Pharmacist prescribing

The role of the Pharmacy Board of Australia (the Board) is to regulate pharmacists, while keeping public safety at its core. Under the National Law[1] the Board is responsible for ensuring that only competent pharmacists are registered and for regulating pharmacists in the public interest.

In 2015, given the developments in prescribing[2] the Board set out to consider what implications there are for the public if states and territories were to authorise pharmacists to prescribe. The Board also explored whether it has any regulatory barriers in place that would impact pharmacists' ability to prescribe in the Australian healthcare setting.

The Board's work around pharmacist prescribing included mapping current pharmacist capabilities[3] and Australian pharmacy curriculums to the NPS Prescribing Competencies Framework 2012[4], extensive stakeholder engagement and consultation (see Diagram 1: Timeline to position statement).

The three models of non-medical prescribing, as defined by the Health Professionals Prescribing Pathway 2013 (HPPP), were considered:

- Prescribing via a structured prescribing arrangement
- Prescribing under supervision
- Autonomous prescribing

The HPPP is based on a number of principles including that "*health professionals prescribe within their scope of practice and a safe model of prescribing, working collaboratively with the person, their carer(s) (if applicable) and healthcare team for quality care of the person taking medicine.*"[5]

The Board's Position Statement

Under the National Law, the Board has no regulatory barriers in place for pharmacists to prescribe via a structured prescribing arrangement or under supervision within a collaborative healthcare environment. However, prescribing under these models requires changes in state and territory medicines and poisons legislation to authorise pharmacists to prescribe and these are matters to be determined by state and territory governments.

The Board's view is that autonomous prescribing by pharmacists requires additional regulation via an endorsement for scheduled medicines. This would require the Board to make an application to the Ministerial Council for approval of endorsement for scheduled medicines under section 14 of the National Law and to develop a registration standard for endorsement of registration. An application could only occur after completion of preparatory work to develop a case proposing the need for an endorsement as outlined in the AHPRA Guide[1]. The Board is not making an application for approval of endorsement for scheduled medicines at this time.

Based on the mapping work, the Board is of the view that pharmacists do not need to complete any additional formal post graduate studies to prescribe under a structured prescribing arrangement or under supervision. Any gaps in competencies could be addressed through suitable continuing professional development (a requirement to maintain general registration), by completing short courses and/or local

[1] The Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

[2] The *NPS Prescribing Competencies Framework 2012* and the *Health Professionals Prescribing Pathway 2013* both define prescribing as '*an iterative process involving the steps of information gathering, clinical decision-making, communication, and evaluation that results in the initiation, continuation or cessation of a medicine*.

[3] Current pharmacist capabilities are outlined in the *National Competency Standards Framework for Pharmacists in Australia 2016,* published at www.psa.org.au/practice-support-industry/national-competency-standards/

[4] *NPS: Better choices, Better health. Competencies required to prescribe medicines: putting quality use of medicines into practice. Sydney: National Prescribing Service Limited, 2012.* Refer to www.nps.org.au/.

[5] Health Professionals Prescribing Pathway 2013

site credentialing. Current pharmacy programs of study may only require minor changes to equip graduates to prescribe via these models.

Successful implementation of pharmacist prescribing via a structured prescribing pathway or under supervision requires an appropriate clinical governance framework to be in place in the relevant practice setting to ensure patient safety. Should pharmacist prescribing progress, the Board will assess the need for development and publication of guidance for pharmacists who prescribe.

To facilitate workforce mobility, a key objective of the National Registration and Accreditation Scheme, the Board encourages national consistency in the approach to any legislative changes to authorise pharmacists to prescribe.

Points for further consideration

The Board asks the pharmacy profession and stakeholders to consider the following points if progressing any further work relating to pharmacist prescribing:

- Evidence that pharmacist prescribing would address a public health need not currently met through existing prescribing practices must be enough to support the development of proposals for pharmacist prescribing.
- The potential for expanding continued dispensing arrangements and emergency supply provisions and the listing of Schedule 3 medicines in Appendix M of the Poisons Standard[6] may be additional avenues to increase safe access to medicines in the public interest.
- While trials of pharmacist prescribing have been or are being conducted in some practice settings, further trials conducted by jurisdictions in collaboration with service providers may be required to inform the development of pharmacist prescribing models.
- Conflicts of interest need to be managed such as the capacity for a service provider to generate additional income by prescribing and supplying the prescribed medicines and/or pharmacists prescribing medicines when treatment by another health practitioner is in the patient's interest.
- Separation of prescribing from the supply of medicines to ensure that an independent check of the prescribing occurs needs to be addressed in the development of any model of pharmacist prescribing.
- Access to patient records is needed to prescribe effectively and to ensure patient safety.
- Access to funding sources that may affect uptake by the public of these services and support sustainable pharmacist prescribing services needs to be investigated.
- Models of prescribing in various practice settings (hospital, community pharmacy, GP clinics, and/or residential aged care facilities etc) must be clearly articulated to determine what would be needed for successful implementation and sustainability of prescribing models in different settings.
- Individual complexities of jurisdictional regulatory frameworks would need to be better understood and managed if a consistent approach to authorities for pharmacists to prescribe is to be achieved across states and territories.
- Before the Board can properly assess the need for and seek Ministerial Council approval of an endorsement for scheduled medicines for pharmacists' registration, preparatory work needs to be carried out by the enablers and supporters of the proposal including professional associations, jurisdictions, practitioners, consumers, education providers and the accreditation council (refer to AHMAC Guidance[7] and AHPRA Guide).
- The Board will assess the need for development and publication of guidance for pharmacists who prescribe.
- Appropriate education needs to be developed to support pharmacist prescribing if authorised by jurisdictions. In the case of autonomous prescribing, which is likely to require an endorsement for scheduled medicines (if approved by Ministerial Council), education providers would need to develop and deliver accredited and approved education programs to provide the qualification required for the endorsement of pharmacists' registration.
- The development of supporting tools for pharmacists who prescribe would need to be explored by stakeholders.

[6] The Poisons Standard is the legal title of the Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP)

[7] *AHMAC Guidance for National Boards: Applications to the Ministerial Council for approval of endorsements in relation to scheduled medicines under section 14 of the National Law*

Diagram 1: Timeline to position statement