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Dear Hannah

Thank you for the opportunity to comment on the agenda of the 58th meeting of the Medicines Classification Committee (MCC) of Medsafe.

Introduction to general practice and the College

General practice is the medical specialty that treats patients: with the widest variety of conditions; with the greatest range of severity (from minor to terminal); from the earliest presentation to the end; and with the most inseparable intertwining of the biomedical and the psychosocial. General practitioners (GPs) treat patients of all ages, from neonates to elderly, across the course of their lives.

GPs comprise almost 40 percent of New Zealand's specialist workforce and their professional body, the Royal New Zealand College of General Practitioners (the College), is the largest medical college in the country. The College provides training and ongoing professional development for GPs and rural hospital generalists, and sets standards for general practice. The College has a commitment to embed the three principles (participation, partnership and protection) of Te Tiriti o Waitangi (Treaty of Waitangi) across its work, and to achieving health equity in New Zealand.

Health equity is the absence of avoidable or remediable differences in health outcomes and access to health services among groups of people, whether those groups are defined socially, economically, demographically, or geographically (WHO). To achieve health equity, we advocate for:

- A greater focus on the social determinants of health (including labour, welfare, education, housing, and the environment).
- Funding and support to sustain the development of a GP workforce of sufficient capacity to meet population need for access to quality primary medical care, particularly in rural and high need areas.
- Sustained focus on measures to reduce smoking and to increase healthy food options for low-income families.
- Improved integration of primary, community, and secondary care health and social services which ensures the provision of high quality services.
- Universally accessible free primary health care for children and low-income families, because health inequities begin early and compound over the life course.
- A review of the funding model for primary care to ensure that resourcing is allocated equitably across diverse populations with differing needs.

Submission

The College would like to comment on two agenda items

Item 5.5 Medicine reclassification - Proposed additional process when considering the reclassification of prescription medicine to restricted medicine (Pharmacy Council)

Item 8.2.2b Ulipristal.

Item 5.5 Medicine reclassification - Proposed additional process when considering the reclassification of prescription medicine to restricted medicine (Pharmacy Council)

The College would like to thank the Pharmacy Council and the Pharmaceutical Society for the work they have done to develop a process to allow recommendations to be made to the MCC regarding the circumstances under which medications reclassified from prescription to restricted can be safely supplied.

The College is of the opinion that the Pharmacy Council is the appropriate body to determine whether additional training for pharmacists is required should medicines be down scheduled from prescription to restricted. In recent years, such recommendations have often be made by the pharmaceutical company or pharmacy organisation proposing the reclassification. Such organisations have a commercial imperative and given the profits to be made following down scheduling there is a risk that patient safety considerations may be given less weight than they should be.

We note that the “Council framework” will be established in collaboration with the Pharmaceutical Society. This framework “will set out any training programme requirements and mandatory patient consultation outcomes “¹. It is unfortunate that this framework is not already available to allow it to be considered alongside this proposal. It is important that in the development of the framework issues of conflict of interest are dealt with appropriately.

The College applauds the inclusion of consideration of collaboration with other health professions as a favourable factor when assessing proposals. However we would like to recommend a small edit to the wording. We suggest that footnote 2, which refers to favourable consideration of evidence that there had been collaboration with other health professionals, should be altered to read health professional organisations. This would prevent communication with an individual practitioner who may have views that are out of step with the majority of the profession on a particular reclassification, being put forward as evidence of “collaboration.”

Item 8.2.2b Ulipristal

Pharmacists are able to supply other emergency contraceptive pills (ECPs) only if special training has been undertaken. The College considers that the provisions that relate to pharmacist supply of other ECPs should also be applied to Ulipristal should it become available in New Zealand.

We hope you find our submission helpful. Should you require any further information or clarification please contact the College’s policy team at policy@rnzcgp.org.nz.

Yours sincerely,



Michael Thorn

Manager – Strategic Policy

¹ <http://www.medsafe.govt.nz/profs/class/Agendas/agen57PharmacyCouncil.pdf>