Wednesday, 5th June 2019

Committee Secretary
State Development, Natural Resources and Agricultural Industry Development Committee
Parliament House
George Street
Brisbane Qld 4000

Re: Submission for Draft Medicines and Poisons (Medicines) Regulation 2019

Thank you for the opportunity to provide a submission on the Draft Medicines and Poisons (Medicines) Regulation 2019. The following feedback has been collated and submitted on behalf of the Directors of Physiotherapy Services Queensland (DOPSQ) which is the peak body representing Physiotherapy services in Queensland Health and Mater Public Hospitals.

If there are any questions regarding this submission or any clarification required, please feel free to contact me.

Yours sincerely,

Mark Cruickshank
Director Physiotherapy
Royal Brisbane and Women's Hospital
Physiotherapy Department
Level 2, Ned Hanlon Building
Butterfield Street, Herston, 4029
Ph: (07) [redacted]
Email: [redacted]

Directors of Physiotherapy Services Queensland Response to the Draft Medicines and Poisons (Medicines) Regulation 2019

1. **Changes to Authority for Physiotherapists Administering Medicines** – Ref Schedule 12 – Part 5 Physiotherapists (pp 154)

The Directors of Physiotherapy Services Queensland welcome the carried forward changes to the Medicines and Poisons Regulation 2019 to extend the authority of physiotherapists to administer a greater range of medicines to support effective and efficient physiotherapy assessment and management. It is important to note however that there are medicines, additional to those included in the changes, that are required to be administered to a patient to enable effective physiotherapy assessment and management to be undertaken. Examples of these instances include:

- in cases of moderate to severe pain limiting participation in physiotherapy assessment and management, schedule 4 and schedule 8 analgesic medicines that have been prescribed for the patient may often be required to facilitate effective physiotherapy intervention. Particularly in cases where the patient has already been administered schedule 2 medicines such as paracetamol and ibuprofen and have not reached the level of pain relief required to allow them to participate in physiotherapy.
- for similar reasons, patients experiencing severe muscle spasm limiting movement and participation in physiotherapy assessment and management may require the administration of schedule 4 muscle relaxants that have previously been prescribed.
- in many cases, patients with significant nausea and vomiting as a result of administration of strong pain relief may have also been prescribed schedule 3 or schedule 4 antiemetic medicines to reduce the side-effects of these pain medications. It is important for these medicines to be administered to enable the patient to participate in physiotherapy while the desired analgesic effect is in place.

Authorising the physiotherapist to administer these medications will allow certainty of timing of administration, allowing interventions to be scheduled with optimal medication effect, therefore maximising efficiency and treatment opportunity.

Further examples of instances where it may be appropriate for physiotherapists to administer additional medications include:

- a patient with respiratory disease undergoing physiotherapy assessment or management may require a variety of medicines in addition to an inhaled asthma reliever including mucolytic agents and inhaled antibiotics
- a patient with cardiac disease undertaking cardiac rehabilitation program or other exercise may require administration of anginine to manage immediate symptoms

These examples highlight the case for broadening the application of the administration inclusions for physiotherapy within the new Medicines and Poisons (Medicines) Regulation 2019.

Recommendation 1:

A recommended rewording of *Schedule 12 – Part 5 Physiotherapists* is as follows:

PART 5 Physiotherapists

6 Administering

(1) A physiotherapist may administer any of the following medicines to a patient—

(a) an S2 medicine;

(b) a nitrous oxide mixture in a hospital on a written prescription for the patient from a prescriber;

(c) an S3, S4 or S8 medicine to the extent necessary for physiotherapy assessment and management -
(i) on a written prescription for the patient from an authorised prescriber; or
(ii) that has been lawfully supplied to the patient.

(2) The physiotherapist must comply with chapter 2, part 2, division 7 when administering the medicine.

By removing the specific references to 'pain relief' or a 'respiratory condition' it allows for the wider range of appropriate medicines to be administered by physiotherapists. Including the wording *"to the extent necessary for physiotherapy assessment and management*" would ensure that any administration of medicines undertaken is constrained to the specific scope of practice of physiotherapists.

The Allied Health Professions Office of Queensland has identified in a previous consultation paper, that physiotherapists working in Queensland have the necessary entry-level education and training to administer medicines in a safe manner. The authority for physiotherapists to administer schedule 2 medicines in Queensland has been available for over two decades and has demonstrated the ability for physiotherapists to effectively manage the process of administration of medicines safely. This makes a compelling case for physiotherapists in Queensland to be provided with the authority to administer, to the extent necessary for them to practice physiotherapy, the relevant medicines that an authorised prescriber has already prescribed.

The Directors of Physiotherapy Services Queensland support the carried forward amendments that enable some classes of schedule 3 & 4 medicines to be administered by physiotherapists, however submission is made to expand this authority to include all additional schedule 3, 4 & 8 medicines that may be required to be administered to patients to the extent necessary for physiotherapy assessment and management.

2. Application of Extended Practice Authority to appropriately trained Physiotherapists to facilitate ongoing prescribing

Since May 2017, eight physiotherapists who have completed tertiary level post-graduate prescribing training, have commenced autonomous prescribing in five emergency departments in Queensland public hospitals (Cairns Hospital, The Prince Charles Hospital, Royal Brisbane and Women's Hospital, Queen Elizabeth II Hospital and Gold Coast University Hospital). This has been achieved through approval granted by the Chief Executive, Queensland Health, under Section 18(1) of the Health (Drugs and Poisons) Regulation 1996. The approval has been granted under a research trial protocol approved at each participating Queensland Health facility.

The prescribing physiotherapists operate at their full scope of practice, within a long-established model of care within the emergency department where they autonomously manage a wide variety of lower category, non-complex (Category 3, 4 & 5) musculoskeletal injuries such as minor fractures, dislocations, sprains and strains. Although the physiotherapists autonomously manage patients, they operate within the collaborative environment of the emergency department with appropriate local clinical and professional governance structures in place.

Outcomes of the trial to date:

- prescribing has been endorsed by the Healthcare Approvals and Regulations Unit which includes a variety of medicines from schedule 2, 3, 4 & 8.
- over 1500 patients efficiently, effectively and safely managed with over 1600 individual medication orders written across all sites with no adverse events attributable to physiotherapist prescribing errors.
- survey data from over 1050 patients in the trial indicate that patients have a very high level of confidence in physiotherapists prescribing
- recently published data from a subset of the trial patients has demonstrated comparable or better compliance with national medication charting guidelines when compared to traditional prescribers (Gridley, Strudwick, Pink, & Nelson, 2019 - see abstract in references at end of document)
- physiotherapists have prescribed discharge S8 prescriptions for only 3% of patients, demonstrating their ability to successfully apply non-pharmacological strategies to good effect.
- high levels of support from the multidisciplinary team in all of the emergency departments where the trial is active, with support to continue based on the knowledge of the education and training undertaken by the physiotherapists, the confidence in prescribing decision making and the improvements in service efficiency and access for patients.

As a result of these improvements, it would be a retrograde step for patient access and service efficiency if at the end of the research trial period there was no ability for appropriately trained physiotherapists in the emergency department to continue to prescribe and work to their full scope of practice.

Recommendation 2:

Emergency department physiotherapists who have completed an endorsed training program to be granted an Extended Practice Authority under the relevant section of the Draft Medicines and Poisons (Medicines) Regulation 2019.

Specifically:

Physiotherapists are included in the list of Extended Practice Authorities in Schedule 1, part 1.

Wording is inserted into Part 5 – Physiotherapists

7 Prescribing under extended practice authority

- *(1) A physiotherapist may prescribe a medicine to a patient under 'Extended practice authority 9: Physiotherapists'.*

References

Comparison of emergency physiotherapy practitioner prescribers versus existing emergency department prescribers for musculoskeletal injuries.

Gridley K[1], Strudwick K[1,2], Pink E[1], Nelson M[2].

Author information

Abstract

OBJECTIVE: The scope of selected emergency physiotherapy practitioners (EPP) in this Australian non-tertiary ED has recently extended to include the prescription of a limited drug formulary, including paracetamol, some NSAIDs and opioids, an anti-emetic, a benzodiazepine and nitrous oxide. Although there are large-scale studies investigating prescription errors made by doctors, there is a lack of data on prescribing practices of physiotherapists in the ED setting. The aim of present study is to compare the prescribing practices of EPP to their medical and nursing colleagues within the setting of treating musculoskeletal injuries in the ED.

METHODS: One hundred retrospective National Inpatient Medication Chart (NIMC) audits of adult patients presenting primarily with musculoskeletal complaints were undertaken using the standardised NIMC audit tool, with patient demographics, and NIMC audit results compared between groups.

RESULTS: Fifty medication charts were audited for each group, with a total of 212 drug orders. EPP demonstrated higher completion rates for patient identification, patient weight and medication history compared to medical and nursing staff. Legibility of drug names and route of administration appeared equivalent, whereas EPP had higher completion rates for legible drug doses and signatures compared to medical and nursing staff.

CONCLUSION: In the management of ED patients with musculoskeletal complaints, prescription-trained EPP appear to perform similarly if not better than their medical and nursing colleagues with regards to NIMC audit tool results.

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