PHARMACY GUILD OF NEW ZEALAND

20 December 2024

Regulatory Assurance Team
Regulation and Monitoring
Ministry of Health
Wellington 6011

Sent via email to: *regulatoryassurance@health.govt.nz*

Dear Sir/Madam,

Re: Ministry of Health's proposal to extend designated prescribing authority to podiatrists

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

We appreciate the opportunity to provide feedback on the Ministry of Health's proposal to extend designated prescribing authority to podiatrists. While we support initiatives aimed at improving patient care and healthcare system efficiency, we have significant concerns regarding the lack of public consultation prior to Cabinet's decision to extend these prescribing rights to podiatrists who complete the new podiatrist prescriber scope and the potential risks this will introduce to patient safety, care coordination, and the sustainability of the healthcare system.

Given the current financial climate, we have reservations about initiatives that prioritise new investments in education and the development of new service models without fully considering existing assets and infrastructure. Pursuing a model that lacks scalability – given the limited numbers of podiatrists in New Zealand, most of whom are privately funded – that demands significant financial investment raises concerns about both sustainability and long-term feasibility.

We believe that a thorough evaluation of current systems, infrastructure, and resources provided by pharmacists – who are trained medicine experts – should have been a key part of the decision-making process to ensure that new initiatives are both cost-effective, practical and capable of addressing future needs without placing unnecessary financial strain on the system. With this in mind, we propose a collaborative prescribing model that fosters partnership between pharmacists and podiatrists, that offers a safer, more efficient, and better-resourced solution that aligns with policy objectives while supporting optimal patient care.

Key concerns

1. Patient safety and pharmacovigilance

Podiatrists currently lack access to comprehensive medical and medicines records through software systems and online medical portals, with the access critical for:

- Identifying patient allergies, potential drug interactions, and contraindications.
- Ensuring continuity of care and effective follow-up.
- Monitoring for adverse effects (pharmacovigilance).
- Accurately documenting patient interactions.

Pharmacy House, Level 3, 124 Dixon Street,
Te Aro, Wellington 6011
PO Box 27 139, Vivian Street, Wellington 6141

Phone: 04 802 8200
Email: enquiries@pgnz.org.nz
Website: www.pgnz.org.nz

Without this access, podiatrists face challenges in delivering safe, coordinated, and efficient care, with limited visibility into a patient's full medical history and medicine regimen leading to delays in identifying potential risks or adverse reactions and reducing their ability to make informed clinical decisions. Additionally, the lack of access hampers their ability to collaborate with other healthcare providers, impacting seamless care transitions and patient outcomes.

Pharmacists already have well-established digital infrastructures in place, including access to national platforms such as Conporto, which enables real-time access to medical records, that supports:

- Prevention of harmful medicine interactions.
- Adherence to antimicrobial stewardship guidelines.
- Effective monitoring of patient response and safety.

These capabilities enhance pharmacists' ability to provide timely, informed, and safe care, and can be further expanded and optimised with minimal financial investment to meet collaborative prescribing needs. Pharmacists access to comprehensive, up-to-date patient information enables them to identify potential risks early, optimise medicine management, and collaborate seamlessly with other healthcare providers to ensure integrated, patient-centred care.

Proposed solution: A collaborative prescribing model fosters interprofessional collaboration, leveraging the expertise of both podiatrists and pharmacists to ensure comprehensive patient care. With pharmacists bringing their specialised knowledge of medicine management, including drug interactions, contraindications, and monitoring for adverse effects, they can support podiatrists in making informed prescribing decisions, and provide an additional layer of safety to prevent prescribing errors and minimise the risk of unintended harm to patients. The collaborative model improves access to medicine management expertise, particularly for patients with complex health needs, such as diabetics and cardiovascular disease, or those taking multiple medicines.

2. Workforce limitations and system integration

Currently, there are 471 registered podiatrists in New Zealand, compared to over 4,000 pharmacists working across more than 1,100 community pharmacies. This highlights a significant difference in workforce size and distribution, with pharmacists representing a much larger segment of the healthcare workforce. Pharmacists' widespread presence through their extensive network of community pharmacies ensures greater accessibility for patients, particularly in rural and underserved areas. Their ability to serve as a first point of contact for healthcare needs plays a key part in promoting equitable access to medicines and essential health services. In contrast, the relatively small number of podiatrists limits their geographic reach, creating challenges for patients in remote regions to access podiatric care.

Podiatrists currently lack access to the New Zealand e-Prescription Service (NZePS), limiting their ability to use its capabilities for timely and accurate prescription management, creating barriers to efficient and coordinated care. Given the recent budget cuts and workforce constraints impacting New Zealand's healthcare system, the prospect of integrating podiatrists into the NZePS appears increasingly unlikely in the near future. In contrast, community pharmacies are already fully integrated with the NZePS, enabling them to process prescriptions efficiently, ensuring visibility of patient medicine histories across the healthcare system, and allowing pharmacists to support better medicine management, monitor for drug interactions, and coordinate care effectively with other providers. The gap in access for podiatrists highlights a

missed opportunity to achieve the same level of efficiency and system-wide visibility in their prescribing practices.

Proposed solution: The disparity in workforce size and distribution underscores the value of leveraging pharmacists' broader footprint to support innovative healthcare delivery models. Additionally, the lack of NZePS integration for podiatrists will require strategic planning, resource allocation, and collaboration among healthcare stakeholders to ensure equitable access to digital prescribing tools. Extending designated prescribing authority to pharmacists in collaboration with podiatrists offers a pathway to improve system efficiency, eliminates digital barriers, and reduce risks such as transcription errors or duplicate prescriptions. This collaborative model could mirror the success of the Hepatitis C treatment programme between registered nurses and pharmacists, demonstrating its potential to address a wide range of healthcare system inefficiencies while enhancing patient safety and care coordination.

3. Pharmacological expertise

Pharmacists undergo years of intensive and specialised education in pharmacology, covering in-depth study of pharmacokinetics, pharmacodynamics, and comprehensive medicines management. This extensive education provides pharmacists with a deep understanding of how medicines interact, their therapeutic effects, and the various factors that influence individual responses to treatment. Beyond their expertise in medicine management, pharmacists are also skilled in patient education, helping individuals understand their treatment plans, potential side effects, and the importance of adherence, and are well-positioned to identify barriers to medicine use, such as socioeconomic factors, cultural beliefs, or access issues, and tailor interventions to address these challenges.

In comparison, podiatrists typically complete only a single pharmacology paper during their undergraduate studies, offering a foundational understanding of medicine use but lacking the depth of expertise provided by the extensive pharmacology training pharmacists undergo. This more limited pharmacological education can restrict podiatrists' ability to fully assess drug interactions, side effects, and medicine management, especially in patients with multiple comorbidities or those taking complex medicine regimens. This training disparity highlights the importance of interdisciplinary collaboration in healthcare, with pharmacists possessing a more detailed and nuanced understanding of drug interactions, side effects, and optimal medicine strategies, which can complement podiatrists' clinical expertise.

Proposed solution: Pharmacists' expertise in pharmacology ensures prescribing decisions aligns with best practices, improving patient safety and clinical effectiveness. Through collaboration, pharmacists and podiatrists can combine their strengths – pharmacists' advanced pharmacological knowledge and podiatrists' specialised expertise in foot and lower limb care – to promote safer prescribing, improve patient outcomes, and reduce medicine-related risks. Such collaboration can bridge gaps in knowledge, prevent adverse drug interactions and overprescribing, optimise patient adherence, and manage complex medicine regimens more effectively. Working together, pharmacists and podiatrists can provide a more comprehensive and evidence-based approach to care, ensuring better health outcomes for patients.

4. Additional considerations

Additional concerns from both a community pharmacy and a patient perspective include:

- **Antimicrobial stewardship:** Independent antibiotic prescribing by podiatrists without access to patients' medical or medicine records risks undermining efforts to combat antimicrobial

resistance (AMR). Pharmacists play a vital role in antimicrobial stewardship by ensuring appropriate prescribing, monitoring dosages, and educating patients and healthcare providers on the risks of overuse and misuse of antibiotics. Their expertise supports evidence-based prescribing, identifies potential risks, promotes adherence to guidelines, and strengthens public health by minimising the development of resistance.

- **Dispensing complexities:** Without NZePS integration, podiatrists' prescriptions may rely on manual workarounds, increasing delays, errors, and operational strain on community pharmacies, with these inefficiencies, such as prescription backlogs and administrative burdens, impacting both patients and other healthcare providers. Additionally, the absence of NZePS integration limits the clinical oversight that the system facilitates by preventing access to real-time medicine histories, reducing the ability to identify drug interactions, coordinate care, and support informed decision-making, ultimately compromising patient safety and continuity of care.

- **Workload and resource impact:** Pharmacists will bear the burden of ensuring that podiatrist prescriptions are safe, complete, and clinically appropriate, despite the additional responsibilities placed on them without corresponding fair remuneration or resources. This added workload could lead to higher stress, reduced job satisfaction, and risks to patient safety if pharmacists are overburdened.

- **Fragmentation of care:** Independent prescribing by podiatrists risks creating gaps in coordination among GPs, podiatrists, and pharmacists, leading to increased service duplication, adverse drug effects, and missed follow-ups, which can compromise patient safety and treatment continuity, especially for those with multiple health conditions or complex medicine regimens. Pharmacists are well-positioned to act as central coordinators for medicines management, using their expertise and accessibility to ensure seamless care integration, facilitating provider communication, monitoring medicine use, identifying risks, aligning care plans, reducing adverse events and improving patient outcomes.

- **Accessibility, equity, and cost to patients:** Pharmacists are significantly more accessible than podiatrists, reducing both financial and logistical burdens on patients. Sole reliance on podiatrist prescribing may lead to higher out-of-pocket costs due to their geographical concentration, limited numbers, with many podiatrists being privately funded, and the need for multiple appointments to diagnose, monitor and prescribe. Pharmacists' widespread presence enhances equity by offering integrated care options without requiring repeated podiatrist visits, with collaboration enabling faster, streamlined access to evidence-based, safe and optimal medicines management. This partnership ensures that disadvantaged and rural populations benefit from efficient and affordable prescribing through local pharmacy networks.

- **Broader treatment oversight:** Pharmacists assess overall patient health, ensuring that prescribed medicines do not negatively impact broader health conditions, such as diabetes, renal and liver impairment, or cardiovascular disease. Their expertise allows them to identify potential risks, such as inappropriate dosing, contraindications, side effects, or adverse drug interactions, that may affect these conditions. By integrating this oversight into care plans, pharmacists can coordinate with podiatrists and other healthcare providers to ensure comprehensive, patient-centred treatment that prioritises both foot health and systemic conditions, reducing the risk of complications, optimising medicine management, and enhancing overall patient safety and health outcomes.

Collaborative prescribing model

The Regulatory Impact Statement (RIS) identified Option 2 - granting designated prescribing rights to podiatrists - as a potential solution to address system inefficiencies. However, there are strong reasons to consider alternative approaches:

- Pharmacists already operate successfully in collaborative prescribing models, such as the proven Hepatitis C treatment programme with registered nurses, which demonstrates the ability of pharmacists to work effectively as part of multidisciplinary teams to address complex health challenges.
- Pharmacists' accessibility and prescribing expertise offer a ready-made solution that can address system inefficiencies without introducing additional risks. Their widespread presence, combined with advanced pharmacological knowledge, positions them to support safe and efficient prescribing practices across diverse patient populations.

We strongly recommend implementing a collaborative prescribing model to achieve the policy objectives safely and efficiently. In this model, podiatrists will focus on diagnosing and recommending treatment plans, while pharmacists will review, prescribe, and monitor medicines, ensuring patient safety through their expertise, education, and adherence support. By leveraging pharmacists' established roles and existing infrastructure this approach builds on evidence-based collaborative models to address prescribing challenges without requiring extensive new training or infrastructure changes.

This model will enhance patient safety and efficiency by utilising pharmacists' proven systems and access to medical and medicine records, assess treatment options comprehensively, identify risks associated with medicine use, align with antimicrobial resistance (AMR) stewardship and broader healthcare sustainability goals, and reduce barriers to care, promoting equitable access for all patients. Moreover, it is far more cost-effective and financially sustainable, as outlined in Appendix A.

The implementation of a collaborative prescribing model between podiatrists and pharmacists promotes better communication and coordination among healthcare providers, allowing for real-time information sharing and well-supported treatment plan for patients, reducing the risks associated with medicine management, enhance care continuity, and improve patient outcomes, all while optimising resource use and addressing system-wide prescribing challenges.

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, 04 802 8218) or Cathy Martin (cathy@pgnz.org.nz, 04 802 8214).

Yours sincerely,

Nicole Rickman
General Manager – Membership and Professional Services

Appendix A: Collaborative prescribing model with pharmacists

In contrast to the proposed independent prescribing authority for podiatrists, a collaborative prescribing model involving pharmacists offers significant cost-saving opportunities while prioritising patient safety and healthcare efficiency. This model addresses the financial and operational burdens outlined in the RIS by leveraging pharmacists' expertise and infrastructure, reducing unnecessary expenses, and streamlining the prescribing process.

Training and professional development costs

- Podiatrists: There will be significant costs associated with prescribing training, accreditation, and ongoing continuing professional development (CPD), with these expenses anticipated to lead to a substantial increase in annual registration fees.
- Pharmacists: Pharmacists are established medicine experts, having undergone extensive pharmacology and prescribing training as part of their undergraduate education.
- Minimal additional training is required for pharmacists to collaborate with podiatrists, as established pharmacist prescribing models (e.g., Covid-19 antiviral medicines, Hepatitis C medicines) demonstrate proven, effective frameworks for collaborative care.
- Cost breakdown for collaborative training:
    - Pharmacist preparation: 4 hours of targeted CPD at $50/hour = $200 per pharmacist (one-off cost).
    - Nationwide cost: $200 × 4,000 pharmacists = $800,000 total.
    - This cost is significantly lower than the expenses associated with designing, implementing, and maintaining podiatrist-specific training programmes.

Business case for pharmacist remuneration

- A collaborative prescribing model acknowledges the vital role pharmacists play in ensuring medicine safety, adherence, and optimisation. To support their expertise and time, consistent remunerated aligned with recent pharmacist prescribing initiatives is essential.
- Costing model for a pharmacist service delivery:
    - Collaborative pharmacist prescribing rate: $150/hour (consistent with recent service/prescribing models).
    - Average consult duration: 15 minutes per patient.
    - Cost per consult: $37.50.
    - Impact over 2,000 appointments per podiatrist: 2,000 × $37.50 = $75,000 annually per podiatrist.
    - Total annual cost across 471 podiatrists: 471 × $75,000 = $35.3 million annually.
- While the overall cost may appear substantial, it should be balanced against:
    - Savings to the health system: Reduced GP visits at ~$80/visit, according to the RIS.
    - Avoided complications: e.g., amputations costing ~$50,000 each.
    - Operational efficiency: Leveraging pharmacists' existing workforce and established digital integration.
- Conclusion: Pharmacists should receive remuneration of $150/hour for collaborative prescribing to maintain financial viability, ensure patient safety, and support system-wide success.

Funding Conporto access to all community pharmacies

- Podiatrists currently lack access to patients' medical and medicine records, which increases the risks of inappropriate prescribing, adverse effects, and duplication of therapy.

- In contrast, community pharmacies, through systems like Conporto, already have the capability to integrate with patient records, ensuring them to support safe, coordinated and effective care.
- Case for nationwide Conporto funding for community pharmacies:
    - Cost per pharmacy: $2,000 annually.
    - Total nationwide cost: $2,000 × 1,100 pharmacies = $2.2 million per year.
- Benefits of nationwide Conporto access:
    - Improved patient safety: Pharmacists can review medical history, allergies, and concurrent therapies to identify and mitigate risks.
    - Equitable access: Pharmacists' widespread presence ensures timely services for rural and underserved populations.
    - Long-term system savings: With Conporto access, pharmacists can support collaborative prescribing for conditions like diabetes and cardiovascular disease, reducing pressure on GPs and hospitals.
- Example of long-term savings:
    - Each avoided hospital admission (e.g., infections or amputations) saves ~$37,240.
    - Equates to 1,000 prevented admissions annually, resulting in $37.2 million in savings.

Summary of benefits under the collaborative model

Cost	Independent podiatrist	Collaborative podiatrist and pharmacist model
Training costs	High – new programme required	Minimal – pharmacists already trained
CPD costs	Ongoing – new framework required	Minimal – integrated into CPD
System integration	None – no access to NZePS and Conporto	Full integration into NZePS and Conporto
Safety and medicines stewardship	Limited – lack of access to medical and medicine records	High – pharmacists have access to medical and medicine records and ensure safe prescribing
Cost to the health system	Modest savings	Significant savings through efficiency

Conclusion

The benefits of a collaborative prescribing model between podiatrist and pharmacists are:

- Reduces training and CPD costs as pharmacists are already trained medicines experts, minimising the need for additional education.
- Ensures patient safety through access to patient records, combined with clinical expertise and medicines knowledge, strengthening safety.
- Drives health system savings by reducing GP visits and preventing complications, where significant cost savings are achieved.
- Justifies pharmacist remuneration by paying pharmacists $150/hour, acknowledging their vital role in collaborative care and medicine experts.
- Supports Conporto funding to enable pharmacists to expand their collaborative role, improving equity and reducing costs.