

Value of a non-medical prescribing course in preparing Australian pharmacists for prescribing roles



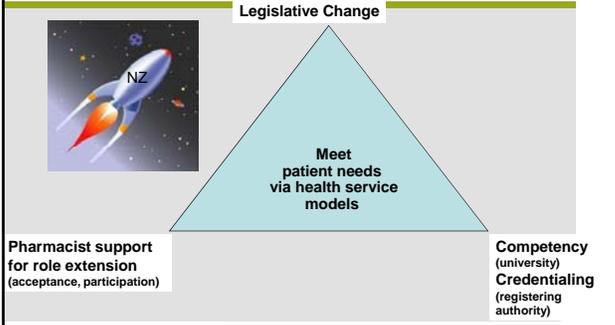
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Requirements for non-medical prescribing



Legislative Change

Meet patient needs via health service models

Pharmacist support for role extension (acceptance, participation)

Competency (university) Credentialing (registering authority)



Value of a non-medical prescribing course in preparing Australian pharmacists for prescribing roles

Aim:
To pilot a UK non- medical prescribing (NMP) course for Australian hospital pharmacists and to elicit participants' views on NMP and experiences of training.




Value of a non-medical prescribing course in preparing Australian pharmacists for prescribing roles

- Method**
 - Course selection (Robert Gordon University)
 - 15 participants (advanced practice roles)
 - Ran over 9 months from September 08
 - Participants' views/experiences evaluated via 3 focus groups
 - Audio recorded, thematically analysed using NVivo8



Robert Gordon University (RGU) Independent Prescribing Course

- 13 Victoria, 2 Queensland
- Advanced practice roles with prescribing elements
 - Advanced Emergency Pharmacist Practitioner
 - Oncology
 - HIV
 - Peri-op assessment
 - Diabetes Referral Clinic
 - Lipid clinic for peripheral vascular disease
 - Warfarin clinic



Robert Gordon University (RGU) Independent Prescribing Course

- Course selection**
 - No Australian non-medical prescribing course for pharmacists
 - Victorian Dept of Health requirement for extra credentialing in ED study
 - Other demonstration prescribing projects evolving
 - Time imperative





Robert Gordon University (RGU) Independent Prescribing Course

- The RGU course

- Accredited by the  (meets standards to register as an IP)
- Integrates prescribing competencies framework from National Prescribing Centre
- Well established – Supplementary prescribing course 2003 and produced most pharmacist graduates
- Masters level subjects

Robert Gordon University (RGU) Independent Prescribing Course

- Barwon Health contracted with RGU to run the course
- Monash University facilities
- Course costs
 - Course fee \$3000
 - Funded by Health Dept for Emergency Pharmacists
 - Hospitals funded other participants

RGU Candidate Requirements

- At least 2 years clinical experience
- Has a defined area of competence
- Has a Medical Mentor for period of learning in practice
- Demonstrate how they will reflect on their performance and take responsibility for CPD

Robert Gordon University (RGU) Independent Prescribing Course

- Three components
1. University based training 200 hours (25 days)
 - Distance learning modules
 - Medicines, Prescribers and People
 - Prescribing and Public Health
 - Therapeutics – choice of 12 options

RGU Independent Prescribing Course

2. Residential School

- Delivered by 3 lecturers from RGU at Monash Uni
- Usually 5 days compressed into 4
- Pharmaceutical Care Planning
 - Clinical management plans, physical examination, communication, history taking, **consultation skills**
 - Assessment OSCEs/video

RGU Independent Prescribing Course

3. Period of Learning in Practice (min 12 days)
Of key importance

- Develops competencies in prescribing for the focus area (medical mentor)
- Portfolio of evidence min 90 hours
- Reflective commentary
- Sign off 75 competencies by medical supervisor

RGU Independent Prescribing Course

- Results

- 12 of 15 candidates successfully completed the course



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Qualification



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Focus group evaluation 'Prescribing'

- Moving forward

- 'Better idea of where we are at & where it could head....'
- 'Reinforced the prescribing direction....'
- 'I think there's a lot of potential; I think this is just the starting point. I undoubtedly believe pharmacist prescribing is the way forward'
- 'Consider our practice from a different angle....'
- Having an established role I don't think it's going to be such a stretch for us to prescribing..'

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Focus group evaluation 'Prescribing'

- Fitting in

- 'I'm a bit apprehensive about my doctor's vision about where we fit in..I think its going to take a lot of organisation or negotiation'

- Independent prescribing

- 'We might have to call it something else because I know there can be a very severe reaction..'

- Work pressure

- 'Time management is going to be an issue' [for this new role]

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Focus group evaluation 'NMP Course'

- Benefits (consultation & communication skills)

- 'Probably get more out of it when I talk to patients now, I think communication is the biggest thing'
- 'The course gives you a lot of respect for the prescribing process....'
- 'The journey through the course has impacted on my current practice..'
- 'I am more confident in recommending prescribing changes..'

- Scope

- 'If it does come about is this course going to be recognised..'
- 'We could be doing this in 10 years & not be able to use it....'
- '...patients will come in with other issues as well.'

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Focus group evaluation 'NMP Course'

- Organisation and structure

- Residential school timing – 'a session where you come back, after or during training would be valuable'
- 'Our biggest problem is working out university documentation..'
- 'I'm not sure writing three or four reflective essays is of great benefit..'

- Period of Learning in Practice

- 'It was really good to see the way [the physician] handled the consultation'
- 'Most of it [competencies] is stuff we were doing everyday'

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Focus group evaluation 'NMP Course'

- Improvement
 - Local legal and therapeutic areas
 - PLP requires a more structured program (left to students)
 - More rigorous validation in chosen specialist area vs generic approach?

What did Barry Strickland-Hodge from Leeds say?



Clinical assessment skills
Post grad certificate in patient assessment
12-14 weeks

- Term NMP vs 'prescriber'
- Combined course supporter
- Maturity level
- Confidence loss if not prescribing
- Reflection intrinsic part, nurses more reflective

Assessment – University of Leeds course

- Written examinations (multiple choice, short answer) – BNF **knows/knows how**
- Objective Structured Clinical Examinations (OSCEs) -, covers communication, history taking, etc **shows how**
- Portfolio – recording and reflecting on the PLP to demonstrate experiences & competencies,
 - 25 patient contacts on what prescribing decisions based on
 - cases, witness testimonies, reflective pieces, Q&A
 - DMP sign off
- Case-based discussion – with academic & doctor – Q&A, assesses knowledge & judgement

Lots of Questions?

- NPC competency framework – adopt, adapt or reinvent?
- Will course structure encourage or discourage participation?
- Period of Learning in Practice
 - How do we structure and evaluate?
 - Medical mentor buy in & understanding of their role
 - Competing for educational space with medical students
 - Payment
- Competency –weight the governance balance locally vs centrally?
- Revalidation

Future direction

- Professional/academic bodies need to reach agreement on the level of competency for prescribing pharmacists & how we train them
- We don't need to make this too difficult within a collaborative framework?

Expansion in the UK

Qualified >43,000 Non-Medical Prescribers:

– Community Practitioner NPs	~ 26,000
– Nurse IPS	> 15,000
– Pharmacist IP/SPs	> 900
– Pharmacist SPs	> 900
– Optometrist SPs	> 30
– AHP SPs	> 250

- Figures for England, provided by individual regulators October 2009

Conclusion

- The first experience of a course to develop pharmacist prescribing was positive but challenging
- The lessons can assist the future development of an Australian course for pharmacist prescribers

Pharmacists get green light to prescribe Tamiflu

Mark Gertsakis

PHARMACISTS in Victoria have been authorised to supply Tamiflu without a prescription in the face of the escalating swine flu epidemic.

The Victorian Department of Human Services has issued a Public

the Victorian Government that if it's required for doses to be given by pharmacists, then a protocol will be distributed and the legislation that has come through enables that process," Mr Scalvos told *Pharmacy eNews*.

"But at this stage we are not in

The swine flu alert level could be raised to 'sustain' today after a meeting of chief health officers in Sydney as cases of the virus across the country climb to 1,224 – 1,011 of them in Victoria alone.

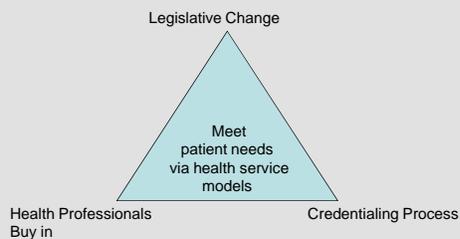
Mr Scalvos said the order would not require pharmacists to make

- Focus group 2 (end of period of learning in practice)
 - Did the course meet expectations?
 - Do pharmacists believe they have the competency to prescribe in their specialty? Varies with setting and role OPD vs ED
 - Gaps & future directions

Issues

- Tailor some aspects to Australian content of the course
- Period of learning in practice – varying experiences
- & competency requirements
- Organisation of Period of learning in practice
- Having models to operate in etc

Requirements for non-medical prescribing



Competencies for the consultation National Prescribing Centre

- Demonstrate clinical and pharmaceutical knowledge
- Establish options for the patient
- Communicate with patients
 - Modified RCGP video assessment for evaluating consultation skills in 5 areas with 12 performance criteria eg questioning skills
 - Objective Structured Clinical Examination

Focus group evaluation of RGU course

– Competencies

- 'Consultation skills are an important thing.....'
- 'Communication is the biggest thing.....'
- 'I probably get more out of it when I talk to patients now...'
- 'The course gives you a lot of respect for the prescribing process.....'
- 'The clinical management plan was a good way to start....'
- 'Competencies are for all (levels) of pharmacists...'

Focus group evaluation of RGU course

– Limitations

- 'We could be doing this in 10 years & not be able to use it...'
- 'I am apprehensive about my doctors vision.....'
- 'Our biggest problem is working out the documentation, what is required by the university....'
- Approaches to the period of learning in practice eg Emergency Department
- Australian content...
- More structure in the PLP....