Reviewer's report

Title: Non-Medical Prescribing in Australasia and the UK: the Case of Podiatry

Version: 1  Date: 29 October 2009

Reviewer: Mark Gilheany

Reviewer's report:

This is an important and substantial piece of work which will act as both an informative overview and resource.

Some consideration to further editing to reduce overall length should be given. This may improve the accessibility of the piece.

In analysis and discussion perhaps the authors may have considered issues surrounding improvements in undergraduate education of podiatrists. This has undoubtedly also been a factor in the evolution of prescribing and the acceptance of the policy direction by regulators. For example, in Australia the additional education required to practice as a podiatric surgeon has been the historical basis for granting access to restricted drugs in podiatric practice since the 1980’s.

Erosion of medical dominance is an attractive theory but perhaps the resistance has been justified until education reforms were in place. For example where it is suggested on page 7 that the medical profession is somehow dealt with differently – an alternative view would be that the situation for medicine is different simply as a factor of history (if the regulators could wind back time and in light of the incidence of adverse events related to medical prescribing there may be more restrictions on medical practitioner prescribing than there currently is).

Additionally I have some monitor essential revisions that need consideration:

1. On page 8, in discussing PBS funding “….budget for prescriptions written by optometrists (though no other non-medically qualified professions),…….” Dentistry is another non medically qualified profession and should be included in this statement.

2. Also on page 8, PBS funding is described as “coveted”. I would suggest this term is inappropriate and could be deleted – the more correct issue is adequately and appropriately framed around equity in the remainder of the sentence.

3. Again on page 8, whilst the Rudd labor government endorsed and embraced the philosophy of health reform much of the underpinning policy direction had been begun by the previous government. This bipartisan acceptance and support for reform should be acknowledged.

4. Reference to radiology on page 9 should be reviewed. It is my understanding
that the use of diagnostic radiology is an issue of license not scope. Indeed there are podiatrists in Australia who possess a radiation license.

5. On page 12 the introductory statement to use of restricted drugs in Australia is misleading. The sentence beginning “presently, only South Australia, Western ……..” is not correct in that the schedules vary from state to state and the term “prescription” is not included (this is an important term in the Australian context. I do acknowledge that this is clarified later on in text.

6. On page 13 there is reference to the need for “confidence that safeguards exist”. I consider that this statement suggest a lesser quality of safeguard for podiatric prescribing exists than does for medical practitioners. Is this so? I do not believe so. If such a statement is to be included then a comparison of safeguards between new prescribers and existing prescribers should be provided.

7. On page 14 in respect to the Victorian situation the ability to prescribe has again been omitted. Additionally “Final approval of the formulary was ……..” This should be amended to read “Final approval of the initial formulary was given”

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests