

Consultation Paper on a Health Professionals Prescribing Pathway (HPPP) in Australia

Background

Health Workforce Australia (HWA) is initiating a project to develop a nationally consistent approach for prescribing by health professionals. The Health Professionals Prescribing Pathway (HPPP) project aims to deliver a consistent platform by which health professionals other than medical practitioners may undertake prescribing of medicines consistent with their scope of professional practice.

The HPPP project will develop a national prescribing pathway designed to support safe and competent prescribing. This will be an important contributor to delivering the strategies in the *National Health Workforce Innovation and Reform Strategic Framework for Action 2011-2015* (more information on this framework can be found at <http://www.hwa.gov.au/sites/uploads/hwa-wir-strategic-framework-for-action-201110.pdf>) (Please use **Ctrl + mouse click** to open links)

It is important to note that the scope of the HPPP project does not include:

- health professionals not registered under the National Registration and Accreditation Scheme
- a competency framework for prescribing (this work is already being undertaken by *NPS Better choices, Better health*)
- reviewing State and Territory legislative and regulatory provisions covering the administration of medicines; however, the project may make recommendations regarding State and Territory responsibilities that could support a nationally consistent prescribing pathway
- authorisation of health professionals to prescribe medicines via the Pharmaceutical Benefits Scheme.

A report on the international literature and evidence for non-medical prescribing and the implications for a nationally consistent approach in Australia has been undertaken by Nissen and colleagues (2010)¹ for the National Health Workforce Practice and Research Collaboration (NHWPRC), and is available on the Health Workforce Online website for your reference. <http://www.ahwo.gov.au/documents/NHWT/Non%20Medical%20Prescribing%20Final%20Report.pdf> (Please use **Ctrl + mouse click** to open links)

Many of the topics discussed in this consultation paper are covered in detail by the NHWPRC report. Therefore, HWA recommends the NHWPRC report be read in preparing feedback on this paper.

Purpose

The purpose of this paper is to consult with stakeholders on matters that may impact on a nationally consistent prescribing pathway by health professionals. Health Workforce Australia will collate and analyse the feedback to inform the development of such a pathway.

Submitting your feedback:

Please review the report and provide your feedback in accordance with the instructions below.

Option 1: Online

Please complete your feedback on the form provided and email to hppp@hwa.gov.au (Please use **Ctrl + mouse click** to open links)

(Or)

Option 2: Hard Copy

Please send a printed copy of the completed form to:

Senior Project Officer
Health Professionals Prescribing Pathway Project
Health Workforce Australia
GPO Box 2098
ADELAIDE SA 5001

The deadline for feedback is **30 May 2012**.

Feedback Form: Health Professionals Prescribing Pathway (HPPP) Project

Instructions

Please provide responses using the template provided. The questions are designed to help focus your response and assist HWA when analysing submissions. You are not required to answer every question and you are welcome to add any additional comments.

Stakeholder / Individual / Organisation providing this feedback:

Services for Australian Rural and Remote Allied Health

Department (if applicable):

Contact person: **Rod Wellington**

Position: **CEO**

Telephone: **02 6285 4969**

Email: **rod@sarrah.org.au**

Confidentiality

HWA does not intend to publish the individual submissions received; however, the information provided in the submissions will be analysed, the results presented in a de-identified manner and a report prepared to inform HWA's future work on prescribing.

Please indicate which part of the sector your feedback represents (if reading this document electronically, please double-click and select 'checked' for those that apply):

<input type="checkbox"/> Education provider to the health workforce	<input type="checkbox"/> Consumer group
<input type="checkbox"/> Health service manager	<input type="checkbox"/> Carer group
<input type="checkbox"/> Health workforce planner	<input type="checkbox"/> Government - Commonwealth Agency
<input type="checkbox"/> Health workforce researcher	<input type="checkbox"/> Government - State or Territory Agency
<input type="checkbox"/> Aboriginal and Torres Strait Islander health service planner and / or provider	<input checked="" type="checkbox"/> Non-government (not for profit)
<input type="checkbox"/> Rural and remote health service planner and / or provider	<input type="checkbox"/> Non-government (private)
<input type="checkbox"/> Regulatory body	<input type="checkbox"/> Professional group/s (Please specify):
<input type="checkbox"/> Individual Health Professional	<input type="checkbox"/> Member of public
<input type="checkbox"/> Other (Please specify)	

Key Definitions

HWA will use a definition of 'prescribing' that draws upon the description by Nissen and colleagues (2010)¹ as an iterative process involving the steps of information gathering, clinical decision making, communication and evaluation which results in the initiation, continuation or cessation of a medicine. The HPPP project does not propose to address the ordering of treatment modalities other than medicines.

A prescriber is defined as 'a health practitioner authorised to undertake prescribing within the scope of their practice'.

Drawing upon the Therapeutic Goods Administration definition, medicines are defined as 'therapeutic goods that are represented to achieve, or are likely to achieve, their principal intended action by pharmacological, chemical, immunological or metabolic means in or on the body of a human or animal'.

1. A nationally consistent health professionals prescribing pathway - need, impact and acceptability

There is considerable evidence documenting the pressure on the Australian health system. The *National Health and Hospitals Reform Commission Report (2009)*² discussed large increases in demand for health care, equity of access for all Australians, financial sustainability of the system, workforce shortages and a fragmented health system as challenges facing Australia. The report also recommended that the roles of health professionals be expanded where appropriate and utilised to address some of the service equity gaps to cope with the growing demand. Assisting the medical workforce to concentrate their specialised skills or services requiring their expertise could have significant benefits for managing demand and access issues within the system, particularly in underserved communities.

Prescribing by a wide range of health professionals is already occurring in Australia. Nurse practitioners, dentists, optometrists, midwives and podiatrists are prescribing in accordance with the legislative provisions enacted by States and Territories. However, there is no nationally consistent approach within which all health professions may safely and competently prescribe within the law and their recognised scope of practice. This deficiency has led to inconsistent arrangements for key prescribing elements including education and training, accreditation,

professional registration recognition and endorsement and ongoing maintenance of prescribing competence.

The NHWPRC report by Nissen and colleagues (2010)¹ outlines a case for the assignment of prescribing rights for qualified and accredited health professionals, other than medical practitioners. The intended aim is to assist consumers and patients by providing access to safely prescribed medications through these health professionals practicing within their recognised scope of practice.

Prescribing by health professionals other than medical practitioners has international precedent although the research regarding prescribing by health professionals varies in quality and focus. The United Kingdom (UK) opened the British National Formulary to independent pharmacist and nurse prescribers in 2006. Recently, the Department of Health in the UK completed a comprehensive review of the evidence supporting prescribing by pharmacists and nurses³. After conducting a multi-dimensional analysis including surveys of patients and practitioners, case study sites, and peer reviews of pharmacist and nursing prescribing cases, the review found that prescribing by qualified pharmacists and nurses is safe, clinically appropriate, acceptable to patients, viewed positively by other health professionals, and becoming well integrated into health services. Other UK reports⁴ have found that prescribing by health professionals other than medical practitioners is safe and acceptable to patients and other clinicians and that its benefits can include faster access to medicines, time-savings and improved service efficiency.

1a) What principles should underpin a national approach to health professionals prescribing? Examples could include the importance of safety and quality, or the maintenance of practitioner competence.

Safety and clinical appropriateness for the health consumer.

Access to appropriate training relevant to the level of prescribing rights, with requirements for continuing professional development to maintain currency of knowledge and skills.

Recency of practice - maintaining a level of practice in order to retain certificate to prescribe.

Supervision and mentoring.

Clinical governance and management systems support for health professionals qualified to prescribe.

Recognition of health professionals who qualify to prescribe as advanced scope of practice with appropriate remuneration and grading.

- 1b) **Will a nationally consistent approach to health professionals prescribing, covering important principles such as those listed above, support improved access to health services, efficiency of the health system and help address health workforce issues within the Australian health system?**

Please provide further explanation and, if possible, practical examples to support your view.

Yes. Shortages of health workforce in rural and remote areas limits health consumers ability to access medical prescribing services. Appropriately trained and qualified allied health professionals, nurses and pharmacists can safely and appropriately prescribe medications for health consumers, improving access to health services and medications in rural and remote areas. Reducing the need to be referred back to the GP increases the efficiency of the health system. Enabling advanced scope of practice for allied health professionals and nurses provides an enhanced career pathway and potential to impact on rural and remote allied health workforce retention rates as well as reducing the impact of medical workforce shortages.

2. Potential prescribing models for a health professionals prescribing pathway

A variety of prescribing models are utilised by health professionals internationally. The prescribing models vary in the tasks undertaken by the health practitioner; the medicines available to prescribe; the regimens under which medicines can be prescribed; and the level of supervision under which the health practitioner works. Any health professional prescribing model must have the safety of patients and consumers as paramount considerations.

The NHWPRC report by Nissen and colleagues (2010)¹ proposes four levels of prescribing for examination of applicability and appropriateness in the Australian setting, based on a graded level of autonomy to prescribe (“Prescribe to Administer”, “Protocol”, “Supplementary/Collaborative” and “Independent”). These are supported by evidence in the international literature as being safe, responsive and appropriate in international jurisdictions.

However, the models chosen for a nationally consistent prescribing pathway for health professionals should not only be well-based in the literature but also based on the need to develop appropriate competencies, education, regulation and credentialing mechanisms in alignment with the varying skill sets and levels of responsibility for each prescribing level.

Experience from the UK has also suggested that evaluation of the performance of prescribing is essential so that introduced reforms are effective and patient safety is assured.⁴

2a) Should a health professionals prescribing pathway in Australia have graded levels of prescribing autonomy? Are there other options that should be considered? If so, what are they?

Yes. Graded levels of prescribing autonomy based on qualifications, supervision requirements and models of service is entirely appropriate for Australia. SARRAH strongly recommends that an evaluation of the enhanced system occurs to ensure patient safety is maintained as part of the reform to introduce non-medical prescribing arrangements.

2b) How will the health professionals prescribing pathway need to accommodate the variations of clinical settings and team environments (e.g. hospital, residential, community and private practice settings).

'One size will not fit all.' Before introducing health professional prescribing pathway into a clinical setting there will need to be an examination of the model of care and team environment. The degree of autonomy for the health professional will be dependent on a number of factors such as: access to training to obtain necessary qualifications, opportunity to maintain prescribing practice to maintain appropriate levels of responsibility, access to other team members qualified to prescribe, particularly those with supervisory roles.

3. Scope of Practice Considerations

Health professionals work within their scope of practice. While State and Territory legislation provides for what health professionals may or may not prescribe in their jurisdiction, matters regarding professional practice and development, inter-professional boundaries and

maintenance of professional competence need to be considered in the development of a national prescribing pathway.

3a) How could professional practice and development and professional boundaries between professions be best addressed in a health professionals prescribing pathway?

Consultation with the relevant professional bodies as well as SARRAH. The importance of this proposed health reform for rural and remote healthcare must not be underestimated. However, the health reform process must take into account the needs of rural and remote allied health professionals in obtaining the necessary professional development and requirements for supervision/mentoring/professional practice in order to obtain qualifications to prescribe.

4. Registration and Accreditation Considerations

In Australia, the National Health Practitioner Boards may develop registration standards, codes and guidelines and approve accreditation standards to enable them to fulfil their functions as described by the *Health Practitioner Regulation National Law Act* (the National Law) as in force in each State and Territory.

In the United Kingdom, prescribers are accountable to their professional board for their prescribing and may be called to account for any medication prescribed which appears outside their authorised scope of practice.¹

In addition to the registration of health professionals, accreditation authorities develop accreditation standards and accredit programs of study and education providers. The approach to these accreditation functions can vary considerably between professions.

4a) What changes to registration and accreditation practices might be needed to implement a national health professionals prescribing pathway?

Certification/accreditation through the Australian Health Professional Regulation Certification/accreditation system by the Australian Health Professional Regulation Agency of the level of prescribing for which the health professional is qualified ("Prescribe to administer", "Protocol", "Supplementary/Collaborative" and "Independent") as an advanced scope of practice for that profession.

- 4b) **What strategies could be utilised in a nationally consistent health professionals prescribing pathway to ensure the safety and quality of prescribing by health professionals?**

A consistent approach across all professions involved with regards to training, monitoring and supervision requirements i.e. the implementation of a national framework recognising that the competencies required to ensure safety and quality of prescribing by health professionals is common across the professions and jurisdictions. It is essential that the program is evaluated and that monitoring and reporting requirements are in place to ensure safety and quality of practice.

- 4c) **What accreditation requirements and considerations might exist in a national health prescribing pathway? How might these requirements best be managed?**

Our comment at 4b) equally apply here. Also accreditation requirements should be managed by the Australian Health Professions Regulation Authority, with a consistent, national approach to the development and delivery of course curricula across all the professions.

- 4d) **Given the National Law establishes consistent processes for accreditation of programs of study, would a consistent approach to the accreditation of prescribing education across health professions be an effective strategy?**

Yes - however the delivery of prescribing education programs must be through flexible models to take into account the barriers to accessing professional development by rural and remote health professionals.

5. Quality and Safety

Medication use is critically linked to patient safety. For prescribing to take place in a safe and efficacious manner, it is essential that mechanisms by which health professionals continuously improve the safety and quality of their prescribing are identified. Inter-professional communication and record management are also critically linked to safety and quality of prescribing, to avoid the risk of adverse outcomes occurring from communication breakdowns.

- 5a) What major prescribing quality and safety strategies should be considered to ensure the patient or consumer is protected when a prescription is provided? Who has a role in ensuring these occur? (e.g. the prescriber, the employer, the National Board)?

Monitoring and record keeping are key elements to prescribing quality and safety standards. Health professionals must work within scope of practice and the level of training to prescribe by which they are registered. i.e. if they are registered at a level to prescribe by protocol, the protocol must be followed.

- 5b) What communication strategies between health professionals should be employed to support safe prescribing?

Ideally Personally Controlled Electronic Health Records (PCEHR) should contain details of prescribed medications for a patient from all health professionals involved care which will enhance the safety of the patient. However, for this to occur, patients need to have a PCEHR and allied health professionals access to that record.

A medication summary from the non-medical prescribing health professionals should be sent to the patient's GP, or provided to the patient to be shown to the GP and other health professionals involved in the care in the absence of a PCEHR.

6. Education and Training

Appropriate education and training is necessary to support a health professional to safely and effectively prescribe, regardless of their professional background. The scope and breadth of education and training to ensure a competent prescriber is not well documented in Australia. Anecdotal evidence suggests that the quality of prescribing education and training is inconsistent across Australia (Nissen 2010).

Currently, prescribing training is offered by various institutions and organisations and through a variety of mechanisms, ranging from prescribing taught as part of an undergraduate curriculum, to postgraduate prescribing courses. Also, resources such as the National Prescribing Curriculum (NPC) modules by *NPS Better choices, Better health* are available to support and encourage rational and confident prescribing. More information is available from http://www.nps.org.au/health_professionals/online_learning/national_prescribing_curriculum.

(Please use **Ctrl + mouse click** to open links)

In addition, the *NPS Better choices, Better health*, in consultation with multiple stakeholders, is currently developing a Prescribing Competencies Framework for Australian health professionals. This framework documents the core competencies required to prescribe safely and effectively, and can be used as a tool to achieve consistency in prescribing education and training. More information on this work is available at http://www.nps.org.au/health_professionals/prescribing_competencies_framework. (Please use **Ctrl + mouse click** to open links)

Any curriculum should include not only the learning objectives but also the attributes of those completing the program and methods of assessment needed to demonstrate the attributes which have been acquired.

6a) What strategies and mechanisms should be in place to ensure Australian health professionals are adequately and consistently trained in prescribing?

A key strategy would be to utilise the nationally accepted competency framework for prescribing by Australian Health Professionals in the further development of training packages and also evaluating the effectiveness of the training content and activities. Consultation should occur with experts in the development, delivery and assessment of training delivered by flexible means through a variety of training organisations. Development of course curricular needs to meet competency framework standards to ensure consistency rather than curricular being developed by training providers independent of each other. Testing of courses with integrated evaluation should also occur prior to national roll out.

7. Design and implementation of a nationally consistent health professionals prescribing pathway

7a) What are the critical implementation and design factors for a nationally consistent health professionals prescribing pathway?

A national framework for the implementation and management of health professional prescribing practice which takes into account:

1. Training requirements - including flexibility for delivery/access to training for health professionals working in rural and remote practice.
2. Supervision/monitoring requirements.
3. Record and reporting requirements.

4. A national competency framework that applies across all the health professions involved in Health Professional Prescribing Practice which includes specific requirements for skills, training, supervision and monitoring of practice for rural/remote health professionals.

5. A consumer based focus to ensure that consumer health needs are being met by the most appropriately skilled professional providing a safe, effective, efficient and timely health service.

8. Current and Future Innovation

8a) Do you know of any health professionals prescribing trials / projects that are happening in your area / industry? If so, please briefly describe.

Podiatry is currently delivering training to a select group of practitioners to become accredited for prescribing rights, however we do not have specific details on the program.

9. Extra Information

9a) Please make any further comments that might assist.

Health Professional Prescribing Practice for rural and remote allied health professionals has significant potential to increase access to health services for the health consumer, improving health outcomes by enabling a timely access to required medication. There is also potential to enhance rural and remote health professional workforce recruitment and retention by providing enhanced career opportunities through recognition and support of advanced scope of practice.

THANK YOU

Health Workforce Australia thanks you for taking the time to provide your perspective and advice.

Further information about the work of HWA is available at <http://www.hwa.gov.au> (Please use Ctrl + mouse click to open links)

References

1. Nissen, L; Kyle, G; Stowasser, D; Lum, E; Jones, A; Gear, C. (2010) *An exploration of likely nature of, and contingencies for, developing a nationally consistent approach to prescribing for non-medical health professionals*. National Health Workforce Planning and Research Collaboration. <http://www.ahwo.gov.au/publications.asp> (Please use **Ctrl + mouse click** to open links)
2. *A Healthier Future for All Australians - National Health and Hospitals Reform Commission Final Report*. (2009) Australian Government. <http://www.health.gov.au/internet/main/publishing.nsf/Content/nhhrc-report> (Please use **Ctrl + mouse click** to open links)
3. Latter, S; Blenkinsopp, A; Smith, A; Chapman, C; Tinelli, M; Gerard, K; Little, P; Celino, N; Granby, T; Nicholls, P; Dorer, G. (2010) *Evaluation of Nurse and Pharmacist Independent Prescribing*. Department of Health Policy Research Programme Project 0160108, University of Southampton, Keele University. <http://eprints.soton.ac.uk/184777/3/ENPIPfullreport.pdf> (Please use **Ctrl + mouse click** to open links)
4. Fittock, A. (2010) *Non-Medical prescribing by nurses, optometrists, pharmacists, physiotherapists, podiatrists and radiographers. A quick guide for commissioners*. National Prescribing Service – NHS. http://www.npc.nhs.uk/non_medical/ (Please use **Ctrl + mouse click** to open links)
5. Wilson, R; Runciman, W; Gibbers, R; Harrison, B; Newby, L and Hamilton, J (1995) The Quality in Australian Health Care Study. *The Medical Journal of Australia* 163(6) Vol 163