Consultation: Two proposals for registered nurse prescribing

Submission Form

Please read and refer to the consultation document Two proposals for registered nurse prescribing available on the Nursing Council of New Zealand website www.nursingcouncil.org.nz before completing this form. The questions in this form are designed to help you to focus your response and make it easier for us to analyse submissions. However, you don’t have to answer every question and may add additional comments.

This submission was completed by:

Name:
Address:
Email:
Organisation:
Position: Registered Nurse

If an email address is supplied, we will notify you of when the report of the summary of submissions is published on-line.

You are making this submission:

☒ as an individual
☐ on behalf of a group or organisation

Please indicate which part of the sector your submission represents:

☒ Individual nurse
☐ Individual doctor
☐ Individual other
☐ District Health Board
☐ Consumer group
☐ Registration authority
☐ Primary health organisation
☐ Maori health provider
☐ Pacific health organisation
☐ Government agency
☐ Education provider
☐ Professional organisation
☐ Private Hospital Provider
☐ Aged care provider
☐ Non-government organisation
☒ Other (please specify) ..................................................................................................................................................
................................................................................................................................................................................................

............................................................
In the interests of a full and transparent consultation process, the Nursing Council intends to publish a report which may contain quotes from the submissions received. The Council may also publish the submissions received on this consultation document on its website. However, if you object to this publication or to the publication of your name (Please note that the names of individual submitters will not be published) tick one or both of the following boxes:

☐ I do not give permission for my submission to be published on-line.

☒ I do not give permission for my organisation’s name to be listed in the published summary of submissions.

The deadline for feedback is Friday 19 April 2013. Submissions are accepted in written and email form. Please save and send your submission to:

EmmaG@nursingcouncil.org.nz

Or post to:

Emma Gennard
Nursing Council of New Zealand
PO Box 9644, Wellington 6141
Consultation questions

The consultation questions are split into two parts specific to the two proposals. Respondents are asked to reply to questions about both proposals. There is an opportunity at the end of the questions to give general views on the consultation paper and models of nurse prescribing.

Proposal One: Community nurse prescribing

Proposal for community nurse prescribing

The Council believes that registered nurses working in schools, general practice, public health, Maori and Pacific Health providers, services for youth, family planning and other ambulatory services already have a significant role in health promotion, disease prevention and in the assessment and treatment of minor ailments and illnesses. The ability to prescribe a limited number of medicines would enhance the health services registered nurses are able to deliver to some patients in community and outpatient settings.

1.1 Do you agree with the proposal that suitably qualified and experienced registered nurses be able to prescribe a limited list of medicines to treat minor ailments and infections, and to promote health?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

I agree with the Council’s belief that registered nurses working in schools, general practice, public health, Maori and Pacific Health providers, services for youth, family planning and other ambulatory services do have a significant role in health promotion, disease prevention, assessment and treatment of minor ailments and illnesses. However I feel that a community nurse with only three years of clinical experience has not gained a high degree of knowledge, skill and competence in their area of practice.

This knowledge is gained not only from working in that area but also by continuous post-graduation study, research and keeping up with current best practice. I feel that the minimum requirement should be at least a post grad diploma with 3 years of clinical practice in their specific area of practice.

I do not believe that a community nurse with only three years clinical experience with no post grad study especially pathophysiology and pharmacology has the expert knowledge regarding the interactions of medications on this may result in harming the patient. I feel that the Maori and Pacific patients, who are normally at a higher risk of having co morbidities than most, will be at further risk if medication, even a limited number, was prescribed by a community nurse especially if that nurse did not have a high degree of knowledge regarding medication and all the interactions between medications. Especially when most of these clients often have a poly pharmacy in an “ice-cream box” and often don’t have the knowledge themselves regarding what medication they are taking and for what ailment, often clients go by colour of tablet too, makes it very difficult to analyse.

I feel that the community nurse also needs minimum prescribing experience of one year with a designated medical mentor I do not feel that that there is enough provision for mentorship allowed

---

1 Health services provided on an outpatient basis to those who visit a hospital or another health care facility and depart after treatment on the same day.
in this proposal.

The rationale for extending nurse prescribing is to improve patient care without compromising patient safety; make it easier for patients to obtain the medicines they need; increase patient choice in accessing medicines; and make better use of the skills of health professionals.

1.2 Do you agree that community nurse prescribing will enable patients to receive more accessible, timely and convenient care?

Yes [ ] No [x]

I agree that community nurse prescribing will enable patients to receive more accessible, timely and convenient care. However I feel that the community nurse has to have more years of clinical experiences along with post grad study. I would recommend that a community nurse can only safely prescribe once she has done a post-graduation diploma with core papers such as advanced assessment and diagnostic reasoning, advanced pathophysiology, advanced pharmacology and a paper that will benefit her area of practice. The community nurse then also need the 6 day online course as proposed by the Nursing Council. The community nurse has to have intense clinical mentorship regarding prescribing medication. Regular auditing regarding safety of patients when medication has been prescribed by community nurses should be in the Nursing Council proposal and part of the community nurses’ scope of practice regarding prescribing rights.

Title for community nurse prescribing

The Council has used the title “community nurse prescribing” for this proposal but is aware that it may not best describe the nurses who may undertake this type of prescribing or the breadth of the prescribing authority.

1.3 Do you consider the title “community nurse prescribing” adequately describes and informs the public and other health professionals of the breadth of this prescribing authority?

Yes [ ] No [x]

I don’t know what would be the best title.

When I give my title as a Nurse, often I get asked “oh so you carry bed pans” thus the instant image of a Nurse is someone doing menial no brainer jobs, which is very sad as this means that regardless of how much learning and education goes into nursing, nurses are still not fully valued as the public still do not know what a nurse does. The community does not have a high opinion regarding the nursing professional profession and what it entitles.

Now that I am completing my Master’s degree in Nursing and working towards the title of Nurse Practitioner I get asked “what does that mean, do you want to be a doctor?” Once again this proves that the public cannot comprehend that nursing is a growing profession and a title does not always describe and inform the public.

Community nurse with basic prescribing authority.

Scope of practice and authorisation for community nurse prescribing
The Council is proposing to add the following sentence to the scope of practice for registered nurses to allow some registered nurses to be authorised for community nurse prescribing:

“Some nurses with additional experience education and training may be authorised by the Council to prescribe some medicines within their competence and area of practice.”

1.4 Do you agree with the suggested wording changes to the registered nurse scope of practice and with a prescribing authorisation being included in the scope of practice of registered nurses with community nursing prescribing authority?

Yes ☒
No ☐

I agree with the wording. The wording indicates that this nurse has had additional experience education and training; however proposed framework for the community nurse prescribing on page 14 column one “minimum of 3 years of practice” does not document any additional experience and training needed.

Qualification and training for community nurse prescribing

It is proposed that community nurse prescribing courses should include up to 6 days of theory (online and workshop) and 3 days of prescribing practice with a doctor or nurse prescriber (authorised prescriber). A competence assessment with a doctor or nurse practitioner would be one of the course assessments that must be successfully completed before the nurse would be authorised by the Council to prescribe. The standards for community nurse prescriber courses are outlined on page 50 of the consultation document. The competencies that the registered nurse will be assessed against are on page 53.

1.5 Do you agree that the proposed education and training for community nurse prescribing is consistent with their scope of practice and their prescribing authority and will enable them to demonstrate competent and safe prescribing practice?

Yes ☐
No ☒

1.6 Do you agree with the course standards for community nurse prescribers?

Yes ☒
No ☐

1.7 Do you agree with the competencies for community nurse prescribers?

Yes ☒
No ☐

I do not agree that a six day course offers sufficient education. I would recommend that a recognised advanced pharmacology post grad paper needs to be completed, with the additional six day online workshop. I do not agree that one assessment with a doctor or authorised nurse prescriber is sufficient there must be at least ten assessments with a doctor or an authorised nurse prescriber.

Entry criteria for courses leading to community nurse prescribing
The Council is proposing the following criteria to gain entry to a community nurse prescribing programme:

- The registered nurse must hold a current annual practising certificate and must have completed three years equivalent full time practice. At least one year must be in the area of practice she/he will be prescribing.
- The nurse must have support from his/her employer to undertake the prescribing course and must confirm that they will be able to prescribe in their work role at the completion of the course.
- The nurse must have the support of an identified authorised prescriber mentor who will support her/him to prescribe.
- The nurse must be employed by an organisation that supports nurse prescribing through policy, audit, peer review and accessibility of continuing education.

1.8 Do you agree with the entry criteria for community nurse prescribing courses?

Yes ☐ No ☒

I do not agree with the first bullet point criteria, the nurse needs more than 3 years clinical experience with at least a post graduate diploma.

I agree with the following three bullet point criteria however they do not indicate for how long this nurse will be working with a mentor.

Continuing competence and monitoring for community nurse prescribing

It is proposed that nurses who have community nurse prescribing rights be required to participate in peer review of their prescribing practice and complete professional development on prescribing each year (e.g. a community nurse prescriber’s update). Community nurse prescribers must also be able to demonstrate that they have completed 60 days of prescribing practice within the past three years. The Council is proposing that it monitors that these requirements are met every 3 years at practising certificate renewal.

1.9 Do you agree with the ongoing continuing competence requirements for community nurse prescribers?

Yes ☐ No ☒

I do not agree, this means that the community nurse is responsible for prescribing one month a year! How does that justify the right to this huge responsibility of prescribing authority and prove that they have current knowledge and understanding of medication especially when research regarding medication is continuous and often changeable.

I would suggest that a biannual audit on community nurses’ prescribing should be a requirement for the ability of the community nurse’s prescribing authority.

Indicative list of medicines for community nurse prescribing
The medicines lists for community nurses were developed from the New Zealand Formulary and Pharmaceutical Schedule for medicines to treat identified therapeutic areas. The lists contain commonly used medicines for minor ailments, prevention of disease, common skin conditions and infections and contraceptives. Please refer to the lists on page 21 of the consultation document.

1.10 Do you agree with the proposed list of prescription medicines that nurses with community prescribing rights will be able to prescribe as designated prescribers?

Yes  ❌  No  ✗

I disagree with the right to prescribe adrenaline and atropine. These are emergency drugs and if the community nurse was prescribing these drugs instead of calling for an ambulance I feel that she would be working outside her scope of practice.

If adrenaline was used for opens then I feel that the community nurse is practicing outside of her scope of practice as an expert practitioner is needed to appropriately assess and evaluate an open wound, and if adrenaline was required (as in lignocaine with adrenaline) to anaesthetise the wound this falls in an expert practitioner scope of practice.

I disagree with the wide range of NSAIDs available for the community nurse to prescribe. I agree that a few low dose NSAIDs is appropriate but having such a wide range is unacceptable as NSAIDs places the patient at risk for severe side effects.

I disagree with the right of the community nurse to prescribe vitamins as research is on-going regarding the safety of vitamins.

Non prescription medicines will not be included in the regulation but patients may be able to access a subsidy if the item is “prescribed” by a nurse with community nurse prescribing authority.

1.11 Do you agree that community nurse prescribers should be able to access this list of non prescription medicines?

Yes  ✗  No  ❌

I agree that by allowing the community nurse to prescribe non-prescription medication will benefit the patient by reducing overall prescription costs, improve the patient’s well-being, and prevent unnecessary events like unwanted pregnancies. However I would suggest that there should be a regular audit on the financial cost related to this subsidy, (who carries the financial burden-tax payer/government?) and does this subsidy warrant the offset it creates, as money will be deducted or added somewhere else.

I would like to see education incorporated with non-prescription medication in the form of a verbal teaching or hand out and the documentation of education.

Proposal Two: Specialist nurse prescribing

Proposal for specialist nurse prescribing
The Council is proposing that registered nurses with advanced skills and knowledge who work in specialty services (e.g. diabetes services) or expert nurses working in general practice teams in the community be authorised to prescribe medicines for patients who have common conditions e.g. asthma, diabetes, hypertension. They would work as part of a collaborative multidisciplinary team and manage and monitoring patients with these conditions in clinics or by providing home based care. They will seek assistance from a doctor within the team when making difficult or complex clinical decisions.

2.1 Do you agree with the proposal that suitably qualified and experienced registered nurses be able to prescribe from the specialist and community nurse prescribing lists of medicines?

Yes ☒ No ☐

The ability of specialist nurses to prescribe will mean that they can make a greater contribution to patient care particularly in chronic or long term condition management. Prescribing authority will ensure competence and accountability for the medication decisions specialist nurses make and be convenient for patients who will no longer have to see a doctor for routine monitoring and prescriptions.

2.2 Do you agree that specialist nurse prescribing will enable patients to receive more accessible, timely and convenient care?

Yes ☒ No ☐

I agree that specialist nurse prescribing will enable patients to receive more accessible, timely and convenient care as these nurses have expert knowledge regarding the specific field they work in. As an Emergency Department nurse I feel that specialist nurse prescribing will prevent some of the unnecessary presentations to the emergency department.

Title for specialist nurse prescribing

The Council has used the title “specialist nurse prescribing” for this proposal but is aware that it may not best describe the nurses who may undertake this type of prescribing (some of whom may be generalist practice or rural nurses) and could be confused with nurses who do not prescribe or have different roles eg clinical nurse specialists.

2.3 Do you consider the title “specialist nurse prescribing” adequately describes and informs the public and other health professionals of the breadth of this prescribing authority?

Yes ☐ No ☒

Same as I have stated in 1.3.

I think that the name of the speciality should be part of this title. When the nurse specialist applies for prescribing rights they need to indicate what speciality they are applying for and this should be included in their title.
The Council is proposing that nurses with specialist nurse prescribing authority work in a collaborative relationship within a multidisciplinary team. Specialist nurse prescribers will refer a patient who has a health concern or complexity which is beyond their level of competence to a doctor. The Council believes that ongoing supervision by a medical mentor is unnecessary as specialist nurses must work within a team and within their level of competence.

2.4 Do you agree that nurses with specialist nurse prescribing authority should be required to work in a collaborative multidisciplinary team?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

2.5 Do you think that nurses with specialist nurse prescribing authority should also be required to practice under supervision for six months when they begin to prescribe?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

I agree learning under supervision is the best way to learn and become confident in the area of speciality. I feel that by having six months of supervision establishes a fantastic basis of knowledge on which the nurse can then build on. A great report would be established with supervisor mentor nurses and clients and this will enhance the nurse’s confidence of knowledge regarding the medications used in their speciality when they begin prescribing. By having six months of supervision also allows the breakdown of any barriers towards nurse prescribing that the medical staff, nursing staff and patients have regarding nurses prescribing.

Scope of practice for specialist nurse prescribing

The Council is consulting on two options for specialist nurse prescribing. The first is to introduce a new scope of practice – specialist nurse prescriber. The second option is for specialist nurse prescribing to be included as an authorisation in a registered nurse’s scope of practice. The first option would more clearly inform the public and other health professionals of the qualification and skills of a nurse with this prescribing authority. The second option may reduce expectations of increased remuneration and would be more acceptable to nursing organisations.

2.6 Do you agree that nurses who apply for specialist nurse prescribing authority should be:

- [x] a) registered in a new scope of practice; or
- [ ] b) have a condition/authorisation included in the registered nurse scope of practice

As a senior registered nurse in the Emergency Department I feel that nurses who apply for specialist nurse prescribing authority should have an expectation of increased remuneration. We as nurses need to provide evidence of on-going education and rarely receive remuneration for our accomplishments and achievements, I feel that by applying for

---

2 Under section 22 of the Health Practitioners Competence Assurance Act 2003, the Council may change a scope of practice and state the health services a nurse is able to perform.
prescribing authority indicates a dedication to expertise and increased accountability and I feel that this nurse should be rewarded by increased remuneration.

2.7 If nurses with specialist nurse prescribing authority are registered in a specialist nurse prescriber scope of practice, do you agree with the scope statement on page 34 of the consultation document?

Yes ☒ No ☐

2.8 If nurses with prescribing authority have a condition/authorisation, do you agree with the proposed additional wording in the registered nurse scope of practice?

“Some nurses with additional experience education and training may be authorised by the Council to prescribe some medicines within their competence and area of practice.”

Yes ☐ No ☒

I feel that the title “specialist nurse prescriber scope of practice” states clearly that this nurse is legally able to prescribe. Why does this ability need be “hidden” in a condition on your practicing certificate? This is a great achievement and I still feel that this nurse should be intituled to the use of this formal title.

Qualification and training for specialist nurse prescribing

The Council is proposing that specialist nurse prescribers complete a post graduate diploma in specialist nurse prescribing. The programme would be pathophysiology of common conditions, assessment and clinical decision making (diagnosis), pharmacology and prescribing praxis which would include 150 hours of supervised practice with a designated medical prescriber. The standards for specialist nurse prescriber courses are outlined on page 54 of the consultation document. The Council is proposing that nurses applying for specialist nurse prescribing rights must have satisfactorily completed this qualification including an assessment of their competence to prescribe (see competencies on page 64) by the medical mentor before being authorised to prescribe.

2.9 Do you agree that the proposed education and training for specialist nurse prescribing is consistent with their scope of practice and their prescribing authority and will enable them to demonstrate competent and safe prescribing practice?

Yes ☒ No ☐

2.10 Do you agree with the standards for accreditation of courses for specialist nurse prescribing?

Yes ☒ No ☐

2.11 Do you agree with the proposed competencies for specialist nurse prescribers?
I agree with the above. I would like to know what happens when a nurse with prescribing authority is out of practice for a certain length of time (and how long will this be?). Does she lose her prescribing authority all together or will there be a pathway for her to regain her competency (like the back to nursing pathway).

**Entry criteria**

The Council is proposing that the registered nurse must meet the following criteria before gaining entry to a prescribing programme:

- The registered nurse must hold a current annual practising certificate and must have completed three years equivalent full time practice. At least one year must be in the area of practice she/he will be prescribing.
- The registered nurse must have support from her employer to undertake the Postgraduate diploma in specialist nurse prescribing and must confirm that they will be able to prescribe in their work role at the completion of the course.
- The registered nurse must have the support of an identified prescriber mentor who will support her/him to prescribe.
- The registered nurse must be employed by an organisation that supports nurse prescribing through policy, audit, peer review and accessibility of continuing education.

2.12 Do you agree with the entry criteria for specialist nurse prescribing programme?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

I am not sure that I agree with the words entry criteria, as bullet points 3-5 indicates that the nurse applying for this programme needs an existing career pathway towards prescribing. I am currently completing my Master’s degree in nursing and do not have a career pathway in the Emergency department, however I am completing my advanced practicum paper with the goal as a Nurse Practitioner with prescribing authority. If the entry criteria for the specialist nurse prescribing programme was that I needed the support of my employment organisation I would not have met the criteria. I feel that it is the nurse’s right to choose what qualifications she want to obtain regardless of support from their current employer.

**Continuing competence and monitoring**

The Council proposes that nurses who have specialist nurse prescribing rights be required to undertake regular case review of their prescribing practice with a suitable mentor and complete professional development hours each year on prescribing within the 60 hours of professional
development completed by all nurses every three years. Specialist nurse prescribers must also be able to demonstrate that they have completed 60 days of prescribing practice within the past three years. The Council is proposing that it monitors that these requirements are met every 3 years.

2.13 Do you agree with the continuing competence requirements for specialist nurse prescribers?

Yes ☒ No ☐

I agree, nurses with prescribing authority needs to prove their ability of very high standards of prescribing practise and demonstrate through case reviews and presentations that they comply with the Nursing Council standards.

Proposed list of prescription medicines for specialist nurse prescribing

The list contains commonly used medicines for common condition and is not an inclusive list. Please note the prescription medicines for community nurse prescribing on page 40 of the consultation document will also be included in the list for specialist nurse prescribers.

The Council is considering whether it is necessary to identify some medicines that specialist nurses may not initiate but could safely repeat prescribe. For example antipsychotic medicines.

2.14 Do the indicative community nurse prescribing and specialist nurse prescribing lists of prescription medicines reflect the range of medicines that nurses with specialist nurse prescribing rights will need to access?

Yes ☒ No ☐

I think that the lists of prescription medicines reflects a wide range of medicines that the specialist nurse is able to access, although I feel that it may be too long. I think that the list should be individualised to the specific speciality, it seems that the nurse specialist has access to a much broader list of medication than possibly the nurse practitioner who is only authorised to prescribe within their defined area of practice this appears to contradictory.

2.15 Do the prescription medicine lists include any medicines that specialist nurse prescribers should not be able to access?

Yes ☐ No ☒

I am unsure if the list given in the proposal is a general list from which the speciality nurse is able to prescribe certain medications or if all on the list is available to any speciality nurse. How I understand this is that the speciality nurse is in a certain scope of practice regarding their speciality,
however it seems that the proposal indicates that the speciality nurse will have a broad range of medications to prescribe. If this is the case it is concerning as I feel that the nurse will then be practising and prescribing outside their scope of practice which could lead to unsafe care.

2.16 Do you think there are medicines that specialist nurses should not initiate but could safely repeat prescribe?

Yes ☒ No ☐

I agree that specialist nurses should be able to safely repeat prescribe although this should be in collaboration with the original prescriber or medical consultant as it is often necessary to complete diagnostics prior to repeat prescribing of a medication.

Non prescription medicines

Non prescription medicines will not be included in the regulation but patients may be able to access a subsidy if the item is “prescribed” by a nurse with specialist nurse prescribing authority.

2.17 Do you agree that specialist nurse prescribers should be able to access the list of non prescription medicines on page 43 of the consultation document?

Yes ☒ No ☐

I agree that by allowing the nurse with specialist nurse prescribing authority to prescribe non-prescription medication will benefit the patient by reducing overall prescription costs, improve the patient’s well-being, and prevent unnecessary events like unwanted pregnancies. However I would suggest that there should be a regular audit on the financial cost related to this subsidy, (who carries the financial burden-tax payer/government?) and does this subsidy warrant the offset it creates, as money will be deducted or added somewhere else.

I would like to see education incorporated with non-prescription medication in the form of a verbal teaching or hand out and the documentation of education.

List of Controlled drugs for specialist nurse prescribing

Designated nurse prescribers are already able to prescribe from a list of 42 controlled drugs outlined in the Misuse of Drugs Regulation 1977 (see Appendix 7 on page 71 of the consultation document). The Council believes that some of the controlled drugs on the present list are no longer used or fall outside the therapeutic areas it has identified for specialist nurse prescribers. It is proposing a list of 15 controlled drugs for specialist nurse prescribing (see page 44).
Designated nurse prescribers are restricted to prescribing controlled drugs only for patients under their care, only in an emergency and only a 3 day supply (Misuse of Drugs Regulation 1977 Section 21 (4B)).
2.18 Do you agree with the proposed list of controlled drugs that nurses with specialist nurse prescribing rights will be able to prescribe as designated prescribers?

Yes ☐ No ☒

I do not agree that the specialist nurse should have prescribing rights of controlled drugs. If the patient needed controlled drugs their condition should be reviewed by a medical practitioner or a nurse practitioner. However if a palliative specialist nurse has authority to prescribe limited controlled drugs I do not see that as a problem as long as it was written into their scope of practice.

2.19 Do you think that specialist nurse prescribers should be able to prescribe controlled drugs (from the appropriate list) for a period longer than three days?

Yes ☐ No ☒

No, and I feel this should always be in collaboration with a medical practitioner.

Other comments

3.1 Do you have any other comments on the consultation paper or the proposed models of nurse prescribing?

I am working towards my nurse practitioner status with prescribing authority and am very excited about this proposal as I feel this proposal will make it possible to overcome many barriers towards nurses prescribing. I am very excited to read this proposal as it is a very positive step forwards for nurses. As nurses we are sometimes very quick to be negative towards change but I feel this is a great and positive step forward for nurses.

Thank you for completing this response form. Please save and send your submission to:
EmmaG@nursingcouncil.org.nz

Or post to:

Emma Gennard
Nursing Council of New Zealand
PO Box 9644, Wellington 6141