

## CONSULTATION DOCUMENT

### Pharmacist Prescriber Competence Standards

Released: Monday, 12 October 2020

Submissions close: 5pm, Friday, 13 November 2020

#### Purpose

The New Zealand Pharmacy Council (the Council) has reviewed, and according revised, the Pharmacist Prescriber Competence Standards. A draft of the revised standards is now available for consultation.

The Council would like to hear any feedback/ views on the revised standards. This consultation document provides you with information about the review, how to make a submission, the revised Pharmacist Prescriber competence standards, and an explanation of key changes.

#### Context

The Council is responsible for registration of pharmacists, the setting of standards for pharmacists' education, scopes of practice, clinical and cultural competence, and ethical conduct. Pharmacists who have successfully completed the [qualification prescribed and gazetted](#) by the Pharmacy Council for registration as a Pharmacist Prescriber may apply to Council.

The Pharmacist Prescriber Competence Standards set the standards for initial registration in the scope and maintenance of ongoing practice. Setting standards of clinical and cultural competence and ethical conduct is one of the core functions of the Pharmacy Council (section 118i of the Health Practitioners Competence Assurance Act 2003 (HPCAA)).

The Pharmacist Prescriber Competence Standards apply to ALL pharmacist prescribers regardless of their area of practice, however the ways in which a pharmacist prescriber is able to meet the competencies (i.e., evidence examples) will be dependent on their practice environment.

The Competence Standards themselves describe the activity of prescribing. This is in addition to the Pharmacist Competence Standards and the Code of Ethics which also apply to Pharmacist Prescribers, who are registered in both the pharmacist and prescriber scope of practice.

When the final version is published it will include additional context and reference to application of the pharmacist competence standards, ethical practice as a prescriber (contextualising the Code of Ethics 2018 to pharmacist prescriber practice).

There will also be more information to illustrate how cultural and ethical expectations for pharmacist prescribers underpins effective and respectful interaction with Maori to help address health inequities. A greater focus on cultural safety for all scopes of practice regulated by the Pharmacy Council will be addressed at a later date.

### **How does this version compare to the Pharmacist Prescriber Competence Standards 2010? (the current version)**

The current version of the Pharmacist Prescriber Competence Standards was published in 2010 as part of the development of the Prescriber scope of practice. Since this scope was developed, we have registered 41 Pharmacist Prescribers in a variety of practice areas within the General Practice, Hospice and Hospital environments. There are presently 36 Pharmacist Prescribers holding an annual practising certificate in the prescriber scope of practice.

In considering how the Pharmacist Prescriber Competence Standards should be structured we focussed on the competencies needed to illustrate competence for prescribing, and the learning outcomes that needed to be observed during assessment to assure competence. Since Pharmacist Prescribers also practice as experienced clinical pharmacists, and are registered in both the Pharmacist and Pharmacist Prescriber scopes, duplication of competencies has been removed in the standards themselves and explanatory context will be provided as part of the document attached to the competence standards.

### **Review Process**

Since October 2019 we have engaged with pharmacist prescribers, sought feedback on the application of the current Pharmacist Prescriber Competence Standards, identified gaps and opportunities to align the competencies with other health professional prescribers, nationally and internationally.

We have received feedback from a large proportion of currently 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.

We have 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.

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.

Throughout the review process we have interacted with our regulatory authority colleagues to update them on our progress with the revision of the pharmacist prescribe competence standards.

We have also interacted with health professional organisations with prescribing authority to ensure alignment with interprofessional standards.

## Joint Prescribing Competencies

The Council acknowledges the work of the United Kingdom (UK) Royal Pharmaceutical Society (RPS) and the broader joint prescribing working group in the UK upon which the framework and structure of these revised standards are based. With kind permission from the General Pharmaceutical Council UK, we have adapted the UK joint prescribing competencies and the guidance document as the basis for the revised NZ Pharmacist Prescriber Competence Standards. We have intentionally kept the competence standards to the core activities related to prescribing, with the intention that these could in the near future provide the basis for a joint set of prescribing competencies for all NZ prescribers, practising in whatever scope of practice (e.g., Medical).

We have signalled our desire to the Ministry of Health and this has the full support of Dr Ashley Bloomfield, Director General of Health. (**Appendix B**)

The Pharmacy Council will continue to work with our regulatory colleagues to progress work on a set of joint NZ prescribing competencies.

## Key changes

**Table 1.**

Pharmacist Prescriber Competence Standards 2010	Revised Pharmacist Prescriber Competence Standards
<p>Framework divided into 3 sections:</p> <ul style="list-style-type: none"> <li>• The consultation</li> <li>• Prescribing effectively</li> <li>• Prescribing in context</li> </ul>	<p>Framework divided into 2 section:</p> <ul style="list-style-type: none"> <li>• The consultation</li> <li>• Prescribing Governance</li> </ul>
<p>Included sections covering work within the context of the NZ healthcare system</p>	<p>Incorporated into the competencies and already covered in the Pharmacist Competence standards (which also apply to Prescribers who are registered in both scopes) so not explicitly separated out. Additional context covering this aspect will be included in the “wrap around “document that explains the pharmacist prescriber competence standards.</p>
<p>Included competencies already covered in Pharmacist Competence Standards and professional and ethical practice outlined in the Code of Ethics 2018</p>	<p>Removal of competencies already covered in Pharmacist Competence Standards and professional and ethical practice outlined in the Code of Ethics 2018 – context for these in relation to prescribers will be in the explanatory section of the Pharmacist Prescriber Competence Standards document.</p>

## Feedback and submissions

Council invites feedback on this consultation document from its stakeholders including relevant associations and societies, the Ministry of Health, district health boards and other organisations with an interest.

Council members will consider submissions, possibly resulting in amendments and a final draft for publication at its meeting in December 2020. If Council agrees, the revised competence standards will then come into effect early in 2021 to allow time for communications with Universities, and to ensure all references to the Pharmacist Prescriber Competence Standards (**Appendix A**) in Council documents are updated.

Responses can be sent via our [online form](#), email or post. You can make a submission individually, on behalf of an organisation, or anonymously.

Email: [consultations@pharmacycouncil.org.nz](mailto:consultations@pharmacycouncil.org.nz)

Mail: Consultations  
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**Council invites feedback on the proposal by 5.00pm Friday 13 November 2020.**

Ngā mihi  
Michael A Pead  
**Chief Executive**

# Competence Standards for Pharmacist Prescribers

## The Consultation (Competencies 1 to 6)

### 1. Assess the Patient

- 1.1 Takes a comprehensive social and medical history and medication history (including, but not limited to, on-line medicines, supplements, Rongoā, complementary remedies and over-the-counter medicines)
- 1.2 Accesses and interprets all available and relevant patient records to ensure knowledge of the patient's management
- 1.3 Assesses the patient's clinical condition including the nature, severity, significance, and progression of the clinical problem
- 1.4 Uses appropriate clinical and/or physical assessment techniques and equipment
- 1.5 Elicits and listens to the patient's ideas, concerns and expectations in relation to their health
- 1.6 Appropriately requests and correctly interprets relevant investigations necessary to inform treatment options
- 1.7 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
- 1.8 Assesses adherence to, effectiveness, and safety of current medicines
- 1.9 Works within defined prescribing area and seeks guidance from another member of the collaborative health team or another relevant health professional when necessary
- 1.10 Facilitates referral of patient to an alternative healthcare practitioner when the patient's needs fall outside of own area of practice or level of competence

### 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.
- 2.3 Identifies all pharmacological treatment options
- 2.4 Identifies non-pharmacological options (including no treatment, and preventative/lifestyle measures)
- 2.5 Assesses the risks and benefits to the patient of the treatment options identified/being considered

- 2.6 Assesses how co-morbidities, existing medication, allergies, contraindications, and quality of life affect management options
- 2.7 Selects the most appropriate medicine(s) or other treatment option using sound clinical reasoning skills and critical evaluation where necessary
- 2.8 Identifies, accesses, and uses reliable and validated sources of information to guide prescribing decisions
- 2.9 Makes evidence-informed decisions that take into account efficient use of resources, and the interests of both the patient and the wider community/population
- 2.10 Makes sound clinical decisions and can provide rationale even where specific evidence is not available, or where the data or evidence is conflicting
- 2.11 Selects the most appropriate dosing regimen, route of administration, formulation, and duration of treatment for the patient

### **3. Reach a Shared Decision**

- 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 Fosters a prescriber-patient relationship that supports prescribing only when genuine, identifiable clinical need for treatment exists
- 3.4 Co-creates a prioritised treatment plan from the consultation that both patient and prescriber agree to
- 3.5 Checks the patient's understanding of, and commitment to, their management and follow-up

### **4. Prescribe**

- 4.1 Only prescribes medicines with adequate, up-to-date knowledge of their actions, indications, efficacy, dose, established and emerging contraindications, interactions, cautions, and side-effects
- 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 Prescribes medicines in accordance with accepted best practice and relevant local and national guidelines
- 4.5 Accurately completes and routinely checks calculations relevant to prescribing and practical dosing
- 4.6 Prescribes generic medicines where practical and safe for the patient and knows when medicines should be prescribed by branded product

- 4.7 Identifies, manages and takes steps to avoid prescribing that leads to situations of potential medicine misuse
- 4.8 Generates legible, clear, unambiguous and complete prescriptions, which meet legal requirements
- 4.9 Effectively uses relevant patient record systems, prescribing and information systems, and decision-support tools
- 4.10 Maintains accurate, clear, comprehensive, and timely records and clinical notes
- 4.11 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 manner or form 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

## **6. Monitor and Review**

- 6.1 Establishes and maintains a plan for monitoring and reviewing the patient's treatment for effectiveness and potential unwanted effects
- 6.2 Records and reports adverse reactions to medicines, medication errors, and near misses, reviews practice to prevent recurrences
- 6.3 Makes changes to the treatment plan in light of ongoing monitoring, and the patient's condition and preferences

## **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 common medication errors
- 7.3 Identifies the potential risks associated with prescribing via remote media (telephone, email or through a third party), takes steps to minimise them, and ensures the patient consents to these risks
- 7.4 Minimises risks to patients by using or developing processes that support safe prescribing particularly in areas of high risk (e.g., transfer of information about medicines, prescribing of repeat medicines)

7.5 Promotes and engages with a safety culture that views peer appraisal of prescribing practice and errors as essential for learning and improvement

## **8. Prescribe Professionally**

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

8.2 Does not prescribe when competence is compromised

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

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

8.5 Delivers healthcare advice and education in a manner which supports and enhances cultural awareness with respect to the health of the local, regional and/or national populations

8.6 Complies with legal and regulatory obligations relevant to prescribing practice

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

8.8 Can articulate/explain which conflicts of interest or potential conflicts of interest could be perceived to influence prescribing decisions and identifies mitigators to manage real or perceived conflicts of interest

8.9 Understands and can explain public health issues related to medicines and their use, and prescribes responsibly to minimise these

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

## **9. Improve Prescribing Practice**

9.1 Uses reflection on practice to adapt and improve own practice

9.2 Accesses a variety of information sources to gain insight into own prescribing effectiveness (e.g., self-assessment, patient and peer review feedback, prescribing data analysis, audit)

9.3 Collates information on prescribing practice to identify areas of strength and learning opportunity and/or process improvement

9.4 Undertakes learning and/or process changes to address opportunities identified for improved prescribing practice



## **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 Seeks and/or provides support and advice to other members of the interprofessional health care team where appropriate
- 10.4 Negotiates the appropriate level of support for role as a prescriber

### **NOTE**

**Aspects of pharmacist competence standards, NZ practice, professional and ethical aspects of practice will be included in the wrap around context to the competence standards. There will be a focus on cultural competence, Te reo Māori, Hauora Māori and proactively addressing health inequities.**

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Dear Michael

**Single prescribing competency framework for all prescribers**

Thank you for the opportunity to kōrero with you, your board and senior staff on 24 June 2020.

It was an enjoyable opportunity to engage on the role of Pharmacy Council in ensuring public safety and the potential future direction of Pharmacy Council's regulatory role to support its vision of being a future focussed enabling regulator.

In particular you raised a desire for Ministry endorsement to continue the collaborative work you have initiated across the Responsible Authorities to develop a single prescribing competency framework for all New Zealand prescribing health practitioners. I would like to confirm our support for your continued collaborative work to this end and wish you well with your endeavours.

Nāku noa, nā

  
Dr Ashley Broomfield  
**Director-General of Health**