

A framework for allied health professional prescribing trials within Queensland Health

Allied Health Professions' Office of Queensland
Department of Health

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The Allied Health Professions’ Office of Queensland would like to acknowledge the contribution made by the Medicines Regulation and Quality Team to the revision of this document.

Purpose

This framework describes the essential components for developing, implementing and evaluating allied health professional prescribing practice trials in Queensland public health services.

Introduction

The extension of prescribing rights is a critical issue in health workforce reform in Australia. Such rights have been granted in the United Kingdom and other countries under a variety of regulatory and legislative models. In the United Kingdom, non-medical prescribing has given patients quicker access to medicines, improved access to services and made better use of nurses', pharmacists' and other health professionals' skills¹.

Non-medical prescribing is not a new concept in Australia as optometrists, podiatrists and nurse practitioners have been authorised to prescribe under various state legislation for some time. Eligible midwives now have prescribing rights nationally and it is likely other groups such as physiotherapists and pharmacists will follow².

Allied health professionals who prescribe medicines within the Australian healthcare system should observe the principles outlined in the National Strategy for Quality Use of Medicines (QUM)³.

Quality use of medicines means:

- selecting management options wisely
- choosing suitable medicines if a medicine is considered necessary
- using medicines safely and effectively.

The Prescribing Competencies Framework developed by NPS MedicineWise contributes to achieving the QUM objective of the National Medicines Policy⁴ by describing the competencies required to prescribe medicines judiciously, appropriately, safely and effectively. It provides a tool for all health professionals who have a right to prescribe medicines, regardless of their profession, to “help maintain safe and effective standards of prescribing”⁵.

The Health Professionals Prescribing Pathway (HPPP) published by Health Workforce Australia (HWA) in November 2013 has developed a nationally recognised approach to the prescribing of medicines by health professionals (other than medical practitioners) registered under the National Registration and Accreditation Scheme⁶.

¹ <http://www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/Prescriptions/TheNon-MedicalPrescribingProgramme/index.htm>

² Nissen L, Kyle G, Non-medical prescribing in Australia, Australian Prescriber editorial: 33:166-7, 2010.

³ <http://www.health.gov.au/internet/main/publishing.nsf/Content/nmp-quality.htm>

⁴ <http://www.health.gov.au/internet/main/publishing.nsf/Content/national-medicines-policydoc~national-medicines-policy-2>

⁵ http://www.nps.org.au/health_professionals/prescribing_competencies_framework

⁶ Health Workforce Australia, Health Professionals Prescribing Pathway (HPPP) Project – Final Report, 2013.

In the absence of a consistent national definition of prescribing, HWA have adopted a version that describes the prescribing process as one part of the broader medication management cycle⁶. For the purposes of the HPPP project and this framework, 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’.

In Queensland the use of medicines is governed by the *Health (Drugs and Poisons) Regulation 1996* (HDPR). In contrast to the definition above, the HDPR defines prescribing as ‘making a written direction (other than a purchase order or written instruction) authorising a dispenser to dispense a stated controlled or restricted drug or a stated poison’. In other words, the HDPR concept of prescribing is only to write a prescription for someone else to dispense and does not encompass the broader definition of prescribing described in the HPPP.

In Queensland, prescribing by allied health professionals not already authorised under the HDPR⁷ must be undertaken within a formal research framework. Approval to obtain, possess, administer, prescribe or supply medicines must be sought from the Office of the Chief Health Officer prior to commencement of any trial.

Allied health professionals who undertake to prescribe medicines will work within a multidisciplinary healthcare team and practice a collaborative approach to patient care. It is important to emphasise that prescribing by allied health professionals will complement current assessment, diagnosis and treatment processes within the scope of each profession.

⁷ Optometrists and podiatrists already have an endorsement to prescribe under the relevant legislation.

Framework

The purpose of this framework is to describe the underpinning principles and essential components required to develop, gain approval for, implement and evaluate trials of allied health professional prescribing practice within Queensland Hospital and Health Services (HHS).

Prescribing trials for allied health professionals working in the Queensland public health system:

- must maintain the health, wellbeing and safety of the person taking the medicine at all times
- must be undertaken as research projects and governed by ethics approval
- require approval of the Chief Health Officer under Section 18 of the HDPR to enable the individual allied health professional to prescribe
- require local facility-based support and oversight, including credentialing.

Underpinning principles

The principles that underpin the *Framework for allied health professional prescribing trials within Queensland public health services* incorporate those identified in the HPPP⁸.

Allied health professionals authorised to prescribe:

- are accountable for their actions
- 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
- commit to the safe and effective use of medicines as described by the National Medicines Policy
- work in partnership with the person taking a medicine, their carers and other members of the healthcare team
- will work as part of a multidisciplinary team with clearly defined and understood roles, responsibilities and accountabilities.

Essential Components

1. Identification of service need

The decision to offer a service that includes allied health professional prescribing will be made based on health service need (not professional interest) where there is the opportunity to:

- improve the quality of a service
- improve access to services
- decrease the number of steps in a patient journey

⁸ Adapted from Health Workforce Australia, Health Professionals Prescribing Pathway (HPPP) Project – Final Report, 2013.

- improve efficiency and efficacy of the service
- fill identified gaps.

2. Defining practice scope

The scope of clinical practice proposed in the model of care and the service capability of the clinical setting need to be well defined. This description, referred to as practice scope, should clearly articulate the roles and responsibilities of the allied health professional prescriber and include details of the model of service delivery and the model of prescribing to be implemented.

a. Model of service delivery

The practice scope requires local facility support and endorsement. Prior to commencement of the trial the allied health professional needs to submit an application (under Section 18 of the HDPR⁹) to the Medicines Regulation and Quality Team, Health Protection Unit, Division of the Chief Health Officer and advise the particulars of the proposed model of care. This application needs to include:

- details of the practice environment
- description of clinical service including target population and proposed service model
- prescribing model and arrangements
- clinical practice guidelines to be used
- local clinical governance arrangements
- nominated clinical supervisors
- clinical audit activities that will be implemented.

b. Prescribing model

Nissen et al¹⁰ have proposed a non-medical prescribing model using a sliding scale of skill level and decision-making responsibility for use in the Australian context. It is not a hierarchical model. Levels one to four map to the international prescribing models of administration, protocol, supplementary and independent respectively. The model uses generic descriptors for the various levels rather than specific names which may be open to different interpretation and definition. The levels and descriptors are intended to be a general guide to the level of expertise required and are defined in terms of competency, training and scope of practice. Table 1 summarises the model.

This prescribing model can be used to guide prescribing practice trials implemented by allied health professionals in Queensland HHSs.

⁹ www.health.qld.gov.au/ph/documents/ehu/application_hdpr.doc

¹⁰ Nissen L, Kyle G, Stowasser D, Lum E, Jones A, McLean C, Gear, C, Non-medical prescribing : An exploration of likely nature of, and contingencies for, developing a nationally consistent approach to prescribing by non-medical health professionals – Final Report, National Health Workforce Planning and Research Collaboration, 1 June 2010.

Table 1 Non-medical prescribing model for Australia (Adapted from Nissen et al 2010)

Level	Level 1	Level 2	Level 3	Level 4
International model mapping	Prescribe to administer	Protocol	Supplementary/ collaborative	Independent
Prescribing restrictions	Prescribe for immediate administration only	Prescribe by protocol or limited formulary	Prescribe following referral from medical practitioner	Independently diagnose condition (rather than symptoms)
	Very limited formulary of emergency medicines or agreed list	Initiate therapy according to protocol and symptoms	Patient with diagnosed condition	Make initial decision to treat
	Prescribe against protocol for symptoms	Therapy limited to formulary or selection by protocol	Initial treatment decision made and initiated	Select therapy according to scope of practice
	Therapy selection by protocol	Limited pre-approved formulary	Prescribing according to patient specific management plan	Prescribe/manage ongoing therapy without pre-defined protocol
		Continuing, discontinuing and stat therapy according to pre-approved protocol	Formulary limited to scope of practice	Formulary limited to scope of practice



Level	Level 1	Level 2	Level 3	Level 4
Scope of practice	Defined by protocol	Defined by protocol	Defined by practice area	Defined by specialty area
Example competencies	Symptom recognition in acute care situation	Symptom recognition in acute care situation	Management of knowledge to patient's condition according to care plan	Diagnostic skills relevant to scope and area of practice
	History taking	History taking	Full prescribing competencies	Diagnostic test ordering (e.g. pathology, radiology)
	Follow protocols	Follow protocols		Full prescribing competencies
	Drug administration	Basic requirements for prescription (following protocol)		
Example professions	<ul style="list-style-type: none"> Registered nurse Indigenous health worker Ambulance paramedic 	<ul style="list-style-type: none"> Registered nurse Physician assistant Podiatrist Physiotherapist RIPERN* 	<ul style="list-style-type: none"> Nurse practitioner Physician assistant Pharmacist Midwife Optometrist Podiatrist Psychologist 	<ul style="list-style-type: none"> Nurse practitioner Pharmacist Midwife Optometrist Podiatric surgeon Podiatrist

*Rural and isolated practice area endorsed registered nurse

3. Clinical governance arrangements

Sites undertaking allied health professional prescribing trials need to maximise patient safety through appropriate clinical governance. This requirement is supported by national policy, national and state regulatory schemes and at a state and local level by practice scope approval, supervision and credentialing.

a. Professional regulation

Professional standards, codes and laws require health practitioners to practice in a competent manner and not engage in activities that may put patients or other members of the public at risk.

Allied health professional practice is regulated through either registration with a National Board (Australian Health Practitioner Regulation Agency) or by the relevant professional association.

It is important to note that the National Law does not seek to define scope of practice for the registered professions; however it seeks to ensure that practitioners engage in practice in which they are competent.

There are two mechanisms by which a National Board or professional association may recognise an allied health professional's competence to prescribe:

- recognition that the primary qualification is sufficient to prescribe medicines. This mechanism recognises prescribing as an inherent part of the scope of practice for the profession.
- recognition via an endorsement to prescribe medicines, as currently exists for the registered professions, in accordance with Section 94 of the Health Practitioner Regulation National Law¹¹.

Currently the Optometry Board of Australia and the Podiatry Board of Australia offer registrants the ability to gain an endorsement on their registration for the prescribing of scheduled medicines. For members of other allied health professions, the ability to endorse prescribing as part of scope of practice does not currently exist. It is recommended that as part of the prescribing trial process, that the individual notify the relevant registration board or professional association and private indemnity provider (where applicable) of the intention to prescribe.

b. Quality Use of Medicines

The National Medicines Policy guides supply and access to safe, effective and efficient use of medicines. QUM is a central objective of the national policy and is underpinned by medicines being used judiciously, appropriately, safely and efficaciously¹².

Clinicians prescribing within this policy framework:

- cannot prescribe beyond their limits of experience and competence
- can only prescribe when there is genuine need for treatment
- must select management options wisely

¹¹ Health Workforce Australia, Health Professionals Prescribing Pathway (HPPP) Project – Final Report, 2013

¹² <https://www.health.gov.au/internet/main/publishing.nsf/Content/nmp-quality.htm-copy2>

- make informed choices
- have an understanding of prescribing to high-risk patient groups
- ensure patient safety and usage (Table 2).

Table 2 Principles of Quality Use of Medicines

Principles	Elements
Selecting management options wisely	<ul style="list-style-type: none"> • considering the place of medicines in treating illness and maintaining health • recognising that there may be better ways than medicine to manage many disorders • identifying relevant evidence-based guidelines to support decision-making¹³.
Choosing suitable medicines if a medicine is necessary so that the best available option is selected by considering:	<ul style="list-style-type: none"> • the individual • the clinical condition • risks and benefits • dosage and length of treatment • any co-existing conditions • other therapies • monitoring considerations • costs for the individual, the community and the health system as a whole.
Understand the pharmacokinetics and pharmacodynamics when prescribing for high-risk patient groups, including:	<ul style="list-style-type: none"> • children (2–12 years) • pregnant women • breastfeeding women • patients with renal impairment • patients with hepatic impairment • the elderly (>65 years, or Indigenous >50 years) • treatment of drug dependent persons¹³.
Using medicines safely and effectively to get the best possible results	<ul style="list-style-type: none"> • monitoring outcomes • minimising misuse, over- and under-use • improving people’s ability to solve problems related to medication, such as negative effects or managing multiple medications.

¹³ <http://www.health.qld.gov.au/nmog/nurse-practitioner/dtp.asp>

c. Supervision

Clinical supervision must be provided by an authorised prescriber (with teaching/supervisory experience in the relevant clinical setting) with support from the local facility. Support from the nominated supervisor for the proposed training will be critical for the individual to become credentialed and for the research trial to gain ethics approval (Appendix 1).

Appropriate supervision is required during both the training and trial periods:

- Training period
 - the supervising authorised prescriber retains responsibility for the overall management of the patient
- Trial period
 - once training has been completed, responsibility for the overall management of the patient reverts to the allied health professional approved to undertake prescribing as part of their practice scope within the research framework i.e. they have HDPR Section 18 and Human Research Ethics Committee (HREC) ethics approvals.

d. Endorsement of a new intervention/service, credentialing and defining scope of clinical practice for allied health professionals engaged in complex clinical practice

All allied health professionals working in an HHS and engaging in complex clinical practices not traditionally performed by their profession are to be credentialed and have a defined scope of clinical practice. Credentialing will follow the processes outlined in the Health Service Directive: *Credentialing and defining the scope of clinical practice* and the associated guideline: *Credentialing and Defining the Scope of Clinical Practice and Professional Support for Allied Health Professionals*¹⁴. Credentialing and re-credentialing is the responsibility of the HHS together with the local health facility and must comply with the Directive. The Department of Health and individual HHSs are obligated to:

- ensure that an individual has the correct skills and qualifications for the job
- credential an individual clinician for specific roles
- ensure competency as part of the credentialing process
- validate the quality of health service provided.

Individual allied health professionals who undertake prescribing as part of their clinical practice will need to be endorsed by the Credentialing Committee. This process verifies that the allied health professional is appropriately qualified to provide safe and high quality care and defines the approved practice scope.

The allied health professional prescriber (or principal investigator) is required to submit an application requesting authorisation to conduct complex clinical practice that includes¹⁴:

- an application form for individual credentialing (Appendix 1)

¹⁴ <http://www.health.qld.gov.au/directives/html/a.asp#c>

- a written proposal—a clear description of the parameters of practice and rationale for commencing the practice (Appendices 2 and 3)
- a proposed protocol—for the facility/department/unit outlining the competencies, capabilities and qualifications required (Appendix 4).

This application form, proposal and protocol are submitted to the Credentialing Committee for endorsement consistent with the processes outlined in the *Guideline for Credentialing and Defining Scope of Clinical Practice for Allied Health Professionals*¹⁵.

e. Indemnity

Allied health professionals who perform extended scope of practice are eligible for Queensland Health's indemnity cover¹⁶ providing they are credentialed, have a defined scope of practice and any necessary legislative amendments have been finalised¹⁷. This means an allied health professional undertaking duties or a role within the scope of their duties and functions at an HHS will be entitled to indemnity provided they acted in good faith and without gross negligence.

4. Research ethics and governance

Governance of the research project will be separate to clinical governance.

As prescribing trials for allied health professionals working within the Queensland public health system must be undertaken in a research framework, approval must first be sought from HREC. This includes:

1. Ethics approval – via submission of a National Ethics Application Form (NEAF)
2. Research governance authorisation – via submission of a Site Specific Assessment (SSA) Form

Both NEAF and SSA forms are available at:

<https://www.ethicsform.org/Au/SignIn.aspx>.

Research conducted across multiple sites will need to be registered by the Central Coordinating Service (CCS) as a multi-centre study. Please note that this should be done before submission to the HREC. Further information is available at:

http://www.health.qld.gov.au/ohmr/html/regu/cen_coord_serv.asp.

5. Education and training

Several Australian universities now offer programs to support allied health professional prescribing where allied health professionals complete tertiary level prescribing education and training consistent with their scope of practice. The education must include assessment of the essential competencies of clinical therapeutics, safe prescribing, quality use of medicines and medicines administration if relevant. This provides the underpinning knowledge and skill required to safely prescribe within their

¹⁵ http://qhps.health.qld.gov.au/ahwac/content/clingov_2.htm

¹⁶ <http://www.psc.qld.gov.au/includes/assets/legal-protection-indemnity-guideline.pdf>

¹⁷ Department of Health, FAQs: Indemnity and expanded scope of practice, Allied Health Professions' Office of Queensland, Queensland Government, 2014.

scope of practice. The extent of training will depend on the prescribing model being trialled and whether the individual allied health professional involved in the trial has any previous prescribing experience.

A period of supervised practice should be a component of the prescribing education and the allied health professional will need to be supervised by an authorised prescriber in their workplace to meet local governance arrangements necessary for credentialing.

All allied health professional prescribers are expected to maintain their competence (in relation to prescribing practice scope) through continuing professional development throughout the duration of the trial.

The Prescribing Competencies Framework¹⁸ (the only nationally available standard for health professional prescribing education in Australia) describes seven competency areas identified as essential for prescribing – Table 3. Education programs for allied health prescribing within Queensland Health should be aligned with with principles outlined in the HPPP and the Prescribing Competencies Framework.

Table 3 Prescribing Competencies Framework

Competency Area	Competency Element
1	Understands the person and their clinical needs
2	Understands treatment options and how they support the person's clinical need
3	Works in partnership with the person to develop and implement a treatment plan
4	Communicates the treatment plan clearly to other health professionals
5	Monitors and reviews the person's response to treatment
6	Practices professionally
7	Communicates and collaborates effectively with the person and other health professionals

With respect to Competency Area 5 (described above), allied health professionals who undertake the administration of medicines as part of their practice scope should have undertaken relevant training to ensure safe administration practices and to manage potential adverse reactions.

¹⁸ NPS: Better choices, Better health. Competencies required to prescribe medicines: putting quality use of medicines into practice. Sydney: National Prescribing Service Limited, 2012. <http://www.nps.org.au/health-professionals/professional-development/prescribing-competencies-framework>

6. Monitoring and evaluation

A monitoring and evaluation framework, as approved through the ethics submission, needs to be in place prior to commencement of a trial. Indicators need to be agreed to monitor and evaluate the impact of the allied health professional prescribing practice within the defined clinical setting.

In order to introduce uniformity to research trials involving pharmacist prescribers, Hale et al (2012)¹⁹ aligned performance indicators to the six domains of health system performance described in the National Health Performance Framework²⁰:

- accessibility
- continuity of care
- effectiveness
- efficiency and sustainability
- responsiveness
- safety.

While providing objective evaluation, their framework can be customised across different models and settings (Table 4).

Table 4 Allied health professional prescribing evaluation framework^{19,20}

Domain	Indicator	Measure
Accessibility – Obtaining healthcare at the right time and place.	<ul style="list-style-type: none"> • Time to access to prescriber • Ability to enrol new patients 	<ul style="list-style-type: none"> • Time to appointment (pre- and post-intervention) • Doctor time freed up by allied health professional taking patient load
Continuity – Ability to provide uninterrupted, coordinated care, intervention or action across programs, practitioners, organisations and levels.	<ul style="list-style-type: none"> • Prescribing on discharge 	<ul style="list-style-type: none"> • Accuracy of discharge medication list • Provision of information to allow continuity of care across healthcare settings
Effectiveness – The care, intervention or action is relevant to the client's needs and is based on established standards, and achieves the desired outcome.	<ul style="list-style-type: none"> • Appropriateness of prescribing according to EBP guidelines • Clinical outcome 	<ul style="list-style-type: none"> • Clinical outcome pre- and post-intervention

¹⁹ Adapted from Hale AR, Stowasser DA, Coombes ID, Stokes J, Nissen L, An evaluation framework for non-medical prescribing research, *Australian Health Review*, 2012, 36, 224-228.

²⁰ <http://meteor.aihw.gov.au/content/index.phtml/itemId/392582>

Domain	Indicator	Measure
<p>Efficiency and sustainability –</p> <p>Achieving the desired results with cost-effective use of resources, and the capacity of system to sustain workforce and infrastructure, and to innovate and respond to emerging needs.</p>	<ul style="list-style-type: none"> • Technical efficiency • Sustainable workforce • Cost effectiveness and productivity gain 	<ul style="list-style-type: none"> • Accuracy of medication history and completeness of medication prescribing information • Number of patient visits
<p>Responsiveness –</p> <p>Service is client-orientated. Clients are treated with dignity and confidentiality and encouraged to participate in choices about their care.</p>	<ul style="list-style-type: none"> • Patient satisfaction 	<ul style="list-style-type: none"> • Patient satisfaction surveys
<p>Safety –</p> <p>The avoidance or reduction to acceptable levels of actual or potential harm from healthcare management or the environment in which healthcare is delivered.</p>	<ul style="list-style-type: none"> • Prescribing errors and safety 	<ul style="list-style-type: none"> • Accuracy of scripts • Clinical audits • Incidence of adverse events (i.e. recording/reporting of adverse events)²¹

A consistent evaluation framework for allied health prescribing models of care will assist in aligning the outcomes of the various prescribing trials. There is an expectation that the allied health professional's clinical practice and use of medicines is audited at least annually by an interdisciplinary team with expertise in the allied health professional's practice scope.

²¹ <http://www.tga.gov.au/hp/problem.htm#medicine>

Checklist

A checklist for approval and implementation of extended scope of practice research (i.e. practice that falls outside legal, regulatory and/or policy frameworks) has been developed²²:

Table 5 Checklist

Design the project and research methodology			
Engage all stakeholders			
	Element	Form	Approval
Research ethics and governance	Ethics approval	NEAF ²³	HREC
	Research governance authorisation	SSA ²³	HREC and Central Coordinating Service (for multi-centre studies only)
Legislative approval	Legislative approval under Section 18 of the HDPR	Application form for Section 18 approval ²⁴	Office of the Chief Health Officer
Local approvals	Individual allied health professional credentialing	Application form – allied health professionals engaging in complex practice	Credentialing Committee
	Protocol for extended scope of practice	Proposal and protocol	
Notify relevant registration board or professional association and private indemnity provider (where applicable) of the intention to prescribe.			
Research implementation			

²² Adapted from Marks D, Musculoskeletal with extended scope – prescribing/ injecting: Project completion report, Gold Coast Hospital and Health Service, July 2013.

²³ <https://www.ethicsform.org/Au/SignIn.aspx>

²⁴ www.health.qld.gov.au/ph/documents/ehu/application_hdrp.doc

Appendix 1 Application form

New application for credentialing and defining scope of clinical practice for allied health professionals engaging in complex practices not traditionally performed by the profession.

Application details

Allied health profession

Practice to be
credentialed

Service setting and
location

Applicant details

Name

Professional address

Preferred postal address

Current position

Contacts

Work:

Mobile:

Email:

Supervisor details

Name of proposed clinical
supervisor

Field, profession and
experience of proposed
clinical supervisor

References [Please provide details for two referees]

Name

Current position

Professional address

Contacts

Work:

Mobile:

Email:

Name

Current position

Professional address

Contacts Work: Mobile:

Email:

- Attachments
- Qualifications relating to the practice
 - Evidence of competence (CV, log books, summary of cases seen, outcome data, etc.)
 - Evidence of continuing professional development relating to the practice
 - Relevant clinical audit or review reports conducted
 - Relevant academic appointments or teaching experience
 - Professional indemnity certificate including provider number and type of cover (if not recruited by Queensland Health)
 - Evidence of Australian residency status (if appropriate)

Endorsement	Signature	Date
Profession-specific manager		
Director of unit/Facility Manager		

Office use only

Application details checked	Name:	
	Signature:	Date:
Credentialing Committee	<input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended	Date:
HHS Chief Executive (or delegate)	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved	Date:

If application is not approved please provide details

Review date

- Outcome of application
- Letter sent to applicant
 - Copy attached

Appendix 2 Proposal

PROPOSAL TO TRIAL PRESCRIBING BY ALLIED HEALTH PROFESSIONALS

Subject: Allied health professionals to obtain, possess, administer, prescribe or supply medicines within the [insert name] Hospital and Health Service.

Reference No. Secretariat use only

Meeting date: Secretariat use only

Submitted by: Insert name

New Item / Previously Raised: Insert date(s) previously raised

Recommendation(s):

That the Credentialing Committee:

1. Endorse the proposal for the introduction of eligible allied health professionals to [include or delete as applicable] obtain, possess, administer, prescribe or supply medicines within the [insert name] Hospital and Health Service:

2. Endorse the protocol (Attachment 1) for allied health professional prescribers with a requirement that individual clinicians undertaking practice within the [insert name] Hospital and Health Service need to have Chief Health Officer approval and be individually credentialed.

Proposal endorsement

Date	Name	Position	Signature
------	------	----------	-----------

Context

- Highlight the reasons for this new service or intervention.
- What is the background?
- Has it been done elsewhere?
- What is the evidence?

Issues

- How will this affect other service areas?
- What are the risks?
- What are the benefits?

Legal implications/ Legislative issues

Legislative approval under Section 18 of the Health (Drugs and Poisons) Regulation 1996 is required.

Consultation

Provide evidence of consultation including local consultation with relevant internal and external stakeholders that has occurred in your Hospital and Health Service

Financial considerations

- Allied health professionals working for the public sector cannot currently access Medicare rebates for services or investigations. Consequently, there may be a revenue impact when allied health practitioners provide services normally delivered by doctors. This may be offset by cost effectiveness and productivity gains achieved by meeting national targets.
- Show cost benefit analysis (where available)

Implementation

- Education and training
 - Allied health professionals authorised to prescribe are accountable for their actions.
 - 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.
 - Commit to the safe and effective use of medicines as described by the *National Medicines Policy*.
 - Work in partnership with the person taking a medicine, their carers and other members of the healthcare team.
 - Will work as part of a multidisciplinary team with clearly defined and understood roles, responsibilities and accountabilities.
 - A period of supervised practice should be a component of the prescribing education and the allied health professional prescriber will need to be supervised by an authorised prescriber in their workplace to meet local governance arrangements necessary for credentialing.
 - Recognition from the regulatory body of competence to prescribe
 - The allied health professional prescriber must be registered with a National Board (Australian Health Practitioner Regulation Agency).
 - Authorisation to prescribe
 - The allied health professional is authorised to prescribe medicines by the relevant legislation and associated regulations provided by the state in which the professional practices.
 - Prescribe medicines within scope of practice
 - In line with clinical guidelines that are relevant to the conditions treated as part of the allied health professionals' practice scope, where guidelines are developed with appropriate multidisciplinary editorial and clinical governance.
-

-
- The allied 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 allied health professional also abides by the safety and quality requirements set by regulation, nationally recognised interprofessional standards, professional standards and the health service.
 - Maintain and enhance competence to prescribe
 - All allied health professional prescribers are expected to maintain/ enhance their competence through continuing professional development throughout the duration of the trial.
 - Insert additional local implementation processes that have been agreed.
-

Attachments

Attachment 1: Protocol

National Ethics Application Form (NEAF)

Appendix 3 Example Proposal

PROPOSAL TO INTRODUCE PRESCRIBING BY PHYSIOTHERAPISTS WORKING IN AN EMERGENCY DEPARTMENT

Subject: Prescribing by Emergency Physiotherapy Practitioners to better manage musculoskeletal presentations in the Emergency Department within the [insert name] Hospital and Health Service.

Reference No. Secretariat use only

Meeting date: Secretariat use only

Submitted by: Insert name

New Item / Previously Raised: Insert date(s) previously raised

Recommendation(s):

That the Credentialing Committee:

1. Endorse the proposal for the introduction of eligible Emergency Physiotherapy Practitioners to obtain, possess, administer, prescribe or supply medicines in the Emergency Department within the [insert name] Hospital and Health Service
2. Endorse the protocol (Attachment 1) for Emergency Physiotherapy Practitioners with a requirement that individual physiotherapists undertaking practice within the [insert name] Hospital and Health Service need to have Chief Health Officer approval and be individually credentialed.

Proposal endorsement

Date	Name	Position	Signature
		Director of Physiotherapy	
		Director of Pharmacy	
		Director of Emergency Medicine	

Context

The extension of prescribing rights is a critical issue in health workforce reform in Australia. Such rights have been granted in the UK, Canada and the USA²⁵ under a variety of regulatory and legislative models.

In the UK non-medical prescribing has given patients quicker access to medicines, improved access to services and made better use of nurses', pharmacists' and other health professionals' skills²⁶.

²⁵ Hale AR, Stowasser DA, Coombes ID, Stokes J, Nissen L, An evaluation framework for non-medical prescribing research, *Australian Health Review*, 2012, 36, 224-228.

²⁶ <http://www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/Prescriptions/TheNon-MedicalPrescribingProgramme/index.htm>

Non-medical prescribing is not a new concept in Australia as nurse practitioners, podiatrists and optometrists have been authorised to prescribe under various state legislation for some time. Eligible midwives now have prescribing rights nationally and it is likely other groups such as physiotherapists and pharmacists will follow²⁷.

Health Workforce Australia has identified international evidence of allied health professional prescribing including:

- In the UK where nursing and pharmacist prescribing is well established and independent prescribing rights for physiotherapist and podiatrists are planned for 2014.
- In New Zealand where work has been undertaken to expand prescribing for pharmacists²⁸.

[Add local context for proposed service model]

Issues

Although concerns have been raised about the expansion of prescribing rights to non-medical practitioners particularly in relation to safety and quality and the 'potential for fragmented care as patients interact with multiple prescribers across professional groups'²⁴, Morris and Coombes (2011)²⁹ have argued that it is the prescribing model and competency of the prescriber that matter most to patient care.

A number of studies have already been undertaken (nationally and internationally) to improve capacity within Emergency Departments to assess and treat lower acuity (Category 3-5) musculoskeletal conditions. This has involved teams of musculoskeletal physiotherapists increasing their scope of practice with additional training in pharmacology. As a result, the capacity of medical staff to manage higher priority (Category 1-2) patients has increased³⁰. Other efficiencies include improvements in:

- the 4-hour waiting time for non-admitted patients
- clinical outcomes and satisfaction rates for patients.

[Add local issues necessitating proposed service redesign]

Legal implications/ Legislative issues

Legislative approval under Section 18 of the Health (Drugs and Poisons) Regulation 1996 is required.

Consultation

The Health Professionals Prescribing Pathway (HPPP) is a recent initiative of Health Workforce Australia that delivers a national approach to non-medical prescribing. The three phases of the project (2012–13) involved extensive stakeholder engagement via public consultation and a series of facilitated workshops.

[Provide evidence of consultation including local consultation with relevant internal and external stakeholders that has occurred in your HHS]

²⁷ Nissen L, Kyle G, Non-medical prescribing in Australia, *Australian Prescriber editorial*: 33:166-7, 2010.

²⁸ Health Workforce Australia, Health Professionals Prescribing Pathway (HPPP) Project – Final Report, 2013.

²⁹ Morris S, Coombes I, The right to prescribe: towards core prescribing competencies by all prescribers, *Australian Prescriber editorial*: 34:126-7, 2011.

³⁰ Health Workforce Australia, Inventory of innovation: Primary contact musculoskeletal physiotherapist in the Emergency Department, 2012.

Financial considerations

- Allied health professionals cannot currently access Medicare rebates for services or investigations. Consequently, when physiotherapists provide services normally delivered by doctors, there is a revenue shortfall.
- This may be offset by cost effectiveness and productivity gains achieved by meeting national targets.
- [Show cost benefit analysis (where available)]

Implementation

- Education and training
 - Eligible physiotherapists will complete tertiary level prescribing education and training consistent with their scope of practice. The education will include assessment of the essential competencies of clinical therapeutics, safe prescribing and quality use of medicines.
 - A period of supervised practice should be a component of the prescribing education and the prescribing physiotherapist will need to be supervised by an authorised prescriber in their workplace to meet local governance arrangements necessary for credentialing.
 - The physiotherapist will apply for local credentialing via competency assessment in the Emergency Department provided by an authorised prescriber.
- Recognition from the regulatory body of competence to prescribe
 - The physiotherapist must be registered with the Physiotherapy Board of Australia.
 - The physiotherapist seeks and receives recognition of their competence to prescribe from the Physiotherapy Board of Australia in accordance with the specified standards.
- Authorisation to prescribe
 - The physiotherapist is authorised to prescribe medicines under the *Health (Drug and Poisons) Regulation 1996*.
- Prescribe medicines within scope of practice
 - The physiotherapist 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 prescribing physiotherapist also abides by the safety and quality requirements set by regulation, nationally recognised interprofessional standards, professional standards and the health service.
- Maintain and enhance competence to prescribe
 - Physiotherapy prescribers are expected to maintain/ enhance their competence through continuing professional development throughout the duration of the trial.
- [Insert additional local implementation processes that have been agreed].

Attachments

- Attachment 1: Protocol
 - National Ethics Application Form (NEAF)
-

Appendix 4 Protocol

PROTOCOL FOR A PRACTICE NOT TRADITIONALLY PERFORMED BY AN ALLIED HEALTH PROFESSIONAL IN A FACILITY/ SERVICE

PROTOCOL FOR: Allied health professionals to obtain, possess, administer, prescribe or supply medicines

PART A

Purpose	This protocol states the circumstances and conditions under which an allied health professional obtains, possesses, administers, prescribes or supplies medicines.
Scope	This protocol applies to all [insert name of HHS] allied health professional prescribers.
Authorising Legislation	<ul style="list-style-type: none">• Health (Drugs and Poisons) Regulation 1996<ul style="list-style-type: none">– In Queensland prescription and administration of medication is regulated by the Health (Drugs and Poisons) Regulation 1996. In order for allied health professionals to obtain, possess, administer, prescribe or supply medicines, approval needs to be obtained under Section 18 of this regulation from the Chief Health Officer.– Prescribing by allied health professionals, not already authorised under the regulation, will be undertaken within a formal research framework. This will ensure appropriate clinical governance and rigour to monitoring and evaluation.
Circumstances	<ul style="list-style-type: none">• An allied health professional prescriber may obtain, possess, administer, prescribe or supply a limited formulary of medicines that are necessary to practice their profession within the approved practice scope of the position in which the allied health professional is engaged.• For the purpose of this protocol, practice scope includes the scope of clinical practice of the position, and service capability of the health service setting, in which the allied health professional is engaged.
Conditions	<ul style="list-style-type: none">• Practice Scope<ul style="list-style-type: none">– An allied health professional is not permitted to act under this protocol unless the practice scope has been defined in writing and approved by the Chief Health Officer.– The approval of a practice scope shall be for the duration of the trial.• An allied health professional acting under this protocol must:<ul style="list-style-type: none">– Comply with the National Policy on the Quality Use of Medicines.– Be able to demonstrate their use of medicines is evidence-based and in accordance with the recognised clinical standards, practices and procedures for healthcare in Australia.

- Must not obtain, possess, administer, prescribe or supply medicines that have not been approved by the Therapeutic Goods Administration.
- Must not obtain, possess, administer, prescribe or supply a medicine outside the terms of the manufacturer's product information ('off-label') unless the allied health professional is satisfied there is a sufficient evidence base to demonstrate the safety and efficacy of using the medicine.
- Must maintain evidence that the allied health professional's clinical practice and use of medicines is audited at least annually by an interdisciplinary team with expertise in the allied health professional's practice scope.

Suspension or Cancellation

An allied health professional's approval to prescribe, supply or administer a medicine may be suspended or cancelled at any time pursuant to Chapter 1, Part 5, Division 4 of the Health (Drugs and Poisons) Regulation 1996.

The Credentialing Committee in consultation with the profession-specific manager may reduce or suspend a scope of clinical practice immediately if they have a reasonable belief that there is patient safety risk.

PART B MODEL OF CARE AND PRACTICE SCOPE

Practice Environment

Name of HHS

HHS address

Service setting and location

Clinical Service

Area of allied health practice

Target population of service

Major diagnostic areas/ types of clinical presentations

Prescribing model and arrangements

Key clinical practice guidelines

Clinical Governance

Local clinical governance
arrangements

Clinical Service Audit

Proposed clinical audit
activities

Authorisation	Signature	Date
Medical Director of service line		
Director of Allied Health		

Abbreviations

HDPR	Health (Drugs and Poisons) Regulation 1996
HHS	Hospital and Health Service
HPPP	Health Professionals Prescribing Pathway
HREC	Human Research Ethics Committee
NEAF	National Ethics Application Form
NPS	National Prescribing Service
QUM	Quality Use of Medicines
SSA	Site Specific Assessment

Glossary

Administer	The act of giving a medicine to a person which may include some activity to prepare the medicine to be administered ³¹ .
Credentialing	The formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes for the purpose of forming a view about their competence, performance and professional suitability to provide a safe, high quality healthcare service within specific environments ³² .
Dispense	To prepare, and distribute for administration, medicines to those who are to use them. Dispensing includes: <ul style="list-style-type: none"> • the assessment of the medicine prescribed in the context of the person's other medicines, medical history, and the results of relevant clinical investigations available to the pharmacist • the selection and supply of the correct medicine • appropriate labelling and recording • counselling the person on the medicine and its use³³.
Formulary	A circumscribed list of the medicines that are normally available at a particular health care location such as a hospital or pharmacy, and that are approved for use in that setting or by a specific prescriber.
Medicine/s	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 ³⁴ . In this document, the term 'medicines' or 'medicine' includes all classes or types of medicines including: <ul style="list-style-type: none"> • scheduled medicines (e.g. controlled drugs, prescription-only medicines, pharmacist-only medicines, pharmacy-only medicines) • unscheduled medicines (such as medicines on open sale [e.g. small packets of analgesics], and complementary medicines, also called herbal, natural, and alternative medicines. Complementary medicines include products containing herbs, vitamins, minerals, nutritional supplements, homoeopathic medicines, and bush and traditional medicines)³¹. Medicines are also known as 'medications'.
Person	The person requiring or receiving healthcare – covers patient, consumer and client depending on the situation ³⁴ .

³¹ NPS: Better choices, Better health. Competencies required to prescribe medicines: putting quality use of medicines into practice. Sydney: National Prescribing Service Limited, 2012.

³² QH-POL-390:2014 Credentialing and defining the scope of clinical practice

³³ Adapted from: Pharmaceutical Society of Australia Competency Standards for Pharmacists in Australia, 2003.

³⁴ Health Workforce Australia, Health Professionals Prescribing Pathway (HPPP) Project – Final Report, 2013.

Prescribing	<p>An iterative process involving the steps of information gathering, clinical decision-making, communication and evaluation that results in the initiation, continuation, or cessation of a medicine³⁴.</p> <p>NB: The HDPR defines prescribing as making a written direction (other than a purchase order or written instruction) authorising a dispenser to dispense a stated controlled or restricted drug or a stated poison.</p>
Prescriber	A health professional authorised to undertake prescribing within the scope of their practice ³⁴ .
Protocol	Written instructions developed by a multidisciplinary team for the initiation or administration of a specific medicine in particular circumstances in a defined environment and approved by the relevant institutions with whom ultimate responsibility lies; an agreed protocol may not require retrospective signature by an authorised prescriber ³⁵ .
Supply	The act of providing medicines to a person or third party for the use by the person only ³¹ .

³⁵ Adapted from: National Health and Medical Research Council, Review of services offered by midwives, NH&MRC, 1998.