need to use drug therapy in both non-surgical and surgical cases. Podiatrists propose to prescribe a limited number of classes of medications, in line with the nature of treatments that they administer, and also in line with those prescribed by their colleagues in the UK and Australia.

The classes of medicines are; Analgesics, Antibacterials, Antifungals, Corticosteroids, Emollients and Local anaesthetics.

18.2.1. Analgesics

Podiatrists require the use of non-steroidal analgesics as well as paracetamol to manage pain prior to and after procedures as well managing pain related to chronic foot conditions and foot deformity.

This may include the use of either topical, or short-acting or sustained release preparations to provide long acting analgesia as well as liquid preparations for those who cannot swallow solid dosage forms.

Prescription Medicine	Classification	Pharmac funded?
1. Diclofenac (topical, oral)	Analgesic (topical, oral)	Funded: 25mg tablet, 75mg SR tablet Not funded: topical gel
2. Ibuprofen (topical, oral)	Analgesic (topical, oral)	Funded: 200mg tablet, 800mg LA, 200mg/5ml suspension Not funded: topical gel
3. Paracetamol (oral)	Analgesic (oral)	Funded: 500mg tablet, 250mg/5ml suspension
4. Capsaicin	Topical Products for Joint and Muscular pain	Funded with Special Authority: Zostrix 0.025% (250 microgram/g) Funded with restrictions: Zostrix HP 0.075% (750 microgram/g)

18.2.2. Antibacterials

The foot has a high predisposition to infection, compounded by its predispositions to impairment of circulation. Therefore both acute and chronic infections are frequently treated, topically and orally via engaging with a prescriber. Podiatrists diagnose and manage foot problems that are commonly associated with mild to severe bacterial skin infections as well as systemic infections, commonly related to diabetic foot conditions. Some patients are at greater risk of developing infections post surgically – for example, because of previous surgical introduction of metal implants into bone, or because of previous disease processes such as bacterial endocarditis (bacterial infection of the heart valves). In order to minimise the risks of post-operative infection in such cases, prophylactic systemic antibiotic therapy would be needed pre-surgically almost immediately and for a short period post-operatively. Antibiotic stewardship requires selection of antibiotics to manage these conditions. The use of antibiotics would require regular follow-up, for example every seven days.

Prescription Medicine	Classification	Pharmac funded?
5. Amoxicillin clavulanate (oral)	Antibacterials	Funded: amoxicillin clavulanate tablets 500/125mg, amoxicillin clavulanate suspension 250/62.5mg in 5ml
6. Co-trimoxazole (Trimethoprim with sulphamethoxazole) (oral)	Antibacterials	Funded: co-trimoxazole tablets 400/80mg, co-trimoxazole 200/40mg in 5ml, for management of cellulitis in patients allergic to penicillin
7. Flucloxacillin (oral)	Antibacterials	Funded: flucloxacillin capsules 250mg, flucloxacillin capsules 500mg, flucloxacillin 250mg in 5ml
8. Hydrogen peroxide gel (topical)	Antibacterials	Funded: hydrogen peroxide cream 1%, as topical antibiotic use is no longer considered appropriate
9. Povidone Iodine (topical)	Antibacterials	Funded: povidone iodine ointment 10%, povidone iodine 10% solution

18.2.3 Antifungals

Fungal skin and nail disease is a frequent clinical presentation for the podiatrist, and combined fungal/bacterial skin infections are common. For patients such conditions may cause chronic irritation and permanent nail damage and can hinder surgical treatment of some painful nail, toe and foot deformities. In many cases fungal infections need to be brought under control prior to carrying out a surgical procedure. Toenails require vigorous treatment by way of systemic antifungal therapy, in contrast skin conditions may respond well to topical antifungal preparations.

Prescription Medicine	Classification	Pharmac funded?
10. Ciclopirox (topical)	Antifungals	Funded: ciclopirox 8% solution
11. Econazole (topical)	Antifungals	Funded: econazole cream 1%
12. Ketoconazole	Antifungals	Not funded. Cream 2% (20mg/g). Daktagold 15g, 30g and Nizoral 15g, 30g.
13. Terbinafine (oral, topical)	Antifungals	Funded: terbinafine tablets 250mg Not funded: terbinafine 1% cream

18.2.4. Corticosteroids – plain

Inflammatory skin conditions such as eczema or dermatitis may be present without bacterial or fungal infection. Occasional use of topical corticosteroid may be helpful in managing these conditions by

preventing fissures developing from these scaling skin conditions. As a result opportunistic fungal and bacterial infections, particularly in the immunocompromised, may be prevented.

Prescription Medicine	Classification	Pharmac funded?
14. Hydrocortisone (topical)	Corticosteroids-plain	Funded: hydrocortisone cream 1%, maximum 30gm per prescription

18.2.5. Parasitocidal Preparations

Podiatrists treat leg and foot ulcers that are coinhabited by scabies, so it would be useful to prescribe a parasitocidal preparation in these cases.

Prescription Medicine	Classification	Pharmac funded?
15. Permethrin (topical)	Parasitocidal preparations	Funded: Cream 5% 30g OP (Lyderm) and Lotion 5% 30g OP (A-Scabies)

18.2.6. Emollients

Emollient creams and lotions are commonly used and recommended by podiatrists. Prevention and effective management of dry scaly conditions affecting the feet is important in preventing further damage and opportunistic infection entering the bloodstream and causing systemic infections. One of the most common causes of cellulitis is from infected skin cracks and tinea. Management of dry skin could prevent hospitalisation and subsequent use of parenteral antibiotics to treat cellulitis, particularly in managing feet of diabetic patients.

Prescription Medicine	Classification	Pharmac funded?
16. Oil in Water (O/W) emulsion (fatty cream)	Emollients	Funded: O/W emulsion (fatty cream)
17. Urea cream 10%	Emollients	Funded: Urea cream 10%
18. Cetomacrogol with glycerol 10% lotion	Emollients	Funded: Cetomacrogol with glycerol 10% lotion

18.2.7. Local anaesthetics

Lignocaine, plain and with adrenaline in up to 2% concentration have been used by podiatrists since 1975. The addition of longer acting agents will allow for greater flexibility with treatment of multiple digits at one time and for longer lasting pain relief post procedure. The dosage required will also be reduced therefore providing safer options. All registered podiatrists in New Zealand are permitted to use local anaesthetic parenterally for treatment of conditions such as ingrown toenails and verruca. The use of digital block and local infiltration as well as ankle block techniques has been part of the undergraduate training for many years and regular refresher courses are run as part of CPD. Intravenous use is not used or taught.

Prescription Medicine	Classification	Pharmac funded?
19. Bupivacaine (parenteral)	Local anaesthetics	Funded: bupivacaine injection 2.5mg/ml, bupivacaine injection 5mg/ml
20. Bupivacaine with adrenaline (parenteral)	Local anaesthetics	Funded: bupivacaine injection 2.5mg with adrenaline 1:400,000, bupivacaine injection 5mg with adrenaline 1:200,000
21. Lidocaine (Lignocaine) with prilocaine (topical)	Local anaesthetics	EMLA cream - Special Authority Funded: lignocaine cream 2.5% with prilocaine 2.5% Not funded: lignocaine patch 25mg with prilocaine 25mg
22. Lignocaine with prilocaine (parenteral)	Local anaesthetics	Funded: prilocaine injection 0.5%, prilocaine injection 2%,
23. Ropivacaine (parenteral)	Local anaesthetics	Funded: ropivacaine injection 2mg/ml, ropivacaine injection 7.5mg/ml, ropivacaine 10mg/ml

Consultation question:

- 7. Do you agree with the proposed list of prescription medicines that approved podiatrists will be able to prescribe as designated prescribers?**

Appendix 1: Podiatrist Scope of Practice and Prescribing

In order to meet the requirements of section 11 of the Health Practitioners Competence Assurance Act (HPCCA) 2003, the PBNZ has gazetted and adopted four scopes of practice for the profession, and the qualification specifications for each scope.

The four scopes of practice are: Podiatrist, Podiatric Surgeon, Podiatric Radiographic Imager, and Visiting Podiatrist Educator/ Presenter.

PODIATRIST

A registered primary health care practitioner (including those previously registered as a chiropodist) who utilises medical, physical, palliative and surgical means other than those prescribed in the Podiatric Surgeon Scope of Practice, to provide diagnostic, preventative and rehabilitative treatment of conditions affecting the feet and lower limbs.

Qualification

A Bachelor of Health Science in Podiatry from an accredited NZ University or a National Diploma in Podiatry or Chiropody from the Central Institute of Technology or equivalent overseas qualification as determined by the PBNZ.

PODIATRIC SURGEON

A registered primary health care practitioner who holds the scope of practice of Podiatrist and is further qualified to perform foot surgery by way of sharp toe nail wedge resection; surgical correction of lesser digital deformities affecting the phalanges, metatarsals and associated structures; surgical corrections of deformities affecting the first toe, first metatarsal and associated structures; surgical correction of deformities of the metatarsus, mid-tarsus, rear foot and associated structures; surgical correction and removal of pathological subcutaneous structures such as tendentious and nervous tissues and other connective soft tissue masses of the foot.

(The PBNZ does not approve of any Podiatric Surgeon performing any procedure beyond their competence, training and qualifications.)

Qualification

A Post Graduate qualification in Podiatric Surgery as determined by the PBNZ or equivalent overseas qualification.

PODIATRIC RADIOGRAPHIC IMAGER

A registered primary health care practitioner who holds the scope of practice of Podiatrist, who is qualified to use radiological equipment, and is licensed by the Ministry of Health Office of Radiation Safety, to obtain plain radiographic images and/or fluoroscopic images of the foot, ankle and lower leg.

Qualification

As part of the NZ undergraduate Bachelor of Health Science in Podiatry or satisfactory completion of an accredited post graduate training course in podiatric radiography.

VISITING PODIATRIST EDUCATOR/ PRESENTER

A visiting registered Podiatrist who qualifies for the scope of practice of Podiatrist, and when appropriate for their specialty area of education, also qualifies for an additional scope of practice of Podiatric Surgeon and/or Podiatric Radiographic Imager as determined by the PBNZ, who is presenting short-term educational/instructional programmes requiring demonstrations or practices, of a clinical or practical nature.

Qualification

Qualifications as to the individual educator speciality areas as recognised by the PBNZ.

Appendix 2: Current Status - Use of Medicines by New Zealand Podiatrists

PURPOSE

The purpose of this document is to provide clarification surrounding the current medicines that Podiatrists are able to use in their practice.

THE MEDICINES ACT 1981

The Medicines Act 1981 provides a classification or scheduling mechanism to add restrictions as to how medicines may be supplied. Under the Medicine Regulations Act 1984 the classifications are:

1. Prescription
2. Restricted
3. Pharmacy-only

Although the Medicines Act refers to 'medicines' being classified, in reality it is any medicine with an active ingredient listed in the schedule that is classified. Medicines that are classified are listed in the First Schedule to the Medicines Act 1984.

The Medicines Classification Committee (MCC) provides advice to the Minister on the classification of medicines. A record of classification is published by the NZ Gazette until such times that the Medicines Regulations are updated:

The current classification of any medicine can be searched by:

1. The Medicines Regulations
2. Current Gazette notice
3. Medsafe, who maintain a database of classifications which are searchable by ingredient name

CONTROL OF MEDICINES

The controls that attach to medicines in different classification groups are set out in the Medicines Act.

1. **Prescription medicines** can only be supplied by an authorised prescriber
 2. **Restricted medicines** can only be supplied by a registered pharmacist working in a registered pharmacy
 3. **Pharmacy-only medicines** can only be supplied through retail in a premise licensed pharmacy.
- All other medicines that are known colloquially as '**general sales**' may be supplied through any retailer including a supermarket

WHAT DOES THIS MEAN FOR PODIATRISTS?

Podiatrists:

- **MAY** use in their practice, and supply by wholesale or retail any *general sales medicine*
- **MAY NOT** wholesale any classified medicine unless they have a license to sell by wholesale
- **MAY NOT** sell by retail any *Restricted Medicine* but **MAY USE** a *Restricted Medicine* in their practice to treat a patient who is under their care
- **MAY NOT** sell by retail any pharmacy-only medicine but **MAY USE** *pharmacy-only medicine* in their practice to treat a patient who is under their care

In a few circumstances the wording of the schedule entry for prescription medicines has been crafted to enable a Podiatrist to use the product in their practice. This has been done by stating that (medicine X) is a prescription medicine except when used in practice by a Podiatrist.

- Prior to 2011 the only such medicine was lidocaine (lignocaine)
- At the 46th meeting of the Medicines Classification Committee (MCC) on 15 November 2011 following a request from Podiatry New Zealand. The MCC recommended that the wording of the schedule entry for the medicines (detailed in Table 1) was amended to permit the use (and sometimes supply) of the medicine by a Podiatrist in their practice
- It is important to note that the supply of medicines by Podiatrists relates to approved medicines (i.e. those that have ministerial consent only). The exemption outlined in section 25 of the Medicines Act applies only to the authorised prescribers. Currently this term does not include Podiatrists who are registered with the Podiatrists Board
- Section 26 of the Act does not authorise a Pharmacist to compound a medicine for supply to a Podiatrist unless the Podiatrist is a patient. Section 29 of the Act limits supply of unapproved medicines to medical practitioners only

ADDITIONAL NOTES

Salicylic Acid

Salicylic acid is currently classified as a restricted medicine; except in medicines for dermal use containing 40% or less. A Podiatrist **CAN** use and **SUPPLY** approved medicines containing less than 40% of salicylic acid for dermal use because at this strength such medicines are general sale medicines

The medicines permitted for use by Podiatrists as of 15 November 2011 are detailed in Table 1

Table 1. Permitted medicines for use of Podiatrists as of 15 November 2011

INGREDIENT	CONDITIONS	CLASSIFICATION
Amorolfine	in preparations for topical use except in preparations for the treatment of tinea pedis only or when sold in practice by a Podiatrist registered with the Podiatrists Board	Pharmacy-only
Amorolfine	in preparations for the treatment of tinea pedis only or when sold in practice by a Podiatrist registered with the Podiatrists Board	General Sale
Amorolfine	except when specified elsewhere in this schedule; except in preparations for the treatment of tinea pedis only or when sold in practice by a Podiatrist registered with the Podiatrists Board	Prescription
Ciclopirox	except for external use	Prescription
Ciclopirox	for external use in medicines containing more than 2%; in preparations for application to the nails containing more than 8%	Restricted
Ciclopirox	for external use in medicines containing 2% or less except when for the treatment of tinea pedis only or when sold in practice by a Podiatrist registered with the Podiatrists Board; in preparations for application to the nails containing 8% or less	Pharmacy-only
Ciclopirox	for external use in medicines containing 2% or less when for the treatment of tinea pedis only or when sold in practice by a Podiatrist registered with the Podiatrists Board	General Sale
Clotrimazole	except in medicines for vaginal or external use	Prescription
Clotrimazole	for vaginal use	Restricted
Clotrimazole	for external use except in medicines for tinea pedis only or when sold in practice by a Podiatrist registered with the Podiatrists Board	Pharmacy-only
Clotrimazole	for external use in medicines for tinea pedis only or when sold in practice by a Podiatrist registered with the Podiatrists Board	General Sale
Econazole	for vaginal use	Restricted
Econazole	for dermal use except in medicines for tinea pedis only or when sold in practice by a Podiatrist registered with the Podiatrists Board	Pharmacy-only
Econazole	except in medicines for vaginal or dermal use	Prescription
Econazole	for dermal use in medicines for tinea pedis only or when sold in practice by a Podiatrist registered with the Podiatrists Board	General Sale
Isoconazole	except in medicines for vaginal or dermal use	Prescription
Isoconazole	for dermal use except when sold in practice by a Podiatrist registered with the Podiatrists Board	Pharmacy-only
Isoconazole	for vaginal use	Restricted
Isoconazole	for dermal use when sold in practice by a Podiatrist registered with the Podiatrists Board	General Sale

Table 1 continued

INGREDIENT	CONDITIONS	CLASSIFICATION
Ketoconazole	except for dermal use	Prescription
Ketoconazole	for dermal use except in medicines for tinea pedis only or when sold in practice by a Podiatrist registered with the Podiatrists Board; except in medicines for treatment of the scalp containing 1% or less	Pharmacy-only
Ketoconazole	for dermal use in medicines for tinea pedis only or when sold in practice by a Podiatrist registered with the Podiatrists Board; in medicines for treatment of the scalp containing 1% or less	General Sale
Miconazole	for the treatment of oral candidiasis; for vaginal use	Restricted
Miconazole	except when specified elsewhere in this schedule; except in medicines for tinea pedis only or when sold in practice by a Podiatrist registered with the Podiatrists Board	Prescription
Miconazole	for external use except in medicines for tinea pedis only or when sold in practice by a Podiatrist registered with the Podiatrists Board	Pharmacy-only
Miconazole	for external use in medicines for tinea pedis only or when sold in practice by a Podiatrist registered with the Podiatrists Board	General Sale
Nystatin	except when specified elsewhere in this schedule; except in medicines for tinea pedis only or when sold in practice by a Podiatrist registered with the Podiatrists Board	Prescription
Nystatin	for dermal use except when sold in practice by a Podiatrist registered with the Podiatrists Board	Pharmacy-only
Nystatin	for the treatment of oral candidiasis; for vaginal use	Restricted
Nystatin	for dermal use when sold in practice by a Podiatrist registered with the Podiatrists Board	General Sale
Terbinafine	except in medicines for dermal use	Prescription
Terbinafine	for dermal use except in medicines for tinea pedis only or when sold in practice by a Podiatrist registered with the Podiatrists Board	Pharmacy-only
Terbinafine	for dermal use in medicines for tinea pedis only or when sold in practice by a Podiatrist registered with the Podiatrists Board	General Sale
Tioconazole	except in medicines for vaginal or dermal use	Prescription
Tioconazole	for dermal use except in medicines for tinea pedis only or when sold in practice by a Podiatrist registered with the Podiatrists Board	Pharmacy-only
Tioconazole	for vaginal use	Restricted
Tioconazole	for dermal use in medicines for tinea pedis only or when sold in practice by a Podiatrist registered with the Podiatrists Board	General Sale

Appendix 3: Podiatrist Prescriber Education and Course Objectives

Podiatrist Prescriber Course objectives:

By the completion of this course the registered podiatrist prescriber will be able to:

1	Demonstrate an understanding of the legal and ethical obligations and considerations that pertain to prescribing of any medicines on the list of medicines as approved, from time to time, by the PBNZ.
2	Discuss the roles and obligations of all parties involved in the prescribing process (prescriber, dispenser, funder etc.) This includes notification of the GP practice and/or other key health provider of medicines prescribed.
3	Write a prescription for those products that the PBNZ consider to be within a Podiatrist's Scope of Practice that fulfils the legal requirements for a prescription. This includes checking processes, sources of information and the mechanics of writing a prescription.
4	Be aware of the impact that mechanisms of action, indications for use and pharmacokinetics (absorption, distribution, metabolism, excretion) of agents prescribed within the Podiatrist Scope has on individual patients.
5	Be aware that products that Podiatrists may prescribe have the potential to cause adverse reactions and interactions associated with these products with other medications that may be prescribed by other registered health care professionals providing care to the patient.
6	Demonstrate clinical decision-making skills in prescribing in a range of scenarios related to current podiatric practice.

Appendix 4: Podiatry Competency Standards (May 2015)

Competency Standard	Elements
1. Practise Podiatry in a Professional Manner	1.1 Operates within relevant legal and regulatory frameworks 1.2 Utilises effective strategies for continually improving knowledge and skills 1.3 Practises to accepted standards and within the limitations of the individual and of the profession 1.4 Displays efficient organisation to complete administrative responsibilities safely and effectively 1.5 Conducts self in a professional manner 1.6 Demonstrates ethical behavior 1.7 Practises in a culturally-sensitive and inclusive manner
2. Continue to Acquire & Review Knowledge for Ongoing Clinical & Professional Practice Improvement	2.1 Understands and applies relevant podiatry practice principles and theoretical concepts 2.2 Acquires, critiques and applies new knowledge and Information and communications technology skills as appropriate to podiatry practice context 2.3 Applies an evidence-based approach to practice 2.4 Engages in reflective practice, planning and action for ongoing learning
3. Communicate and Interrelate Effectively in Diverse Contexts	3.1 Uses effective interpersonal communication skills and adopts appropriate strategies in working with diverse client groups 3.2 Utilises reporting and presentation skills at an appropriate level 3.3 Works in partnership with teams, other professionals, support staff, community and government and demonstrates appropriate communication skills
4. Conduct Patient/Client Interview and Physical Examination	4.1 Conducts appropriate patient/client interview and collects relevant initial information 4.2 Establishes clinical impressions 4.3 Safely conducts appropriate physical examination/tests and refers as appropriate
5. Analyse, Interpret and Diagnose	5.1 Interprets and evaluates data 5.2 Establishes differential diagnosis 5.3 Communicates information and involves others as appropriate
6. Develop a Patient/Client-focused Management Plan	6.1 Develops rationale for podiatry management plan 6.2 Establishes patient/client-focused short and long-term goals 6.3 Negotiates appropriate management plan
7. Implement & Evaluate Management Plan	7.1 Obtains informed consent through appropriate communication 7.2 Implements safe and effective management plan 7.3 Implements infection control and other standards within workplace health and safety legislative requirements 7.4 Understands and manages adverse events 7.5 Utilises preventative and educative strategies 7.6 Monitors and evaluates management plan
8. Provide Education and Contribute to an Effective Health Care System	8.1 Undertakes podiatry within the broader health care context 8.2 Implements/participates in appropriate supervision linked to the skill and complexity of the task being undertaken 8.3 Implements health promotion and education activities 8.4 Responds to the health needs of the communities in which the podiatrist practises 8.5 Identifies the determinants of health for relevant populations 8.6 Delivers and monitors effective and efficient services and resources

Podiatry prescribing education package content mapped to ANZPAC podiatry competencies

Module title	Podiatry education package module content	Podiatry competency standard
Medicines regulation	<ul style="list-style-type: none"> • What is a medicine? • What is a "therapeutic purpose'?" • Medicines classification • Why are medicines classified into classes? • What medicine classes are there and how may they be supplied or sold? • Why regulate medicines? • Who regulates medicines? • Medsafe's role in medicine regulation • How does a medicine get to the market? • How do new medicines get approved? • What happens after approval? 	<p>1.1. Operates within relevant legal and regulatory frameworks</p> <p>1.3. Practises to accepted standards and within the limitations of the individual and of the profession</p> <p>1.4. Displays efficient organisation to complete administrative responsibilities safely and effectively</p>
Podiatrist prescribing	<ul style="list-style-type: none"> • Who Can Prescribe Medicines? • Non-medical prescribers • What is a prescription • When may you NOT prescribe? • When is a prescription not needed? 	<p>1.3. Practises to accepted standards and within the limitations of the individual and of the profession</p> <p>1.4. Displays efficient organisation to complete administrative responsibilities safely and effectively</p> <p>1.6. Demonstrates ethical behaviour</p> <p>3.3. Works in partnership with teams, other professionals, support staff, community and government and demonstrates appropriate communication skills</p>
Pharmac How medicines, special foods and supplements get subsidised	<ul style="list-style-type: none"> • Costs of medicines • Why is this important? • Ways to manage medicines cost • NZ Pharmaceutical Market • PHARMAC • How PHARMAC works • What does this mean to patients? • Pharmacology and Therapeutics Advisory Committee (PTAC) • Special Authorities • How are new products funded? • How to access the PHARMAC Schedule 	<p>1.1. Operates within relevant legal and regulatory frameworks</p> <p>1.3. Practises to accepted standards and within the limitations of the individual and of the profession</p> <p>1.4. Displays efficient organisation to complete administrative responsibilities safely and effectively</p>

Principals of clinical pharmacology	<ul style="list-style-type: none"> • Basic terminology • Therapeutic prescribing • Basic principles of pharmacodynamics • Mechanism of action: i.e. how do drugs work? • Receptor actions • Antagonist actions • Receptor sites • Agonists and antagonists • Mechanism of action of vitamins, minerals and supplements • Pharmacokinetics <ul style="list-style-type: none"> ○ Absorption ○ Distribution ○ Metabolism ○ Excretion 	<p>2.1. Understands & applies relevant podiatry practice principles and theoretical concepts</p> <p>2.2. Acquires, critiques and applies new knowledge and information and communications technology skills as appropriate to podiatry practice context</p> <p>2.3. Applies an evidence-based approach to practice</p>
Principles of drug dosing, formulation, routes of administration	<ul style="list-style-type: none"> • Principles of drug dosage • Pharmacokinetics • Pharmacokinetic concepts <ul style="list-style-type: none"> ○ Bioavailability ○ Volume of distribution ○ Half-life ○ Clearance • Classification of renal impairment • Formulations • Why is formulation important • Extended release formulations • Isosorbide mononitrate preparations • Routes of administration • Injection routes <ul style="list-style-type: none"> ○ Intravenous route ○ Intramuscular routes ○ Subcutaneous route ○ Oral route • Dosing considerations for oral route 	<p>2.1. Understands & applies relevant podiatry practice principles and theoretical concepts</p> <p>2.2. Acquires, critiques and applies new knowledge and information and communications technology skills as appropriate to podiatry practice context</p> <p>2.3. Applies an evidence-based approach to practice</p>

Adverse reactions and pharmacovigilance	<ul style="list-style-type: none"> • Adverse reactions • Side effects • Adverse drug reactions (ADRs) • Types of ADRs • Incidence of ADRs • Risk factors for ADRs • Drug risk factors for ADRs • ADR examples • Pharmacovigilance • Voluntary reporting scheme in NZ • Poisoning (toxicology) • Drug interactions • How important are interactions? • Drugs to be careful with • More drugs to be vigilant about co-prescribing • Pharmacokinetic Interactions • Enzyme inhibitors • Enzyme inducers • Drug-food, drug-alcohol interactions 	<p>1.4. Displays efficient organisation to complete administrative responsibilities safely and effectively</p> <p>2.1. Understands & applies relevant podiatry practice principles and theoretical concepts</p> <p>3.3. Works in partnership with teams, other professionals, support staff, community and government and demonstrates appropriate communication skills</p> <p>7.3. Implements infection control and other standards within workplace health and safety legislative requirements</p> <p>7.4. Understands and manages adverse events</p> <p>8.6. Delivers & monitors effective & efficient services & resources</p>
Basis of prescribing Practice module	<ul style="list-style-type: none"> • Prescribing • Labelling of medicines • Who can prescribe medicines? • Prescribing errors • Retention of Health Information • Health information privacy • Consumers Guarantees Act • Safe prescribing • Error prone prescribing • What to do when you discover an error • Medical history taking • Responsibilities of the prescriber • Types of prescription needed • Issues around prescriptions • Data sources for information before making a prescribing decision • Good practice prescription writing tips • Abbreviations used for prescribing 	<p>1.1. Operates within relevant legal and regulatory frameworks</p> <p>1.2. Utilises effective strategies for continually improving knowledge and skills</p> <p>1.3. Practises to accepted standards and within the limitations of the individual and of the profession</p> <p>1.4. Displays efficient organisation to complete administrative responsibilities safely and effectively</p> <p>1.6. Demonstrates ethical behaviour</p> <p>2.2. Acquires, critiques and applies new knowledge and Information and communications technology skills as appropriate to podiatry practice context</p> <p>2.3. Applies an evidence-based approach to practice</p> <p>2.4. Engages in reflective practice, planning and action for ongoing learning</p> <p>3.1. Uses effective interpersonal communication skills and adopts appropriate strategies in working with diverse client groups</p> <p>3.2. Utilises reporting and presentation skills at an appropriate level</p> <p>3.3. Works in partnership with teams, other professionals, support staff, community and government and demonstrates appropriate communication skills</p> <p>4.2. Establishes clinical impressions</p>

		<p>4.3. Safely conducts appropriate physical examination/tests and refers as appropriate</p> <p>6.1. Develops rationale for podiatry management plan</p> <p>6.2. Establishes patient/client-focused short and long term goals</p> <p>6.3. Negotiates appropriate management plan</p> <p>7.1. Obtains informed consent through appropriate communication</p> <p>7.2. Implements safe and effective management plan</p> <p>7.3. Implements infection control and other standards within workplace health and safety legislative requirements</p> <p>7.4. Understands and manages adverse events</p> <p>7.5. Utilises preventative and educative strategies</p> <p>7.6. Monitors and evaluates management plan</p> <p>8.1. Undertakes podiatry within the broader health care context</p> <p>8.2. Implements/participates in appropriate supervision linked to the skill and complexity of the task being undertaken</p> <p>8.3. Implements health promotion and education activities</p> <p>8.6. Delivers and monitors effective and efficient services and resources</p>
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Podiatry prescribing education package objectives mapped to ANZPAC podiatry competencies

	ANZPAC Competency Standard							
	Competency 1	Competency 2	Competency 3	Competency 4	Competency 5	Competency 6	Competency 7	Competency 8
Podiatry Prescribing education package Learning objectives	Practise Podiatry in a Professional Manner	Continue to Acquire & Review Knowledge for Ongoing Clinical Professional Practice Improvement	Communicate and Interrelate Effectively in Diverse Contexts	Conduct Patient/Client Interview and Physical Examination	Analyse, Interpret and Diagnose	Develop a Patient/Client-focused Management Plan	Implement and Evaluate Management Plan	Provide Education and Contribute to an Effective Health System
Demonstrate an understanding of the legal and ethical obligations and considerations that pertain to prescribing of any medicines on the list of medicines as approved, from time to time, by PBNZ.	•	•	•					•
Discuss the roles and obligations of all parties involved in the prescribing process (prescriber, dispenser, funder etc.)	•		•					
Write a prescription for those products that the PBNZ consider to be within a Podiatrist's Scope of Practice that fulfils the legal requirements for a prescription. This includes checking processes, sources of information and the mechanics of writing a prescription.	•		•	•	•	•		
Be aware of the impact that mechanisms of action, indications for use and pharmacokinetics (absorption, distribution, metabolism, excretion) of agents prescribed within the Podiatrist Scope has on individual patients.		•			•			
Be aware that products that Podiatrists may prescribe have the potential to cause adverse reactions and interactions associated with these products with other medications that may be prescribed by other registered health care professionals providing care to the patient.	•	•		•	•	•	•	
Demonstrate clinical decision-making skills in prescribing in a range of scenarios related to current podiatric practice.				•	•	•	•	•