ANZCA
FPM

Te Whare Tohu o
Te Hau Whakaora

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Ministry of Health | Manatū Hauora

By email: info@health.govt.nz

Tēnā koe

Proposed Amendments to the Designated Pharmacist Prescriber Medicines List

Te Whare Tohu o Te hau Whakaora | The Australian and New Zealand College of Anaesthetists (ANZCA) welcomes the opportunity to provide feedback on the above consultation, proposing:

- the addition of 21 prescription medicines, and
- vaccines as a medicine class to the schedule of the Medicines (designated pharmacist prescribers) Regulations 2013.

About ANZCA

ANZCA, which includes the Faculty of Pain Medicine (FPM) and Chapter of Perioperative Medicine, is the leading authority on anaesthesia, pain medicine and perioperative medicine. It is the professional organisation responsible for postgraduate training programs of anaesthetists and specialist pain medicine physicians, and for setting the standards of clinical practice throughout Australia and Aotearoa New Zealand. Our collective membership comprises 9649 fellows and trainees in anaesthesia and pain medicine, of which about 1300 work in Aotearoa New Zealand. ANZCA is committed to upholding Te Tiriti o Waitangi in the provision of competent, culturally safe care, and to promoting best practice and ongoing continuous improvement in a high-quality health system.

Consultation

We have consulted with our members, in particular the Chairs and members of ANZCA's New Zealand National Committee (NZNC), FPM NZ, Clinical Directors Network, Māori and Pacific networks and Directors of Professional Affairs (DPA) in New Zealand and Australia. As a binational college, ANZCA constantly reviews and compares factors that impact anaesthesia, perioperative and pain medicine in both countries, providing support and advocacy for high-quality health care.

Executive summary

ANZCA briefly discusses college feedback on the proposed amendments in relation to:

- access to medicines to improve health equity
- the education, training and regulation of pharmacist prescribers
- 'future proofing' the medicines prescribing list(s)
- contextualising proposed amendments
- controlled drugs
- methoxyfluorane
- vaccines

Health equity - access to medicines

Before commenting on the specific proposals, ANZCA acknowledges that access to medicines in Aotearoa is inequitable. Māori, rural and vulnerable consumers often do not get the medicines they need to reach their health potential and consequently experience preventable suffering, ill-health and shorter life expectancy.[1,2] Health equity, including equitable access to medicines, is a priority for ANZCA.

The college recognises the significant impact that workforce and other issues ancillary to medicines and prescribing regulation have on access to medicines. We know that there are communities without doctors, where nurses, paramedics, and pharmacists are expected to deal with whatever "comes through the door ". While Telehealth may bridge some gaps, we are aware that non-medical colleagues are often left trying to service already vulnerable communities, where substance misuse and associated crime may be rife. Many also face the added risk of undue pressure and threats that practitioners in sole charge/remote situations face.

Safety – education, training and regulation of pharmacist prescribers

Achieving the right balance between safety and access in this context[3] is difficult and depends heavily on the responsible authorities (RAs) regulating practitioners and ensuring appropriate education and training. The education and scope of practice for pharmacist prescribers supports their working collaboratively in multidisciplinary teams (MDT), with assessment and prescribing decisions based on the diagnosis of a medical practitioner. The small (currently 99) but increasing number of pharmacist prescribers, indicates that the proposed medicines will largely be prescribed by specialist pharmacists working in specialty MDT, once treatment decisions have been made by the wider team. ANZCA has confidence in the current regulatory regime for health practitioners under the *Health Practitioners Competence Assurance Act 2003*. We are less sanguine that health workforce policy and planning is sufficient to meet the current and future health needs of all New Zealanders.

Medicines List

The consultation document notes that some of the proposed medicines are not currently available in Aotearoa and "have been suggested to future proof the list in anticipation that they may be introduced into New Zealand in the near future". This 'workaround' underlines one of the problems with the medicines list - that it is virtually outdated as soon as it is published; but there are obvious issues with anticipating the availability of 'unlisted' medicines. A class-based list of medicines would ensure a more consistent and flexible approach to prescribing medicines and allow the timely introduction of new medicines.

Contextualising the proposals

The consultation documents provided very little in the way of context or evidence for the proposed amendments. In particular, they lacked detail about the health settings and specific circumstances

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[1] Metcalf, S., Beyebe, K. Urlich, J. Jones, R. Proffitt, C. Harrison, J., Andrews, A.Te Wero Tonu- The Challenge Continues: Māori access to medicines 2006/07-2012/13. NZMJ.Wellington. Nov 2018, vol 131,No 1485.

[2] Pharmac. Achieving Medicine Access Equity in Aotearoa New Zealand: twoards a theory of change. New Zealand Goverment. Wellington.

[3] Medical Council of New Zealand.Whārangi Moiōho Fact Sheet. Avaiable from: New News article | Medical Council

in which the proposed medicines would be used by pharmacist prescribers, as well as the improvements these changes would make.

Initial feedback centred on trying to understand the circumstances in which it would be necessary for a pharmacist to prescribe “obscure” or specialised medicines, when doctors would be managing and overseeing treatment. Anecdotal evidence and follow-up discussion with pharmacists was helpful in elucidating specific scenarios for specific medicines and allaying concerns. The context in which the medicines are being used is key and “should be consistent with the indications and contraindications for each specific medicine and used within the specialist clinical environment that they would normally be prescribed by doctors.”

Clear examples to illustrate the clinical context, justify the need for the amendments, and assess their impact on patient care and safety and the added value of extending prescribing rights, would have been useful and saved time. Without context, there is a risk of introducing additional prescribers unnecessarily, potentially creating confusion and overlap in roles, when existing prescribers may already be well placed to meet patient needs. There is still a need, however, for explicit guidelines/regulations to maintain standards and avoid ambiguity, particularly in situations where pressure may lead to shortcuts or ‘bending the rules’.

Controlled drugs

The FPM noted existing problems with some controlled drugs like fentanyl and methadone, especially in the South Island and in areas where there is little access to GP, NP or specialist clinical pharmacists. The impact of widening access to these high-risk medicines through the designated pharmacist prescribers medicines list is far from clear. It is especially relevant in the management of pain, where medication is often not the most appropriate or effective intervention. In such cases, assessment and treatment by a pain medicine specialist — rather than a pharmacist prescriber — is essential to ensure safe, evidence-based, and holistic patient care.

Methoxyfluorane

Of the 19 medicines proposed methoxyflurane prompted most discussion, particularly in terms of the context in which a pharmacist would prescribe this specialist medicine. Again, once it was understood that the request came from Emergency Department (ED) pharmacists, that it wasn’t funded for community use, and was unlikely to be prescribed outside of the ED setting, the benefit of pharmacist prescribing could be seen: ED is a safer setting for administration, pharmacist prescribers will have training in its prescription/use specifically, and potentially more time to go into the history of mental health susceptibility with patients compared to our overworked ED colleagues. There should be clear guidance with regard to monitoring patients who have been prescribed methoxyflurane.

Vaccines

ANZCA supports treating vaccines as a class and adding the following to Pharmacist prescriber medicines list:

- Dengue virus vaccines
- Ebola vaccines
- Enterovirus 71 vaccines
- Mpox vaccines
- Respiratory syncytial virus vaccines
- Smallpox vaccine
- Exclusion: Yellow fever vaccine unless meets WHO requirements.

Thank you again for the opportunity to provide feedback which we trust is useful.

Nāku noa, nā

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Australian and New Zealand
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