

**Designated prescribing
rights for podiatrists**
Discussion Document

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Designated prescribing rights for podiatrists

Introduction

Registered podiatrists are seeking rights to prescribe a limited range of medications relevant to their practice of podiatry. The Podiatrists Board of New Zealand (Podiatrists Board) and Podiatry New Zealand (formerly the New Zealand Society of Podiatrists) have made a joint application for podiatrists to be recognised as “designated prescribers” in regulations under the Medicines Act 1981 (the Medicines Act).

In accordance with the Medicines Act, the Minister of Health (the Minister) is required to consult with relevant organisations when considering additional prescribers. The Minister has delegated this responsibility to the Associate Minister of Health, Dr Jonathan Coleman (the Associate Minister). On behalf of the Associate Minister, the Ministry of Health (the Ministry) has prepared this discussion paper on the Podiatrists Board’s application to invite submissions on any issues concerning prescribing by podiatrists.

The deadline for feedback is Friday 6 November 2009. Please send any comments to Michael Batson. Michael’s contact details are:

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Background

The Podiatrists Board is seeking designated prescriber status for podiatrists. The Podiatrists Board’s initial application for prescribing rights was submitted to the New Prescribers Advisory Committee (NPAC) in June 2005, which resulted in NPAC requesting that the Podiatrists Board undertake further work on their application. The Podiatrists Board completed the tasks requested of it by NPAC and its latest submission has been received by the Ministry.

Purpose of this discussion paper

The Ministry will co-ordinate sector consultation by circulating this discussion paper on the Podiatrists Board’s application and requesting submissions on any issues regarding prescribing by podiatrists.

The Ministry will report back to the Associate Minister in November on the results of the consultation. The Associate Minister will then make a final decision on the Podiatrists Board's application. This process is consistent with previous consultations held with the sector on designated prescribing for nurse practitioners and optometrists. The paper poses a number of discussion questions to guide your comments.

Legislative context

The prescribing of medicines is regulated under the Medicines Act and the Medicines Regulations 1984.

Under the Medicines Act, regulations may be made that authorise a class of registered health professional to prescribe specified types of prescription medicine, subject to satisfying any requirements specified in those regulations (such as to training or competence). These prescribers are known as **designated prescribers**. Examples of current designated prescribers include optometrists and nurse practitioners.

Application made by the Podiatrists Board

The joint application from the Podiatrists Board and Podiatry New Zealand is for podiatrists to be recognised as "designated prescribers" in regulations under the Medicines Act. Podiatrists are asking for rights to prescribe a limited range of medicines appropriate for their profession, such as non-steroidal anti-inflammatory drugs, topical and systemic antibiotics and antifungal agents.

The application by the Podiatrists Board is made with the view that the profession's ability to have designated prescribing opportunities has the potential to improve access to services for patients, is innovative and would possibly save some compliance costs. It also aligns well with the Government's policy of delivering better, sooner, more convenient health care.

Please view the full application on the Podiatrists Board website at: http://www.podiatristsboard.org.nz/Site/Publications_and_News/publicationsnews.aspx

In their application, the Podiatrists Board provides the following reasons for podiatrists to become designated prescribers:

- i. Podiatrists need to use drug therapy in both non-surgical and surgical cases. The foot and lower limb have a high susceptibility to infection, compounded by its predisposition to impairment of circulation. Therefore both acute and chronic infection and impaired circulation conditions are frequently treated.
- ii. The type and range of medicines required is thus directly related (and confined) to problems arising as a result of foot and lower limb infection, impaired circulation and musculoskeletal dysfunction.

- iii. Avoidance of unnecessary referral. At present when a patient requires a prescription medicine, the podiatrist has to refer the patient to a general practitioner (GP) to obtain a prescription.
- iv. The process of referral back to a GP for a 'prescription consultation' is also time consuming and costly for patients, especially those patients in rural areas where distance compounds this situation. It is also more expensive for the health budget as a patient fee can be incurred at every consultation.
- v. Although there are other health professionals who provide similar services, podiatrists are frequently the provider of first choice as they specialise in the foot and lower limb. Granting designated prescribing rights improves choice for patients and affirms patients' confidence in podiatrists as health professionals. This is because being able to obtain a prescription at the same time as the consultation permits patients complete care from their chosen health practitioner.

Discussion questions:

Do you agree that podiatrists should become designated prescribers?
Why/why not.

Do you have any comment on the type and range of medicines podiatrists should be able to prescribe as designated prescribers?

To qualify to become "designated prescribers" the Podiatrists Board proposes that podiatrists will be subject to the following requirements:

- i. they will have obtained a postgraduate pharmacology qualification from within New Zealand which is accredited by the Podiatrists Board; **or**
- ii. they will have graduated from a course of study undertaken overseas that is recognised as meeting the quality criteria by the Podiatrists Board; **and** will be able to demonstrate, to the satisfaction of the Podiatrists Board, a minimum of three years' post basic clinical experience;
- iii. they will have attained a podiatry undergraduate degree, and demonstrated their competency by undergoing a competency audit; then will be accepted on a course of training (eg Postgraduate Diploma Prescribing Pathway) approved by the Podiatrist Board.

Discussion question:

Do you have any comment on the proposed requirements for podiatrists to become designated prescribers?

Granting of designated prescribing rights

The Podiatrists Board intends recognising only those podiatrists who have the required level of training as being eligible to exercise designated prescribing rights and hold the Scope of Practice of *Podiatric Prescriber*. That scope would then be part of each individual podiatrist's practising certificate.

Under the Health Practitioners Competence Assurance Act 2003, the Podiatrists Board has powers to assess and monitor ongoing competence of all registered practitioners. The regime for managing that process has been fully developed in the form of the Podiatrists Board's Re-Certification Framework which is now in place to deal with any issues arising as a result of the designated prescribing rights having been granted.

The Podiatrists Board has introduced a panel consisting of a medical prescriber, clinical pharmacist, podiatric educator and nominated Podiatrists Board representative. The panel is to be known as the Multidisciplinary Podiatrist Prescriber Monitoring Panel. The sole purpose of the Panel will be to assess, and monitor, the ongoing safety and competence of podiatrist prescribers.

Discussion questions:

Do you consider the Multidisciplinary Podiatrist Prescriber Monitoring Panel an adequate mechanism to assess, and monitor, the ongoing safety and competence of podiatrist prescribers?

Should other mechanisms be used as well as, or instead of the Panel?

Consultation

The Podiatrists Board consulted with 101 organisations in New Zealand and overseas in preparing their final application. These organisations are listed on pages 17-19 of the application.

Not all those sent the draft submission responded. Those who did respond made a number of suggested corrections and improvements to the text which were then incorporated into the submission as appropriate. The many comments and suggestions made (apart from corrections and improvements) have been incorporated into the application following consideration and where agreed by the Podiatrists Board.

Other suggestions have been noted in **Appendix F of the application** (with the respondent identified) together with the Podiatrists Board's response.

Discussion questions:

Are you satisfied that the Podiatrists Board has adequately consulted with the sector when preparing their application?

If not, what suggestions do you have to improve this process?

Definition of podiatry as provided by the Podiatrists Board

Podiatry is the primary health care profession that deals with the examination, diagnosis, prevention and treatment of conditions and functions of the human foot and lower limb.

These health problems are those affecting the body system, including bone and joint disorders, biomechanical dysfunction, soft tissue and muscular

pathologies, neurological, circulatory disease, dermatological conditions and endocrinological disorders.

Podiatric health services to patients include preventive, palliative, curative, rehabilitative and surgical care.

Scopes of Practice as defined by the Podiatrists Board under the Health Practitioners Competence Assurance Act 2003

Podiatrist

Qualification

“A Bachelor of Health Science in Podiatry from an accredited New Zealand University or equivalent overseas qualification as determined by the Podiatrists Board.”

Podiatric surgeon

Qualification

“A Postgraduate qualification in Podiatric Surgery as determined by the Podiatrists Board or equivalent overseas qualification.”

Podiatric radiographic imager

Qualification

“As part of the New Zealand undergraduate Bachelor of Health Science in Podiatry or satisfactory completion of an accredited postgraduate training course in podiatric radiography.”

Podiatric prescriber

Qualification

“A postgraduate qualification in Podiatric Prescribing as determined by the Podiatrists Board or equivalent overseas qualification.”

Visiting podiatric educator

Qualification

“Qualifications as to the individual educator speciality areas as recognised by the Podiatrists Board.”

The detailed course prescriptions for the pharmacology training required at the undergraduate level (Pharmacology Course in the Bachelor of Health Science – for Podiatry) and postgraduate level (Postgraduate Diploma in Health Science) are included in the **appendices of their application**.

Discussion questions:

Do you consider the level of pharmacology training undertaken by podiatrists is adequate preparation to become designated prescribers?

If not, what further training would be required?

The role of the Podiatric Prescriber

The Podiatrists Board proposes that the podiatric prescriber would be responsible for the assessment of patients with undiagnosed conditions of the

foot and lower limb, and for decisions about the clinical management required, including the prescribing of appropriate medicines.

The podiatric prescriber would be responsible for the continuing care of patients who have been clinically assessed by them. This continuing care might include the prescribing of medicines (which would usually be informed by clinical guidelines and be consistent with individual treatment plans) or continuing established treatments by issuing repeat prescriptions, with the authority to adjust the dose or dosage form according to the patients' needs.

Podiatric prescribing principles

The Podiatrists Board and Podiatry New Zealand, have worked closely with the Auckland University of Technology (AUT) to establish a high standard of podiatric pharmacology education. The AUT Postgraduate Diploma in Health Science (pathway to podiatric prescribing) papers have been designed to meet the growing demands and expectations of presenting patients with podiatry-related ailments, the podiatry profession and their health professional colleagues. These are outlined in **Appendix E** of the application.

The Podiatrists Board submission does not support the blanket granting of prescription rights to all podiatrists in New Zealand for all classes of medicines. Rather the submission supports a limited granting of rights only to podiatrists who complete a course of education to provide them with the proper level of knowledge and skill in prescribing medicines.

Podiatrists who choose not to seek prescribing rights will be able to maintain their standards of practice by continuing to prescribe over the counter medications, and continue to refer their patients to medical practitioners or podiatric prescribers when necessary.

In adopting these principles of practice, the Podiatrists Board intends to set clear and definitive scopes of practice. The benefit of clear scopes of practice is that the profession can identify clinical boundaries and best clinical practice. This will provide reassurance to the Podiatrists Board and the Ministry that the highest standards of competency in prescribing are being maintained.

Discussion questions:

Do you have any concerns with the podiatric prescribing principles as outlined in the application?

Do you believe there should be any restrictions placed on podiatrists' prescribing?

Do you have any other relevant comments you wish to add?