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:

National Alliance for Pharmacy Education (NAPE) www.nape.edu.au

Department (if applicable):

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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):

☒ Education providers to the health workforce	☐ Consumer group
☐ Health service managers	☐ Carer group
☐ Health workforce planners	☐ Government – Commonwealth Agency
☐ Health workforce researcher	☐ Government – State or Territory Agency
☐ Aboriginal and Torres Strait Islander health service planners and / or providers	☐ Non-government (not for profit)
☐ Rural and remote health service planners and / or providers	☐ Non-government (private)
☐ Regulatory body	☐ Professional group/s (Please specify):
☐ Individual Health Professional	☐ Member of Public
☐ 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 lead 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 nurses[3]. 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 reports[4] 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.

Definition of 'medicine'

A standardized definition of 'medicine' that may expand and/or clarify the current definition should be included under 'Key definitions' on Page 4. This definition may include a reference to the "scheduling" of medicines, i.e. including Schedules 2 and 3. These schedules are traditionally referred to as "over-the-counter" medicines, but are currently 'prescribed' in a pharmacy setting. Consideration should also be given to other medicines under this definition, e.g. complementary medicines, etc.

Competency Framework

A standardised competency framework for all prescribers regardless of being medical or non-medical prescribers is required. The National Prescribing Service (NPS) "Competencies required to prescribe medicines"

(http://www.nps.org.au/health_professionals/prescribing_competencies_framework) should be adopted for all health professionals as a foundation for safe and effective prescribing.

Scope of Practice

All health professionals should be working within a defined (and documented) scope of practice. Health professionals with prescribing rights should have prescribing incorporated into their defined scope of practice. Furthermore, prescribers should be demonstrated as competent (according to the competency standards previously described) within their scope of practice.

The responsibility and liability for defining and maintaining scope of practice lies with the individual and relevant profession's Board. Scope of practice definitions and endorsement of health professional prescribers will be undertaken by the relevant Board under the framework of the Australian Health Practitioner Regulation Agency (AHPRA).

Education and Training

A consistent approach to the training and credentialing of all prescribers (medical and non-medical) is essential.

For all health professions, education around prescribing and the application of prescribing needs to commence in an under-graduate program and be commensurate with their entry level competencies relating to prescribing on registration. For example, a newly registered pharmacist will be able to diagnose common ailments and prescribe appropriate schedule 2 and schedule 3 medicines (National Competency Standards Framework for Pharmacists in Australia http://www.psa.org.au/download/standards/competency-standards-complete.pdf) .

Accredited post-registration training will be required for health professionals who desire expanded prescribing rights for their particular scope of practice. The foundation under pinning these education milestones should be a common curriculum for all health professionals which must be based on the health professional prescribing competencies. Further information regarding education and training needs is included in questions below.

Other key imperatives are that health professional prescribing should:

- be supported by all health professionals choosing to undertake health professional prescribing

- encompass the principles of Quality Use of Medicines as outlined in the National Medicines Policy (a well-established and respected national framework that aims to "improve positive health outcomes for all Australians through their access to and wise use of medicines." [http://www.health.gov.au/internet/main/publishing.nsf/content/National+Medicines+Policy-2])

- demonstrate the separation of the functions of prescribing, dispensing and administration of medicines

- incorporate access to an accurate, up-to-date medication history ± medication management plan (for example http://www.health.gov.au/internet/safety/publishing.nsf/Content/com-pubs_Medication_Management_Plan/$file/medicationsafetyplan.pdf)

- be undertaken collaboratively, where health professionals participate as prescribers within the healthcare team with frequent communication between all participants.

- be cognisant of the critical steps in the medicines management pathway (J Pharm Pract Res 2004; 34:293-6)

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.

It is well recognized by HWA that by 2025, without nationally coordinated reform, there will be a significant shortage of doctors and nurses across all areas of Australia (https://www.hwa.gov.au/sites/uploads/health-workforce-2025-volume-1.pdf). As such, it is imperative that there is health workforce reform to achieve effective, efficient and accessible health service delivery (https://www.hwa.gov.au/sites/uploads/hwa-wir-strategic-framework-for-action-201110.pdf). Given the imminent shortage of doctors and nurses, the expanded roles of other health care professionals who are competent to prescribe will assist with achieving these reforms. As such, the ability of skilled and credentialed health practitioners e.g. pharmacists, to prescribe will significantly improve patient access to timely and efficient healthcare.

A collaborative prescribing model will also drive the development and efficiency of multi-disciplinary teams across all sectors of healthcare. This may be particularly evident where new models of healthcare delivery are evolving, such as those being developed by the new Medicare Locals. In terms of continuity of healthcare, a truly collaborative model will enable significant efficiencies in terms of medication safety across the transitions between primary, secondary and tertiary care.

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?

We believe that a graded system of prescribing autonomy should be employed.

In addition to the four levels described above, there should be recognition of entry level prescribing competencies (as described above for pharmacists prescribing schedule 2 and schedule 3 medicines).

It will be essential that the generic prescribing competencies (http://www.nps.org.au/health_professionals/prescribing_competencies_framework) are mapped to these graded levels of prescribing autonomy. All healthcare professionals will need to achieve these competencies regardless of profession.

The terminology "independent" should be avoided, since all prescribing should be seen as collaborative in nature. Indeed there needs to be clear definitions around any defined level of prescribing, such that there is clarity in how they differ from current prescribing practice.

There will need to be consideration given as to how these levels of autonomy translate into practice for different health care professionals. For example, decisions will need to be made as to whether all health care professionals could reach the highest level of prescribing status for their scope of practice.

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).

In some sectors of the healthcare network, these collaborative and multidisciplinary models are already well established. For example, tertiary care hospitals where pharmacists are intimately involved in team based decisions around prescribing and pharmacotherapy on a regular basis.

In other healthcare sectors, decisions around prescribing are made more independently of other healthcare professionals. For future prescribing to be truly collaborative, these settings will require significant changes to a more patient centric model requiring greater inter-professional communication, sharing of medical information eg via MEDVIEW and recognition of the skill-sets of other healthcare professionals . New models will need to incorporate a fundamental process for communication with a patient's usual medical practitioner.

We suggest improved collaboration may be achieved by co-location of healthcare professionals e.g. pharmacists within GP surgeries; or by more innovative use of technological interfaces e.g. Personally Controlled Electronic Health Record (PCEHR) or similar. We believe it is in these areas where the most significant gains in changing access to and improving efficiencies in the health care system can be achieved. If successfully implemented, the core of the National Medicines Policy, to bring about better health outcomes for all Australians, will be achieved.

Individual healthcare professionals and professional organizations should be involved in the imperative of improved interprofessional communication and collaboration.

A healthcare professional who is credentialed to prescribe within a specific clinical setting i.e. scope of practice, who then moves to a new clinical setting or environment, would require re-credentialing for this new scope of practice.

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?

This will have to be based around the development (and application of) a standard curriculum based on the competency framework for all prescribers (http://www.nps.org.au/health_professionals/prescribing_competencies_framework). This must be supported by a competency based assessment which is consistent for all health care professionals.

Indeed a collaborative approach to educating and credentialing prescribers will assist in a robust understanding of the professional skills and competencies contributed by each healthcare professional group.

Professional boundaries will be determined by the healthcare professional's scope of practice, which in turn will be endorsed by AHPRA or their designated authority. Boards may use the framework of Codes and Guidelines to further encourage the implementation and acceptance of other health professional prescribers.

Under the scope of practice and endorsement framework of the Regulation Agency (AHPRA), individual health professionals and professional organizations must also be involved in encouraging improved interprofessional communication and collaboration.

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?

The national competencies should be adopted by AHPRA and applied across all health professional groups.

Due to the patient safety implications, we recommend that there must be credentialing and endorsement for prescribers. We would suggest that AHPRA or their designated authority should govern the endorsement of all healthcare professionals competent to prescribe.

Furthermore, we strongly maintain the need for the accreditation of any education program on prescribing in terms of curriculum and competency assessment. As such, educational programs seeking accreditation for their graduates to prescribe, must transparently demonstrate how their prescribing and other related curriculum is mapped against the national prescribing competency framework. As above, this accreditation should be undertaken by AHPRA or a delegated authority

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?

See 4a above. Consideration may also be given to development of a process to support mentoring of health professional prescribers

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

See 4a above

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

Yes, see 4a above. NAPE fully endorses this approach. There are numerous examples of this approach working effectively in undergraduate and post-graduate programs. This ensures quality and consistency of education.

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)?

In terms of prescribing quality and safety strategies, please see 1a. Consideration should also be given by Boards to the inclusion of mandated reference material as part of professional practice standards. There will be a need for improved awareness by those involved in the dispensing process regarding the scope of practice of health professional prescribers

We anticipate that consumers will have greater autonomy over their health record with the imminent availability of their PCEHR. One strategy is via education of the consumers to opt in to these initiatives and become more engaged in their healthcare.

The key focus is the need for a patient centric health-care model and the requirement for a collaborative team-based approach for the care of this patient.

We do not believe that there is one person, body or board that can be singly responsible for ensuring consumer protection. It has to be a full systems approach. As outlined previously, we

envisage this would be over-seen by AHPRA, but requires a holistic team approach. The clinical governance around these new roles will have to include appropriate audit and re-audit to ensure patient safety. Furthermore, there is a need for consideration by AHPRA or the appropriate authority as to the minimum period for re-credentialing.

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

See 5a above.

Ideally:

- prescribers should work collaboratively in teams.
- all team members should respect the knowledge, skills and attributes of each individual health professional prescriber
- all team members should have access to all relevant patient information via hard copy or secure e-health records
- all information related to prescribed medicines and clinical outcomes should be documented and communicated appropriately with the health care team.
- there should be acknowledgement of the important role of medical practitioners as diagnosticians and central to a patient's ongoing care

Recognition of the importance of communication is evident in the National Prescribing Competency framework and should therefore be demonstrated by all endorsed prescribers.

6. Education and Training

Appropriate education and training are 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 have been acquired.

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

This will have to be based around the development and application of a standard curriculum based on the competency framework for all prescribers (http://www.nps.org.au/health_professionals/prescribing_competencies_framework). This will need to be supported by a competency based assessment which is consistent for all health care professionals.

Indeed a collaborative approach to educating and credentialing prescribers will assist in a robust understanding of the professional skills and competencies contributed by each healthcare professional group.

The university sector should be charged with the responsibility for delivering accredited education programs to support the training and endorsement of prescribers. This will include the development of materials to ensure adequate understanding of the key enabling science behind medicines, pharmacotherapy as well as the clinical and diagnostic aspects of prescribing.

As described above, education around prescribing and the application of prescribing needs to commence in an under-graduate program which is commensurate with entry level competencies relating to prescribing on registration. For example, a newly registered pharmacist will be able to diagnose common ailments and prescribe appropriate schedule 2 and schedule 3 medicines (National Competency Standards Framework for Pharmacists in Australia http://www.psa.org.au/download/standards/competency-standards-complete.pdf). Accredited post-registration training will be required for health professionals who desire expanded prescribing rights for their particular scope of practice. The foundation underpinning these education milestones should be a common curriculum for all health professionals which must be based on the health professional prescribing competencies

For all health-care professional groups, a gap analyses must be undertaken to identify and map those competencies that are required to be taught at a post-graduate level. For example, some health care professional groups in their undergraduate programs will have received substantial education in the area of pharmacology and therapeutics, whereas other groups will have significant gaps, thus requiring extensive education in these areas.

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?

There needs to be wide agreement across all health care professions and AHPRA that the HPPPP and the national prescribing competencies apply to all prescribers. There needs to be further consideration and consultation around the correct levels of prescribing autonomy in order to get engagement and consensus by all healthcare professional bodies/groups.

There must be adoption of the HPPPP and the national prescribing competencies at a national level. This will avoid state and territory cross jurisdictional issues that are currently impacting prescribers and pharmacists.

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.

The NAPE universities are aware of a number of healthcare professional prescribing initiatives. We would be more than happy to provide further details on request.

9. Extra Information

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

It is the opinion of NAPE that the HPPP and the national prescribing competencies must equally apply to medical practitioners as well as non-medical practitioners.

It was our understanding from an HWA presentation at the PPCANZ meeting in early 2012 that the choice to change the term from "Non-Medical Prescribing" to "Health Professional Prescribing" was intended to incorporate all potential prescribers including those medically trained. However the HPPP project objective states that it "aims to develop a nationally consistent approach to prescribing by health professionals, other than medical practitioners…." There needs to be clarity by HWA as to who this prescribing pathway is intended for.

NAPE maintains that the HPPP must be applicable to all prescribers for transparency, equity across health care professions and for consumer safety and confidence that all prescribers are appropriately trained and credentialed.

NAPE firmly believes that it is the responsibility of the University sector to develop and deliver a high quality prescribing curriculum and prescribing programs that are accredited by AHPRA.

NAPE has identified an immediate need for the development of a standard curriculum for all prescribers and has prioritized this as a key initiative for 2012. As such, NAPE wishes to engage with HWA and NPS to facilitate this critical next step in the HPPP project.

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

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