

Appendix two

Competence Standards for Aotearoa New Zealand Pharmacy Prescribers Key Submission Themes

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

As a responsible authority (RA) charged with administering the HPCAA, 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.

Competence standards protect the health and safety of the Aotearoa New Zealand (NZ) public by specifying minimum core foundational knowledge, skills and attributes required of health practitioners to register into the following scopes of practice:

- a. Intern Pharmacist,
- b. Pharmacist, and
- c. Pharmacist Prescriber.

Practitioners in all three scopes of practice listed above must meet at a minimum all Competence Standards for the Pharmacy Profession as well as other relevant ethical conduct, and clinical and cultural safety and competence, legislation, and regulations requirements upon registration. 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.

Key changes to the standards implemented after the feedback received.

1. Change to the addition of performance outcomes as an appendix to the guidance.
2. Minor changes to terminology and sequencing within the standards.
3. Omitted behaviour 4.2 was reinstalled.

Themes	Brief description	Illustrative examples from public consultation (PC)	Response to feedback								
Scope of practice for prescribing	A strong emergent key theme is the request for Prescribing (as an activity) to be part of the Pharmacist's scope of practice (vs. limited to those practising in the Pharmacist Prescriber scope of practice) – e.g., like that of nursing scope which will enable pharmacists to prescribe	<p>SH6: These standards create a significant barrier for access and equity to health care. They restrict the pathway for patients to receive appropriate and safe care. Access equity is crucial for improving the health of individuals,[sic] whanau and communities. This additional scope is unnecessarily restrictive, and appropriate safety can be obtained via other pathways (i.e. see nurse prescribing endorsements)</p> <p>SH8: I feel that the obligations and expectation on pharmacists to become prescribers verse other professionals such as nurses means that the bar in a lot higher [sic] and we are not treated equitably [sic] against other professional prescribers</p> <p>SH15: We believe that the current access criteria and practice requirements are set extremely high when compared to prescriber roles in other health professions.</p>	<p>The scope of this project was to review the competence standards within the current legislative regime.</p> <p>Additional information on response to these proposals can be found in the consultation outcome document for the pharmacist competence standards.</p>								
Structure of the standards	There was a request to review the structure of the standards and how the domains are categorised.	<p>Supports proposed structure of standards</p> <p>SH2: The refreshed pharmacist prescriber competence framework; i.e. 2 vs 3 sections, makes sense</p> <p>SH4: I feel the changes reflect the need to embrace cultural needs of Te Tiriti o Waitangi, the diversity of current PP roles and also future proofing to an extent</p> <p>SH13: Thank you to the people who have developed these competencies. I find them acceptable as written</p> <p>Suggested changes to the proposed structure of standards</p> <p>SH16: The current revised Pharmacy Council Prescriber Competence Standards are very long and detailed. We would like to suggest that the Council consider the following adjustments of the headings and respective standards, if they progress, to include:</p> <table border="1" data-bbox="734 1204 1435 1385"> <thead> <tr> <th data-bbox="734 1204 927 1246">Suggested</th> <th data-bbox="927 1204 1435 1246">Current</th> </tr> </thead> <tbody> <tr> <td data-bbox="734 1246 927 1303">Information Gathering</td> <td data-bbox="927 1246 1435 1303">The Consultation</td> </tr> <tr> <td data-bbox="734 1303 927 1345">Standard 1</td> <td data-bbox="927 1303 1435 1345">Assess the patient</td> </tr> <tr> <td colspan="2" data-bbox="734 1345 1435 1385" style="text-align: center;">Clinical Decision Making</td> </tr> </tbody> </table>	Suggested	Current	Information Gathering	The Consultation	Standard 1	Assess the patient	Clinical Decision Making		<p>The suggested structure was considered; however, the sequential nature of the consultation version was considered advantageous as was the opportunity to align the structure of the New Zealand Pharmacist Prescriber standards with international frameworks.</p>
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Guidance document	There was mixed feedback on the role of the guidance document. Some submissions felt that the guidance strays from contextualisation of the standards to detailed practice advice; while other feedback was supportive.	<p>Supports proposed guidance document</p> <p>SH3: Appendix 2 guidance document is clear and useful</p> <p>SH5: I enjoyed reading the revised guidance and look forward to more of these roles becoming common place in the future with the suggestions proposed under Health NZ planned roll out</p> <p>SH15: We feel the guidance is professionally written, clear and concise</p> <p>Suggestions to revise/retire guidance</p> <p>SH14: The supporting guidance document is long and goes into lots of specifics such as section 29 medicines</p> <p>SH16: ... not sure why this document has been developed. A large amount of the content relates to how a pharmacist should practice and is not specific to pharmacists undertaking prescribing activities, or competence, for example the section on practising in Aotearoa. Large sections of the document are duplicated, especially in reference to working collaboratively and how to undertake the role. This document does not directly relate to the competence standards</p>	<p>PS-WAG agreed that the guidance document provided more detail and practice specific content than may be expected as guidance to accompany competence standards. However, in the absence of other sources of guidance, PS-WAG viewed the guidance content appropriate.</p> <p>The group noted the importance for professional groups to develop professional practice standards and guidance and if/when this occurs, the guidance document can potentially be retired or transferred from Council.</p>																			

Themes	Brief description	Illustrative examples from public consultation (PC)	Response to feedback
		<p>and is more of a “how to” guide...We would like to see the proposed guidance document (Draft version 2) removed. If any accompanying narrative is required, we would suggest that it is captured in a similar way to that used in the core competence standards for the pharmacy profession but ensuring it relates to professional competence and not professional activities</p>	
<p>Overlap across competence standards</p>	<p>With the pharmacist prescriber competence standards intended to be an ‘add-on’ to the pharmacist standards, some feedback commented that many prescriber competencies are already suitably addressed in the Pharmacist competence standards. Other feedback found the standards to appropriately build on the Pharmacist standards</p>	<p>Duplication of Pharmacist and Pharmacist Prescriber Standards</p> <p>SH6: I am unclear what is "different" between the standard pharmacist scope. Can PCNZ please align both scopes and indicate which are patently different...Item 1.10 speaks of the ability to request tests, pharmacists already do this i.e., clozapine etc...Pharmacists already meet the requirements for pharmacy, pharmacist and other items i.e., antivirals. This is not an additional competency.</p> <p>SH15: Competence Standard 1-5 should already be part of the core competencies of all pharmacists. This also applies to Standard 37, 38 and 39.</p> <p>SH16: Remove 2.10 because this is already in the pharmacist competence standards (01.6) Remove 8.3 because this is already in the pharmacist competence standards (M1.4) Review 4.3 because the first section is already in the pharmacist scope Review 4.6 as this is potentially part of the pharmacist scope Remove 8.2 as this is a requirement of the Code of Ethics</p> <p>Appropriate Integration</p> <p>SH11: The further refinement of these standards through their evolution, as well as experience of their use in practice over the past decade, has resulted in suitable set of standards</p> <p>SH13: As a pharmacist prescriber I appreciate that these competencies achieve the important function of highlighting the high level of clinical competence required to be a pharmacist prescriber, and hence maintaining public safety with respect to medicines, increasing equity and reducing drug-related morbidity and mortality.</p>	<p>PS-WAG acknowledged some apparent areas of overlap between the pharmacist competence standards and the pharmacist prescriber competence standards. However, the pharmacist competence standard need to be viewed in the context of pharmacist prescribing. Although there may be ‘duplication’ across the documents, omission would jeopardise the pharmacist prescriber competence standards as a cohesive, easy to navigate document with logical structure and flow.</p> <p>It was noted from the group that there appears confusion in the public between the act assessing the appropriateness of and supplying medicines with prescribing (i.e., on a prescription as per Medicines Act 1981).</p>

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		<p>SH14: I would like to acknowledge the importance of having a separate competence standard for Pharmacist Prescribers which is an acknowledgment of the different skill set needed to make prescribing decisions and the responsibility that this entails</p> <p>SH15: It is our opinion that the current competence standards for prescribing pharmacists are set at a level that protects the health and safety of the public. There is no doubt that the graduates of the prescribing programmes provided by the Schools of Pharmacy (Auckland and Otago) are extremely competent and of a high calibre.</p>	
Communication	There was uncertainty regarding the expected level of communication required to maintain continuity of care for a pharmacist prescriber.	SH14: Section 4.13. “Ensures that continuity of care is maintained, by keeping relevant members of the interprofessional health care team informed in a timely manner”- I think this needs more clarification, e.g., in the clinical notes or by other means of communication if appropriate- as my first read of this was that I had to communicate directly with other team members of every patient I reviewed (rather than just writing in the notes like I do).”	Noted and additional context added in guidance to clarify the intent to communicate in a manner which is appropriate for context.
Performance outcomes	<p>Education providers requested additional guidance on level of competence expected of a pharmacist prescriber, above and beyond a pharmacist.</p> <p>In the draft 2022 Pharmacist competence standards we have added performance outcomes to provide additional context on how the standard may be applied across advanced roles. For the right-most column (see Appendix 1) there is currently a placeholder statement for. We would like PS-WAG to help develop these performance outcomes for pharmacist prescribers.</p>	SH11: It is unclear from this documentation what depth of knowledge and understanding pharmacist prescribers need to have in order to meet these competency standards. Would the understanding of that of an individual currently working in the pharmacist scope of practice be suitable, or will prescribing programmes be required to incorporate teaching into their curricula to upskill pharmacist prescribers? If the additional learning is required, in what depth would this need to be?	<p>Similar to the Pharmacist Competence Standards, performance outcomes have been provided for the Pharmacist Prescriber Competence Standards.</p> <p>These are sequenced as Appendix 1 of the guidance document. As for the Pharmacist Competence Standards, these outcomes provide further context to describe likely outcomes when practice meets the required competency to enter the scope.</p>

Inclusion of one behaviour (4.2) in the new Pharmacist Prescriber Competence Standards Summary of feedback

The feedback received from this short consultation was supportive of reinstatement of the behaviour, with 18 out of 20 submissions in support and two in opposition. These two submissions questioned the use of the word “*emerging*” and argued that use of the word set unattainably high expectations for pharmacist prescribers. We considered the term “emerging” remains appropriate as it describes the need to be actively aware of emerging information and its relevance to the person being treated therefore, since there was no significant objection to the behaviour inclusion, the behaviour 4.2 was included.