Structured Administration and Supply Arrangement (SASA)

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| **TITLE:** | **Administration of Schedule 4 Medicines by Podiatrists** |

1. **Authority:**

Issued by the Chief Executive Officer of Health under Part 6 of the Medicines and Poisons Regulations 2016.

1. **Scope:**

This authorises podiatrists to use Schedule 4 medicines for podiatric practice.

1. **Criteria:**

This SASA authorises the actions specified in the table below.

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| --- | --- |
| Practitioner: | Registered Podiatrists practising in WA as listed in Appendix 1 |
| Practice setting: | Podiatry practice |
| Approved activity: | Administration and supply |
| Approved medicines: | Medicines listed in Appendix 2 |
| Medical conditions: | Podiatric procedures requiring treatment with Schedule 4 medicines |
| Duration: | Valid until 30 April 2019 |

1. **Conditions:**

The administration or supply of approved medicines under this SASA is subject to the conditions that:

* 1. The Registered Podiatrist;
     1. Has made a clinical assessment of the patient;
     2. Is reasonably satisfied that a genuine therapeutic need exists as is related to podiatric practice;
     3. Administers or supplies the medicine as part of a personal consultation conducted at the usual place of practice.
  2. Supply, packaging and labelling of the approved medicine(s) is in accordance with Part 9 of the Medicines and Poisons Regulations 2016; and
  3. Record keeping of administration or supply is in accordance with Part 12 of the Medicines and Poisons Regulations 2016;

1. **References:**

**N/A**

1. **Issued by:**

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| **Name:** | Dr A Robertson |
| **Position:** | Assistant Director General |
| **Date:** | 2 January 2019 |

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| Enquiries to: | Medicines and Poisons Regulation Branch | Number: | 011/3-2019 |
|  | MPRB@health.wa.gov.au | Date: | 02/01/2019 |

**APPENDIX 1**

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| **Approved Podiatrists** |

This SASA applies to the following approved Registered Podiatrists:

|  | **Title** | **First Name** | **Surname** | **Suburb** |
| --- | --- | --- | --- | --- |
| 1. | Mr | Samuel | ABBOTT | GREENWOOD |
| 2. | Ms | Lisa | BARTHOLOMEW | KINROSS |
| 3. | Miss | Mohangi | BHATT | STIRLING |
| 4. | Dr | Chun Liang (Julian) | BOO | BELMONT |
| 5. | Miss | Jessica | BRIMAGE | TRIGG |
| 6. | Mr | Edward | BUCKLEY | BAYSWATER |
| 7. | Ms | Catherine | CARLAND | FREMANTLE |
| 8. | Ms | Sarah | CARTER | NEDLANDS |
| 9. | Mr | Ka Wing | CHEUNG | SOUTH PERTH |
| 10. | Ms | Michelle | CHI | WILLETTON |
| 11. | Ms | Hannah | CHUN | WINTHROP |
| 12 | Mr | Tom | DUONG | NORANDA |
| 13. | Ms | Natasha | FIRNS | SCARBOROUGH |
| 14. | Ms | Claire | FORDE | MT TARCOOLA |
| 15. | Mr | Frederick | GAO | NORANDA |
| 16. | Ms | Ritu | GARG | ARMADALE |
| 17. | Mr | Scott | HEWSON | WANNEROO |
| 18. | Ms | Vanessa | HOUGHTON | MAHOGANY CREEK |
| 19. | Mr | Wesley | HUCK | PALMYRA |
| 20. | Dr | James | KNOX | COTTESLOE |
| 21. | Dr | Alexander | KOMOREK | BELDON |
| 22. | Miss | Jia | LEE | GERALDTON |
| 23. | Ms | Jia Fui | LIM | MT PLEASANT |
| 24. | Ms | Carman | MOK | WINTHROP |
| 25. | Ms | Alicia | NATHAN | MUNDARING |
| 26. | Miss | Twalumba | NKWILIMBA | EAST PERTH |
| 27. | Mr | Devin | NUGRAHA | CANNINGTON |
| 28. | Ms | Julie | PHAM | MIRRABOOKA |
| 29. | Mr | David | SURVEPALLI | MANDURAH |
| 30 | Ms | Gabrielle | TAN | CRAWLEY |
| 31. | Mr | Stefan | TESTI | DUNCRAIG |
| 32. | Ms | Melissa | TING | CANNING VALE |
| 33. | Mr | Richard | WHITE | FALCON |
| 34. | Mr | Yew | WONG | WILLETTON |
| 35. | Mr | Christian | POCKLINGTON | NEDLANDS |
| 36. | Ms | Farai | MAKWIRANZOU | WEMBLEY |
| 37. | Dr | David | MAJEWSKI | HILLARYS |
| 38. | Mr | Jason | LIM | MURDOCH |
| 40. | Ms | Julia | KUROWSKI | ALFRED COVE |
| 41. | Miss | Audrey | XIE | NORTH PERTH |
| 42. | Mr | Daniel | CUNNINGHAM | NORTH COOGEE |
| 43. | Dr | Ong Meng Kiat | ALOYSIUS | NEDLANDS |
| 44. | Dr | Andrew | KNOX | CITY BEACH |

**APPENDIX 2**

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| **Approved Medicines and Circumstances** |

This SASA applies to the following approved medicines supplied per patient treatment:

|  | **Approved Medicine** | **Circumstance / Condition** |
| --- | --- | --- |
| 1. | Amoxycillin / Potassium clavulanate (oral) | one course, up to10 days |
| 2. | Cephalexin (oral) | one course, up to 10 days |
| 3. | Dexamethasone sodium phosphate (injection) | single dose administration |
| 4. | Diclofenac (oral) | up to 20 doses |
| 5. | Erythromycin (oral) | one course, up to 10 days |
| 6. | Flucloxacillin (oral) | one course up to 6 days, repeated after additional consultation for one further course of up to 6 days |
| 7. | Lorazepam (oral) | single dose administration |
| 8. | Methoxyflurane (inhaler) | patient controlled analgesia during podiatric procedures |
| 9. | Naproxen (oral) | up to 20 doses |
| 10. | Paracetamol 500 mg / Codeine 15 mg (oral) | up to 20 doses |
| 11. | Paracetamol 500mg / Codeine 30 mg (oral) | up to 20 doses |