



RACGP position on independent non-medical practitioner prescribing – a statement of principles

Background

With health reform high on the government's agenda, the general practice profession has been involved in negotiations regarding non-medical prescribing, including prescribing rights for optometrists, podiatrists, podiatric surgeons and nurse practitioners.

To date, such professional groups have not had extensive therapeutics or prescribing training, nor do they have years of supervised practice and mentoring at a postgraduate level. Generally, prescribing models proposed by these groups are not within integrated general practice teams and, historically, they have not provided information to referring doctors as a routine medical communication standard.

The RACGP re-affirms its position that role and task substitution are not the answer to workforce shortages, especially given the health workforce shortages in all health professions.

There are a number of potential problems with extending prescribing rights to non-medical practitioners, including:

- A reduction in patient safety, and the quality of health care provided
- The fragmentation and siloing of care, including the loss of a complete medical records as patients are managed by multiple agencies and professional groups
- A lack of information in existing practice safety systems which safeguard against prescribing error
- The potential to undermine the doctor-patient relationship
- Contradictory advice from various health professionals, creating patient confusion and/or loss of faith in any advice
- Multiple prescribers and polypharmacy without clear communication channels
- Loss of holistic care and the high quality outcomes associated with continuity of care particularly in general practice.

In considering any extension of prescribing rights to non-medical practitioners, the issues identified above must first be addressed.

Statement of Principles

The following principles for safe prescribing are intended to assist in all deliberations regarding enhanced prescribing rights, and safeguard the high quality of prescribing, which currently supports the Australian community.

Principle 1: Patient safety is paramount. No extension of prescribing rights, which increases the likelihood of patient adverse incident, is acceptable to the profession.

Principle 2: Prescribers need to have a clear understanding of drug-disease, drug-patient, and drug-drug relationships including:

- An adequate knowledge of all likely clinical presentations, from acute self limiting conditions to chronic complex disease, and understanding of the natural course of disease
- Insight into the consequences from multiple pathology in one person
- Competence in predicting which medicine best suits individuals with different characteristics
- Insight into the Quality Use of Medicine (QUM) e.g. effect of a medication on a frail elderly person (eg drug-patient interaction), with impaired renal function (drug-disease interaction), who takes a wide range of medications for multiple conditions (drug-drug and drug-disease interactions)
- Ability to assess the significance of multi-dimensional drug interactions to avoid harm and gain benefits for the patient.

Principle 3: Prescribers need adequate and appropriate training, supervision, and support on a long term basis including, but not limited to:

- pre-clinical and clinical education and training in use of medications, legal and licensing requirements, current QUM initiatives and responsibilities, patient communication, safety netting and follow up
- adequate clinical attachments with expert prescribers, supervision and monitoring (for medical practitioners this is currently a 12 month process as part of their full registration)
- a framework for continuing professional education and quality assurance processes
- access to, and training with approved decision-support software, updated regularly
- Practice system s safeguards in place to guard against medical error.

Principle 4: Medico-legal understanding and adequate indemnity cover are essential

- All prescribers need to be accountable for their decisions and actions
- All prescribers need training in patient communication and an understanding of medico-legal frameworks
- Indemnity providers should provide specific advice about their requirements in order to provide complete protection for all prescribers and their patients.

Principle 5: Therapeutics training and regulation in the use of:

- clinical pathways
- therapeutic guidelines
- protocols which direct practice.

Principle 6: Monitoring and regulatory systems are required – both for prevention of, and to detect any patterns of misuse

- Multi-disciplinary, regulatory bodies should govern the range of nationally consistent prescribing and related requirements for any profession. These bodies should include general practice and pharmacy representatives as core members.
- Medicare and the National Prescribing Service provide routine and regular feedback to all medical practitioners. Equivalent arrangements should be in place for all prescribers.

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The RACGP acknowledges the input of A/Prof Jane Smith and the Queensland GP Alliance, *Policy Framework: Independent non-medical practitioner prescribing – a statement of principles 12 May 2006*, in developing the RACGP position.