



NEW ZEALAND MEDICAL ASSOCIATION

29 October 2009

Michael Batson
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Ministry of Health
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WELLINGTON

By Email: Michael.Batson@moh.govt.nz

Dear Michael

Designated Prescribing Rights for Podiatrists

Thank you for forwarding to us a copy of this proposal to us for consideration.

As you may be aware this matter was first considered in 2004. At that time the NZMA submitted to the New Zealand Podiatrist's Board that we did not support their application for autonomous prescribing rights. Having reviewed the current application and supporting documentation our position has not materially changed. We **attach** a copy of our original submission of 15 July 2004 to the New Zealand Podiatrist's Board for your information.

The basis of Doctors being able to prescribe is their training which allows them to diagnose, evaluate indications and determine whether there are any contraindications or risks to prescribing medicines. Doctors are also able to monitor for adverse events and manage these events.

Although the podiatrist may be learning pharmacology, s/he does not learn about cardiology, respiratory and neurological problems, etc other than as it relates to the foot. This is not adequate to allow synthesis of a prescription plan for medications such as benzodiazepines, opiates and antibiotics. It is certainly inadequate to allow monitoring for or management of adverse outcomes.

Further antibiotics and anti-fungals in particular have multiple drug interactions and often the patients the podiatrist sees (e.g. elderly) are people with PVD and diabetes who have co-morbidities and multiple medications, thereby increasing the complexity of prescribing.

In our 2004 submission we stated that our policy position was that we oppose autonomous prescribing rights to groups other than medical practitioners. The response from the New Zealand Podiatrist's Board was that this *"illogically supposes that no other profession could ever autonomously prescribe, no matter what their level of education, knowledge and experience"*. We are happy to clarify the context of our original statement:

We believe that the current medical degree and subsequent training remains the standard for autonomous prescribing. Were the podiatry curriculum changed sufficiently to be of the same standard and level as the medical degree we would support independent prescribing by a podiatrist. As we have noted above, teaching aspects of medicine – such as a course on pharmacology – is not the same as undertaking a full medical degree because the underlying knowledge of other health issues such as that of cardiology, the respiratory system etc as it relates to the foot is not achieved. While we note the comment made by the Board that other professions can prescribe such as nurse practitioners and optometrists, and therefore podiatrists should be able to as well, we have never been supportive of autonomous prescribing by members of these professions. (We do however support prescribing by these professions under a delegated care model).

Secondly in our original submission we commented that we were not shown any evidence by the Board that *"granting Podiatrists extended prescribing rights will improve patient safety and care"*. The New Zealand Podiatrist's Board's response to this was that *"Podiatrists are skilled practitioners capable of treating a wide range of foot pathology and any delay in the commencement of that care compromises patient's safety and wellbeing"*. We re-iterate: no evidence has been produced to support this statement.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Peter Foley', written in a cursive style.

Dr Peter Foley
Chair