Clearing the hoops

Regulatory challenges for physiotherapy prescribing in Australia

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Creating one National Law

• One national piece of legislation
  – The Health Practitioner Regulation National Law, as in force in each state and territory (the National Law)

• Power to make decisions about physiotherapy prescribing
  – Section 14 of the National Law
  – Power of the Ministerial Council, on recommendation of a National Board, to decide that the Board may endorse the registration of health practitioners to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or a class of scheduled medicines
What physiotherapist regulation looks like in Australia

- 33,188 registrants at December 2018
- 8,472 students at June 2018
- 0.5% had notifications in the last year
- 0.2% have practice restrictions
- 50% primary practitioners
- 70% private practitioners
In practice this means…

• **Administer** – nebulizer, joint injections etc.
• **Obtain** – source from a pharmacy
• **Possess** – domiciliary provider
• **Prescribe** – primary care practitioner
• **Sell and supply** – remote rural practice
• **Use** – local anaesthetic in an emergency department
Governance and regulatory framework

Why we need a framework for endorsements?

• Historical evolution
• Opportunity and expectations for a consistent approach across professions and jurisdictions
• Need to demonstrate a well-defined service need
The health professions prescribing pathway (HPPP)

Education and training
- Approve accreditation standards.
- Approve accredited program(s) of study.

Recognition to prescribe
- Develop registration standard for endorsement.
- Approve individual applications.

Ensure authorisation to prescribe
- No specific role.

Prescribe within scope of practice
- Codes, guidelines and/or policies. Notifications assessment.

Maintain and enhance competence
- Continuing professional development (CPD) registration standard. Audit.
The three models of prescribing:

- Autonomous
- Supervised
- Structured arrangement
Making a case for prescribing

• Proposal:
  – Define the scope(s) of practice
  – Define medicines and prescribing method(s)

• Public consultation

• Recommendation to Ministerial Council:
  – Align with the National Law
  – Demonstrate value
Benefits

• Access to appropriate and timely healthcare
• Improve transition from acute to community care
• Reduce the number of medical appointments
• Decrease circular referral
• Enable a flexible, responsive and sustainable physiotherapist workforce
• Enable innovation
Risks

• Clinical incidents - medication errors
• Drug Misuse – impairment and/or conduct
Challenges and unknowns

• What is the appetite?
• What is the best training model? – an add-on or embedded in undergraduate training?
• Who is the primary carer?
• Inconsistencies across states/territories
• Increased responsibility
• Cross professional support (e.g. medicine)
Progress to date

Regulation

• HPPP
• Australian Health Ministers Advisory Council (AHMAC) guidance for National Boards
• Submission ‘How to’ guide
• Scheduled Medicines Expert Committee (SMEC)
• Competency gap analysis

Physiotherapy profession

• ACT research
• Queensland research
• Australian Physiotherapy Association (APA) Summit 2016
Lessons learned across the National Scheme

**Optometry**
- Legacy of endorsement
- Limited scope and formulary
- Grandfathering
- Post graduate, then integrated

**Podiatry**
- Limited practice scope: Minor surgery
- Very small numbers, 1.6% = 84
- Initially post-graduate
- Pharmaceutical Benefits Scheme (PBS) access barrier

**Pharmacy**
- Broad scope
- Iterative, pragmatic approach – working towards autonomous
- Learning from the nursing and midwifery journey

**Nursing and midwifery**
- Prescribing model linked to scope
- RN Supervised prescribing (partnership)
- Role of Chief Nurse (conduit)
Key questions

- Does size matter?
- One or more prescribing model?
- Is a training program sustainable?
- Post graduate or integrated?
- Consumer involvement
- Other health professionals
Key stages

Guide for National Boards developing submissions under the AHMAC guidance
Next steps – a Board’s eye view

- Value proposition
- Practice scope(s)
- Model(s) of practice
- Formulary(s)
- Competency gaps affirmed
- Training
National Board’s role

• Form a view
• Facilitate the conversation
• Ensure consultation
• Conduit to ministerial approval
Any questions?

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