

APPLICATION FOR REGISTRATION IN THE PHARMACIST PRESCRIBER SCOPE OF PRACTICE

- This application form is for New Zealand registered pharmacists who have completed the requirements for registration in the Pharmacist Prescriber Scope of Practice.
- Please read the accompanying notes before completing this form.

IMPORTANT

In accordance with the Privacy Act 1993, the information collected on this form is confidential to the Pharmacy Council and is used for the purpose of processing an application for registration, the issue of an Annual Practising Certificate and for maintaining details on the Register under the Health Practitioners Competence Assurance Act (HPCAA) 2003.

You have the right of access to, and correction of, personal information held by the Pharmacy Council. Your full name, region, primary qualification and Practising Certificate details are part of the Public Register under the HPCAA and are made available to the Ministry of Health for the purposes of maintaining the Health Practitioners Index (HPI). The Pharmacy Council may provide the Ministry with further personal information about you such as your date of birth or sex, only if the Ministry requires this information to verify your identity under the HPI.

No other individual information on this form will be divulged to any other person(s) or organisation(s) without your permission.

Name	PCNZ Registration Number	
Title	Mr / Mrs / Miss / Ms / Dr (please circle)	
First name(s)		
Preferred name		
Surname		

Prescribing qualification
Please enclose a <u>certified copy</u> of your prescribing qualification.

Practice Plan
<p>Please enclose a copy of your Practice Plan. This must be endorsed by the clinical leader, and include evidence to confirm that your prescribing practice takes place in a collaborative health team environment.</p> <p>The plan must also include the following:</p> <ul style="list-style-type: none"> • A full outline of your defined area of practice (eg type of patients and/or clinical conditions). • Confirmation that you have timely access to all relevant patient clinical information including history, physical examination results, and essential diagnostics. • An evaluation and peer review plan for assuring the quality of prescribing.

Declaration

I declare that:

- my current practice includes Competence Standards M1, M2, and O1 from the *Competence Standards for the Pharmacy Profession*.

I understand that under the HPCAA, my registration may be cancelled if I make a false or misleading representation or declaration (whether oral or written) or I was not entitled to be registered.

Applicant's signature: _____ Date: _____

Payment of fees

Name: _____ Registration No: _____

The fee for this application is \$90 (GST incl). The following payment methods are accepted:

Cheque

Cheques should be made payable to the "Pharmacy Council of New Zealand". Please do not pay by bank draft unless it is drawn on a New Zealand bank and in NZ dollars.

Credit/debit Card

Please note that credit/debit card payments incur a processing charge of 2% per transaction. This will be added to your payment.

Card Type Visa MasterCard Name on card: _____

Card no.

Signature: _____ Expiry Date: _____ Security Code: _____

Direct Credit

If you select this payment method the Pharmacy Council bank account details will be emailed to you. Please make your payment promptly. *(Please print a copy of your payment receipt for your records. If the Council is unable to verify your payment you may be required to submit a copy)*

CHECKLIST

Please make sure you have completed all sections of the form. Use the checklist below to ensure you have enclosed all required documents and registration fees.

- Application form
- Certified copy of prescribing qualification
- Practice plan
- Payment

Return your completed application form with payment to:

Postal address
Pharmacy Council of New Zealand
PO Box 25137
Wellington 6146

Courier address
Pharmacy Council of New Zealand
Level 5, 80 The Terrace
Wellington 6011

Email: enquiries@pharmacycouncil.org.nz
Website: www.pharmacycouncil.org.nz

**PLEASE REMEMBER TO KEEP COPIES OF YOUR APPLICATION FORM
AND ALL ACCOMPANYING DOCUMENTS**

Accompanying Notes
**APPLICATION FOR REGISTRATION IN THE
PHARMACIST PRESCRIBER
SCOPE OF PRACTICE**

PLEASE READ THE FOLLOWING NOTES AS THEY CONTAIN IMPORTANT INFORMATION

Requirements for registration as a Pharmacist Prescriber

An applicant must satisfy ALL of the following requirements to apply for registration in the Pharmacist Prescriber Scope of Practice.

a) **Hold an annual Practising Certificate in the Pharmacist scope of practice**

Applicants must be registered with the Council as a practising pharmacist and hold a current annual practising certificate.

b) **Have at least three (3) years of recent and appropriate post registration experience working in a collaborative health team environment**

The Council places paramount importance on recent, relevant experience in the area in which the pharmacist would be practising as a Pharmacist Prescriber. Based on feedback from submissions, the Council has revised this requirement to ensure the intent is clear.

c) **Hold a qualification accredited by the Pharmacy Council of New Zealand (the "Council") for the purpose of the pharmacist prescriber scope of practice**

The role of Council is to prescribe one or more qualifications that will lead to registration in a scope of practice and to accredit the course using agreed accreditation standards.

Prescribed and accredited qualifications for the Pharmacist Prescriber Scope of Practice include the following:

- Postgraduate Certificate in Clinical Pharmacy in Prescribing, University of Auckland
- Postgraduate Certificate in Pharmacist Prescribing, University of Otago

d) **Submit a Practice Plan, endorsed by the clinical leader, which includes evidence to confirm that their prescribing practice occurs in a collaborative health team environment**

Pharmacist prescribers are *Designated Prescribers* under New Zealand legislation. They work as part of a collaborative health team. The practice plan provides Council with the assurance that the team has a clear agreement as to the roles and responsibilities of the pharmacist prescriber to ensure patient safety.

e) **Declare that their current practice includes competence standards 1, 2, 4 and 5 from the Competence Standards for the Pharmacy Profession.**

A declaration that these standards form part of their current practice will be required. This is a minimum requirement.

On-going Requirements

Council understands that Pharmacist Prescribers will, from time-to-time, amend or expand their defined area of practice or change the collaborative health team in which they work. To ensure that pharmacist prescribers continue to work in areas where they are competent to do so, Council will require a Practice Review to be conducted in these situations. This is a reflective exercise against the competence standards and will identify the areas where further learning is required. Any changes to the practice plan and the practice review are to be declared at the time of APC renewal.

If you have any enquiries regarding this application please contact the Professional Standards Advisor

Telephone: 04 495 0338 or email enquiries@pharmacycouncil.org.nz

Website: www.pharmacycouncil.org.nz