



Pharmacist prescribing

Position statement

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1. Supporting better access to care

PSA is committed to enabling pharmacists to practise to their full scope to facilitate patient access to the care and medicines they need in a timely manner.

Australia's healthcare system is ranked highly compared to other high-income countries with regards to equity, healthcare outcomes and administrative efficiency, but comparatively poorly in terms of access to care, including affordability and timeliness.¹ Australians are increasingly experiencing challenges in accessing timely and affordable health care as the elderly population grows, the rate of chronic diseases rises, and significant public health emergency events become more frequent. It is widely accepted that there is an urgent need for health system reform, particularly with respect to health workforce capacity and capability. This has been the genesis of various jurisdictions commencing or conducting pharmacist scope of practice reviews and initiatives such as pharmacist prescribing trials.

Key points

1. PSA is committed to enabling pharmacists to practise to their full scope to facilitate patient access to the care and medicines they need in a timely manner. PSA urgently calls for legal and operational barriers to be removed to recognise and enable pharmacists' professional expertise and for commensurate remuneration to be allocated.
2. Pharmacists have an established history of prescribing medicines consistent with their competency framework and scope of professional practice. PSA is committed to expanding pharmacist prescribing arrangements in a safe and accountable manner to improve patient care and health outcomes.
3. Safe, quality prescribing by pharmacists is supported by the implementation of rigorous, robust and responsive requirements with respect to training, assurance of competence, appropriate risk mitigation, and authorisation to prescribe within each practitioner's own scope of practice.
4. Prescribing and dispensing of medicines are discrete clinical activities. Pharmacists possess the required foundation competencies to conduct both activities. Factors such as the patient's clinical circumstance and the pharmacist's scope of prescribing practice will inform how the pharmacist may safely conduct both activities for the patient. Pharmacists, as with all health professionals, must address and manage any real or perceived conflicts of interest in their professional practice.
5. PSA is committed to evidence-based health service delivery and strongly advocates for implementation of a robust evaluation and quality framework for prescribing services, including those delivered by pharmacists.

The use of medicines is the most common intervention in health care.⁴ The Australian Government makes considerable investment in subsidising the cost of high quality, cost effective and clinically effective medicines, and commits to ensuring patients have access to medicines and professional pharmacy services to support the safe and quality use of medicines.⁵

PSA recognises there are a variety of reasons, including delays in accessing prescribers, that result in timely patient access to medicines being compromised. PSA calls for better use of pharmacists' unique expertise in medicines and medication management so that patients benefit from timely access to medicines and safe and optimal therapy.

It is paramount that legal and operational barriers are removed without delay so that pharmacists can be actively and fully utilised. Current barriers include legislation that does not reflect contemporary pharmacist capabilities, and program arrangements that hinder the contribution of pharmacists to deliver best practice patient care. Pharmacists' full scope of professional expertise, including prescribing, must be recognised and commensurate remuneration allocated. For example, pharmacists should be able to prescribe medicines listed on the Pharmaceutical Benefits Scheme, must be funded for a health service consultation, and have a mechanism to refer for funded pathology services.

Box 1: Definitions^{2,3}

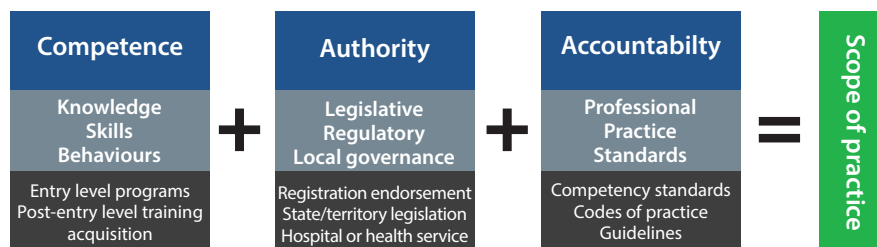
Prescribing – an iterative process involving the steps of information gathering, clinical decision making, communication and evaluation which results in the initiation, continuation or cessation of a medicine.

Scope of practice – a time sensitive, dynamic aspect of practice which indicates those professional activities that a pharmacist is educated, competent and authorised to perform and for which they are accountable.

Figure 1: Guidance and regulation of pharmacist practice in Australia



Figure 2: Components of 'scope of practice'



2. Safe and quality prescribing by pharmacists

Pharmacists have an established history of, and capability to, prescribe medicines consistent with their competency framework and scope of professional practice. PSA is seeking to formalise and expand arrangements for pharmacist prescribing activities and services.

The overall framework of guidance and regulation for pharmacist practice is outlined in Figure 1.

The enabling competencies for pharmacists to prescribe medicines are well established, and articulated in the *National competency standards framework for pharmacists in Australia*³ and the NPS MedicineWise *Prescribing competencies framework*.²

As illustrated in Figure 2, scope of practice is a consolidated demonstration of core components of competence (knowledge, training, attitudes, practice experience, continuing professional development), authority (Commonwealth/state/territory legislation or funding arrangements, local policies, organisational protocols) and accountability (code of ethics/conduct, professional practice standards, clinical governance principles, guidelines).

As is expected of any health practitioner, pharmacists must practise within their individual professional scope of practice and maintain the level of competence and ethical standards expected of the profession.

Pharmacists routinely prescribe (i.e. initiate, continue, modify/optimize or cease) *Pharmacy Medicines* and *Pharmacist Only Medicines* intended for short term use to manage minor ailments or symptoms. Pharmacists also prescribe some *Prescription Only Medicines* for more complex or chronic conditions.

Box 2: Human medicine schedules

Medicines are classified in schedules which group together substances that require similar regulatory control, taking into account factors such as purpose of use, potential for abuse, safety in use, and need for the substance, in addition to the safety and risk profile of the substance itself. A particular substance can be listed under more than one schedule.

Schedules for medicines for human use in the Poisons Standard⁶ are:

- Schedule 8 – Controlled Drug
- Schedule 4 – Prescription Only Medicine
- Schedule 3 – Pharmacist Only Medicine
- Schedule 2 – Pharmacy Medicine

Box 3: Examples of pharmacist prescribing practices

- **Initiate** and administer an influenza vaccine
- **Continue** a medicine without a prescription in accordance with:
 - state or territory emergency supply provisions
 - Pharmaceutical Benefits Scheme Continued Dispensing arrangements
- **Initiate, continue, modify/optimize or cease** a medicine in accordance with accepted guidelines, agreed clinical parameters or approved professional practice arrangements, such as:
 - antibiotic for uncomplicated urinary tract infection without a prescription in accordance with the Extended Practice Authority 'Pharmacists'⁷ under the Medicines and Poisons Act 2019 (Qld)
 - in hospital wards or emergency departments
 - Partnered Pharmacist Medication Charting.^{8,9}

3. Expanding pharmacist prescribing

PSA is committed to ensuring appropriate standards and processes are in place for current and future safe and quality pharmacist prescribing. Rigorous, robust and responsive requirements are essential for: pre- and post-registration education and training programs, assurance of prescriber competence consistent with the individual's scope of practice, risk mitigation framework proportionate to risk of prescribing practice, and authorisation of prescriber to prescribe within own scope of practice.

The indicative steps or stages that a practitioner must fulfil for safe and competent prescribing were previously described in the Health Professionals Prescribing Pathway (HPPP)¹⁰ as outlined in the schema below.

PSA recognises work undertaken in the last decade, including the development of the HPPP, to consolidate and advance the foundations of safe and quality health professional prescribing. There have been considerable changes in the health and medicine landscape since and, in PSA's view, more contemporary options and solutions are urgently needed to adequately address the healthcare and medicine access crisis that Australians are experiencing. PSA firmly believes enabling full scope of practice for pharmacists and formally expanding pharmacist prescribing are potential solutions.

The profession is working on various aspects of a comprehensive framework for pharmacist prescribers. The Australian Pharmacy Council, as the independent accreditation authority for pharmacy education and training programs in Australia, recently developed the *Accreditation standards for pharmacist prescriber education programs* on behalf of the Pharmacy Board of Australia. The standards will ensure graduates from an accredited program meet all competencies in the NPS MedicineWise *Prescribing competencies framework*.² Further, PSA is working to ensure additional safeguards (e.g. review of competency standards, implementation of professional practice standards, development of guidelines for pharmacist prescribing, initial and ongoing education and training programs, and continuing professional development (CPD) activities) are in place to provide the appropriate level of risk management of pharmacist prescribers. Through PSA and the wider profession, contributions are also being made to scope of practice reviews in various jurisdictions. The Pharmacy Board also recently reconfirmed that pharmacists are able to participate in pilots, trials and health programs in the jurisdiction in which they practise by completing any locally required education as CPD without any additional requirements from the Board.

4. Prescribing and dispensing

As medicines and medication management experts, pharmacists possess core competencies to prescribe and to dispense medicines. Prescribing and dispensing are discrete clinical activities requiring different sets of professional competencies. As with all clinical activities undertaken by pharmacists, appropriate safeguards must be implemented commensurate with risk. All practitioners must also address and manage any real or perceived conflicts of interest in their professional practice.

The medicines management pathway¹¹ consists of a series of patient-centred clinical activities, including prescribing, dispensing, preparation and administration of a medicine, and reviewing and monitoring patient response.

Each clinical activity involves different processes and requires competencies specific to that activity. Contingent on good clinical governance and risk management, a pharmacist with appropriate training, competence and individual scope of professional practice would be permitted to be involved in both prescribing and dispensing for a patient. Risk mitigation must consider factors such as: patient factors and clinical circumstances, health conditions to be treated, the type or class of medicines that may be prescribed, patient preference, healthcare setting, record keeping and communication requirements, practitioner referral pathways, and involvement and role of other health practitioners.

Pharmacists uphold their professional responsibilities and accountability to ensure patient safety and contribute clinical excellence. PSA's Professional Practice Standards articulate fundamental standards that all pharmacists must meet – *Person-centred care, Responsibility and accountability, and Collaborative practice*.

'Good practice' (as articulated by the shared *Code of conduct*¹³) includes health professionals acting in the best interests of patients when providing or arranging treatment or care. All prescribers, including pharmacists, are responsible for making prescribing decisions within their scope of practice based on the clinical circumstances of the patient. This includes consulting and interpreting endorsed professional guidelines and other evidence-based resources, and applying contemporary clinical evidence to formulate and deliver optimal person-centred solutions.

1. Complete education and training

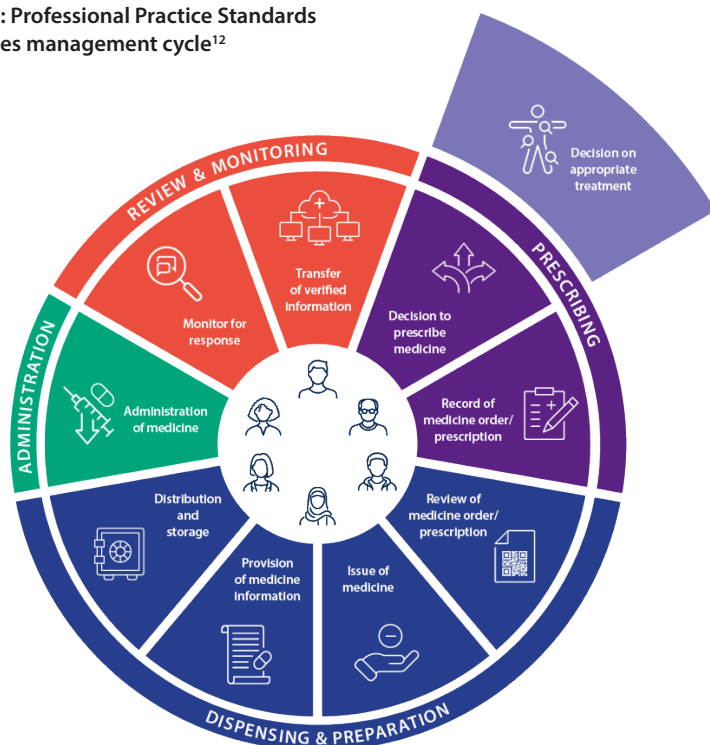
2. Obtain recognition of competence to prescribe

3. Ensure authorisation to prescribe

4. Prescribe medicines within scope of practice

5. Maintain and enhance competence to prescribe

Figure 3: Professional Practice Standards medicines management cycle¹²



All prescribers are also responsible for addressing any real or perceived conflicts of interest to minimise any impact on prescribing decisions. Prescribing practice must be monitored and regularly audited to evaluate the impact of any external or internal influences. Adopting a reflective practice approach is important – to evaluate one's own professional practice and continue to develop knowledge and skills, build and consolidate trust, strengthen accountability, recognise and manage conflicts of interest, and deliver continuous improvement in patient care.

5. Evaluation and quality framework

PSA is committed to evidence-based health service delivery and strongly supports the implementation of an evaluation and quality framework for professional services, including pharmacist prescribing.

Professional practice of pharmacists is enshrined in evidence-based, collaborative care to support safe, effective and quality use of medicines. PSA believes all health

professional prescribing practices must be aligned with the 10th National Health Priority Area of *Quality use of medicines and medicines safety* and the *National medicines policy*.¹⁴

Health service delivery must be responsive to the care and therapeutic needs of patients. Equal and timely access to safe, high quality, comprehensive care requires healthcare teams and systems to work collaboratively and seamlessly. Models of best practice medication management and quality use of medicines must recognise the competence and role of pharmacists, allowing them to practise in all facets of patient care for which they are trained, in partnership with the patient and other members of the healthcare team. PSA supports pharmacist prescribing in all pharmacist practice settings, including community pharmacies, general practices, aged care facilities, disability care providers, hospitals, Aboriginal Community Controlled Health Organisations, Urgent Care Clinics and Primary care Rural Integrated Multidisciplinary Health Services (PRIM-HS).

PSA strongly advocates for implementation of a robust evaluation and quality framework for pharmacist prescribing services to support best practice patient care and to inform sound future health policy.

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Supporting evidence/references

- Schneider EC, Shah A, Doty MM et al. Mirror, mirror 2021 – reflecting poorly: health care in the U.S. compared to other high-income countries. The Commonwealth Fund. 2021;Aug. At: www.commonwealthfund.org/sites/default/files/2021-08/Schneider_Mirror_Mirror_2021.pdf
- NPS MedicineWise. Prescribing competencies framework: embedding quality use of medicines into practice. 2nd ed. Sydney: 2021. At: www.nps.org.au/assets/NPS/pdf/NPS-MedicineWise_Prescribing_Competencies_Framework.pdf
- National competency standards framework for pharmacists in Australia. Canberra: Pharmaceutical Society of Australia; 2016. At: <https://my.psa.org.au/s/article/2016-Competency-Framework>
- Pharmaceutical Society of Australia. Medicine safety: Take care. Canberra: PSA; 2019. At: www.psa.org.au/wp-content/uploads/2019/01/PSA-Medicine-Safety-Report.pdf
- Parliament of Australia. Health and Aged Care Portfolio. Portfolio budget statements 2023–24. Budget related paper no. 1.9. At: www.health.gov.au/sites/default/files/2023-05/health-portfolio-budget-statements-budget-2023-24.pdf
- Therapeutic Goods (Poisons Standard—February 2024) Instrument 2024. At: www.legislation.gov.au/F2024L00095
- Medicines and Poisons Act 2019 (Qld), Extended Practice Authority 'Pharmacists'. Version 4. 2023;Oct. At: www.health.qld.gov.au/_data/assets/pdf_file/0027/110894/epa-pharmacists.pdf
- Dalton A, Beks H, McNamara K, et al. Health economic evaluation of the Partnered Pharmacist Medication Charting (PPMC) program. 2019.
- Hua PU, Edwards G, Van Dyk E, et al. Expansion of the partnered pharmacist medication charting model on admission in the General Medicine Unit — initiation of new medications. J Pharm Pract Res 2023;53:26–31.
- Health Workforce Australia. Health Professionals Prescribing Pathway (HPPP) Project. Final report. 2013;Nov.
- Stowasser DA, Allinson YA, O'Leary M. Understanding the medicines management pathway. J Pharm Pract Res 2004;34:293–6.
- Pharmaceutical Society of Australia. Professional practice standards. Version 6. Canberra: PSA; 2023. At: www.psa.org.au/wp-content/uploads/2023/07/5933-Professional-Practice-Standards_FINAL-1.pdf
- Australian Health Practitioner Regulation Agency and National Boards. Code of conduct. 2022;Jun. At: www.ahpra.gov.au/Resources/Code-of-conduct/Shared-Code-of-conduct.aspx
- Australian Government Department of Health and Aged Care. National medicines policy. Canberra: AGDHAC; 2022. At: www.health.gov.au/resources/publications/national-medicines-policy

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