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Dear Ms Moore

Thank you for the opportunity to comment on the Pharmacy Council's draft statement, *Raising Concerns with Prescribers* (the statement). I commend the Pharmacy Council on its proactive approach in promoting the safety and quality of health care by a statement which sets out the responsibilities of pharmacists to raise concerns about inappropriate prescribing.

As Health and Disability Commissioner, I am charged with the role of promoting and protecting the rights of health and disability consumers as set out in the Code of Health and Disability Services Consumers' Rights (the Code). Under section 14(1)(d) of the Health and Disability Commissioner Act 1994, one of my functions is to make public statements in relation to any matter affecting the rights of health and disability services consumers.

### **Overview**

The statement supports the rights of consumers to services of an appropriate standard and, in particular, the right to co-operation among providers to ensure the quality and continuity of services under Right 4 of the Code.

The Introduction notes that the statement has been prompted by a HDC case (05HDC07953) where a pharmacy had been concerned for some time about a doctor's prescribing. In this case, I discussed the responsibility of pharmacists to raise concerns about prescribing and acknowledged the potential difficulties for providers in raising concerns about the practice of other providers. I considered that being "very certain" about concerns is an unduly high standard of the concern needed before a pharmacist has an ethical duty to act.

The statement refers to a pharmacist having "an ethical duty to act on *suspicions*, rather than waiting until they are 'very certain' there is an issue". I have some reservations about the use of the term "suspicions". My comments in the HDC case do not amount to the suggestion that pharmacists should act on a suspicion of an issue. The wording of clause 3.1 — "reasonable belief that patient safety has been compromised or is likely to be compromised" — better captures the position. The Council could perhaps refer to "well-founded suspicions". Examples would be knowledge of inadequate prescribing (such as a single erroneous prescription or recurrent examples of inappropriate prescribing) that raises a pharmacist's concern and suggests that action is needed. The pharmacist should clearly document such information, including the interventions taken, and interpret the data collected in light of a doctor's prescribing practice.

The Introduction refers to the “Code of Health and Disability Consumer’s Right”. The correct reference is the “Code of Health and Disability Services Consumers’ Rights”.

### **General policy statements**

The word of caution in the general policy statement (iv), on acting on a mere “suspicion”, is sensible.

### **1.0 Communication**

Section 1.2 appropriately highlights the benefits of effective communication in the pharmacist-prescriber relationship. I also draw your attention to Right 5 of the Code which sets out consumers’ right to effective communication.

### **2.0 Clinical check**

For consistency and impact, section 2.4 could be reworded to “... the pharmacist must contact the prescriber.”

### **3.0 Raising concerns**

In the case (05HDC07953), my independent pharmacist advisor commented that it is a difficult professional judgement for a pharmacist to decide when to draw attention to concerns about a doctor’s prescribing. Timeliness is an important consideration. The greater the potential harm, the more urgent the need for action.

I note two main situations where pharmacists may need to raise concerns with prescribers: (1) interventions about individual prescriptions, which may result from isolated errors, omissions or misunderstandings on the part of the prescriber, and (2) recurrent problems with prescribing, which may signal substandard practice or lack of competence. The statement clearly sets out the circumstances when intervention about individual prescriptions is necessary. However, when to raise competence concerns is less clear. Relevant factors would include the harm or potential for harm (whether to an individual patient or within the community), the extent to which the concerning practice deviates from the standard of peers, the frequency with which a pharmacist needs to question individual prescriptions, and the willingness of a prescriber to engage in discussions about prescribing, learn from mistakes, and make changes where necessary.

I trust the above comments will assist in the development of the final statement. Once again, I commend the Pharmacy Council on this initiative. I look forward to receiving a copy of the final statement.

Yours sincerely

Ron Paterson  
**Health and Disability Commissioner**