Medical Leader	
Medical Expert	•
Communicator	☐
Advocate	
Scholar	
Professional	•
Collaborator	
Manager	

Board Questions

2013 Q5a

You are the Medical Director for a large area health service. The service includes major non-metropolitan and rural hospitals. The chairman of the Area Health Authority comes unexpectedly into your office. He has just excused himself from the normal monthly meeting of the Authority in the Board room down the corridor, and explains that a new Health Authority member is confused about drug issues and he asks can you come into the meeting for 15 minutes to give a brief presentation on the issues associated with safe prescribing of medication. In particular the new Authority member wants to know:
Who can prescribe drugs other than legally registered medical practitioners?
What happens if a non-doctor over prescribes, or prescribes something they shouldn't prescribe, in one of the Authority's hospitals or clinics?

What would you tell the Authority members that would give them a reasonable understanding of the issues?

Also whilst you are in the meeting, you are asked two questions by the new Authority member. She has heard that junior doctors are a cause of many prescribing errors in hospitals. She wants to know i) what are the minimum measures that should be in place in your hospitals to minimise drug prescribing errors by doctors staff and, ii) what measures should Australasian hospitals put in place to minimise prescribing errors and adverse drug events?

What important points would you include in your answer to these specific questions?

Board Questions

2013 Q5a

(Information in italics for NZ candidates)

3 Core Elements

- Medico-legal and governance arrangements for medication prescribing.
- Clinical governance of prescribers – credentialing / supervision / monitoring
- Medication management – quality and safety

Question Part 1
The candidate should be aware that in Australia, limited prescribing rights for non-medical professionals are determined by endorsement from national professional boards such as APHRA and are subject to state and territory legislation.
In New Zealand the right to prescribe is covered in statute (the Medicines Regulations 1984 and the various occupation specific Medicines regulations e.g. Medicines (Designated Prescriber: Nurse Practitioners) Regulations 2005). Eligibility for prescribing rights is controlled by the various registering bodies.

Categories of non-medical staff that can legally prescribe in Australia and NZ include:

- Nurse practitioners
- Midwives
- Dentists
- Optometrists
- Podiatrists (Australia)
- (Veterinarians)

In NZ pharmacists and podiatrists are also being considered for limited prescribing rights. In NZ "Approved vaccinators" may administer vaccines which are otherwise prescription medicines without a prescription if they are part of an approved vaccination programme.
The regulating authorities also stipulate the additional requirements that must be met to gain prescribing rights. In most cases prescribing is limited to a specific set of drugs relevant for their field. They are not permitted to prescribe beyond their approved list of medications.
Each hospital / health authority jurisdiction must duly appoint such practitioners and credential them appropriately. The practitioners should participate in relevant clinical reviews and be meeting the relevant reporting requirements for adverse events/reactions.
The candidate should also be able to describe what the relevant reporting requirements for their jurisdiction are in the event that a non-medical practitioner needs to report an adverse event.
They should also be able to describe how they would investigate an adverse incident and what action should be taken if the event was a 'one off' or the practitioner was discovered to be a serial offender.
In particular, Australian candidates should know that matters are reportable to the relevant section of APHRA.

New Zealand candidates should know that any evidence of misappropriation, intentionally inappropriate or illegal prescribing or failure to improve should be discussed early with the practitioner's registration body.NZ candidates should also be aware of recent changes to the Medicines Regulations and in particular the requirement for the prescriber's street address or institution, and contact telephone number to be included on the prescription. Generic substitution

is also now permitted unless the prescriber has specified otherwise.

Question Part 2
Studies show that prescribing competence of junior doctors relate to four key activities.

- Good diagnostic information gathering including history of drug reactions and allergies and knowing the patient's disease
- Having sound pharmacological knowledge of the right drugs for the right disease
- The ability to safely and effectively communicate this information to the patient, carers and other health professionals incl. nurses, community GP's and pharmacists
- The ability to review the good and adverse impact of the prescribed medication

Good Australian candidates should know that Health Workforce Australia is currently working with National Prescribing Service to develop a framework for prescribing competency as exist in some other overseas countries.
Good New Zealand candidates should know that there is a NZ Universal List of Medicines (NZULM) available on line and that a national formulary was released in 2012. All NZ candidates should know that both Pharmac and Medsafe websites provide additional information for prescribers.
All candidates should be aware of what is happening in their jurisdiction to minimise prescribing errors and the broader initiatives that are occurring in leading Australasian hospitals.

Local initiatives should include

- Initiatives by local Pharmacy Advisory Committees, peer review committees, adverse drug reaction committees and incident review committees- such initiatives include random prescribing audits, reviews of reporting rates of adverse drug reactions, compliance data from new drug trials
- Institution of localised pharmacopoeias or equivalent
- Pharmacist / ward pharmacist reviews of inpatient prescribed medications
- education, reminders, medicine safety campaigns to RMOs and all other prescribers to keep awareness and knowledge high
- close links between RMOs and all other prescribers and their service pharmacists
- regular audit and scrutiny of prescribing behaviours and drug usage
- a quality improvement programme
- routine reconciliation of current drug therapy on admission, transfer, discharge and confirmation of discharge medication involving liaison with primary care providers
- use of a hospital and/ or national preferred medicines list
- national formulary - which includes information on prescribing, medicines information etc. (currently being developed in NZ and due for release in 2012).
- Use of NZ Universal List of Medicines (NZULM) - to ensure appropriate medicine names and strengths are used
- Use of PHARMAC prescribing resources and Pharmaceutical Schedule - to ensure the funding of the drug is appropriate for individual patient.

Significant major initiatives Australasian hospitals are aiming for to reduce medication errors include:

- Introduction of electronic prescribing with prescriber warnings and prompts
- In Australia, use of Telemedicine pharmacy systems to support rural practitioners who do not have access to local pharmacists. (In New Zealand, there is nothing to stop rural practitioners keeping in contact with their usual pharmacist wherever he or she is located.)