# 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: Australian Physiotherapy Association
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**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:

☒ Yes, I give permission for the organisation name to be published and submission uploaded on the HWA website.

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**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
☐ Non-government (not for profit)
☐ Rural and remote health service planners and/or providers
☐ Non-government (private)
☐ Regulatory body
☐ Individual health professional
☒ Professional association or group

Please specify: Click here to enter text.
☐ Member of the public
☐ Other (please specify): Click here to enter text.

## 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?

The Australian Physiotherapy Association (APA) believes that the overall pathway structure covers the key elements of prescribing and is relatively easy to understand.

The target audience for this document is not clear. For a high level document the APA feels the key elements are addressed. There will need to be accompanying guidelines to provide more details on education specifics to allow this pathway to be ready to be utilised. The APA acknowledges that HWA have highlighted that further supporting guidelines will be issued when the HPPP is finalised.

One area in the overall structure that the APA notices is missing (compared to the previous draft the HWA provided within the consultation forums in August 2012) is the absence of the phase before completing education and training. HWA should highlight that an entry level professional will enter the training programme – this is because ultimately prescribing training will form part of the entry level curriculum. For currently registered physiotherapists there will need to be some clear criteria that they must meet before entering a prescribing education programme.

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?

The APA believes that the pathway is logically presented. However the association believes that the diagram would be clearer if it was displayed in a cyclic format. Prescribing should not be a one direction process. Professionals need to be encouraged to continue to maintain competence by feeding back through the start of the pathway to the education and training step. These elements are very closely related and this association needs to be made clearer in the pathway. This will ensure registrants recognise the need to complete ongoing training to maintain competence and authorisation to prescribe.

The APA also feels that the position of the prescribing models at the bottom of the pathway is a little confusing as it doesn't seem to feed specifically into one area on the pathway. Either the model descriptions need to be removed from the pathway and simply described in the text that accompanies the pathway or they could be listed and placed at the start of the pathway before the education and training section. This position at the start would allow the health professional to select which models of prescribing they anticipate utilising before entering an education programme if required. This would seem an appropriate position as the education or training programme will vary depending on which model the prescriber will be using. The order the models are listed would also be better organised so it starts with the least level of autonomy (protocol) and ends with the highest level of autonomy (autonomous).
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**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?

The APA believes that the stated principles adequately describe the foundation for an effective prescribing pathway. However there needs to be a stronger emphasis in the principles that this pathway is for the purpose of non-medical professional prescribing. None of the principles described make any reference to this.

The second principle listed which states that health professionals are accountable for their actions is only true for autonomous prescribers. Partially-autonomous and protocol based prescribers who are under general supervision or direct delegation from another autonomous prescriber (as described under model descriptions in HWA document) will not be accountable. The process of delegation involves the autonomous prescriber allocating work to the semi-autonomous prescriber who then has responsibility for completing the task. The autonomous practitioner who delegates the task however retains the accountability.[1]

If not, why should the current principles be amended and how?

The above principle highlighted above should be amended to state:

Health professionals who prescribe under the partially autonomous and protocol models will be responsible for completing the task but will not be accountable. The autonomous prescriber who is responsible for the general supervision of the professional or who delegates will be fully accountable for the non-medical professional's actions.

**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?

The APA believes that the basic requirements are covered in the document. The association acknowledges that there will be further accompanying guidelines to provide further details for each stage. The APA would specifically like to see more detail on education and training. This includes specific education requirements for each prescribing model as the level of knowledge and skill will be different for each model. This lack of detail has the potential to lead to inconsistencies between professions.

Some further details on competency will also be necessary before this pathway can be utilised. The APA believes that applying an annual or biannual competency assessment to ensure prescribers are safe to continue to prescribe would be an important additional consideration. This method would ensure that a high level of safety is maintained.

The aeroplane pilot model clearly demonstrates that enhanced levels of safety are delivered with regular competency based training that is in place to ensure pilots maintain their flying proficiency.[2] Having a system in place such as this will not only ensure all non-medical prescribers are competent but will also secure public confidence.

If not, how should the steps and their descriptions be amended?
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**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?

The tools listed mostly support the relevant steps of the HPPP. The APA would like to highlight that Federal legislation (National health act part VIII pharmaceutical benefits, therapeutic goods act 1989 and therapeutic goods regulations 1990) is another safety tool that needs to be added alongside state and territory legislation.

The APA also feels that there should be more detail on the CPD content and a consistent figure provided for the required number of CPD hours a professional should undertake specifically in prescribing. Inconsistencies already exist in ongoing competency requirements for allied health professionals who have already got prescribing rights. Podiatrists and nurse practitioners are required to complete an additional 10 hours of CPD in prescribing on top of the allocated 20 hours a year. Optometrists and Midwives, however have to complete an extra 20 hours a year specifically in prescribing on top of the existing 20 hours a year. In the absence of consistency in this area it is important to be able to justify the different requirements.

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

See above.

**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?

The APA commends HWA for selecting three models of prescribing given there were nine listed models in the National health workforce document used in the first phase of the consultation. Reducing this choice will avoid the potential for confusion and misuse amongst professionals adopting them.

The APA feels that the model descriptions need a slight review to ensure they provide context and guidance as some of the terms used are slightly confusing. Clinical examples to put them into context for practitioners would also be useful.

Why or why not?

Some individuals may find the prescribing model terms a little confusing especially as they are completely different to the terms utilised in the UK where non-medical prescribing has been utilised for at least ten years. The APA believes the terms *autonomous* and *protocol* prescribing are clear and self-explanatory. However the association is not keen on the term *partially-autonomous*. It is unclear why HWA have decided to replace the collaborative model title which was used in the draft HPPP sent to stakeholders in August 2012 to *partially-autonomous*. The APA believes that the collaborative title is far more comprehensible for practitioners or even the UK term supplementary. The term *partially-autonomous* is vague and confusing. The description of the model is also unclear. There needs to be more explicit detail on what general supervision entails. The second bullet point under *partially-autonomous description* sounds more like a protocol based approach to prescribing when it states the prescriber is under direct delegation of an autonomous prescriber. This needs revision so the distinction between the *protocol* and the stated *partially-autonomous* models are clear.

The autonomous model description used in the HPPP interchanges between the words autonomous and independent which may lead to confusion amongst health professionals between these two terms. HWA needs to use the same term consistently. The APA prefers the use of the term autonomous to independent as independent has the potential to be interpreted to mean that the prescriber does not interact with any other health care team members. The term autonomous does not suggest this. It is important that any risk of this

misinterpretation is removed given that one of the HPP principles underpinning the model is that health professionals work in partnership with the health care team.

The APA believes that providing clinical examples of these models would further aid practitioner understanding and application when the pathway is available to them. This should take into account the type of health professional and the clinical setting.

**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?

The APA believes that the roles and responsibilities of all the parties are mostly covered in the document. Whilst the APA acknowledges that the NPS is referenced in the document this acknowledgement could be further strengthened. The NPS will play a large part in advising prescribers on quality use of medicine.

In addition more details are required to describe the roles and responsibilities of the prescriber, education provider and the national board. The APA also feels that this section of the HPPP should make reference to high risk public health issues that need to be closely monitored which may fall under the responsibility of both the employer and/or a public health specialist. One area of such concern is that of antimicrobial resistance.

If not, what further detail is required and why?

There needs to be more details for the responsibilities of the prescriber. The document does not highlight the importance of monitoring performance it only makes reference to reflective practice. Other methods of monitoring performance should be highlighted. This may include the prescriber undertaking audits of their prescribing, obtaining patient feedback via patient satisfaction questionnaires and following up all patients who require further medical intervention.

The APA acknowledges that HWA will provide more details on many of the aspects detailed in the document but would like to reinforce that specific details on education are required in order for this pathway to work. These include the specific requirements for education for each of the models of prescribing, clinical placement requirements for each of the prescribing models, contact hours, methods of assessment, programme management and resources and the admissions process. The APA would also like to see some more detail on the national board's role in respect to how they will recognise professionals who are able to prescribe.

The HPPP also does not make mention to the role and responsibilities of other medical autonomous prescribers who may collaborate with the semi-autonomous prescriber such as doctors. These practitioners must be in agreement that they will collaborate with the semi-autonomous prescribers for the purpose of prescribing. They also must fully understand they will be accountable for the management of the patients that the semi-autonomous

prescriber has supplied and administered medicines to. Furthermore, medical practitioners may also be responsible for providing ongoing training to semi-autonomous prescribers as part of their ongoing competency.

The employer, NPS and perhaps also the addition of a public health specialist should be responsible for ensuring close monitoring of significant issues such as antimicrobial resistance. Antibiotics will certainly be a group of drugs that allied health professionals will need to prescribe. This should be closely monitored to ensure appropriate supply and administration.

As highlighted above, the NPS role should be acknowledged more under this section of the HPPP. The NPS should be heavily involved to ensure that any protocol or prescribing plans are used appropriately and are consistent with state and federal policies.

**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?

The APA acknowledges the key implementation issues raised above are the most significant matters affecting execution of the HPPP. Many of these issues were raised in our earlier submission in response to the first phase of the consultation process. The APA would like to further emphasise these significant concerns and hopes HWA will drive the government to support making necessary changes to allow the HPPP to become operational. The significant issues that the APA feels need major attention before pursuing initiation of the pathway are as follows:

1. Barriers to access diagnostic tools such as diagnostic imaging and pathology. In many circumstances diagnostic tools are necessary to ensure the safety and quality of prescribing.

2. Individual state legislations, in particular drug and poison acts will lead to inconsistencies in prescribing, greater risk and inequitable health care. This needs to be standardised.

3. The Pharmaceutical benefit scheme (PBS) is a financial barrier to the HPPP being implemented. It needs to align with state based privileges to remove inconsistencies.

4. E-health will be an important instrument to ensure effective communication between prescribers and prevent delays in treatment. It will be an essential tool for

practitioners operating in rural and remote areas. Ongoing support and funding from the government is required to allow implementation of this communication device.

5. Accessibility and affordability of prescribing education programmes will be essential to ensure the HPPP is utilised by allied health professionals. Expense was a reason given in the UK to account for a lack of uptake of prescribing education programmes.

6. The Federal Government's "closing the gap" initiative to decrease Indigenous disadvantage should be acknowledged to ensure non-medical prescribing is facilitated within this population.

Why are these critical and how can these be appropriately addressed?

1. Limited access to diagnostic imaging and pathology will in some cases restrict a practitioner's ability to prescribe. These reports in many cases are required prior to a prescription being provided. This could be a safety issue and will also mean patients will need to see a medical practitioner to receive a Medicare rebate for a diagnostic test. This will reduce efficiency, create additional costs for the health system and adversely affect the continuity of care. If a practitioner has undergone an appropriate education programme they should be authorised to have full access to diagnostic and pathology tests as part of the prescribing pathway. The education component can have some content on diagnostic tool referral to support this.

2. In recognition of the inconsistencies in state and territory legislation the APA would like to see a central repository with legislative details for practitioners to refer to. This will assist non-medical prescribers understanding of the different drug and poison acts around the country and prevent inadvertent misconduct. Many of our members have highlighted that they have difficulty comprehending and interpreting these legislations

3. As highlighted above the PBS needs to align with state based privileges to remove inconsistencies.

4. The government needs to drive forward the implementation of e-Health across the country with special attention to rural and remote areas where it is most needed. This will allow easier communication between prescribers and break down some of the current difficulties accessing patients' medical history. This will undoubtedly ensure better safety measures.

**5.** Accessibility and affordability of prescribing education are essential elements that need to be addressed to ensure allied health professionals use the HPPP. Many practitioners work in rural and remote environments which are not close to a university or education institution. It is essential that this group of practitioners are not disadvantaged as a large part of their work would benefit from the ability to prescribe. This is pertinent when considering government initiatives such as "closing the gap" where Aboriginal and Torres Strait Islander peoples will greatly benefit from non-medical prescribing. Online learning and teleconferences could be some of the methods that are used to address these issues.

**Section 8 - Extra Information**

**Question 8:**
Please make any further comments that might assist with development of the final HPPP

The HPPP does not make any recommendations on what the process might be for international allied health professionals who are authorised to prescribe by their country of origin. This will be a commonly encountered situation as many UK practitioners enter Australia to practice and may have prescribing rights given this has been occurring there for almost ten years.

Feedback in the UK where supplementary prescribing (similar to the semi-autonomous model being proposed by HWA) has been occurring since 2005 has highlighted that access to autonomous prescribers has been a major limitation of this model[3]. Poor access to these practitioners will undoubtedly delay treatment. Delayed care can impact negatively upon a patient's experience, reduce treatment effectiveness and potentially place patients at risk[3]. This suggests that these models of prescribing should only be used in environments where access to autonomous prescribers is straightforward. With this in mind there should be a greater drive to encourage practitioners where appropriate and possible to adopt autonomous models of prescribing. This will allow better streamlining of healthcare service delivery.

HWA has spent a prolonged period of time consulting a large range of stakeholders in order to develop the HPPP. The APA commends the HWA on its extensive work to date and hopes this will form part of the driving force for allied health professionals to foster non-medical prescribing. The association looks forward to seeing these implementation issues being both recognised and addressed by the government so the pathway can become operational.

The APA fully supports non-medical prescribing and is keen to be involved with any further consultations that may transpire from this third phase of consultation.

**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

**References**


[1] Supervision, accountability and delegation of activities to support workers: a guide for registered practitioners and support workers, Chartered society of Physiotherapy

[2] Teaching and Assessing Surgical Competence. Ann R Coll Surg Engl. 2006 September; 88(5): 429–432.

[3] Department of Health (2009) Allied health professions prescribing and medicines supply mechanisms scoping project report, London, Department of Health.