



NEW ZEALAND MEDICAL ASSOCIATION

7 July 2010

Bronwyn Clark
Chief Executive and Registrar
Pharmacy Council of New Zealand
PO Box 25 137
Wellington 6040

By email: c.joyce@pharmacycouncil.org.nz

Dear Ms Clark

Proposed Pharmacist Prescriber Scope of Practice

Thank you for the opportunity to comment on this proposal.

As you will recall the NZMA submitted on a substantially similar proposal back in 2007, a copy of which is **attached**. We were not supportive at that time and there is nothing in the revised proposal to make us change our mind.

Pharmacists are knowledgeable, ethical and valued members of the health care team. They are not however comprehensively trained in differential diagnosis, a prerequisite to prescribing. As we have said previously, at the heart of any decision to prescribe is the need to assess and diagnose the undifferentiated patient across different clinical and cultural settings. Only then can a treatment regimen (which may include prescribing), be developed. An important component of this regimen is to manage the uncertainty of the diagnosis and the risks and benefits that any treatment may provide. In our view the training required for this process can only be that of a medical practitioner.

While we note that the proposal is for only a limited number of pharmacists to practice under this new scope and only within the context of working within a multi disciplinary team, the proposal allows for autonomous prescribing within a very loose "team" environment. To quote from page 31 of the consultation document:

"...In the context of pharmacist prescribing (if indicated) these decisions **can be made independently by the pharmacist prescriber or** by the interprofessional healthcare team in partnership with the patient." (Emphasis added)

We strongly oppose this proposal.

We note the reference in footnote 4 to informal prescribing by pharmacists of minor ailments such as thrush, and the fact that they also undertake cardiovascular risk assessment. While this is true, the treatment of the "minor ailment" is based entirely on the patient's description of it. Without examining the patient the pharmacist cannot know whether the problem is – say - thrush, or something more serious such as gonorrhoea or any number of other medical conditions. Similarly CVD risk assessment requires some basic measurements and, unless the scope of practice were to include examination and diagnosis, the process will not be helpful to the patient. Access to diagnostic tests also plays a key role in diagnosis and it is unlikely that prescribing pharmacists will have access to these tests.

In summary our position remains that for a registered health practitioner to be able to prescribe their training should be comparable to that of a registered medical practitioner.

Yours faithfully

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

Dr Peter Foley
Chair, NZMA