



Podiatry Endorsement for Scheduled Medicines Policy

1. Purpose

The Podiatry Board of Australia introduced the [Registration Standard: Endorsement for scheduled medicines](#) and associated guidelines on 1 August 2018. Endorsement of registration identifies practitioners with additional qualifications and specific expertise.

A podiatrist whose registration is endorsed for scheduled medicines under Section 94 of the [Health Practitioner Regulation National Law \(WA\) Act 2010](#) is qualified to administer, obtain, possess, prescribe, sell, supply or use Schedule 2, 3, 4 or 8 medicines for the treatment of podiatric conditions, included in the National Podiatry Scheduled Medicines List.¹

This policy outlines the governance processes for podiatrists with an endorsement for scheduled medicines practicing within the WA Country Health Service (WACHS).

2. Policy

2.1 Scope of Practice

Podiatrists employed at WACHS with endorsement for scheduled medicines may **only** prescribe, administer, possess, and supply medications from the WACHS Podiatry Medicines Prescribing List ([Appendix A](#)), in accordance with the requirements of this policy. Note: All registered podiatrists may administer local anaesthetics in accordance with the [CEO of Health SASA Administration of Local Anaesthetics by Podiatrists](#).

Podiatrists employed at WACHS must not obtain or sell medicines.

The WACHS Podiatrists Medicines Prescribing List ([Appendix A](#)) has been adapted from the national podiatry scheduled medicines list¹ to align with the Statewide Medicines Formulary and specifies the Schedule 2, 3 and 4 medicines that podiatrists with endorsement for scheduled medicines can administer, possess, prescribe, supply or use for the treatment of podiatric conditions at WACHS.

Podiatric surgeons are also eligible to be registered with an endorsement for scheduled medications and are able to prescribe from the WACHS Podiatrists Medicines Prescribing List ([Appendix A](#)). Noting that podiatric surgeons employed or contracted by WACHS may only prescribe from this list and not from the broader National Podiatry Scheduled Medicines List.¹

Podiatrists and podiatric surgeons registered with an endorsement for scheduled medications are:

- to confine prescribing to non-admitted patients and for the treatment of conditions within their scope of practice, level of training and experience
- to prescribe medications according to the restrictions and requirements of the WA Health MP 0077/18 - [Statewide Medicines Formulary Policy](#) and the [WA Statewide Medicines Formulary \(Formulary One\)](#).

- to practice in accordance with the WACHS:
 - [Medication Handling and Accountability Policy](#)
 - [Medication Prescribing and Administration Policy](#)
 - [High Risk Medications Procedure](#)
 - [Antimicrobial Stewardship Policy](#).
- to consider the need for interpreters or Aboriginal liaison staff. Use language services as indicated, as per the WA Health MP 0051/17 - [Language Services Policy](#)
- to provide education materials (where available) in a language and format that is understood by the patient, family, or carer. This may include WA Medicines Information Leaflets (accessible [here](#)) or Consumer Medicines Information accessible [NPS Medicinewise Medicine Finder](#).

2.2 Medication administration and supply

Sites are required to develop local governance processes for the provision of medications prescribed by podiatrists to ensure WACHS patients have timely and equitable access to required medications. Consideration should be given to likely patient out of pocket costs, medication availability at each site, community and hospital pharmacy opening hours and existing site processes.

Options for supply (in preferred order):

- Community pharmacy dispensed via non-PBS prescription.
- A podiatrist may prescribe and supply medicine from hospital stock in accordance with the WACHS [Medication Prescribing and Administration Policy](#).
- Hospital pharmacy dispensed via non-PBS prescription, if practicable for hospital pharmacy to do so.

Any medications to be administered by the podiatrist should be provided by the health service / hospital pharmacy.

Where a medication is supplied to the patient by a prescription, a letter should be provided to inform the pharmacist that the prescription is written by a podiatrist with endorsement for scheduled medicines (non-PBS prescriber) and to the patient to indicate there will be out-of-pocket costs. [Appendix B](#) provides an example of written information that can be provided to patients and pharmacists.

To ensure the safe handling, storage, and supply of medication, it is the podiatrists' responsibility to liaise with pharmacy and managers of relevant clinical areas to establish processes for each site (based on location and stock availability).

3. Roles and Responsibilities

The **line manager** is responsible for:

- supporting podiatrists to complete the required medicines related training / education modules (once off) and presentation of two case studies to the WACHS Podiatry network annually
- confirming with the Podiatry Board of Australia that the podiatrist is registered with an endorsement for scheduled medicines.

The **Podiatrists** with endorsement for scheduled medicines are required to:

- practice safely, competently and within their area of demonstrated expertise and scope of practice

- prescribe **only** medications (including specific route and indications) from the WACHS Podiatrists Medicines Prescribing List ([Appendix A](#))
- ensure access to My Health Record via iCM and use the [ScriptCheckWA](#) program to safeguard against patients obtaining multiple prescriptions
- ensure they meet the continuing professional development requirements as outlined by the Podiatry Board of Australia¹ including minimum requirement for management of anaphylaxis
- present two case studies relating to prescribing medications to the WACHS Podiatry Network annually
- complete (once off requirement) the following training/education modules via [MyLearning](#):
 - National Standard Medication Charts Declaration (NMCWA EL2)Get it right!
 - Taking the Best Possible Medication History Declaration (MDGIR EL2)
 - Medication Safety (MDSWA EL2)
 - High Risk Medications: Introduction (HRMINT EL2).
- participate in professional supervision, as per the WACHS [Allied Health Professional Supervision Policy](#)
- participate in annual employee development, where the above requirements can be evidenced.

4. Monitoring and Evaluation

4.1 Monitoring

The WACHS clinical leads for podiatry (Coordinator Podiatry) will monitor compliance with this document. Routine monitoring of clinical incidents is via the DATIX Clinical Incident Management System (CIMS).

4.2 Evaluation

This policy will be reviewed as required to determine effectiveness, relevance and currency. At a minimum it will be reviewed every five years by the Coordinator Podiatry, in consultation with stakeholders, as per the WACHS [Policy Development, Management and Governance Policy](#).

Evaluation activities may include, but are not limited to:

- Review of CIMS Datix incident data
- Surveys to regional staff implementing the policy to clarify levels of understanding, confidence and support experienced during implementation
- Interviews with key staff, managers and program leads to evaluate compliance, scope and currency of this policy

5. Compliance

This policy is a mandatory requirement under the [Health Practitioner Regulation National Law \(WA\) Act 2010](#) and [Health Services Act 2016](#) (WA).

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to Section 26 of the [Health Services Act 2016](#) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service

(including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies and procedures is mandatory.

6. References

Australian Health Practitioner Regulation Agency (AHPRA) [Internet] Melbourne, VIC. [Registration Standard: Endorsement for scheduled medicines](#). Podiatry Board of Australia:2018 [Accessed 18 August 2023]

Western Australian Legislation [Internet] Perth WA. [Medicines and Poisons Regulations 2016](#). Government of Western Australia Department of Justice Parliamentary Counsel's Office [Accessed 18 August 2023]

Department of Health Western Australia (WA) [Internet] Perth, WA. [WA Statewide Medicines Formulary](#) [Accessed 18 August 2023]

[MIMS Australia](#) [Internet] Sydney NSW [Accessed 18 August 2023]

7. Definitions

Term	Definition
Non-admitted patient	A person is a non-admitted patient if they do not meet the admission criteria and do not undergo a hospital's formal admission process.
Podiatric surgeon	Podiatric surgeons are specialist podiatrists who have completed extensive, post graduate medical and surgical training and perform reconstructive surgery of the foot and ankle.
Scheduled medicines	Medicines and poisons are classified into schedules according to the level of regulatory control over the availability of the medicine or poison, required to protect public health and safety.

8. Document Summary

Coverage	WACHS wide
Audience	Podiatrists, pharmacists, medical officers
Records Management	Health Record Management Policy
Related Legislation	<ul style="list-style-type: none"> • Health Services Act 2016 (WA) • Health Practitioner Regulation National Law (WA) Act 2010 (WA) • Medicines and Poisons Act 2014 (WA) • Medicines and Poisons Regulations 2016 (WA)
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • MP 0051/17 Language Services Policy • MP 0077/18 Statewide Medicines Formulary Policy • MP 0139/20 Medicines Handling Policy • Clinical Governance, Safety and Quality Policy Framework • Communication Policy Framework • Public Health Policy Framework
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Allied Health Professional Supervision Policy • Antimicrobial Stewardship Policy • High Risk Medications Procedure • Medication Handling and Accountability Policy • Medication Prescribing and Administration Policy
Other Related Documents	<ul style="list-style-type: none"> • CEO of Health SASA Administration of Local Anaesthetics by Podiatrists • Registration Standard: Endorsement for scheduled medicines (Podiatry Board of Australia AHPRA)
Related Forms	Nil
Related Training Packages	<ul style="list-style-type: none"> • National Standard Medication Charts Declaration (NMCWA EL2) • Get it right! Taking the Best Possible Medication History Declaration (MDGIR EL2) • Medication Safety (MDSWA EL2) • High Risk Medications: Introduction (HRMINT EL2)
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 2722
National Safety and Quality Health Service (NSQHS) Standards	1.03, 1.07, 1.27, 3.18, 3.19, 4.01, 4.03, 4.04, 4.05, 4.06, 4.07, 4.08, 4.09, 4.10 4.11, 4.13, 4.14, 4.15
Aged Care Quality Standards	Nil
National Standards for Mental Health Services	Nil

9. Document Control

Version	Published date	Current from	Summary of changes
1.00	25 January 2024	25 January 2024	New Policy

10. Approval

Policy Owner	Chief Operating Officer
Co-approver	Executive Director Clinical Excellence
Contact	Coordinator Podiatry
Business Unit	Allied Health Program, Operations
EDRMS #	ED-CO-23-480568

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This document can be made available in alternative formats on request.

Appendix A: WACHS Podiatrists Medicines Prescribing List

The following medicines may be prescribed and administered by podiatrists with an endorsement for scheduled medicines approved to practice within WACHS.

Note: The WA Statewide Medicines Formulary column information is listed for convenience, however clinicians must refer to [WA Statewide Medicines Formulary \(Formulary One\)](#) for current listings.

Medication	Route	Indication	WA Statewide Medicines Formulary (SMF)	Restrictions / additional notes
Allergy and anaphylaxis				
Sympathomimetics				
Adrenaline (epinephrine)	Intramuscular injection only	Anaphylaxis	Unrestricted	
Anaesthetics				
Inhaled anaesthetics				
Methoxyflurane	Inhalation	For use as per the Formulary One indications and criteria. Short-term analgesia and may be of use in acute trauma, pre-injection, and wound dressing. ¹	Restricted. Refer to Formulary One for more information.	Should only be used where appropriate resuscitation facilities are available. ¹ Must document that treatment is under the direction of a consultant.

Medication	Route	Indication	WA State Medicines Formulary (SMF)	Restrictions / additional notes
Local Anaesthetics				
Bupivacaine or bupivacaine with adrenaline (epinephrine)	Subcutaneous Injection	Local anaesthesia, e.g. ingrown toenail surgery, flexor tenotomy or tissue biopsy.	Unrestricted	
Levobupivacaine	Subcutaneous Injection	Local anaesthesia, e.g. ingrown toenail surgery, flexor tenotomy or tissue biopsy.	Unrestricted	
Lidocaine or lidocaine with adrenaline (epinephrine)	Subcutaneous Injection or topical	Local anaesthesia, e.g. ingrown toenail surgery, flexor tenotomy or tissue biopsy.	Unrestricted	Lidocaine is the preferred injectable option.
Prilocaine	Subcutaneous Injection or topical	Local anaesthesia, e.g. ingrown toenail surgery, flexor tenotomy or tissue biopsy.	Unrestricted	Emla® (lidocaine 2.5% + prilocaine 2.5% cream) is the preferred topical option.
Ropivacaine	Subcutaneous Injection	Local anaesthesia, e.g. ingrown toenail surgery, flexor tenotomy or tissue biopsy.	Unrestricted	
Analgesics				
Non-opioid analgesics				
Aspirin	Oral	Analgesia	Unrestricted	See NSAIDs below for preferred option (ibuprofen).
Paracetamol	Oral only	Analgesia	Unrestricted	Preferred option for analgesia.

Medication	Route	Indication	WA State Medicines Formulary (SMF)	Restrictions / additional notes
Anti-infectives				
<ul style="list-style-type: none">Antimicrobial prescribing must be guided by the decision support tool Antimicrobial Pathways.Antimicrobial Pathways is a web-based, antimicrobial prescribing decision support tool that must be used to guide antimicrobial prescribing. Antimicrobial Pathways is available to all WACHS clinicians and incorporates:<ul style="list-style-type: none">Australian Therapeutics GuidelinesWA Statewide Medicines Formulary (Formulary One) restrictionsRegional antibiogramsWhen prescribing restricted antimicrobials as advised by Antimicrobial Pathways, the podiatrist must record the provided approval code in the patient's healthcare record.				
Amoxicillin	Oral only	For use as per the Australian Therapeutics Guidelines and Formulary One .	Restricted	
Amoxicillin with clavulanic acid	Oral only		Restricted	
Cefalexin	Oral only		Restricted	
Ciprofloxacin	Oral only		Restricted	
Clindamycin	Oral only		Unrestricted	
Dicloxacillin	Oral only		Unrestricted	May not be widely available consider flucloxacillin
Flucloxacillin	Oral only		Unrestricted	
Metronidazole	Oral only		Unrestricted	
Antifungals				
When oral therapy using antifungal agents is initiated by a podiatrist or podiatric surgeon with endorsement for scheduled medicines, the prescriber must inform, request and ensure agreement from a medical practitioner with regard to who takes responsibility for monitoring the systemic status of the patient in line with the principles of Quality Use of Medicines (QUM) ¹				
Terbinafine	Oral	For use as per the PBS indications and criteria (Formulary One) Tinea pedis, cutaneous candidiasis	Restricted Refer to Formulary One for more information.	Patient must have failed to respond to topical treatment. ³

Medication	Route	Indication	WA State Medicines Formulary (SMF)	Restrictions / additional notes
Dermatological medicines				
Betamethasone	Topical	Podiatric inflammatory conditions	Unrestricted	
Hydrocortisone	Topical	Podiatric inflammatory conditions	Unrestricted	
Methylprednisolone	Topical	Podiatric inflammatory conditions	Unrestricted	
Mometasone	Topical	Podiatric inflammatory conditions	Unrestricted	
Triamcinolone	Topical	Podiatric inflammatory conditions	Unrestricted	
Skin infections				
Clotrimazole	Topical	Tinea pedis, cutaneous candidiasis	Unrestricted	
Econazole	Topical	Tinea pedis, cutaneous candidiasis	Unrestricted	
Ketoconazole	Topical	For psoriasis, seborrhoea and ichthyosis	Unrestricted	
Miconazole	Topical	Tinea pedis	Unrestricted	
Nystatin	Topical	Tinea pedis, cutaneous candidiasis	Unrestricted	
Terbinafine	Topical	Tinea pedis, cutaneous candidiasis	Unrestricted	
Actinic keratoses				
Diclofenac	Topical	Actinic keratoses	Unrestricted	
Corticosteroids				
Dexamethasone	Injection only	Injection limited to treatment of podiatric conditions where there is evidence or best practice recommendations to support its use. ¹	Unrestricted	
Betamethasone	Injection	Injection limited to treatment of podiatric conditions where there is evidence or best practice recommendations to support its use. ¹	Unrestricted	
Methylprednisolone	Injection	Injection limited to treatment of podiatric conditions where there is evidence or best practice recommendations to support its use. ¹	Unrestricted	

Medication	Route	Indication	WA State Medicines Formulary (SMF)	Restrictions / additional notes
Triamcinolone	Injection	Injection limited to treatment of podiatric conditions where there is evidence or best practice recommendations to support its use. ¹	Unrestricted	
Psychotropic medicines				
Lorazepam	Oral only	Management of acute agitation and arousal. Where available prescription must be as per the hospital's acute agitation and arousal guidelines. (Formulary One)	Restricted Refer to Formulary One for more information.	S4R medication One dose orally for pre-procedural anxiety.¹ Dose limit of 2 mg.
Gout				
In the case of initial diagnosis and treatment for gout, a medical practitioner must be notified. The medical practitioner should be requested to undertake further confirmatory diagnostics (unless already arranged by the podiatrist) and to undertake the long-term management of the condition. ¹				
Colchicine	Oral only	Pain relief in acute gout when non-steroidal anti-inflammatory drugs (NSAIDs) are contraindicated, ineffective or unacceptable. ³	Unrestricted	Consider prescribing quantity for duration of treatment only.
Other musculoskeletal conditions (NSAIDs)				
Risks associated with NSAIDs (prescription and over the counter (OTC)) include, but are not limited to, gastrointestinal bleeding, precipitating acute renal failure, and significantly increased risks of cardiovascular events (e.g. stroke, heart attack) and therefore should be used with caution especially in patients with predisposing risk factors, including cardiovascular risk factors. ¹				
Diclofenac	Oral only	Analgesia	Unrestricted	
Ibuprofen	Oral only	Analgesia	Unrestricted	Preferred option for analgesia.
Indometacin	Oral only	Analgesia	Unrestricted	
Naproxen	Oral only	Analgesia	Unrestricted	

Appendix B: Example of letter to pharmacist / patient



Government of **Western Australia**
WA Country Health Service

For patients: This prescription has been provided by a Podiatrist Endorsed for Scheduled Medicines and is a private prescription. There may be a price difference if you have a concession card or have reached the PBS Safety Net.

For pharmacists: In the place of a prescriber number, the Podiatrist's Podiatry Board registration number is used.

Prescribing podiatrist (name): _____

Podiatry Board Registration number: _____

Phone number: _____

Our Values: Community | Compassion | Quality | Integrity | Equity | Curiosity