SUBMISSION TO THE NURSING COUNCIL OF NEW ZEALAND: CONSULTATION ON TWO PROPOSALS FOR REGISTERED NURSE PRESCRIBING

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Submission to:
Emma Gennard
EmmaG@nursingcouncil.org.nz
1. SUMMARY

This submission was completed by:

Name: Professor Jenny Carryer
Address: Executive Director
        College of Nurses (Aotearoa)

Email:

Organisation: College of Nurses (Aotearoa)

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
☐ Education provider ☒ Professional organisation
☐ Private Hospital Provider ☐ Aged care provider
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☐ I do not give permission for my submission to be published on-line.

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2. BACKGROUND

This submission represents the opinion of The College of Nurses (Aotearoa) (“the College”). The College is a professional body of New Zealand registered nurses and nurse practitioners from all regions and specialties both within and outside of the District Health Board (DHB) setting. It provides a voice for the nursing profession and professional commentary on issues that affect nurses, and also the health of the whole community, aiming for excellence in nursing practice and health care delivery which addresses disparities in health.

This submission is the result of previous policy analysis undertaken by the College, internal consultation and direct discussions with College members in a range of leadership positions in different parts of the sector.

The College is pleased to have the opportunity to comment on the Nursing Council's consultation document. Overall, the College supports any move which ensures an enabling environment for registered nurses with the appropriate education and competence to prescribe; with a fundamental underlying concept being that registered nurses are able to prescribe any product required to deliver nursing care to their patients or clients within the limits of their scope and area of practice, competence and educational preparation.

3. PROPOSAL ONE: COMMUNITY NURSE PRESCRIBING

3.1 Proposal for community nurse prescribing

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 ✔ No ☐

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

Yes ✔ No ☐

3.2 Title for community nurse prescribing

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 ☐

3.3 Scope of practice and authorisation for community nurse prescribing

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 ☐
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3.4 Qualification and training for community nurse prescribing

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 ☐

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

Yes ✓ No ☐

Do you agree with the competencies for community nurse prescribers?

Yes ✓ No ☐

Comment: The College notes that Standard 4 specifies a practicum experience with a medical mentor. The College considers that the mentor role should include prescribing nurse practitioners, and this requirement should therefore be changed to include “medical and/or nurse practitioner mentor”.

3.5 Entry criteria for courses leading to community nurse prescribing

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

Yes ✓ No ☐

3.6 Continuing competence and monitoring for community nurse prescribing

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

Yes ✓ No ☐

3.7 Indicative list of medicines for community nurse prescribing

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 ☐

Comment: Some concern has been expressed by College members about the extent of drugs available for community nurse prescribing (for example, methotrexate), however the College anticipates that these issues will be resolved in ongoing professional dialogue.

The College also notes that many of the medicines on the proposed list are currently supplied and administered to clients under standing orders. Education and competence assessment processes for standing order use by registered nurses are currently highly variable. We therefore consider that it would be safer for registered nurses to prescribe these medicines independently because of the standardised authorisation (education and competence) requirements.

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

Yes ✓ No ☐
4. PROPOSAL TWO: SPECIALIST NURSE PRESCRIBING

4.1 Proposal for specialist nurse prescribing
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 ☐

Do you agree that specialist nurse prescribing will enable patients to receive more accessible, timely and convenient care?
Yes ☑ No ☐

4.2 Title for specialist nurse prescribing
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 ☐

Do you agree that nurses with specialist nurse prescribing authority should be required to work in a collaborative multidisciplinary team?
Yes ☐ No ☑

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 ☑ No ☐

Comment: Registered nurses are independent practitioners who collaborate with other professionals as necessary in order to enable the best patient outcome. Registered nurses therefore with the appropriate education, experience and competence should prescribe independently without the specific requirement to work in a collaborative multidisciplinary team. Independence and collaboration are not mutually exclusive, rather they are the hallmark of expertise.

We do, however, support the proposal for a period of supervised prescribing practice since this aligns to evidence from literature about the benefits derived by novice prescribers from being supported by a prescribing colleague.

4.3 Scope of practice for specialist nurse prescribing
Do you agree that nurses who apply for specialist nurse prescribing authority should be:
☐ a) registered in a new scope of practice; or
☑ b) have a condition/authorisation included in the registered nurse scope of practice
4.4 Qualification and training for specialist nurse prescribing

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 ☐

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

Yes ☑ No ☐

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

Yes ☑ No ☐

4.5 Entry criteria

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

Yes ☑ No ☐

4.6 Continuing competence and monitoring

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

Yes ☑ No ☐

4.7 Proposed list of prescription medicines for specialist nurse prescribing

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 ☐

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

Yes ☐ No ☑

Do you think there are medicines that specialist nurses should not initiate but could safely repeat prescribe?
Comment: the College’s view is that there are many medications that are not ever initiated by general practitioners (GPs), but GPs do repeat prescribe on the instruction of a specialist. The same situation should apply to specialist nurse prescribing.

4.8 Non prescription medicines
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 ☐

4.9 List of controlled drugs for specialist nurse prescribing
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 ☐

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 ☐

Comment: The ability for specialist nurse prescribers to access controlled drugs for a period longer than three days will be particularly important for some areas of practice such as palliative care.

5. OTHER COMMENTS
Do you have any other comments on the consultation paper or the proposed models of nurse prescribing?

Comment: The College considers that the proposed additional two levels of registered prescriber within the designated class of prescriber is a welcome solution which achieves the goals of improving access, timeliness and convenience to health services. While there are many nurses who would already meet the educational requirements to prescribe as specialist prescribers, there are fewer, particularly in primary care, with this level of education. The community prescribing role can be implemented relatively quickly (assuming appropriate courses can be offered and approved) and will have the added advantage of offering nurses in primary care an entry into postgraduate education.

The College also notes that the Nursing Council has indicated funding may be redirected towards the postgraduate diploma in specialist nurse prescribing to support these proposals. While the College is aware that Health Workforce New Zealand directs this funding, we would be extremely concerned if this redirection of funding were to result in any reduction of funding for nurse practitioner prescribing education.