

Non medical prescribing

Approved July 2013

In recent times, various non medical groups in New Zealand have sought independent designated prescribing rights. The NZMA shares in the goals of improving the access, timeliness and convenience of healthcare services, and recognises that medicines are a critical component in quality healthcare delivery. However, diagnosis is a core component of medical care and should remain the sole responsibility of medical professionals. As such, the NZMA remains strongly opposed to a designated prescribing model that includes any component of diagnosis in the patient's management. The NZMA supports a delegated prescribing model. We believe that this model achieves the same system goals while maintaining a doctor's responsibility for diagnosis and addressing concerns related to patient safety, integration of care and ethical considerations, as outlined below.

1. 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 should not 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. The Consensus Statement on the Role of the Doctor in New Zealand identifies diagnosis as central to the role of the doctor.¹ Doctors are trained to practise specific clinical skills such as the art of history taking and physical examination, and the identification of appropriate tests and treatment options. Non medical groups that seek independent prescribing rights will not have the depth and breadth of training required to undertake these tasks adequately.
2. The NZMA supports the development of delegated non medical models of prescribing to ensure that optimal patient care is maintained and supported, while still allowing suitably trained and experienced non medical health professionals within the multidisciplinary team to safely prescribe as authorised by a doctor. A delegated model of prescribing would mitigate the risks involved in non medical prescribing while achieving the collaborative team based care that is the shared objective of the medical and non medical healthcare professions.
3. Our view of a delegated prescribing model is one where a medical practitioner diagnoses and makes the initial treatment decision. Where clinically appropriate, prescribing is then delegated to a non medical prescriber under parameters that are determined by the supervising doctor who will ultimately share responsibility for those decisions. Such a model is not unduly onerous for medical practitioners. As a doctor's knowledge of, and confidence in, a delegated prescriber increases, they will delegate more autonomy to a non medical prescriber under a pre-agreed framework.
4. Doctors have an ethical responsibility to act in the best interests of their patients and the population as a whole. We are concerned that proposals for independent designated non medical prescribing (particularly those that confer non medical groups with the scope to undertake diagnosis and the initiation of medication) could seriously compromise patient

¹ Available from <http://www.nzma.org.nz/publications/role-of-the-doctor-consensus-statement>

safety. There is a distinct lack of robust outcomes-based evidence to demonstrate that independent designated prescribing by non medical groups is effective, safe and cost-effective. In the absence of this evidence, implementing such reform is in breach of the Principles of Health Workforce Design.² Concerns about the efficacy, safety and cost-effectiveness of independent designated non medical prescribing have not been satisfactorily addressed to date.

5. Extending independent designated prescribing rights to non medical groups has the potential to exacerbate fragmentation within the healthcare system and undermine efforts at developing integrated, collaborative healthcare teams. Independent designated non medical prescribing, by definition, is likely to impede information flow between healthcare professionals and will therefore undermine teamwork and diminish the overall continuity and quality of patient care. Independent designated non medical prescribing is also associated with a lack of clarity over accountability.

Background: Existing options for models of prescribing

Prescribing in New Zealand is divided into 3 categories: authorised, designated and delegated.

Authorised prescribing has traditionally been the domain of doctors although midwives and dentists have also been fully authorised prescribers, within their scope of practice, since the 1990s.

Designated prescribing is where a non medical health practitioner can prescribe independently from a set list of medications; this can be done theoretically outside the multi-disciplinary team and does not require a doctor's supervision. The list can be quite broad. For example, for pharmacists, the list currently includes over 1500 medicines. **Delegated prescribing** enables a registered health professional to prescribe within limited parameters, under the sanction of an authorised prescriber (e.g. a doctor). The intent is that a delegated prescribing order would allow prescribing to groups of patients defined by either their condition (e.g. patients with asthma, patients with diabetes), or the setting in which they are receiving their services in (e.g. orthopaedic ward or general practice).

² Available from <http://nzma.org.nz/sites/all/files/Principles%20of%20Health%20Workforce%20Redesign.pdf>