

10 Minimum Standards for Prescribing

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Introduction

This Standards document has been informed by the [AMA Code of Ethics](#), the [AMA Guidelines for Doctors on Managing Conflicts of Interest in Medicine](#), the [AMA Position Statement on Medicines](#), and the National Prescribing Service (NPS) [Competencies Required to Prescribe Medicines: Putting quality use of medicines into practice](#).

The prescribing of medications forms only a part of a patient's treatment plan and the appropriateness and therapeutic benefit of any prescribed medicine must be considered within the continuum of an individual patient's care. Good patient care involves communication and collaboration between all the health practitioners (medical and non-medical) that form a patient's multidisciplinary health care team and are involved in that patient's care.

Purpose

These guidelines have been developed to make it clear the minimum standards that must be required of all prescribers authorised to prescribe S4 and S8 medications.

Context

A range of health professionals can prescribe S4 and S8 medications. The primary prescribers are doctors (medical practitioners) but dentists, optometrists, midwives and nurse practitioners also have prescribing rights within regulated limitations. The AMA wants to ensure that all prescribers understand they are part of a patient's health care team and in the interests of patient safety and quality of care it is important that they work collaboratively with the patient's nominated medical home and operate only within their scope of practice.

Who do these Standards apply to?

These standards are principally concerned with health services, General Practitioners and other medical professionals. Health Services may be public or private. These Standards address emergency care, admitted care and non-admitted care episodes.

It is the view of AMA that these standards should apply to all authorised prescribers.

The 10 Standards for Prescribing

Standard 1: Prescribing by non-medical health practitioners should only occur within a medically led and delegated team environment in the interests of patient safety and quality of care.

Medical practitioners are currently the only health professionals trained to fully assess a person, initiate further investigations, make a diagnosis, and understand the full range of clinically appropriate treatments for a given condition, including when to prescribe and, importantly, when not to prescribe medicines.

Standard 2: There must be no pecuniary or non-pecuniary benefit to the prescriber related to the choice of medicines prescribed or the dispensing of those prescribed medicines.

To ensure there is no perceived or actual conflict of interest in prescribing a medication to a patient, no benefit to the prescriber can be afforded for prescribing a specific medication or combination of medicines or the dispensing of those medications. In addition, to facilitate safer prescribing and ensure a system of checks and balances the functions of dispensing or administering medicines must be separate from the function of prescribing.

Standard 3: Before prescribing establish a therapeutic relationship with the patient and perform a comprehensive medicines assessment to identify what other medicines, including complementary medicines, the patient is taking and consider any implications to the patient's treatment plan.

The prescriber must use appropriate communication strategies to establish a therapeutic relationship with the patient, and through this relationship determine the patient's current use of medications, prescribed or otherwise, including any recent additions or exclusions, and any potential risks for medication non-adherence or contraindication. With this information consider the implications to the patient's treatment plan including revision of medications, mechanisms to support adherence, if needed, therapeutic benefit; and referral to other health professionals where appropriate.

Standard 4: Prescribers ensure they:

- a) consider the necessity and appropriateness of medications in managing the patient's health care needs,**
- b) choose the most suitable and cost effective medicines when medicines are considered appropriate, taking into account the efficacy, potential for self-harm, and the ability of the patient to adhere to the dosage regimen,**
- c) advise patients how to use their medicines safely and effectively, and that patients are aware of the relevant side effects of prescribed medications as well as relevant interactions between medications, and**
- d) report any adverse reactions to the TGA.**

Prescribers need to ensure that prescribed medications align with achieving the patient's health care objectives. Prescribers also need to ensure that patients understand the purpose of their medication and are aware of relevant side effects and contra-indications which could lead to an adverse medication event, and the need to contact them if there is a problem.

Standard 5: Prescribers must maintain clinical independence.

Prescribers must exercise their professional judgment in the care and treatment of their patients without undue or inappropriate influence by external parties.¹

Standard 6: Prescribers must:

- a) operate only within their scope of practice as set by their professional Board, and**
- b) comply with state, territory and Commonwealth legislative requirements, including restrictions under the Pharmaceutical Benefits Scheme (PBS) system.**

¹ [WMA Declaration of Seoul on Professional Autonomy and Clinical Independence](#)

Prescribers must have a clear understanding of the legislative rules and regulations that govern their prescribing, the scope of their practice and ensure they refer the patient to other health professionals as required.

Standard 7: Prescribers work in partnership with the patient to set therapeutic goals and with other health professionals as appropriate to select medicines and to tailor and implement a treatment plan.

This ensures the provision of patient-centred and collaborative care aimed at delivering quality patient outcomes. Within any collaborative arrangement with a non-medical health practitioner there must be a system of mandatory referral to a registered medical practitioner where appropriate clinical criteria and outcomes are not achieved within a specific time frame.

Standard 8: Prescribers provide clear instructions to delegated prescribers within the health care team and to other health professionals who dispense, supply, or administer the prescribed medicines.

This reduces the likelihood of a medication related adverse event.

Standard 9: Prescribers with the patient consent communicate with other health professionals within the patient's health care team about the patient's medicines and treatment plan.

This reduces the risk of fragmentation of care and promotes the coordination of holistic care across the health care team.

Standard 10: Prescribers monitor and review the patient's response to treatment and adjust the treatment plan as appropriate.

This ensures the appropriateness of care.
