



The Journey of the Prescriber Pharmacist



From vision to reality

Bronwyn Clark
Chief Executive and Registrar
Pharmacy Council of New Zealand

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
 - Accredite 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?

6



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

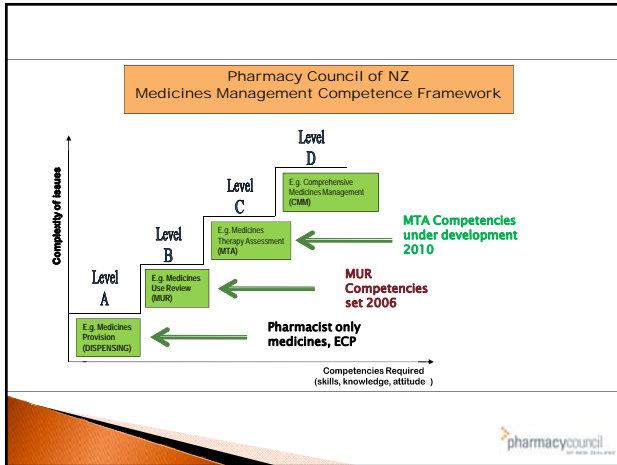
- ▶ Pharmacist *Scope of practice*
- ▶ Intern Pharmacist *Scope of practice*
- ▶ **Extended services** – *Advanced pharmacist and / or pharmacist prescribers*



Medicines management competence framework set for extended services

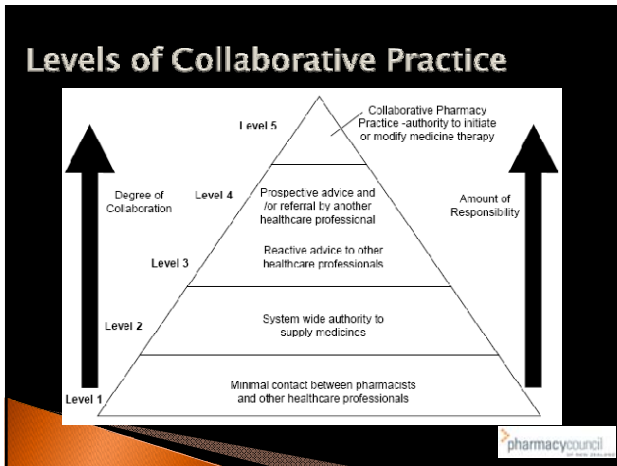
- ▶ Four levels
- ▶ To put a structure around these skill sets
 - **Boundary determinants**
 - Amount of Patient information (medical notes, labs etc) available to pharmacist
 - Level of collaboration between pharmacist and other health professionals
 - Additional education and training required





Pharmacy Council of NZ Medicines Management Competence Framework				
Boundary Determinants	Pharmacist Scope of Practice			
	Relevant Council Competence Standards plus any additional requirements as specified in Council endorsed standards specific to the service			
Documentation Process	Levels of Medicines Management Services			
	A	B	C	D
Documentation Process	Ad hoc	Formal documentation	Formal documentation if required	Formal documentation
Reactive or Proactive Service	Reactive	Proactive	Reactive and Proactive	Proactive
Access to Individual patient information	No access to patient medical information from healthcare team	Limited access to patient medical information from healthcare team	Access to patient medical information from secondary healthcare team or institution	Full access to patient medical information from healthcare team
Collaboration	No collaboration needed	Collaboration with healthcare team	Significant Collaboration with multidisciplinary healthcare team with some independent authority and autonomy	Significant Collaboration with multidisciplinary healthcare team, full independent authority and autonomy
Competence and Qualifications	Competencies: Relevant Council Competence Standards Qualifications: NZ BPharm or equivalent	Competencies: Relevant Council Competence Standards & MUR 1-4 Qualifications: NZ BPharm or equivalent Accreditation:	Competencies: Relevant Council Competence Standards & as specified in Council endorsed standards	Competencies: Relevant Council Competence Standards & as specified in Council endorsed standards Qualifications: as specified in Council endorsed standards
Service Examples	Medicines Provision (formerly Dispensing)	Medicines Use Review (MUR)	Medicines Therapy Assessment (MTA)	Comprehensive Medicines Management (CMM)

PHARMACIST PRESCRIBER SCOPE OF PRACTICE



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

16

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

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

19

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)

20

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.

21

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
 - Delivered against the curriculum developed by PCNZ

22

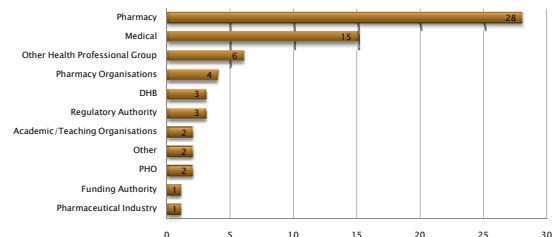
Will pharmacist prescribers dispense their own prescriptions?

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

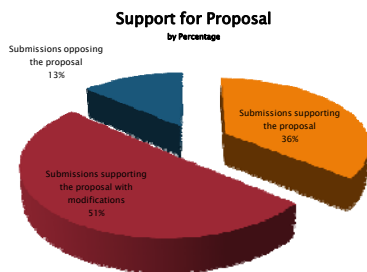
23

Respondents to Consultation

Distribution of Respondent Groups (n= 67)
by number of submissions



Support for Proposal (n =67)



pharmacycouncil
EST. 1992

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

pharmacycouncil
EST. 1992

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

27

pharmacycouncil
EST. 1992

Exciting times...



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

pharmacycouncil
EST. 1992

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*

pharmacycouncil
EST. 1992