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Sandy Bhawan  
Competence Projects Developer  
Pharmacy Council of New Zealand  
PO Box 25 137  
WELLINGTON 6146

Email: [enquiries@pharmacycouncil.org.nz](mailto:enquiries@pharmacycouncil.org.nz)

Dear Sir/Madam

### **Consultation Document – Pharmacist Prescriber Scope of Practice**

Thank you for the opportunity to comment on the Pharmacy Council of New Zealand's proposed Pharmacist Prescriber scope of practice.

The Health and Disability Commissioner is charged with the role of promoting and protecting the rights of health and disability services consumers, as set out in the Code of Health and Disability Services Consumers' Rights (the Code). Under section 14(1)(d) of the Health and Disability Commissioner Act 1994, one of the Commissioner's functions is to make public statements in relation to any matter affecting the rights of health or disability services consumers. As noted in my submission to the Council on 31 July 2007, this Office occasionally receives complaints from consumers who are confused about the different roles and responsibilities within a provider group. To enable patients to understand a practitioner's expertise, qualifications and the limits of a scope of practice, scopes of practice definitions should be clear, unambiguous and widely understood.

Overall, I support the Pharmacy Council's proposal. I trust the following comments are helpful in developing the new Pharmacist Prescriber scope of practice.

#### ***QUESTION 1: Definition of scope of practice***

Section 1.2 discusses *Communication of prescribing decisions made by pharmacists to other health professionals caring for the patient*. In my view, this step is pivotal to the safety and success of the pharmacist prescriber role, in accordance with Right 4(5) of the Code of Health and Disability Services Consumers' Rights (the Code). However, I note that this idea does not appear to be explicitly included in the proposed "Scope of Practice Definition - Pharmacist Prescriber" (the scope definition). Given the importance of communication

between providers to ensure quality of care for patients, I suggest this should be included in the scope definition.

I suggest that an additional statement is included following the statement in Section 1.2, but reworded: “Pharmacist prescribers document and communicate their prescribing decisions in a manner that *supports* [rather than *does not compromise*] the continuity of care and safety of that patient.”

### ***QUESTION 3: Title for scope of practice***

I support the title “Pharmacist Prescriber”, as this title emphasises the core business of professional practice as “pharmacist” and is congruent with the scope title “Nurse Practitioner” already in use.

### ***QUESTION 4: Additional competencies required***

Referring to the Competency Framework, PP 4.4 includes the competence standard “...makes accurate, clear and timely records and clinical notes”. While it may not be appropriate to include a description of what level of documentation is required in the statement of competence standards, guidelines on what constitutes an adequate clinical record should be available to Pharmacist Prescribers. Examples may be found in the RNZCGP Standards for General Practice (D.9.1.6) and Coles Medical Practice in New Zealand 2008 (Chapter 12).

### ***QUESTION 5: Additional education and training***

Referring to Appendix 2: Accreditation Standards and Curriculum Outline:

(i) Section 6 Prescribing Practicum refers to “keep accurate and timely records of their prescribing practice”. As details other than prescribing (such as symptoms, observations, assessment, treatment plan) need to be included in clinical records, I suggest this purpose statement is expanded to include: “keep accurate and timely records of the consultation”. A key issue in maintaining continuity of care is the recording of adequate and appropriate clinical notes. Clinical records underpin safe, effective and timely clinical practice. The importance of clinical notes is accentuated when a patient receives care from more than one provider, as will be the case with Pharmacist Prescribers working in a collaborative health team environment. This was clearly demonstrated in the case of The Palms Medical Centre (available at [www.hdc.org.nz/08HDC06359](http://www.hdc.org.nz/08HDC06359)).

(ii) There is repeated reference to documentation within the accreditation standards: Section 3 Learning Outcomes refers to “maintenance of records” and “communication within the healthcare team”; Section 4 Indicative Content refers to “documentation and the purpose of records” (Prescribing in a collaborative healthcare team context), and “record keeping, documentation and professional responsibility” (Legal, policy, professional and ethical aspects); and “keep accurate and timely records of their prescribing practice” (prescribing practicum). However, Section 7 Assessment Strategies makes no provision for testing the ability to maintain appropriate clinical records. I suggest that there should be a specific

assessment to test the pharmacist's "ability to maintain accurate and comprehensive clinical records".

I trust these comments are helpful. Please let me know if you would like the above comments entered in the online submission form.

Yours sincerely

Rae Lamb  
**Acting Health and Disability Commissioner**