

12 July 2018

Mr Aaron Harper MP
Chair, Health, Communities, Disability Services and Domestic and Family Violence
Prevention Committee
Parliament House
George Street
Brisbane QLD 4000

By email to: pharmacy@parliament.qld.gov.au

Dear Mr Harper

Re: Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland

The Queensland Branch of the Royal Australian and New Zealand College of Psychiatrists (RANZCP QLD Branch) is pleased to respond to the Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland.

The RANZCP is the peak body representing psychiatrists in Australia and New Zealand. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

Our comments pertain to only one component of the inquiry: the pharmacists' and pharmacy assistants' roles and scope of practice. As psychiatry is our area of expertise, our response focuses on the treatment of psychiatric conditions.

Question 18. Should the scope of practice of pharmacists and pharmacy assistants in Queensland be extended? If so, in what areas of practice?

The RANZCP QLD Branch recognises the valuable contribution that pharmacists make to the provision of mental health care in the community, such as supporting medication adherence. Community pharmacists have a strong primary health-care role, and are more accessible than other medical practitioners, particularly in rural and remote areas. Expanded scopes of practice for pharmacists may provide benefits to the community, primarily in the form of timely access to medication.

However, the RANZCP QLD Branch is concerned that it may come at the cost of the provision of specialised care, and notes that it is not an adequate substitute for other workforce initiatives to increase the number of specialist medical health practitioners, particularly in rural and remote areas. Expanding scopes of practice to include more prescribers in a patient's care risks fragmenting care and could increase the chance of prescribing errors. It also complicates the question of liability, which would need to be

clarified at the outset. Greater access to medicines needs to be balanced against the risk of potential harm. One initiative that could address issues of timely access to medications, particularly in non-metropolitan areas, is electronic-prescribing (e-prescribing). This approach would retain the prescribing power with the treating doctor, thus avoiding some of the risks entailed with expanding prescribing rights to non-medical practitioners.

The RANZCP QLD Branch suggests differentiation be made between initialising a prescription (requiring diagnosis), and managing repeat prescriptions (that require monitoring an ongoing condition and its response to treatment).

There are unique barriers to pharmacists working as partners in mental health care, as identified by the Pharmaceutical Society of Australia (2013), such as mental health stigma, privacy and confidentiality in the community pharmacy setting, and lack of integration of pharmacists in the mental health system.

Prescribing psychotropic medications safely and effectively is a skill based on expertise in the diagnosis and treatment of mental illness, and a sophisticated understanding of the factors which determine the way the body reacts to, and is affected by, medical conditions and drug treatments. The initial prescription of medication for the treatment of a person with a psychiatric condition should be performed only by the diagnosing psychiatrist or other medical practitioner. As such, the RANZCP QLD Branch opposes pharmacists performing independent prescribing in relation to psychotropic medication.

The RANZCP QLD Branch has considered the concept of pharmacists providing repeat prescriptions, and is concerned about potential risks. Sufficient safeguards would need to be implemented to address these risks. For example, the prescribing doctor would need to authorise any repeat prescribing by a pharmacist, and the suitability of the patient to receive repeat prescriptions would need to be carefully assessed by the treating doctor. There should be limitations on the number of repeats that can be prescribed, or the time lapsed, before a medical review is required, to ensure that the treatment remains effective and necessary.

We suggest that parameters for any prescribing rights extended to pharmacists will need to be clearly agreed and defined. Guidelines should be developed to assist each practitioner involved in the patient's care to have clear delineation of responsibilities, and ensure good communication and coordination. Such collaboration would require shared access to consumers' medical records, such as via My Health Record. Practitioners must obtain the informed consent of the patient before undertaking shared prescribing.

Consumers and the community are central stakeholders in the delivery of health care. A 2012 survey into consumer views of 'non-medical prescribing' showed that consumers have high standards of what they expect from non-medical prescribing (DoH, 2017). The results revealed that 37% of people were very supportive and 44% somewhat supportive of non-medical prescribing as long as there were clear guidelines and safety mechanisms in place. These safeguards included:

- Mechanisms are in place to monitor prescribing practices of non-medical professionals to ensure quality and detection of system abuse.
- Consumers have the right to choose to see a medical practitioner or other health professional and that choice is always respected.

- Robust professional standards together with sound legal and regulatory processes.

The RANZCP QLD Branch recommends the inquiry have input from consumers and the community on this matter.

We do not support expanding the scope of practice of pharmacy assistants with regards to prescribing new or repeat prescriptions.

Question 19. What additional training for pharmacists/pharmacy assistants, or other risk reduction measures, should be implemented to ensure patient safety?

If any expanded scope of practice is introduced for pharmacists, appropriate safeguards and supports should be put in place to ensure patient safety is maintained. Pharmacists should be required to undergo appropriate training and supervision in order to obtain repeat prescribing rights. For example, if pharmacists become involved in prescribing repeat psychotropic medication, formal training in mental health care should be a prerequisite. Patients with mental illnesses can present with complexities, including comorbid mental health conditions and acute or chronic physical illness that require concurrent treatment. For this patient group, polypharmacy is common and meticulous attention is needed to avoid adverse outcomes (Alderman and Lucca, 2017). Specialist training should address these possible complexities when treating and monitoring this group of patients. Training should also recognise that medication is only one aspect of mental health care treatment, and many consumers require holistic treatment.

We suggest that the Committee refer to the National Prescribing Service's Prescribing Competencies Framework (PCF) developed in 2012. It contributes to achieving the 'quality use of medicines' objective of the National Medicines Policy by describing the competencies required to prescribe medicines judiciously, appropriately, safely, and effectively in the Australian healthcare system (NPS, 2012).

The PCF consists of seven competencies, five of which are specific to the role of prescribing and two more general professional competencies deemed crucial to the prescribing role (NPS, 2012). Pharmacist prescribing should be underpinned by a robust national competency framework such as the PCF, where they would be required to demonstrate the five prescribing competencies:

1. Understands the person and their clinical needs.
2. Understands the treatment options and how they support the person's clinical needs.
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.

and the two underpinning professional competencies:

6. Practices professionally.
7. Communicates and collaborates effectively with the person and other health professionals.

In Australia, there is inconsistency between states regarding the prescribing rights of non-medical health practitioners. In order to ensure that the principles contained within the National Medicines Policy are adhered to, expanded scopes of practice require greater consistency across jurisdictions, perhaps through the development of a national framework (RACP, 2012).

If you would like to discuss any of the issues raised in this letter, please contact Bianca Phelan, QLD Branch Policy Officer via qldpolicy@ranzcp.org or by phone on .

Yours sincerely



A/Prof Brett Emmerson AM
Chair, RANZCP Queensland Branch

References

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