

CFAHR Evidence Brief

Speech Pathology led Prescribing Models

Authors and Affiliations

Maria Schwarz¹, **Elizabeth C Ward**^{2,3}, Marnie Seabrook⁴, Anne Coccetti⁵, Katrina Dunn⁶, Bernard Whitfield⁴, Craig Bond⁶, Erin Suliman⁶, Cal Winckel⁶

¹ Allied Health, Metro South Hospital and Health Service

² Centre for Functioning and Health Research, Metro South Hospital and Health Service, Queensland Health

³ School of Health and Rehabilitation Sciences, The University of Queensland, Brisbane Australia

⁴ Logan Hospital, Metro South Hospital and Health Service, Queensland Health

⁵ Bayside Health Service, Metro South Hospital and Health Service

⁶ Ipswich Hospital, West Moreton Hospital and Health Service

Funding Source: Allied Health Practitioners Office of Queensland (AHPOQ)

Alignment with [Metro South Health Research Strategy 2019 - 2024](#)

- Build research capability
- Increase research capacity
- Embed research in clinical services
- Translate research to better health
- Research excellence

Alignment with [Allied Health Research Capability & Development Strategy 2021 - 2025](#)

- Engage staff as research consumers
- Enable staff as research generators
- Build research-enabling infrastructure and strategic processes
- Strengthen leadership in research and innovation
- Enhance internal research collaboration and synergy
- Strengthen partnerships with consumers and external stakeholders

Alignment with [Allied Health Research Capability & Development Strategy 2021 - 2025](#)

- Standard 1 – Clinical Governance
- Standard 2 – Partnering with consumers
- Standard 3 – Preventing and controlling healthcare-associated infection
- Standard 4 – Medication safety
- Standard 5 – Comprehensive care

ICARE² values



- Standard 6 – Communicating for safety
- Standard 7 – Blood management
- Standard 8 – Recognising and responding to acute deterioration

Practice Issues

As the health system faces increasing demands and challenges, the consideration of non-medical medication management (including prescribing and administration) is growing in acceptance. Non-medical medication management faces a number of challenges in relation to legislation, governance structures, training, credentialing and professional scope of practice. Despite successful implementation in other professional groups, non-medical administration and prescribing within speech pathology remains in the early stages of implementation.

There is, however, potential for speech pathologists to become involved in the management of certain medications, such as oral antifungal agents for treatment of oral thrush (for example nystatin oral drops), and the use of topical anaesthetics, such as lidocaine (lignocaine) and phenylephrine nasal spray to improve comfort when passing the nasendoscope during voice/swallow assessments, or, when changing a voice prosthesis for a patient with a laryngectomy.

Evidence

The evolution of two speech pathology (SP) led prescribing models, including relevant training and credentialing, for use of (1) Nystatin oral drops (100,000 units/mL) and (2) Lidocaine (lignocaine) and phenylephrine nasal spray (5mg/500microg/spray), in the outpatient setting have been outlined in a recent study.

The endorsement and credentialing processes included (1) review and discussion of the model of care at the Department of Health Allied Health Prescribing Advisory Committee, (2) the completion of a purpose-built training package, (3) a submission to the Chief Health Officer to obtain prescribing approval under a Section 18, Health (Drugs and Poisons) Regulation (1996) (now replaced by the Medicines and Poisons Act 2019) exemption process and (4) a submission to the local health service credentialing committee for extended scope of practice services.

In the case of nystatin oral drops approval could only be obtained for SP led 'prescribing only' of nystatin oral drops (without supply of a pre-packaged dose). In the outpatient setting, prescribing only was of minimal benefit and was therefore not pursued. Conversely, in relation to lidocaine (lignocaine) and phenylephrine nasal spray as of the November 2018, legislative changes to the Health (Drugs and Poisons) Regulation (1996) were put in place to facilitate speech pathologists *administering* specified non-prescription/pharmacy only drugs/poisons on the written order of a medical officer. Under this new standing order, services could administer lidocaine (lignocaine) and phenylephrine nasal spray during their endoscopic assessments and laryngectomy management with successful implementation of this model demonstrated (including nil adverse outcomes).

The successful implementation of speech pathology led medication management was identified to be complex from a legislative and operational perspective, as well as being highly context dependant.

Practice Change

While the prescribing trial of nystatin oral drops was unable to progress to the implementation and evaluation phase, the review indicates that there is still significant potential for SP led prescribing models to support improved service quality or access, decrease the number of steps in the patient journey, improve efficiency and/or fill an identified gap. In order to maximise patient safety and ensure appropriate safety checks remain within the medication management cycle the future of SP led prescribing should focus on opportunities for 'prescribing' only models (in which other functions such as administering, and supply are performed by other disciplines/roles) or opportunities to expand on 'administration' models under a standing order where appropriate.

The process of achieving these models however remains complex, with barriers including legislative approvals, training and limited scope impacting on capacity to achieve and evaluate proposed clinical and operational benefits.

Publication/s

Schwarz, M., Ward, E.C., Seabrook, M., Coccetti, A., Dunn, K., Whitfield, B., Bond, C., Suliman, E., & Winckel, C. (Early Online 2022). Speech pathology prescribing in the outpatient setting: A review of requirements, considerations and barriers. *International Journal of Language and Communication Disorders*. <http://doi.org/10.1111/1460-6984.12756>

Schwarz, M., Ward, E.C., Seabrook, M., Coccetti, A., Whitfield, B. (2018). Administration of CoPhenylcaine Forte Nasal Spray during Nasendoscopy: Implementing and evaluating this extended scope role for speech language pathologists. *Journal of Clinical Practice in Speech-Language Pathology*, 20(2), 70-75.

Adapted from Tilley Pain (Townsville HHS)

Based on the Australian Healthcare and Hospitals Association's Health Policy Evidence Brief

Metro South Health Research Strategy 2019 – 2024 https://qheps.health.qld.gov.au/data/assets/pdf_file/0012/2325000/research-strategy.pdf

Allied Health Research Capability & Development Strategy 2021 – 2025 <https://metrosouth.health.qld.gov.au/sites/default/files/allied-health-research-strategy.pdf>

National Safety and Quality Health Service Standards <https://www.safetyandquality.gov.au/sites/default/files/migrated/Overview-of-the-NSQHS-Standards-second-edition.pdf>