

31 August 2023

Pharmacy Council of New Zealand  
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Sent via email to: [m.pead@pharmacycouncil.org.nz](mailto:m.pead@pharmacycouncil.org.nz)

Dear Michael,

**Re: Public survey: Prescribing Principles for quality and safe prescribing practice**

Thank you for the opportunity to provide feedback on the above consultation.

The Pharmacy Guild of New Zealand (Inc.) (the Guild) is a national membership organisation representing the majority of community pharmacy owners. We provide leadership on all issues affecting the sector and advocate for the business and professional interests of community pharmacy.

**Answers to online survey questions:**

***a. Do you consider that it is valuable to have a statement for Principles for quality and safe prescribing practice applying across all prescribers?***

Yes, it sets a common standard that helps ensure consistent, safe, and effective prescribing practices across different healthcare professionals that the individual regulatory bodies of professions can build upon in line with the prescriber's scope of practice.

***b. Are the principles set at a reasonable and fair level which protects the health and safety of the public?***

Based on the provided principles, they emphasise important aspects of the prescribing process, including assessment, informed decision-making, safe prescribing, monitoring, and professional behaviour, and can be supplemented by further regulatory tools from each responsible authority as applicable and necessary.

**Optional questions:**

***c. Do you agree with the introduction sections of the statement, (i.e., the Purpose, Definitions, and Background sections)?***

Yes, they help contextualise the principles and their importance and the information presented seems comprehensive and relevant.

Point 4 – “While therapeutic products provide great benefit, there is also evidence that inappropriate prescribing (over-, under-, and misuse of therapeutic products) is prevalent in Aotearoa New Zealand”. For this point to be included, it would be beneficial for the evidence to be referenced and to show possible causes identified. This could then justify the need for the joint statement.

Point 5 – “While there are multiple potential contributors to inappropriate prescribing, many of which are outside the direct control of individual prescribers”. Again, it would be

beneficial to have identified multiple potential contributors referenced if a statement like this is made. Have the multiple potential contributors been identified? If so, what are they and what are the ones that are outside the direct control of individual prescribers?

***d. Do you agree with Principle 1: Assess the person?***

Yes, the holistic approach takes into account medical history, social circumstances, healthcare values, and the patient's level of health literacy, which is crucial for safe and effective prescribing.

Point 16 – “Today, many clinical records are held within cloud-based clinical information sharing platforms. A prescriber must be able to use these platforms to access relevant information”. Currently New Zealand does not have a single national cloud-based sharing platform to assist in the prescriber accessing relevant information. As such this does pose a risk to prescribers if they are unable to access the patient's full clinical records. It may pay for this point to be slightly revised to state that a prescriber should be able to use these platforms to access relevant information if this is available. It's also important to keep patient continuity of care in mind and ensure that all healthcare providers “downstream” in the patient's health journey can not only access the same information platforms but provide feedback and/or updates to the prescriber via these platforms. For optimum health outcomes, this should be a necessity, not a suggestion.

***e. Do you agree with Principle 2: Consider the options?***

Yes, this aligns with patient-centred care and encourages a comprehensive evaluation of potential treatments.

Point 20 – “A prescriber considers the range of evidence-informed treatment options that may benefit the person. This includes providing no treatment, non-pharmacological approaches and therapeutic products, medicines, and stopping or adjusting the dose of medicines that might be causing harm, or no longer be of benefit (deprescribing)”. This point should be extended to include that when the prescriber is considering the options, they should also be encouraged to speak to their peers or refer the patient to specialists for the best treatment outcome for the patient.

***f. Do you agree with Principle 3: Present options and come to a shared decision?***

Yes, transparent communication of treatment options and engaging the patient in shared decision-making promotes patient autonomy and informed choice. Although there should be mention that the consultation should not be rushed and should allow sufficient time and be in an appropriate atmosphere for a robust consultation that allows for informed choice.

***g. Do you agree with Principle 4: Prescribe?***

Yes, it underscores the importance of ethical and safe prescribing practices, emphasises responsible prescribing, ensuring clinical need and appropriateness.

Point 26 – “A prescriber issues a prescription (either electronic, physical, or verbal) that meets all legal and professional requirements with unambiguous instructions for dispensing and administration according to the treatment plan”. We would suggest that the requirements for funding information, e.g., valid special authority numbers, etc., should also be included in this point. (Please also see our additional comments under answer p).

***h. Do you agree with Principle 5: Inform?***

Yes, this supports patient education and adherence.

Point 28 – “A prescriber ensures that the person understands the treatment plan (including what action to take if they have concerns), how to access and use the prescribed therapeutic products, and any monitoring requirements”. We would suggest that this point includes examples of how a prescriber can ensure that the person understands the treatment plan that meets the person’s level of health literacy and is communicated in a way that is best understood by the person and is culturally safe, e.g., written information from credible sources, verbal, appropriate format for people with disabilities, referral to support groups, etc.

***i. Do you agree with Principle 6: Monitor effectiveness and safety of treatment and review options?***

Yes, aligns with best practices for maintaining patient well-being. This point also emphasises the importance of the person being able to raise concerns and/or provide feedback as required so that the patient is involved in the shared treatment plan. It may be beneficial to include that the prescriber should provide the patient with their rationale for the monitoring of treatment and expectations.

***j. Do you agree with Principle 7: Practise equitably?***

Yes, it recognises the need to address health disparities and provide quality care for all people and their communities.

***k. Do you agree with Principle 8: Prescribe safely?***

Yes, maintaining competence, and making evidence-based decisions supports patient safety and ensures that the patient is prescribed the recommended treatment plan for their situation.

***l. Do you agree with Principle 9: Ensure adequate record keeping?***

Yes, this is essential for accountability, continuity of care, and learning from and minimising errors. We would recommend that the prescriber is also encouraged to document any adverse drug reactions to CARM.

***m. Do you agree with Principle 10: Prescribe professionally?***

Yes, accountability and ethical decision-making in prescribing aligns with maintaining trust and quality in healthcare.

***n. Do you agree with Principle 11: Encourage quality improvement?***

Yes, this promotes a culture of continuous improvement in prescribing practices. It acknowledges the importance of learning from mistakes and striving for excellence and improves patient outcomes and patient safety.

***o. Do you agree with Principle 12: Collaborate?***

Yes, this encourages the prescriber to work as a member of a collaborative, multidisciplinary team responsible for providing holistic care to each person under their care to optimise the best outcome for their patient and to share information so that all relevant health professionals are up to date with the patient’s medical profile.

***p. Do you have any additional comments?***

The provided principles seem comprehensive and aligned with promoting safe and effective prescribing practices. However, bad or incorrect electronic prescribing practices, coupled with the limitations and lack of strictly enforced parameters of prescribing practice management software, can significantly impact prescribing standards and compromise patient safety.

Inaccurate input or selection errors within electronic systems can result in the generation of incorrect prescriptions (“garbage in, garbage out”). This places unnecessary strain on a workforce already thin on the ground. In essence, the limitations of prescribing practice management software can undermine the very standards they were designed to uphold.

Thank you for your consideration of our response. If you have any questions about our feedback, please contact our Senior Advisory Pharmacists, Martin Lowis ([martin@pgnz.org.nz](mailto:martin@pgnz.org.nz), 04 802 8218) or Cathy Martin ([cathy@pgnz.org.nz](mailto:cathy@pgnz.org.nz), 04 802 8214).

Yours sincerely,



**Nicole Rickman**

General Manager – Membership and Professional Services