Crossing Boundaries – Development of a Credentialing Process for Pharmacist Prescribing in the Emergency Department

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Outline

• Background
• Why a credentialing process was needed
• What process was selected
• How the credentialing was designed and completed
• The future for pharmacist prescribing

Background

• DHS funded project for pharmacists to undertake prescribing roles in the Emergency Department (ED)
• ED Pharmacists at three Victorian hospitals (Barwon Health, Southern Health and St.Vincent’s) decided to participate
• Prescribing role for the project would be to chart regular medications on the medication chart

Pharmacist Prescribing in Emergency Departments

• Need for credentialing process for pharmacists involved in prescribing project to ensure competence
• UK registered course was selected
• Four subjects (including a residential period)
• Period of Learning in Practice (PLP) 90 hours

Learning Objectives of PLP

• Obtain evidence of the following
  • Demonstrate competence in the generation of treatment options for patients
  • Demonstrate competence in the relevant clinical examinations of patients with those conditions for which the pharmacist may prescribe
  • Demonstrate competence in the monitoring and assessment of patient’s response to treatment against the objectives in the treatment or clinical management plan
  • Demonstrate effective communication with patients, carers, other prescribers and members of the healthcare team
  • Demonstrate and document professional development as a pharmacist prescriber

Designing and Planning for the PLP

• Develop PLP plan to outline activities that will achieve learning objectives
• Difficulty of designing plan suitable for ED setting and writing up of regular medications
• 90 hours completed over 2 to 3 months
PLP Activities

- Shadowing medical staff
- Attending medical education sessions
- Conducting education
- Developing guidelines
- Tutorials on measuring vital observations (limited diagnostic skills)

PLP Activities

- Attending medical handover
- Taking medication history and writing medication chart
- Attendance at conferences and seminars
- Pain management
- Infections
- Drug monitoring

Supervision

- Well supported but supervision variable
- Supervision dependent on medical staff and level of activity in ED
- Need to proactively seek out patients and medical staff
- Need to be proactive in seeking help and knowing own limitations
- Senior doctor assigned to assist with problems

Barriers

- Pace of ED
- Multiple medical staff rostered in shifts
- No experience from UK to draw from as ED setting not ventured into yet
- Need to be proactive
- Difficult to balance new role whilst continuing other responsibilities
- Concern from pharmacy colleagues that prescribing is out of the scope of practice of a pharmacist

Portfolio

- Reflective essay
- Competency documents
- Clinical management plans
- Evidence of achievement of learning outcomes
- Declaration by designated medical practitioner

Achievement of Competence

- Necessary that some form of credentialing is completed prior to pharmacist prescribing
- Difficult to assess competence for prescribing regular medications
- Course assisted with development of activities and ensuring processes in place to address issues that arise
The Future

• Collate data for project on medication charts
• Push for legislative change
• Develop Australian course and registration process?
• Future roles for pharmacist prescribers
• Sustainability of prescribing roles (what happens if credentialed people leave?)

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