



## **Submission : Proposed Pharmacist Prescriber Scope of Practice Consultation**

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**Submission to:**

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This submission was prepared on behalf of the College of Nurses, Aotearoa (NZ) Inc.  
The College is a professional body of New Zealand nurses from all regions and specialities. It provides a voice for the nursing profession and professional commentary on issues which affect nurses, and also the health of the whole community. Its aim is to support excellence in clinical practice, research and education and to work with consumers to influence health policy. The College is committed to the Treaty of Waitangi and the improvement of Maori health. This commitment is reflected in the bicultural structure of the organisation.



# Form: Proposed Pharmacist Prescriber Scope of Practice Consultation

## Your Details

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## Question 1

*Do you agree with the proposed scope of practice definition – pharmacist prescriber? (p43 of the Consultation Document)*

Yes

x

Comment:

Yes we agree. The proposed scope of practice for a pharmacist prescriber describes a practitioner with extensive knowledge and professional practice in pharmacology and therapeutics. The document clearly indicates that they will require additional educational preparation at the postgraduate level on the clinical and practical aspects of disease management and other non-pharmacological interventions to progress to an independent practitioner scope in the area of diagnosis.

Some of the major concerns voiced by members pertain to the issue of prescribing and dispensing. Although the document clearly states that this may only occur in exceptional circumstances, we would like to propose that the Council place stringent requirements before they allow the dual role of prescribing and dispensing and that the 'second' suitably qualified person involve in the checking process be a member of a different health discipline and not subservient to or working for the pharmacist prescriber. We would like to suggest nurse practitioner prescribers, medical practitioners or midwives as more suitable, to ensure pharmacist prescribers are not practicing in an inappropriate manner.

We believe that a collaborative health team environment is best suited for pharmacist prescribers to ensure that patients receive the best care. However, there are different interpretations, misconceptions and understanding of how this kind of environment will actually work and benefit patients and currently, we do not know of any studies that have described the structure, skill-mix and service delivery medium that will be best suited for this kind of situation. Studies have referred to this approach as 'individualization' or contextualization of medicines. Further discourse in this area will be necessary to help focus and clarify the roles of different professionals in the overall management of patients' medications.

Clarity of roles and responsibilities may be necessary in relation to medication management and a key consideration in ensuring that patients receive medication management care from the most suitable practitioner in the health care team. Ensuring a collaborative health team environment that clearly describes how different health professionals work together will be essential. This must directly



address the issue of the pharmacist prescriber being dependent on the collaborative health care team environment for health information they will require as independent practitioners and to avoid limiting their abilities to perform and apply their unique knowledge and skills in the individualization or 'contextualization' or medications.

## Question 2

*Do you agree that the prescription medicines a pharmacist prescriber is able to prescribe be determined by the collaborative health team environment within which they will be practising? (p46 of the Consultation Document)*

Yes

Comment:

In a secondary care setting prescription medicines that pharmacist prescribers are able to prescribe are probably best determine by the collaborative health care team. In the primary setting, this remains unclear.

Initially, with the absence of a suitable framework or model of a collaborative health care team, prescribed medicines may be determined by the team or the consultant, but this should not limit the pharmacist prescriber from extending and expanding the list depending on the need and suitability of the individualization of the patients' medication management requirements.

## Question 3

*Do you agree with the identified exclusions? (p47 of the Consultation Document)*

Yes

Comment:

We note that the Pharmacy Council may need to look at including an exemption to section 29 if determined by the collaborative health team that the Pharmacist Prescriber can prescribe these medicines on the basis of safety and drug availability to patients.

## Question 4

*Do you consider the title 'Pharmacist Prescriber' is a title that will inform the public and other health professionals in the collaborative health team that a pharmacist is authorised to prescribe prescription medicines?*

Yes

Comment:

We agree that the title 'Pharmacist prescriber" will inform the public and other health professional that the pharmacist is authorized to prescribe.



### Question 5

*The Framework for the additional competencies required by a pharmacist in order to prescribe are outlined in Appendix 1.*

*Do you agree with the competencies outlined in the competency area “The Consultation”?*

**Yes**

Comment:

The competencies are clearly written and we agree with the competencies described in the consultation document.

*Do you agree with the competencies outlined in the competency area “Prescribing Effectively”?*

**Yes**

Comment:

These are well described and defined

*Do you agree with the competencies outlined in the competency area “Prescribing in context”?*

**Yes**

Comment:

These are well described and defined.

### Question 6

*The accreditation standards and the curriculum outline for the proposed pharmacist prescriber scope of practice qualification are outlined in appendix 2.*

*Do you agree with the four accreditation standards?*

**Yes**

Comment:

Yes. . We take note that under the HPCA the same standards apply for nurse practitioner prescribers. Our only concern is how the number of hours will be operationalised or achieved in the rural setting where the pharmacist may not have access to a medical or nurse practitioner for mentorship? Will the number of hours be similar to those pharmacists working in secondary setting where they work continuously with medical practitioners?



*Do you agree with the proposed curriculum outline?*

Yes

Comment:

We believe the proposed curriculum outline is comprehensive and clearly address pharmacist 'gaps' in knowledge pharmacist for the new role.

### Question 7

*Do you agree with the requirements for registration as a pharmacist prescriber? (Outlined on p51 of the Consultation Document)*

Yes

Comment:

### Question 8

*Do you agree with the proposed requirements for ongoing competence and monitoring of pharmacist prescribers?*

Yes

Comment:

Yes we do, as these are similar to nurse practitioner prescribers. If the pharmacist prescriber decides to change setting from secondary to rural or primary to secondary, then the Council will require further evidence of the prescribers capability and competence in the new area of setting.

### Further Comments

Please add any further comments:

We would like to congratulate the Pharmacy Council of New Zealand for all their efforts to date to enable pharmacist prescribing in New Zealand. Although a dearth of literature exists on pharmacist prescribing, in the United Kingdom, the issue of safety has not been a concern.

There are further issues for Council to consider in their current deliberation including:

1. Confidentiality of patients' records. With the potential for multiple health professionals being able to or is given access to patients' clinical records, confidentiality may be an issue.
2. Although pharmacists are practitioners who are competent in dealing with patients' medication management needs, establishing therapeutic relationships with patients is unique and more challenging. Nurses are trained and educated in this area and as a profession, have skills and knowledge in the development of therapeutic relationships. Can nurses work with pharmacist to mentor pharmacist by providing guidance and practical knowledge to extend pharmacists skills in therapeutic



