pharmacycouncil
Te Pou Whakamana Kaimatū o Aotearoa

Public consultation on: Aotearoa New Zealand Competence Standards for Pharmacist Prescribers

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Purpose

1. Te Pou Whakamana Kaimatū o Aotearoa | Pharmacy Council of New Zealand (Council) is seeking feedback on refreshed:
    - **Competence standards for Pharmacist Prescribers**
        - See Appendix 1
    - **Guidance document for Pharmacist Prescribers**
        - See Appendix 2

Context and rationale for development

2. The purpose of the Health Practitioners Competence Assurance Act (HPCAA) 2003 is to protect the health and safety of the public by providing mechanisms to ensure that health practitioners are competent and fit to practise their profession.[1]

3. As a responsible authority (RA) charged with administering the HPCAA 2003, Council is responsible for setting standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori) and ethical conduct to be observed by health practitioners.[2]

4. Competence standards protect the health and safety of the Aotearoa New Zealand (NZ) public by specifying the necessary competence standard required of health practitioners for the following scopes of practice:[3]
    a. Intern Pharmacist,
    b. Pharmacist and
    c. Pharmacist Prescriber.

5. Pharmacist Prescribers must meet Competence Standards for both the Pharmacist and the Pharmacist Prescriber scopes of practice and other ethical conduct, and clinical and cultural safety and competence documents as published by Council.

6. The Competence Standards specify the foundational knowledge, skills and attributes required to practise safely and effectively as a pharmacist prescriber.

7. The current Competence Standards for the Pharmacist and the Pharmacist Prescriber Scope of Practice were last published in 2015 and 2013[4] respectively.

8. Since 2019, work to refresh the professional competence standards for pharmacist prescribers has been undertaken.

[1] Health Practitioner Competence Assurance Act (HPCAA) 2003, section 3.
[2] Health Practitioner Competence Assurance Act (HPCAA) 2003, section 118(i).
[3] Scopes of Practice: Pharmacist scopes of practice - Pharmacy Council NZ - Public Site
[4] Pharmacist Prescriber competence standards

Information about the development process

9. Development of Council's competence standards and guidance is being delivered over nine stages:
    a. Project development and environmental scan
    b. Stakeholder feedback and engagement
    c. First set of standards developed (Version 1)
    d. Public consultation[5]
    e. Consideration of feedback and environment scan to develop second iteration (Version 2)
    f. Public consultation (we are here)
    g. Establish Pharmacist Prescriber Standards - Expert Working and Advisory Group (PS-WAG)
    h. Consideration of feedback with PS-WAG to develop third iteration (Version 3)
    i. Publication and implementation of accreditation standards.

10. The first five stages of development are complete, and explained below:
    a. Since October 2019, Council has engaged with Pharmacist Prescribers, sought feedback on the application of the current Pharmacist Prescriber Competence Standards, and identified gaps and opportunities to align the competencies with other health professional prescribers, nationally and internationally.
    b. Council has received feedback from practising Pharmacist Prescribers on the current competence standards and their application, both in the learning environment, as part of their qualification and as they apply to their daily practice, and to inform Council's development approach.
    c. Council has also interacted with the Universities and Pharmacist Prescribers teaching into the prescriber course to confirm the revised standards translate into observable competencies which can be assessed.
    d. Council has also interacted with health professional organisations with prescribing authority to ensure alignment with interprofessional standards.
    e. Council has also environmentally scanned international and local practice, policy research, and models to understand and incorporate contemporary good regulatory practice for pharmacist prescribers.
    f. A working group comprising experienced pharmacist prescribers assisted with the review process and drafting of the prescriber competence standards to ensure they are reflective of current practice for the activity of prescribing.

[5] Pharmacist Prescriber Competence Standards public consultation

g. To draft the new pharmacist prescriber competence standards and guidance, the Council worked with Te Tiriti o Waitangi experts and established a Māori Advisory Group (MAG) to support Council give greater effect to Te Tiriti as part of the development process.
    i. Part of refreshing the standards was in acknowledgement of the Health and Disability System Review, which outlined that making improvements to outcomes for Māori required incorporating and embedding Te Tiriti o Waitangi and mātauranga Māori across the health system[6]. In regulation, this requires regulatory processes and standards to be developed with Te Tiriti at their heart.

h. Throughout the review process Council has interacted with other responsible authorities to update them on the progress of the development of the refreshed pharmacist prescriber competence standards and explored the potential for a nationally consistent set of pharmacist prescriber competence standards.

i. Publicly advertised and developed an independent selection process to select for an independent pharmacist prescriber standards expert working and advisory group (PS-WAG), to support standards and guidance development through objective and independent subject matter insight, expertise, and experience.

11. Public consultation on the following documents is being sought:
    a. Pharmacist Prescriber Competence Standards – see appendix 1
    b. Pharmacist Prescriber Guidance document – see appendix 2.

12. The key changes from 2013 version of the Pharmacist Prescriber standards and guidance are:
    a. Giving greater effect to Te Tiriti o Waitangi
    b. Greater emphasis on cultural safety
    c. Additional details provided in standards and guidance to support pharmacy education providers.
    d. Refreshing the standards with contemporary regulatory models and standards

[6] Health and Disability System Review: Final report - Purongo whakamutunga. (2020). Health and Disability System Review.

Feedback and submission process

13. Council is now seeking feedback from all stakeholders on:
    a. Do you have any comments on the development process for the Pharmacist Prescriber competence standards?
    b. Do the standards and guidance documents appropriately give effect to Te Tiriti o Waitangi?
    c. Are the competence standards for pharmacist prescribers set at a reasonable and fair level which protects the health and safety of the public?
    d. Are the competence standards and guidance clear?
    e. Do you have any further comments and/or suggestions?

14. Please submit your feedback **by 5.00pm, Thursday 13 October** and responses should be sent via:
    a. Survey Monkey or
    b. Email: consultations@pharmacycouncil.org.nz

15. Council invites feedback on this consultation document from the public and interested stakeholders. Submissions will be accepted from individuals, and you may submit a collective submission from a group or organisation.

16. Submissions can be provided anonymously.

17. Feedback received during the public consultation will be synthesised and thematically analysed by the Council.

18. Council members and the Māori Advisory Group will consider submissions.

19. The feedback will then be used to finalise the Pharmacist Prescriber Competence Standards and Guidance with the PS-WAG.

20. The final Pharmacist Prescriber Competence Standards and Guidance are planned to be published in December 2022. The revised standards would then come into effect in early 2023 with an appropriate “bed in” time to allow for communications and necessarily actions with key stakeholders.

Appendix 1: Competence Standards for Pharmacist Prescribers

Prescribing Competence Standards

The Consultation (Competencies 1 to 6)

1. Assess the Patient

1.1 Practises whakawhanaungatanga[7] to build and foster a prescriber-patient relationship

1.2 Takes a comprehensive medical[8], social and medication[9] history

1.3 Considers the impact of pre- and post-Te Tiriti o Waitangi events on the health of Aotearoa New Zealanders and the role of historical and contemporary determinants of health when assessing the patient

1.4 Understands the role wairuatanga plays in the assessment, particularly in relation to familiarity and understanding of Māori models of health, tikanga and cultural humility

1.5 Accesses and interprets all available and relevant patient records to ensure knowledge of the patient's management

1.6 Assesses the patient's clinical condition including the nature, severity, significance, and progression of the clinical problem

1.7 Undertakes an appropriate clinical or physical assessment utilising relevant techniques and equipment

1.8 Elicits and listens to the patient's ideas, concerns, and expectations in relation to their health

1.9 Understands the effects of power within a healthcare relationship and addresses this within their assessment

1.10 Appropriately requests and correctly interprets relevant investigations necessary to inform treatment options

1.11 Understands the condition(s) being treated, their aetiology, pathophysiology, natural progression, signs and symptoms and how to assess their severity, deterioration, anticipated response to treatment and impact of co-morbidities

1.12 Assesses adherence to, effectiveness, and safety of current medicines

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[7] *Definition to come*
[8] This includes family medical history
[9] This includes but is not limited to prescribed medicines, over-the-counter medicines, Rongoā, complementary and alternative therapies, vaccines and illicit drugs

1.13 Works within defined prescribing area and seeks guidance from another member of the collaborative health team or another relevant health professional when necessary

2. Consider the Options

2.1 Maintains and applies knowledge of the pharmacodynamics and pharmacokinetics of medicines, how these mechanisms may be altered in the individual, and how this affects the choice of treatment and dosage regimen

2.2 Identifies the patient's values, beliefs and needs (e.g., cultural, psychosocial, physical, whānau) and uses them to inform/formulate treatment options in a culturally safe[10] way.

2.3 Recognises health inequity and takes this into account when considering treatment options

2.4 Shows awareness of indigenous health knowledge and practices and understands why the use of these may be appropriate

2.5 Identifies all pharmacological treatment options

2.6 Identifies non-pharmacological options (including no treatment, and preventative/lifestyle measures)

2.7 Assesses the risks and benefits to the patient of the treatment options identified/being considered

2.8 Assesses how co-morbidities, existing medication, allergies, contraindications, and quality of life affect management options

2.9 Selects the most appropriate medicine(s) or other treatment option using sound clinical reasoning skills and critical evaluation where necessary

2.10 Identifies, accesses, and uses reliable, validated, contemporary sources of information to guide prescribing decisions

2.11 Makes evidence-informed decisions that take into account efficient use of resources, and the interests of both the patient and the wider community/population

[10] In the context of prescribing, the concept of cultural safety used by Council is consistent with that as articulated in Curtis et al; Why Cultural safety rather than cultural competence is required to achieve health equity: a literature review and recommended definition; International Journal for equity in Health (2019) 18: 174

2.12 Makes sound clinical decisions and can provide rationale even where specific evidence is not available, or where the data or evidence is conflicting

2.13 Selects the most appropriate dosing regimen, route of administration, formulation, and duration of treatment for the patient[11]

3. Reach a Shared Decision with patient/patient's carer

3.1 Presents the range of treatment options (including no treatment), the underpinning rationale, and the risks and benefits, tailored to the patient's ability to understand the information

3.2 Provides sufficient information about the treatment options to enable the patient to make an informed choice, including the right to refuse treatment

3.3 Co-creates a prioritised treatment plan from the consultation that respects the patient's/carer's preferences and that both patient and prescriber agree to

3.4 Considers and respects patient diversity and background, supporting the values of equity and inclusivity, and demonstrating cultural safety

3.5 Facilitates referral of patient to another healthcare practitioner, including Kaupapa Māori services, when the patient's needs fall outside of own area of practice or level of competence

4. Prescribe

4.1 Applies the principles of Te Tiriti o Waitangi when prescribing

4.2 Maintains and applies up-to-date information about prescribed products (e.g., availability, pack sizes, storage conditions, subsidy status, costs)

4.3 Understands and is able to explain the potential for adverse effects (including adverse drug interactions and drug interactions), how to recognise and manage them, and takes steps to avoid/minimise them.

4.4 Considers and is able to explain the impact that own beliefs, biases and values could have on prescribing

4.5 Prescribes medicines in accordance with accepted best practice and relevant local and national guidelines

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[11] Where we refer to patient in these standards it could also refer to the patient's carer, for example when managing a paediatric patient

4.6 Accurately completes and routinely checks calculations relevant to prescribing and practical dosing

4.7 Prescribes generic medicines where practical and safe for the patient and knows when medicines should be prescribed by branded product

4.8 Makes prescribing decisions, based on the identified clinical needs of the patient

4.9 Identifies, manages, and takes steps to avoid prescribing that leads to situations of potential medicine misuse

4.10 Electronically generates or writes legible, clear, unambiguous, and complete prescriptions which meet legal requirements

4.11 Effectively uses relevant patient record systems, prescribing and information systems, and decision-support tools

4.12 Maintains accurate, clear, comprehensive, and timely records and clinical notes

4.13 Ensures that continuity of care is maintained, by keeping relevant members of the interprofessional health care team informed in a timely manner

5. Provide Information

5.1 Provides the patient with information about their condition and medicines in a culturally safe way that is clear and understandable to them

5.2 Guides patients/carers on how to identify reliable sources of information about their medicines and treatments

5.3 Provides the patient with instructions on what to do if they have concerns about the management of their condition, if their condition deteriorates, or if significant improvement does not occur within a specified time frame

5.4 According to their capability, empowers patients to take responsibility for their own health and self-manage their conditions

5.5 Checks the patient's understanding of, and commitment to, their management and follow-up

6. Monitor and Review

6.1 Establishes a plan for monitoring and reviewing the patient's treatment for effectiveness and potential unwanted effects

6.2 Makes changes to the treatment plan in response to ongoing monitoring, and the patient's condition and preferences

6.3 Records and reports adverse reactions to medicines, medication errors, and near misses, reviews practice to prevent recurrences

Prescribing Governance (Competencies 7 to 10)

7. Prescribe Safely

7.1 Prescribes only within own prescribing area and role in organisation, and recognises the limits of own knowledge and skill

7.2 Implements measures to reduce, prevent, and detect medication errors

7.3 Identifies and minimises the potential risks associated with prescribing via remote methods (including but not limited to teleheath, email or through a third party)

7.4 Minimises risks to patients by using or developing processes that support safe prescribing particularly in areas of high risk[12]

8. Prescribe Professionally

8.1 Continuously assess and maintain competence to prescribe, particularly when role or area of practice changes

8.2 Accepts accountability for own prescribing decisions; whether continuing, discontinuing, initiating, or denying a medicine supply

8.3 Understands and can explain ways to reduce health inequities and improve access for different population groups

8.4 Delivers healthcare advice and education in a manner which reflects the principles[13] of Te Tiriti o Waitangi, and supports and enhances cultural awareness

8.5 Complies with legal and regulatory obligations relevant to prescribing practice

8.6 Explains which conflicts of interest (actual or potential) could influence prescribing decisions and identifies mitigators to manage them

8.7 Explains public health issues related to medicines and their use, and prescribes responsibly to minimise these

8.8 Coordinates and collaborates with other health professionals to maximise the benefits of prescribed medicines for the patient

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[12] For example, care transitions, transfer of information about medicines, prescribing of repeat medicines.

[13] The principles of Te Tiriti o Waitangi referred to here are tino rangatiratanga, equity, active protection, options, and partnership. These principles were identified in the Waitangi Tribunal's 2019 Hauora report on stage one of the health services and outcomes inquiry.

9. Improve Prescribing Practice

9.1 Uses reflection on practice to adapt and improve own practice

9.2 Accesses a variety of tools to improve own prescribing practice (e.g., prescribing data analysis, audit)

9.3 Acknowledges own biases, privilege, and power, and take steps to address this in own practice

9.4 Takes responsibility for own learning and continuing professional development relevant to the prescribing role[14]

10. Prescribe as Part of a Team

10.1 Acts as a member of a multidisciplinary team to ensure that continuity of care across care settings is maintained

10.2 Establishes relationships with other professionals based on understanding, trust, and respect for each other's roles in relation to care of the patient

10.3 Fosters relationships with whānau, hapū, iwi, and Kaupapa Māori organisations and identifies appropriate approaches to address health equity for Māori in own area of influence

10.4 Provides support and advice to other members of the interprofessional health care team where appropriate

10.5 Negotiates with collaborative health team and employer the appropriate level of support for role as a prescriber

[14] By continually reviewing, reflecting, identifying gaps, planning, acting, and applying learning or competencies.

Appendix 2: Guidance for Pharmacist Prescribers

Pharmacist Prescriber Competence Standards

Guidance document

Draft version 2

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Preamble

1. The purpose of the Health Practitioners Competence Assurance Act (HPCAA) 2003 is to protect the health and safety of the public by providing mechanisms to ensure that health practitioners are competent and fit to practise their profession.[15]

2. As a responsible authority (RA) charged with administering the HPCAA 2003, Te Pou Whakamana Kaimatū o Aotearoa | Pharmacy Council of New Zealand (Council) is responsible for setting standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.[16]

3. Competence standards protect the health and safety of the Aotearoa New Zealand (NZ) public by specifying the necessary competence standard required of health practitioners for the following scopes of practice:[17]
    a. Intern Pharmacist,
    b. Pharmacist and
    c. Pharmacist Prescriber.

4. The Pharmacist Prescriber Competence Standards specify the foundational knowledge, skills and attributes required to practise safely and effectively as a pharmacist prescriber.

5. The pharmacist prescriber competence standards comprise the following sections:
    a. The Consultation
        1. Assess the Patient
        2. Consider the Options
        3. Reach a Shared Decision with patient/patient's carer
        4. Prescribe
        5. Provide Information
        6. Monitor and Review
    b. Prescribing Governance
        7. Prescribe Safely

[15] Health Practitioner Competence Assurance Act (HPCAA) 2003, section 3
[16] Health Practitioner Competence Assurance Act (HPCAA) 2003, section 118(i)
[17] Scopes of Practice: Pharmacist scopes of practice - Pharmacy Council NZ - Public Site

8. Prescribe Professionally
9. Improve Prescribing Practice
10. Prescribe as Part of a Team

6. Pharmacist Prescribers must meet Competence Standards for both the Pharmacist and the Pharmacist Prescriber scopes of practice and other ethical conduct, and clinical and cultural safety and competence documents as published by Council.

About this guidance

7. The purpose of this document is to:

    b. Augment the Pharmacist Prescriber competence standards to guide safe and effective prescribing.

    c. Support pharmacist prescribers prescribe appropriately and effectively for settings in which pharmacist prescribers practise.

    d. Guide pharmacist prescribers on how the standards apply to pharmacist prescriber practice in the Aotearoa New Zealand context.

8. Partnership both with patients/ whānau and other health professionals to optimise health outcomes underpins all the competence standards.

9. This guidance and the standards cannot cover every situation and pharmacists must use their professional judgement to apply standards and guidance to their specific practice circumstances.

Practising in Aotearoa New Zealand

10. Pharmacist prescribers must be aware of Te Tiriti o Waitangi[18] (Te Tiriti), statutory provisions, the Codes of the Privacy Commissioner, the Human Rights Commissioner and the Health and Disability Commissioner, and the requirements of the Pharmacy Council.

11. Pharmacist prescribers recognise the status of Māori as tangata whenua of Aotearoa New Zealand. Pharmacist prescribers have obligations and responsibilities under Te Tiriti to be informed of and mindful of existing health disparities, so that in their prescribing practice they are actively working in partnership with Māori and their whānau to enable and facilitate equitable access to medicines and appropriate healthcare for Māori, to provide excellence in pharmacotherapy and to work to get the best possible health outcomes from medicines and reduce health disparities for Māori.

Te Tiriti o Waitangi

12. Te Tiriti is one of Aotearoa New Zealand's founding constitutional documents and plays a fundamental role in addressing the persistent Māori health inequities observed across the health sector. These disparities in health outcomes can be seen in nearly all areas of health due to inequities in determinants of health, including access to quality healthcare (including medicines). These are not only avoidable but unfair and unjust.

13. The obligations and responsibilities as proposed by the Waitangi Tribunal in 2020 with respect to Hauora Māori include:
    a. Recognition and protection of tino rangatiratanga. This means the recognition and protection of the right of Māori to organise in whatever way they choose to exercise autonomy and self-determination.
    b. Equity. The WHO definition of equity, approved by the Waitangi Tribunal 2020, is "…the absence of avoidable or remedial differences among groups of people, whether those groups are defined socially, economically, demographically or geographically. Health inequities therefore involve more

[18] With notable differences observed between the English and Te Reo Māori texts, it is important to note here that any references to te Tiriti refer solely to the Te Reo Māori text and the principles behind the text.

than inequality with respect to health determinants, access to resources needed to improve and maintain health or health outcomes. They also entail a failure to avoid or overcome inequalities that infringe on fairness and human rights norms.” Equity is not just about ensuring equal access to healthcare services, but about eliminating health disparities. Under Te Tiriti, this translates as pharmacist prescribers being committed to achieving equitable health outcomes for Māori.

c. Active Protection. This principle is about action and leadership and doing what is necessary and acting in the fullest extent practicable to ensure the right to tino rangatiratanga and to achieve equitable health and social outcomes for Māori.

d. Partnership. This means recognising the authority of Māori to be self-determining and to involve Māori in all decision-making. It involves acting in good faith towards each other.

e. Options. This principle is about giving real and practical effect to the principles of tino rangatiratanga and equity. Māori should have the option of accessing Kaupapa Māori services where they exist, as well as culturally safe mainstream services, and should not be disadvantaged by their choice. Pharmacist prescribers need to make themselves aware of Kaupapa Māori services available in their practice setting or area if not providing this themselves, to ensure Māori have a choice.

Cultural safety

14. People receive safe and effective care when health professionals recognise and value diversity and respect cultural differences.

15. Evidence shows that a cultural competence-based approach alone will not deliver improvements in health equity for Māori. Pharmacist prescribers must be culturally safe health practitioners and support access to culturally safe care for all people/ whānau in Aotearoa New Zealand.

16. Culturally safe practice results in health benefits for all people and communities across multiple cultural dimensions which may include indigenous states, age or generation, gender, sexual orientation, socioeconomic status, ethnicity, lived-in health experiences, religious or spiritual belief and disability.

17. Part of culturally safe practice is to consider the relationship between the healthcare practitioner and the person/ whānau and if a power imbalance affects the way the person receives care or has access to care. Cultural safety therefore focuses on the person/ whānau experience in order to define and improve the quality of care provided and is mindful of providing the person and their whānau with the power to comment on practices, be involved with decision-making about their care and contribute to the achievement of positive health outcomes and experiences.

18. The Medical Council of New Zealand defines Cultural safety as:

    a. The need for healthcare practitioners to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery.
    b. The commitment by individual healthcare practitioners to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures and characteristics that may affect the quality of care provided.
    c. The awareness that cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by people, whānau and their communities.

Addressing health inequities

19. Equity recognises that different people with different levels of advantage require different approaches and resources to achieve equitable health outcomes, whereas equality or standardised "one-size-fits-all" care can perpetuate and increase health inequities.

20. Pharmacist prescribers need to ensure they are informed of and mindful of existing health disparities in Aotearoa New Zealand. In their prescribing practice they should be actively working in partnership with people and their whānau to ensure equitable and safe access to medicines and appropriate healthcare for Māori. Pharmacist prescribers must also acknowledge and understand the impact that historical and intergenerational trauma[19] has, and continues to have, on achieving equitable health outcomes.

21. Listening to the concerns that people/ whānau have is imperative, taking these into account as well as giving a good explanation of medicines and how they work that people and their whānau can understand. Research has shown that Māori are more likely to take their medicines if a good explanation has been given. Also key to tackling health inequities is ensuring that pharmacist prescribers address and challenge racism. Pharmacist prescribers will see interpersonal, institutional, and structural racism across their career and will need to be prepared to confront this to ensure that their practice is not contributing to inequity.

22. By providing excellence in pharmacotherapy, ensuring culturally safe practice and working together with people to achieve the best possible health outcomes from medicines, pharmacist prescribers can help to eliminate health disparities for Māori.

[19] Historical trauma can be conceptualised as an event or set of events perpetrated on a group of people who share a specific group identity which led to cumulative emotional harm. Intergenerational trauma is related to the effects of trauma that are passed down between generations. Historical trauma and intergenerational trauma are related but different.

Aotearoa New Zealand Health initiatives

23. Pharmacist prescribers should be aware of the determinants of health for Māori in Aotearoa New Zealand as well as any determinants or barriers to health equity that are particular to the communities/setting they work in, whether that be primary or secondary care.

24. Pharmacist prescribers should actively support any initiatives to reduce health disparities that are relevant to their practice setting.

Pharmacist prescribing

25. A pharmacist prescriber is a pharmacist who has completed the relevant approved postgraduate education, training and registration requirements set by the Pharmacy Council.

26. Pharmacist prescribers must work as part of a collaborative healthcare team.

27. In the collaborative healthcare team, the pharmacist prescriber is not the primary diagnostician, however they must be able to carry out clinical assessments and monitoring that are relevant for the conditions for which they prescribe, and they are responsible for the prescribing decisions they make.

28. The Pharmacist Prescriber scope of practice was first published in the New Zealand Gazette on 13 June 2013 (amended 16 October 2014). The legislation authorising pharmacist prescribing is the Medicines (Designated Pharmacist Prescriber) Regulations 2013.

29. Pharmacist prescribers have specialised clinical, pharmacological, and pharmaceutical knowledge, skills and understanding relevant to their area of prescribing practice.

30. In the Aotearoa New Zealand context, pharmacist prescribers are first and foremost pharmacists and, as such, are beholden to the Competence Standards for the Pharmacy Profession, the Code of Ethics and all other relevant

statements and guidelines issued by Council in the same manner as all other pharmacists. Therefore, the Competence Standards for Pharmacist Prescribers apply in addition to, rather than instead of other requirements. To avoid duplication, this document aims to only address topics, activities and standards where practice in the Pharmacist Prescriber scope is substantially different from Pharmacist scope.

31. Pharmacist prescribers may only prescribe within an interdisciplinary collaborative health team setting. The pharmacist prescriber is integrated into the patient's healthcare team, whether this is the primary healthcare provider in the community, or the consultant-led medical team in hospital. They use their clinical skills and their expert knowledge of medicines to improve health outcomes related to the use of medicines, across the Aotearoa New Zealand healthcare sector.

32. Pharmacist prescribers must recognise that prescribing is a complex task. It combines clinical expertise and the best available clinical evidence with people's preferences, priorities, values, experiences, culture and beliefs. Pharmacist prescribers must prescribe within the limits of their professional expertise and competence (clinical, professional, and cultural) and their ethical codes of practice. They are responsible and accountable for the care they provide, and for ensuring their prescribing services are delivered in a clinically and culturally safe and effective manner that seeks to improve health equity.

Practise within a collaborative team

33. In a collaborative healthcare team, pharmacist prescribers work directly alongside other healthcare professionals, sharing responsibility for problem-solving and making decisions to formulate and carry out plans to provide healthcare.20

34. A key feature of a collaborative team is the shared access to information about the person they are caring for, such as diagnosis, medication history, treatment

[20] O'Daniel M, Rosenstein AH. Professional Communication and Team Collaboration. In: Hughes RG, editor. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008 Apr. Chapter 33. Available from: https://www.ncbi.nlm.nih.gov/books/NBK2637/#

plans, test results and progress notes. This also includes ready access to the other team members in a timely manner. This ensures that the pharmacist prescriber has direct and up-to-date access to the necessary information about a person's medical history and medicines to enable the pharmacist prescriber to make informed decisions about the person's treatment and care. In a collaborative team, the pharmacist prescriber plays an active part in the decision-making process with respect to initiating or changing a person's medicine, and their decisions and recommendations directly affect the person's medicine therapy. The pharmacist prescriber communicates prescribing decisions to other healthcare professionals caring for the same person and updates the medical record in a timely manner.

35. Members of the interdisciplinary collaborative team have overlapping and complementary roles. In this team, the pharmacist prescriber adds value to the team and the quality of healthcare provided by individualising medication therapy with the aim that each person's medication is tailored to their specific combination of medical conditions, physiological functions, and indicators (e.g., kidney function), age, preferences, and wider social determinants. Pharmacist prescribers assess people, initiate, discontinue and adjust medications and doses to ensure the medicines are providing the maximum benefit possible, whilst minimising actual and potential adverse effects. They monitor the effectiveness and safety of treatment, ensure the person has been empowered to understand and make decisions with respect to pharmacotherapy, and support medication adherence.

Prescribing in context

36. Pharmacist prescribers work in many different settings in primary and secondary care. These may include general practice (GP) clinics, hospitals, community health teams, marae-based clinics, age-related residential care facilities, hospices, and other collaborative team environments.

37. Some examples of areas of practice for pharmacist prescribers:
    a. Specific therapeutic areas such as: renal, paediatrics, care of the older person, oncology, mental health, vascular surgery, respiratory, diabetes, cardiology, stroke; or sub-specialising, e.g., heart failure.

b. Primary care/ambulatory care in a GP clinic. These pharmacist prescribers may prescribe over a range of therapeutic areas; often these are long-term medical conditions such as diabetes, cardiovascular diseases, or respiratory conditions.

c. Other examples of pharmacist prescribers who prescribe over a range of therapeutic areas are Emergency Department pharmacist prescribers or age-related residential care facility pharmacist prescribers.

d. Pharmacist prescribers working to reduce medication errors in high-risk areas of the healthcare continuum, e.g., medicines reconciliation on admission, surgical pre-admission, or discharge from hospital.

e. Pharmacist prescribers working with a specific group of medicines or medical treatments, e.g., anticoagulation, parenteral nutrition, or antimicrobials.

Pharmacist Prescriber Scope of Practice

38. Pharmacist Prescribers have specialised clinical, pharmacological and pharmaceutical knowledge, skills and understanding relevant to their area of prescribing practice. This allows them to provide individualised medicines management services, including the prescribing of medicines to patients across a range of healthcare settings and models.

39. Pharmacist Prescribers work in a collaborative health team environment with other healthcare professionals and are not the primary diagnostician. They can write a prescription for a patient in their care to initiate or modify therapy (including discontinuation or maintenance of therapy originally initiated by another prescriber). They can also provide a wide range of assessment and treatment interventions which includes, but is not limited to:
    a. ordering and interpreting investigation (including laboratory and related tests).
    b. assessing and monitoring a patient's response to therapy.
    c. providing education and advice to a patient on their medicine therapy.

40. The Pharmacist Prescriber must prescribe within the limits of their professional expertise and competence (both clinical and cultural) and ethical codes of

practice. They are responsible and accountable for the care they provide.

Prescribing in partnership

41. Patients receive safe, effective, and patient-centred care when they are treated as individuals with their own values, needs and concerns.

Patient/whānau-centred care and shared decision-making

42. Pharmacist prescribers must be open and honest with the person seeking care and the people for whom they prescribe. They must ensure they can communicate clearly with the person/whānau and, if necessary, arrange an interpreter or other suitable assistance. They should make sure people know they are prescribing as a pharmacist prescriber.

43. Pharmacist prescribers must have a person-centred approach, which is where the person is placed at the centre of the service and treated as a person first, rather than their condition first. Input should focus on supporting a person to achieve their goals and should be tailored to their needs and unique circumstances.

44. A person-centred approach:
    a. supports the person to be involved in making decisions about their life and any treatment options where possible,
    b. takes into account each person's life experience, age, gender, culture, heritage, language, beliefs and identity,
    c. requires flexible services and support to suit the person's wishes and priorities,
    d. is strengths-based, where people are acknowledged as the experts in their life with a focus on what they can do first, and any help they need second, and
    e. acknowledges the person's whānau /support networks as partners and includes them (with the person's permission).

45. Pharmacist prescribers must take responsibility for person-centred, culturally safe

practice for all patients in their care. They must reflect on their practice to ensure person/whānau-centred care is not compromised by their own personal views and biases, values, morals, and beliefs. Pharmacy Council guidance and expectations on culturally safe pharmacist practice can be found here.

46. To provide person-centred care, pharmacist prescribers must communicate effectively with the person/whānau to:

    a. understand their needs and any concerns they may have

    b. make sure there is a genuine clinical need for treatment

    c. assess whether the person has the capacity to make a decision about their care or consent to treatment. There may be cases when the person may lack capacity, either physically (for example, because they are unconscious), or because they are unable to make decisions about their care. If the pharmacist prescriber is unsure about the person's capacity, they should consult with a colleague.

    d. come to a shared decision about the care they provide. They must do this by assessing all the relevant information from the person and giving the person/whānau relevant, clear information in a manner that is appropriate to their culture and encourages questions and discussion, so they can make an informed decision. Any prescribing decisions must be made in partnership and mutual agreement with the person/whānau.

    e. make sure the person is aware of any risks involved in their treatment and the risks of any reasonable alternative or different treatment option.

47. Pharmacist prescribers must make sure they maintain a person's confidentiality and privacy when carrying out consultations. This is a vital part of the relationship between the pharmacist prescriber and the person seeking care. See 'Prescribing safely' for further information

Working in partnership with other healthcare professionals

48. Collaboration between health care professionals increases awareness within the team of

    a. each other's specific knowledge, skills, and abilities, and enables

consultation, communication, and collaboration that improves decision-making and optimised health outcomes for the people in their care

49. Pharmacist prescribers have a responsibility to work collaboratively with their teams to ensure continuity of care. Continuity of care is the process by which the person's care team work together to provide ongoing safe and effective healthcare. Pharmacist prescribers must avoid fragmentation of care, as this is known to increase the risk of adverse medical events.

50. When there is shared responsibility with a colleague for a person's care, for example, when working as part of a multidisciplinary team in a hospital, pharmacist prescribers must make sure there are clear lines of accountability and that they are competent to share their part of the clinical responsibility. If they are responsible for the initial assessment of a person, they must find out all the information they need to be able to prescribe. Any decisions made about responsibility for follow-up and monitoring should be in the person's best interests, and clearly recorded and communicated to everyone involved in the person's care

51. When a pharmacist prescriber continues the treatment prescribed by another prescriber, they are still professionally accountable and responsible for the prescribing decisions they make. They must make sure the medicine and the prescription is appropriate, meets the person's needs, and allows continuity of care for them (see also Repeat prescribing).

52. Pharmacist prescribers also have an opportunity and responsibility within their collaborative environment to act on or provide leadership in areas of medicine use that relate to their expertise or area of practice, especially if any concerns are noted. An example of this could be identifying quality improvement initiatives regarding prescribing, new medicine use or medicine stewardship opportunities, or supporting colleagues to further develop pharmacotherapy knowledge and safe prescribing skills, thus improving equitable health outcomes

Sharing health information

53. As members of the collaborative team, pharmacist prescribers have access to shared records for people under the care of the team, and specific permission to access information is not usually required for individual team members.

54. Consent to access a person's medical records is usually covered by the clinical governance arrangements of the interdisciplinary team environment within which the pharmacist prescriber works. The pharmacist prescriber must be aware of arrangements for sharing of medical information in their setting and must ask for consent to obtain any other health information that is external to their working arrangement. Exceptions may apply in emergency situations, in which case circumstances and decisions should be documented. Prescribing information should be documented in the shared care medical record as soon as possible (see 'Prescribing safely - Documentation').

55. Pharmacist prescribers should use their professional judgement when deciding what information to share. This is especially important when prescribing medicines that are liable to abuse, overuse or misuse, when there is a risk of addiction or when ongoing monitoring is important.

56. The Pharmacy Council supports the New Zealand Medical Association Code of Ethics statement that health practitioners "should keep in confidence information derived from a patient, or from a colleague regarding a patient, and divulge it only with the permission of the patient or in those unusual circumstances when it is clearly in the patient's best interests or there is an overriding public good, including the risk of serious harm to another person." If there is any doubt, seek guidance from a suitably qualified colleague.

57. Each workplace should have policies covering consent and sharing of medical information.

Prescribing safely

58. Pharmacist prescribers are responsible and accountable for their decisions and actions.

59. The prescribing process is complex and involves much more than just writing a prescription. Medication errors can cause harm, and pharmacist prescribers must ensure they practise in a way that minimises the risk of making medication errors. Some medicines and situations are known to be associated with an increased risk of medication errors, and extra care should be taken with these, e.g., the transition between primary and secondary care. Other aspects also need to be considered in prescribing safely, such as understanding inequities in health outcomes and how their role as a pharmacist prescriber affects this, as well as ensuring that pharmacist prescribers are prescribing in a culturally safe way.

When prescribing, pharmacists should consider the following areas:

Having all the necessary information to prescribe safely

60. To prescribe safely, it is important to have all the information required to be able to do so. This includes information about the person's medical history, medications, relevant laboratory results, and relevant physical assessment. It should also include:

    a. family and social history

    b. an understanding of the potential impact of their own culture on clinical interactions and healthcare service delivery

    c. any recent admissions to hospital

    d. recent use of other medicines, including regular medicines, acute medicines (for example, short-course antibiotics), over-the-counter medicines, herbal medicines, complementary medicines, recreational drugs, and medicines bought online

    e. other medicines and medical conditions which may or may not be on their record (for example, chemotherapy, medicines prescribed for mental health, recently diagnosed medical conditions)

f. any previous adverse reactions or allergies to medicines or other substances

g. relevant laboratory results

61. This information should come from multiple sources with recognition that the person is the most important source. Therefore, it is imperative that the pharmacist prescriber creates an environment where the person/whānau feels safe to share accurate and complete information.

62. Pharmacist prescribers must work in a collaborative team environment, and this provides access to the shared care records, so much of this information may be already available. If this information is limited or unavailable, pharmacist prescribers should assess whether they have sufficient information and knowledge of the person's health and medical history to prescribe safely. They must be able to demonstrate that they have assessed the risks when making a professional decision, for example, by keeping a record of their reasons to prescribe in these circumstances (for more information please see 'Documentation').

Assess person

63. This is an important part of obtaining the information needed to prescribe safely. If the pharmacist prescriber does not personally assess the person, they should ensure that the information on record is accurate and sufficient to make a competent assessment.

64. Pharmacist prescribers should:

    a. fully assess the person via questioning and carry out an examination, when it is necessary, in an appropriate environment which ensures the person's privacy and confidentiality,

    b. refer the person to an appropriate healthcare professional when further examination or assessment is required.

65. An assessment should provide a prescriber with updated information on:

    a. the continued appropriateness of prescribed medications

    b. whether the disease progression remains consistent with the working diagnosis

    c. the patient's knowledge of their health condition and treatment(s)

d. the patient's adherence to prescribed treatments

e. whether the patient would prefer access to Kaupapa Māori services

f. an understanding of basic tikanga required for their Māori patients

66. The scope of practice and competence standards do not preclude Pharmacist Prescribers from assessing minor ailments and prescribing appropriate treatments. Minor treatments include only those that can be routinely assessed and successfully treated by pharmacists in a primary care setting. A pharmacist prescriber must consider whether a seemingly minor ailment is related to or a complication of an underlying health condition and therefore requires further consideration by members of the collaborative team. This practice must have the support of the workplace. Workplace policies and protocols should provide guidance on how the collaborative team triages and manages patient assessment and treatment.

Prescribe appropriately

67. Pharmacist prescribers must prescribe only within the limits of their knowledge, skills, prescribing area and competence. Pharmacist prescribers must make sure their prescribing is based on current evidence and best practice and is safe and appropriate. This includes:

    a. prescribing in line with clinical, national and local best practice guidelines, informed by the evidence base, and document reasons if not

    b. using their in-depth knowledge of the evidence base and applying it to the person's situation to make a clinical decision that would stand up to scrutiny by their peers, particularly when the person and/or clinical situation is outside best practice guidance

    c. considering the impact of their prescribing on the person they are prescribing for

    d. making prescribing decisions based on the needs of the person and not because of commercial interests or pressure from people, colleagues, employers, or pharmaceutical companies

    e. explaining reasons for not prescribing, and any other options available to the person when they consider prescribing to be inappropriate

    f. being able to show that all prescribing arrangements are transparent, and that there is no conflict of interest or undue influence such as:

g. prescription direction, i.e., directing a person to collect their prescription from a specific pharmacy,
h. restricting a person's choice, or
i. unduly influencing or misleading, deliberately or by mistake, people wanting prescribing services
j. prescribing responsibly when medicines have a known risk of misuse and actively monitor for signs of misuse that may be developing. See 'Prescribing medication with a risk of addiction or misuse' in the Medical Council of NZ statement on Good Prescribing Practice.
k. following principles of antimicrobial stewardship to reduce risk of antimicrobial overuse and resistance.

68. As designated prescribers (and therefore authorised prescribers), pharmacist prescribers may not prescribe unapproved medicines supplied from within Aotearoa New Zealand under section 29 of the Medicines Act 1981. However, they may prescribe approved medicines for unapproved use(s) under section 25. If considering the unapproved or 'off-label' use of a medicine, a pharmacist prescriber must make sure there is sufficient evidence and experience of its safety and effectiveness, and that the medicine and its use appropriately meet the needs of the person. This may be necessary to meet the person's needs, for example, when:
    a. only an 'adult' formulation is licensed, but the patient is a child, or
    b. the suitably licensed medicine is not available because of medicines shortages
    c. it is a medicine that is routinely used outside the terms of its licence, for example in paediatrics and palliative care.
69. Repeat prescribing is far from straightforward and requires a similar approach to initiating a medicine. The practitioner who prescribes the repeat medicine, even if another prescriber has initiated it, is fully responsible and accountable for their actions and decision-making when prescribing that medicine. In addition to the usual processes that should be followed when prescribing, the pharmacist prescriber should:
    a. have enough information about the person's medical conditions, allergies, other medications and any other relevant factors (e.g., serum creatinine and

electrolytes) to ensure the medicine(s) is/are appropriate for the person and still indicated

b. check whether there have been any changes in the person's circumstances, such as a hospital stay, or changes to their medicines following a hospital or home visit

c. satisfy themselves that the person does not need an assessment or examination before receiving their repeat prescription

d. refer to another prescriber or health professional if there are concerns or issues that are outside the pharmacist prescriber's area of practice

e. follow the repeat prescribing policies and procedures

70. If a pharmacist prescriber administers medicines, or delegates the administering of medicines to another person, they must make sure that they or the delegate have the necessary and appropriate training and skills to administer safely.

Documentation

71. When reviewing and prescribing the person's medicines, it is important to document any changes to the person's medical record as soon as possible, to ensure safety and continuity of care. In most cases the pharmacist prescriber can record their actions directly in the shared medical record because they are working within the person's collaborative team. In any other circumstances, the pharmacist prescriber should ensure the primary healthcare provider is informed in a timely manner. Documentation should include:

    a. a record of discussions, especially when prescribing outside accepted best practice guidelines and evidence, or for the unapproved or 'off-label' use of a medicine

    b. the reasons for their prescribing decisions, including when not to prescribe, and

    c. arrangements for follow-up and monitoring.

Follow-up including monitoring

72. Following up and monitoring are necessary to ensure safety and effectiveness of treatment and for continuity of care. The pharmacist prescriber should:

    a. decide what monitoring is needed following the prescribing activity and provide or facilitate access to this monitoring to ensure continuity of care. For example, this could be by providing a laboratory form or electronic order for relevant blood tests if this monitoring is indicated for the medicine prescribed. If the pharmacist prescriber orders a test or investigation, they are responsible for following it up and deciding what action to take.

    b. provide relevant information – including patient information leaflets – in a way the person can understand, and check they have understood this

    c. plan appropriate follow-up reviews that meet the needs of the person seeking care

    d. assess and monitor the outcome of the prescribing activity to make sure safe and effective care is provided

    e. take action when there is a need for urgent referral to another healthcare professional

    f. make sure the person seeking care knows who to contact if they have any questions or concerns

    g. tell the person what to do if their condition deteriorates, or is unresolved, or there are any new symptoms or changes in their condition, e.g., to come back to the pharmacist prescriber to make sure no serious conditions are missed (this is called 'safety netting'), or to seek medical attention if urgent

    h. use reporting mechanisms for suspected adverse drug reactions (ADRs), and make sure the person knows how to report suspected ADRs. The Centre for Adverse Reaction Monitoring (CARM) website has online ADR reporting for health professionals and the general public, as well as options to request or print a hard copy of and ADR reporting form. These can be found at the New Zealand Pharmacovigilance Monitoring Centre website nzphvc.otago.ac.nz/reporting/

    i. use reporting mechanisms for actual and suspected patient safety incidents: the Health Quality and Safety Commission National Adverse Events reporting policy and reporting form

Keeping up-to-date and prescribing within your level of competence

73. Pharmacist prescribers can prescribe in many different clinical and therapeutic areas. As these roles continue to develop and expand, pharmacist prescribers must maintain, develop, and use the professional knowledge and skills relevant to their role and prescribing area, to make sure they provide safe, appropriate and up-to-date care.

74. Whatever the person's condition and the medicines available to manage their health care, pharmacist prescribers must prescribe only within the limits of their knowledge, skills, and clinical competence. They must:
    a. maintain the competencies specific to their role as a prescriber and their area of practice, and
    b. undertake reflective practice to adapt and improve their practice

75. When a person's condition or the medicines prescribed are outside a prescribing pharmacist's area of practice, they should refer the person to another appropriate prescriber.

Returning to practice, changing, or expanding prescribing area

76. When returning to prescribing practice after a break, or when prescribing in a different or expanded clinical area, pharmacist prescribers should identify and undertake any additional training and supervision they need. They should record the activities they have undertaken, for example, by keeping a portfolio with evidence of supervised practice and any training and assessments.
77. Pharmacist prescribers must make sure they are competent in their area of prescribing and demonstrate this. They should also check that they are covered by their professional indemnity insurer for any new or different prescribing roles they undertake and review their cover regularly to ensure this.
78. For more information on a portfolio of evidence when returning to practice, please see the Return to practice section of the Pharmacy Council website.

Continuing Professional Development

79. Pharmacist prescribers should ensure that a portion of their CPD recertification records directly address their role as a pharmacist prescriber. This includes keeping up to date with relevant changes in the law and the therapeutic areas in which they prescribe. Pharmacist prescribers should use the Pharmacy Council's recertification guidance to plan and demonstrate that they stay up-to-date with current evidence and guidelines when prescribing.

Audit and peer support

80. Clinical audit and peer review are important components of professional development. To improve their prescribing skills and the care they provide, pharmacist prescribers must have arrangements in place to monitor and audit their prescribing practice.
81. Pharmacist prescribers must actively engage in a peer group to get support from, and give support to, their professional peers.

Ethical considerations

82. Pharmacist prescribers must make sure the care they provide meets the needs of the person and does not compromise the health, safety, and wellbeing of the person, their whānau or the public. Pharmacist prescribers must also make sure incentives and targets do not compromise their professional judgement.

Prescribing for self, family, and friends

83. Pharmacist prescribers must not prescribe for themselves and should not prescribe for anyone with whom they have a close personal relationship (such as family members, friends, or colleagues). If a family member, friend, or colleague comes under the care of the pharmacist prescriber's collaborative team, the pharmacist prescriber should follow the policies and procedures their workplace has for dealing with such situations. This puts appropriate safeguards in place (as pharmacist prescribers must work within a collaborative team environment), allows objectivity by the provider, and aligns with guidance provided by the Medical Council of New Zealand for medical practitioners.

Prescribing for people not under your collaborative team

84. The scope of practice outlines that pharmacist prescribers may only prescribe as a member of a collaborative healthcare team. If a pharmacist prescriber is asked to prescribe for a person who is not under the care of their collaborative team, they cannot legally or ethically provide this service. The best course of action is to refer the person to another prescriber, ideally their own GP, a walk-in medical centre or book them to see one of the GPs within their collaborative team. If the pharmacist prescriber is working in a secondary or hospital environment and is asked to prescribe for a person who is not under the care of the team the pharmacist prescriber is working with, then the person should be referred to a member of the medical team whose care they are under. People are encouraged to enrol with a General Practice for continuity of care and access to funding for consultations.

Conscientious objection

85. If a pharmacist prescriber's values or beliefs conflict with them providing treatment for a person, they must refer the person to another prescriber or relevant health practitioner. They should facilitate the process to avoid creating barriers to accessing healthcare. The Code of Ethics states that "A pharmacist recognises and respects patients' diversity, cultural knowledge and skills, gender, beliefs, values, characteristics and lived experience, and does not discriminate on any grounds".

Prescribing and supplying

86. Pharmacist prescribers should not be involved in any part of the dispensing process for prescriptions they have written.
87. Section 42C of the Medicines Act has guidance relating to prescribers having a pecuniary interest in dispensing or provision of medicines, and this applies to pharmacist prescribers who hold a financial interest in a pharmacy or a group of pharmacies, or who may work in a dispensing role.
88. The Medicines Control Licensing Authority has sole authority to consent or not consent prescriber interest in a pharmacy. They will consider each situation individually and determine whether conditions will be applied to the pharmacy license. For example, they may impose conditions which prevent the pharmacy from dispensing prescriptions issued by a prescriber holding an interest in the pharmacy.
89. This legislation does not apply to a hospital pharmacy, however if a hospital pharmacy employs one or more pharmacist prescribers, they must not be involved in any part of the dispensing process for any medicines they have prescribed.

Telehealth

90. Telehealth is an evolving aspect of healthcare delivery. The Pharmacy Council has published a statement regarding Telehealth and supply of Pharmacy Services over the internet, however this primarily relates to medicine supply. Some of the general principles about telehealth in the Pharmacy Council statement can be applied to a setting where a pharmacist prescriber is consulting via telehealth:
    a. It is expected a pharmacist delivers care of an equitable standard via the use of technology or devices that the person would receive if they were face-to-

face with the pharmacist.

b. Pharmacists are expected to identify appropriate situations where telehealth may be used and, if any potential limitations are present, suggest alternative methods for care or communication, such as in person.

c. Pharmacists are expected to be aware of other relevant legislation that may apply.

91. Some considerations specific to pharmacist prescribers:

a. The person receiving care via telehealth must be under the care of the pharmacist prescriber's collaborative team.

b. You should have an in-person consultation with someone before prescribing any medicine for them for the first time.

c. Only prescribe when:

   i. you have adequate knowledge of the person's health obtained by gathering and considering their relevant medical history and all other relevant clinical information (preferably including their full clinical record)

   ii. you are satisfied that the medicines or treatment are in the person's best interests

   iii. you are able to update the person's clinical records

   iv. electronic prescribing systems comply with relevant standards.

d. The Medical Council of NZ has published a statement outlining their expectation of doctors who practise telehealth in Aotearoa New Zealand and overseas, and much of this is applicable to pharmacist prescribers.

Information for employers of pharmacist prescribers

92. Employers of pharmacist prescribers, in whatever setting and context, must have governance arrangements in place to protect public safety.
93. All organisations and employers of pharmacist prescribers must have procedures in place to identify and manage the risks involved in providing and managing services delivered by pharmacist prescribers.
94. People and organisations who employ pharmacist prescribers should make sure: appropriate governance arrangements are in place to make sure pharmacist prescribers meet local and nationally agreed prescribing policies and standards
    a. pharmacist prescribers can meet their own professional and legal obligations, and are able to use their professional judgement in the interests of the public
    b. pharmacist prescribers maintain their competencies in the area in which they prescribe
    c. where pharmacist prescribers carry out assessments and provide diagnostic testing to assess a person's condition, the equipment and facilities are safe to use and appropriately maintained
95. When pharmacist prescribers are contractors, the contract holder should have the above requirements in place.
96. Pharmacist prescribers are responsible for understanding the clinical governance arrangements they work under to make sure they are competent to practise.
97. The Pharmacy Council have published a position statement for pharmacists working in General Practice that is also relevant for pharmacist prescribers, regardless of the environment or setting where they are working. The statement includes sections on competence and clinical peer support and includes further links to documents prepared by the Pharmaceutical Society of New Zealand in conjunction with the New Zealand Medical Association and a suite of resources collated and maintained by the Clinical Advisory Pharmacists Association, all of which provide comprehensive information for developing Pharmacist Prescriber roles and considerations when defining these roles.
98. Council Expectations for Pharmacists Practising in Clinical Roles in General Practice (pharmacycouncil.org.nz)

Raising concerns

All pharmacists, including pharmacist prescribers, must speak up when they have concerns or when things go wrong.

99. Pharmacist prescribers must be honest with the person concerned and with colleagues and employers when things go wrong.

Concerns regarding colleagues

100. If any pharmacist, including a pharmacist prescriber, considers that the prescribing of a colleague is unsafe for a person, they should question the decision or action, and raise concerns if the health and wellbeing of the person being treated may be at risk. When pharmacist prescribers pick up concerns about prescribing data, they must also raise these with the relevant person or regulator.

101. A pharmacist's failure to act on their concerns could constitute a breach of the Pharmacy Council's Code of Ethics.

102. The quality-of-care people receive is improved when pharmacist prescribers learn from feedback (which may include complaints) and incidents, and when poor practice and behaviour is challenged.

103. It is important that pharmacist prescribers record, report and learn from errors and 'near misses', to manage the risk of making and repeating mistakes.

Feedback received from patients

104. Pharmacist prescribers must reflect on feedback or concerns about their own practice raised by colleagues, carers or other people and act when appropriate to prevent the same thing happening again.

105. Clinical peer support is an important part of this process and it is important for Pharmacist Prescribers to engage in regular professional and clinical case discussions with peers as part of ongoing professional development and reflection on their own practice.

Questions to ask yourself

106. Below are some key questions that pharmacist prescribers should ask themselves when thinking about how they can make sure, and demonstrate, that they have provided person-centred, culturally safe care:

a. Do I have all the information I need to prescribe safely?
b. Am I prescribing in line with clinical and national guidelines?
c. Am I able to justify my decision to prescribe outside clinical, local or national guidelines and best practice?
d. Do I have any concerns about the medicines being requested? (type, quantities, frequency?)
e. Am I competent to prescribe these medicines?
f. Am I prescribing within my area of practice?
g. Do I have procedures in place for monitoring this person?
h. Have I made the care of the person my priority?
i. Have I considered what extra safeguards are needed for the medicines being prescribed?
j. Have I considered how my worldview may have affected the care that I am providing and the assumptions I have made?
k. Have I facilitated equitable access to health care services for Māori?
l. What indigenous health knowledge and practices may be appropriate for my practice?
m. Which Māori models of health should be reflected here?
n. How am I representing tino rangatiratanga within my practice?
o. Have I acknowledged the importance of wairua, rongoā and waiora in my practice?
p. Do I know the correct tikanga to use in this situation, and how should I apply tapu and noa within this?
q. Have I pronounced proper nouns correctly?
r. Have I used the correct pronouns?

Definitions

107. Within this document, the following terms are defined as:

a. **In-person:** Where the pharmacist prescriber and the person are physically present in the same consultation space.

b. **Physical examination:** the process of evaluating objective anatomic findings through the use of observation, palpation, percussion, and auscultation[21].

c. **Prescribing:** an iterative process involving the steps of information-gathering, assessment, clinical decision-making, implementation and communication of decision, monitoring, evaluation and review, underpinned by cultural safety and person-centred care, which results in the initiation, continuation, modification or cessation of a medicine.

d. **Telehealth:** the use of information and video conferencing technologies, to deliver health services to a person and/or transmit health information regarding that person between two or more locations within Aotearoa New Zealand.

e. **Video consultation:** Where the pharmacist prescriber and person with whom they are consulting use information and video conferencing technologies to communicate with each other and visual and audio information are exchanged in real time, but the pharmacist prescriber and the person are not physically present in the same consultation space

[21] Walker, H. K., Hall, W. D., & Hurst, J. W. (1990). The Physical Examination. In Clinical methods: The history, physical, and laboratory examinations (3rd ed.). Butterworth Publishers.