

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:

Forum of Australian Health Professions Councils

Department (if applicable):

Contact person: Peggy Sanders

Position: Forum Secretariat

Telephone: 0438624542

Email: info@healthprofessionscouncils.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 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 checked="" type="checkbox"/> Other (Please specify) Accreditation Authorities for the Health Professions	

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.

The underpinning principles should have their genesis in the demands of access, safety, quality and cost. These attributes should be underpinned by an independent, robust and mature accreditation process based on a prescribing competencies framework and consistent with the aims and objectives of the document Quality Framework for the Accreditation Function (jointly developed by AHPRA, the National Boards and the Forum of Australian Health Professions Councils). The principles underpinning the Quality Framework are: the COAG principles for best regulation; the objectives and guiding principles of the National Registration and Accreditation Scheme in the legislation; and, the independence of accreditation decision-making with the parameters established by the National Law.

The Quality Framework for the Accreditation Function document has identified eight domains which are at the core of the framework. In brief these can be summarised thus:

1. Governance - the accreditation authority effectively governs itself and demonstrates competence and professionalism in the performance of its accreditation role.
2. Independence – the accreditation authority carries out its accreditation operations independently.
3. Operational management - the accreditation authority effectively manages its resources to carry out its accreditation function.
4. Accreditation standards - the accreditation authority develops accreditation standards for the assessment of programs of study and education providers.
5. Processes for accreditation of programs of study and education providers – the accreditation authority applies the approved accreditation standards and has rigorous, fair and consistent processes for accrediting programs of study and their education providers.
6. Assessing authorities in other countries (where this function is exercised by the accreditation authority) - the accreditation authority has defined its standards and procedures to assess examining and/or accrediting authorities in other countries.
7. Assessing overseas qualified practitioners (where this function is exercised by the accreditation authority) - the authority has processes to assess and/or oversee the assessment of the knowledge, clinical skills and professional attributes of overseas qualified practitioners who are seeking registration in the profession under the National Law and whose qualifications are not approved qualifications under the National Law for the profession.
8. Stakeholder collaboration - the accreditation authority works to build stakeholder support and collaborates with other national, international and/or professional accreditation authorities.

The Forum also supports the concept that a common set of prescribing competencies should underpin prescribing, regardless of professional background. This position is supported by international approaches (the NPC "A single competency framework for all prescribers") as well as developments within Australia - the upcoming release of the NPS prescribing competencies as a prime example.

- 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.

A nationally consistent approach based on a common set of prescribing competencies would assist in ensuring a common prescribing standard regardless of professional background. Health care delivery (which could include preventative and supportive care) is currently challenged by increasing consumer demand (particularly in areas of chronic disease) and identified unmet demand (e.g. mental health). The ability to expand the range of health-related services (e.g. prescribing) able to be provided by appropriately educated and competency-based trained health professionals will help to meet future challenges in the delivery of health care.

As the project aims to deliver a 'consistent platform' whereby health professionals will 'undertake prescribing of medicines consistent with their scope of professional practice', within a common set of prescribing competencies, it must be recognised that some health practitioners will be applying these competencies broadly while others will do so under a more limited scope of practice and this fact needs to be reflected in the prescribing competencies.

As mentioned above, chronic disease management will represent a massive demand on health services in the primary care area in the near future, and the ongoing monitoring of such patients will present an opportunity for the involvement of appropriately credentialed non-medical health professionals to monitor, dose-adjust and modify medicines. (Such is presently occurring at an HIV clinic on the Gold Coast where a pharmacist is monitoring therapy and adjusting medicine doses as appropriate. This is freeing up valuable clinic time for medical staff.)

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?

The proposed graded level of autonomy to prescribe would seem a sensible place to start and would provide a manageable framework within which to develop standards and processes to underpin the system. The Forum does not believe that further graded levels should be considered at this time. However the Forum does accept the notion that future developments relating to areas such as competency and credentialing may result in a modification of the prescribing autonomy levels.

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).

The health professionals prescribing pathway should be sufficiently robust and flexible to accommodate the variety of clinical settings and other environments found in contemporary health delivery systems. It would not be unreasonable to assume that the suggested levels of 'autonomy to prescribe' could accommodate such variations in clinical setting with many of the issues that do arise being addressed by arrangements at the local level.

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?

A common health-professions prescribing pathway could be developed from a defined set of attributes based on the NPS-developed prescribing competencies. A nationally consistent approach based on a common set of prescribing competencies would assist in ensuring a common prescribing standard regardless of professional background, while recognising that some health professions will apply the competencies broadly and some under a limited scope.

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?

Health practitioners with the appropriate education and training associated with 'prescribing' could be recognised through section 98 of the National Law which allows for endorsement for an approved area of practice.

However as there is no nationally consistent State and Territory-based legislation concerning 'authority to prescribe' any endorsement by the National Law that would allow prescribing by a particular health practitioner would need to be mirrored in a participating jurisdiction in another Act of that jurisdiction.

The Forum of Australian Health Professions Councils (the Forum) is a coalition of the accreditation authorities for the ten 2010 health professions and two of the 2012 health professions (under the National Registration and Accreditation Scheme) and, as such, is in a good position to comment on the statement above that 'the approach toaccreditation functions can vary considerably between professions'.

The variation in approach between the professions is largely, although not entirely, historic and may also arise from the length of time the accreditation authority has been accrediting programs of study and education providers, the number of education providers for the professions and the size of the profession. While the principles of good accreditation practice are agreed (and outlined in a Forum document "Good Practice in Accreditation of Health Profession Education Programs") the accreditation authorities in the assessment of education providers encourage diversity and innovation between programs of study within a profession, and therefore recognise that diversity of approach to the accreditation function between accreditation authorities is also quite acceptable.

The accreditation authorities through the Forum share information on accreditation standards, principles, processes and practices - and learn much from each other.

While the accreditation authorities develop the accreditation standards for the health profession, it is the national board that approves the standards. The development of a new accreditation standard requires wide-ranging consultation - requiring time and resources - prior to its approval by the national board. With the addition of prescribing for some health professions, and particularly for those that have not previously been prescribing professions, it is likely that there will need to be changes to the approved accreditation standards for the profession and new accreditation procedures and guidelines for the education providers as part of the assessment and compliance process.

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?

Nationally consistent education and training approaches, recognising diversity, and credentialling processes informed by reference to the NPS-developed prescribing competencies.

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

Accreditation of education, training and continuing professional development (CPD) activities to standards based on the "Quality Framework for the Accreditation Function", a document jointly

developed by representatives of AHPRA, the Accreditation Authorities and the National Boards. The underpinning principles of the Quality Framework are (1) the COAG principles for best practice regulation (2) the objectives and guiding principles of the National Registration and Accreditation Scheme in the legislation and (3) the independence of accreditation decision-making within the parameters established by the National Law.

Organisations involved in the education, training and credentialling of health professional prescribers would be subject to relevant accreditation programs.

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?

While the National Law has established the definitions concerning the (i) accreditation of a program of study and the education provider, if it meets the approved accreditation standard; and (ii) the accreditation with conditions if the program of study and the education provider substantially meets the approved accreditation standard; and (iii) the requirement for monitoring programs once they are accredited; the National Law has not established 'consistent processes for accreditation of programs of study'.

Therefore the assessment of a program of study (and the education provider) against an approved accreditation standard for prescribing for the non medical professions would be in line with the accreditation processes of that profession. The accreditation standard and the accreditation requirements for the program of study should be commensurate with the risk associated with the prescribing model adopted. Such accreditation should also include the training programs, assessment processes and those continuing professional development providers providing prescribing-specific activities.

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)?

There would seem to be little requirement for any change to the systems already in place: i.e. the individual practitioners would have the responsibility to ensure their practice (in this case the practice of prescribing) was consistent with their scope of practice. If health professionals are found to be practising outside their scope of practice there presently exists mechanisms through the agency of employers or the registration authorities (national boards) to advise, caution, reprimand or discipline those health practitioners that may transgress.

There are also existing audit processes through Medicare which would apply to all prescribers. We understand such processes were utilised when optometrists were granted prescribing rights.

In addition the NPS audit tools for prescribers, including the associated education and training packages, would be available.

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

The continuing development and implementation of a universal electronic health record will be pivotal in ensuring optimal prescribing across the full spectrum of health services. While recognising the concerns regarding privacy, Forum members are nevertheless concerned at the 'opt-in' nature of current proposals (such as the Patient Controlled Electronic Health Record (PCEHR)) and the potential incomplete nature of such records, and the effect this may have on the overall effectiveness of the PCEHR for example as an information and reference tool.

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?

Accreditation standards should be developed that are (1) consistent with agreed prescribing competencies, and (2) comply with the Quality Framework for the Accreditation Function.

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?

Agreement and buy-in by all parties concerning (1) prescribing competencies, (2) prescribing pathway (3) accreditation standards, and (4) monitoring processes.

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.

At the Pharmacist Prescribing Collaborative of Australia and New Zealand (PPCANZ) annual workshop a number of practice-based papers were presented including: "The views of SA methadone and buprenorphine clients on pharmacist prescribing: A qualitative study" (Phuong-Phi Lee); "Pharmacist led de-prescribing" (Emily Reeve); "Experiences and challenges associated with progressing pharmacist prescribing initiatives in the acute healthcare setting: Alfred experience" (Prof Michael Dooley); "Attitudes towards the potential role of pharmacist prescribers with NZ Mental Health Services" (Keith Crompt).

There are also current Queensland Health trials in allied health at the 'prescribe to administer' level with Occupational Therapists (botox) and Physiotherapists (intra-articular steroids).

9. Extra Information

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

The Forum of Australian Health Professions Councils ('the Forum') is a coalition of the accreditation councils of the first ten regulated professions under the National Registration and Accreditation Scheme (NRAS), and two of the professions joining the Scheme in 2012. Each of the accreditation councils is the appointed authority for the relevant national board under the provisions of the Health Practitioner Regulation National Law Act 2009 (the 'National Law').

The membership of the Forum:

Australian Dental Council

Australian Medical Council

Australian Nursing and Midwifery Accreditation Council

Australian Pharmacy Council

Australian Physiotherapy Council

Australian Psychology Accreditation Council

Australian and New Zealand Osteopathic Council

Australian and New Zealand Podiatry Accreditation Council

Council on Chiropractic Education Australasia Inc.

Optometry Council of Australia and New Zealand

Occupational Therapy Council (Australia and new Zealand) Inc.

Australian Medical Radiation Sciences Accreditation Council

This submission constitutes the response of the Forum and is largely confined to general issues relevant to most, if not all, of the health professions. Each of the member Councils may make separate submissions. The views expressed do not override the views expressed by the member Councils in their individual submissions.

Forum website: <http://healthprofessionscouncils.org.au>

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