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.

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 provider
- [ ] Government agency
- [ ] Education provider
- [ ] Professional organisation
- [ ] Private Hospital Provider
- [ ] Aged care provider
- [ ] Non-government organisation
- [ ] Other (please specify) ...

Primary Health Care..............................................................................................................................................................................................................
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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object to this publication or to the publication of your name (Please note that the names of individual submitters will not be published) tick one or both of the following boxes: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 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?

Yes

I believe community RN extended prescribing for minor ailments/infections & illness will provide opportunities to improve access to health care. Certainly will enhance the governments- Better Sooner More Convenient model of health care re opportunities to improve access to timely convenient health care, particularly those with high needs, lower socioeconomic, children, youth, Maori, Pacific peoples. This will enable accessible, efficient, timely interventions, and improve patient care & outcomes and enable competent RNs to work to the top of their scope(s) of practice as part of the collaborative health care team. Provided RNs are suitably qualified and experienced.

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

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?

No

The public along with some nursing and medical personal still do not understand the role of designated NP prescribers within their specific scopes of practice highlighting there is still a knowledge deficient & understanding of the NP prescriber /role and breath of NP prescribing. The addition of two new similar titles may cause further confusion with the proposed use of the title community nurse prescribing. Caution is required concerning the wording or title to be used. I have no suggestion at present re titles. There would need to be public advertising to inform the consumer and health professionals

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
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?

No [ ]

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

Yes [ ]

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

No [ ]

I agree with the proposed standards. However, the knowledge community RNs would need to prescribe requires training in pharmacology, pharmacotherapeutics, clinical assessment diagnostic reasoning, writing prescriptions, teaching and more does not prepare them in the proposed 9 day time frame, which I believe is totally inadequate, to ensure competence and confidence and ensure public safety re HPCA Act. There will be RNs trained in recent years with underpinning of pharmacology in the undergraduate training and other RNs who have attained post graduate knowledge in pharmacology /clinical assessment & diagnostic papers. However we have an aging older nursing workforce with a large number of very experienced RNs who may not have undertaken any previous training in pharmacology, pharmacotherapeutics, requiring further training in preparation for this extended role.

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?

No □

I agree with the statement on pg20 RN must have completed three years equivalent full time practice. I do not believe 1 year in the area of practice is enough I believe a minimum of two years in the area of practice she/he will be prescribing. It would take a year minimum to become acquainted with the area of practice to begin with.

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 □

Suggest current PDRP is also a requirement

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?

No □

This is a VERY extensive list for community RNs to prescribe from re proposed area uncomplicated minor ailments/infections and illness. There are many medications that could potentially cause risk to the patient should an RN not have full access to knowledge of the patient other conditions and understanding of long term condition medications re potential to interact.

I would recommend further consultation with Pharmacists/consultants re the extensive list. I believe the list could be modified to the most commonly = best practice prescribed medications. There may be some medications required in community, in this instance the RN may be required to consult with the GP/NP recommendations for some drugs they wish to prescribe.

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 □

Most of these can be already obtained OTC

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 [ ]

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 [ ]

There is not a great difference between Expert Nurse (Specialist) prescriber and NP this could be potentially confusing for the consumer and clinicians.

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?

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 ☐

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 ☐

I suggest rewording the time frame to hours e.g. direct supervision by an authorised prescriber mentor eg. 120 hours of direct supervision over a 6 month supervised period. Rather than using months, the time frame should use hours to accommodate those nurses working part time. The aim is the nurse is competent and confident to prescribe safely.

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:

☐ 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?

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.”

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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.
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

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

Yes

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

Yes

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?

No ☐

I believe that the nurse should have completed a minimum of three years in their specific area of practice otherwise I agree with the entry criteria.

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 ☐

Needs to be linked to current PDRP

Proposed list of prescription medicines for specialist nurse prescribing

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The list contains commonly used medicines for common conditions 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?

No

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

No

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

Yes

From a broad overview of specialist nurse prescribers - if not able to initiate specific medicines – (for example, antipsychotic medicines), raises the questions of safety for the patient, monitoring/side effects - I am not sure on this question? If indicated I believe discussions are required with authorised mentor/prescriber, for the repeat prescription there would need to be clear inclusion + exclusion criteria to ensure safe repeat prescribing within the specific area of practice. Patient safety is paramount with all prescribing practice.
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  

A very detailed list and I agree with it provided that the specialist nurse has prescribing rights in her area of speciality only.

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  

This is a very detailed list and I agree with it provided that the specialist nurse has prescribing rights in her area of speciality only.
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

If required for long term management. I have conflicting opinions, in some situations this would not be appropriate within the specialist RN practice. Requires more clarity or restrictive controlled medications able to prescribe.

Other comments

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

When considering the NCNZ proposal you have to look at the bigger picture at the health needs/disparities and current service delivery models and capacity of the current GP/nurse workforce. Mindful of the government priorities at reducing avoidable hospital admissions, and providing health care in the community where people are, and supporting people to take care of their health, the current proposed two level model of RN prescribing proposed by the Nursing Council (i.e. community and specialist) is significant re optimizing scopes of practice in new ways to deliver care and to make sure that all health professionals are contributing to their full capacity, assist in meeting health care demand, particularly when nursing is the largest professional workforce. The NCNZ proposal considers a new model of health care provision utilising the resources, capacity, skills, knowledge and expertise of PHC nurses working together with other disciplines for positive health outcomes. The most important message in terms of RN prescribing is about patient care. RNs have more regular face-to-face interaction with patients than other providers have.

While I support the proposal concept in principal, re two concepts of RN extended practice prescribing. They are workable concepts, and will enable RNs to work at the top of their scopes of practice, enhance the PHC team, and improve client care & outcomes.

I have concerns around:

1. The proposed titles suggested
2. Community nurses role in relation to the level of training /experience and list of current proposed medicines they may prescribe, as it does not reflect treatment of uncomplicated minor ailments/infections and illnesses.
3. The availability of IT access is vital in the community setting re the RN extended prescribing roles to ensure collaborative integrated health care provision and ensure communication to all health professionals. Access to key health information; will the community nurse have access to medical history, allergies, health information to make sound prescribing decisions and documentation of health care? The community nurse in GP setting has access to this information
4. Educational preparedness for:
- the community nurse starting at the undergraduate programme for new potential nurse to the workforce and some form of post graduate qualification to validate.
- Experienced RNs who currently do not have post graduate qualifications
5. NCNZ needs to review the framework/competencies training programme for the community nurse
6. NCNZ provide a more appropriate list of medications for both the community and specialist extended prescribing practice.

I also believe in areas where there is NP’s PHC+ RN prescribing this model would be very effective in both the community setting and general practice setting with GP/PN/RN acute clinic walk in/after hours model.

I believe that we need to seek an assurance for extra funding from HWFNZ to ensure nurses who choose to engage in the education required to obtain the required educational qualifications re extended scopes are guaranteed the funding to enable this to happen and individuals/communities will benefit from the new models of care.

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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