



RACGP position on independent non-medical practitioner prescribing

Position statement

Prescribing by non-medical practitioners should only occur as part of a medically led team-based model of care where prescribing occurs under the direction and supervision of a medical practitioner. This arrangement will help ensure compliance with best-practice, prevent the occurrence of adverse events and maintain continuity of patient care.

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.

Restricting non-medical prescribing to a medically led team-based model of care will help mitigate the risks associated with independent non-medical prescribing, which include:

- 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
- 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 poly-pharmacy 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 non-medical prescribing, 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 event, is acceptable to the profession.

Principle 2: Prescribing by non-medical health practitioners should only occur as part of a medically led team-based model of care to:

- ensure compliance with best-practice
- prevent adverse events associated with poor understanding of pharmacodynamics, pharmacokinetics and contraindications
- improve medication management, and
- prevent poly-pharmacy often associated with the fragmentation of patient care.

Principle 3: The extent of non-medical prescribing should be limited. Non-medical prescribing within a medically led model of care should be limited to specific clinical areas and clinical settings where competence has been demonstrated and there is a fixed and specified formulary.

Principle 4: 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 and complex disease, and understanding of the natural course of disease
- insight into the consequences arising from multiple pathology in one person
- competence in predicting which medicine best suits individuals with different characteristics
- insight into the Quality Use of Medicines (QUM) e.g. effect of a medication on a frail elderly person (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 5: 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 systems safeguards in place to guard against medical error.

Principle 6: 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 7: Prescribers should have therapeutics training and regulation in the use of:

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

Principle 8: Prescriber identification - every prescriber should be issued with a prescriber number that:

- informs patients of prescriber's base qualification (medical, nursing etc)
- verifies that a health practitioner is authorised to prescribe (key information for dispensing pharmacists)
- delineates the scope of their prescribing rights
- allows for professional auditing
- ensures that all prescribers adhere to the same regulatory frameworks.

Principle 9: A national quality and safety assurance system should comprise of:

- a national prescribing competency framework as the foundation for all prescribing education and training programs¹
- a national prescribing curriculum²
- national accreditation of all prescribing educational and training programs to the same standard across all health professions
- nationally agreed standards for assessment of competency to prescribe
- recognition of competence to prescribe by the national health practitioner boards in accordance with the agreed standards
- individual prescriber numbers for each prescriber
- minimum quality and safety requirements set out in nationally consistent regulations, professional standards and the employing health services' internal policies
- medication management strategy for vulnerable groups including Aboriginal and Torres Strait Islanders and the elderly
- mandatory continuing professional development to maintain and enhance prescribing competencies, linked to prescriber registration
- multi-disciplinary, regulatory bodies that govern the range of nationally consistent prescribing and related requirements for any/all profession(s). These bodies should include general practice and pharmacy representatives as core members.

Principle 10: Monitoring and compliance systems are required for both the prevention and detection of any patterns of misuse

- Prescribing should be regularly audited at both the national and jurisdictional levels.
- Routine and regular feedback should be provided to all prescribers, equivalent to the Medicare and the National Prescribing Service arrangements currently in place for medical practitioners.

Principle 11: Prescribing and dispensing rights should be separated to ensure that commercial interests do not influence treatment decisions

Position updated May 2013

References

¹ National Prescribing Service (2012) Competencies Required to Prescribe Medicines - putting quality use of medicines into practice. Available at: <http://www.nps.org.au/health-professionals/professional-development/prescribing-competencies-framework>

² National Prescribing Service (2013) National Prescribing Curriculum. Available at: <http://www.nps.org.au/health-professionals/professional-development/online-learning/national-prescribing-curriculum-learning-objectives>