



ROYAL COLLEGE
of PODIATRY

Making the most of exemptions:- legalities and safety around medicines

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Session Aims

- Outline the legal frameworks involved that provide us access to POM's
- Key differences Access and Supply vs Prescribing
- Why use your POM-S annotation
- Accessing POM-S medicines
- Beyond POM-S:- PGD's & Prescribing
- The future for prescribing in general

Key History & Legislation Impact

- 1960's Chiropodists start using Local Anaesthetics
- 1968 Medicines Act introduces a framework for the regulation of medical products in the UK.
- Local anaesthetics become POM's and thus no longer available to Chiropodists.
- 1969 Negotiations start to enable Chiropodists to have legal access to Local Anaesthetics.
- 1980 Legislation for Podiatrist to have legal access to Local Anaesthetics by an exemption order to the Medicines Act is made law.

Further Legislation

- 1998 Exemption order Co-dydramol, Ibuprofen, Amorolfine lacquer & cream, topical hydrocortisone cream

POM S syllabus introduced to undergraduate course

- 2000 PGDs introduced
- 2002 Health Professions order came into force.
- 2003 HCPC (formally the HPC) founded, introduction of annotations to the register. (POM-A and POM-S)
- 2005 Introduction of SP annotation
- 2006 Exemptions passed for Flucloxacillin, Amoxicillin, Erythromycin, Tioconazole, Silver Sulfadiazine(POM-S) Adrenaline (POM-A)

Further Legislation

- **2012 Human Medicines Regulations introduced replacing the Medicines Act**
- 2013 Exemptions added for
 - Codeine and its compounds added to POM-S
 - Methylprednisolone without / with LA for injection POM-A
 - Signed Order Provision introduced
- 2013 Introduction of IP
- 2015 Addition of a limited range of Controlled Drugs for Independent Prescriber use only
 - Diazepam,
 - Lorazepam,
 - Temazepam and
 - Dihydrocodeine (Oral)
- 2023 Codeine and its compounds exemption legislation corrected.

Current annotations

	Registrants		Percentage
Podiatrists on register	11996 (11866)		
Podiatrists with POM A	10563 (10404)		88
Podiatrists with POM S	7293 (7079)		60
Podiatrists with SP	845 (809)		7
Podiatrists with IP	808 (766)		7
Physios on register	79448 (74504)		
Physios with SP	3038(2800)		4
Physios with IP	3038 (2736)		4

Administer and Supply

POM A

- Adrenaline
- Bupivacaine hydrochloride +/- adrenaline
- Levobupivacaine hydrochloride
- Lidocaine hydrochloride +/- adrenaline
- Mepivacaine hydrochloride
- Prilocaine hydrochloride
- Ropivacaine hydrochloride
- Methylprednisolone,

POM S

- Amorolfine hydrochloride
- Amorolfine hydrochloride lacquer
- Amoxicillin,
- Co-dydramol 10/500
- Codeine Phosphate,
- Co-Codamol,
- Erythromycin,
- Flucloxacillin,
- Silver Sulfadiazine,
- Tioconazole
- Topical hydrocortisone 28%

Exemptions vs Prescribing.

- Using your annotations allow you to purchase and either **ADMINISTER** or **ACCESS & SALE/SUPPLY** one of the exempted POM medicines.
- Whilst the principles of using exemptions require many of the same competencies, this is not prescribing even when using a signed order provision. You can only produce a signed order for an exempted drug
- Prescribing is only undertaken by podiatrists with a further post grad qualification in Supplementary and/or Independent prescribing on a formal prescription pad.
- SP limited to team working and prescribing to a previously agreed clinical management plan.
- IP is truly independent prescribing from the whole of the BNF within **Your Professional role**
- Limited availability to controlled drugs

HCPC & CPD Standards

- Standard 13.17
 - “Carry out the following techniques safely and effectively:
 - administer relevant prescription-only medicines, interpret any relevant pharmacological history and recognise potential consequences for service user treatment;
 - apply local anaesthesia techniques;”
- Regular updates required

How do I access my POM –S medicines?

- Independent Sector
 - Purchase from a reputable wholesaler or pharmacy and holding stocks in the clinic.
 - Signed Order Provision with the pharmacy selling direct to the patient on the podiatrists behalf.
- NHS
 - Clinic Stocks.
 - PGD's

Quick Reference Guide Supply of Medicines

- Covers Registration and Annotations
- Signed Order Provision
- POM-S list medicines
- POM-A list medicines
- Available P & GSL medicines
- [Medicines: prescribing, sale, supply and administration of medicines by podiatrists](#)



ROYAL PHARMACEUTICAL SOCIETY



Supply of medicines to podiatrists and their patients

A QUICK REFERENCE GUIDE

Why is this important to you?

Podiatrists (also known as chiropodists) can obtain some medicines from a registered pharmacy for onward sale, supply or administration to patients in the course of their professional practice.

Selected medicines can also be supplied directly to patients by the pharmacy upon receipt of a signed order written by a podiatrist.

What this guidance will tell you

This guidance provides information on the medicines that can be supplied to a podiatrist and their patients. It also explains how to check the registration of a podiatrist.

Registered Podiatrist

You can check the podiatrist is registered on the Health Professional Council (HPC) register online at <http://www.hpcpc.uk/register/beds>, or call 0845 300 6184.

In order for you to legally make the supply, the podiatrist needs to be registered and have the appropriate annotation on the register.

Other Annotations

Prescription Only Medicines - sale/supply

The (prescription only medicines - sale/supply) annotation means the podiatrist is qualified to sell, supply or administer selected POMs (see table 1). Pharmacists can sell or supply these to podiatrists and directly to a patient via a signed order.

Prescription Only Medicines - administration

The (prescription only medicines - administration) annotation means the podiatrist is qualified to administer certain prescription only medicines including a range of local anaesthetics and adrenaline as part of their professional practice. (see table 3)

Supplementary prescriber (SP)

The (SP) annotation means the podiatrist is able to prescribe medicines to patients as part of a 'clinical management plan'. This is a plan agreed between the supplementary prescriber and a doctor and the patient.

Independent Prescriber (IP)

The (IP) annotation means the podiatrist is able to prescribe any medicine (not including Controlled Drugs) within their scope of practice and legislation.

Podiatrists (Ps) can also prescribe the following Controlled Drugs for organic disease, however they are unable to possess or supply (see [Home Office Circular](#))

- Temazepam (oral)
- Lorazepam (oral)
- Diazepam (oral)
- Dihydrocodeine (oral)

Supply of medicines

The MHRA have published a statement of guidance to enable small quantities of medicines to be supplied on an occasional basis to meet patients needs (see full [MHRA statement](#).)

Which medicines can be supplied to the Podiatrist?

Selected POMs (table 1), selected Ps and all GSLs (table 2) can be supplied to a podiatrist from a registered pharmacy for them to sell/supply or administer to their patients.

Supplying directly to a patient on a signed order from a podiatrist

Registered podiatrists with annotation 'Prescription Only Medicines - sale/supply' are able to write a signed order which allows pharmacists to supply selected POMs (table 1) directly to the patient. The medicine requested must be a medicine that can be legally sold or supplied by the podiatrist rather than one which the podiatrist can only administer. This supply against a signed order allows for increased flexibility and improved access.

Signed order requirements

- Signed by podiatrist
- Medicine requested is listed in table 1

Also recommended:

- Date the order was written
- Podiatrist details
- Patient details
- Purpose of order

It is important to remember that a signed order is not a prescription, therefore the usual prescription requirements would not be needed. However, you should be satisfied the podiatrist has provided sufficient advice to enable the patient to use the medicine safely and effectively. We would recommend as good practice that you label the medicine with a dispensing label, provide a patient information leaflet and counsel appropriately.

The sale or supply should be recorded in the POM register.

Please enter your details in the field below or utilise your practice stationery

Podiatrist name:

Practice name and address:

Practice phone number:

The above named podiatrist holds registration with the Health and Care Professions Council (HCPC) and holds POM-S annotation -- Registration Number: CH

Order in accordance with Parts 1 and 3 of Schedule 5 to the POM Order (the Prescription Only Medicines (Human Use) Order 1997 (SI 1997 No 1830))

To the Pharmacist

Please supply to:

.

Patient name:

Patient address and postcode:

Patient date of birth:

.

Medicine(s) to be dispensed against the written order (specify quantity, form, strength dosage and any required labelling directions):

Signed: → → → → → → → Print name:

Date:

Note to Pharmacists:

HCPC Registration can be checked at <https://www.hcpc-uk.org/check-the-register/>

Royal Pharmaceutical Society guide to supplying medicines to podiatrists and their patients

<https://www.rpharms.com/resources/pharmacy-guides/supplying-medicines-to-podiatrists-and-their-patients>



→

www.rcpod.org.uk

Signed Orders: Guidance for POM-S Annotated Podiatrists



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For further information:
Royal College of Podiatry, Quartz House, 207 Providence Square, Mill Street, London SE1 2EW
Email: contact@rcpod.org.uk

Patient Safety

- Previous reactions
- LA toxicity
- Know your Penicillin's
- Managing acute allergy
- Dose and duration

Documentation

- Clear detailed notes
- Reason for supply
- Drug, Dose, Frequency, route,
- Note allergy status including penicillin's.
- Method of supply :- from Stocks or via Written Order to pharmacy
- Batch an exp date

Patient Advice and Pack Labeling

- Be familiar with the patient information leaflet
- Outline how & when to take the medicine, side effects,
- Box label
 - Drug Name, Dose, Frequency, duration
 - Name of Patient
 - DOB
 - Practice details

Codeine and its compounds POM-S

- Controlled drugs (Misuse of Drugs Act)
- Greater control both Medicines and Home Office regulations
- Pack sizes (28 tabs) permitted 3 day supply (24 tabs)
- Audit of supply
- Potential for misuse

Storage of medicines

- RPS Guidance [Professional guidance on the safe and secure handling of medicines](#)
- Codeine and its compounds
.....potential risks
- Signed order provision provides an audit trail.



Patient Group Directions

- Named agent
- Agreement in the Trust for a named Health Care Practitioner (or group) to supply a specific medicine for a specific purpose.
- Inclusion & Exclusion criteria
- Characteristics of staff (Qualifications, additional requirements, CPD)
- Description of the agent, dose, frequency, duration
- Agreement is signed by the lead podiatrist, medical director, principal pharmacists, governance lead , pharmacy and management lead
- Renewable every 2-3 years
- Drug specific.

By law you :-

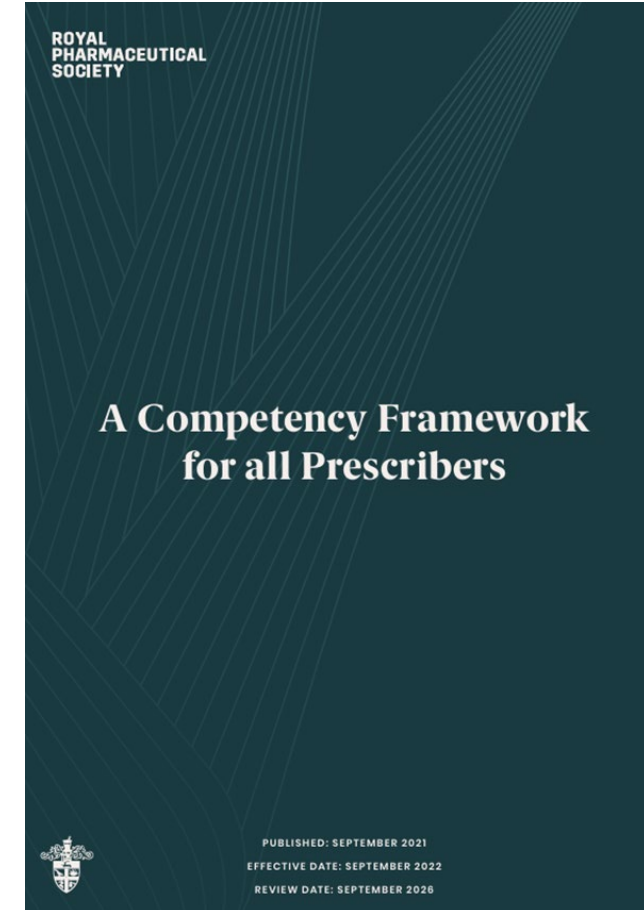
- Cannot supply for conditions outside your scope of practice as a podiatrist.
- Cannot supply POM's that are NOT on your exemption list
- Cannot advertise that you can supply / sell medicines.
- Cannot prescribe for someone else. Prescriber is responsible and accountable for the diagnosis prescribing decisions and ongoing monitoring.

The Competency Framework for all Prescribers

- The consultation
 - Pt Assessment
 - Identify evidence-based treatment options for clinical decision making
 - Present options and reach a shared decision
 - Prescribe*****
 - Information
 - Monitor and Review
- Prescribing Governance
 - Prescribe safely
 - Prescribe professionally
 - Improve prescribing practice
 - Prescribe as part of a team
- A total of 76 Standards.

Should I become a Prescriber as a generalist?

- Whenever you access and supply any exempted medicine you apply nearly all those standards except the actual prescribing bit.
- A prescribing course cements the process and increases our scope
- Exemptions and PGD's may come and go.
- Prescribing is here to stay.



How do I become a Prescriber?

- 197 university courses approved by the HCPC
- Normally generic prescribing courses, not pharmacology courses
- Entry criteria
 - Registered with HCPC
 - Demonstrate evidence to support study at level 6 or 7
 - Have a practice supervisor who can act as a prescribing mentor or DPP and who agrees to supervise you for the required term of clinical practice
 - DBS clearance
 - Be working in a field where prescribing is required. (Nail surgery?)
 - Employer backing

Future developments

- POM-S position statement now agreed by Senate November 25
- CPD to support the membership with POM-S. Strategy being launched right now! And CPD coming soon!
- Negotiations to expand range of CD's available to IP practitioners to include:-
 - Codeine
 - Morphine
 - Tramadol
 - Gabapentin
 - Pregabalin
- Pharmacogenomics:- competency framework for all prescribers.

- Medicines and Medical Devices Committee
- Task and finish groups



- Thank you
- Questions



