



#### PHARMACISTS AND NURSES: ROLES AND RESPONSIBILITIES

Collaboration between health professionals is essential to ensure quality care for health consumers. Good communication, understanding of and respect for others' contributions to consumers' health is fundamental for providing good quality care.

A newly registered nurse, a newly appointed designated nurse prescriber or a nurse practitioner can initiate an effective working relationship in the first instance, by introducing him/herself to the local pharmacy team.

Pharmacists can provide nurses and their patients with services such as medicines information, monitoring drug therapy and counselling about medicines. Pharmacists are the health professionals with the knowledge, skills and attributes to take responsibility for the management and utilisation of medicines.

#### For nurses:

In practice, you will come across pharmacists from three scopes of practice: Intern Pharmacists, Pharmacists and Pharmacist Prescribers. There may be additional conditions on their scopes of practice which can be found on the Pharmacy Council Register<sup>1</sup>.

# **Intern Pharmacists**

- Undergo training (supervised by an approved, registered pharmacist) to become a pharmacist.
- Their practice includes:
  - > providing non-prescription medicine therapies
  - dispensary activities
  - researching and evaluating information to assist with providing evidence-based advice.

### **Pharmacists**

- Work in a variety of settings (e.g. hospital pharmacy, community pharmacy, primary health organisations, general practice, pharmaceutical manufacturing, education, government).
- Supply scheduled medicines<sup>2</sup> classified as 'pharmacy-only' and 'restricted'.
- Can have additional training and accreditation to provide health-screening activities, certain prescription medicines without a prescription, and administering medicines, including injectables.
- Researching and evaluating information to provide evidence-based advice and recommendations on medicine-related health issues.

# Pharmacist Prescribers

- In addition to the Pharmacist scope of practice, Pharmacist Prescribers:
- Are authorised to prescribe as designated prescribers<sup>3,4</sup>.
- Have specialised clinical, pharmacological and pharmaceutical knowledge, skills and understanding relevant to their area of prescribing practice.
- Provide individualised medicines management services.
- Work in a collaborative environment with other health professionals.
- Provide assessment and treatment interventions, including interpreting tests, monitoring patient's response to therapy.
- They are not the primary diagnostician, but they can initiate or modify medicine therapy for a patient in their care.
- Can prescribe up to 6-months' supply of an oral contraceptive, 3-months' supply of other medicines<sup>5</sup> or 3-days' supply of controlled drugs<sup>6</sup>, within the limits of their professional scope of practice<sup>7</sup>.

<sup>&</sup>lt;sup>1</sup> Pharmacist Register can be accessed from <a href="https://www.pharmacycouncil.org.nz/Search-Register">https://www.pharmacycouncil.org.nz/Search-Register</a>

<sup>&</sup>lt;sup>2</sup> Scheduled medicines include 'pharmacy-only', 'restricted', and 'prescription only medicine' as specified in Medicines Regulations 1984 Schedule 1 and can also be found on the Medsafe Classification Database

<sup>&</sup>lt;sup>3</sup> Medicines Act 1981 defines "designated prescriber" as an authorised prescriber other than a practitioner, nurse practitioner, optometrist, or a registered midwife, belonging to a class of registered health professionals authorised by regulations made under this Act to prescribe certain prescription medicines and who satisfy certain requirements relating to competency, qualifications, or training

<sup>&</sup>lt;sup>4</sup> As per the Medicines (Designated Pharmacist Prescriber) Regulations 2013

<sup>&</sup>lt;sup>5</sup> Listed in the Medicines (Designated Pharmacist Prescribers) Regulations 2013 <u>Schedule</u>

<sup>&</sup>lt;sup>6</sup> As specified in <u>Schedule 1B</u> of the Misuse of Drugs Regulations 1977

<sup>&</sup>lt;sup>7</sup> The <u>Health Practitioners Competence Assurance Act 2003</u> defines <u>scope of practice</u> as any health service that the practitioner is authorised to perform, subject to any conditions imposed by the responsible authority.

# For pharmacists:

In practice, you will come across nurses from three scopes of practice: Enrolled Nurses, Registered Nurses (or Registered Nurse Prescribers), and Nurse Practitioners. There may be additional conditions on their scopes of practice which can be found on the Nursing Council Register<sup>8</sup>.

### **Enrolled Nurses**

- Must work under supervision of a registered nurse.
- Their practice includes:
  - > contributing to nursing assessments and care evaluation
  - > assisting health consumers with their health conditions and daily activities.

### **Registered Nurses**

- Practice independently or in collaboration with other health professionals in a variety of clinical contexts.
- They provide comprehensive assessments to develop, implement, and evaluate an integrated plan of health care and provide interventions that require substantial scientific and professional knowledge, skills and clinical decision making.

### **Designated Nurse Prescribers**

Under the Medicines Act, they are designated prescribers and are authorised to prescribe 6-months' supply of oral contraceptives, 3-months' supply of other scheduled medicines from a **specified list** of prescription medicines<sup>9</sup> and 3-days' supply of controlled drugs<sup>10</sup> in certain circumstances as per the Medicines (Designated Prescriber – Registered Nurse) Regulations 2016, within the limits of their professional scope of practice. Designated nurse prescribers (as authorised prescribers) can dispense.

Note: This statement will be updated in due course as there is soon to be two classes of designated nurse prescribers.

### **Nurse Practitioners**

Are authorised prescribers (i.e. as are medical practitioners) and as such can:

- Prescribe up to 6-months' supply of an oral contraceptive, 3-months' supply of other scheduled medicines, 1-months' supply of Class A and B controlled drugs and 3-months' supply of Class C controlled drugs, within the limits of their professional scope of practice.
- Dispense<sup>11</sup>.
- Authorise practitioner's supply orders<sup>12</sup> and standing orders<sup>13</sup>.
- Prescribe as a specialist on a specialist's prescription, within the limits of their scope of practice and depending on the regulatory requirements for the prescription medicine or controlled drug.
- Prescribe on the recommendation of a specialist for certain medication.

Note: Dispensing Section 29<sup>14</sup> medicines by pharmacies is specific to medical practitioners only.

Pharmacists will dispense prescriptions <u>at face value</u> and accept that what is prescribed is legitimate, unless there is reason to believe that a prescription does not comply with legal requirements. If a pharmacist is concerned that the prescription is outside the prescriber's scope of practice or if there are clinical concerns about the prescription, they will discuss this with the Nurse Prescriber in the first instance.

Effective communication which is timely, accurate, complete and unambiguous reduces errors and results in improved patient safety. Today, healthcare is more complex and diverse than ever, and improving collaboration and communication among healthcare professionals is likely to support the safe delivery of patient care.

<sup>&</sup>lt;sup>8</sup> Nurse Register can be filtered to find registered nurse prescribers and nurse practitioners and can be accessed from <a href="http://www.nursingcouncil.org.nz/nursesregister/search">http://www.nursingcouncil.org.nz/nursesregister/search</a> refer also to the guidance for searching the register

<sup>&</sup>lt;sup>9</sup> Refer to the Medicine Lists specific for designated nurse prescribers (prescribing in diabetes health, prescribing in community health and prescribing in primary and speciality teams)

<sup>&</sup>lt;sup>10</sup> As specified in <u>Schedule 1A</u> of the <u>Misuse of Drugs Regulations 1977</u>

<sup>&</sup>lt;sup>11</sup> As specified in Regulation 42 of the Medicines Regulations 1984

<sup>&</sup>lt;sup>12</sup> Practitioner's Supply Order is defined by PHARMAC as a written order made by a practitioner on a form approved or supplied by the Ministry of Health for supplying community pharmaceuticals to the practitioners for emergencies, teaching or demonstration purposes or for certain patients where a prescription is not practicable <sup>13</sup> Standing Orders are written instructions for a specific person or class of people who do not have prescribing rights to administer or supply specific medicines or controlled drugs as per the Medicines (Standing Order) Regulations 2002

<sup>&</sup>lt;sup>14</sup> Section 29 of the Medicines Act 1981 relates to new medicines as defined by the act (e.g. medicines which do not have ministerial consent for distribution in the NZ market)