Are we all properly qualified to prescribe wound care?

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The practice of evidence-based healthcare is a key target for the health service. National and international institutions all strive to further support this philosophy in the field of wound care by developing best practice statements, clinical practice guidelines and systematic reviews of evidence.

However, one key determining factor that will decide whether a patient will receive best practice or evidence-based wound care is the ability of the clinician to deliver it. Delivery is dependent primarily on two factors: the availability of support structures and resources together with the knowledge and skill of the clinician.

The support structures for delivering evidence-based wound care are improving as shown by the increased numbers of tissue viability specialists, leg ulcer clinics, and diabetic foot ulcer services. Indeed the numbers of local, national, and international conferences dedicated to wound healing suggests that clinicians are interested in updating their knowledge and, importantly, that employers recognise this and are willing to support it. The increasing age profile of the general population and the increase in the prevalence of diabetes along with the continuing high prevalence of pressure ulcers means that wound healing problems will continue for the foreseeable future and such services will require further development, resources and support. The knowledge and skill of the clinician requires equal support.

An important consideration in delivering evidence-based practice in wound care is who is best placed to 'prescribe' wound care? The challenge of this is exemplified in the range of disciplines involved in wound management. These include GPs, practice nurses, district and community nurses, surgeons, physicians, physiotherapists, pharmacists, chiropodists, podiatrists, tissue viability nurses, occupational health nurses and alternative/complementary therapists, each of whom will have varying levels of knowledge and skills in wound management. The question emerges as to what are the minimum educational standards that are necessary to make decisions about a patient's wound care plan and the prescription of wound care and how often should such education be updated?

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The scope of practice for nursing and midwifery and the professional standards of other organisations would support the hypothesis that wound management should be conducted by competent individuals. But we need to define what the educational standards are that will ensure that the clinician is deemed 'competent'. If one accepts the estimates which propose that 40–50% of people with venous ulcers are not receiving compression therapy (O'Brien et al, 2002; Moffatt, 2003) one has to ask if they are receiving sub-optimal care or, perhaps, no professional care at all.

This is not to suggest that wound management can only be delivered by specialists but that persons prescribing wound management should be competent to do so. The time has come for open discussion and debate on this issue, as lack of appropriate care and management which is based on best practice has implications for the patient, the health sector, and society in general.

If we look at the way care is delivered in other arenas we see that in general nursing, the prescription of medications is only allowed by those individuals who have completed a validated and recognised course. Should we call for such measures in relation to wound care? The question is open for debate. WUK

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References

O'Brien JF, Clarke-Moloney M, Grace PA, Perry IJ, Burke P (2002) Leg ulcers: a cross-sectional survey of management practices and treatment costs in Ireland. *Phlebology* 17: 98–102

Moffatt C (2003) Reflections of a decade of innovation in leg ulcer care. *Leg Ulcer Forum J* 17: 4–7