

Pharmacists Prescribing in Australia

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Acknowledgement:

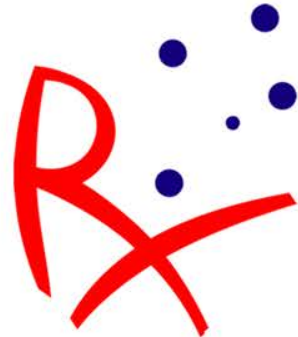
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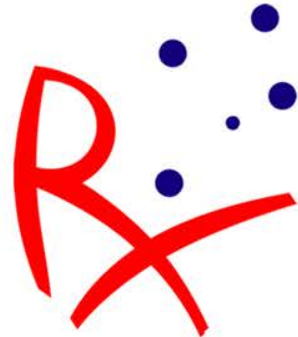
Non Medical Prescribing

- Non medical prescribing (NMP) has been a hot topic within Australia and internationally for a few years.
- The UK, Canada and the USA already have pharmacists with the capacity to prescribe.
- In Australia, NMP is already in place, with Nurse Practitioners (NPs), Optometrists and Podiatrists authorised to prescribe under various state legislations.
- In 2009, Australia's federal budget allowed for NPs to prescribe from Medicare and the Pharmaceutical Benefits Scheme.



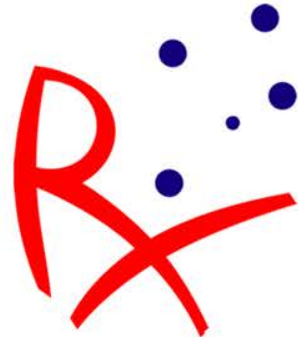
Non Medical Prescribing

- More than 80% of GP consultations still involve a medicine being prescribed.
- In 2006–07, the second most common reason for patients consulting a GP was “the need for medication or repeat prescriptions”.
- Requests for prescriptions have risen 40% between 1998–99 and 2006–07.
- The total expenditure on prescription and non-prescription medicines (including some non-durable medical products) in 2006–07 reached \$12 billion.



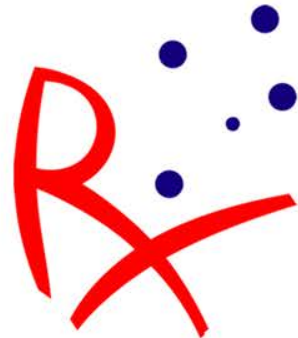
Non Medical Prescribing

- With these levels of investment by governments and consumers, delivering the best possible outcomes by focusing on prescribing activities by health professionals and achieving optimal use of medicines must be a high priority.
- Safe and appropriate use of medicines can deliver positive benefits for patients.
- The goal of prescribing by non-medical health professionals should be to provide safe, cost effective and judicious access to medicines for patients.



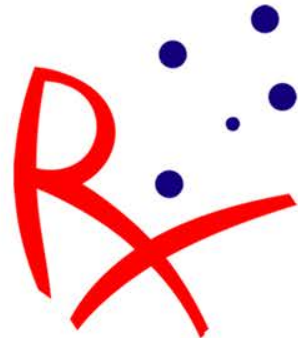
Pharmacists Prescribing

- The application of pharmacists' unique knowledge of the range of available medicines, the rationale and evidence-base behind their use, and the costs to the consumer and the health system will facilitate cost-effective use of subsidised (and non-subsidised) pharmaceuticals through more appropriate use and less wastage.



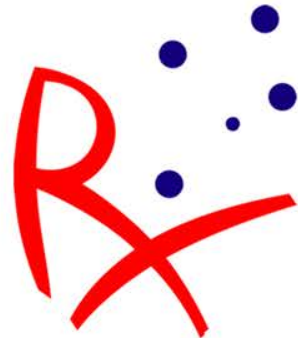
Pharmacists Prescribing

- **CONSIDERATIONS FOR PHARMACISTS PRESCRIBING:**
 - training and credentialing,
 - remuneration,
 - access to federally funded health schemes,
 - access to medical records,
 - professional indemnity,
 - discrepancies in state legislation and,



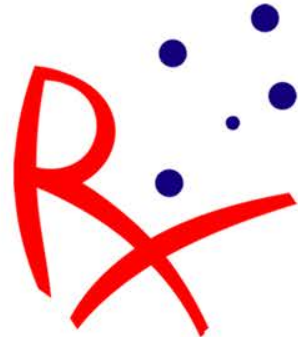
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- **CONSIDERATIONS** (cont.)
 - formulary definition.
 - Allow NMPer to define own formulary within areas of demonstrated competence (as per UK model).
 - Define a range of formularies for various specialty areas. For example, cardiology, diabetes, respiratory, continence care.
 - There is no nationally consistent or agreed definition of what constitutes prescribing, nor a framework of competencies to guide what would be in training programs and assessment.



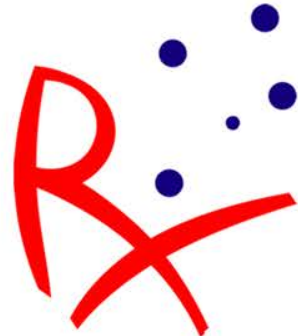
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- The Pharmaceutical Society of Australia (PSA) published a Position Paper in 2009. Some of their suggestions towards a National Framework for NMP include:
 - Patient safety and access to high quality care is of paramount importance.
 - Prescribing rights will be granted in a way that will help enhance timely access to medicines and be safe and cost effective for the consumer.
 - Health professionals must have an understanding of and a commitment to the principles of the Quality Use of Medicines.



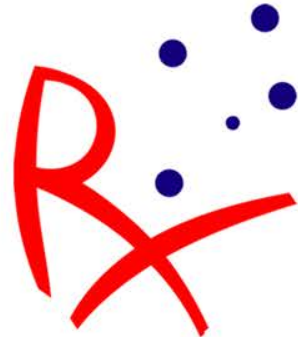
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- Prescribing and dispensing functions should be clearly delineated.
 - Pharmacists represent the core group of health professionals engaged in dispensing medicines. A clear separation of the two related functions of prescribing (ordering) and dispensing (supply) is required to ensure the promotion of highest safety standards.
 - The framework should also address concerns about perceived and potential conflicts of interest and to minimise, if not remove, the potential for supplier-induced demand.



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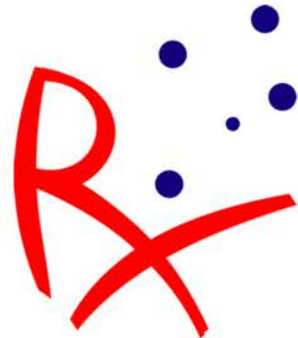
- Priority will be given to clarify and agree all interprofessional issues which will impact on continuity of care for the patient.
- Prescribing as an activity should complement and value-add to the spectrum of other core services provided by that health profession.
- A credentialing process should be implemented to ensure practitioners possess the appropriate competencies.
- Outcomes of any trials or pilot programs on prescribing by non-medical health professionals will be used, if appropriate, to inform the framework.



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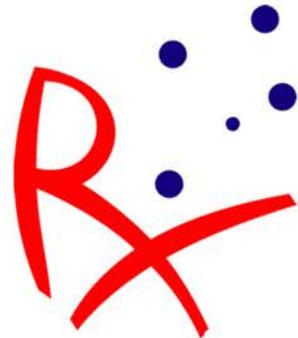
- **THE WAY FORWARD**

- Where we can practice will be restricted. It must be separated from community pharmacy, facilitating true, visible and real separation of prescribing and dispensing.
- Only 5 to 10% of pharmacists will gain the capacity to prescribe (based on overseas activity and the scope in Australia).
- Further training will be required. Most likely a post-graduate diploma or similar.



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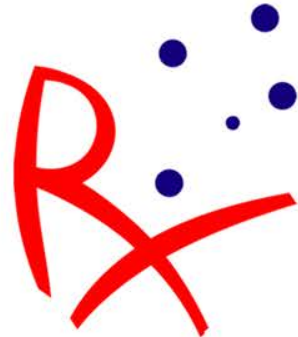
- **THE WAY FORWARD** (cont.)
 - Pharmacists prescribing is likely to happen in hospitals or community clinics (e.g. superclinics or GP practices).
 - Prescribing will occur at different levels (from quite limited scope to fairly broad scope) depending on area of practice and training.



Pharmacists Prescribing

- **WHAT'S HAPPENING NOW?**

- The National Prescribing Service (NPS) are working on National Prescribing Competencies, once these are in place then as a profession pharmacy will need to come together to look at where we think pharmacist prescribers will work (scope of practice).
- The PSA are already co-ordinating an Advanced Practitioner Competency Framework Working Group, which will help to underpin this discussion. Training levels will then need to be decided.
- The profession would then need to apply to the Minister for Health for endorsement for therapeutics i.e. prescribing. The legislation would change to be similar to NPs.



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