The Journey of the Prescriber Pharmacist

From vision to reality .......

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Vision to reality.......

- History of “pharmacist prescriber” vision
- Role of the regulator
- Development of the scope of practice
- Consultation and feedback
- Where we are today

Where the vision started

- 1998
  - Profession signals desire
- 2001
  - Competence framework proposed by Pharmaceutical Society
- 2003
  - Feedback from profession
  - Pharmaceutical Society appoints a working party

2004 – Regulation changes

- Pharmacy Council of NZ formed
  - Established under Health Practitioners Competence Assurance Act 2003
  - To protect the public by ensuring pharmacists are competent to practise

- Functions
  - Prescribe "scopes of practice" and qualifications
  - Accredit and monitor programmes and providers
  - Set standards of clinical, cultural and ethical conduct

Council decisions needed

- What to regulate?
  - Describe the role and “scope of practice”
- Who to regulate?
  - Identify which practitioners
- How to regulate?
  - Right touch regulation – balance regulatory mechanisms against career recognition

How does the Council ensure patient safety with a “scope”?

- Define the scopes of practice
- Determine a competencies
- Set the education and training requirements
- Set ongoing competence requirements

- HOW MANY SCOPES?
What do pharmacists want?

- Future “Advanced” Pharmacist ? (76 % said yes)
- Recognition of their training and skills
- Provide improved medicines-related health outcomes
- Collaborative and independent prescribing rights

What do funders want?

- New ways of using pharmacists
- Value-added services with tangible improvements in patient outcomes
- Assurance that pharmacists can perform extended roles
- Reduced medicines costs
- ‘Harness the potential of your graduates” – Health Workforce New Zealand

What do other health professionals want?

- Teams that are effective for patients
- Assistance to improve the patient journey
- Control and “say” from some Medical practitioners

What does the public want?

- Best outcomes from their medicines
- Clear indications of who does what within the health care team
- Easy access to medicines and services
- Value for money

Scopes of Practice

- Pharmacist Scope of practice
- Intern Pharmacist Scope of practice
- Extended services – Advanced pharmacist and / or pharmacist prescribers

Medicines management competence framework set for extended services

- Four levels
- To put a structure around these skill sets
  - Boundary determinants
    - Amount of Patient information (medical notes, labs etc) available to pharmacist
    - Level of collaboration between pharmacist and other health professionals
    - Additional education and training required
Non-Medical Prescribers in New Zealand

- Legislation – Medicines Act
- Dentists
- 1990 – Midwives (Mother pre-natal and 6/52 post-natal) and baby
- 2005 – Nurse Practitioners (limited to scope)
- 2005 – Optometrists (limited list)
- 2010 – Podiatrists – application pending

Why Pharmacist Prescriber is a new scope of practice?

- Patient safety mandate – identified a higher threshold for regulation
- Prescribing does not currently form part of a pharmacist’s scope of practice
- The competencies required are significantly different to the competencies for pharmacist

Development of Pharmacist Prescriber

- Draft competencies developed by advisory group
- Validation of competencies completed
- Advisory group developed case
- Council ratification – competencies, entry requirements, qualifications, recertification
- Consultation – face to face and written
- Analysis of feedback
- Final application prepared for Government
Who will be a Pharmacist Prescriber?

- “Clinical” pharmacists with extensive experience in patient-focused practice holding post-graduate qualifications
- Pharmacists who have an active part of the decision making process with respect to initiating and modifying therapy
  - Hospital Pharmacists (Renal, Oncology, Paediatric, Mental Health etc)
  - Primary Care pharmacists
  - Secondary/Primary interface pharmacists

What will the Pharmacist Prescriber do?

- Implement their advice by initiating and modifying therapy of individual patients
- Initiation of therapy against a confirmed diagnosis
  - oncology regimes, palliative care therapy,
- Initiation of therapy for minor ailments for patients under their care without an external diagnosis
  - Topical therapies, anti-emetics, laxatives,
- Modification of therapy (including continuation and discontinuation)
- Hospital Pharmacists (Renal, Oncology, Paediatric, Mental Health etc)
- Primary Care pharmacists
- Secondary/Primary interface pharmacists

Where and how will the Pharmacist Prescriber work?

- In Collaboration with other health professionals
  - in hospital or outpatient clinics
  - in Family Medicine practices with doctors and practice nurses
  - in palliative care and mental health units
  - In patient homes, or in satellite clinics
- Sharing and having access to the patient records with other health professionals.

What qualifications will they have?

- Initial registration as a pharmacist
- Minimum of 3 years post–registration experience
- Post Graduate Diploma level qualification
  - Course delivered by University
  - Minimum of 1200 hours of study
  - a prescribing practicum
  - Require designated medical practitioner for the practicum component (150hrs under supervised practice of DMP)
  - Includes patient assessment (BP, interpreting lab results etc) and consultation skills
- Sharing and having access to the patient records with other health professionals.

Will pharmacist prescribers dispense their own prescriptions?

- No
- Will not be permitted to hold an interest in a community pharmacy (legislative requirement)

Respondents to Consultation

Distribution of Respondent Groups (n= 67)

- Pharmacy
- Other Health Professional Group
- Pharmacy Organisations
- DHB
- Regulatory Authority
- Academic/Teaching Organisations
- OMA
- PHC
- Funding Authority
- Pharmaceutical Industry

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- 0
- 5
- 10
- 15
- 20
- 25
- 30

12/10/2010
Support for Proposal (n = 67)

- Support for Proposal by Percentage
- Submissions supporting the proposal: 51%
- Submissions opposing the proposal: 13%

Post-consultation modifications
- Confirmation of the split between prescribing and dispensing roles
- Clarification of pharmacy ownership for pharmacist prescribers
- Clarification of post-registration experience
- Confirmation of prior learning recognition
- Minor changes and improvements to competencies

Timelines
- November 2009
  - Stakeholder meeting with "exemplar" pharmacists
- July 2010
  - Formal consultation period with stakeholders
- September 2010
  - Consideration of feedback and modifications made to proposal
- October 2010
  - Application submitted to Health Workforce NZ
- 2011?
  - Accreditation of programmes for prescribers
- 2013?
  - First pharmacist prescribers registered

Exciting times...
- Application submitted
- Awaiting response
- Working with education providers
- Pharmacists are ready.......

9th International Life Long Learning in Pharmacy Conference –
Learning together in the land of the long white cloud – Emerging from the mist*

- 29th June – 2 July 2011
- www.lllpharm.com
- Theme of inter-professional learning and emerging roles in pharmacy