Submission on the two proposals for registered nurse prescribing

This submission is made by Women’s Health Action Trust to the Nursing Council of New Zealand

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Women’s Health Action Trust

Women’s Health Action, which was formed as a result of the Cartwright enquiry, is in its 27th year of operation and remains on the forefront of women’s health in Aotearoa New Zealand.

Women’s Health Action is a women’s health promotion, information and consumer advisory service working nationally and regionally. We are a non-government organisation that works with health professionals, policy makers and other not for profit organisations to influence and inform government policy and service delivery for women.

We provide quality, evidence-based, consumer-focused information and advice to ensure health policy and service delivery meets the needs of diverse women and has intended and equitable outcomes. We have extensive networks in the public health and not-for-profit sector and provide information, analysis and advice to health providers, NGOs, DHBs, the Ministry of Health and other public agencies on women’s health including screening, public health, gender and consumer issues.

Women’s Health Action has a special focus on breastfeeding promotion and support, as well as on women’s sexual and reproductive health and rights.

Thank you for the opportunity to provide a submission on this proposal.
Introduction

Women’s Health Action (WHA) supports the extension of nurse prescribing to suitably qualified nurses.

We wish to make the following comments.

- Re Proposal One: Community Nurse prescribing

  We agree that extending the role of nurses working in specific ambulatory services would enhance community and outpatient services. We would expect that such nurses would be given additional training in the prescribing of medicines and being able to offer comprehensive explanations about the medicines prescribed in order to obtain the patient’s informed consent.

- Re Proposal Two: Specialist Nurse prescribing

  We agree that registered nurses who are experienced and skilled and working in clinics as part of a team should be able to prescribe medicines for certain conditions. We also agree that obtaining postgraduate qualification in this field should be mandatory.
Consultation questions:

Community nurse prescribing

1. Yes- WHA agrees that suitably qualified and experienced registered nurses should be able to prescribe a limited list of medicines to treat minor ailments.

2. Yes- Research appears to indicate that extending the scope of practice of suitably qualified nurses will improve health care provision. The title appears adequate but we suggest this is canvassed with public outside of the health sector.

3. Yes- WHA agrees with the proposed wording change to include a prescribing authorisation.

4. Yes- We support the provision of additional training and the requirement that the nurse has been in practice for at least 3 years.

5. No- “Educating the patient” is mentioned but the course standards contain no specific details about an informed consent process in regards to ensuring who is prescribing and what is being prescribed is discussed and that consumers are engaged in understanding the treatment prescribed and that it is being prescribed by a nurse. This also needs to be detailed in the competencies section. We have no objection to the entry criteria.

6. Yes

7. Yes- However, we note that medical staff currently experience significant marketing pressure from pharmaceutical companies in regards to prescription medications. Will any safeguards be put in place to ensure nurses are not subject to the same pressures.
Specialist Nurse prescribing

1. Yes- We agree that suitably qualified and experienced nurses with advanced skills and knowledge should be able to prescribe medications for patients who have long term conditions.

2. We agree the research indicates specialist nurse prescribing has the potential to improve health care. We agree the requirement to work in a multi-disciplinary team would provide the optimum care environment. However, we also note that in some areas the team may consist of medical and nursing staff only and this should not limit the specialist nurses capacity to prescribe. We agree with the title, and with the requirement to practice under supervision for the first six months.

3. Registered in a new scope of practice. We believe this will provide clarity for healthcare consumers. We believe more work is required on the scope statement to ensure it is patient/consumer centred and that multi-disciplinary team be defined in a way that allows flexibility for healthcare services which have only medical and nursing staff working in them.

4. Yes we agree with the proposals for education and training for specialist nurses including the competencies and entry criteria

5. Yes we agree with the continuing competency requirements

6. We do not think antidepressant medication should be prescribed by either nurses or GPs who do not have some postgraduate training in mental health care. We do not agree with the prescribing of controlled drugs for longer than 3 days. We think the list of non prescription medications is acceptable. While we agree with nurse prescribing of opioid analgesia in an emergency for no longer than 3 days we do not agree with extending this period or with nurse prescription of benzodiazepines in any circumstances. We also note both of these types of these medications have been found to be highly addictive and GPs have complained about being put under extreme pressure to prescribe them at times. It would be important to have some mechanisms to protect both consumers and specialist nurses from any misuse of these medications especially when they may be prescribed in the context of home based visits.
Concluding comments

In summary, Women’s Health Action supports the proposal that registered nurses with appropriate experience, additional education, clinical knowledge and skills who have been authorised to do so (or who have achieved the appropriate credentials) be able to prescribe certain medications.

We also support the intent of these changes, which is to make treatment more accessible to consumers. However, healthcare consumers require protection and the assurance that their care will be safe. We believe public understanding of expanded nursing roles needs to be built into patient information and informed consent procedures so that health consumers know who is prescribing the medications and that they are competent (credentialed or authorised) to do so. We also believe the additional training requirements are extremely important and must be clearly described in any legislative changes.

Consumer movements have demanded more responsive and consumer centered health services and have challenged medical dominance in health care. This has contributed to the professional recognition and autonomy of nurses as health practitioners in their own right and contributed to an environment of expanding practice for nurses. The involvement of consumers in changes to health systems and the health professions is important. We urge you to ensure that these consultations make meaningful attempts to engage with consumers’ perspectives on this important proposal to expand nursing practice.

Thank you again for the opportunity to comment on this proposal. We trust our comments are useful in your consideration.