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Pharmacy Council of New Zealand
PO Box 25 137
WELLINGTON 6146

Consultation on the Code of Ethics for Pharmacist Prescribers

Thank you for the opportunity to comment on the Pharmacy Council of New Zealand's draft Code of Ethics for Pharmacist Prescribers (the draft Code of Ethics).

The Commissioner is charged with promoting and protecting the rights of health and disability services consumers, as set out in the Code of Health and Disability Services Consumers' Rights (the HDC Code). One of the Commissioner's functions under the Health and Disability Commissioner Act 1994 is to make public statements in relation to any matter affecting the rights of health or disability services consumers.

The HDC Code applies to "consumers" of health and disability services. I note, however, that the Council has used the term "patient" in the draft Code of Ethics, despite an earlier submission from this Office recommending that Council use terminology that is consistent with the HDC Code.[1] I agree that it is preferable that the terminology in the draft Code of Ethics is consistent with the HDC Code. However, for the purposes of consistency, I have used the term "patient" in this submission.

HDC vision and themes in complaints

During my time as Health and Disability Commissioner, I have been sending a clear message to the sector of my vision for health care services in New Zealand. That vision is a patient-centered system; a system built on the concepts of seamless services, patient engagement, transparency, and an empowering culture. I have found that there is a correlation between the concepts that define patient-centered care, and the recurring themes in complaints to HDC.

The predominant themes in complaints to HDC are provider failures to get the basics right, including repeated failures to read the notes, ask the questions, talk to the patient and listen to the patient (and, where applicable, the patient's family). These are basic fundamentals of good health care, and it is surprising the number of patients for whom these fundamentals have been overlooked, sometimes resulting in catastrophic outcomes. Other recurring themes include failures to ensure care is continuous, and transition between services is seamless.

[1] See former Chief Legal Advisor Nicola Sladden's letter of 20 July 2010, in response to Council's consultation on the Code of Ethics for the Pharmacy Profession.

Comments on the draft Code of Ethics

Overall, the ethical principles that are being promoted in the draft Code of Ethics reflect many of those themes, and are consistent with the legal obligations of pharmacist prescribers as set out in the HDC Code. In particular, the draft Code of Ethics includes principles regarding patient engagement and co-operation with other members of the healthcare team to ensure patient care is seamless and coordinated.

However, in my view, the draft Code of Ethics would benefit from including further guidance to pharmacist prescribers on their obligations to be transparent in their interactions with consumers (for example, to openly disclose adverse events), and to document prescribing decisions to ensure continuous and seamless care.

In particular, I note that principle 1.7.4 requires pharmacist prescribers to ensure the records they make are accurate, up-to-date and comprehensive. However, there is no principle that specifically requires pharmacist prescribers to document all prescribing. It is essential that pharmacist prescribers record all their prescribing activities in the patient record, because the patient record underpins safe, effective and timely clinical practice, and is the primary tool for continuity of care and for managing patients. A patient's clinical record must therefore not only be dated, legible, and accurate, but it must also comprehensively document all relevant aspects of a patient's symptoms, signs, diagnosis and treatment. The importance of adequate documentation is accentuated when a patient receives care from more than one provider as part of a multidisciplinary team approach to care.

Relevant to this is the pharmacist prescriber's obligation to "Prescribe only where there is a genuine, identifiable clinical need for treatment given the nature of the patient's health and medical history, and not based solely on the patient's request". It is axiomatic that relevant history should be considered when treating patients and, in my view, that includes the important step of reading the patient's notes. Because reading the notes is a fundamental step of basic care provision that is often missed, it could be helpful if the draft Code of Ethics specifically refers to the importance of reading a patient's notes when ascertaining a patient's relevant history.

I note that pharmacist prescribers work as part of a collaborative healthcare team, where "the patient is the focus and beneficiary of the collaboration". In any collaborative healthcare team it is important that team members feel confident and supported in raising concerns about a patient's care with their colleagues, recognise and act on concerns about a patient's condition, and treat each other respectfully. Good communication between pharmacist prescribers and medical practitioners is the key to the success of shared prescribing rights. In my view, it would be helpful for the draft Code of Ethics to provide further guidance to pharmacist prescribers on their obligations and responsibilities in situations where they have concerns about a patient's care or condition.

In addition to the above:

- I recommend that principle 1.4.4 state that the pharmacist prescriber must obtain the patient's "informed consent" for any physical examination or diagnostic testing undertaken.

- I consider that the draft Code of Ethics would benefit from an explanation of the difference between scope of practice and "area of practice". I note that the Pharmacy

Council Code of Ethics 2011 uses the language “field of practice”. Consistency in the use of terms where possible would be helpful.

- I recommend that it be made clear that the draft Code of Ethics should be read alongside (and does not replace) the Pharmacy Council Code of Ethics 2011.