AMA response to the consultation paper on a Health Professionals Prescribing Pathway Project

The AMA notes the Health Workforce Australia (HWA) project to deliver a consistent platform by which registered health professionals (other than medical practitioners) may undertake prescribing of medicines consistent with their scope of professional practice.

The AMA also notes the considerable work and effort undertaken by HWA and stakeholders to develop the current draft ‘pathway’. This draft has responded to many of the AMA’s earlier comments and addresses some of our initial concerns, in particular, the importance of:

• prescribing within scope of practice and education;
• prescribers being accountable for their actions; and
• working within a multi-disciplinary health care team.

However, the AMA remains of the view that prescribing by non-medical health professionals should only occur within a medically led and delegated team environment.

Only non-medical health professionals that complete accredited education and training curricula covering organic and inorganic chemistry, physiology, biochemistry and anatomy should be considered for endorsement to prescribe medicines autonomously.

As a result, we cannot support the ‘autonomous prescribing’ model included in the pathway document without this requirement being met.

The AMA’s arguments to support this view have already been made in the AMA’s submission to HWA of May 2012.

Our specific comments on the consultation draft are as follows.

Page 1, paragraph 1
Replace ‘doctors’ with ‘medical practitioners’.

Page 2, fourth paragraph under ‘step one’
Rather than the professional role and proposed models driving the education and competence required, the AMA considers that the education and competence acquired should determine the appropriate model of prescribing. Therefore this paragraph should be replaced to read: ‘The level of education and the competence acquired from that education will determine the appropriate model of prescribing’.
Page 2, dot points following fourth paragraph under ‘step one’
It is unclear what is intended by the third dot point, and these aspects are already addressed within the prescribing competency framework.

Page 3, under ‘elements’ necessary for endorsement
Insert fourth element: ‘4. Agreement from the Medical Board of Australia.’.

Page 3, first paragraph under ‘step 4’
The sentence should be amended to read: ‘The health professional prescribes within their scope of practice and a safe model of prescribing, working collaboratively with … [etc]’

Page 3, second dot point under ‘step 4’
The dot point reading ‘health needs of the person taking the medicines’ should be deleted. The patient does not influence the scope of practice of a health professional. If the health needs of a patient are beyond the scope of practice of a health professional, the patient must be referred to a health professional who is competent and accredited to treat them. The scope of practice of a health professional is determined by the level of their accredited training, their competence, endorsement to prescribe from their Board, and Commonwealth and State government regulations.

Page 4, first dot point under ‘safe models of prescribing by health professionals’
Delete the word ‘role’ in this sentence, so that it reads: ‘Capability, skills and level of education of the health professionals involved in prescribing’. The ‘role’ of the health professional itself does not determine the level of safety.

Page 5, heading and description of ‘protocol prescribing’
The term protocol prescribing should be replaced with the term ‘delegated prescribing’ which more clearly describes the types of prescribing that would occur under this model. The text should read: ‘Delegated prescribing occurs where a prescriber undertakes prescribing according to an approved administrative protocol. The role of the prescriber in the health care team is clearly documented in the administrative protocol and the protocol describes the communication that must occur between team members to support the patient’.

In addition, the terms ‘consumer’, ‘person taking the medicine’, and ‘patient’ are used interchangeably throughout the document. The term ‘patient’ should be used so that the meaning is unambiguous. For example, ‘the person taking the medicine’ may have no relationship with the prescriber if that person is self-medicating with a family member’s prescription, or a carer may in some contexts also be seen as a ‘consumer’.

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