

Author's response to reviews

Title: Non-Medical Prescribing in Australasia and the UK: the Case of Podiatry

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Author's response to reviews: see over

Authors' response to reviewer comments

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Authors' response to reviews

The authors would like to extend their genuine thanks to the reviewers for their comments and suggested improvements, which we are happy to agree and incorporate as far as possible. We note that no revisions were requested by reviewer 1, only by reviewer 2. Please find a point by point response to this reviewer's concerns below.

Reviewer 1.

Comment: Some consideration to further editing to reduce overall length should be given.

Authors' response: The authors have tried to reduce the word length whilst retaining the coherence and flow of the text where possible. It is acknowledged that this paper is rather long, as is usually the case with papers of a socio-historical and policy nature. We have deleted some sentences from the text to reduce overall word length, where this has been considered possible without removing substantive comment from the text, and where later reviewer comments also suggest that material might be better deleted. The deleted sentences include:

Page 12 , paragraph 1: "Moreover, this may require more immediate attention in order to provide public and bureaucratic confidence that safeguards exist to protect health consumers, and reply to doubts on prescribing safety raised by the medical profession." (this is in line with later reviewer comments).

Page 10, paragraph 1: "As physicians effectively held a veto over the implementation of patient group directions, medical hegemony in prescribing remained largely intact beyond the confines of the limited lists of the exemption orders"

Page 8, paragraph 2: "An interesting associated statutory privilege (not within the scope of UK or Australian podiatric practice) to perform diagnostic x-ray services within the podiatry clinical setting was provided in 1985. These radiography techniques are taught at undergraduate level to enable new graduates to register with the New Zealand National Radiation Laboratory. (This is also in line with later reviewer comments).

Page 11, paragraph 2: "Most recently, in July 2009, the UK Department of Health published a report for the Chief Health Professions Officer, approved by the Non-Medical Prescribing Board, examining the case for extending prescribing and medicines supply mechanisms for the allied health professions" now has had the words "approved by the non-medical prescribing board" removed, as this is self-evident as the document is published.

Page 14, first sentence (from page 13-14) "It is clear that the recent changes in prescribing rights for AHPs in both the UK and Australasia reflect the impact of the forces of neo-liberalism, New Public Management and economic rationalism, and the challenge these pose

to the dominance of medicine in the arena of prescribing.” Now has had the words “and the challenge these pose to the dominance of medicine in the arena of prescribing” removed as these do not add substantively to the sentence.

Comment: In analysis and discussion perhaps the authors may have considered issues surrounding improvements in undergraduate education of podiatrists

Authors’ response: We have added a sentence, reflecting the wording and meaning in the reviewers comment, to address this issue on page 14, “Also significant in the broader picture is the extent to which educational advances within the profession have enabled further rights and a greater scope of prescribing practice, acknowledged by regulators in both the UK and Australasia. In Australia, there is little doubt that the additional and extensive training required to practice as a podiatric surgeon underpinned wider access to restricted medicines since the 1980s”

Comment: It is suggested that on page 7 that the medical profession is somehow dealt with differently - an alternative view would be that the situation for medicine is different simply as a factor of history (if the regulators could wind back time and in light of the incidence of adverse events related to medical prescribing there may be more restrictions on medical practitioner prescribing than there currently is).

Authors’ response: We have inserted a sentence to reflect this sentiment, on page 6 (our version) which now reads: “It is interesting to postulate that, in the light of the incidence of adverse events relating to medical prescribing now known, whether the regulators of an earlier era would have conferred such broad prescribing rights even for medicine”.

Comments: Minor essential revisions:

1. In discussing PBS funding...dentistry is another non medically qualified profession and should be included.

Authors’ response: The example of dentistry has been added:

“PBS scheme, which has only as recently as 2007 included a budget for prescriptions written by optometrists (though no other non-medically qualified professions, except dentistry), and is growing at a rate of 10-15% annually [69].”

2. PBS is described as ‘coveted’. I would suggest this term is inappropriate and could be deleted - the more correct issue is adequately and appropriately framed around equality in the remainder of the sentence.

Authors’ response: the term coveted has been deleted - the sentence now reads as follows: “Access to PBS funding for non-medical prescribing groups remains the last barrier to equitable access to prescription medications for patients of non-medically qualified professions in Australia.”

3. Whilst the Rudd labour government endorsed and embraced the philosophy of health reform much of the underpinning policy direction had been begun by the previous government

Author’s response: This has been addressed with the inclusion of the following statement in the relevant sentence on page 7 (our version): “With the emergence of the Rudd Government into federal government in 2007, the move towards a health reform agenda

became a key Labour policy at a national level, although many of the policy initiatives had been instigated by the previous administration.”

4. Reference to radiology on page 9 should be reviewed. It is my understanding that the use of diagnostic radiology is an issue of licence not scope.

Authors’ response: The sentence is not essential to the article and has been deleted, in order to assist in shortening the paper, as requested, and as the issue was not felt by the reviewer to be entirely accurate.

The sentence deleted is: “An interesting associated statutory privilege (not within the scope of UK or Australian podiatric practice) to perform diagnostic x-ray services within the podiatry clinical setting was provided in 1985. These radiography techniques are taught at undergraduate level to enable new graduates to register with the New Zealand National Radiation Laboratory”

5. On page 12 the introductory statement to use of restricted drugs in Australia is misleading. The sentence beginning ‘presently, only South Australia, Western...’ is not correct in that the schedules vary from state to state and the term ‘prescription’ is not included (this is an important term in the Australian context. I do acknowledge that this is clarified later on in text.

Authors’ response: We are happy to modify this sentence to correct the misleading implication. The sentence has been modified to read as follows: “Although the schedules vary from state to state, only in South Australia, Western Australia and, more recently, Victoria and Queensland, are access, administration, supply or prescription rights to restricted or controlled medicines available (Schedule 4 or 8 medicines), though these are largely restricted to the relatively small workforce of qualified podiatric surgeons.

6. On page 13 there is a reference to the need for ‘confidence that safeguards exist’. I consider that this statement suggests a lesser quality of safeguard for podiatric prescribing exists than it does for medical prescribing. Is this so? I do not believe so. If such a statement is to be included then a comparison of safeguards between new prescribers and existing prescribers should be provided.

Authors’ response: The authors agree that this sentence may convey a meaning not intended, and have deleted it. This also helps to shorten the paper slightly.

The sentence deleted is: “Moreover, this may require more immediate attention in order to provide public and bureaucratic confidence that safeguards exist to protect health consumers, and reply to doubts on prescribing safety raised by the medical profession.”

7. On page 14 in respect to the Victorian situation the ability to prescribe has again been omitted. Additionally, ‘Final approval of the formulary was...’ this should be amended to read ‘Final approval of the initial formulary was given’.

Author’ response: The authors are happy to amend the sentence to the suggested wording and the ability to prescribe is included in the sentence stating: “As a result, the Podiatrists’ Board was empowered to create a subset of registrants known as ‘authorised prescribers’”. The amended sentence now reads “Final approval of the initial formulary was given by the Health Minister in June 2009.”

Further modification: The “competing interests” section has been modified to reflect the status of one author (first author) as Deputy Editor-in-Chief (UK) of *Journal of Foot and Ankle Research*. It now reads: “The authors AS, SAN and RB declare that they have no competing interests. AMB is currently Deputy Editor-in-Chief (UK) of *Journal of Foot and*

Ankle Research. It is journal policy that editors are removed from the peer review and editorial decision making processes for papers they have co-authored.”