

16 August 2013

Approval of proposal to amend the definition of Specialist within the Pharmaceutical Schedule

PHARMAC is pleased to announce the approval of a proposal to amend the definition of the term “Specialist” within the Pharmaceutical Schedule. This proposal was one aspect of a consultation letter dated 23 February 2012. In summary, the effect of the decision is that:

- All vocational scopes of practice for medical practitioners will be included in the Specialist definition. This means that four vocational scopes, not previously recognised under this definition, will be added. These are Urgent Care (previously known as Accident and Medical Practice), Rural Hospital Medicine, Pain Medicine and General Practice.
- The change will reduce the administrative workload currently applying to some prescriber groups, and resulting impacts for patients.
- It should be noted that not all general practitioners hold the General Practice vocational scope of practice.
- The Specialist definition change will come into effect from 1 September 2013.
- A decision on clarifying the terms “relevant practitioner” and “relevant specialist” are still outstanding. An announcement is expected later in the year.

What will a vocationally registered general practitioner do differently from 1 September 2013?

For any subsidised pharmaceutical where a Specialist recommendation is required, the vocationally registered general practitioner will be able to authorise that recommendation themselves and will not need to refer their patient on to another practitioner.

What if the medical practitioner does not hold a vocational registration?

There is no change for these prescribers. They will still be required to seek Specialist advice for pharmaceuticals requiring a Specialist recommendation for subsidy.

How can a dispensing pharmacist identify vocationally registered medical practitioners?

Although a pharmacist is not required to check the vocational scope of a medical practitioner under the Schedule rules, they may want to if they are unfamiliar with the vocational registration. Vocational registrations can be checked on the Medical Council of New Zealand’s website. It has a searchable register that identifies a practitioner’s vocational scope if applicable. Vocationally registered general practitioners may also have ‘FRNZCGP’ identified with their name and address on their prescription stationery.

Details of the proposal

The definition of a Specialist in Part I of Section A: General Rules within the Pharmaceutical Schedule will be amended from 1 September 2013 as follows (additions in bold and deletions in strikethrough):

“Specialist”, in relation to a Prescription, **means** a doctor who holds a current annual practising certificate and who satisfies the criteria set out in paragraphs (a) or (b) or (c) or (d) below:

- a)
- i) the doctor is vocationally registered in accordance with the criteria set out by the Medical Council of New Zealand and the HPCA Act 2003 and who has written the prescription in the course of practising in that area of medicine; ~~and or~~
 - ii) ~~the doctor’s vocational scope of practice is one of those listed below: — anaesthetics, cardiothoracic surgery, dermatology, diagnostic radiology, emergency medicine, general surgery, internal medicine, neurosurgery, obstetrics and gynaecology, occupational medicine, ophthalmology, oral and maxillofacial surgery, otolaryngology head and neck surgery, orthopaedic surgery, paediatric surgery, paediatrics, pathology, plastic and reconstructive surgery, psychological medicine or psychiatry, public health medicine, radiation oncology, rehabilitation medicine, urology and venereology; or~~
- b) the doctor is recognised by the Ministry of Health as a specialist for the purposes of this Schedule and receives remuneration from a DHB at a level which that DHB considers appropriate for specialists and who has written that prescription in the course of practising in that area of medicine; **or**
- c) the doctor is recognised by the Ministry of Health as a specialist in relation to a particular area of medicine for the purpose of writing Prescriptions and who has written the Prescription in the course of practising in that area of medicine; **or**
- d) the doctor writes the prescription on DHB stationery and is appropriately authorised by the relevant DHB to do so.

Feedback received

We appreciate all of the feedback that we received and acknowledge the time people took to respond. All consultation responses received by 16 March 2012 were considered in their entirety in making a decision on the proposed changes. Most responses were supportive of the proposal, and the following issues were raised in relation to specific aspects of the proposal:

Theme	Comment
A responder had concerns around the inclusion of general practice as a speciality within the definition of “Specialist”. The example they provided was a GP with some knowledge of IBD who may feel it reasonable to apply for a Special Authority for Humira and subsequently prescribe this. They deemed this as inappropriate.	Whilst understanding the concern, it is a prescriber’s responsibility (in accordance with the HPCA Act), to act within their scope of practice. Any concerns about inappropriate prescribing are a matter for the relevant professional bodies. The purpose of the Pharmaceutical Schedule is to determine when subsidy will be available.

More information

If you have any questions about this decision, you can call our toll free number (9 am to 5 pm, Monday to Friday) on 0800 66 00 50.