



Professional issue

Non-medical prescribing by physiotherapists: Issues reported in the current evidence

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ABSTRACT

Physiotherapists should be proactive in preparing themselves to participate in innovative models of health care, which are emerging from the healthcare workforce reforms in Australia. One challenging outcome of workforce change is physiotherapy (non-medical) prescribing (NMP), which is part of the extension of scope of physiotherapy practice. This paper summarises the current evidence base for Australian physiotherapists seeking to obtain prescribing rights. A targeted literature review was undertaken through EBSCO Host, Cochrane, Medline, SportsDiscus, Cinahl, Healthsource and Google.com using broad search terms to identify peer-reviewed and grey literature pertaining to NMP by physiotherapists, nationally and internationally. No critical appraisal was undertaken however literature was structured into the NHMRC hierarchy of evidence. Themes raised in the included literature were reported descriptively. There were six relevant peer-reviewed articles, of hierarchy levels III_3 and IV. There was however, comprehensive and recent grey literature to inform Australian physiotherapy NMP initiatives. Themes included the need for standard National action in relation to legislative and regulatory/registration issues, appropriate education, credentialing and supervisory requirements for physiotherapy prescribing.

Many lessons can be learnt from the literature, including the importance of planned, uniform National action (rather than piecemeal state-by-state initiatives). Essential elements include appropriate training and skills-based recognition within the discipline and the broader health team, and the need to overtly demonstrate effectiveness and safety. Regularly-evaluated service-delivery models which support NMP by physiotherapists are further required, to demonstrate efficiency, timeliness, patient centredness and equity.

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1. Introduction

The last decade has seen rapid international changes to healthcare environments and workforce (Kersten et al., 2007; McClellan, et al., 2010; Stanhope et al., 2012). Drivers of change include increasing prevalence of chronic disease, ageing populations, and increasing community expectations of responsiveness (eg shorter waiting times, quicker assessments). This has led to innovative models of care described internationally as workforce redesign (Robertson et al., 2003; Stanhope et al., 2012). Expansion of scope of practice is one workforce redesign initiative which involves physiotherapists (Robertson et al., 2003).

Increased prevalence of chronic disease brings an increased demand for medicines. Within an environment promoting healthcare responsiveness to consumer demand, this can be addressed by increasing the number of prescribers via Non-Medical Prescribing (NMP).

This paper considers medicolegal, professional and educational as well as workforce redesign issues relevant to prescribing by physiotherapists.

2. Issues surrounding extended scope practice in physiotherapy

Extended Scope Physiotherapy Practice (ESP) is defined as:

“A role that is outside the currently recognised scope of practice and requires legislative change. Extended scope of practice requires some method of credentialing following additional training, competency development and significant clinical experience. Examples

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include prescribing, injecting and surgery. This role describes the breadth of practice.”

Australian Health Workforce Advisory Committee, 2006.

2.1. Background of NMP

NMP has been in existence in the UK since 1989 (Drug and Therapeutic Bulletin, 2006). This largely reflects pressures brought to bear on the UK health workforce, to increase service responsiveness. Specifically relating to physiotherapy-prescribing in the UK, activities have occurred under direct instruction from Medical Practitioners since early 1990s, and injection practices since 1995 via patient-group directives (PGDs). In 2009, there were approximately 3000 physiotherapy-injectors (Department of Health (UK) 2009).

There is general international support for ESP physiotherapy roles as a way of making specialist healthcare services more available to those who need it (Kersten et al., 2007; McClellan et al., 2010; Lebec, 2010). Kersten et al. (2007) systematically reviewed literature about ESP physiotherapy roles in the UK, their acceptability and effectiveness. This review included 23 data sources that reported at least one component of ESP physiotherapy roles being invasive (eg prescribing and injecting). Holdsworth et al. (2008) specifically mentioned prescribing NSAIDs as a component of extended-scope physiotherapy roles.

However, there is a lack of published evidence relating to the role and effectiveness of physiotherapists when prescribing or administering medication, or injecting. There is more literature relating to other ESP physiotherapy roles in undertaking traditional medical tasks eg orthopaedic triage or listing for surgery (Kersten et al., 2007).

A study by Birchall et al. (2008) discussed the efficacy of injecting hyaluronic acid for the treatment of OA knee pain, with the injections being provided by physiotherapists, however the paper did not discuss the ability of the physiotherapists to provide this treatment more the efficacy of the treatment itself.

For the purposes of this paper, prescribing is defined as:

“The information gathering, clinical decision making and communication steps involved in the initiation, continuation or cessation of a medication, remedy or treatment for a specific patient”

Nissen et al., 2010.

3. Methods

3.1. Aim

This review aimed to identify issues reported in the current literature (published and unpublished) which should be considered, before NMP by physiotherapists is introduced in Australia as part of any workforce reform.

The current evidence-base was established in three ways

- a) a targeted literature review of electronic databases EBSCO Host, Cochrane, Medline, SportsDiscus, Cinahl, Healthsource, using broad search terms of:
 - Prescr#
 - Physiother#*
- b) identifying grey literature via Google.com and government internet sites
- c) Hand searching reference lists of included peer-reviewed and grey literature to identify articles not retrieved via primary database searching.

Included articles were limited to full text, peer-reviewed, and comprehensive government documents, published between 2002

and 2012. Included articles were classified in the NHMRC hierarchy (Merlin, et al., 2009), although critical appraisal of methodology was not undertaken. Literature was extracted on NMP activities undertaken by physiotherapists, and service delivery issues (i.e. legislation, registration, training, competencies). Data synthesis was reported descriptively.

4. Results

Of 237 potentially relevant peer-reviewed articles, six directly addressed NMP for physiotherapists. Three relevant government reports were also sourced, and no additional references were identified by hand-searching (see Fig. 1).

4.1. Overview

Six relevant peer-reviewed articles were found (hierarchy levels III_3, IV). Three comprehensive, recent grey literature sources were identified. The evidence suggests that the UK approach to physiotherapy ESP (including NMP) has lacked a consistent, robust and National direction (Nissen et al., 2010; McCormick and Downer, 2012; Stanhope et al., 2012). However Nissen et al. (2010) and the Department of Health (UK) (2009) concur that NMP has the potential to:

- Improve patient care without compromising safety
- Make it simpler and more efficient for patients to get the medicines they need
- Increase patient choice in safely accessing medications – including access to care closer to home
- Make better use of the skills of health professionals and increase value for money
- Contribute to introduction of a more flexible team working
- Facilitate early discharge from hospital
- Prevention of admission to hospital

4.2. Safety

The UK Department of Health (2009) demonstrated in an adverse events report (January 2005–June 2006) detailing 60,000 medication incidents in the UK, that none related to Allied Health Professional (AHP) prescribers. The reports investigating NMP (Department of Health (UK) 2009; Nissen et al., 2010) highlighted key requirements to safely introduce NMP:

- Credentialing processes
- A competency framework
- A licensed accrediting body/organisation to regulate registration processes

It is therefore essential to consider these components in the context of introducing NMP by Australian physiotherapists.

4.3. Models of prescribing

The UK has trialled several NMP models. Nissen et al. (2010) completed a scoping report for National Health Workforce Australia on NMP, based on UK learnings. They presented ideas for developing a nationally-consistent approach to prescribing by non-medical health professionals in Australia. Four cumulative tiers were recommended to underpin introduction of NMP in Australia:

1. **Administration:** tight model for immediate prescription only
2. **Protocol model:** allowing scope for supply of a course of medication (e.g. antibiotics)

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