Health Professionals Prescribing Pathway (HPPP) Project

Final Report

November 2013
Contents

Executive Summary ........................................................................................................................................ 4
Purpose of the report ..................................................................................................................................... 5
About Health Workforce Australia ............................................................................................................... 5
Background ..................................................................................................................................................... 5
HPPP project approach ................................................................................................................................ 9
Summary – Phase 3 ..................................................................................................................................... 10
The Health Professionals Prescribing Pathway ........................................................................................ 14
Implementation of the Health Professionals Prescribing Pathway ...................................................... 23
Conclusion .................................................................................................................................................... 27
References ................................................................................................................................................... 28
Attachment 1 – Review of the Phase 3 consultation and workshops .............................................. 29
Attachment 2 - HPPP Project Advisory Group Terms of Reference ................................................ 61
Attachment 3 - HPPP Clinical Advisors .................................................................................................. 65
Prescribing by health professionals other than doctors is an established practice both within Australia and international health systems. In Australia, prescribing is currently undertaken by dentists, midwives, nurses including nurse practitioners, optometrists, pharmacists, paramedics and podiatrists holding varying authorisations to prescribe. The practice of prescribing by health professionals has progressed in the absence of a nationally recognised framework in Australia. This has resulted in inconsistent approaches to key aspects of education, practitioner competence and prescribing practices. This variability reduces the confidence of consumers, health professionals and regulators in the provision of safe and effective models of care to meet the needs of the Australian community.

The Health Professionals Prescribing Pathway project has been undertaken by Health Workforce Australia to develop a nationally recognised approach to prescribing. The project has been conducted in three phases:

- Consultation on key issues and principles for a prescribing pathway.
- Design of a prescribing pathway.
- Testing and feedback on a draft Health Professionals Prescribing Pathway.

Following extensive consultation and consideration, HWA presents a Health Professionals Prescribing Pathway (HPPP) with this report. The HPPP sets out five important steps to safe and competent prescribing by health professionals:

1. Complete education and training.
2. Obtain recognition from the National Board of competence to prescribe.
3. Ensure authorisation to prescribe.
4. Prescribe medicines within scope of practice.
5. Maintain and enhance competence to prescribe.

These steps are supported by safety and quality requirements, safe models of prescribing and responsibilities of stakeholders with key roles in the HPPP.

In addition to developing the HPPP, HWA has recognised that implementation of the pathway would require concerted actions from a range of stakeholders. Importantly, there is a particular need for the systemic adoption of consistent standards for prescribing education, recognition and maintenance of competence by education providers, Accreditation Councils and National Boards.

This report presents the Health Professionals Prescribing Pathway and high level recommendations for its implementation.
Purpose of the report

The purpose of this report is to:

1. Summarise and report on the outcomes of the Health Professionals Prescribing Pathway (HPPP) project.
2. Present a final draft of the HPPP.
3. Present recommendations on how implementation of the HPPP could be achieved in Australia.

About Health Workforce Australia

Health Workforce Australia (HWA) is a Commonwealth statutory authority that delivers a national, coordinated approach to health workforce reform. It was set up by the Council of Australian Governments (COAG) to address the challenges of providing a skilled, flexible and innovative health workforce that meets the needs of the Australian community.

Since its inception, Health Workforce Australia has been working in collaboration with governments and non-government organisations across health and education sectors to address critical priorities in the planning, training and reform of Australia’s health workforce.

The HPPP project is part of initiative 2.4 (Workforce flexibility – expanding scopes of practice) on the 2012/13 HWA Work Plan. It is also linked to Domain 1 of the HWA National Health Workforce Innovation Reform Strategic Framework for Action - Health workforce reform for more effective, efficient & accessible service delivery.

Background

What is prescribing?

Throughout the HPPP project, stakeholders have reflected differing views on what prescribing actually is. Australia does not currently utilise a nationally consistent definition for the term prescribing as it relates to medicines. Most definitions describe prescribing in terms of the selection and authorisation of a suitable medicine by a prescriber. Variations in how prescribing is defined often exist according to the legislative, professional or governance purposes for which the definition is required.

In the absence of a consistent national definition of prescribing, HWA adopted a modified version of that used by Nissen and colleagues in their report on non-medical prescribing for the
National Health Workforce Productivity and Research Collaboration. This report used a definition that was based upon previous work describing the prescribing process as one part of the broader medication management cycle.

For the purposes of the HPPP project, prescribing is defined as an iterative process involving the steps of information gathering, clinical decision making, communication and evaluation, which results in the initiation, continuation or cessation of a medicine. The HPPP project uses the same definition as the Prescribing Competencies Framework developed by NPS MedicineWise.

**Prescribing by health professionals other than medical practitioners**

While health systems have long recognised the inherent role of prescribing by medical practitioners, there is also international evidence of prescribing by other health professionals. A review of prescribing in primary care settings by health professionals other than medical practitioners identified 22 countries with legislation providing for prescribing by nurses, suggesting a level of interest in health systems in supporting the development of flexible models of care. In the United Kingdom, nursing and pharmacist prescribing is well established and independent prescribing rights for physiotherapists and podiatrists are also planned from 2014. In New Zealand, work has recently been undertaken to expand prescribing for professional groups including nursing and pharmacy. Other European and North American countries have also variably provided for prescribing by a range of health professionals. In Australia, a 2010 survey found that 72% of nurse practitioners and 39% of nurse practitioner candidates reported prescribing pharmaceutical agents within their clinical practice.

As discussed in the phase one report of the HPPP project, Nissen and colleagues reviewed the available body of literature on non-medical prescribing, noting the supportive nature of this literature but also recognising that further research is needed to address gaps in both the quantum and methodological quality of this literature.

**The need for a prescribing pathway in Australia**

Australians are generally considered to have high standards of health and well-being by international comparisons. During the HPPP project, HWA received feedback from stakeholders that many Australians enjoy reasonable access to medicines. However, evidence of access issues for sub population groups, particularly in rural and remote locations, was also highlighted. Analysis by the Australian Institute of Health and Welfare (AIHW) on the distribution of recurrent health expenditure in Australia has shown that per capita expenditure on PBS scripts was less for
Australians living in regional, rural and remote classified areas, and previous work on expenditure on health for Aboriginal and Torres Strait Islander people in 2006-07 also identified that for every dollar spent on PBS medicines for non-Indigenous Australians (both urban and rural), only 60 cents was spent on Aboriginal and Torres Strait Islander peoples.

Pressures on the Australian healthcare system, particularly the demands on the system to address the burden of chronic disease and deliver sustainable, responsive and affordable models of care are well documented. In addition, the sustainability of the Australian health workforce is also challenged. The long term projections contained in volumes 1, 2 and 3 of HealthWorkforce 2025 by Health Workforce Australia describe the evidence of ongoing mal-distribution and shortage within the Australian health medical and nursing workforce without significant reform and efforts to boost the capacity of the workforce and ensure that all health professionals work at the top end of their skills.

Prescribing is currently undertaken by a range of health professionals in Australia, including dentists, doctors, midwives, nurses including nurse practitioners, optometrists, paramedics and podiatrists holding varying authorisations to prescribe. In Australia, the development of prescribing by health professionals other than doctors and dentists has not occurred consistently. During the first phase of the HPPP project, numerous inconsistencies were highlighted to HWA by stakeholders, including:

- Differences in legislative and regulatory authorisation for health professionals to prescribe.
- Differences in educational requirements and standards for health professionals to complete to undertake prescribing, and the assurance of the quality of education provided.
- Differences in the recognition of practitioner competence at the point of commencement of prescribing practice and in maintaining the competence to prescribe.
- Development of localised prescribing practices and arrangements in the absence of a recognised national framework (for example, a protocol prescribing arrangement within a health service).

The views of consumers of healthcare regarding prescribing by health professionals are also informative. Qualitative research undertaken by Inca Consulting for HWA including interviews, focus groups and a survey of 1,033 consumers across Australia found that:

- A low percentage of consumers (30%) were aware that health professionals other than doctors could prescribe medicines.
- A high percentage of consumers (81%) were supportive of health professionals other than doctors prescribing, providing appropriate safeguards were in place. These
safeguards included assurances of practitioner competence, communication between health professionals, particularly with general practitioners to ensure continuity of care.

- A high percentage of consumers (92%) perceived a potential benefit of other health professionals prescribing, particularly in terms of better or more timely access to healthcare and potential improvements in efficiency for the health system.

In summary, addressing consistency and standards in the prescribing arrangements of health professionals supports the capacity of the health workforce to provide effective healthcare for all Australians. As a national prescribing pathway for Australia, the HPPP provides a consistent approach to prescribing by health professionals other than medical practitioners by setting out:
- the steps that a health professional must complete to achieve safe and effective prescribing,
- the tools and enablers that support each step of the pathway, and
- the roles and responsibilities of stakeholders in each step of the pathway.

Related national initiatives

The HPPP project takes place in an environment where other projects and initiatives will relate to or directly impact upon the outcomes of the project. HWA is keen to ensure this project works consistently with related initiatives to support improvements to the Australian healthcare system and healthcare for Australians and avoid duplication or disparity between projects. Major related initiatives that impact upon the project have been identified as follows:

- **NPS Prescribing Competency Framework -** On 25 May 2012, NPS MedicineWise released a Prescribing Competency Framework describing the competencies that health professionals need to safely, appropriately and effectively prescribe in the Australian healthcare system. The framework was developed following extensive consultation with stakeholders. More information is available from [www.nps.org.au](http://www.nps.org.au).


- Personally Controlled Electronic Health Record. From 1 July 2012, Australians have been able to register for a personally controlled electronic health record (PCEHR). This record will allow better sharing of clinical information between health professionals, including prescribed medicines.

**HPPP project approach**

The HPPP project has been undertaken in three phases.

In Phase 1, broad consultation on prescribing was conducted with stakeholders to develop the key concepts and principles of the prescribing pathway. Consultation consisted of the release of a public consultation paper for feedback which received 96 submissions and the conduct of a consumer survey on views and attitudes towards prescribing. In October 2012, HWA released a report on the outcomes of Phase 1, setting out the key concepts and principles to be applied in the development of a prescribing pathway. 12

In Phase 2, stakeholders with subject matter expertise were consulted to assist in drafting a prescribing pathway based on the key concepts and principles developed in Phase 1. This involved design workshops and the presentation and approval of a draft prescribing pathway by the Board of HWA.

In Phase 3, a draft HPPP was released for testing and finalisation. Broad consultation was undertaken on the design of the draft HPPP and the considerations for implementing the HPPP. Attachment 1 of this report provides detailed information on the approach and outcomes of Phase 3. A short summary is provided below to assist in presentation of the final draft of the HPPP.

As part of the HPPP project approach, advice was also provided by an advisory group and clinical advisors. Details of the HPPP Project Advisory Group and HPPP clinical advisors are provided in Attachments 2 and 3.
The purpose of Phase 3 was to test and finalise a draft HPPP with stakeholders, and develop strategies for implementation of the HPPP. The approach to this phase included two main initiatives:

- Consultation seeking feedback on the structure and content of the draft HPPP from the spectrum of stakeholders
- Readiness testing and implementation workshops with key stakeholder groups.

HWA released the draft HPPP on 30 January 2013 via its on-line consultation platform, HWA Connect, seeking feedback from stakeholders on design and implementation issues. Key consultation questions related to:

- Structure and design of the HPPP
- Principles of the HPPP
- Steps of the HPPP
- Safety and quality tools of the HPPP
- Prescribing models in the HPPP
- Roles and responsibilities of the HPPP
- Implementation of the HPPP

The consultation period formally closed on 8 March 2013. Late submissions from stakeholders were accepted and their feedback incorporated into the project review process. A total of 82 submissions were received from a cross section of stakeholders primarily drawn from consumers, health professionals, health professional associations, educators and jurisdictions. Feedback was reviewed and summarised for themes and suggestions for improvements to the draft HPPP. A summary of the key feedback is provided in the table below.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Feedback Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structure and design</td>
<td>- Design generally sound and covers the major facets of a prescribing pathway.</td>
</tr>
<tr>
<td></td>
<td>- Terminology and definitions need to have national applicability.</td>
</tr>
<tr>
<td></td>
<td>- More detailed supporting documentation required for implementation.</td>
</tr>
<tr>
<td></td>
<td>- Include additional information on evidence base for pathway need, intended use and alignment with broader healthcare reforms.</td>
</tr>
<tr>
<td>Principles of the HPPP</td>
<td>- Principles are sound and cover the major considerations necessary for the HPPP.</td>
</tr>
<tr>
<td></td>
<td>- More detail is required around scope of practice, leadership / collaborative structures, mechanisms for monitoring accountability, additional principles covering review and evaluation required.</td>
</tr>
</tbody>
</table>
Steps of the HPPP

- Steps are appropriate for a prescribing pathway, however steps could be re-ordered to have legislative authority as the first step and other steps could occur in a circular process.
- Competency assessment is a mandatory requirement for safety and quality in addition to continuing professional development.

Safety and quality tools of the HPPP

- More detail required on continuing professional development expectations, professional conduct, reassessment and reflective practice.

Prescribing models in the HPPP

- Lack of clarity around distinction between partially autonomous and protocol prescribing models.
- Models should align with the NPS Prescribing Competency Framework and implications considered of education requirements for different models.

Roles and responsibilities of the HPPP

- The HPPP lists the appropriate roles for a prescribing pathway.
- Additional details for some roles were suggested and how responsibilities could be actioned and monitored. This was particularly for the role of employers as providing guidance regarding prescribing responsibilities as part of a prescriber’s work responsibilities.

Implementation of the HPPP

- Major issues of discussion were education models and resourcing, efforts to support communication and technology, ongoing monitoring and reassessment requirements.

<table>
<thead>
<tr>
<th>Stakeholder Group</th>
<th>Feedback Themes</th>
</tr>
</thead>
</table>
| Consumers         | Expressed the importance of equality of care regardless of geographical location and addressing regulatory barriers to access to medicines.  
|                   | Highlighted the need for health professionals working in partnership and adequate communication required to support quality of care.  
|                   | Noted the complexity of the HPPP document and recommended a plain English version required to support health literacy and education  
|                   | Ongoing feedback and evaluation of the HPPP |
| Health professions| Need to ensure no disadvantage to current prescribers and health professions via restrictions to modifying prescribing models to future models of care.  
|                   | Noted that gaps in education likely when mapping NPS Prescribing Competencies Framework to current education packages and assessment tools.  
|                   | Some professions academically ready however face issues with limited clinical exposure, supervised practice or availability of supervisors.  
|                   | Prescribing model terminology requires further definition. |

**TABLE 1. Summary of key feedback, consultation on a draft HPPP, 2013.**

**Workshop Summary**

A total of seven workshops during February and March 2013 were held with a total of 134 participants covering consumers, health professions (including practitioners and educators), jurisdictions, National Boards and Accreditation Councils. The objectives of the workshops were to test the readiness of stakeholder groups to adopt the draft HPPP and discuss issues that would affect implementation of the HPPP if adopted. The key points are summarised as follows:
• Continuing professional development should be completed in a variety of formats and include audits, reflective practice etc.

Jurisdictions
• The HPPP should focus on the aspect of prescribing in the medication management process and remove references to administration, supplying and dispensing medicines for better clarity in the document.
• National approach supported albeit with flexibility to acknowledge localised current models which authorise prescribing for specific purposes or innovative approaches to care.
• Guidelines will be needed to support the document at a national level.
• Prescribing models should be able to reflect current legislative frameworks and avoid unnecessary “layers” of terminology being introduced.

National Boards and Accreditation Councils
• Generally supportive of the need to improve consistency between profession on education and recognition of competence.
• Highlighted developments in having a rigorous approach to continuing professional development and recency of practice requirements.

TABLE 2. Summary of key feedback, HPPP Phase 3 workshops, 2013.

Items out of project scope

The scope of the HPPP project does not include:

• Health professions which are not registered via the National Registration and Accreditation Scheme as of 1 July 2012.
• Reviewing state and territory legislative and regulatory provisions covering the prescribing of medicines.
• Authorisation of health professionals to prescribe medicines via the Pharmaceutical Benefits Scheme (PBS).
• Prescribing of treatment modalities other than medicines.

During the project, HWA has received considerable feedback on legislative and regulation issues critical to the full implementation of a national approach to prescribing. Two major legislative issues are:

• The general lack of consistency between States and Territories in drugs and medicines legislation that provides for the authorisation of health professionals to prescribe medicines. There is a lack of core prescribing authorities, common to all jurisdictions, for the nursing, midwifery, optometry, podiatry and Aboriginal and Torres Strait Islander Health Worker professions (noting that current regulation only provides for the this profession to supply medicines).
• The different governance arrangements for the conferring of regulatory prescribing authorisation of health professionals by individual States and Territories. In particular, the
lack of a consistent relationship between the governance approach of most jurisdictions and the standard(s) for prescribing endorsement enacted by National Boards, with some jurisdictions (such as South Australia and New South Wales for some professions) having amended their legislation to automatically authorise practitioners who hold a scheduled medicines endorsement from their National Board to use scheduled medicines while others have arrangements with little reference to scheduled medicines endorsements from National Boards.

These issues are significant for two reasons. Firstly, it impacts upon the mobility and productivity of the health workforce, potentially preventing recognised and competent health professionals from working to their full scope of practice. Secondly, it creates confusion for health professionals and consumers, particularly in communities existing close to State and Territory borders.

It is critical to successful implementation of the HPPP that the nexus between professional recognition of competence, legal authorisation to prescribe and entry into prescribing practice (ie between Steps 2, 3 and 4 of the HPPP) is resolved.

The project notes the commencement of work under the auspice of the Health Workforce Principal Committee to develop a nationally consistent approach to prescribing authorities particularly with the governance arrangements of jurisdictions. Further work will be required beyond resolving governance arrangements that address current inconsistencies in regulation.

The HPPP project also notes the commencement of work by HWA on addressing legislative barriers to health workforce reform, as approved by the Standing Council on Health in November 2012.
The Health Professionals Prescribing Pathway

The Health Professionals Prescribing Pathway (HPPP) provides a nationally consistent approach to the prescribing of medicines by health professionals registered under the National Registration and Accreditation Scheme other than medical practitioners.

The HPPP includes:

- Principles for health professionals that prescribe.
- Steps that a health professional must complete to undertake safe and competent prescribing.
- Safe models of prescribing for health professionals.
- Roles and responsibilities in the HPPP.

Quality use of medicines

The HPPP sits within the context of the National Strategy for the Quality Use of Medicines. Quality Use of Medicines means: selecting medication management options wisely; choosing suitable medicines if a medicine is considered necessary; and using medicines safely and effectively to achieve the best possible outcomes. This strategy recognises that the quality use of medicines is based on:

1. the primacy of consumers
2. active and respectful partnerships
3. consultative, collaborative, multidisciplinary activity
4. support for existing activity
5. systems-based approaches.

Important definitions in the HPPP

**Medicines:** therapeutic goods that are represented to achieve, or are likely to achieve, their principal intended action by pharmacological, chemical, immunological or metabolic means in or on the body of a human or animal.

**Person:** covers patient, consumer and client.

**Prescriber:** a health practitioner authorised to undertake prescribing within their scope of practice.

**Prescribing:** an iterative process involving the steps of information gathering, clinical decision making, communication and evaluation which results in the initiation, continuation or cessation of a medicine.

**Scope of practice:** the area and extent of practice for an individual health professional, usually defined by a regulator, a profession or employer, after taking into consideration the health professional’s education, training, experiences, expertise and demonstrated competency.

*The definition of prescribing used in the HPPP may be different to the definition of prescribing provided in the legislation governing the use of medicines in each jurisdiction. Health professionals are advised to review the legislation in effect in the State or Territory in which they practice to ensure they understand their legal authorisation to prescribe medicines.*
Principles of the Health Professionals Prescribing Pathway

The HPPP is based on the following principles:

- The health, wellbeing and safety of the person taking a medicine must be maintained at all times.
- Health professionals who prescribe are accountable for their actions.
- Health professionals authorised to prescribe undertake prescribing within their individual and professional scope of practice, and maintain the level of professional competence and ethical standards (including the separation of commercial interests) expected of their profession.
- Health professionals who prescribe commit to the safe and effective use of medicines as described by the National Medicines Policy.
- Health professionals involved in prescribing work in partnership with the person taking a medicine, their carers and other members of the health care team.

Steps to safe and competent prescribing

Health professionals must ensure they have completed the five steps in the HPPP to safely and competently prescribe. The five steps are:

Step 1: complete education and training

The health professional completes accredited prescribing education and training that is consistent with their scope of practice, and demonstrates the required level of competence.

A prescribing education and training program that a health professional undertakes must be part of an accredited program of study to the standards set by the Accreditation Council for the profession and approved by the National Board. Any standard set by the Accreditation Council should require that the prescribing education and training program includes a component of assessment of the essential competencies of the health professional to prescribe.

The prescribing competency framework developed by NPS Medicinewise\(^2\) is the nationally recognised standard for prescribing education of health professionals. Accredited prescribing education and training programs must be aligned to the national prescribing competency framework.

Importantly, the professional context of the health professional, and their role in the prescribing process must also be considered in tailoring education to the needs of the health professional. Different models of prescribing may also guide the level of education required.

In practical terms prescribing education should be:

- Equitable, with sufficient capacity in the health and education sector to allow for access to quality education.
- Flexible, allowing for education to be delivered by different modalities.
- Effectual, providing quality clinically supervised practice to enhance learning.
- Assessable, to provide assurance of the competence of the practitioner.
Step 2: obtain recognition from the National Board of competence to prescribe

The health professional seeks and receives recognition of their competence to prescribe from their National Board, in accordance with the standards specified by the National Board.

The National Board recognises the competence of the health professional to prescribe medicines consistent with the health professional’s scope of practice. There are two mechanisms by which the National Board may recognise the health professional’s competence to prescribe:

- Recognition that the primary qualification of registration is sufficient to prescribe medicines. This mechanism recognises prescribing as an inherent part of the scope of practice for the health professional.

  or

- Recognition via an endorsement to prescribe medicines, in accordance with Section 94 of the Health Practitioner Regulation National Law.

To support consistency between National Boards, registration standards to endorse a registered health professional to prescribe medicines should include three elements necessary for endorsement to be conferred:

1. The approved qualifications or assessments that will be used to recognise the competence of the health professional.

2. The supervised practice requirement that is required to be completed for a registered health professional to be endorsed, noting that this may be included in (1).

3. The imposition of restrictions for endorsement to prescribe, commensurate with the level of risk of the health professional’s prescribing practice. Different models of prescribing may be instructive in terms of the level of education required.

Step 3: ensure authorisation to prescribe

The health professional is authorised to prescribe medicines by the relevant legislation and associated regulations provided by the state or territory in which the professional practices.

Each state and territory has legislation that provides for certain health professionals to prescribe medicines. It is essential that health professionals understand which medicines they are authorised to prescribe prior to prescribing.

While legal authorisation to prescribe medicines is essential, health professionals should also ensure that any requirements set by their National Board, jurisdiction, health service or employer are met prior to prescribing.

Authorisation of a health professional to prescribe medicines by a jurisdiction or by a National Board does not confer approval to prescribe under the Pharmaceutical Benefits Scheme (PBS).
Step 4: prescribe medicines within scope of practice

The health professional prescribes 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.

The individual scope of practice of a health professional may be influenced by the:

- clinical settings and environment in which they practice including the requirements of health services or employers.
- level of their competence, noting that where the health needs of a person are not within the level of their competence, the health professional refers the person to a health professional with an appropriate scope of practice.
- legislative requirements of their jurisdiction and any standards/guidelines issued by the National Board.

The health professional also abides by the safety and quality requirements set by regulation, nationally recognised interprofessional standards, professional standards and the health service. Requirements include:

- Codes of conduct set by the National Board, the profession or health service.
- Guidelines set by the jurisdiction, National Board, profession or health service on prescribing.
- Jurisdiction and health service policies that govern the use of medicines.
- Health service procedures that monitor the use of medicines and implement strategies to improve the safety and quality of medicines used.
- Australian Charter of Healthcare Rights.

The critical elements to safe prescribing practice include:

- Communication between the health professional and person taking medicine in developing an agreed approach to treatment.
- Understanding the risks of a person being prescribed medicines by multiple health professionals, and making coordinated prescribing decisions with the person, their carers (if applicable) and other members of the health care team involved in the care of the person.
- Remaining within the boundaries of the health professional’s scope of practice, and appropriate referring to another health professional for matters beyond the scope of practice of the health professional.
- Having appropriate access to diagnostic information, independent objective information and the medical history and records of the person (with their informed consent).
- Using appropriate technology such as electronic patient records and information systems with decision support to help health professionals, the person taking the medication and their carers to make informed treatment decisions and use medicines safely and effectively.
- Ensuring appropriate follow up systems are in place to assist in evaluating and monitoring treatment outcomes with the person or people involved.
National policies and standards support health services and health professionals to achieve safe and quality use of medicines. In particular, information on the quality use of medicines within the National Medicines Policy, and the Medication Safety Standard of the National Safety and Quality Health Service Standards provide important guidance for health services and health professionals on safe and quality use of medicines.

Step 5: maintain and enhance competence to prescribe

The health professional maintains and continuously develops their competence to prescribe medicines within their scope of practice, according to the requirements of their profession and employment.

Health professionals must take responsibility for maintaining competence to prescribe and continue to develop their skills and knowledge in prescribing. Health professionals should engage in reflective practice to evaluate and review their own performance in prescribing, and identify and address knowledge and skill needs. The basis for this reflection should be:

- the National Prescribing Competency Framework.
- developments in best practice for clinical care.
- compliance with continuing professional development and recency of practice standards and any requirements established by the National Board.
- guidelines on prescribing set by professional bodies.
- reports on medication incidents and adverse events.
- requirements of their employment (for example, the duty requirements of the health professional’s position and the credentialing and recognition of privileges to support them to complete these duties).

In addition to the responsibilities of health professionals for maintaining competence, other parties with roles in the HPPP may have responsibilities to support the maintenance of the prescribing competence of health professionals. Responsibilities include providing support and resources for professional development, and monitoring of compliance with safety, quality and practice standards.

Safe models of prescribing by health professionals

Prescribing by health professionals may occur under different models of prescribing that recognise the diverse needs of people receiving medicines. In all cases, there is a need for safe and effective prescribing. In addition to the needs of people receiving medicines, other critical elements to safe prescribing models include:

- The competence of the health professionals involved in prescribing. Education must enable the health professional to obtain the required level of competence for their scope of practice.
- The legislative authorisation to allow a health professional to prescribe a medicine.
- The communication within a team of health professionals and the person taking medicine.
Safe prescribing models can be described in three categories:

1. **Autonomous prescribing.**
   Prescribing occurs where a prescriber undertakes prescribing within their scope of practice without the approval or supervision of another health professional. The prescriber has been educated and authorised to autonomously prescribe in a specific area of clinical practice. Although the prescriber may prescribe autonomously, they recognise the role of all members of the health care team and ensure appropriate communication occurs between team members and the person taking medicine.

2. **Prescribing under supervision.**
   Prescribing occurs where a prescriber undertakes prescribing within their scope of practice under the supervision of another authorised health professional. The supervised prescriber has been educated to prescribe and has a limited authorisation to prescribe medicines that is determined by legislation, requirements of the National Board and policies of the jurisdiction, employer or health service. The prescriber and supervisor recognise their role in their health care team and ensure appropriate communication occurs between team members and the person taking medicine.

3. **Prescribing via a structured prescribing arrangement.**
   Prescribing occurs where a prescriber with a limited authorisation to prescribe medicines by legislation, requirements of the National Board and policies of the jurisdiction or health service prescribes medicines under a guideline, protocol or standing order. A structured prescribing arrangement should be documented sufficiently to describe the responsibilities of the prescriber(s) involved and the communication that occurs between team members and the person taking medicine.

   Health professionals may work within more than one model of prescribing in their clinical practice.
# Roles and responsibilities in the Health Professionals Prescribing Pathway

To ensure that prescribing is undertaken in a safe and effective manner, it is important that the roles and responsibilities of all parties are understood and fulfilled.

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person (covers the terms patient, consumer and client)</td>
<td>- Share timely information on their health status and care including medicines with all nominated health providers.</td>
</tr>
<tr>
<td></td>
<td>- Participate in decision making about their health needs and treatment options.</td>
</tr>
<tr>
<td>Consumer representatives</td>
<td>- Participate and advocate for standards of health care and the professional prescribing practice of health professionals on behalf of consumers.</td>
</tr>
<tr>
<td>Carer (this role could be an informal care role such as a family member or friend acting in an unpaid capacity; or a formal role such as a paid carer)</td>
<td>- Support the person within their care to manage their responsibilities in the prescribing of medicines.</td>
</tr>
<tr>
<td></td>
<td>- For carers acting in a paid or employed capacity, perform the care duties that apply to medicines management as required by their employer.</td>
</tr>
<tr>
<td>Prescriber</td>
<td>- Complete education and training requirements consistent with the scope of the prescriber’s practice.</td>
</tr>
<tr>
<td></td>
<td>- Ensure any applicable requirements of the National Board have been met and the correct endorsement has been obtained prior to practice.</td>
</tr>
<tr>
<td></td>
<td>- Be aware of and understands the state or territory legislation and regulation for the prescribing of medicines.</td>
</tr>
<tr>
<td></td>
<td>- Engage in reflective practice to evaluate and review own performance, and manage professional development and maintenance of professional standards.</td>
</tr>
<tr>
<td></td>
<td>- Meet requirement of job specification of employer and any clinical policies or guidelines.</td>
</tr>
<tr>
<td></td>
<td>- Ensure personal practice includes:</td>
</tr>
<tr>
<td></td>
<td>- adherence to policies and protocols for the safe and effective use of medicines</td>
</tr>
<tr>
<td></td>
<td>- mechanisms to facilitate coordination of care across all care providers, including informing others of new medicines prescribed or changes to existing medicines.</td>
</tr>
<tr>
<td></td>
<td>- use of objective evidence-based information sources</td>
</tr>
<tr>
<td></td>
<td>- participation in quality use of medicine programs</td>
</tr>
<tr>
<td></td>
<td>- awareness of and acting within personal scope of practice.</td>
</tr>
<tr>
<td>Education provider</td>
<td>- Develop and provide high quality, best practice and accredited education and training in prescribing.</td>
</tr>
<tr>
<td></td>
<td>- Assess health professional’s competence to prescribe.</td>
</tr>
<tr>
<td>Role</td>
<td>Responsibility</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| **Health service or employer** | • Support health professionals to receive education that supports their ability to fulfil health service requirements.  
• Develop, implement and monitor appropriate governance arrangements to ensure safe prescribing practices occur in the health service. |
| **National Board**            | • Recognise the competence of health professionals to prescribe.  
• Publish applicable standards, codes or guidelines to support the endorsement of health professionals to prescribe including recency of practice and continuing professional development requirements. |
| **Accreditation Council**     | • Develop education and training standards for approval by the National Board.  
• Assess education providers and education programs against education and training standards, and the national prescribing competency framework. |
| **Jurisdiction**              | • Develop, implement and maintain the legislation and regulation under which practitioners prescribe medicines.  
• Develop, implement and maintain public policies on safe and quality use of medicines. |
| **Health professional association** | • Develop and maintain professional practice standards and policies covering safe and effective practice (including professional development) for the profession.  
• Provide advice and support to the health system, consumers and health professionals on professional practice and prescribing. |

**References**

Health Professionals Prescribing Pathway

Step 1
Complete education and training
The health professional completes prescribing education and training that is consistent with their scope of practice and the models of prescribing they are involved in.

Safety and quality requirements
- National Prescribing Competency Framework
- Accreditation Standards
- Safe prescribing models

Roles and Responsibilities
- Prescribers
- Education Providers
- Accreditation Councils
- Consumer Representatives

Step 2
Obtain recognition from the National Board of competence to prescribe
The health professional seeks and receives recognition of their competence to prescribe from their National Board.

Safety and quality requirements
- Registration Standards
- National Board Policy Guidelines
- Safe prescribing models

Roles and Responsibilities
- Prescribers
- National Boards
- Australian Health Practitioner Regulation Agency
- Australian Health Workforce Ministerial Council
- Consumer Representatives

Step 3
Ensure authorisation to prescribe
The health professional ensures they can prescribe medicines according to the legislation in their state or territory.

Safety and quality requirements
- State and Territory Legislation

Roles and Responsibilities
- Prescribers
- Jurisdictions

Step 4
Prescribe medicines within scope of practice
The health professional prescribes within a safe model of prescribing and works collaboratively with the consumer and the healthcare team for safe and quality care of the person receiving treatment.

Safety and quality requirements
- Safe Practice Standards
- National Medicines Policy - Safe and Quality Use of Medicines
- Information and decision support systems
- Safe prescribing models

Roles and Responsibilities
- Consumers and carers
- Prescribers
- Health Services
- Employers
- Regulators
- Advisory Bodies
- Professional Associations

Step 5
Maintain and enhance competence to prescribe
The health professional maintains and continues to develop their competence to prescribe.

Safety and quality requirements
- CPD Standards
- Professional Development Guidelines
- Self-reflection

Roles and Responsibilities
- Prescribers
- Continuing education providers
- Professional Associations
- National Boards
- Accreditation Councils
- Consumer Representatives
Implementation of the Health Professionals Prescribing Pathway

Health Workforce Australia has considered the critical issues for implementation of the HPPP. While some of the building blocks such as the National Registration and Accreditation Scheme are already in place for implementation, it is clear that implementation of a prescribing pathway would require input and actions from government, regulators, professions, health service, employers, educators and consumers.

To assist implementation of a HPPP, HWA has developed a set of recommendations for the initial consideration of government. These recommendations focus on what should occur rather than how it should occur.

General recommendations

1. **Support consumers to understand how the Health Professionals Prescribing Pathway supports safe and competent prescribing by:**
   a. **Providing information in plain language on how the Health Professionals Prescribing Pathway supports safe and competent prescribing.**
   b. **Exploring mechanisms to increase the health literacy of consumers regarding medicines.**

   This work should be driven by consumers and their representatives, with support from key stakeholder organisations.

2. **Promote the Health Professionals Prescribing Pathway as an integral part of the national agenda for health workforce reform.**

   Health Workforce 2025 provides compelling evidence for action to ensure future sustainability of the health workforce in Australia. Challenges to the supply and distribution of health professionals across the nation will require health services to implement innovative models of care and support health professionals to work to the maximum scope of their practice, which may involve the prescribing of medicines in one or more of the prescribing models contained within the HPPP.

   The National Health Workforce Innovation and Reform Strategic Framework for Action 2011-2015 provides guidance on the role HPPP can play in supporting health workforce reform. In particular, the Framework’s focus on wellness, prevention and primary healthcare has
implications for prescribing by health professionals. There is a need to address current regulatory barriers to workforce reform to improve health workforce outcomes.

3. **Build on current national work to develop the evidence-base for safe and competent prescribing by health professionals.** Specifically,
   a. **Support research focusing on the cost, quality use of medicines and safety of prescribing by health professionals other than medical practitioners.**
   b. **Develop a national inventory of evidence based research for prescribing by health professionals other than medical practitioners.**

HWA notes developments in prescribing by a range of health professionals and the available evidence for prescribing by health professionals other than medical practitioners. HWA believes that there is a need for the development of the evidence base covering efficacy and safety on prescribing, with a strong focus on the benefits to and safety of consumers arising from models of prescribing.

4. **Consider how the HPPP can align to national initiatives supporting the quality use of medicines.**

During the HPPP project, HWA has been aware of related national initiatives on prescribing and the use of medicines. There is a need to ensure firm linkages between initiatives that cover system, technological and workforce improvements in the health system for prescribing. HWA highlights two initiatives in this regard:
   o National Strategy for the Quality Use of Medicines
   o Personally Controlled Electronic Health Record
Step recommendations

Step 1 - Complete education and training

1. National Boards, Accreditation Councils and healthcare providers endorse the NPS Prescribing Competency Framework as the recognised national standard for prescribing competence by all health professionals.

2. Enhance the NPS Prescribing Competency Framework to recognise different models of prescribing by health professionals.

3. Develop a tool for the assessment of competence of a health professional to prescribe medicines, using the NPS Prescribing Competency Framework as its standard.

4. Assess existing prescribing curricula and education programs for alignment with the NPS Prescribing Competency Framework.

5. Accreditation Councils review current, or if necessary develop new accreditation standards of prescribing education, for approval by the National Board.

6. Develop inter-professional approaches to the curriculum for prescribing education and training programs.

Step 2 - Obtain recognition from the National Board of competence to prescribe

1. The Australian Health Practitioner Regulation Agency and National Boards review all current standards to endorse practitioners to prescribe medicines to ensure appropriate and consistent requirements exist for the level of qualification or assessments used to recognised competence.

2. The Australian Health Practitioner Regulation Agency and National Boards consider the appointment of an inter-disciplinary advisory committee to support consistency in the standards to endorse practitioners to prescribe medicines.
3. The Australian Health Practitioner Regulation Agency and National Boards consider the development and implementation of a consistent inter-professional guideline to support the standards that endorse practitioners to prescribe medicines.

**Step 3 - Ensure authorisation to prescribe**

1. Jurisdictions commit to the development of national inter-governmental governance arrangements for the conferring of prescribing authority on health professionals.
2. Following the development of national inter-governmental governance arrangements for prescribing authority, jurisdictions should:
   a. Review the current inconsistencies in State and Territory legislation and regulation covering the authority to prescribe.
   b. Reach agreement on core prescribing authorities that would apply to recognised health professionals regardless of jurisdiction.

**Step 4 - Prescribe medicines within scope of practice**

1. Develop national guidelines for the supervised models of prescribing.

**Step 5 - Maintain and enhance competence to prescribe.**

1. The Australian Health Practitioner Regulation Agency and National Boards review all current standards for continuing professional development as a priority to ensure consistent requirements and monitoring processes exist for practitioners endorsed by their National Board to prescribe medicines.
Conclusion

The HPPP will support the national agenda for health workforce innovation and reform by enhancing safe and effective prescribing by health professionals in Australia other than medical practitioners. Considerable input has been provided by stakeholders during the project, and the views of consumers have been carefully considered in the design and implementation requirements for the HPPP. Safety and quality has been at the forefront of the project’s deliberations, particularly identifying education and practitioner competence and the need to support different models of prescribing across the continuum of clinical settings. Implementation of the HPPP needs to focus on national consistency in these key areas by all stakeholders.

If implemented, the HPPP will support health professionals to meet the healthcare needs of the Australian community by safe prescribing within their recognised scope of practice. HWA commends the HPPP and this report to government for its consideration.
References


8. Latter S, Blenkinsopp, A; Smith, A; Chapman, C; Tinelli, M; Gerard, K; Little, P; Celnio, N; Granby, T; Nicholas, P; Dorer, G. (2010) Evaluation of Nurse and Pharmacist Independent Prescribing. Department of Health Policy Research Programme Project 0160108, University of Southampton, Keele University


Attachments

Attachment 1 Review of responses to the Phase 3 Consultation and Workshops on HPPP
- List of consultation paper respondents
- Consultation paper

Attachment 2 Project Advisory Group Terms of Reference

Attachment 3 HPPP Project Clinical Advisors
ATTACHMENT 1 – Review of the Phase 3 consultation and workshops, Health Professionals Prescribing Pathway project.

Summary
The purpose of Phase 3 of the HPPP project was to test and finalise a draft HPPP with stakeholders, and develop strategies for implementation of the HPPP. The approach to this phase included two main initiatives:

- Consultation seeking feedback on the structure and content of the draft HPPP from the spectrum of stakeholders.
- Readiness testing and implementation workshops with key stakeholder groups.

A total of 82 responses were received to the HWA consultation on the draft HPPP and 7 workshops were held on the readiness of stakeholders to adopt and implement the HPPP. Feedback from stakeholders was provided by jurisdictions, consumers, health practitioners, health professional associations, National Boards, Accreditation Councils, and health education providers. A summary of the feedback provided is as follows.

- Respondents continue to be supportive of the need for a nationally consistent approach to health professional prescribing and provided positive feedback for the overall structure and design of the HPPP.

- The perceived major benefits of the overall HPPP included consistency and clarity around future approaches to prescribing by health professionals, other than medical practitioners.

- Suggested improvements to the structure of the HPPP included:
  - Ensure clear, consistent nationally based terminology and definitions in the document.
  - Clarify the descriptions and terminology in the prescribing models and its location in the HPPP diagram needs alternatives or removal (particularly the partially autonomous model).
  - An audit function should be specified in Steps 4 and 5 of the pathway.
  - Strengthen the preamble to outline the need for a prescribing pathway, its intended use and alignment with broader healthcare reforms.
  - Develop a plain English language and user friendly version of the HPPP to support the consumer’s involvement.

- Feedback on HPPP principles included broad agreement on the intent of the principles however consideration should be given to:
- Inclusion of a principle relating to health professionals operating within a medico legal framework and separating commercial interest from prescribing practice.
- An additional principle covering review and evaluation of the HPPP.
- Clarity around scope of practice considerations, leadership and collaborative structures.
- Strengthening the value of consistency of training.

- Feedback on the HPPP steps confirmed a general consensus on their validity but improvements could be made by:
  - Re-ordering the steps to place the authorisation by legislation (ie Step 3) as the first step in the pathway.
  - Developing a competency assessment tool for use as a safety and quality tool.
  - Providing more detail in the form of surrounding explanatory guidelines, particularly around education requirements and how this would relate to the different models of prescribing and the maintenance of consistency across professions.
  - Adding additional detail on supervision requirements in the main HPPP document.

- Feedback on the HPPP safety and quality tools suggested:
  - Strengthening competency assessment in Steps 1 and 2 of the HPPP, using a variety of processes.
  - Providing more detail on continuing professional development requirements in Step 5 to include audits and peer review.

- Feedback on the HPPP prescribing models included mixed feedback particularly highlighting:
  - A lack of clarity between the partially autonomous and protocol prescribing.
  - A lack of linkage to existing terminology used nationally and internationally, and precedents set by current prescribers.
  - Further definition of supervision would assist clarity.
  - Additional detail was needed on education implications of the different models.
  - Concern regarding how well the models align to the NPS competency framework.

- Feedback on the HPPP roles and responsibilities acknowledged that the majority of stakeholders were captured by the role and responsibility statements, however suggested improvements could include:
  - Supplementary detail on what the roles were and how responsibilities could be enhanced.
  - Distinguishing between the role of formal carer and unpaid carer.
  - A central repository for guidelines supporting the pathway should be established.
  - Boosting the role of employers and reflecting their responsibility in defining the duties of the health professional’s role (which may or may not include prescribing).
• Responses relating to implementation issues can be categorised into the following key themes:
  o The accessibility and affordability of future education models, including access to placements and clinical supervision.
  o Adoption of the NPS Prescribing Competencies Framework.
  o Barriers resulting from lack of access to diagnostic tools.
  o Ongoing monitoring of prescribers and their competence.
  o Communication and technology systems to support information collection and evaluation.
  o System cost and access benefits.
  o Incorporation of future professions and changes in prescribing practice / setting.

• General items that were commented on but are out of the scope of the project include:
  o Alignment of medicines legislation.
  o Applicability of the pathway to include non-registered professions.
  o Access to the Pharmaceutical Benefits Scheme.
  o Professional indemnity insurance requirements.
Consultation on a draft Health Professionals Prescribing Pathway

On 30 January 2013, Health Workforce Australia released a draft Health Professionals Prescribing Pathway (HPPP) in Australia for consultation via its on-line platform, HWA Connect. The consultation was designed to engage with stakeholders on the following topics:

- The structure and design of the HPPP.
- The principles of the HPPP.
- The steps of the HPPP.
- The safety and quality tools of the HPPP.
- Prescribing models in the HPPP.
- Roles and responsibilities of the HPPP.
- Implementation of the HPPP.
- Any additional Information related to the HPPP.

The following avenues were utilised for distribution of the draft HPPP:

- Notification on front page of HWA website.
- Paper uploaded to HWA Connect consultation platform with links to HWA website and social media platforms.
- HWA’s newsletter Health Workforce Insights.
- Letter to all jurisdictions.
- Email to 395 identified stakeholders (including previous workshop attendees and consultation one respondents).
- Notification email to the following with request to forward through their networks:
  - Clinical advisors
  - PAG members
  - Consumers Health Forum
  - HWA standing advisory committees.
- Notification at HPPP stakeholder meetings, related internal HWA projects, workshops and other forums that occurring in the live period of the consultation.
- Brief article publication in the On the Radar Publication from the Australian Commission for Safety and Quality in Health Care.
- A short consumer focussed video regarding the draft HPPP, released by HWA’s social media channels also supported the consultation period.
On release of the draft HPPP, respondents had six weeks to provide a response in the template provided. Requests for late submissions to be accepted were considered on a case by case basis. All requests for late submissions were granted an extension of time.

Participants were offered three options for submitting feedback:

1) Online via www.hwaconnect.net.au
2) Online via project email box: hppp@hwa.gov.au
3) Hardcopy posted to the Senior Project Officer, HPPP Project, HWA

Following receipt of submissions, the process to review of feedback included:

1) Collating responses into tables for each individual question.
2) Reviewing of responses by two internal project staff for:
   a. Themes based on a feedback guide
   b. Key comments and quotes
   c. Potential follow up items for consideration when redrafting the pathway
3) A summary of responses provided to each question was then generated
4) Feedback and summaries were then reviewed internally and by the project’s clinical advisors.

Confidentiality

Stakeholders were advised that information in submissions would be collated into a final project report with the results presented in a de-identified manner. However, HWA offered respondents the opportunity to:

- be identified as having provided a submission.
- and/or the opportunity to have their submission published on the HWA website.
- remain anonymous
Respondent Details

Overall, HWA received 82 submissions on the draft HPPP. A list of submission respondents is provided in Appendix A. The breakdown of types of respondents is provided in the table below. It should be noted that respondents were able to identify as being from more than one “type”.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education provider to the health workforce</td>
<td>18.8%</td>
</tr>
<tr>
<td>Health service manager</td>
<td>3.6%</td>
</tr>
<tr>
<td>Health workforce planner</td>
<td>8.9%</td>
</tr>
<tr>
<td>Health workforce researcher</td>
<td>0.9%</td>
</tr>
<tr>
<td>Aboriginal and Torres Strait Islander Health Service planner and / or provider</td>
<td>0.9%</td>
</tr>
<tr>
<td>Rural and remote health service planner and / or provider</td>
<td>8%</td>
</tr>
<tr>
<td>Regulatory body</td>
<td>1.8%</td>
</tr>
<tr>
<td>Individual health professional</td>
<td>19.6%</td>
</tr>
<tr>
<td>Consumer group</td>
<td>2.7%</td>
</tr>
<tr>
<td>Carer Group</td>
<td>0%</td>
</tr>
<tr>
<td>Government - Commonwealth Agency</td>
<td>0.9%</td>
</tr>
<tr>
<td>Government - State or Territory Agency</td>
<td>11.6%</td>
</tr>
<tr>
<td>Non-Government (Not for Profit)</td>
<td>2.7%</td>
</tr>
<tr>
<td>Professional Association or Group(s)</td>
<td>15%</td>
</tr>
<tr>
<td>Member of the Public</td>
<td>0.9%</td>
</tr>
<tr>
<td>Other</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

*TABLE 3: Types of Respondents to the Consultation Paper*
1. Responses to consultation questions

Section 1. Structure and design of the Health Professionals Prescribing Pathway.

Question 1(a) - Does the structure of the proposed HPPP adequately cover the essential requirements needed for a prescribing pathway? If not, what aspects of the HPPP need to change and why?

Summary of responses:

The majority of respondents agreed that the pathway provides an adequate reflection of prescribing requirements. Feedback on improvements to the design and structure of the pathway can be summarised into the following themes:

1. The importance of developing more detailed documentation that will be required for implementation.

There was a range of submissions suggesting that detail could be expanded in a supporting documents or guidelines such as:
   - Assessment tools.
   - System level functions.
   - Specific audit functions.

2. The preamble in the head document needs to be strengthened, outlining the need for a prescribing pathway, its intended use and alignment with broader healthcare reforms.

The areas of focus included:
   - Improved clarity on the entry point regarding education options.
   - Suggestions of how the elements of the pathway steps would be operationalised in practice.
   - Incorporation of audit functions to support evaluation access, quality use of medicines and process compliance.

Some respondents sought details and examples to be included in the head document such as:
   - The Australian Charter of Healthcare rights for consumers within the roles and responsibilities and safety / quality tools section.
   - Explicit inclusion of safety and quality tools as a separate section.
   - A clear audit function reflected in Steps 4 and 5.

"The structure of the proposal seems to cover the essential requirements for the prescribing pathway."
3. The delineation between prescribing models has been a common discussion point with key themes being:

- Terminology within the different models and use of terms “autonomous”, “independent”, “partially autonomous” and “protocol”.
- Use of national definitions particularly in reference to “prescribing”.
- The current middle model ‘partially autonomous’ prescribing is unclear and confusing in terms of boundaries of autonomy and scope of practice.
- Location of prescribing models in diagram needs alternative placement as currently could be misinterpreted as aligning with particular steps.
- The need for a plain English language and user friendly version of the pathway to be developed to support consumers regarding prescribing models.

**Other feedback**
Out of scope items were referred to in commentary such as:
1) The need for legislation to be aligned to ensure workforce reforms succeed to the best of intended ability.
2) The inclusion of non-registered health professions, particularly those who are currently prescribing in practice.
3) The impacts and changes required to professional indemnity insurance for introduction of prescribing into the health professional’s scope of practice.

“The pathway is well thought out and easy to read”

“The pathway covers all significant areas, with the key being: prescribing medicines within scope of practice.”
**Question 1(b)** Is the design of the HPPP logically presented and easy to read? If not, what aspects of the design need to change and why?

**Summary of Responses**

Participants agreed that the design of the pathway was logical and easy to read however the following suggestions were made:

- Provide an alternate location of prescribing models in diagram as current layout causes confusion.
- Consider providing a version of the pathway in a more user friendly format to support consumers.
- Further clarity surrounding the oversight of continuing professional development standards by the National Boards.

“*The HPPP design should ensure transparency and accountability in each of the steps*”
Section 2. The principles of the HPPP

Question 2(a) - Do the stated principles of the HPPP adequately describe the foundation for an effective prescribing pathway? If not, why should the current principles be amended and how?

Summary of Responses

Respondents agreed that the overarching principles describe an effective prescribing pathway although suggested the following:

- Separation of commercial interest from prescribing should be reflected in the principles.
- The link between diagnosis and prescribing requires more clarity.
- A process should be implemented for accountability of practice.
- An additional principle be added to cover review and evaluation of the HPPP.
- More clarity around scope of practice, leadership and collaborative structures in the principles.
- Standardisation and uniformity of training be ensured in the broader context of interdisciplinary consistency.

“The needs of consumers and their confidence in those prescribing is essential”

“The stated principles adequately describe the foundation for an effective prescribing pathway”
**Section 3. The steps of the HPPP**

**Question 3(a)** - Do the steps listed in the draft HPPP cover the basic requirements of a health professional to safely and competently prescribe? If not, how should the steps and their descriptions be amended?

![Diagram showing the steps of the HPPP]

**Summary of Responses**

Respondents provided general consensus that the content of the steps are appropriate however suggestions included:

- Ordering of steps should be revisited (particularly Step 3) and that the process would not always be linear.
- Ensure standardisation and uniformity of training in the broader context of interdisciplinary consistency.
- A number of stakeholders suggested the need for a competency assessment tool based on the NPS Prescribing Competency Framework. This could subsequently be used as a safety and quality tool to support continuing professional development activities.
- More detail in the form of surrounding explanatory guidelines to obtain consistency across professions. This was particularly relating to education requirements and how this would align to the different models of prescribing.
- A need for review and monitoring of safe prescribing practices, particularly for Steps 1, 2 and 5.

Supervision was highlighted as a key issue in relation to completing education and training in addition to prescribing within scope of practice.
Section 4. The safety and quality tools of the HPPP

**Question 4(a)** - Do the safety and quality tools listed in the draft HPPP support the relevant steps of the HPPP and the prescribing process? What amendments are needed to the safety and quality tools listed in the draft HPPP and why?

### Summary of Responses

Stakeholders provided consistent feedback for support of the proposed safety and quality tools. Further avenues of safety and quality support included:

- The need to reflect the importance of the code of professional conduct throughout the prescribing pathway process.
- Inclusion of audits and peer review in addition to self reflection in Step 5.
- Utilising a number of processes to reassess competence, such as a single measure for the number of hours of CPD completed.

"The safety and quality tools are relevant but more detail is required on how the individual health practitioners will be reviewed, measured and practice recorded."

"Any tools should include measurement and monitoring strategies for demonstrating actual prescribing performance not just acquisition of competencies."
Section 5. Prescribing Models in the HPPP

Question 5(a) Do the prescribing models provided in the HPPP adequately provide context and guidance for the prescribing pathway? Why or why not?

Summary of Responses

Feedback continues to show a general level of support for the concept of incorporating prescribing models into the pathway that are based on graded levels of autonomy. However the support for and feedback surrounding the current terminology, perceived scope and accountability implied for each level was mixed. There was general consensus that the prescribing models needed to have clear parameters identified, but allow enough flexibility to reflect the continuum of prescribing practice.

Further themes of views and queries can be summarised as follows:

- Further clarity relating to the difference between partially autonomous and protocol prescribing
- Existing terminology used across borders (nationally and internationally) and precedents set by current prescribers
- Further definitions required in the main document, namely ‘arrangements’ and ‘supervision’
- More detail was sought on education implications for each of the different models and core competencies to practice in each model.
- Some concern about how well the models align to the NPS Prescribing Competency Framework.
- Whether the tiers of education needs to aligned to the prescribing model undertaken, scope of practice setting or a combination of the above.
- Respondents requested more information on how prescribing models would be applied in various settings or how to determine which is the appropriate prescribing model for specific health professionals.

“Prescribing models need to facilitate clear communication between all parties and also provide a method to formulate transparent and easily understood guidelines.”
**Section 6. Roles and Responsibilities of the HPPP**

**Question 6(a)** - Does the draft HPPP accurately reflect the roles and responsibilities of all stakeholders in the prescribing process? If not, what further detail is required and why?

**Summary of Responses**

Feedback supported the stated roles of stakeholders in the HPPP, however more detail surrounding the tools to assist stakeholders to fulfil their responsibilities was requested.

- A number of stakeholders thought the role of employers in the pathway should be boosted and reflect their responsibility in setting the roles of employer needs to be strengthened including defining the duties of the role with may or may not include prescribing.

- Having roles and responsibilities clearly outlined will assist with reducing the potential risks that were highlighted as a result of formulating a pathway to introduce other health professional prescribers, namely fragmentation of care and poly pharmacy.

- Suggested central repository for guidelines on the pathway.

- Some stakeholders highlighted particular challenges related to the capacity to support various roles and models eg limited capacity to supervise or provide continuing professionals development opportunities.

- There needs to be additional work completed to provide clarity around how stakeholders will work together to implement the pathway and who will take overall responsibility for each step.

“The HPPP identifies the broad range of stakeholders and importantly recognises the person taking the medicine as the central pillar of the HPPP”
Section 7. Implementation of the Health Professionals Prescribing Pathway

Question 7(a) - What are the additional implementation issues for the proposed HPPP? Why are these critical and how can these be appropriately addressed?

Summary of Responses

Respondents provided a number of factors to consider relating to implementation success and recurring themes have been summarised in the following categories:

1) Legislation and Regulation
   • Alignment of jurisdiction legislation for medicines.
   • Access to correct information on regulations.

2) Resources (Financial and HR)
   • Access to the Pharmaceutical Benefits Scheme.
   • Accessibility and affordability of education programs.
   • Access to placements and incentives for clinical supervision.

3) Communication and technology
   • Roll out of E Health
   • Opportunities to allow easier communication between prescribers and breakdown current difficulties in accessing patients medical history.
   • Addressing barriers to access diagnostic tools eg. Imagery and pathology

4) Future planning
   • Ongoing monitoring of prescribers and CPD.
   • Incorporation of future professions and changes in prescribing practice / setting.

“The development of information for consumers on both the HPPP and prescribing practice more generally will be valuable in ensuring consumers can play an active role in their healthcare.”

“The prescribing pathway is a good basis for development of a nationally consistent approach once issues of legislation and safe models of practice across a range of diverse practice contexts are considered.”
Section 8. Extra Information

Question 8(a) - Please make any further comments that might assist with development of the final Health Professionals Prescribing Pathway.

Summary of Responses
Respondents were offered the opportunity to provide any additional feedback related to the HPPP that may not have been covered in previous questions.

A variety of stakeholders commented on the need to extend the evidence base for non medical prescribing particularly regarding safety and the needs of consumers in regional, rural and remote areas of Australia.

Feedback was also provided about the need to further consider processes for overseas trained health professionals to align with this pathway and the potential discrepancies between State and Territory definitions.
Summary of Workshops

Health Workforce Australia held seven workshops during Phase 3 of the project to gain further feedback on the draft Health Professional Prescribing Pathway, in particular readiness of stakeholders to implement the HPPP. Stakeholders included jurisdictions, consumers, health practitioners, health professional associations, regulators of health professions, and health education providers. A brief summary of the workshops hosted and feedback provided is as follows:

<table>
<thead>
<tr>
<th>Workshop</th>
<th>Number of external attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer – Campbell Town, TAS</td>
<td>10</td>
</tr>
<tr>
<td>Nursing and Midwifery Workshop, Sydney, NSW</td>
<td>12</td>
</tr>
<tr>
<td>Consumer – Sydney, NSW</td>
<td>14</td>
</tr>
<tr>
<td>Current Prescribers - Sydney and Melbourne</td>
<td>23</td>
</tr>
<tr>
<td>Other Health Professions - Melbourne, VIC</td>
<td>18</td>
</tr>
<tr>
<td>Implementation - Melbourne, VIC</td>
<td>47</td>
</tr>
<tr>
<td>Jurisdiction – Teleconference</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>134</td>
</tr>
</tbody>
</table>

Workshops were conducted between February and April 2013 and were facilitated by Lynette Glendinning of Tempo (excluding those held for consumers and jurisdictions).

Objectives
The objectives of the workshop were to:
- to test the robustness of the draft HPPP with health professionals, educators, jurisdictions and other stakeholders.
- to ascertain the level of readiness of each health profession to adopt the HPPP.
- to identify the strategies necessary to move to implementation of the HPPP.

Feedback Summary
A brief overview of the HPPP project was provided to attendees. Discussions on specific aspects of the pathway were undertaken with feedback themes as follows:

Consumer Workshops - 12 and 14 February 2013
The focus of these specific workshops was to further the views of consumers on prescribing by health professionals and to gain feedback on the draft pathway and key implementation issues.

Key Workshop Discussion Questions
- Does the draft HPPP support the needs of consumers for safe and timely access to medicines?
- What issues would need to be addressed in implementing the HPPP from a consumer perspective? How could these be addressed?
Workshop Participants

- Consumer Health Forum and representatives of consumers
- Two workshops were held:
  - Rural consumer workshop, Campbell Town, Tasmania (12 February 2013)
  - General consumer workshop, Sydney (14 February 2013)

A consumer representative also attended the HPPP Implementation workshop on 14 March 2013.

Structure and design

- Participants considered that the draft HPPP was logically presented however that the design and concept was still complex. A plain English document for consumers would be helpful as current version includes technical language and jargon specifically for use by health professionals.

Principles of the HPPP

- The stated principles were considered adequate however other principles presented for consideration included:
  - Equality of care for consumers regardless of location.
  - Consistency between state and territory legislation
  - Ongoing feedback and evaluation, including views of consumers.
- The working in partnership principle was seen as particularly important to reflect the consumer’s active role in their health.

Steps of the HPPP

- Discussion around education and maintaining competency which may require tailoring to different levels and types of prescribing.
- Further definition of reflective practice by health professionals in maintaining their competence to prescribe would be beneficial in providing assurance of practitioner competence.

Safety and Quality Tools of the HPPP

- Acknowledgement provided that not all health professionals will want or need to prescribe.
- Consumer education was noted as an important requirement.
- Assessment of these tools would be important following implementation to ensure they were protecting consumer safety and high quality healthcare in practice.
- Noted that effectiveness of the tools would depend on how they were used by individual health practitioners.
- Inclusion of Australian Charter of Healthcare Rights in the HPPP.

Prescribing Models in the HPPP

- Further definitions and information on models required.

Roles and Responsibilities of the HPPP

- Importance of information sharing between health professionals and the consumer, however concerns over confidentiality and level of detail shared.
- Lack of female doctors in some rural and remote areas with nurse practitioners filling the gap in some instances.
- Roles will need to be regularly reviewed to ensure that they remain current with changing health care practice.
- The roles of carers needed further distinction as their roles in practice are different (for example paid / unpaid and / formal / informal).
Implementation of the HPPP

- Acknowledgement that legislation was out of scope of the project however still a key issue to supporting the success of the HPPP implementation.
- Issues with delays in access to new prescriptions in some rural areas.
- Participants noted that costs could be saved if consumers have faster access to necessary prescriptions.
- Access to consumer education and health literacy required to support communication and partnerships with the HPPP.
- Consideration of rural and remote issues including recruitment and retention of health professionals and information technology challenges.

Current Prescribers Workshop - 15 and 19 February 2013

A critical success factor for these workshops was that participants were adequately prepared to contribute on behalf of their organisation. To assist with this, participants in these health professions workshops were provided with a readiness assessment to complete prior to attending the workshops.

Feedback provided by the different health professions reflected their current status to prescribe medicines within the Australian health system and their scope of professional practice. Most of the discussions with health professions focussed on the first two steps of the pathway, particularly on prescribing education and training.

Key Workshop Discussion Questions

- How does the profession’s current or intended approach to prescribing align with the current draft requirements of each step of the HPPP?
- As a profession, what issues would need to be addressed in implementing the HPPP? How could these be addressed?

Workshop Participants

Workshops typically comprised the following representatives from each profession:
- Peak education council (e.g. Australian and New Zealand Deans of Nursing and Midwifery)
- National Board
- Health Profession Accreditation Council
- Peak professional association
- Peak college(s) if separate from peak professional association(s)

Workshop One (Sydney, 15 February 2013)
Nursing and Midwifery

Workshop Two (Melbourne, 19 February 2013)
Optometry, Podiatry, Dentistry, Pharmacy, Aboriginal and Torres Strait Islander Health Practitioners

Professional representatives also attended the HPPP Implementation workshop on 14 March 2013.
Structure and design
- Support a nationally consistent approach but need to ensure there is not a disadvantage for current prescribing professions or restriction to modifying the models of care as future needs emerge.

Principles of the HPPP
- Suggest the need to measure access improvements and build on supportive workforce models.

Steps of the HPPP
- Current gaps in mapping NPS competencies against education packages.
- Some professions utilise a formulary to assist with prescribing within scope of practice.
- Assessment tool needed to measure NPS competencies.
- Need to incorporate continuing professional development standards and recency of practice to maintain and enhance competency in prescribing.
- Successful rural and remote models of prescribing have already been established in some states and territories however no national approach currently exists (eg Aboriginal and Torres Strait Islander Health Practitioners).
- Limited capacity from some education providers.
- Some new registered professions still establishing accreditation committees/ mechanisms.
- Legislation and scope of practice guides current prescribing, although not from a national perspective.
- Endorsement processes exist for some professions for prescribing within general registration or an additional endorsement.
- Some professions felt they were academically ready however have limited clinical exposure in practice (eg across full spectrum of scope medicines/ settings).
- Reflection that purely ‘number of hours’ of CPD may not be appropriate to maintain and demonstrate competence.

Safety and Quality Tools of the HPPP
- Need to ensure that the pathway doesn’t restrict consumer access and that communication is consistent.

Prescribing Models in the HPPP
- Terminology and definitions surrounding prescribing models.
- Feedback that partially autonomous prescribing model unclear and misleading.
- Suggestions that parameters distinguishing the prescribing models include variable levels of supervision and level of diagnostic component.

Roles and Responsibilities of the HPPP
- Availability of supervisors could be a challenging issue in some areas/ settings.

Implementation of the HPPP
- Acknowledgement from participants that prescribing is already happening in certain professions and settings.
- Councils and Boards will need to committee to the HPPP and then develop the ‘architecture’.
- Employers and health services to assist with determining the prescribing need.
- Cost benefit to be scoped and incentives identified.
Other Professions Workshop - 13 March 2013

Participants in this workshop were also provided with a readiness assessment to complete prior to attending the workshops. During engagement with these professions the focus of discussions was on whether the HPPP would provide suitable guidance if, at a future point, consideration was given to the benefits of these professions including prescribing within their scope of practice.

Most of the focus in these discussions was around education, training and recognition of competence.

<table>
<thead>
<tr>
<th>Key Workshop Discussion Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• How does the profession’s intended approach to prescribing align with the current draft requirements of each step of the HPPP?</td>
</tr>
<tr>
<td>• As a profession, what issues would need to be addressed in implementing the HPPP? How could these be addressed?</td>
</tr>
</tbody>
</table>

Workshop Participants

**Workshop Three** (Melbourne, 13 March 2013)
Physiotherapy, Psychology, Occupational Therapy, Osteopathy and Chiropractors

Professional representatives also attended the HPPP Implementation workshop on 14 March 2013.

**Principles of the HPPP**

- An evidence base is required to support rational for prescribing by health professionals.

**Steps of the HPPP**

- Some professions still yet to determine their national position on prescribing.
- Further work to be undertaken on the endorsement categories.

**Safety and Quality Tools of the HPPP**

- Need to be clear about data access, record keeping and communication.

**Prescribing Models in the HPPP**

- More clarity required around models regarding education entry level and autonomy.

**Roles and Responsibilities of the HPPP**

- Further work to identify institutions to support the functions across the HPPP.

**Implementation of the HPPP**

- Some professions work would be required to develop a particular scope of practice, common core curriculum and grandfathering models / periods of supervision.
- Need to ensure that CPD requires self reflection and audits.
- Concerns about cost involved in modifying education packages and timing drivers to enact change.
- Consideration will need to be given to how overseas trained health professionals can align with current pathway.
- Further work could be undertaken on tools for intra-professional engagement.
### Implementation Workshop - 14 March 2013

The major focus of this feedback was on education and training with some comments on registration standards and maintenance of competence.

#### Key Workshop Discussion Questions

- How well do professions currently align with the draft HPPP?
- How could issues be addressed for adoption of the HPPP if successful?
- What are the broad measures of success for implementation?

#### Workshop Participants

Health professionals, Accreditation Councils, educators, National Boards, professional associations, consumers, jurisdictions and representatives from related prescribing initiatives.

#### Principles of the HPPP

- Building an evidence base will assist with building trust and confidence amongst professions and consumers.

#### Steps of the HPPP

- Graduation from a course is not reflective of guaranteed competency, with reflective practice, reassessment and audits an important part of CPD.
- Governance arrangements will need to flexible to allow practices to change over time.
- The jurisdictional and governance arrangements would allow the professions to be clear about how they think about scope of practice.

#### Safety and Quality Tools of the HPPP

- Future opportunities for oversight of prescribing accreditation through Boards and Councils.
- The prescribing pathway needs to be sufficiently robust to avoid increase of adverse outcomes and sufficiently flexible to adapt to changing professional requirements.
- Need to ensure strong links to emerging health tools, systems, data and records.
- A process is required to capture how jurisdictions jointly assess and authorise professionals to prescribe in order to ensure consistency with safe prescribing practice.

#### Prescribing Models in the HPPP

- Query whether the education and training programs reflect:
  - the prescribing models setting
  - or the health professionals scope of practice
  - a combination of both of these.

#### Implementation of the HPPP

- Mixed response from participants regarding readiness to implement the HPPP in Australia’s complex health space.
- However support for the registered professions through the Boards, Councils and Legislation was seen as key to moving towards a national approach, acknowledging that further work was required to align legislation.
- Diversity can be strength in terms of preparing for a national pathway as different levels of maturation and readiness by some professions will be helpful for those that feel less ready as they can learn from the experiences of current prescribers.
- The NPS prescribing competencies framework will assist with however without mapping
the competencies consistently over the current education packages there will be modifications necessary (mainly terminology) to existing education and the take up may be slower due to scheduled review and evaluation timeframes. Timing and funding will be key drivers of the process to ensure the level and quality of training is consistent. 
- Further scope needs to occur around the availability and cost implications of clinical placements and supervision.

**Jurisdiction Workshop – 5 April 2013**
Please note: individuals meetings were also held with each Jurisdiction.

<table>
<thead>
<tr>
<th>Structure and design</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants agreed that terminology is confusing particularly relation to prescribing definition and suggested removing the terminology of obtain, supply, dispense and administer from the HPPP and adding a disclaimer to note that prescribing definitions by state and territory vary within legislation varies.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Principles of the HPPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>A national approach was supported however request flexibility remains to support those who are authorised for specific purposes or for specific medications.</td>
</tr>
<tr>
<td>Drivers need to be clear to allow for consistent prescribing and support the national agenda to innovation in workforce reform.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Steps of the HPPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider keeping current competencies however completing a gap analysis for specific elements of the prescribing process requirements for each profession.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safety and Quality Tools of the HPPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>To achieve transparency by ensuring prescribing authorisation is published not just for the benefit of health professionals but also consumers.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prescribing Models in the HPPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>A variety of feedback was provided mainly surrounding the terminology, levels of supervision and flexibility across settings and professionals.</td>
</tr>
<tr>
<td>Accountability is not as clear using three models of prescribing. Two models may be more appropriate while still capturing the variations required based on geographic location and governance arrangements.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Roles and Responsibilities of the HPPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need to emphasise that jurisdictions also have an important role in authorising practitioners to prescribe within their scope of practice.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Implementation of the HPPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>A range of guidelines required to support at an overarching and local level.</td>
</tr>
</tbody>
</table>
List of consultation respondents

The following is a list of contributors who have provided permission to have their consultation feedback acknowledged:

- ACT Health Directorate
- Australian College of Midwives
- Australian College of Nurse Practitioners
- Australian College of Podiatric Surgeons
- Australian Dental Association
- Australian Healthcare and Hospital Association
- Australian Medical Association
- Australian and New Zealand College of Anaesthetists
- Australian Osteopathic Association
- Australian Physiotherapy Association
- Australian Physiotherapy Council
- Australian Psychological Society
- Barwon Health
- Consumers Health Forum of Australia
- Cosmetic Physicians Society of Australasia
- Council of Physiotherapy Deans of Australia and New Zealand
- Department of Health and Ageing - Pharmaceutical Benefits Scheme
- Department of Health and Human Services, Service Planning and Design
- Department of Health – Northern Territory
- Department of Health – South Australia
- Dietitians Association of Australia
- Diet Solutions
- Edith Cowan University, School of Nursing and Midwifery
- Griffith University
- Health Class
- Health Consumers of Rural and Remote Australia
- Inner East Medicare Local
- Melbourne Health
North Coast NSW Medicare Local 1
North Coast NSW Medicare Local 2
National Alliance for Pharmacy Education
Optometrists Association of Australia
Pharmaceutical Society of Australia
Prince Charles Hospital, Dietetics
Queensland Health
Queensland University, Pharmacy
Royal Brisbane and Women’s Hospital
Royal Prince Alfred Hospital, Nutrition and Dietetics
Southern Health (Physiotherapy)
The Chiropractic and Osteopathic College of Australasia
The Pharmacy Guild of Australia
The Royal Australian and New Zealand College of Ophthalmologists
The Royal Australian College of General Practitioners
The Society of Hospital Pharmacists of Australia
University of South Australia
WA Health
Western Australia Country Health Services, Nursing and Midwifery Services
Wheatbelt GP Network
Individual health practitioners
Consultation Paper

Draft Health Professionals Prescribing Pathway (HPPP)

Consultation questions

Submitting your feedback
Please review the draft HPPP paper (available as a pdf on the website www.hwa.gov.au/hppp) and provide your feedback in accordance with one of the preferred options below:

Option 1:
Provide your feedback using the consultation website www.hwaconnect.net.au/hppp

Option 2:
Complete your feedback using this form and email it to hppp@hwa.gov.au

Option 3:
Hard copy – send a printed copy of your completed form to:

Senior Project Officer
Health Professionals Prescribing Pathway Project
Health Workforce Australia
GPO Box 2098
Adelaide SA 5001
Feedback form

Instructions

Please provide responses using the template provided. The questions are designed to help you to focus your response and help HWA when analysing submissions. You do not need to answer every question and you are welcome to add any additional comments.

Your details
Organisation or individual providing this feedback: Click here to enter text.
Department (if applicable): Click here to enter text.
Contact person: Click here to enter text.
Position: Click here to enter text.
Telephone: Click here to enter text.
Email: Click here to enter text.

Confidentiality
Information provided in submissions will be collated into a final project report and any quotes included will not be attributed to individual organisations.

HWA would also like to provide respondents with the following options about publishing their submission on the HWA website.

Please select your preferred option below:

☐ I give permission for the organisation name to be published and submission uploaded on the HWA website.
☐ I give permission for the organisation name to be published but the submission cannot be uploaded onto the HWA website.
☐ I do not give permission for organisation name to be published or for the submission to be uploaded on the HWA website.

Sector
Which sector do you represent?

☐ Education providers to the health workforce
☐ Consumer group
☐ Health service manager
☐ Carer group
☐ Health workforce planner
☐ Government - Commonwealth Agency
☐ Health workforce researcher
☐ Government - state or territory agency
☐ Aboriginal and Torres Strait Islander health service planners and/or providers
Questions about the draft pathway

Section 1 - The structure and design of the HPPP
In the first phase of the HPPP project, HWA actively sought information from a broad range of stakeholders about prescribing by health professionals. This helped to develop and design the draft HPPP (available as a pdf on the website www.hwa.gov.au/hppp). In designing this draft HPPP, HWA was keen to ensure the prescribing pathway had the following key components in its structure and design:

- The purpose of the HPPP – to support a consistent approach to safe and competent prescribing by health professionals.
- The principles of the HPPP – the principles are a set of statements upon which the prescribing pathway is built, and reflect the essential values and requirements of the prescribing pathway.
- The steps of the HPPP – the steps describe what a health professional is required to complete or hold to ensure safe and competent prescribing.
- The safety and quality tools of the HPPP – these tools assist the health professional to complete the steps of the HPPP and underpin the requirements for prevention of harm and improved patient outcomes.
- The prescribing models of the HPPP – the models described in the HPPP act as a guide to support the different approaches to prescribing that may occur in different settings in the health system.
- The roles and responsibilities of the HPPP – the roles describe who has a responsibility in supporting each step in the pathway.

Question 1a:
Does the structure of the proposed HPPP adequately cover the essential requirements needed for a prescribing pathway? If not, what aspects of the HPPP need to change and why?
Click here to enter text.

Note – this question is not aimed at the detail of each of the components in the HPPP as this is covered in later sections of the paper.
Question 1b:
Is the design of the HPPP logically presented and easy to read? If not, what aspects of the design need to change and why?
Click here to enter text.

Section 2 - The principles of the HPPP
The principles of the HPPP are a set of statements upon which the prescribing pathway is built and reflect the essential values and requirements of prescribing. The draft principles of the HPPP are designed to cover:

- the importance of the health, safety and well being of people who are being prescribed medicines by health professionals
- the accountability of a health professional in the prescribing pathway
- the importance of a health professional to prescribe within their recognised scope of practice
- the importance of the prescribing of medicines occurring within a quality framework
- the importance of health professionals working together / in partnership.

Question 2:
Do the stated principles of the HPPP adequately describe the foundation for an effective prescribing pathway?
Click here to enter text.

If not, why should the current principles be amended and how?
Click here to enter text.

Section 3 - The steps of the HPPP
The steps of the HPPP describe what a health professional is required to complete or hold to ensure safe and competent prescribing. There are five steps within the draft HPPP:

- **Complete education and training** - the health professional completes prescribing education and training that is consistent with their scope of practice and the models of prescribing they are involved in, and demonstrates acquisition of the essential knowledge and skills of prescribing.

- **Obtain recognition from the National Board of competence to prescribe** - the prescriber seeks and receives recognition of their competence to prescribe from their National Board, in accordance with the standards specified by the National Board.
• **Ensure authorisation to prescribe** - the prescriber is authorised to prescribe medicines by the relevant legislation and/or regulation provided by the state or territory in which the professional practices.

• **Prescribe medicines within scope of practice** - the health professional prescribes within a safe model of prescribing and works collaboratively with the healthcare team for quality care of the person receiving treatment.

• **Maintain and enhance competence to prescribe** - the health professional maintains and develops their competence to prescribe medicines within their scope of practice, according to the requirements of their profession and employment.

The descriptions in the steps must accurately describe the basic requirements of a health professional to safely and competently prescribe, recognising the broad range of settings in which prescribing occurs. Each step must contain enough detail to ensure the step covers the broad range of circumstances that may occur when prescribing, whilst avoiding excessive or irrelevant detail. It is important to note that, when the HPPP is finalised, more detail in each step may be provided through supporting documents such as guidelines.

It is also important that the terminology used in these steps is clear, concise and understandable by all stakeholders in prescribing, including the general public.

**Question 3:**
Do the steps listed in the draft HPPP cover the basic requirements of a health professional to safely and competently prescribe?
Click here to enter text.

If not, how should the steps and their descriptions be amended?
Click here to enter text.

**Section 4 - The safety and quality tools of the HPPP**
During the first phase of the consultation, HWA and stakeholders identified a range of safety and quality tools of the HPPP to assist the health professional to complete the steps of the HPPP. Tools also assist in ensuring an appropriate level of consistency in prescribing. Some of the tools that can assist the steps may need to be reviewed for possible adaptation to the requirements of the HPPP. For example, the draft HPPP has identified the Prescribing Competency Framework, developed by NPS MedicineWise, as being an important tool for supporting a health professional to complete the first step of the HPPP. However, more work may be needed to develop an assessment guide for the Prescribing Competency Framework to support effective education of health professionals.
Question 4:
Do the safety and quality tools listed in the draft HPPP support the relevant steps of the HPPP and the prescribing process?

[Click here to enter text.]

What amendments are needed to the safety and quality tools listed in the draft HPPP and why? (Please be specific)

[Click here to enter text.]

Section 5 - Prescribing models in the HPPP
The prescribing models listed in the HPPP describe current and potentially future arrangements for prescribing. They are designed to provide guidance and context for the steps of the HPPP, and reflect the range of different prescribing scenarios by which different health professionals may be part of the prescribing process. The prescribing models need to account for:

- the capability of the health professional
- the level of autonomy in different models of prescribing.

Question 5:
Do the prescribing models provided in the HPPP adequately provide context and guidance for the prescribing pathway?

[Click here to enter text.]

Why or why not?

[Click here to enter text.]

Section 6 - Roles and responsibilities of the HPPP
The steps in the HPPP rely on a broad range of stakeholders fulfilling roles and responsibilities. The prescriber, the patient or consumer, their carers, jurisdictions, health professions, regulators and education providers all have roles to play in the pathway. These roles need to be adequately defined in the prescribing pathway to ensure clarity of the responsibilities for safe and effective prescribing.

Question 6:
Does the draft HPPP accurately reflect the roles and responsibilities of all stakeholders in the prescribing process?

[Click here to enter text.]

If not, what further detail is required and why?

[Click here to enter text.]
Section 7 - Implementation of the HPPP
HWA is keen to ensure a national prescribing pathway can be successfully implemented, and that critical implementation issues are identified, assessed and addressed. During the project, key implementation issues raised have included:

- addressing legislative and regulatory inconsistencies covering prescribing
- effective communication between patients, consumers, and other health professionals
- how technology can be used in the HPPP, including the Personally Controlled Electronic Health Records
- funding models
- reporting, risk management and evaluation requirements.

Question 7:
What are the additional implementation issues for the proposed HPPP?
Click here to enter text.

Why are these critical and how can these be appropriately addressed?
Click here to enter text.

Section 8 - Extra Information

Question 8:
Please make any further comments that might assist with development of the final HPPP
Click here to enter text.

Thank you
Health Workforce Australia thanks you for taking the time to provide your perspective and advice.

More information about the work of HWA is available at http://www.hwa.gov.au
ATTACHMENT 2  HPPP  Project Advisory Group Terms of Reference

Approval
The Terms of Reference of the Health Professionals Prescribing Pathway (HPPP) Project Advisory Group (PAG) have been reviewed and accepted by members on 14 March 2012.

1. Introduction

1.1 Project Purpose
The Health Professionals Prescribing Pathway Project aims to develop a nationally consistent approach to prescribing by health professionals other than medical practitioners that supports safe practice, quality use of medicines and effectiveness of healthcare services. The project will deliver a consistent platform by which health professionals, other than medical practitioners, may undertake prescribing of medicines, consistent with their scope of professional practice.

The three phase project will develop a nationally consistent approach to prescribing, including the development of a national implementation support program to drive change.

1.2 Overview
The key drivers for development of a prescribing pathway include addressing health workforce capability, access limitations and continuity of care.

A variety of prescribing models utilised by health professionals other than medical practitioners exist internationally. The prescribing models vary in the tasks undertaken by the health practitioner; the medicines available to prescribe; the regimes under which medicines can be prescribed and the level of supervision under which the health practitioners works.

Consideration of prescribing by health professionals needs to include:
- The scope of practice for health professionals to ensure authorised prescribing is limited to a demonstrated area of competence.
- The development of standardised practices for prescribing; agreed competencies and acquisition of skills from training in accredited courses or through recognitions of prior learning and credentialing mechanisms.
- A focus on safety and quality including mechanisms to continuously improve the safety and quality of prescribing.

1.3 Out of Scope:
- Analysis and development of current and future prescribing competencies
- The project will not be reviewing State and Territory legislation of the prescribing and administering of medicines and drugs, but may make recommendations or refer legislative issues to the appropriate body during the course of its work.
- Health professions which are not registered via the National Registration and Accreditation Scheme.
• Authorisation of health professionals to prescribe medicines via the Pharmaceutical Benefits Scheme
• Consideration of prescribing of complementary medicines (including vitamin, mineral, herbal and aromatherapy products)

2. Purpose of the HPPP Project Advisory Group

Key responsibilities include:

2.1 Providing advice regarding project direction, particularly in relation to the development of a national approach to health professionals prescribing and targeted stakeholder engagement and involvement.

2.2 Increasing awareness of the purpose and expected benefits of the prescribing pathway to relevant high influence stakeholders.

2.3 Establishing and maintaining communication networks that provide a coordinated and synergistic involvement in the development of a health professionals prescribing pathway.

Relationships

Established reporting relationships exist between the Chair of the PAG, as CEO OF HWA and the HWA Board.

Sub-groups of the PAG may also be established to provide expertise in the development of or more components of prescribing pathway. For example, a sub-group may be formed to consider the educational implications of health professional prescribing. Relationships are expected to be developed as required between this group and relevant national experts.

Linkages to other national projects:

• NPS MedicineWise
• NEHTA – Personally Controlled Electronic Health Records and Electronic Prescribing.
• HWA Aged Care Workforce Reform (Safe Medication Management in the Community)
• Health Workforce Principle Committee
• HWA Rural Allied Health Generalist Project
• HWA National Workforce Competency Framework

3. Membership

Members have been selected based on the following criteria:
• Key existing or proposed contribution to a health professionals prescribing pathway.
• Key professional or stakeholder representative

Proposed membership of the HPPP Project Advisory Group is:

- Mr Mark Cormack, Chief Executive Officer, HWA (Chair)
- 4 x Jurisdictional nominees (2 nominees from States/Territories and 2 nominees from the Commonwealth);
4. **Secretariat Support**

The Chair will manage the agendas of the scheduled meetings, with the distribution of the agenda and minutes to be provided by the Secretariat.

Endorsement of the minutes will be carried out at the following meeting.

5. **Quorum and Proxies**

   The quorum for the HPPP Project Advisory Group will be half of its members plus one.

   **Proxies:**
   - Persons officially acting/working in a Member’s position may attend.
   - Members are to nominate proxies for attendance and ensure that people are aware of their nomination and are suitably briefed prior to the meeting.
   - Where the delegate is not officially acting in the member’s role, they do not assume decision-making responsibilities.
   - Members unable to attend may submit any issues by email to the Project Manager.
   - Proxy attendance must be advised prior to the meeting.
6. **Meetings, Agendas, Reports and Minutes**

The HPPP Project Advisory Group will meet approximately five times over the time period of the project or as otherwise agreed. Provision will be made for tele/video conference facilities where appropriate.

The agenda for the meetings will be drafted by the Project Manager in conjunction with feedback from group members and with the approval of the Chair. All agenda and meeting papers are to be distributed at least five working days in advance of the meeting. Copies of agendas and minutes will be kept on file.

Advisors, presenters and visitors may be admitted to the meetings by invitation from a member of the Expert Reference Group. Prior notification and agreement should be obtained from the Chair.

7. **Confidentiality**

Members acknowledge their responsibility to maintain confidentiality of all information that is not in the public domain.

Members will be asked to sign an HWA Deed of Confidentiality ahead of the first meeting.

8. **Evaluation of HPPP Project Advisory Group Performance**

Performance will be measure based on the outcomes of the group as detailed in the meeting minutes, and the meeting of objectives as laid out in part 2 – Purpose.
ATTACHMENT 3 – HPPP Clinical Advisors

- **Nursing**
  
  Dr Thomas Buckley, Nurse Practitioner  
  Course Coordinator – Sydney Nursing School  
  University of Sydney

- **Medicine**
  
  Associate Professor Charles Mitchell, Respiratory Physician  
  Director, Centre for Safe and Effective Prescribing,  
  University of Queensland

- **Pharmacy**
  
  Professor Lisa Nissen, Pharmacist  
  Head of School of Clinical Sciences  
  Queensland University of Technology  
  Deputy Director, Centre for Safe and Effective Prescribing,

- **Dentistry**
  
  Professor Johann de Vries, Dentist  
  Dean, School of Dentistry,  
  University of Adelaide