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:
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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:

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☐ on behalf of a group or organisation

Please indicate which part of the sector your submission represents:

X Individual nurse
☐ Individual other
☐ Consumer group
☐ Primary health organisation
☐ Pacific health provider
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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object to this publication or to the publication of your name (Please note that the names of individual submitters will not be published) tick one or both of the following boxes: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.

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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 ambulatory¹ 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?

Yes  X  No  

Extension of nurses working in these areas would allow a more holistic level of care. By providing better access to pharmaceuticals will likely decrease the incidence of hospital admissions due to early intervention.

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  X  No  

See above

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.
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

It is not a firm disagreement; it is a yes and no. Within the definition / delineation of roles for nurses these roles are within the realm of primary health care. Likewise specialist nurses can but are not exclusively connected to Hospital health services, for example a respiratory Clinical Nurse Specialist. To counter this however there are roles such as home Cardiac Rehabilitation nurses, although linked directly to cardiac units are based in the community.

I believe “Community nurse prescribing” should be more strongly linked to the primary health care title. I acknowledge that my comprehension to the diversity of primary health care roles is lacking but correct definition of such titles will directly apply to future scope of these nurses. Will Practice nurses come under this prescribing authority or due to there generalist scope be a specialist nurse prescriber? Both are community nurses and could get roles confused, in my mind.

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  X  No  

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 X No

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

Yes X No

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

Yes X No

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 X No
and mentorship otherwise the nurse will likely not get the case experience to prescribe at a competent and safe level. This will lead to endangerment of the public.

**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 [ X ]

If there is a strong need of increase the number of health professionals able to prescribe then nurses in the community role should be working in a clinical contexts that 60 days of prescribing practice should be able to shown every 12 -18 months as opposed to every 36 months. This would prove case load is sufficient to maintain up to date relevance and competence in their practice. Dangers could arise if the nurse changes area of practice. Although checks and balances within the new area should prevent inappropriate prescribing, evidence to demonstrate competence in prescribing earlier than a 3yr time frame could be of benefit to assure this.

**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 [ X ]

No [ ]
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  X  No  

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  X  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  X  No  

This type of Nurse prescribing will only work within a multidisciplinary team.

**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 X  No

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?

Yes XX  No

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?

Yes X  No

Within this specialist nurse prescribing mentorship for 6 months as a minimum there should be a Council criteria or indication that there is an ongoing quality assurance measure such as regular case review every 6 months following to assure competence is maintained. This would be an organisational requirement not a council requirement and this should likely run for a period of 2-3 yrs following prescribing authority is achieved. The length or structure of QA would be assessed according to nurses deemed competence and practice within the MDT.

**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\(^2\) 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:

- \(\square\) a) registered in a new scope of practice; or
- \(\times\) b) have a condition/authorisation included in the registered nurse scope of practice

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?

- \(\square\) Yes
- \(\times\) 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.”

- \(\times\) Yes
- \(\square\) No

I feel adding another scope of practice will gravely undermine all the work completed by NZNC with the establishment of NP scopes and undermine the future of the NP scope and workforce. Will it be easier to employ and RN with prescribing abilities or a NP? Cheaper and easier to do the former.

However by keeping the scope of the specialist prescriber within the RN scope it can still allow development of NP scopes if there is an obvious workforce gap and allows the RN to still develop into an NP while developing prescribing practice.

It makes more sense to have this pathway available than having 4 levels of nursing scope for the NZ population (EN \(\rightarrow\) RN \(\rightarrow\) RN prescribing \(\rightarrow\) NP). This, I feel, would be confusing to the public. A three tier system will clearly identify nursing in the NZ context (EN works under delegation and direction \(\rightarrow\) RN +/- Specialist prescribing according to the RNs area of practice and context working within a set scope within a MDT \(\rightarrow\) NP An autonomous health practitioner within their area of practice). This relates to achievement of qualification also.

**Qualification and training for specialist nurse prescribing**

\(^2\) 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.
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  X  No  

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

Yes  X  No  

2.11 Do you agree with the proposed competencies for specialist nurse prescribers?

Yes  X  No  

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?

Yes  X  No  

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  X

Similar to my comments in 1.9. I feel if a nurse is prescribing, especially with a level of autonomy from the MDT that should be able to demonstrate 60 days of prescribing practice within 12-18 months. There could be a time frame to this such as for the first 3 years of prescribing practice 60 days every 12-18 months following this every 3 years until practice has been developed and RN prescribing is indoctrinated into the NZ health system.

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

Yes    X    No

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

Yes    X    No

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    XX    No
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  X  No  

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  X

Within my area of practice, ED, I believe that three days would be an adequate supply for the patient population to overcome the acute phase of their injury giving them time to see their GP for follow up, but this might not work for all practice areas such as dealing with patients with chronic conditions. I am sure clinical management of such cases could have an MDT approach allowing for development of procedures to allow easy access to required meds for longer periods.

Other comments

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

I feel RN prescribing will “improve patient care by enabling registered nurses to make prescribing decisions so patients receive more accessible, timely and convenient healthcare”. I feel that nurses are safe and competent prescribers. Nursing within NZ has achieved many world firsts and has developed in a considered and professional manner. The advancement of nursing practice is always exciting and promising for the future of nursing within New Zealand. Adding another scope of practice or tier to the nursing in NZ will over complicate the structure. It will allow for further role delineation confusion and possible erosion of NP scope and practice in NZ. Also ongoing costs to the health care system due to the need for remuneration could complicate the role further.

Having clear pathways EN → RN → NP would make more sense to the current health system. Ideally NPs would be the only nurse prescribers but with the limited roles available for NP practice and limited pathways there has been slower pick up of this qualification. Within the context of my area of practice the development of Clinical Nurse Specialist minor injuries role has been rapid and can be seen in the majority of DHBs around NZ. Nurse prescribing would allow for greater
independence of practice and more accessible, timely and convenient healthcare for New Zealanders, however it would greatly undermine the role of Emergency Nurse Practitioners in most DHBs. This may be short sighted but is a relevant risk.

Thank you for completing this response form. Please save and send your submission to:

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Or post to:

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