



New Zealand Hospital Pharmacy Association (Inc)

Te Kāhui Whakarite Rongoā Hōhipera o Aotearoa

Feedback on the Consultation on Developing a Specified Prescription Medicines List for Designated Paramedic Prescribers

The New Zealand Hospital Pharmacy Association (NZHPA) supports in principle the development of designated prescribing authority for appropriately trained paramedics. We recognise the important contribution paramedics make to the delivery of urgent and community based care particularly in rural and under served communities and support initiatives that enable clinicians to work to the top of their scope where appropriate governance, education and clinical oversight are in place.

While we support the principle of designated prescribing we have several concerns regarding the proposed Specified Prescription Medicines List (SPML).

Alignment between the stated intent and the proposed medicines list

The consultation document consistently describes the proposal as enabling paramedics to provide more complete care during a single episode of care replacing reliance on standing orders and reducing unnecessary referrals and hospital presentations.

However the proposed medicines list extends well beyond medicines required to support acute or urgent care. It includes medicines intended for the initiation or ongoing management of chronic conditions including antihypertensives, lipid lowering therapy, diabetes medicines, maintenance asthma therapy, contraception, long term gout management and vaccination.

This represents a significant expansion from enabling completion of an acute episode of care to supporting ongoing primary care management. If this broader intent is deliberate NZHPA considers it should be explicitly acknowledged within the consultation document together with the rationale, anticipated models of care and associated governance arrangements. If this is not the intended direction the proposed medicines list should be reviewed to better align with the stated objectives of the consultation.

Antimicrobial stewardship

NZHPA has concerns regarding the breadth of antimicrobial prescribing proposed.

The proposed list includes a substantial range of oral and parenteral antibacterial agents across multiple therapeutic classes. While there are circumstances where paramedic initiated antimicrobial therapy is appropriate, antimicrobial prescribing should remain consistent with New Zealand antimicrobial stewardship principles.

The consultation document does not clearly describe how prescribing will align with Te Whatu Kura, Health New Zealand antimicrobial guidance or national strategies to reduce antimicrobial resistance.

NZHPA recommends that:

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- antimicrobial prescribing is explicitly aligned with Te Whatu Kura and national antimicrobial stewardship guidance
- prescribing indications remain tightly defined and evidence based
- antimicrobial prescribing is subject to appropriate clinical governance, audit and review
- mechanisms are established to monitor antimicrobial prescribing patterns and support quality improvement.

Clinical governance

Many of the medicines included within the proposed SPML require ongoing monitoring, review or follow up that extends beyond the initial patient encounter. This includes chronic disease medicines and medicines where treatment effectiveness, adverse effects or laboratory monitoring may influence subsequent prescribing decisions.

NZHPA recommends greater clarity regarding:

- the circumstances in which paramedics are expected to initiate ongoing medicines
- how continuity of care will be ensured
- communication with primary care and hospital teams
- documentation standards
- responsibility for ongoing review and monitoring.

Overall position

NZHPA supports designated prescribing authority for appropriately trained paramedics as part of modern multidisciplinary healthcare delivery.

However we consider the current proposal would benefit from clearer alignment between its stated purpose and the scope of medicines proposed. In particular greater justification is required for medicines intended for ongoing primary care management rather than completion of an acute episode of care. We also recommend stronger articulation of antimicrobial stewardship expectations and clinical governance arrangements to ensure safe, consistent and evidence-based prescribing.

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