Avant
By doctors for doctors

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Pharmacy Board of Australia

By email: PharmBAFeedback@ahpra.gov.au

Avant submission to the public consultation on the proposed endorsement for scheduled medicines for pharmacists

Thank you for the opportunity to provide a response to the consultation on the proposed endorsement for scheduled medicines for pharmacists.

We echo the calls for a nationally consistent approach to pharmacy prescribing and are strong advocates for ensuring Australians can access the care they need. However, as Australia's largest medical indemnity insurer, we see the harms caused to patients through inappropriate prescribing and medication errors. Increasing the number and type of prescribers should not come at the expense of safety and quality.

Our comments below highlight a measured approach, which puts patients and safe care first.

About Avant

Avant is a member-owned doctors' organisation and Australia's largest medical indemnity insurer, committed to supporting a sustainable health system that provides quality care to the Australian community. Avant provides professional indemnity insurance and legal advice and assistance to more than 95,000 healthcare practitioners and students around Australia (more than half of Australia's doctors). Our members are from all medical specialities and career stages and from every state and territory in Australia. We aim to promote quality, safety and professionalism in medical practice through advocacy, research and medico-legal education.

Our concerns

As the largest medical indemnity insurer in Australia, we see the harms caused to patients through inappropriate prescribing and medication errors. Our members are at the frontline when prescribing and medication errors occur and the impact to patients is significant and sometimes tragic. While we support the introduction of a nationally consistent approach to pharmacist prescribing, we are concerned about the proposed expansion of pharmacist prescribing and endorsement to include all Schedule 4 medicine and any Schedule 8 medicines. From our perspective, as an insurer, the greater the complexity, uncertainty and potential consequences of error, the higher the threshold should be for expanding prescribing.

Avant is also concerned that the registration standard for endorsement is being developed in isolation. A national approach to prescribing education for, and any endorsement of, pharmacists should only be considered as part of a nationally consistent prescribing framework. This framework and education should be developed by doctors, pharmacists, regulators, patient representatives and government, with appropriate input from indemnity insurers, to establish clear evidence-based principles for safe and appropriate prescribing.

We therefore recommend that any registration prescribing endorsement for pharmacists should become part of the work towards that national prescribing framework, with patient safety at its heart. While some safeguards are addressed in the draft guidelines, these will be ineffective if implemented outside of a whole-of-system national framework. We welcome the Board's acknowledgement of the importance of ongoing engagement with stakeholders and governments [page 14].

Risk of patient harm

Pharmacists are highly skilled professionals and play a crucial role in patient care, including medication safety, patient education and improving access to care. Our members work side-by-side with pharmacists as part of multidisciplinary teams. However, increasing the number and type of prescribers should not come at the expense of safety and quality.

Prescribing is an inherently complex area of clinical practice, and demands a level of diagnostic capability, clinical training and ongoing oversight that cannot be adequately addressed by pharmacists completing only an additional ten hours of CPD related to prescribing of scheduled medicines, as proposed in the draft registration standard.

The proposed prescribing endorsement would endorse pharmacists as qualified to administer, obtain, possess, prescribe, sell, supply and/or use Schedule 2, 3, 4 and 8 medicines. We do not support the inclusion of all Schedule 4 medicine and any Schedule 8 medicines.

As a medical indemnity insurer, we are well placed to understand the importance of ensuring that there is a high threshold for expanding prescribing, and for that threshold to increase in step with any increase in the complexity, uncertainty and potential risks.

An analysis of Avant's medical indemnity claims data found medication-related issues were involved in one in six matters resulting in regulatory action or claims for compensation. One in 17 claims and complaints involved opioid prescribing practices and six out of 10 cases involved multiples opioids or opioids being prescribed with other medications.

The decision to prescribe, or not prescribe, drugs of dependence is generally made after careful clinical assessment that takes into consideration a wide array of complex components, including determining the cause of the signs and symptoms, past medical history, the need for additional clinical input and the patient's past medical history. In particular, pain is only one of many clinical symptoms that must be evaluated, with the causative condition needing to be determined and then managed thoroughly. Providing a prescription for analgesia as the sole assessment and management when a patient presents with pain that has not been comprehensively assessed by a practitioner trained and experienced to do so will generally not be the end point for these patients. This expertise is only obtained after years of clinical exposure as a medical student, early career doctor and generally specialist (including GP) training.

Contrary to the assertion in the consultation papers, use of Real Time Prescription Monitoring (RTPM) systems will not adequately address the level of risk posed by expansion of pharmacist prescribing to include Schedule 8 medication. Our member experience shows there is inconsistency and confusion in the operation of RTPM systems across jurisdictions and this impacts doctors' ability to use these systems safely and effectively. We recommend that there is national consistency and cohesion between jurisdictions in how RTPM systems operate and interact with other information systems. This will become even more important as pharmacist prescribing expands because those prescribers will not have access to the same level of patient medical information as medical practitioners would in their clinical notes.

We are concerned about the potential for this reform to wind-back pre-existing prescribing safeguards. For example, in 2018, the Therapeutic Goods Administration changed the scheduling of codeine to remove it as a Schedule 2 (pharmacy medicine) and Schedule 3 (pharmacist-only medicine), removing the ability for patients to access this medication from pharmacists without a prescription. The change was made due to public health risks, after considering evidence and advice provided during a lengthy consultation period. Re-scheduling codeine resulted in a dramatic reduction in codeine use, misuse and opioid use disorder. Any decision to now allow pharmacists to be the sole determinants of whether patients can receive codeine would represent a significant reversal in this policy, without any evidence that the public health risks would continue to be managed appropriately. Allowing pharmacists to prescribe all drugs of dependence without appropriate consideration of safeguards would escalate public health risks.

Professional obligations

While the consultation paper and draft guidelines acknowledge the importance of communication with other treating practitioners, it does not provide guidance on how this should be done and what implications if any this has on the respective responsibilities of practitioners involved a patient's care. The professional expectations of pharmacists in this regard should be clear. Accordingly, there should be a statement that when prescribing medication, pharmacists are responsible for determining that the prescription is appropriate for each patient's clinical circumstances at that point in time. It is not sufficient to rely on the fact another prescriber has previously written a prescription for the same medication, or that another practitioner has been notified of the prescription being written.

As acknowledged in the consultation paper, ultimately state and territory legislation determines what pharmacists can prescribe. This means that even if an endorsement is introduced, a pharmacist without any endorsement on their registration could still prescribe as long as they comply with the law in their relevant jurisdiction. This highlights the risks of introducing a prescribing endorsement in isolation. We therefore recommend it is only progressed as part of a national framework for prescribing.

Separate from any prescribing endorsement, pharmacists' professional obligations when prescribing (whether endorsed or not) should be clear and consistent with the obligations of prescribers in other professions. For example, the draft guidance states that pharmacists should avoid prescribing to anyone they have close personal, familial or professional relationship with. If the nature of pharmacist prescribing is expanded to include high risk medications (whether Schedule 4 or Schedule 8), the obligation should mirror that of medical practitioners: the guidance should specifically state that pharmacists must not prescribe Schedule 8, psychotropic medication

and/or drugs of dependence, as the Medical Board of Australia - Good medical practice: a code of conduct for doctors in Australia does.

This highlights our key recommendation that the proposed endorsement should only be considered as part of nationally consistent prescribing framework.

Please contact me on the details below if you require any further information or clarification of the matters raised in the submission.

Yours sincerely

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