

Non-Medical Prescribing

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What is prescribing?

Proposal

- Prescribing should be considered in a similar way to procedures
 - Where a combination of knowledge and, more importantly, competencies (skills) are prerequisites to be demonstrated before being allowed to perform a specific complex task
- Main difference - procedures require psychomotor skills in addition to cognitive skills

4 Domains of Prescribing



Mapping the 4 Domains of Prescribing

- Australia - ACFJD
 - Good Medical Practice: Code of Conduct for Doctors 2009
- UK - Prescribing Competency Framework (NPC)
 - Statement of Competencies in Prescribing required by Foundation Doctors (GMC)
- USA - Competency Based Residency Education (ACGME)
- Canada - CanMEDS 2005 Physician Competency Framework
- WHO - Good Prescribing Guidelines

Info Gathering

- KC 1: Take and/or review medical and medication history and undertake physical examination and investigations where appropriate
- KC 2: Assess adherence to current and past medication and risk factors for non-adherence

- KC 3: Identify the more important health or medication related issue for the patient
- KC 4: Determine how well disease and symptoms are managed/controlled
- KC 5: Determine whether current symptoms are modifiable by symptomatic treatment or disease modifiable treatment
- KC 6: Consider ideal therapy (drug & non-drug)
- KC 7: Select drug, form, route, dose, frequency, duration of treatment

Clinical Decision Making

- KC 8: Communicate prescribing decision in an ambulatory care setting
- KC 9: Communicate prescribing decision in an inpatient setting

Communicate Decision – Prescribe

Monitor & Review

- KC 10: Review
 - (1) control of symptoms & signs
 - (2) adherence
 - (3) patient's outcomes

Domain

- Information gathering

Competency

- Understands the importance of assessing adherence
- Knows the risk factors for non-adherence
- Know the evidence for strategies to improve adherence

Learning Objectives

- Acquires skills for detecting non-adherent behaviour
- Acquires skills for encouraging medication adherence

Assessment

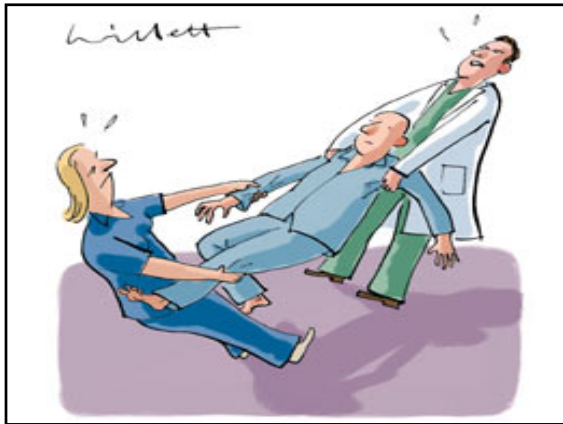
- MCQ
- OSCEs (Objective Structured Clinical Examination)
- Mini Clinical Examination (Mini CEx)

What's different in non-medical prescribing?

- Do any of the issues relevant to medical prescribing not apply?
- Do the competencies differ?
- What other issues are relevant to Non-Medical Prescribing?

Independent Prescribing

Independent prescribing means that the prescriber takes responsibility for the clinical assessment of the patient, establishing a diagnosis and the clinical management required, as well as responsibility for prescribing where necessary and the appropriateness of any prescription.



Supplementary/Dependent Prescribing

Supplementary: A voluntary partnership between an independent prescriber (doctor) and a supplementary prescriber (nurse, PA, pharmacist) to implement an agreed patient-specific Clinical Management Plan with the patient's agreement (DH, 2002)

Independent: the prescriber takes responsibility for the clinical assessment of the patient, establishing a diagnosis and the clinical management required & the appropriateness of any prescription (DH, 2004)

Independent prescriber responsible for:

- the initial clinical assessment of the patient and the formulation of a diagnosis,
- the development of a written clinical management plan, in conjunction with the supplementary prescriber, following diagnosis
- ensuring the clinical management plan is kept up-to-date
- informing the supplementary prescriber of the limits of responsibility delegated to that supplementary prescriber
- providing access to the patient's record for the supplementary prescriber.

Independent prescriber also responsible for:

- providing advice and support to the supplementary prescriber as required
- carrying out a review of patient's progress at appropriate intervals, depending on the nature and stability of a patient's condition, or at the request of the supplementary prescriber, and normally not longer than 1 year from the initial assessment
- resuming full responsibility for the patient's care at the request of the supplementary prescriber

Supplementary prescriber responsible for:

- monitoring and assessing the patient's progress as set out in the clinical management plan, and as appropriate to the medicines prescribed, including the reporting of any adverse reactions
- contributing to the clinical management plan
- prescribing for the patient in accordance with the agreed clinical management plan
- changing the medicine prescribed, within the limits set out in the clinical management plan, if monitoring of the patient's progress indicates that this is clinically appropriate

Supplementary prescriber also responsible for:

- accepting clinical responsibility and professional accountability for their prescribing decisions and practice
- working at all times within their clinical competence and their professional Code of Conduct, consulting the independent prescriber as necessary and particularly if a matter falls outside their own clinical competence.

Supplementary prescriber and responsible for:

- asap, recording clinically relevant facts, including prescribing and monitoring activity, in the patient's medical records.
- referring prescribing responsibility back to the independent prescriber if the agreed clinical reviews are not carried out within the intervals specified in the clinical management plan or if monitoring of the patient's progress indicates that this is appropriate

Benefits of Supplementary Prescribing

- Improved access
- Improved patient choice
- Greater flexibility for patients
- Re-distribution of prescribing workload
- Improved job satisfaction for supplementary prescriber
- Formalises some vicarious prescribing that currently goes on

Why have supplementary prescribers?

- there should be benefit to patients and the funder
- supplementary prescribing should support but not replace multi-disciplinary care
- patient safety should be paramount
- prescribing and dispensing responsibilities should, where possible, be separate in keeping with principles of patient safety

Where can SR_x be used?

- Ongoing management of long-term conditions
 - Asthma, diabetes, hypertension, mental health
 - Heart Failure, COPD
- Management of out-patients
 - HRT clinic, renal patients, HIV/AIDs, anti-coag.
- In-patient settings with predictable pathways
 - BGLs & insulin, nausea in oncology, post-operative pain

Clinical management plan must:

- specify range of prescribed medicines
- specify the range and circumstances within which the supplementary prescriber can vary the dosage, frequency and formulation of the specified range of medicines
- when & why to refer to independent prescriber
- contain relevant warnings about any known sensitivities of the patient to particular medicines
- Include arrangements for the notification of any adverse drug reactions.
- Start date and review date (max 12 months)

Queensland Health Practitioners' Prescribing

- Supports other clinicians prescribing
- Will recommend training and competencies
- May require these of universities and for all new workforce (eg, IMGs)
- Standards will apply to all professions
- Ultimately, is the responsibility of national boards for each profession

The Primary Clinical Care Manual

- Based on the best available evidence.
- Partnership of QH and RFD Service
- Reviewed every two years under the Health (Drugs and Poisons) Regulation 1996.
- Provides clear and concise clinical care guidelines and health management protocols for endorsed registered nurses and authorised Indigenous health workers.
- All QH staff in rural and remote facilities incl ambulatory care required to adopt the protocols in the PCCM

PCCM

- Specifies clinical situation and limited treatment
- Treatment requires MO approval, often after the event
- Ideal for isolated practice
- Legitimises previous informal arrangements
- Not appropriate for specialist practice

Health Management Protocols

A NP endorsed to practice by Queensland Nursing Council may, in accordance with the provisions of the Drug Therapy Protocol, prescribe, give a written or oral instruction, supply and administer those drugs listed in the QH Standard Drug List for which a HMP has been developed and approved

Health Management Protocols

- Development and approval process needs review
- Probably should be developed centrally rather than at a unit or hospital level
- Do not ensure knowledge of or competency in critical aspects of prescribing
- ? a model for other professions

Let's discuss