



11 November 2020

Pam Duncan
Manager Compliance, Registration and Standards
Pharmacy Council
Level 8, Kordia House
109/125 Willis Street
Wellington

Dear Pam,

RE: Pharmacist Prescriber Competence Standards

The Pharmaceutical Society of New Zealand Inc. (the Society) is the professional association representing over 3,700 pharmacists, from all sectors of pharmacy practice. We provide pharmacists with professional support and representation, training for continuing professional development, and assistance to enable them to deliver to all New Zealanders the best pharmaceutical practice and professional services in relation to medicines. The Society focuses on the important role pharmacists have in medicines management and in the safe and quality use of medicines.

Thank you for the opportunity to provide a response to the Pharmacist Prescriber Competence Standards Consultation.

The Society recognises and supports the need for a consistent and effective approach to the delivery of this standard under section 118i of the Health Practitioners Competence Assurance Act 203 (HPCAA).

The consultation document states that "The Competence Standards themselves describe the activity of prescribing". However, it is our understanding that the standards should define the knowledge, skills, attributes, and behaviours required for competence in prescribing rather than the activity itself. Please can the document be reviewed to reflect this intent?

We appreciate the Council have chosen to remove any duplication between the pharmacist scope and the pharmacist prescriber scope and this will make the process easier for all involved. Please could the Council explain how the revised standards translate into observable competencies which can be assessed because we are not sure if this has been fully achieved.

The Society are supportive of the development of a single prescribing competency framework across all Responsible Authorities. If this is the intent of Council's direction, it may be beneficial if their regulatory colleagues were engaged at the time of the development of any future pharmacist prescriber competences. Initial and ongoing interprofessional working and the resulting collaboration was the approach taken by the UK in the development of joint prescribing guidance. The Council may wish to pause their current standards document and fully engage with their regulatory colleagues if they wish to develop an integrated model that achieves this purpose. For example, the current proposed pharmacist prescriber standards are very different to those already in use by the Nursing Council of New Zealand for Nurse Prescribers. Full regulatory collaboration will reduce additional work, consultations, and future costs to the whole sector.

The UK prescribing document was designed as a framework rather than mandatory standards, that can be extrapolated into the New Zealand context. The current revised Pharmacy Council Prescriber Competence Standards are very long and detailed. We understand the need for tools that assist with training and assessment. We would like to suggest that the Council consider the following adjustments of the headings and respective standards to include:

- Information Gathering
 - Standard 1
- Clinical Decision Making
 - Standards 2 and 4
- Communication/Collaboration
 - Standards 3 and 5
- Mentoring and Review
 - Standard 6
- Quality Assurance
 - Standard 7,8 and 9.

We would like to suggest the following, to reduce potential duplication:

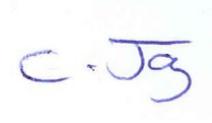
- Combine 1.5 and 2.2
- Combine 1.10, 2.3, 2.4
- Combine 9.1 and 9.3
- Review 4.6 for the New Zealand context, potentially re-write and combine with 4.2 if this is required
- Condense and combine 3.1,3.2, 3.4
- Remove 2.5 as it is covered in 2.7
- Remove 2.8 because this is already in the pharmacist competence standards (01.6)
- Remove 8.4 and 8.5 because these are already in the pharmacist competence standards (M1.4).

We would like to suggest the following, to improve flow and understanding of the competence standards:

- Define physical assessment in 1.4
- Move 1.10 to 2
- Move 2.1 to 4
- Move 2.11 to 4
- Move 3.5 to 5
- Insert 1.5 into Section 3.
- Change side effect to adverse effect in 4.1
- Review 4.3 because the first section is already in the pharmacist scope
- Review 4.5 as this is potentially part of the pharmacist scope
- Review 6.2 and if required this may be classed as Quality Assurance and included under 7
- Move 7.5 to 9
- Remove 8.2 as this is a requirement of the Code of Ethics
- Potentially change 8.8 to the following "Explains which conflicts interest (actual or potential) influence prescribing decisions and identifies mitigators to manage them"
- Review 10.3 wording "seeks and/or" to improve the readers understanding
- Review 10.4 to define "who" the pharmacist prescriber negotiates with regarding level of support and if it is for their role or another individual.

I hope our feedback is useful and if you have any questions please do not hesitate to contact us.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'C. Jay', is centered below the text 'Yours sincerely,'.

Chris Jay

Manager Practice and Policy

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