

10 August 2016

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By email: consultation@pharmac.govt.nz

Dear Belinda

Proposals in relation to Nurse Prescribers

The New Zealand Medical Association (NZMA) wishes to provide feedback on the above consultation. The NZMA is New Zealand's largest medical organisation, with more than 5,500 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders. Our submission has been informed by feedback from our Advisory Councils and Board.

1. We note that this consultation seeks feedback on proposed changes to the Pharmaceutical Schedule rules to support the introduction of Registered Nurse prescribing. Further changes are proposed to allow Nurse Practitioners to prescribe medicines that are "Retail Pharmacy Specialist" restricted and require Specialist endorsement.
2. The NZMA continues to hold concerns about independent prescribing by non-medical health practitioners under the *designated* prescribing model. The prescribing of medicines is not a discrete activity but rather a tool in the practice of medicine and the overall care of the patient. Prescribing cannot be considered in isolation from diagnosis and/or monitoring of disease progression. These require knowledge and skills built on years of study of anatomy, pathology and physiology, accompanied by training in clinical methods.
3. The NZMA therefore supports the development of collaborative, team based prescribing and we believe the *delegated* prescribing model is the preferred mechanism to achieve this. We do however acknowledge that the Nursing Council has stated that a Registered Nurse prescriber must practice within a collaborative team with an authorised prescriber available for consultation and/or advice on prescribing decisions.

4. With regard to the proposal to amend the definition of *Specialist* in Section A of the Pharmaceutical Schedule, the NZMA is concerned that the suggested wording will have unintended consequences.
5. PHARMAC has proposed the substitution of *Practitioner* in part (d) of the definition of *Specialist* (in relation to a Prescription). We note however that *Practitioner* is defined elsewhere in the Schedule and includes: a Dentist, a Dietitian, a Midwife, a Nurse Prescriber, an Optometrist, a Quitcard Provider, or a Pharmacist Prescriber. As such, we believe this would technically enable specialist restricted medicines to be prescribed by a variety of practitioners, without endorsement by a vocationally registered medical practitioner, should a District Health Board authorise them to do so. This does not align with the statement in PHARMAC's consultation document that "these changes will only apply to medicines supplied by nurse practitioners..."
6. The NZMA suggests that the simple solution would be to retain the word *doctor* and add *nurse practitioner*.

"Specialist", in relation to a Prescription, means a doctor or nurse practitioner who holds a current annual practising certificate and who satisfies the criteria set out in paragraphs (a) or (b) or (c) or (d) below:

- a) the doctor is vocationally registered in accordance with the criteria set out by the Medical Council of New Zealand and the HPCA Act 2003 and who has written the Prescription in the course of practising in that area of medicine; or
- b) the doctor is recognised by the Ministry of Health as a specialist for the purposes of this Schedule and receives remuneration from a DHB at a level which that DHB considers appropriate for specialists and who has written that prescription in the course of practising in that area of competency; or
- c) the doctor is recognised by the Ministry of Health as a specialist in relation to a particular area of medicine for the purpose of writing Prescriptions and who has written the Prescription in the course of practising in that area of competency; or
- d) the nurse practitioner writes the prescription on DHB stationery and is appropriately authorised by the relevant DHB to do so.

7. Alternatively the term practitioner could be qualified as a practitioner who is an authorised prescriber.

"Specialist", in relation to a Prescription, means a practitioner who is an authorised prescriber and holds a current annual practising certificate and who satisfies the criteria set out in paragraphs (a) or (b) or (c) or (d).

8. This needs to be resolved, to ensure that any changes to the Schedule achieve the outcome intended and we would suggest that PHARMAC consult with stakeholders again on its preferred solution.

In summary, the NZMA provides qualified support for the proposed changes to allow registered nurses to prescribe selected medicines of the Pharmaceutical Schedule. This support is contingent on this being collaborative prescribing within a team that includes authorised prescribers.

The NZMA does not support the proposed changes to the definition of *Specialist* for the reasons outlined above.

We hope our feedback has been helpful and look forward further dialogue with PHARMAC.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Steve Child', written in a cursive style.

Dr Stephen Child
NZMA Chair