

Pharmacist Prescribers scope of practice - Engagement on changes under consideration

This document sets out options for changes in regulation of pharmacist prescribers. The viability of these options will depend on the level of support for pharmacist prescribing from the profession and wider health sector. Pharmacy Council is seeking feedback from pharmacist prescribers and organisations on future pharmacist prescribers' practice and regulation. Please provide your feedback via [SurveyMonkey](#) by **24 January 2025**.

Purpose of engagement

Pharmacy Council¹ is reviewing the regulation in place for pharmacist prescribers, as the number of prescribers is set to more than double over the next three years². The projected growth in the number of practitioners in this scope makes it timely to review the current arrangements in place for pharmacist prescribers to ensure safe practice, as new drivers will potentially introduce new practice risks. Council seeks to play its part in working with the profession to realise the potential of pharmacists as prescribers. Whilst it is too early to make changes (bar one exception), this review aims to: prompt further sector-wide discussions, consider pending changes that will support pharmacist prescribers' practice, and then where sensible, identify changes to keep regulation proportionate for managing the risk to patients' safety.

[Right-touch](#) professional regulation requires Council to engage and seek input from the profession and organisations that support safe professional practice, so that regulation addresses the risks in a proportionate way. Therefore, a profession or speciality that is well supported³ requires less regulation than an emerging profession or speciality that does not have a mature level of professional support.

Pharmacist prescribers contribute to increasing patients' safe access to medicines, enhancing the value of pharmacists' medicines expertise. The United Kingdom has an 18-fold greater proportion of pharmacist prescribers, but the regulation of UK pharmacist prescribers is less conservative than New Zealand. This difference is due to the input of other stakeholders in the UK, who are actively involved in supporting safe prescribing practice with a more mature clinical governance structure in place. To date, pharmacist prescribers in New Zealand have demonstrated they can safely set their own boundaries for practice. For example, Council has not received any formal or informal concerns about a pharmacist prescriber's practice. As practice innovators and early adopters, they are typically self-directed, highly motivated, aware of their limitations and can determine the support they require to practise safely. There are support networks for pharmacist

1 The Pharmacy Council regulates the profession of pharmacy in New Zealand in accordance with the Health Practitioners Competence Assurance Act 2003. It sets scopes of practice, qualifications and professional standards; and manages registration, recertification, notifications and complaints.

2 Te Whatu Ora | Health New Zealand committed to increasing training numbers of pharmacist prescribers in priority areas to grow a sustainable workforce, undertaking to expand training pathways for 60 additional pharmacy prescribers per year across the motu. Funding has been made available for trainee prescribers and on-site designated medical practitioners.

3 Support for safe practice comes from employers, professional organisations, universities and fellow practitioners.

prescribers in some regions and nationally, for example [CAPA](#)'s active support for clinical advisory pharmacists includes peer group support for pharmacist prescribers.

Less clinically experienced pharmacist prescribers require practice support and feedback for their initial prescribing plans. If they do not have this support or come under pressure in a busy workplace to work outside their ability, then their practice could potentially be risky. The employment and peer support usually in place in workplaces for inexperienced health practitioners is not readily available for pharmacist prescribers. The recent initiative to increase the number of pharmacist prescribers includes financial support for the trainee and designated medical practitioner⁴. However, as we are not aware of further professional support being developed for newly qualified prescribers, we will monitor new registrants more closely.

As pharmacist prescriber numbers increase, peer support options may change. As the options outlined in this document rely on the profession supporting prescribers (e.g., peer discussion on changing Practice Plans) we need to gauge the sector's appetite to increase the level of support for pharmacist prescribers.

If support for newly registered pharmacist prescribers grows, it is likely that some of the current regulatory safeguards in place will need to be revised and possibly removed. Whilst we are not planning significant changes at this stage, we have identified that more experienced pharmacist prescribers could be exempted from the requirement to have a formal up-to-date Practice Plan in place to practise.

We understand that some pharmacists are training (or considering training) as prescribers to meet workplace needs but may not then practise at the advanced level of the pharmacist prescriber scope of practice. They may struggle to provide evidence for all the competence standards during training, as their practice does not match the full range of competencies required. Other models of prescribing may be more appropriate for certain situations, (e.g., limited formulary, protocol-based or supervised prescribing) and based on demand from the health sector for alternative prescribing models, Council would then explore the regulation of viable models for New Zealand.

Council would also like to take the opportunity to engage with stakeholders and organisations with interest in actively supporting safe pharmacists' prescribing. As the pharmacist prescribers' competence standards were recently updated, we are not currently looking to amend the standards or change the Pharmacist Prescriber Scope of Practice description. However, we would be happy to receive feedback on these and how they relate to recent or pending changes in the health sector.

BACKGROUND INFORMATION

History of pharmacist prescribing in Aotearoa New Zealand

Pharmacists and nurses began prescribing in the United Kingdom in 2003, initially as supplementary prescribers⁵ and then as independent prescribers from 2006. Enabling non-medical prescribers became an effective route for increasing safe access to medicines, and

⁴ Designated Medical Practitioner- workplace-based medical supervisor who supports the pharmacist in the experiential part of the prescribing course.

⁵ Supplementary prescribing model relies on a prior diagnosis and a clinical management plan developed in collaboration with the patient's medical practitioner, the prescribing pharmacist and the patient.

the Pharmacy Council began work in 2006 to develop scopes and professional standards for advanced clinical pharmacists in New Zealand. Our approach mirrored the development for advanced nurse practitioners, i.e., the introduction of a Nurse Practitioners' scope of practice and additional prescribing rights. The Council consulted on an Advanced Practitioner Scope of Practice in 2007 with the option of further authorisation of prescribing rights. Following more work with pharmacists who were already working at an advanced level (i.e., advising prescribers on initiating and modifying therapy), Council decided to develop prescribing regulation⁶ for pharmacists working at this level.

Prescribing is a further application of pharmacists' clinical pharmacy and therapeutics knowledge, enabling selection of the right medicines for known clinical indications, without the need for medical practitioner involvement.

The inaugural pharmacist prescriber course, delivered by the Universities of Auckland and Otago, was funded as a workforce innovation by Health Workforce New Zealand. The first 15 pharmacists registered as Pharmacist Prescribers in 2013 following the gazetting of the new [scope of practice](#). This occurred in parallel with the commencement of new [regulation](#) which authorised pharmacist prescribers as designated prescribers.⁷

The increase in pharmacist prescriber numbers has been slow over the last 10 years. This is attributed to pharmacists having to fund their own training and needing to find local solutions to develop their practice and be remunerated for prescribing roles.

There are currently 74 practising pharmacist prescribers (1.7% of practising pharmacists) in New Zealand, whilst in United Kingdom 30.7% of pharmacists have prescribing rights⁸. If the current UK rate was replicated in New Zealand, we would have over 1300 pharmacist prescribers.

The Council has also set [registration](#) and recertification requirements to support safe and effective practice. These include:

- At least three years of recent and appropriate post-registration experience working in a [collaborative health team](#) environment.
- Submission of a Practice Plan⁹ signed by the clinical lead, setting out details of the scope of prescribing, team and peer support available, with a demonstrable commitment to activities (including professional development, clinical audits and quality improvement) that safeguard practice.

Pharmacist Prescribers expand or change prescribing practice by reviewing their practice, identifying any professional development and further monitoring as required, with any changes confirmed with the team's clinical lead. The changes are reflected in an updated Practice Plan, which is submitted to Council when they next apply for a new practising certificate.

⁶ Pharmacy Council developed a scope of practice, competence standards and training requirements for prescribers.

⁷ Designated Prescribers are authorised to prescribe from a list of medicines. Pharmacist Prescribers' list was updated by a [Gazette Notice](#) in 2022 and includes 1722 medicines.

⁸ 1% are supplementary prescribers only, the remainder have independent prescriber designation.

⁹ Further details on the Practice Plan; [link](#).

Current challenges for Pharmacist Prescribers

Pharmacist prescribers completed an online survey¹⁰ earlier this year, with key findings discussed and summarised by a smaller focus group, especially the finding that related to the safety of less experienced pharmacist prescribers. The survey and focus group mahi identified the challenges for pharmacist prescribers to prescribe safely and the options in place to manage the safety of their prescribing practice.

Pharmacist prescribers are generally confident¹¹ in their ability to manage the challenges to the safety of their practice. The three most significant challenges identified were 'workload pressure', 'complexity of caseload' and 'expectations set by others.'¹²

However, comments were broadly cautious about the overall challenges to pharmacist prescribing, concerning that the pending growth in new prescribers will have a higher proportion of less clinically experienced pharmacist prescribers. As the role and limited initial scope of pharmacist prescribers is not always generally well understood, this may create unrealistic expectations from patients, members of the collaborative team or other staff members.

There was consensus that pharmacist prescribers need sufficient experience to reach a level of critical clinical reasoning to safely prescribe autonomously in complex situations. Consequently, there is support for maintaining the entry-level clinical experience requirements set by the Council. Respondents expressed concern that the accelerated uptake of new pharmacist prescribers in general practice, (driven by training funding) may create a risk for inexperienced pharmacist prescribers with limited support, to be unaware of the gaps in their competence. Workload pressure in general practice might result in these prescribers broadening their practice too soon (e.g., responsibility for repeat prescribing).

A selection of comments from pharmacist prescribers:

'The health system is under incredible pressure and new prescribers are needed but this could create a safety issue if pharmacist prescribers were pushed to work outside their competency or overestimated their competency.'

Without the experience in Primary Care as a Clinical Pharmacist Facilitator (CPF) and the support form a CPF team BEFORE undertaking the Pharmacist Prescriber course I cannot see how a Pharmacist from either Community of Hospital, or both could walk directly into a safe and effective Pharmacist Prescriber role.

My caseload is complex however my experience enables me to be mindful of that complexity in my practice and assess the patient fully or be aware when to seek another opinion. I am concerned that new pharmacist prescribers may be pushed to work or choose to work with a higher level of complexity or conditions that were as yet outside their competency or area of prescribing due to pressures of the health system or their employer or a desire to help. In terms of experience as a prescriber, it is very true that the more you learn and the more experience you gain the more you realise there is to learn, however for that reason, having that awareness of my own practice as an experienced prescriber enables me to practice safely.

When asked about the effectiveness of different options for supporting prescribing practice, 'Professional development', 'mentoring by an experienced practitioner' and 'support from the

¹⁰ 66.1% of the respondents worked in General Practice and 33.9% in secondary care (outpatient and inpatient).

¹¹ Weighted average close to mid point, i.e., *Neither significant or insignificant* (i.e., 3).

¹² For the three top categories, the weighted average and % of respondents selecting *somewhat significant* (4) or *very significant* (5), were, 3.71, 67.9%; 3.7, 66.1% and 3.34, 50%, respectively

team' scored highest¹³. Current professional support relies on a few dedicated individuals which means that longer term continuity of this support is vulnerable to changes in circumstances.

The focus group agreed that an advanced clinical assessment skillset is required for all pharmacists, not just prescribers. Some pharmacists are comfortable treating to guidelines, but patients don't always conform with guidelines and can be medically complex.

The feedback included comments supporting current Council requirements, but some considered that the Practice Plan requirements were onerous or had in the past, delayed changes to their practice. The focus group discussed options for keeping early prescribing to a narrow scope of practice and how peer input could support changes to the Practice Plan.

Broader themes, not directly related to Council's role, were raised in the survey and discussed in the focus group. These themes included: advocacy, limited professional support available when compared with other prescribers, the need for a career framework and the lack of understanding of the pharmacist prescriber role within the profession, and disparity in professional development for primary care.

Practice Plan

The Practice Plan summarises an individual's prescribing practice following a self-directed assessment. Whilst the Council assesses and provides feedback on the initial plan, all pharmacist prescribers are accountable for their prescribing decisions and must take ownership of the Practice Plan. Council requires pharmacist prescribers to submit updated plans retrospectively, i.e., at the time of renewing their practising certificate. In the past, Council has taken a cautious approach, which resulted in feedback which limited changes to Practice Plans, and approval of changes to the Practice Plan. We understand that many pharmacist prescribers expected Council approval for changing practice or expanding scope, which changes the original intention and the perception of accountability for the Practice Plan and the level of ownership expected.

The Practice Plan is a document that reflects the controls in place for the individual's scope of prescribing, practising within a collaborative health team. When registering in the pharmacist prescriber's scope of practice, Council will assess and provide feedback including caution if necessary. Council may choose to limit the initial scope of prescribing where this is needed to ensure safe practice and may monitor future changes closely.

We expect pharmacist prescribers to take full ownership for their prescribing which includes seeking support and feedback from experienced peers before expanding or changing their practice. Having followed a similar training and professional development pathway, experienced pharmacist prescribers are well placed to help less experienced peers identify gaps in their self-assessments and make safe changes to practice.

As stated in their scope of practice, pharmacist prescribers practise in a collaborative team and prescribe within the limits of their professional expertise and competence. Therefore, the Practice Plan sets regulatory boundaries to practice, protecting the pharmacist prescriber from unreasonable demands on their practice. If concerns were raised about a pharmacist prescriber's practice, the Practice Plan would be part of Council's consideration.

¹³ The scores for the top three practice support options sat between *somewhat effective* (4) and *effective* (5) with weighted average and % of respondents selecting these two options being 4.48, 91.1%; 4.43, 87.5%; and 4.43, 85.7% respectively.

Options for future Practice Plan requirements

We have updated information for pharmacist prescribers on Council's website and modified the information required with the registration application to understand the level of clinical experience that an applicant has, and the relevance of that experience to the proposed prescribing practice. This strengthens Council's assessment process by matching clinical experience with the extent of prescribing proposed.

Future options for the Practice are listed for your consideration:

Option	Commentary
1. Remove the Practice Plan requirement	Based on the level of support currently required and available for less clinically experienced pharmacist prescribers, it would be premature to remove this requirement completely, but this option will be reconsidered as the support for pharmacist prescribers matures.
2. Maintain the current requirements for the Practice Plan	We consider that the current requirement should remain in place for recently registered prescribers and for monitoring prescribing as it expands or changes. However, we consider that experienced prescribers could become exempt from this requirement.
3. Remove requirement for the Practice Plan for suitable experienced pharmacist prescribers, based on:	The professional activities described in practice plans are relevant to all pharmacist prescriber practice and even if removed as a regulatory requirement, would be expected of prescribers in some form as part of self-directed ongoing practice development.
- Number of years of experience as pharmacist prescriber	The number of years registered in this scope is an indicator of maturity and ability to practice safely. Council could offer for a limited period, an opt out process for experienced prescribers (e.g., minimum of three years of experience as a prescriber), but not on this criterion alone. Longevity of experience would not be a sufficient factor alone to support the removal of a regulatory requirement and would require further evidence to confirm ability to practice safely. We propose that a reflective statement supported with references could validate the prescriber's ability to practice without a formal practice plan.
- Being signed off after a Council-approved assessment.	Trained and experienced pharmacist prescribers would, based on an interview, confirm that a prescriber's level of competence would not require a Practice Plan. We expect this to be a longer-term solution but realise that in the short-term that it would depend on the availability of enough trained experienced pharmacist prescribers.

Option	Commentary
4. Require Practice Plan changes to be endorsed by a suitably experienced pharmacist prescriber peer.	Council strongly encourages peer endorsement of Practice Plans for recently qualified pharmacist prescribers or those that have minimal clinical experience, especially when making significant changes to their practice. The proposed step, requiring this endorsement, would add a level of support for safe practice.

Practice Plan - further guidance

The Council would prefer that the Practice Plan fits in with day-to-day practice as much as possible rather than being viewed as an inconvenient compliance activity. To support optimal use of the Practice Plan, and based on demand, the Council could prepare joint guidance with pharmacist prescribers, focused on how to safely make changes to prescribing practice and live application of Practice Plan components.

Feedback requested:

Please provide your feedback on the options listed above via the link provided. If you are representing an organisation that is considering supporting pharmacist prescribing in the future, please provide further details of the initiatives that you are considering. *Alternatively, please email your response to projects@pharmacycouncil.org.nz. The feedback questions are listed in attachment 1.*

Registration requirements

The minimal practice requirements, i.e., at least **three** years of recent and appropriate post-registration experience working in a **collaborative** health team environment will remain in place for the foreseeable future. The level of critical clinical thinking and application required to make autonomous prescribing decisions, means that this criterion is required until support mechanisms are in place to enable less experienced pharmacist prescribers to consolidate their clinical competencies under supervision or other forms of practice support.

If applicants do not meet these requirements, we may limit the scope of their prescribing and place conditions on their practice when they register, (e.g., supervision or requiring approval to future expansion).

Feedback requested:

Please indicated if you agree with maintaining the current registration requirements, and comment on alternative options for ensuring safe prescribing practice.

Recertification requirements

All practising pharmacists have a professional responsibility to maintain their competence and engage in professional development activities relevant to their practice. To demonstrate to Council that an action has been completed to maintain competence, there are specific [recertification requirements](#) to meet and record on the MyRecert portfolio. This is a high-trust model that enables each pharmacist to decide what, when and how they participate in learning that is meaningful and focused on their individual needs. These requirements are the same for pharmacist prescribers, with the overarching principle that professional development activities be relevant to each practitioner's practice. For pharmacist prescribers

this could include activities such as clinical audits, peer support meetings, case presentations and professional development aligned to changes in the Practice Plan.

Whilst individual practitioners have a professional duty to maintain competence, the profession has an obligation to support its members to do this. When it is evident that practitioners are not maintaining their competence, more prescriptive recertification requirements may be needed.

Changes to the Competence Standards for pharmacist and pharmacist prescribers include new standards relating to Te Tiriti o Waitangi and culturally safe practice. Whilst there are obligations on individual pharmacist prescribers, achieving equitable health outcomes requires an organisational and interprofessional team focus. Therefore, pharmacist prescribers may need targeted professional development activities to practise safely, both clinically and culturally.

The Council reviews a random selection of portfolios annually to be assured that pharmacists are engaging in professional development to maintain their competence. There are no current plans to modify the recertification requirements and monitoring for pharmacist prescribers, but we would like feedback on the current arrangements which could be followed-up by a more focused consultation if needed.

Feedback requested:

Please comment on:

- the professional development options available for pharmacist prescribers,
- whether the current recertification requirements support pharmacist prescriber practice
- whether changes to the recertification requirements are needed to support pharmacist prescriber practice.

Attachment 1- Feedback questions

Name, email address, pharmacist prescriber/organisation/other (specify as where applicable).

Please comment on the options provided for the **Practice Plan** including whether you agree with our commentary. The options listed were:

- Remove the Practice Plan requirement
- Maintain the current requirements for the Practice Plan
- Remove requirement for the Practice Plan for suitable experienced pharmacist prescribers, based on:
 - *Number of years of experience as pharmacist prescriber (with or without signed support statement)*
 - *Being signed off after a Council- approved assessment*
- Require Practice Plan changes to be endorsed by a suitably experienced pharmacist prescriber peer.
- Prepare joint guidance with pharmacist prescribers to support Practice Plan.

If applicable, please provide further details of any initiatives that you could offer to support these options.

Current Registration requirements:

Do you agree with maintaining the current registration requirements? Please comment on alternative options that would ensure safe prescribing practice.

Current Recertification requirements:

Please comment on:

- the professional development options available for pharmacist prescribers,
- whether the current recertification requirements support pharmacist prescriber practice
- whether changes to the recertification requirements are needed to support pharmacist prescriber practice.

If applicable, please provide further details of any initiatives that you could offer to support these options.