

16 October 2015

Our ref: 151001-MDLM-RA

Department of Health and Human Services  
Corporate Policy & Regulatory Services –  
Office of the Chief Allied Health Adviser  
GPO Box 125, HOBART TAS 7001 Australia

Dear Ms McGovern

**Re: PROPOSED CHANGES TO POISONS ACT 1971 ENABLING PODIATRISTS TO PRESCRIBE SCHEDULED MEDICINES**

Thank you for the opportunity to comment on the proposed changes to the Poisons Act 1971 enabling podiatrists to prescribe scheduled medicines. We have provided comment below for your consideration.

**The Australian Physiotherapy Association (APA) supports the potential outcomes of the proposed changes to the Poisons Act 1971.**

Australia urgently needs to reform healthcare to ensure it is accessible, affordable and sustainable, particularly for people in rural and remote regions for Aboriginal and Torres Strait Islanders, for older people, and for the vulnerable and disadvantaged. These members of our communities often have poorer health and rely more on publicly funded healthcare.

Under the current regulatory framework a range of healthcare workers are only able to add a proportion of the increased value to improved healthcare of which they are capable. Extending prescribing responsibilities to qualified and endorsed non-medical practitioners, however, will create safe, innovative ways of working that improve the quality of services and the patient experience.

Reform will help form partnerships across traditional professional and organisational boundaries. It will build better care that is more cost-effective and sustainable, and will ensure patients receive the right treatment at the right place and at the right time.

State and territory legislation and regulation should be flexible enough to provide for ongoing changes in the health sector. These changes are necessary to respond to well-known drivers, and will lead to greater collaboration between professions, the increasing overlap in scopes of practice and the practice of non-medical prescribing.

**The APA supports rigorous systems that ensure patients receive quality healthcare and are safe when taking medicines.**

Patient safety is currently ensured by a robust framework of medicines and prescribing legislation, governance practice and procedures, and professional codes of practice. Mechanisms are also in place to report and monitor the use and effects of medicines, and rigorous training and continued education maintain quality practice, as proposed by the HPPP.

We welcome the further extension of these safety and quality frameworks to podiatrists, and other non-medical prescribers, and believe they provide a strong and established method for protecting consumers.

**The APA believes that state and territory legislation and regulation should support non-medical prescribing and that Tasmanian legislative reform should allow for on-going change by creating regulations to support the Act.**

While we acknowledge the options provided in this consultation, the APA believes the ability to change regulations would allow Tasmanian health services to be more responsive to changes and challenges in the health environment, without recourse to legislative review.

All state and territory legislative and regulatory reform should be 'future proof' and provide for a range of options for non-medical prescribing, like prescribing under supervision, autonomous prescribing with a limited formulary, or the APA's preferred option of autonomous prescribing within individual scope of practice.

In our preferred option, appropriately credentialed non-medical practitioners would be endorsed by their respective Boards as qualified to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicines from groups of medicines related to their scope of practice.

Appropriately qualified and endorsed physiotherapists in the UK, for example, may prescribe any licensed medicine from the British National Formulary (BNF). They may prescribe within national and local guidelines, provided it falls within their individual area of competence and scope of practice, and within the overarching framework of human movement, performance and function.

If a prescriber prescribes a substance that is not within the scope of practice, it is a matter of practitioner conduct and may be investigated by the UK's health professions' regulator, the Health and Care Professions Council (HCPC).

We welcome efforts to encourage, support and enable improvements in safe and quality healthcare, and look forward to Tasmania's reforms.

If you have any queries or wish to discuss this submission further, please contact Richard Attwood, Senior Policy Advisor, [richard.attwood@physiotherapy.asn.au](mailto:richard.attwood@physiotherapy.asn.au) (03 9092 0840)

Yours faithfully,

A handwritten signature in black ink, appearing to read 'M Dripps', with a stylized, cursive script.

Marcus Dripps  
President