

Pharmacist prescribing in the UK: can we apply a similar model to Australia?

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Background

Non-medical prescribing has been practised for a number of years. Yet, pharmacists in Australia have not yet gained the right to prescribe certain scheduled medicines, e.g. S4. This study aimed to describe the applicability of the UK pharmacist prescribing model of care to the Australian setting.

Methods

Site visits to pharmacist prescribers in the UK were organised. Sites included the Imperial College Healthcare NHS Trust Hammersmith Hospital and Northwick Park Hospital. Qualitative analysis was used.

Results

Two out of the four planned sites were successfully visited, and involved direct observation of pharmacist prescribing practices, and interview-based data collection.

Discussion

UK pharmacist prescribers follow a similar model of care employed by Australian hospital pharmacists. They conduct admission drug history and discharge medication reconciliation, but they can also prescribe what is missing from the drug chart on admission, and add therapy for discharge. Their authority include independent prescribing where they add medications that are not part of the original drug regimen, and adjust doses to optimise pharmacotherapy.

Many Australian hospital pharmacists have the expertise to assume similar work practices, but lack the authority to prescribe. They only pursue medical prescribers to sign drug orders and make necessary changes to charts. This is what UK pharmacist prescribers noted as a futile cycle, before they were given prescribing rights. Now, they believe the system is much more efficient, for all involved, and doctors are freed up for the more complicated needs of patients. Other issues making the UK model more challenging for Australia is the funding source, i.e. Commonwealth vs. State funding.

There must be some modifications to the UK model to be workable in Australia, to fully utilise the skills of pharmacists and make healthcare more accessible to patients.

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