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**Prescribing and Use of Drugs
by Non-Physician Health Professionals:**

**A Jurisdictional Review of the
Professions of Chiropractic & Podiatry**

November 2008

Chiropody and Podiatry – Jurisdictional Review: Canada

As the College of Chiropodists of Ontario includes practitioners who practice either chiropody or podiatry, the two professions are included together in this jurisdictional review.

Practice of Podiatry and Chiropody

There are numerous inconsistencies in the regulation of podiatry and chiropody across Canada:

- Ontario is an anomaly re titles - in every other province the designated term is *podiatrist*, but in Ontario it is *chiropodist*; prior to 1993, both titles and practices were in place – however, in 1993 the practice of podiatry was capped and some surgical privileges were removed from the Scope of Practice for then-members, such as backfoot surgery (reasons for this change remain uncertain and anecdotal)
- Results of changes in 1993 in Ontario include:
 - all new practitioners/members are identified as chiropodists and practice as chiropodists (not podiatrists)
 - pre-1993 podiatrists practice under the same Act as chiropodists and are both chiropodists and podiatrists members of the same College - the main difference between the two professions is that these pre-1993 podiatrists are authorized to practice two controlled acts (communicating a diagnosis and practicing surgery) which chiropodists are not permitted to practice
- Other Canadian provinces admit new practitioners as podiatrists and use the term podiatry
- Registration/regulation for chiropody and podiatry varies across the country:
 - Alberta, British Columbia (currently by an Association and expected to be included under the umbrella of the Health Professions Act), Manitoba, Ontario, Saskatchewan and Quebec are regulated by Colleges
 - New Brunswick is regulated through an association
 - Newfoundland, Nova Scotia, Prince Edward Island, and the three Territories, lack any form of regulation.

JURISDICTIONS

Ontario

Regulatory Body

College of Chiropractors of Ontario

Governing Legislation

Regulated Health Professions Act, 1991 (RHPA)

Chiropractic Act, 1991

Scope of Practice

Chiropractic Act, 1991 S.O. 1991, CHAPTER 20

4. The practice of chiropractic is the assessment of the foot and the treatment and prevention of diseases, disorders or dysfunctions of the foot by therapeutic, orthotic or palliative means.

Authorized Acts

Chiropractic Act, 1991 S.O. 1991, CHAPTER 20

5. (1) In the course of engaging in the practice of chiropractic, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:

1. Cutting into subcutaneous tissues of the foot.
2. Administering, by injection into feet, a substance designated in the regulations.
3. Prescribing drugs designated in the regulations.

Idem

(2) In the course of engaging in the practice of chiropractic, a member who is a podiatrist is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:

1. Communicating a diagnosis identifying a disease or disorder of the foot as the cause of a person's symptoms.
2. Cutting into subcutaneous tissues of the foot and bony tissues of the forefoot.
3. Administering, by injection into feet, a substance designated in the regulations.
4. Prescribing drugs designated in the regulations. 1991, c. 20, s. 5 (2).

13. (1) Subject to the approval of the Lieutenant Governor in Council and with prior review by the Minister, the Council may make regulations designating the substances that may be administered by injection and the drugs that may be prescribed by members in the course of engaging in the practice of chiropractic.

(2) A regulation made under subsection (1) may designate individual drugs or categories of drugs.

General - O. Reg. 203/94

1. (1) For the purposes of paragraph 2 of subsection 5 (1) and paragraph 3 of subsection 5 (2) of the Act, a member may administer by injection into the foot a substance set out in Schedule 1 to this Regulation, if the member complies with the standards of practice set out in section 2.

(2) For the purposes of paragraph 3 of subsection 5 (1) of the Act, a chiropractic class member holding a

general or academic class certificate of registration may prescribe a drug set out in Schedule 2 to this Regulation, if the member complies with the standards of practice set out in sections 3 and 4.

(3) For the purposes of paragraph 4 of subsection 5 (2) of the Act, a podiatry class member holding a general or academic class certificate of registration may prescribe a drug set out in Schedule 3 to this Regulation, if the member complies with the standards of practice set out in sections 3 and 4.

2. (1) Subject to the other provisions of this section, it is a standard of practice of the profession that a member who administers a substance by injection into the foot shall first have successfully completed at least one of the following which has been approved by the Council:

1. A course on administering substances by injection into the foot.
2. A program that includes administering substances by injection into the foot.
3. Relevant training in administering substances by injection into the foot.

(2) A member is deemed to have met the standard of practice referred to in subsection (1) if the member was, on September 26, 2008,

- (a) a podiatry class member; or
- (b) a chiropody class member who had successfully completed a course listed in Schedule 4, together with meeting any other applicable educational requirements set out in that Schedule.

(3) Despite subsection (1), a member holding an educational class certificate of registration may administer by injection into the foot a substance set out in Schedule 1, if,

- (a) the administration by injection is done as part of an educational program which is a specific requirement for the issuance of that educational class certificate of registration; and
- (b) the administration by injection is performed under the direct supervision of a member who is authorized under subsection 1 (1) to perform that administration by injection.

(4) Despite subsection (1), a member holding a general or academic class certificate of registration may administer by injection into the foot a substance set out in Schedule 1, if,

- (a) the administration by injection is done as part of a course, program or training approved by the Council; and
- (b) the administration by injection is performed under the direct supervision of a member who is authorized under subsection 1 (1) to perform that administration by injection.

Education/Training requirements

General - O. Reg. 203/94

3. (1) Subject to the other provisions of this section, it is a standard of practice of the profession that a member who prescribes a drug shall first have successfully completed at least one of the following which has been approved by the Council:

1. A pharmacology course.
2. A pharmacology program.
3. Relevant training in pharmacology.

(2) A member is deemed to have met the standard of practice referred to in subsection (1) if the member was, on September 26, 2008,

- (a) a podiatry class member; or
- (b) a chiropody class member who had successfully completed a course listed in Schedule 4,

together with meeting any other applicable educational requirements set out in that Schedule.

4. (1) For the purposes of subsections 1 (2) and (3), and subject to subsection (3), it is a standard of practice of the profession that a member may prescribe a drug set out in the following table for the indicated maximum duration, in the indicated maximum daily dosage:

Drug	Maximum duration	Maximum daily dosage
Ketorolac tromethamine	Five days	10 mg. every 4-6 hours, as needed for pain, not to exceed 4 doses per day, or 40 mg. in total.

(2) For the purposes of subsection 1 (3), and subject to subsection (3), it is a standard of practice of the profession that a podiatry class member may prescribe a drug set out in the following table for a patient, prior to the performance of any act that member is authorized to perform, for a maximum of a single dose only, in the indicated maximum daily dosage:

Drug	Maximum daily dosage
Diazepam	10 mg.
Hydroxyzine hydrochloride	25 ml. or 50 mg.
Lorazepam	3 mg.

A member who may prescribe a drug set out in the tables to subsections (1) and (2) may prescribe the drug in a prescription that exceeds the maximum duration or maximum daily dosage or both, if the member first consults with the patient's physician, and retains records of that consultation.

SCHEDULE 4: COURSES AND EDUCATION

1. A course in prescribing drugs and administering drugs and other substances by injection into the foot containing both a clinical and didactic component taken at the Michener Institute for Applied Health Sciences as part of a program, the successful completion of which program was a requirement for the issuance of a certificate of registration as a chiropody class member.
2. A course in prescribing drugs and administering drugs and other substances by injection into the foot containing both a clinical and didactic component taken at a program in podiatry in either Canada or the United States of America, which program was, at the time the person took it, accredited by the Council on Podiatric Medical Education or another accreditation body approved by the Council.
3. A course in prescribing drugs and administering drugs and other substances by injection into the foot containing both a clinical and didactic component approved by the Council.
4. A course in prescribing drugs and administering drugs and other substances by injection into the foot containing both a clinical and didactic component taken while a member of the College, which was set or approved by the Council as a course which would adequately train a member to prescribe drugs and administer drugs and other substances by injection into the foot, in accordance with the current standards of practice of the profession.
5. A course or courses in prescribing drugs and administering drugs and other substances by injection into the foot taken while a member of the College, if the Registration Committee is satisfied the course or courses together with the formal education and professional experience of the member has resulted in the member having sufficient knowledge, skill and judgment to prescribe drugs and administer drugs and other substances by injection into the foot, in accordance with the current standards of practice of the profession.

Other Regulatory Body Documents

Standards of Practice - Administration of Injectable Substances (Including Local Anaesthesia)

STANDARD: The member will always administer any injectable substance using a safe technique.

CRITERIA:

1. The member shall administer any injectable substances only if they have gained a qualification

to do so which is recognized by the College of Chiropractors of Ontario. (see Chiropractic Act, 1991 section 5(1)2) and College Local Anaesthesia policy).

2. The member shall convey appropriate information to the patient and obtain consent before the administration of any injectable substance (see Consent).
3. The member will be proficient in the procedures that follow in the case of anaphylaxis, or other clinical emergencies which can result from the administration of an injectable substance.
4. The member will ensure that the needles, syringes and substances to be injected are sterile.
5. The member will always follow the criteria outlined in the Infection Control standard.
6. The member will not discharge the patient from the clinic following administration of an injectable substance until the patient and/or the member are convinced that no adverse reactions or complications are likely to occur.
7. In all cases where any injectable substance is administered the dosage, quantity, site, effectiveness and the presence or absence of adverse reactions, will be charted in detail (see Records).
8. The disposal of sharps, including needles, syringes and vials should be in accordance with the criteria outlined in the Infection Control and Safety and the Practice Environment standards.
9. An emergency kit and oxygen supply will be maintained in good order in the suite. Instructions for their use will be in the office manual.

List/Class

General - O. Reg. 203/94

SCHEDULE 1: SUBSTANCES ADMINISTERED BY INJECTION INTO THE FOOT

11 drugs are listed

SCHEDULE 2: DRUGS THAT MAY BE PRESCRIBED BY CHIROPODY CLASS MEMBER

Antibiotics for Topical Use:

10 drugs are listed

Antifungals for Topical Use:

8 drugs are listed

Analgesics for Topical Use:

4 drugs are listed

Astringents for Topical Use:

1 drug is listed

Corticosteroids for Topical Use:

12 drugs are listed

Caustics for Topical Use:

6 drugs are listed

Immune Response Modifier for Topical Use:

1 drug is listed

Wound Healing Agents/Dressings for Topical Use:

2 drugs are listed

Antibiotics for Oral Use:

11 drugs are listed

Non-steroidal Anti-inflammatories for Oral Use:

11 drugs are listed

SCHEDULE 3: DRUGS THAT MAY BE PRESCRIBED BY PODIATRY CLASS MEMBER

Antibiotics for Topical Use:

11 drugs are listed

Antifungals for Topical Use:

8 drugs are listed

Analgesics for Topical Use:

4 drugs are listed

Astringents for Topical Use:

1 drug is listed

Corticosteroids for Topical Use:

12 drugs are listed

Caustics for Topical Use:

6 drugs are listed

Immune Response Modifier for Topical Use:

1 drug is listed

Wound Healing Agents/Dressings for Topical Use:

2 drugs are listed

Antibiotics for Oral Use:

11 drugs are listed

Non-steroidal Anti-inflammatories for Oral Use:

11 drugs are listed

Anxiolytics for Oral Use:

3 drugs are listed

Alberta

Regulatory Body

Alberta Podiatry Association

Governing Legislation

Health Professions Act

Podiatry Act

Drugs, Chemicals and Compounds Regulation

Scope of Practice

HEALTH PROFESSIONS ACT, Chapter H-7- Schedule 21

(2) In their practice, podiatrists do one or more of the following:

- (a) diagnose and treat ailments, diseases, deformities and injuries of the human foot, including the articulation of the tibia and fibula and those muscles and tendons directly affecting foot function, including the employment of preventive measures and the use of medical, physical or surgical methods but not including treatment of systemic disease, except the local manifestations in the foot,
- (b) engage in research, education and administration with respect to health, and
- (c) provide restricted activities authorized by the regulations.

Authorized Acts

PODIATRY ACT, Chapter P-16

(i) “podiatry”

- (i) means the branch of the healing arts that treats ailments, diseased conditions, deformities or injuries of the human foot and the leg muscles controlling the foot, and
- (ii) includes the examination, diagnosis and treatment of those ailments, conditions, deformities or injuries, but
- (iii) does not include the treatment of systemic diseases of bones, muscles or ligaments, or the use of X-ray equipment for purposes other than diagnostic, or the use of anesthetics other than local.

Handling of drugs

11 Subject to the *Controlled Drugs and Substances Act* (Canada), a podiatrist may purchase and supply to the podiatrist’s patients only those drugs, chemicals and compounds that are authorized by the Lieutenant Governor in Council and may prescribe those authorized drugs, chemicals or compounds for compounding under the direction of a pharmacist or restricted practitioner under the *Pharmaceutical Profession Act*.

List/Class

Drugs, Chemicals and Compounds Regulation

Purchase and supply of drugs

1(1) A podiatrist may purchase and supply to his patients those drugs, chemicals and compounds that are

- (a) intended for treatment of pathology of the feet, and
- (b) not referred to in the Schedules to
 - (i) the *Pharmaceutical Profession Act*, or
 - (ii) the *Food and Drugs Act* (Canada).

(2) Notwithstanding subsection (1)(b), a podiatrist may purchase and supply to his patients

- (a) the analgesics listed in Schedule A;
- (b) the antibiotics and anti-fungal agents listed in Schedule B;
- (c) the anti-inflammatory agents listed in Schedule C;
- (d) diphenhydramine;

- (e) sucralfate;
- (f) pentoxifylline.

(3) Notwithstanding subsection (1)(b), a podiatrist may purchase and supply to his patients for use only in the presence of the podiatrist the drugs, chemicals and compounds listed in Schedule D.
Drugs under Pharmaceutical Profession Act

2(1) A podiatrist who receives a certificate of approval for registration on or after June 3, 1993 may purchase, in addition to the drugs, chemicals and compounds authorized under section 1, the drugs referred to in the Schedules to the *Pharmaceutical Profession Act*.

(2) A podiatrist who received a certificate of approval for registration before June 3, 1993 may purchase, in addition to the drugs, chemicals and compounds authorized under section 1, the drugs referred to in the Schedules to the *Pharmaceutical Profession Act*, on the completion of an upgrading program approved by the Board of Examiners in Podiatry.

(3) A podiatrist who is authorized under this section to purchase drugs may supply those drugs only to patients of the podiatrist.

Expiry

3 For the purpose of ensuring that this Regulation is reviewed for ongoing relevancy and necessity, with the option that it may be repassed in its present or an amended form following a review, this Regulation expires on November 30, 2010.

AR 21/99 s3;63/2003

Schedule A

Ibuprofen Acid and its salts (Motrin)
Mefenamic Acid and its salts (Ponstan)
Ketorolac
Naproxen

Schedule B

Ampicillin and Griseofulvin
Other antibiotics and anti-fungal agents as indicated and supported by sensitivity testing
PhisoHex
Antibiotics and anti-fungal agents for topical use

Schedule C

Betamethasone - 17 - Valerate
Flucinonide
Methylprednisolone
Triamcinolone-acetonide

Schedule D

Injectable steroids other than anabolic steroids
Tetanus antitoxin in accordance with the provincial immunization schedule
Diazepam
Lorazepam
Bleomycin

British Columbia

Regulatory Body

British Columbia Association of Podiatrists

Governing Legislation

Podiatrists Act, 1996 CHAPTER 366¹

Scope of Practice

Podiatrists Act, 1996

"medical treatment" means the application to, or prescription for, the foot of medicines, pads, adhesives, felt, plasters or a medicinal agency;

(2) For the purposes of this Act, the practice of podiatry is the diagnosis and medical, surgical, mechanical, manipulative and electrical treatment of the human foot, including the nonsurgical treatment of the muscles and tendons of the leg governing the functions of the foot, or any combination of those practices or treatments, but does not include treatment of the foot that may affect the course or treatment of a systemic disease unless that treatment is carried out at the direction or under the supervision of a medical practitioner.

Use of anesthetic

30 A podiatrist must not use an anesthetic other than a local anesthetic.

Under Section (6) of the British Columbia Pharmacy Operations and Drug Scheduling Act a podiatrist is permitted to "prescribe, compound, or administer a drug listed in Schedules 1 or 2 of the Act, including Schedule F of the Canadian Food and Drug Regulation Act."

Authorized Acts

Pharmacists, Pharmacy Operations and Drug Scheduling Act, 1996 Chapter 363

Definitions

"practitioner" means a person authorized to practice medicine, dentistry, podiatry, veterinary medicine or a prescribed health care profession in which a practitioner of that profession is authorized to prescribe drugs or devices;

¹ In BC, the individual profession-specific statutes and statutory provisions are being repealed and all regulated professions are being brought under the 'umbrella' legislative framework of the *Health Professions Act*. The statutes and statutory provisions being repealed are the *Chiropractors Act*, the *Dentists Act*, sections of the *Emergency and Health Services Act* related to emergency medical assistants, the *Hearing Aid Act*, the *Medical Practitioners Act*, the *Nurses (Registered) Act*, the *Optometrists Act*, the *Pharmacists, Pharmacy Operations and Drug Scheduling Act* and the *Podiatrists Act*. The repeals of the *Chiropractors Act*, the *Dentists Act*, the *Medical Practitioners Act*, the *Nurses (Registered) Act*, the *Optometrists Act* and the *Podiatrists Act* were enacted in the *Health Professions Amendment Act, 2003*. To date the regulation of the podiatry profession has not transitioned to the *Health Professions Act*. (<http://www.health.gov.bc.ca/leg/regulatoryreform.html>).

Manitoba

Regulatory Body

College of Podiatrists of Manitoba

Governing Legislation

Podiatry Act, 2001

Podiatrists Regulation 99/2006

Scope of Practice

Podiatry Act, 2001

Practice of podiatry

2(1) The practice of podiatry is the use of medical, physical or surgical methods to prevent, diagnose and treat ailments, diseases, deformities and injuries of the human foot, but does not include treatment of systemic disease, except for the local manifestations in the foot.

Authorized Acts

Podiatry Act, 2001

Included practices

2(3) Subject to the regulations, in the course of practising podiatry, a podiatrist may

- (a) cut into the subcutaneous, ligamentous, and bony tissues of the foot and the tendons directly affecting the function of the foot;
- (b) inject substances into the foot; and
- (c) prescribe drugs.

Regulations made by the council

48(1) The council may make regulations

- (a) respecting standards for the practice of podiatry;
- (b) respecting registration under Part 4, including establishing the qualifications, clinical competencies, experience and other requirements to be met by applicants for registration and for renewal of registration, conversion of registration, and reinstatement of registration;
- (c) respecting the injection of substances into the foot by podiatrists;**
- (d) designating the drugs that a podiatrist may prescribe;**
- (e) designating the surgical procedures that a podiatrist may perform on the subcutaneous, ligamentous and bony tissues of the foot and the tendons directly affecting the function of the foot;
- (f) respecting the establishment and operation of committees under subsection 6(7), including the composition and mandate of the standing committee established under clause 6(7)(b);
- (g) requiring podiatrists to carry professional liability insurance and governing the coverage required to be carried;
- (h) respecting the establishment, content and maintenance of registers under subsection 7(1) and, for the purpose of clause 7(3)(d), designating information contained in a register that may be made public;
- (i) governing the publication of a notice of the cancellation of a certificate of registration or of any other decision under Part 5 in a form and manner determined by the council;
- (j) respecting the conditions under which the name of a person whose certificate of registration has been cancelled may be reinstated in a register and the conditions under which a certificate of registration may be reissued;
- (k) establishing requirements for continuing competency and training.

Approval of regulations

48(2) A regulation under subsection (1) does not come into force until it is approved by
(a) a majority of members of the college voting in accordance with the by-laws; and
(b) the Lieutenant Governor in Council.

Podiatrists Regulation (Regulation 99/2006)

Injectable substances

17 For the purposes of clause 2(3)(b) of the Act, the substances that a podiatrist who has the qualifications approved by the council may inject into the foot are set out in Schedule A.

Podiatrists Regulation (Regulation 99/2006)

SCHEDULE B

(Section 20)

Standard 5: Administration of Injectable Substances (Including Local Anesthesia)

The aim of this standard is to ensure that members use a safe technique when they administer an injectable substance.

5 A member must

- (a) only administer the injectable substance if he or she has a qualification to do so that is recognized by the council;
- (b) convey suitable and sufficient information to the patient and obtain written consent before administering the injectable substance;
- (c) be proficient in the procedures to follow in the case of anaphylaxis or other clinical emergencies that can result from the administration of an injectable substance. The member must attend an update in CPR and first aid training at intervals designated by the council;
- (d) ensure needles, syringes and substances to be injected are sterile and not contaminated;
- (e) follow the guidelines for infection control approved by the council;
- (f) not allow the patient to leave the treatment area following administration of an injectable substance, until the member is satisfied that no adverse reactions or complications are likely to occur. If the patient insists on leaving before the member is so satisfied, the member must document the patient's decision to depart in the patient's health record;
- (g) record in detail in the patient's health record, the dosage, quantity, site of injection and effectiveness of the injectable substance and the presence or absence of adverse reactions to the injection;
- (h) dispose of sharps, including needles, syringes and vials in accordance with Standard 4;
- (i) maintain an emergency kit and oxygen supply in good order in the clinical suite and be trained in its use. The member must update his or her training on a regular basis; and
- (j) maintain up-to-date instructions for proper use of the emergency kit and oxygen supply in the office manual.

Other Regulatory Body Documents

Practice Standards for Administration of Injectable Substances

In addition to Podiatrists Regulation, Schedule B, Standard 5(g):

- 1) A member must record the Batch Number and Expiry Date of any injectable substance administered to a patient.

List/Class

Podiatrists Regulation (Regulation 99/2006)

SCHEDULE A

(Section 17)

DESIGNATED INJECTABLE SUBSTANCES

Designated local anesthetics

- 1(1) A member may administer the following local anesthetic agents, either with or without epinephrine, by

injection into the foot and ankle for nerve block or subcutaneous infiltration:

- (a) Lidocaine HCl 0.5 – 2%;
- (b) Prilocaine HCl 0.5 – 4%;
- (c) Mepivacaine HCl 1.0 – 3%;
- (d) Bupivacaine HCl 0.5 – 2%.

1(2) In the event of anaphylaxis following injection of a local anesthetic agent, a member may administer up to two doses of 0.3 ml of epinephrine (1:1000 solution).

Other designated substances — corticosteroids

2(1) A member may administer the following corticosteroid agents by injection into the foot and ankle:

- (a) Betamethasone;
- (b) Depo-Medrol;
- (c) Depo-Medrol with Lidocaine;
- (d) Kenalog-10 Injection;
- (e) Kenalog-40 Injection;
- (f) Celestone Soluspan.

2(2) Corticosteroids must not be administered intravenously.

Quebec

Regulatory Body

Ordre des podiatres du Québec

Governing Legislation

Podiatry Act, R.S.Q. c. P-12

Code of ethics of podiatrists, R.Q. c. P-12, r.3

Medications that a podiatrist may use in the practice of his profession or administer or prescribe to his patients, Regulation respecting the, R.Q. c. P-12, r.5.1

Standards applicable to the form and content of verbal or written prescriptions made by podiatrists, Regulation respecting the, R.Q. c. P-12, r.6.2

Scope of Practice

Podiatry Act, R.S.Q. c. P-12

PRACTICE OF PODIATRY

7. Every act which has as its object the treatment of local disorders of the foot which are not systemic diseases constitutes the practice of podiatry.

Authorized Acts

Podiatry Act, R.S.Q. c. P-12

Medications.

11. Every podiatrist is authorized to use the medications which he may need in the practice of his profession, and to administer and prescribe medications to his patients, provided that they are medications contemplated by the regulations made under section 12.

Attestations.

He may also issue attestations relating to the supplying of such medications.

List of medications.

12. The Office des professions du Québec shall prepare periodically, by regulation, after consultation with the Conseil du médicament, the Ordre des podiatres du Québec, the Ordre des médecins du Québec and the Ordre des pharmaciens du Québec, a list of the medications which a podiatrist may use in the practice of his profession or which he may administer or prescribe to his patients, and determine, where required, the conditions subject to which a podiatrist may administer and prescribe such medications.

Code of ethics of podiatrists, R.Q. c. P-12, r.3

§ 2. Derogatory acts

(f) using or administering medication whose period of usage as indicated by the manufacturer has expired;

Medications that a podiatrist may use in the practice of his profession or administer or prescribe to his patients, Regulation respecting the, R.Q. c. P-12, r.5.1

Professional Code

1. A podiatrist entered on the roll of the Ordre des podiatres du Québec may use in the practice of his profession or administer or prescribe to his patients the medications listed in Schedule I or in Schedule II, subject to the conditions prescribed in this Regulation.

A podiatrist who administers or prescribes to patients the medications listed in Schedule II that are not medications listed in Schedule I must hold a certificate issued by the Ordre des podiatres du Québec acknowledging that the podiatrist received university training in podiatric medicine in the last 5 years, comprising a minimum of 1145 hours apportioned as follows :

- (1) 540 hours in anatomy-physiology ;
- (2) 90 hours in biochemistry ;
- (3) 105 hours in microbiology ;
- (4) 275 hours in general pathologies ;
- (5) 90 hours in basic pharmacology ; and
- (6) 45 hours in clinical pharmacology.

A podiatrist whose training referred to in subparagraphs 1 to 6 of the second paragraph was received more than five years previously must successfully complete the continuing education activities determined by the Ordre des podiatres du Québec pursuant to paragraph *o* of section 94 of the Professional Code (R.S.Q., c. C-26) and hold a certificate issued by the Order acknowledging that the activities were successfully completed, before the medications listed in Schedule II that are not medications listed in Schedule I may be administered to patients.

Standards applicable to the form and content of verbal or written prescriptions made by podiatrists, Regulation respecting the, R.Q. c. P-12, r.6.2

Regulation respecting the standards applicable to the form and content of verbal or written prescriptions made by podiatrists

DIVISION I

WRITTEN PRESCRIPTIONS

1. A podiatrist shall not furnish prescription slips for medication, apparatus or treatments unless they are signed and clearly indicate:

- (1) his name, address and telephone number;
- (2) the date of the prescription;
- (3) the patient's identity and address;
- (4) his permit number;
- (5) in the case of a medication, the name of the medication, its pharmaceutical form, its concentration, the quantity prescribed or the length of treatment, the dosage and the number of authorized renewals;
- (6) in the case of an apparatus, the type and description of the apparatus;
- (7) in the case of treatment, the nature of the treatment;
- (8) the validity period of the prescription, where applicable.

Subparagraph 4 does not apply to a prescription furnished by a podiatrist practising in a hospital centre to a patient admitted within the meaning of the Act respecting health services and social services (R.S.Q., c. S-5).

DIVISION II

VERBAL PRESCRIPTIONS

2. A verbal prescription shall contain the items provided for in subparagraphs 1 to 8 of section 1.

List/Class

Medications that a podiatrist may use in the practice of his profession or administer or prescribe to his patients, Regulation respecting the, R.Q. c. P-12, r.5.1

SCHEDULE I

NOTE : Medications without specification are intended for topical application.

Substances	Specification
Acetaminophen	Pharmaceutical forms intended for oral and rectal administration
Acetic, glacial acid	
Acetylsalicylic,	Pharmaceutical forms intended for oral administration
Aluminium and its salts	
Almond, sweet oil	
Amino acids	
Aminonide	Quantity limited for 30 days
Anthralin (dithranol)	
Silver nitrate	
Silver sulfadiazine	
Colloidal oatmeal	
Bacitracin and its salts	
Beclomethasone and its salts	
Benzalkonium	
Benzocaine	
Betamethasone benzoate	
Betamethasone dipropionate	Quantity limited for 30 days
Betamethasone valerate	
Bupivacaine and its salts	Pharmaceutical forms intended for administration by injection for local use only
Calcipotriol	
Calcium acetate	
Camphor	
Cantharin	
Capsaicin	

Cetrimide	
Cetirizine hydrochloride	Pharmaceutical form intended for oral administration
Chlorhexidine and its salts	
Chlorphenesin	
Chlorprocaine hydrochloride	Pharmaceutical form intended for administration by injection for local use only
Ciclopirox olamine	
Cinchocaine	
Clioquinol (iodochlorhydroxyquin)	
Clobetasol proprionate	Quantity limited for 30 days
Clobetasone butyrate	
Clotrimazole	
Collagenase	
Dakin's solution	
Desonide	
Desoximetasone	Quantity limited for 30 days
Deoxyribonuclease	
Dichloroacetic acid	
Diflucortolone valerate	Quantity limited for 30 days
Diphenhydramine	Pharmaceutical forms intended for oral and topical administration
Econazole nitrate	
Epinephrine (adrenaline)	Pharmaceutical forms for the emergency treatment of anaphylactic reactions in the form of self-injector or ampoule
	Pharmaceutical form associated with local anaesthetics

Erythromycin	
Ethyl chloride	
Fibrinolysin	
Flumetasone pivalate	
Fluocinolone acetoneide	Quantity limited for 30 days
Fluocinode	Quantity limited for 30 days
Formalin	
Framycetin sulfate	
Fusidic acid	
Gentamicin sulfate	
Gentian, violet	
Mineral and vegetal tar	
Gramicidin	
Halcinodide	Quantity limited for 30 days
Hexachlorophene	
Mineral oil	
Hydrocortisone and its salts	
Hydroxyzine hydrochloride	Pharmaceutical form intended for oral administration
Povidone iodine	
Iodine tincture	
Isopropyl myristate	
Ketoconazole	
Lactic acid	
Lanolin	
Lidocaine and its salts	Pharmaceutical forms intended for topical application and administration by injection for local use only
Loratadine	Pharmaceutical form intended for oral administration

Lorazepam	Pharmaceutical form intended for oral and sublingual administration in anticipation of surgical procedures, containing 0.5 mg or 1 mg of Lorazepam per tablet
	Quantity limited to 4 tablets
Mafenide and its salts	
Menthol	
Mepivacaine	Pharmaceutical form intended for administration by injection for local use only
Methylpolysiloxanes	
Methylprednisolone acetate	
Miconazole nitrate	
Mometasone furorate	
Mupirocin	
Neomycin sulfate	
Nystatin	
Oxiconazole	
Phenol	
Podophyllin	
Polymyxin B sulfate	
Pramoxine	
Prilocaine	Pharmaceutical forms intended for topical application and administration by injection for local use only
Procaine	Pharmaceutical form intended for administration by injection for local use only
Resorcinol and its salts	
Diethylamine salicylate	
Magnesium salicylate	

Methyl salicylate	
Triethanolamine salicylate	
Salicylic acid	
Synthetic sebum	
Silicone	
Sodium thiosulfate	
Sulphur, colloidal, precipitate or sublimate	
Tazarotene	
Terbinafine	
Tetracaine and its salts	Pharmaceutical forms intended for topical application and administration by injection for local use only
Tioconazole	
Tolnaftate	
Triamcinolone acetonide	Quantity limited for 30 days
Trichloroacetic acid	
Urea	Pharmaceutical form intended for topical application, with a concentration of 30% or less
White petroleum jelly	
Zinc oxide	
SCHEDULE II	
NOTE : Medications without specification are intended for topical application.	
<hr/>	
Substances	Specification
<hr/>	
Acetaminophen	Pharmaceutical form intended for oral and rectal administration
Acetaminophen and codeine	Pharmaceutical form intended for oral administration

(in combination)	containing 30 mg and less of codeine per tablet
Acetic, glacial acid	Quantity limited to 24 tablets/72 hours
Acetylsalicyclic acid	Pharmaceutical form intended for oral administration
Aluminium and its salts	
Almond, sweet oil	
Amcinonide	Quantity limited for 30 days
Amino acids	
Anthralin (dithranol)	
Silver nitrate	
Silver sulfadiazine	
Colloidal oatmeal	
Bacitracin and its salts	
Beclomethasone and its salts	
Benzalkonium	
Benzocaine	
Betamethasone acetate and phosphate	Pharmaceutical forms intended for administration by intramuscular or intradermal injection
Betamethasone benzoate	
Betamethasone dipropionate	Quantity limited for 30 days
Betamethasone valerate	
Bleomycin sulfate	Pharmaceutical form injectable in the plantar lesion without exceeding 0.8 unit up to a maximum of 5 units per treatment
Bupivacaine and its salts	Pharmaceutical form intended for administration by injection for local use only
Calcipotriol	
Calcium acetate	

Camphor	
Cantharin	
Capsaicin	
Celecoxib	Pharmaceutical form intended for oral administration
	Quantity limited for 30 days
Cetirizine hydrochloride	Pharmaceutical form intended for oral administration
Cetrimid	
Chlorhexidine and its salts	
Chlorphenesin	
Chlorprocaine hydrochloride	Pharmaceutical form intended for administration by injection for local use only
Ciclopirox olamine	
Cinchocaine	
Clioquinor (iodochlorhydroxyquin)	
Clobetasol proprionate	Quantity limited for 30 days
Clobetasone butyrate	
Clotrimazole	
Collagenase	
Dakin's solution	
Desonide	
Desoximetasone	Quantity limited for 30 days
Deoxyribonuclease	
Dichloracetic acid	
Diclofenac, potassic and sodic	Pharmaceutical form intended for oral administration
	Quantity limited for 30 days
Diflucortolone	Quantity limited for 30 days

valerate	
Dyphenhydramine	Pharmaceutical forms intended for oral administration and administration per intramuscular, subcutaneous or intradermal injection
Econazole nitrate	
Epinephrine (adrenaline)	Pharmaceutical forms for the emergency treatment of anaphylactic reactions in the form of auto-injector or vial Pharmaceutical form associated with local anaesthetics
Erythromycin	
Ethyl chloride	
Fibrinolysin	
Flumetasone pivalate	
Fluocinolone acetoneide	Quantity limited for 30 days
Fluocinonide	Quantity limited for 30 days
5-fluorouracil	0.1% pharmaceutical form intended for topical application in the case of plantar warts resisting to first-line treatments
Formaline	
Framycetin sulfate	
Fusidic acid	
Gentamicin sulfate	
Gentian, violet	
Mineral and vegetal tar	
Gramicidin	
Halcinodide	Quantity limited for 30 days
Hexachlorophene	
Mineral oil	
Hydrocortisone and its salts	

Hydroxyzine hydrochloride	Pharmaceutical form intended for oral administration
Ibuprofen	Pharmaceutical form intended for oral administration Quantity limited for 30 days
Povidone iodine	
Iodine tincture	
Isopropyl myristate	
Ketoconazole	
Lactic acid	
Lanolin	
Lidocaine and its salts	Pharmaceutical forms intended for topical application and administration by injection for local use only
Loratadine	Pharmaceutical form intended for oral administration
Lorazepam	Pharmaceutical form intended for oral and sublingual administration in anticipation of surgical procedures, containing 0.5 mg or 1 mg of Lorazepam per tablet Quantity limited to 4 tablets
Mafenide and its salts	
Menthol	
Mepivacaine	Pharmaceutical form intended for administration by injection for local use only
Methylpolysiloxanes	
Methylprednisolone acetate	Pharmaceutical forms intended for topical application and administration by injection for local use only
Miconazole nitrate	
Mometasone furoate	
Mupirocin	

Naproxen	Pharmaceutical form intended for oral administration Quantity limited for 30 days
Neomycin sulfate	
Nystatin	
Oxiconazole	
Phenol	
Podophyllin	
Polymyxin B sulfate	
Pramoxine	
Prilocaine	Pharmaceutical forms intended for topical application and administration by injection for local use only
Procaine	Pharmaceutical form intended for administration by injection for local use only
Resorcinol and its salts	
Rofecoxib	Pharmaceutical form intended for oral administration Quantity limited for 30 days
Diethylamine salicylate	
Magnesium salicylate	
Methyl salicylate	
Triethanolamine salicylate	
Salicylic acid	
Synthetic sebum	
Silicone	
Sodium thiosulfate	
Sulphur, colloidal, precipitate or sublimate	
Tazarotene	
Terbinafine	

Tetracaine and its salts	Pharmaceutical forms intended for topical application and administration by injection for local use only
Tioconazole	
Tolnaftate	
Triamcinolone acetonide	Quantity limited for 30 days
Triamcinolone hexacetonide	Pharmaceutical forms intended for administration by intramuscular or intradermal injection Quantity limited for 30 days
Trichloroacetic acid	
Urea	Pharmaceutical form intended for topical application, with a concentration of 30% or less
White petroleum jelly	
Zinc oxide	

Saskatchewan

Regulatory Body²

Saskatchewan College of Podiatrists (SCOP)

Governing Legislation

Podiatry Act, 2003

Scope of Practice

Podiatry Act, 2003

Protection of title

21(1) Subject to subsection (2), no person other than a member shall use the title “Podiatrist” or “Chiropodist” or any word, title or designation, abbreviated or otherwise, to imply that the person is a member.

New Brunswick

Regulatory Body

New Brunswick Podiatry Association

Governing Legislation

*New Brunswick Podiatry Act of 1982.*³

Northwest Territories

Currently there are no podiatrists practicing in Northwest Territories

Nova Scotia

Not regulated.⁴

Nunavut

Currently there are no podiatrists practicing in Nunavut

Prince Edward Island

Not regulated.⁴

Newfoundland

Not regulated.⁴

² Discussion with Dr. A. Stationwala, President, SCOP (October 2008)

³ No access.

⁴ <http://www.cicic.ca/en/professions.aspx?sortcode=2.19.21&prof=3123.1>

Australia

Regulatory body⁵

In all States of Australia, the Australian Capital Territory, podiatry is a registered health profession defined by the various Registration Acts. The regulatory bodies for Australia are:

- Health Practitioners Registration Board of Queensland
- Podiatrists Registration Board of New South Wales
- Podiatrists Registration Board of Tasmania
- Podiatrists Registration Board of Victoria
- The Podiatry Board of South Australia
- Podiatrists Registration Board of Western Australia
- Australian Capital Territory Podiatrists Board

Governing Legislation

Each state or territory has its own health professions legislation. Whereas in South Australia, podiatry is governed by profession specific act, the Australian Capital Territory have repealed all profession specific acts for allied health professionals and brought them under the single legislation of the Health Professionals Act 2004. This act along with its associated Health Professionals Regulation, Schedules and Standards Statements govern the professional practice of all allied health profession in this territory.⁶

Scope of Practice⁷

Podiatry deals with the prevention, diagnosis, treatment and rehabilitation of medical and surgical conditions of the feet and lower limbs. The conditions podiatrists treat include those resulting from bone and joint disorders such as arthritis and soft-tissue and muscular pathologies, as well as neurological and circulatory disease. Podiatrists also diagnose and treat complications of the above conditions which affect the lower limb, including skin and nail disorders, corns, calluses and ingrown toenails. Foot injuries and infections gained through sport or other activities are also diagnosed and treated by podiatrists.

Podiatrists employ a range of skills such as clinical history composition, physical examination, diagnosis, preparation of a treatment plan and provision of a range of therapies. Clinical assessment techniques aim to secure a diagnosis and prognosis and take into account clinical, medical and surgical history, footwear, occupational and lifestyle factors, and may incorporate the use of diagnostic equipment. Gait analysis will often be undertaken through visual or computerised means and might include range of motion studies, postural alignment evaluation or dynamic force and pressure studies.

Podiatrists have the clinical skills to provide appropriate application of pharmacological agents, specialist wound dressings and a variety of physical therapies. Podiatrists can also prescribe foot orthoses (in-shoe devices) as solution to the treatment and prevention of corns, callous and necrotic ulceration in their capacity to provide pressure redistribution.

Podiatrists also provide foot health education regarding self care techniques and prevention of foot pathology. In order to facilitate enhanced clinical care, podiatrists establish and maintain collaborative relationships with other health care providers, often working within a site-based, multi-disciplinary team.

⁵ Until 1977, Australian podiatrists were known as chiropodists. The official name change to podiatry reflects the upgrading of education levels and an expansion in the profession's scope of practice.

⁶ <http://www.apodc.com.au/Registration%20Boards.html>

⁷ <http://health.act.gov.au/c/health?a=da&did=10030521>

⁷ <http://www.apodc.com.au/Scope%20of%20practice.html>

New Zealand

Regulatory Body

Podiatrists Board of New Zealand

Governing Legislation

Health Practitioners Competence Assurance Act 2003

Scope of Practice⁸

Podiatrists Board of New Zealand Scopes of Practice

1. PODIATRIST

A registered primary health care practitioner (including those previously registered as a chiroprapist) who utilises medical, physical, palliative and surgical means other than those prescribed in the Podiatric Surgeon Scope of Practice, to provide diagnostic, preventative and rehabilitative treatment of conditions affecting the feet and lower limbs.

Qualification

A Bachelor of Health Science in Podiatry from an accredited New Zealand University or equivalent overseas qualification as determined by the Podiatrists Board.

4. PODIATRIC PRESCRIBER

A registered primary health care practitioner who holds the scope of practice of podiatrist and is further qualified to prescribe a list of medications approved by the Podiatrists Board. (Subject to prescribing rights being granted by the New Prescribers Advisory Committee).

Qualification

A Post Graduate qualification in Podiatric Prescribing as determined by the Podiatrists Board or equivalent overseas qualification.

Authority to Prescribe

The Board is currently in the final stages of its submission to the Ministry of Health's New Prescribers Advisory Committee (NPAC) for extended prescribing rights for registered podiatrists.⁹ Currently in New Zealand, podiatrists are authorized to administer **regional local anaesthesia for surgical procedure**. The Board, in conjunction with the New Zealand Society of Podiatrist, submitted the request for podiatrists to become "designated prescribers," under the Medicine Act 1981. The rationale for the request is to improve quality of patient care and safety of the patient by reducing the need to refer a patient to the general practitioner for prescription. The submission reports that frequently patients who undergo procedures by a podiatrist require post-op treatment with anti-infective medication. The current practice is for the podiatrist to refer the patient back to the general practitioner for the prescription. This creates delay and potentially puts patient safety at risk. The Board proposes that if granted the authority to prescribe, members will have to graduate from a course of study that is approved by the Board as bringing them to the level of skill required.

The submission provides the list of medications the Board is requesting for podiatrists to be able to prescribe.

⁸ The Podiatrist Board of New Zealand has scope of practice definitions for different classes of podiatrists. http://www.podiatristsboard.org.nz/Site/practitioners/further_scope.aspx

⁹ http://www.podiatristsboard.org.nz/Site/Publications_and_News/publicationsnews.aspx

List/Class

Appendix C in the New Prescribers Advisory Committee Submission provides list of drugs requested for prescribing rights.

United Kingdom

Regulatory Body

Health Professions Council (HPC)

Prescribing Authorities in UK

The Medicines Act 1968 and Prescription Only Medicines (Human Use) Order 1997 are two important pieces of legislation which cover the sale, use and production of medicines. This includes prescribing rights.¹⁰ Amendments to the Prescription Only Medicines Order and NHS regulations in April 2005 allowed supplementary prescribing by suitably trained chiropodists /podiatrists, physiotherapists and radiographers.

The general principle of supplementary prescribing is a partnership between the independent and the supplementary prescriber.¹¹ The independent prescriber **must** be a doctor or dentist and must discuss with the supplementary prescriber, to determine which patients may benefit from supplementary prescribing and the medicines that may be prescribed by the supplementary prescriber under the Clinical Management Plan (CMP). When coming to a decision about the CMP, the independent prescriber needs to clearly take account of the professional relationship between themselves and the supplementary prescriber as well as the experience and areas and degree of expertise of the supplementary prescriber. In order for supplementary prescribing to occur it is recommended that an agreement be drawn up between the two prescribers. Two sample draft templates are available on the Department of Health supplementary prescribing website. Registered chiropodists and podiatrists, radiographers and physiotherapists can become supplementary prescribers. Once qualified, HPC annotate the register to indicate that they are able to practise as a supplementary prescriber.

Chiropodists and podiatrists who are appropriately qualified can administer certain local anaesthetics and supply certain prescription only medicines in the course of their practice. In order to have these entitlements they must have successfully completed training in these areas and have the entitlement marked (“annotated”) on HPC register. The online register indicates where a chiropodist or podiatrist can administer local anesthetic or supply prescription only medicines.

All pre-registration programs currently on HPC’s approved course list include these entitlements. HPC also approve a number of post-registration programs which allow chiropodists and podiatrists without these entitlements to gain them.

There are a number of organizations from the UK that provide extensive guidance and information on non-physician prescribing. They are as follows:

The Medicines and healthcare products regulatory agency (MHRA) is responsible for regulating medicines in the UK. This includes ensuring that medicines and medical devices are safe and bringing prosecutions when medicines legislation has been broken.
(<http://www.mhra.gov.uk/index.htm>)

The National Prescribing Center provides information about prescribing and patient group directions.¹² (<http://www.npc.co.uk/>)

¹⁰ <http://www.hpc-uk.org/aboutregistration/medicinesandprescribing/>

¹¹ Supplementary Prescribing by Nurses, Pharmacists, Chiropodists/Podiatrists, Physiotherapists and Radiographers within the NHS in England: a guide for implementation - updated May 2005, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4110032

¹² A patient group direction (PGD) is a written instruction for the supply or administration of medicines to certain groups of patients. The instruction is agreed and signed by a senior doctor and pharmacist and includes the following information: the health professional who can supply or administer the medicine; the

condition(s) included; a description of those patients who should not be treated under the direction; a description of circumstances where referral to another professional should be made; and the drugs included and method of administration. The legislation currently permits the following professionals on HPC register to administer or supply medicines under a patient group direction: chiropodists and podiatrists, dietitians, occupational therapists, orthoptists, paramedics, physiotherapists, prosthetists and orthotists, radiographers, speech and language therapists.

3) Authority to Prescribe and/or Administer Drugs in United States Jurisdictions

States to be studied were selected by telephone consultations, in September 2008, with Ms. Jenny Lin of the research department of the American Podiatric Medicine Association, Bethesda, Maryland and with Ms. Mary Feeley, Executive Director of the Illinois Podiatric Medicine Association, Chicago.

The Scope of Practice for podiatrists in the United States is much expanded from those in Canada, and therefore comparisons with United States jurisdictions regarding the prescribing and/or administration of drugs have very limited use regarding HPRAC's responsibilities for making decisions and recommendations about the non-physician prescribing and/or administration of drugs.

In all fifty states the podiatrist to order, prescribe and administer medications must apply to the Drug Enforcement Agency (DEA) which provides a prescriber number. The DEA list consists of five schedules of drugs and the podiatrist is authorized to prescribe those medications consistent with the scope of practice as well as competency and education in the state where they practice.