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Tēnā Koe

Proposal to amend definitions of prescriber types in the Pharmaceutical Schedule and to apply these definitions to Special Authorities

The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the above. We have consulted with our members and staff, particularly nurse practitioners (NP), clinical nurse specialists (CNS), members of the College of Primary Health Care Nurses (CPHCN) and professional nursing and policy advisers. NZNO welcomes PHARMAC's aim for greater clarity around prescriber definitions, but suggests delaying decision-making for a few months until the current Medicines Amendment Bill is enacted to ensure consistency.

The use of "authorised" prescriber is problematic on a number of counts:

- It is defined in the Medicines Act and yet the way in which PHARMAC appears to intend to use it is for a wider range of health practitioners who prescribe, including those under designated prescriber category as defined in the Act.
- The statement that "authorised prescriber" includes doctor, dentist, midwife, NP or optometrist is not correct. Under the current legislation NPs and Optometrists are designated prescribers, not authorised prescribers, though this may be corrected when the Bill is enacted.
- Other categories of health practitioners include registered nurses (RN) may become designated prescribers under the Act, and Diabetes Nurse Specialists who are designated prescribers for the [Diabetes Nurse Specialist Prescribing Pilot](#) currently under way. The question of where designated prescribers sit

within the new definitions is not canvassed in this proposal, nor is the proposed new category of delegated prescriber.

NZNO supports aligning the terms used in the Pharmaceutical Schedule with medicines legislation and those used by the Responsible Authorities (RAs) regulating health practitioners under the Health Practitioners Competence Assurance Act 2003 (HPCAA). Accordingly, we **support** replacing the term 'relevant practitioner' with 'authorised prescriber', but **do not support** the use of 'medical practitioner' since this is not consistent with the HPCAA and is unnecessarily restrictive. We remind PHARMAC that NPs may become authorised prescribers, for instance, but will not be medical practitioners. It would be counterproductive to embed contradictory terms which have the same potential for confusion and frustration as current boundaries around prescribing. We do not support using 'prescriber type' to restrict funding of medicines; we believe this is not only outdated and unnecessary, but also a barrier to innovation and health equity.

All New Zealanders should have equitable access to the medicines they need. Research, presented by Marama Parore at the recent PHARMAC 2012 Forum (see Fig. 1 below) clearly shows that this is not the case for Māori and this is likely to be true of other vulnerable socio-economic groups in Aotearoa.

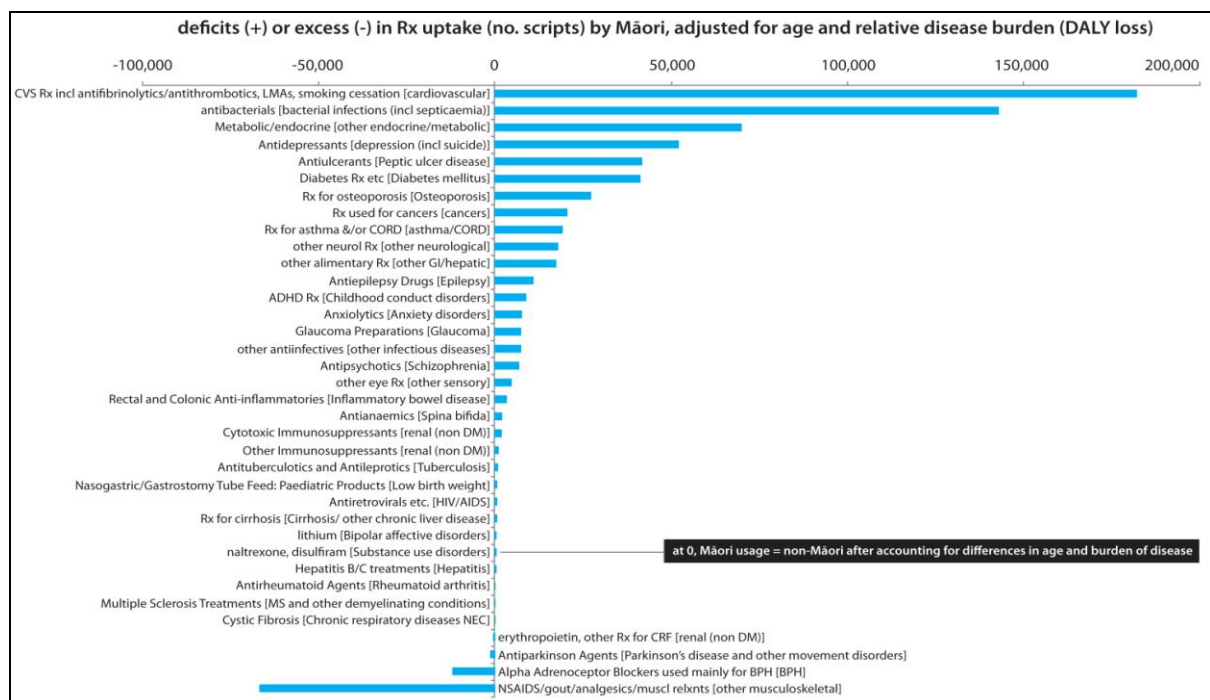


Figure 1: Slide 2, Māori Responsiveness Action Plan, presented by Marama Parore, PHARMAC 2012 Forum

Increasing disparities in access to health care due to location, financial resources and ethnicity, are exacerbating inequitable health outcomes (Carter, 2010) and we are seeing a rise not only in chronic disease but also in infectious disease (Baker, 2012).

Since PHARMAC's inception, various policy initiatives have responded to the need for better utilisation of health workforce skills to meet changing health demands, and have established safe processes for ensuring the fitness and competence of health practitioners, across a range of disciplines, to practice, and defining scopes of practice which include prescribing boundaries.

Prescribing appropriate medicines is one among many tools used by health practitioners, and it is the RAs' responsibility to ensure that those whose scope of practice includes prescribing have the appropriate education, training, supervision and ongoing professional development and guidance to do so safely. In this way HPCAA facilitates innovation which allows for new models of care, advances in medicines and technologies to be incorporated into health practitioner roles without the need for cumbersome, and usually belated, changes to legislation that continue, for instance, to prevent NPs from practising to the full extent of their scope, to the detriment of equitable health outcomes. We submit that it is confusing and unnecessary for PHARMAC to limit access to a "prescriber type" or restrict prescribing to a particular discipline, when the effect of doing so is to limit equitable access to medicines that are needed, and when there is appropriate regulation governing the legitimacy and safety of prescribers.

With regard to the term 'Nurse Prescriber' we note that this is not a term that is used. As indicated designated prescriber is the generic term currently used to cover NP and RN prescribing in specialist areas and under Standing Orders.

In view of impending medicines legislation which is expected to establish NPs and optometrists as authorised prescribers, but which also proposes a new prescriber category of delegated prescriber, we strongly **recommend** that PHARMAC:

- delays amending definitions until the Medicines Amendment Bill has been enacted; and
- works with NZNO and other health practitioner organisations, to ensure that new definitions provide clarity across all categories of prescribers.

Nāku noa, nā



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REFERENCES

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Carter, K., Blakely, T. & Soeberg, M. (2010). Trends in survival and life expectancy by ethnicity, income and smoking in New Zealand: 1980s to 20002. *New Zealand Medical Journal*, 123(1320).

ABOUT NZNO

The New Zealand Nurses Organisation (NZNO) is the leading professional and industrial organisation for nurses in Aotearoa New Zealand, representing over 46 000 nurses, midwives, students, kaimahi hauora and health workers on a range of employment-related and professional issues. Te Runanga o Aotearoa comprises our Māori membership and is the arm through which our Te Tiriti o Waitangi partnership is articulated.

NZNO provides leadership, research and support for professional excellence in nursing, negotiates collective employment agreements on behalf of its members and collaborates with government and other agencies throughout the health sector. Nurses are the largest group of health professionals comprising half the health workforce.

The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand and are united in their professional and industrial aspirations to achieve a safe, sustainable and accessible system of public health care for all New Zealanders.