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national diabetes services scheme

Diabetes Australia

Australian Credentialled Diabetes Educators & Prescribing of Insulin & Glucose Lowering Agents

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This information paper was developed by the Australian Diabetes Educators Association (ADEA) with funding from the National Diabetes Service Scheme (NDSS).

Complementary documents include:

- Initiating Insulin Therapy in Ambulatory Care Settings
- Managing Insulin Therapy in Ambulatory Care Settings
- ADEA Code of Conduct
- ADEA National Standards of Practice for Credentialled Diabetes Educators
- Role and Scope of Practice for Credentiallied Diabetes Educators in Australia
- Scoping paper – Australian Credentialled Diabetes Educators and Prescribing of Insulin and Glucose Lowering Agents

These documents are available at http://www.adea.com.au/about-us/our-publications/

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Purpose

This document outlines considerations related to an extended scope of practice for Australian Credentialled Diabetes Educators (CDE) to include prescribing rights for the commencement and titration of insulin and glucose lowering agents. The potential for this extended practice will only be realised following changes to state and territory Drugs, Poisons and Controlled Substances Acts and regulations.

The type of prescribing and the educational requirements to be able to prescribe will be determined by any new legislation.

A background paper has been developed to provide additional context to the framework that currently exists around prescribing in Australia as well as outlining the challenges that will emerge, should legislation facilitate an extension to the current practice of Australian CDEs. This background paper compliments this document.

Current legislation and regulatory requirements will not support the introduction of an expanded scope of practice to include prescribing for Credentialled Diabetes Educators. Should legislation change, amendments to this document will be necessary

Definition of prescribing

The National Prescribing Service (NPS) in the Prescribing Competencies Framework define prescribing as *an iterative process involving the steps of information gathering, clinical decision making, communication, and evaluation that results in the initiation, continuation, or cessation of a medicine*.[1]

Potential for CDE prescribing

With appropriate legislation and regulatory changes, education, training, credentialling and adequate professional indemnity insurance CDEs will be able to safely prescribe and titrate insulin therapy and glucose lowering agents.

Rationale

The specialisation and quality of service delivery by CDEs will be further enhanced if the scope of practice was increased to include prescribing of insulin and glucose lowering agents. Currently prescribing is not within the scope of practice of CDEs unless they are also working within the scope of practice of an Endorsed Nurse Practitioner. An extension of practice to prescribe insulin and glucose lowering agents would enable CDEs to take a comprehensive approach to medication management and prevent duplication, time delays and medication non adherence.

A number of initiatives provide a backdrop to this information paper related to CDE prescribing. The Council of Australian Governments in 2005 commissioned the Productivity

Commission to review a range of health workforce issues.[2] The issues included the increasing cost of health care services across Australia, the delivery of this care to urban, rural and remote communities by an ageing workforce and pressures on maintaining the delivery and quality of care in the future. The Productivity Commission's review highlighted the need for a more efficient, effective and responsive health system by addressing:

- Workplace change and job innovation
- Health education and training
- Accreditation and professional registration
- Funding and payment arrangements
- Quantitative projections of future workforce requirements.[3]

The Australian Health Practitioner Regulation Agency (AHPRA) was established as a direct result of the Productivity Commission's recommendations. These issues have, in part, also driven the Standing Council on Health, made up of 9 state and territory Health Ministers, to create a statutory authority in 2010 called Health Workforce Australia (HWA), to ensure a sustainable and responsive approach to the current and future health of the nation.

HWA completed an Expanded Scopes of Practice Program[4] which created opportunities for the extension of the scope of practice of a number of Australian health professionals for a more productive, sustainable and responsive approach to health service delivery. The Grattan Institute's Stephen Duckett et al., in the 2014 report *Unlocking Skills in Hospitals: Better Jobs More Care*[5] argued if healthcare workers were able to use the full range of their skills more often, significant funds could be saved, job satisfaction improved and staff turnover decreased. This would provide a greater return from the biggest resource in the health system – its workforce.

Prescribing is currently undertaken by a range of health professionals in Australia, including dentists, doctors, midwives (in limited circumstances), nurse practitioners, optometrists, paramedics and podiatrists holding varying authorisations to prescribe.[6] The National Prescribing Service (NPS) produced the first Australian single competency framework for autonomous prescribers that included a four stage model of prescribing:

1. Gather information
2. Make decision
3. Communicate decision
4. Monitor and review

Twelve core competencies were identified as necessary to achieve each stage of the model.[7]

Health Workforce Australia launched the Health Professionals Prescribing Pathway (HPPP) in 2013[8] describing a nationally consistent approach to non-medical prescribing by health professionals registered under the National Registration and Accreditation Scheme. The HPPP describes three different models of prescribing:

- Autonomous prescribing
- Prescribing under supervision

- Prescribing via a structured prescribing arrangement.[9]

The NPS competency framework was used to underpin the paper, with a model developed to standardise current practice and benchmark scope of practice extensions for future autonomous prescribers.

The final report from the HPPP was endorsed by the Standing Council of Health in 2013.The progress of the HPPP program is uncertain due to the 2015 Budget announcement that HWA programs will be rolled into the Department of Health and HWA will no longer be funded.

Several considerations arise from the current health care environment:

1. A mandatory regulated process will be required for current and future CDEs to achieve prescribing status.
2. CDEs come from a variety of primary health disciplines with differing scopes of practice, some of whom are regulated under National Regulatory Advisory Scheme (NRAS) and some are not.
3. The Health Professionals Prescribing Pathway Project by Health Workforce Australia was designed to address health professionals regulated under the NRAS. Dietitians and exercise physiologists are not covered by NRAS.
4. The scope of practice of CDE dietitians and CDE exercise physiologists is not well defined in relation to medication management. This may well be addressed if the HPPP project is implemented.
5. The difference between the role of the nurse practitioner (diabetes) and future RN CDE with prescribing rights should be delineated.
6. Future RN CDE prescribers could embark on a staged pathway to achieve nurse practitioner status.
7. State and territory governments may develop their own prescribing pathways, resulting in different requirements within each jurisdiction.

Extending the Scope of Practice of CDEs in Australia

Medications are potent agents that have the power to cause negative as well as positive effects. It is for this reason that any extension to the practice of CDEs to include prescribing must be conducted in a thorough and structured way that focuses on the quality and safety of this area of service delivery to improve patient outcomes.

An extended scope of practice for CDEs should include the following:

- The prescribing of glucose lowering agents and insulin
- Titration of glucose lowering agents
- Monitoring and review of efficacy.

Any prescribing practices should be part of working in a multidisciplinary team.

Under an extended scope of practice model, CDEs should not accept medicine supplies from pharmaceutical companies. CDEs should adhere to local protocols in relation to accepting medicine samples.

Summary of steps necessary to extend CDE scope of practice to include prescribing

1. Implementation by state and territory governments of the principles explored in the HPPP.
2. State and territory governments alter the Drugs, Poisons and Controlled Substances Acts and regulations to support health professional prescribing.
3. Clinical governance processes evolve in line with legislation and clinical practice.
4. CDEs expanding their practice to include prescribing will be suitably educated, qualified and credentialled to provide appropriate and timely care to people with diabetes, as legislation allows.

[1] NPS: Better choices, Better health. Competencies required to prescribe medicines: putting quality use of medicines into practice. 2012. Sydney: National Prescribing Service Limited
[2] Productivity Commission. Australia's Health Workforce Research Report. 2005. Canberra
[3] *ibid*
[4] Health Workforce Australia downloaded from https://www.hwa.gov.au/our-work/boost-productivity/expanded-scopes-practice-program on 28 May 2014.
[5] Duckett S. Breadon P. & Farmer J. Unlocking Skills in Hospitals: better jobs more care. 2014. Grattan Institute.
[6] Health Workforce Australia. Health Professionals Prescribing Pathway (HPPP) Final Report. 2013 p.4.
[7] NPS: Better choices, Better health. Competencies required to prescribe medicines: putting quality use of medicines into practice. 2012. Sydney: National Prescribing Service Limited
[8] Health Workforce Australia Health Professionals Prescribing Pathway (HPPP) Final Report. 2013 p.4.
[9] *ibid*. p 16-17