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: Faculty of Health & Environmental Sciences

Email: ………………………………………………………………………………………………………………………………………………………………

Organisation: Auckland University of Technology

Position: ……………………………………………………………………………………………………………………………………………………………

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 provider

☐ Government agency

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to this publication or to the publication of your name (Please note that the names of individual submitters will not be published) tick one or both of the following boxes: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

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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  X  No

Minor ailments and infections: We see the role of the RN is to work with people who live with long term conditions and we do not think that the term minor ailments and infections covers the expanded areas of practice that RNs will work with in the future. Therefore we think the term minor ailments and infection requires reconsideration.

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

While the terms, accessible, timely and convenient do not refer to competence, we do agree that service delivery has the potential for improvement in these areas. We suggest that the role of the community RN will need to expand so that they have the time to engage with the client to facilitate informed choice. We propose that the model of prescribing needs to focus on adherence and the dimensions of adherence and that the RN’s role is to work in partnership with clients. We do not

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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 □

We had some discussion regarding the title. For some, the term could be misleading particularly as not all RNs will be prescribers. We did discuss if there could be some overlap between specialist RN prescribing and community RN prescribing – both work within primary nurse environments. 

Suggest: Community Nurse (prescribing) or RN (community prescriber).

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 □ X □

We distinguish between education and training and suggest that this word (training) be removed as it is redundant in this context.

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 ☐  X ☒

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

Yes ☐  No ☐  X ☒

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

Yes ☐  No ☐  X ☒

1.5 The prescription medicines cover a wide range of complex pharmacotherapeutics. We are aware that this group of prescribers are limited in the delegated authority they receive however we are not sure whether these RNs are required to know some medicines in depth or know the range of medicines on the prescription medicines list. Our concern here is that these RNs may be working with a range of people who have complex conditions. Who decides when to refer and what are the guidelines for those referrals? With regard to the proposed education for CNP: we suggest it is not rigorous enough to support safe prescribing.

1.6 We consider that the teaching of pharmacotherapeutics needs to focus on the principles involved in safe prescribing practice rather than a focus on learning details about a wide range of drugs, some of which they may never use. In order to provide in-depth learning about safe prescribing practice, we suggest that three days practice is not sufficient. There needs to be consolidation of practice over time so that the practice of prescribing can be embedded. Ideally this should be a postgraduate certificate of 60 points informed by reflective practice.

For example, 30 points of prescribing (theory/principles), 15 points diagnostic reasoning, 15 points prescribing practice paper. Our reservation is that this requirement may create a barrier for RNs to apply for prescriber status.

We suggest the RN coordinator is Masters qualified in a relevant health field – Clinical Masters. The Coordinator will be required to knowledgeable about models of working with clients with chronic conditions, clinical decision-making and the complexities of pharmacotherapeutics. Such a coordinator needs to be able to move beyond biomedical models of practice. The curriculum outlined on (p.50, 51) is insufficient to enable the RNs to meet the proposed competencies.

1.7 The focus in the document appears to be on minor ailments rather than people with chronic conditions. There is minimal information on “working with” clients. Ideally it needs to be “educate and work with” in order to achieve effective prescribing conditions. Competency 7 talks about monitoring response to medication and life style advice. This should a separate competency rather than mixed with competency 7. It is vital that any RN prescriber needs to focus on the client context and lifestyle before prescribing.
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  

The highlighted bullet points are vital for this endeavour to be effective.

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  X  No  

Peer review of prescribing practice component is poorly outlined support for community nurse prescribers given their possible isolation. & limited educational background. We suggest support needs to include regular supervision with authorised prescriber.

The professional development (community nurse prescriber update) needs to be provided by a tertiary education institution. Peer review needs to be undertaken with an authorised prescriber.
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 [X]

The list on p.22-29 does not match the scope of practice outlined on p.4

Many of these medicines are complex and require a higher level of diagnostic reasoning than the scope suggests. There is a need for congruence between the prescriber list, the scope of practice, education requirements and competencies for this role.

The scope for this role has the potential to be limited by this list in particular situations.

As the scope is proposed to be a delegated role, there needs to be clarity regarding the authorised prescriber’s level of supervision and authority to delegate beyond the medicines list in particular situations.

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 [ ]

Yes. If they can’t, it may produce a barrier to RNs pursuing this role expansion

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?
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  

Yes with the proviso that this occurs within nursing models of practice.

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  X  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  

2.3 The title specialist nurse prescribing can be confusing. It is planned that those in this role can
prescribe across a range of conditions and is not focused on a specialist area – the current term ‘specialist’ within our health services tend to be used for particular diagnostic categories whereas a nurse specialist prescriber is suggested to be a nurse who works in a range of areas e.g. PHOs.

2.4 The term Medical mentor needs to be replaced by the term Authorised prescriber. The effectiveness of the Specialist Nurse Prescriber may be inhibited if the team is not collaborative. We are not convinced that all interdisciplinary teams have robust terms of reference, interactions and strategic plans in place to achieve full and effective collaboration.

2.5 Yes the minimum needs to be 6 months supervision. Some may take longer to become comfortable with prescribing practice. The six months (or more) supervision needs to occur within an established nursing framework with clear rationale e.g. Reflective practice on case records, planned meetings, competency assessments etc.

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

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?
- [X] 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
- [X] No

2.6 We believe that RNs should be remunerated for their increased expertise and responsibility. We also think that expanded roles call for organisational/structural changes and that is to be welcomed.

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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.
To place this role within the RN scope of practice means that RNs who are specialist prescribers would be expected to fold this role into their already demanding work role.

2.7 The scope role is satisfactory however could have further clarity

2.8 The wording should read experience and education. Training infers an apprenticeship with onsite learning of tasks. Education more appropriately infers the comprehensive knowledge base (informed by research evidence and reflective practice) that underpins application of pharmacotherapeutics to prescribing practice.

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 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 □

While we agree with most of the comments in this document we would like to make the following points:

Throughout the consultation documentation there is reference to “designated medical prescriber” and “medical supervisor”. We emphasise that this term needs to be “Authorised prescriber” and “designated supervisor” to a) remove the medical model language from a nursing document and b) enable Nurse Practitioners to become designated authorised prescribers and supervisors. We are aware that there are fewer Nurse Practitioners who could take these roles and that those within medicine will need to be supervisors. We do not believe that only doctors can be supervisors. The nursing profession ‘models of care’ need to be very clear in this nursing council document.
There are spelling errors “pharmokinetic” & “pharmodynamic” which reduce the quality of the consultation document. It seems that this document comprises some “cut and paste” from medically focused documents and as a result nursing philosophy and nursing frameworks while present, are not emphasised and do not form the focus for this section of the document.

2.9

1.1.2. Most universities have RPL requirements and RNs from time to time transfer between universities. This needs clarification

5.3: Requires clarification

5.5: Requires clarification

5.6: further detail on this process needs to be provided

6. Learning outcomes: Common conditions

Bullet point 1: The educational focus needs to be on core concepts in pathophysiology which RNs can then relate to common conditions. Such an approach leads to more in-depth applied knowledge than considering only designated conditions. Additionally a focus on particular conditions does not consider the interaction between co-morbidities and multi system complexity.

Bullet point 5: Suggest “self management approaches in partnership with people etc

Bullet point 6: Suggest “the importance of person centered collaborative approaches”

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  X  No  

We would suggest that all prescribers, including authorised prescribers, require on-going supervision and monitoring.

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  X

This list is potentially more appropriate for Specialist nurse prescribing than for the community nurse prescribing. For community nurse prescribing, we suggest that some medications (e.g. methotrexate) may not be suitable.

Specialist nurse prescribers could safely repeat prescribe some classes of medicines as suggested. It is expected that these nurses would be assessing and using their clinical judgement at each time of repeat prescribing.

It may be useful to build in a timeframe for medication review by an authorised prescriber.

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

Yes  
No  X
If this is an indicative list, then NO. We do wonder about the process by which such an indicative list will be expanded. Who reviews and decides what medications will move into an indicative list. What time period is considered appropriate for such a review and decision? There is a risk that specifying the drugs can limit the practice of specialist nurse prescribers e.g. fertility/assisted reproductive nurse specialists. In this sense the list works to restrict the currently established RN specialisations. We advise categorising by therapeutic class rather than an indicative list. Importantly, we consider that it is the process of detailing the role of specialist nurse prescriber, in the entirety of their scope, that is required rather than an indicative list of medications.

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

Yes [ ]  No [ ]

Refer to 2.14

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 [X]  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
No
X

P.44: We suggest that this should be scope related and restricted to the current boundary of 3 days. The educational process needs to address issues of “drug seeking” behaviour and appropriate mechanisms for management and referral.

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

This needs to remain within the scope of authorised prescribers.

Other comments

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

We are concerned that there are currently inadequate professional networks and support mechanisms for RN Prescribers in any scope, particularly in rural and remote areas of NZ. When functional change occurs, there is a necessity for appropriate structural change. We suggest emphasis should be given to developing effective collaborative teams, providing access to timely support and frameworks for on-going mentoring, prior to the introduction of these scopes of practice.

We would like to emphasise our concern about the role of Community Nurse Prescriber. We consider that this role may be under resourced and poorly delineated. Additionally the proposed
educational programme for this role appears to be inadequate for the level of responsibility. There have been suggestions from this team for the on-going documentation of clinical case logs, and that these are used as evidence of continuing practice development and prescribing competence.

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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