“Pharmacist Prescribing – all talk and no action?”

Dr Lisa Nissen
Senior Lecturer, School of Pharmacy
the University of Queensland
End to GP dominance
Roxon looks to reallocate certain doctor tasks

SIMONE ROBERTS

GPs may soon have to relinquish certain tasks to pharmacists and other health professionals or face pay cuts.

other members of the health care team who are “safe, potentially cheaper, and most importantly, available”.

“Our health system, including funding for health services, is organised almost entirely around doctors, despite the fact that many services are now safely and ably provided by other health professionals – nurses, psychologists, prevention demands.

“At the same time, a GP stands to benefit equally from providing care that demands their complex knowledge and training, and a simple act like refilling a prescription for, say, the birth control pill – an extremely economically inefficient proposition!”

The minister said there needs to be an incentive for doctors to relinquish some
What an amazing opportunity ......

But are we ready?
Current state of Play

• No national legislative mechanism

• State based laws can change but ……

• Access to the PBS not available (limited scope)

• Need national consensus from Rx groups
  – Competency, framework, legislation

• Other groups have done this
  – Optometrists (limited scope and access)
Current state of Play

• Research – Australian data?

• Role in improving access to prescription meds
  – Stakeholder groups (gov, nursing, Rx, Dr, PBS)
  – Focus groups (Rx, consumer, GP) – rural and metro
  – OUTCOME: mix of independent and supplementary

• Other exploratory projects on “perceptions”

• Role of Rx in warfarin, asthma, diabetes, BP
"It's time we face reality, my friends. ... We're not exactly rocket scientists."

It’s not “Rocket Science” - Right?
Definition – “prescribing”

• “Prescribe” – give directions, either verbal or written, to allow the preparation and administration of a remedy to be used in the treatment of disease.

• Requires an informed decision about the diagnosis, and therefore the treatment of choice in a particular case.
Sphere of influence

- Formulary Development
- Logistics + Supply Chain
- Prescriber Education
- Drug Order Review
- Patient Rounds Participation / Super clinics?

Prescribing of Medications
- Prescribing is more than just writing a prescription
- Complicated mix of influences, decisions and activities
Concerns / Considerations

- Patient safety
- Separation of task
- Register to identify prescribers
- Act within standards ethics and competency
Concerns / Considerations

• Take responsibility for their prescribing decisions

• Consistent accreditation standards nationally

• Impact of IGA (benefit / risk)

• Voluntary participation in extended services
  – Its not for everyone!
Indigenous Health Workers
Paramedics
Physicians Assistants
Nurse Practitioners
Pharmacists
Doctors
Dentists
Optometrists
Podiatrists
Are You Ready To Take Up The Challenge?
The wave of change is coming
….. We have to catch it!
Department News - 21 April 2008

Work of ex-student highlighted in white paper on the future of pharmacy

University of Bath alumna Rachel Hall has had her work highlighted as a national example of excellence in a recently published Department of Health white paper on the future of pharmacy.

Rachel completed the Pharmacist Prescribing Programme in the Department of Pharmacy and Pharmacology in 2006 to become one of the first qualified pharmacist independent prescribers in England. She went on to become the first pharmacist in England to be employed full-time in a GP surgery as a pharmacist prescriber. Her role in the provision of quality healthcare as part of a general practice team is described in the white paper ‘Pharmacy in England: building on strength – delivering the future’. The white paper outlines a vision for the future role of pharmacy in patient care which will make full use of pharmacist’s clinical skills and expertise in medicines.
Pharmacist independent prescribing given go-ahead

Pharmacists and extended formulary nurse prescribers are to be given the right to prescribe independently any licensed medicine for any condition, with the exception of Controlled Drugs, the Department of Health has announced.

Last week, Patricia Hewitt, Secretary of State for Health, said that responses to the consultation on independent prescribing (PJ, 5 March, p257) were overwhelmingly in favour of allowing appropriately qualified pharmacists and nurses to prescribe any licensed medicine for any condition. “This is very good news for patients who will benefit from quicker and more accessible services. It also demonstrates our confidence in nurses and pharmacists, and our wish to use their skills and professionalism to the full,” she said.
Clinical Governance Framework for Pharmacist Prescribers and organisations commissioning or participating in pharmacist prescribing (GB wide)

An Information Paper on Pharmacist Prescribing Within a Health Care Facility

Task Force on Pharmacist Prescribing (Glen Pearson, Nesé Yuksel, Dorval Card, Tom Chin, Margaret Gray, John Hawboldt, Cynthia Jackevicius, Richard Slavik, Anne Thompson)

This Information Paper was developed, with consideration of the Direct Patient Care Curriculum, to help support CSHP members in their attempts to expand their practice into the area of prescribing. The document was approved by CSHP Council as an official CSHP publication in August 2001 and is a companion to the CSHP “Statement on Pharmacist Prescribing”, approved at the same time.
CPhA Proposed Position Statement on Pharmacist Prescribing

The Board of Directors of the Canadian Pharmacists Association (CPhA) is pleased to present its members and other pharmacy stakeholders with this proposed position statement on pharmacist prescribing. We would like your opinion on the statement and look forward to your feedback by July 9, 2007.

Background

The Canadian health care system has seen considerable change in the past few decades. Health care professions are evolving to meet the ever-increasing demands of delivering more complex care to Canadians. Governments have issued a number of reports which all call for change to the way health care is delivered. Much of this change has focussed on having the right health professional provide the right service at the right time.
Policy Framework: INDEPENDENT NON-MEDICAL PRACTITIONER PRESCRIBING: A STATEMENT OF PRINCIPLES

Position paper purpose: A key reference to guide discussion and decision-making regarding therapeutics and non-medical practitioner prescribing
It won’t be easy …
Pharmacists disappointed about CMA anti-prescription stance

Fifty-six per cent of 268 delegates oppose letting pharmacists have an expanded role in prescribing drugs

Last Updated: Thursday, August 23, 2007 | 6:46 PM ET

CBC News

Most doctors attending a convention of the Canadian Medical Association have voted against allowing pharmacists to prescribe medication when they're part of a team caring for patients.

Fifty-six per cent of the 268 delegates at Tuesday's meeting in Vancouver opposed a motion by their national lobby group to let pharmacists have an expanded role within collaborative care teams.

Doctors said they should lead such teams and prescribe medication because they're adequately trained to take a patient's medical history, do a physical exam, order and interpret tests, and come up with a diagnosis.
Pharmacists may widen medical role

Leanne Edmistine
Health Reporter

PHARMACISTS could soon be prescribing certain medicines, as well as dispensing them.

The Federal Government has funded University of Queensland research analysing whether the changes would improve patient access to medicines and cost-effectiveness.

While Pharmacy Guild of Queensland president Kos Sclavos has welcomed the research, any moves to blur the boundaries between the two professions has come under fire from Australian Medical Association Queensland president Dr David Molloy.

The $140,000 research, conducted by Brisbane pharmacy lecturers Dr Lisa Nissen and Dr Lyn Emmerton in collaboration with Monash University, is analysing four international models under which pharmacists could prescribe certain medicines in certain conditions.

The models covered prescribing repeat prescriptions for chronic illnesses in facilities such as nursing homes; prescribing final medications upon hospital discharge; creation of protocols allowing pharmacists to prescribe certain medications where access to medical services is limited, for example in rural and remote areas; and the creation of a specific schedule of medicines able to be prescribed by pharmacists under certain conditions.

The final model could include medications such as eye drops, rash creams and strong painkillers.

Dr Nissen said all stakeholders — including doctors, pharmacists, consumers and politicians — were being consulted throughout the project.

Dr Molloy yesterday said doctors and pharmacists were both highly trained professionals, each with distinct and separate roles designed for the benefit of the health system and patients’ well-being.

He said the same argument applied for pharmacists’ moves to gain prescribing rights.

“The point is I don’t think a busy pharmacy counter is a good spot for a medical consultation,” he said.
Pharmacists bid for right to prescribe
by Deb Richards
25 June 2004

PHARMACISTS may soon be able to prescribe certain medicines, with federal government-funded research exploring whether the move will improve patient access to medications, and cost effectiveness.

Both the AMA and ADGP have labelled the move as "dangerous", with ADGP chair Dr Rob Walters warning that pharmacists are taking further strides into GP territory.

Some pharmacists are already undertaking INR trials and researching the feasibility of providing vaccinations.
Some GP roles must remain sacrosanct

EDITOR: I write regarding your article ‘Pharmacists bid for right to prescribe’ (Medical Observer, 25 June).

Pharmacists have come a long way away from what they have been trained for now that they are proposing to undertake prescribing.

Of course, this is all possible when you have friends in high places.

Dr Lisa Nissen, a lecturer in pharmacy at the University of Queensland, makes a statement about pharmacist prescribing in Canada that is laughable.

She said: “They are way ahead of us there.

“So we have an idea of how it could really help take some of the load off GPs here”.

Does that mean many of the developing countries are even further ahead of us because people in the street can buy any drug they want over the pharmacy counter?

Yes, we sure have a lot to do to catch up with them!

Dr Kodikkakathu Saratchandran
St Albans, Vic.

Pharmacists have come a long way away from what they have been trained for now they are proposing to undertake prescribing.
We have to keep Focus ....

- Judicious
- Safe + efficacious
- Appropriate
- QUM
Integration
Figure 1—The Swiss cheese model of adverse drug outcomes. The hazard initiates a “hazard arrow” (in our case a drug interaction) that must traverse the defenses in order for an ADR to occur. The holes in the cheese represent gaps in the defenses.

ADR = adverse drug reaction.
TRY OUR NO-CAB MEALS
JOB EVALUATION DAY
THE LAB WHERE THEY STUDY DRUG INTERACTION
Continuum of care

Inpatient

Partial hospitalisation

Home health care

Outpatient
How do we put this all together?
Issues …

• Workforce
  – Who should undertake these new roles?
    • all pharmacists who want to?
    • Accredited pharmacists
      – What credential should be required?
      – Courses for credentialing?
Scope of practice

“skill” toolbox
Skills? Knowledge? Attitudes?

Generalist / specialist?
Prescribing
Prescriber Competency
- it applies to everyone!
Figure 1. Drug management pathway describing the continuum of patient monitoring, prescribing, review, drug distribution and administration involving medical, pharmacy and nursing staff.
Information gathering

Presenting complaint
PMH
Rx
Pathology etc.

Medication Action
Plan
Standard processes
Competency

Generic/ specific
Knowledge, skill,
attitude
Drug-drug
Drug-patient
Drug-disease

Prescribing decision

Generic/ specific
Knowledge, skill, attitude

Health management protocols
Guidelines
Protocols
Information gathering

Prescribing decision

Instruction to clinical team + patient

Independent review

Ongoing Therapy
Supply Administration

Standard processes
Guidelines
Protocols

Generic/ specific Knowledge, skill, attitude
Competency framework
Pharmaceutical review
Audits
OSCE, clinical assessments

Independent review

Skill, knowledge, attitudes
Audits:
Patient, peer, interprofessional
Issues ...

- Legal
  - Indemnity – will it become like medicine?
  - Responsibility
    - Are we willing to accept responsibility?
    - Who’s liable?
  - How hard is it to change all laws
    - State and Commonwealth laws?
Issues …

• Workforce
  – What effect will that have?
    • staff shortages
      – May be offset by changed roles
    • Partnerships
      – More, Different?
  – New role effects?
  • Job satisfaction
  • Attract/retain staff
Issues …

• Cost
  – Remuneration?
    • For which services, How much?
  – How? Who pays?
    • PBS / MBS? Patient?
    • Fee for service, not based on sale
Issues …

• Documentation
  – Auditable paper trail
    • Electronic?
  – IT component – interface with dispensing
  – Confidentiality, privacy?
  – Traditionally not good at this!

• Separation of prescribing and dispensing
So where are we now?
Pharmacist Prescribing Trials

- QLD, NSW, VIC, WA
- Various stages if implementation
- National discussion group (incl. NZ)
- Currently restricted by PBS access
- Recognition of expertise in drug Tx
- Role of diagnosis – lots of discussion
Pharmacist Prescribing Trials

- Various models and sites
- Hospital in-patient / outpatient
- Community clinics (non-PBS)
- Generalist to specialist roles
- Collaborative
- Testing skills related to Drug Tx
Take home message

• Benefit from UK, Canada and other groups

• Need to work together
  – Hospital and community pharmacy

• Incredible potential - amazing opportunities

• Work with other professional groups

• Know our limitations
Pharmacist Prescribing Trials

• Still politically sensitive
• Operationally Medico’s very supportive
• Building knowledge on:
  • Who, where, what and how
• Aim: framework for Rx Prescribing
  – Measuring similar outcomes
I believe in you ..... patients believe in you!

But you all [pharmacists] have to believe in our skill and ability to constructively contribute to the patient and the healthcare team ....
"That's one small step for a man, one giant leap for mankind."

Neil Armstrong