



### **Preamble**

*The Health (Drugs and Poisons) Regulation 1996 is the regulation that relates to drugs and poisons in Queensland and takes precedence over this description of the regulation or verbal advice from other entities. Podiatrists should seek advice from the Environmental Health Services in their own Health District (Attachment 1)*

## **Guidelines for the therapeutic use of drugs and poisons by Podiatrists**

### **INTRODUCTION**

Podiatrists in Queensland can use restricted drugs and poisons in the practice of podiatry. Amendments to the *Health (Drugs and Poisons) Regulation 1996* (“the Regulation”) were made in December 2006 which changed the list of restricted drugs available to podiatrists. The latest reprint of the Regulation can be viewed at <http://www.legislation.qld.gov.au/LEGISLTN/CURRENT/H/HealDrAPoR96.pdf>

The Board, in its March 2007 newsletter advised all registered podiatrists to continue with current practice whilst guidelines for this area of practice were developed. Steps in this process included the formation of the Podiatrists Board Drugs Advisory Committee (PBDAC), which provides expertise and advice to the Board.

These guidelines provide the framework for the use of restricted drugs and poisons by podiatrists in Queensland. The regulatory policies and guidelines of the Board are designed to guide safe and competent podiatry practice. Important documents that should be read in conjunction with these guidelines include:

- Guidelines for Standards of Practice – Podiatrists Board of Queensland  
<http://www.podiatryboard.qld.gov.au/publications/Policies/Policies%20and%20Guidelines.htm>
- Competency Standards for the Australian Podiatry Profession  
<http://www.apodc.com.au/apodc/competency.htm>

**Guidelines for the use of restricted drugs and poisons by surgical podiatrists are outlined in a separate document.**

The nature and scope of podiatry continues to change, and a national registration scheme, including adoption of national standards for the profession, will be implemented after July 2010. Effective policies and guidelines to regulate the profession must be responsive to these changes. It is therefore envisaged that these guidelines will be reviewed within 12 months of their adoption by the Board and as needed thereafter.

These guidelines are divided into four key sections:

- a straightforward overview of the Regulation as it relates to podiatrists
- general guidelines for the use of restricted drugs and poisons
- education and continuing professional education (CPE)
- reporting, monitoring and complaints.



The abbreviations used in the document are:

- Podiatrists Board Drug Advisory Committee (PBDAC)
- National Prescribing Service (NPS)
- Therapeutic Advice and Information Service (TAIS)
- Adverse Drug Reactions Advisory Committee (ADRAC)
- Drugs of Dependence Unit, Queensland Health (DDU)
- Queensland University of Technology (QUT)
- Australasian College of Podiatric Surgeons (ACPS)
- Continuing professional education (CPE)

## **1. HEALTH (DRUGS AND POISONS) REGULATION AND LEGAL REQUIREMENTS FOR PODIATRISTS**

### **1.1. Notes on Drugs and Poisons Scheduling**

#### Schedule 2 (Pharmacy Medicine) & Schedule 3 (Pharmacist Only Medicine)

A podiatrist may administer or use products in Schedule 2 (Pharmacy medicine), for example auto injectable adrenaline (*EpiPen*<sup>®</sup> device) or Schedule 3 (Pharmacist Only Medicine) with a patient, provided the product has been obtained by the patient from a pharmacist<sup>1</sup>. The podiatrist has a professional responsibility to ensure that he or she has the particular skills to administer or use the product. Dosage must be in accordance with the directions for use shown on the manufacturer's pack or the pharmacist's label.

Examples of the use of these drugs in clinical practice are;

- Use of products containing doxylamine succinate and codeine for sedation and pain management
- Use of products containing non-steroidal anti-inflammatory compounds (eg ibuprofen) for musculoskeletal pain and inflammation

#### Schedule 4 (Prescription only medicine - Restricted Drugs)

Podiatrists do not have an endorsement to prescribe S4 drugs. Only surgical podiatrists, recognised by the Board, can prescribe within limitations.

Should a podiatrist believe a client may benefit from the use of a Schedule 4 product, the client must be referred to an authorised prescriber. In clinical practice, a podiatrist may be involved in co-ordinated care of a patient, which involves a Schedule 4 product. In administering or providing advice on the drug, the podiatrist has a professional responsibility to ensure that he or she has the particular skills to administer or use the medication, and must administer or use it in accordance with the directions of the prescriber (shown on the product's dispensing label). Such assistance is to be at the request of the client. Podiatrists should consult s183, the 'carer' provision of the regulation, regarding this issue.

Examples of the appropriate co-ordinated use of these drugs, in-conjunction with the instructions of authorised prescribers, include;

- Application of topical antibiotic preparation or topical steroid prescribed by a medical practitioner for a foot condition.

---

<sup>1</sup> In some rural and remote settings, particularly when no pharmacy is available, some S2 and S3 preparations can be obtained from authorised businesses.



- Use of oral benzodiazepines prescribed by a medical practitioner for sedation in needle-phobic or high pre-surgical anxiety patients prior to a procedure, such as surgical removal of warts or toenail surgery.

This provision does not allow a podiatrist to inject a client with a restricted drug, provided by an authorised person.

## **1.2. Restricted Drugs and Poisons Endorsements**

### **1.2.1. Restricted Drugs – S4 Drugs**

Podiatrists are not permitted to access or use restricted drugs except as specified in the Regulation. Under section 172 of the Regulation, podiatrists are now endorsed to obtain, possess and administer the following restricted drugs for the practice of podiatry:

- (i) bupivacaine of a strength of 0.5% or less;
- (ii) levobupivacaine of a strength of 0.5% or less;
- (iii) lignocaine of a strength of 2% or less;
- (iv) prilocaine of a strength of 2% or less.

Podiatrists are not permitted to use these drugs in combination with adrenalin or other vasoconstrictors.

Students in undergraduate or post-graduate training courses are permitted to possess and administer restricted drugs under the personal<sup>2</sup> supervision of a qualified practitioner who is endorsed to possess and administer the particular drug (S179AA).

### **1.2.2. Poisons (S2 and S3)**

Podiatrists and podiatry students (S260) as part of their course, are permitted to administer:

- (i) an S2 poison; or
- (ii) adrenalin of a strength of 0.1% or less, if administered by a pre-loaded device for the management of anaphylaxis (such as an *EpiPen*<sup>®</sup>).

## **1.3. Regulatory requirements relevant to all podiatrists**

### **1.3.1. Obtaining Restricted Drugs (S200)**

A podiatrist must not obtain a restricted drug other than by using a purchase order which meets the following criteria:

The purchase order must have on its front—

- (a) the date it is written; and
- (b) the name and address of the person placing the order; and
- (c) the description and quantity or volume of the drug to be supplied; and

---

<sup>2</sup> Implies direct observation of administration



- (d) a number that allows the purchase order to be distinguished from other purchase orders used by the person ordering the restricted drug.
- (e) must be signed by the podiatrist and if placed by a podiatrist have 'Section 172' written on it or if placed by a surgical podiatrist, have 'Section 172A' written on it.

### **1.3.2. Storage and disposal of restricted drugs**

Restricted drugs should be stored in part of the premises which is not accessible to members of the public (S211). For example a locked cupboard, dispensary, drawer, or storeroom.

A person must not discharge, dispose of or use a restricted drug in a way that (S219)—

- (a) endangers the life or safety of a person or domestic animal; or
- (b) exposes food, drink or a condiment or another drug or a poison to the risk of contamination by the drug; or
- (c) gives access to the restricted drug to someone not endorsed to possess it.

### **Summary**

Whilst this is an overview of the Regulation, practitioners should consult the Regulation specifically or the Environmental Health Services of Queensland Health in their district for more detailed advice. The Regulation takes precedence over this description of the Regulation or verbal advice from other entities.

## **2. GENERAL GUIDELINES FOR THE USE OF RESTRICTED DRUGS AND POISONS**

### **2.1. Expectations of Podiatrists**

The Board expects all podiatrists to demonstrate best practice consistent with the Australasian Podiatry Council Competency Standards. Podiatrists should at all times adopt a professional and ethical approach to practice as outlined in the Guidelines for Standards of Practice available from the Board's website.

### **2.2. Essential Knowledge and Skills**

All podiatrists must have a thorough understanding of the relevant physiology, pathophysiology, disease processes, clinical presentations and differential diagnoses associated with disorders and diseases of the foot and its related structures. Podiatrists must perform an appropriate patient assessment which includes eliciting the patient history, conducting physical examinations and diagnostic tests and establishing a correct diagnosis, prior to the use of restricted drugs or poisons. The patient assessment should identify contraindications to the use of restricted drugs or poisons and establish the presence of factors that could predispose a patient to potential side effects. Consequently, podiatrists using restricted drugs and poisons as part of their patient management must have an appropriate level of knowledge regarding the pharmacology of these substances, including:



## **2.3. Selection and most appropriate use of restricted drugs and poisons**

### **2.3.1. General requirements**

The considerations described above are essential for determining the most efficacious and beneficial approach to treatment. Restricted drugs and poisons should only be used when they are clinically indicated. Podiatrists must ensure that they maintain current knowledge and refer to contemporary guidelines when selecting the most appropriate drugs and poisons for therapeutic use. All podiatrists should be aware of the Therapeutic Advice and Information Service (TAIS). This is a national service for all health professionals which provides immediate access to expert advice about drug interactions, side effects, safety of drugs in pregnancy and lactation and information about new drugs. The TAIS number is 1300 138 677.

## **2.4. Patient Information, Patient Review and Record Keeping**

Podiatrists must provide comprehensive instructions to their patients about any drug or poison to be used as part of the treatment plan. This information should include the purpose of the drug or poison, potential side effects or adverse reactions and advice about action to be taken in the event of an adverse reaction or side effect. Podiatrists should include an appropriate review of a patient's progress. Details of the administration or recommendation of a restricted drug or poison should be included in the patient record.

## **2.5. Management of Anaphylaxis**

The PBDAC has recommended that podiatrists using local anaesthesia, should have a written protocol in place for the management of anaphylaxis. Such a protocol should include information about recognising the signs and symptoms of anaphylaxis, procedures for managing the symptoms and obtaining appropriate patient care. Such a protocol should describe the role of ancillary staff, as appropriate.

Podiatrists should consider using an emergency procedures wall chart, easily accessible in patient treatment areas, to detail the management of anaphylaxis for their practice. The QUT protocol provides an example pathway.

Whilst the committee has not recommended that the use of auto-injectable adrenalin be a compulsory requirement for all podiatrists in the management of anaphylaxis, those podiatrists who choose to use it must:

- complete a formal training course in the use of auto-injectable adrenalin for the management of anaphylaxis;
- ensure that multiple doses are available;
- observe the expiry dates of the auto-injection devices.



### 3. EDUCATION AND CONTINUING PROFESSIONAL DEVELOPMENT

#### 3.1. Qualifications and Recency of Practice.

##### 3.1.1. Podiatrists

The Board has determined that graduates from the podiatry course at QUT from 2007 onwards have the necessary education to be able to meet the guidelines of the Board relating to the use of the local anaesthetics listed in Section 172 of the Regulation.

The Board has approved a course developed by QUT for the purpose of updating the education of registrants relating to the use of local anaesthetics listed in Section 172 of the Regulation. The course details can be found at <http://www.cpe.qut.edu.au/courses/>

The Board recognizes that podiatrists who have graduated from courses in other jurisdictions have generally been educated in the use of the extended range of local anaesthetics. The Board has requested formal advice from each of the educational institutions offering podiatry courses in Australia and New Zealand, to determine if and when their courses included this information.

The Board has made the following decisions:

1. Podiatrists using Local Anaesthesia must comply with the requirements of the Regulation. The Regulations may be found at [www.legislation.qld.gov.au](http://www.legislation.qld.gov.au) (click on “Acts, SL as in force”, then “H”, then “Health (Drugs and Poisons)Regulation 1996.”)
2. Podiatrists who have been using 1% lignocaine/xylocaine plain within the last five years can continue to do so without further education.
3. All podiatrists using local anaesthetics must have a current Basic Life Support (CPR) Certificate.
4. All podiatrists using local anaesthetics must have a written protocol in place for the management of anaphylaxis.
  - a. If a podiatrist wishes to use auto-injectable adrenalin (e.g. Epi-pen) as part of the protocol, multiple doses must be available, expiry dates of the devices must be observed and a protocol for the management of accidental self-injection must be in place.
5. Podiatrists who have been using 1% lignocaine/xylocaine plain within the last five years can use the additional local anaesthetics in the regulation only if they have completed the appropriate education.

Appropriate education includes:

- a. Graduation from a university course, from specific timeframes as notified by the universities, when equivalent local anaesthetic education was provided.
- b. The approved QUT local anaesthetics CPE up-grade course “New Local Anaesthetics, New Choices”, as offered in November 2008. The course will be repeated in the future as required. Register your interest in attending this upgrade course by contacting the Board. Alternatively, check the website: <http://cpe.qut.edu.au/courses/event-search.jsp> and click the search button for notification of additional courses.



- c. Another course with content equivalent to the QUT undergraduate podiatry degree (PU43) course provided by QUT as of 2007. Registrants would be required to provide the Board with relevant course outlines, list of lecture topics and details of the assessment items from the university that offered the course. If this information is not readily available, registrants should complete the QUT upgrade course.
6. In addition, podiatrists who have not used local anaesthetics within recent practice (the last five years) and wish to do so, are required to complete the QUT upgrade course and a Board-approved practical skills workshop.

## **3.2. Continuing Professional Education**

### **3.2.1. Podiatrists**

The Board recognizes the Australasian Podiatry Council (APodC) – Accredited Podiatrists Program as a minimum standard for professional continuing education. Podiatrists do not have to complete the APodC program but they must be able to demonstrate an equivalent level of CPE activity. Podiatrists using local anaesthesia must complete a basic life support course on an annual basis.

## **4. REPORTING, MONITORING AND COMPLAINTS**

### **4.1. Reporting**

Podiatrists are not required to report to the Board about their routine use of restricted drugs and poisons.

All podiatrists are encouraged to report suspected adverse drug reactions to the Adverse Drug Reactions Advisory Committee (ADRAC). ADRAC collects information about suspected reactions to prescription, over the counter and complementary medicines. More information about this service can be found at the website <http://www.tga.gov.au/adr/report.htm>.

### **4.2. Monitoring**

The Board does not routinely monitor individual practitioners in their use of restricted drugs and poisons, however the Board requires all registrants to practice within their level of competence and in accordance with the Board's Guidelines for Standards of Practice.

### **4.3. Complaints**

Any complaints against a podiatrist relating to the use of restricted drugs or poisons will be evaluated by the Board, with reference to these guidelines and other relevant documents and expert opinion. The handling of complaints is in accordance with the *Podiatrists Registration Act 2001*, the *Health Practitioners (Professional Standards) Act 1999*, and the *Health Quality and Complaints Commission Act 2006*.



## Attachment 1

# POPULATION HEALTH QUEENSLAND



## Contact Details for Population Health Services

In Queensland, Environmental Health Services exist within Population Health Units. Contact the Population Health Unit within your local area to speak to an Environmental Health Officer. For Population Health Unit contact details visit the appropriate website listed below.

### Central Population Health Services

Localised population health services for central Queensland, with offices in:

- Brisbane Northside – Windsor and Redcliffe
- Central Queensland - Rockhampton
- Central West - Longreach
- Sunshine Coast - Maroochydore
- Wide Bay – Hervey Bay and Bundaberg

For contact details go to <http://www.health.qld.gov.au/ph/central/default.asp>

### Southern Population Health Services

Localised population health services for southern Queensland, with offices in:

- Brisbane Southside – Coopers Plains
- Darling Downs - Toowoomba
- Gold Coast - Southport
- South West Queensland - Charleville
- West Moreton - Ipswich

For contact details go to <http://www.health.qld.gov.au/ph/southern/default.asp>

### Tropical Population Health Services

Localised population health services for northern Queensland, with offices in:

- Cairns
- Mackay
- Mount Isa and the Gulf
- Townsville

For contact details go to <http://www.health.qld.gov.au/ph/tropical/default.asp>