

19 September 2012

Ms Sue Walbran
Education Advisor
Pharmacy Council of New Zealand
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Panama Street
Wellington 6146

By email: s.walbran@pharmacycouncil.org.nz

Dear Ms Walbran

Proposed Schedule of Medicines and Controlled Drugs for Designated Prescriber / Pharmacist Prescriber

The New Zealand Medical Association (NZMA) is New Zealand's largest medical organisation and has a pan professional membership. We have around 5,000 members who come from all disciplines within the medical profession and include specialists, general practitioners, doctors-in-training and medical students.

We thank you for the opportunity to comment on this matter.

Medicines are integral to effective, quality and safe healthcare delivery. They can also be extremely dangerous when used inappropriately. Significant adverse drug effects can lead to serious health complications and even death. The length and depth of training doctors receive means that they are able to regularly take ultimate responsibility for medical decisions and diagnoses in situations of complexity and uncertainty, drawing on scientific knowledge and principles, clinical experience, and well developed judgement¹. For this reason we believe that medical practitioners constitute the best possible professional group to prescribe medicines given the requirement for an accurate initial diagnosis and the inherent dangers in doing so.

In the absence of a doctor being available to prescribe medicine then the appropriate model of prescribing is that of the delegated prescriber. This class of prescriber will be established with the passing of the Medicines Amendment Bill currently before Parliament and would enable prescribing within limited parameters under the oversight of an authorised prescriber.

¹Consensus Statement on the role of the Doctor in New Zealand, NZMJ, 4 November 2011 , Vol 124 No 1345
<http://journal.nzma.org.nz/journal/124-1345/4947/>

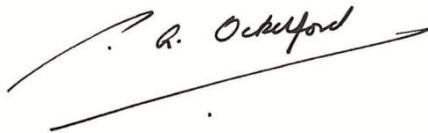
Delegated prescribing in our view would operate very effectively within a multidisciplinary team environment in a way that supports the role of the doctor in assessment and diagnosis, treatment and planning.

We note however that it is proposed that pharmacist prescribers be designated rather than delegated and therefore allowed to prescribe independently from a list of medications. As the Council's stated intention is for prescribing pharmacists to be already working in collaborative healthcare team environments we would suggest that the delegated prescriber model would be a far more appropriate classification and would allay concerns about fragmentation of care and increased risks to the patient that are inherent with independent designated prescribing.

As to the schedule itself we note that it includes a long list of medications that would rarely be used, such as expensive rarely used antibiotics and the rapid acting opioids (alfentanil etc.) and hypnotics/barbiturates. We do not believe that these should be prescribed by any non medical practitioners, whether as delegated or designated prescribers.

Finally, we would suggest the Council review its Code of Ethics to strengthen aspects that may have application to prescribing and provide guidance on specific matters such as self prescribing or prescribing for those close to them. The Council should also ensure that the Code is widely promulgated and adhered to by the profession. We also believe the Council should acknowledge the potential conflicts relating to prescribers as dispensers and prescribers that have a financial interest in a pharmacy and actively support appropriate legislative controls.

Yours sincerely

A handwritten signature in black ink, appearing to read "P. Ockelford", written over a horizontal line.

Dr Paul Ockelford
Chair, NZMA