

17 October 2019

Fiona Angus
Chair
Podiatrists Board of New Zealand
PO Box 9644
Wellington 6141

By email: registrar@podiatristsboard.org.nz

Proposal for Podiatrist Prescribing

Dear Fiona

Thank you for inviting the New Zealand Medical Association (NZMA) to provide feedback on the above consultation. The NZMA is New Zealand's largest medical organisation, with more than 5,000 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders.

We recognise the principles of te Tiriti o Waitangi and the special obligations to Māori, particularly to ensure equity and active protection. Current disparities in health outcomes between Māori and non-Māori are unacceptable. The NZMA is committed to advocating for policies in health and the social and wider determinants of health that urgently address these disparities and contribute to equity of health outcomes. Our submission has been informed by feedback from our Board and Advisory Councils.

We note that the proposal is for a designated model of prescribing for podiatrists who have completed approved training in order to enable them to prescribe from a list of medications that includes a selected range of analgesics, antibacterials, antifungals, corticosteroids, parasitological preparations, emollients and local anaesthetics. We note that the stated rationale for this proposal is to allow more timely, cost-effective and equitable access to medications.

While the NZMA is supportive, in principle, of podiatrists having the ability to prescribe appropriate non-systemic medication for foot care, and to have access to analgesics and local anaesthetics for procedures, we have a number of concerns with the range of medicines that are on the list. These concerns stem from the risks to public health and safety that could arise from possible drug interactions with systemic medication (particularly when podiatrists may not have access to a patient's full medical history or drug history), fragmentation of care, and inadequate management of underlying disease processes. By way of an example, systemic terbinafine has multiple potential drug interactions while systemic 'azoles' (though not currently on the list) used

for fungal nail infections have potentially serious drug interactions with warfarin. We are also concerned about further liberalising antibiotic prescribing rights during an environment of escalating antimicrobial resistance rates where efforts are focussed on reducing unnecessary antimicrobial use. It is important to note that topical antimicrobial agents can be potent drivers of antimicrobial resistance.

Accordingly, the NZMA is opposed to podiatrists being able to prescribe topical or systemic antibacterials and systemic antifungals including terbinafine. While we are not opposed to the prescription of topical anti-fungals in this setting, judicious prescribing will be important to avoid selection of 'azole' resistant *Candida* species. While the list of medicines under the current proposal does not include anticoagulants and sedatives, the consultation document refers to patients undergoing podiatric surgery requiring anticoagulants and sedatives. We would be strongly opposed to podiatrist prescribing of these classes of medicines.

Currently, 80% of podiatrists work in private practice, and access to podiatry is essentially limited to those who can afford it. It is therefore difficult to envisage how the proposal would meaningfully contribute to more equitable access to medicines. Furthermore, to encourage continuity of care, there is an additional cost for medicines prescribed by specialists other than GPs. For consistency, it makes sense for the same additional charge to be applied to podiatrist prescriptions. While we acknowledge that podiatrists are often able to provide comprehensive care for many foot conditions, we believe that scenarios where there are suspected infections associated with ingrowing toenails should be referred to a GP.

Finally, we seek further information on how appropriate training in medicines and prescribing for podiatrists will be determined and provided. Prescribing for children, the elderly and patients with impaired liver or renal function requires specific additional training and experience.

We hope our feedback is helpful and would welcome the opportunity to engage further with the Podiatrists Board to discuss our concerns.

Yours sincerely

A handwritten signature in blue ink that reads "K. Baddock". The signature is written in a cursive style with a large, sweeping flourish at the end.

Dr Kate Baddock
NZMA Chair