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.

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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.

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☐ as an individual
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Please indicate which part of the sector your submission represents:

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to this publication or to the publication of your name (Please note that the names of individual submitters will not be published) tick one or both of the following boxes:

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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\(^1\) 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 [ ]  No [X]

The Pharmacy Guild of New Zealand (the Guild) recognises nurses as an important part of the multi-disciplinary health care team. However, we feel that the right to prescribe is a privilege that needs to be reinforced by an adequate period of training. The level of training should be similar for all non-medical prescribers, regardless of whether the conditions to be prescribed for are considered “minor ailments”.

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

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

Yes [ ]  No [X]

The Guild does not believe that allowing community nurses to prescribe makes better use of their skills. They are not medicines experts nor are they trained in making decisions for pharmacological treatment options. We agree that once information technology has been developed to enable nationally agreed, evidence-based protocols for consistent treatment of conditions across the country, there may be a place for widening prescribing rights for community nurses.

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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.
We do not believe that the argument is relevant that some nurses already ‘prescribe by proxy’ by assessing the patient’s condition and determining what should be prescribed, but with the doctor signing the prescription. This is because in this situation the accountability for the choice of medicine still lies with the prescriber, and not with the nurse.

If the intention is for the nurse to generate a prescription, rather than supply the medicine by Practitioner Supply Order (PSO), the patient will still have to go to a pharmacy to get the prescription filled. This will take the patient the same amount of time, regardless of who has actually written the prescription.

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 ☒

Should the proposal for community nurse prescribing be successful, the Guild believes the title “nurse prescriber” would be more appropriate than “community nurse prescribing”. We think this would help avoid confusion. A condition/authorisation could be placed in their scope of practice permitting them to prescribe as a community nurse prescriber (similar to Option 2 for the specialist nurse 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 ☐

No further comment.
Qualification and training for community nurse prescribing

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

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

Yes  ☐  No  ☒

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

Yes  ☐  No  ☒

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

Yes  ☐  No  ☒

The consultation document (page 20) states that “Undergraduate programmes leading to registration as a registered nurse include sufficient pharmacology to enable registered nurses to administer medicines safely.” This statement does not equate with the inference that this pharmacology knowledge is therefore sufficient to allow a registered nurse to prescribe. Administration of a medicine is a different process to prescribing a medicine. Administration is the physical task of acting on a prescription order from an authorised prescriber to ensure a patient receives the correct medicine. Administration of a medicine does not involve a decision-making process, or consideration of such things as treatment options or drug interactions, as these things have already been considered by the prescriber.

The proposed training for community nurse prescribers seems very inadequate. We strongly believe that there needs to be a consistent approach and level of training for all health prescribers. A course that involves only six days of theory and three days of supervised practice with an authorised prescriber is not sufficient, nor is only one year of practice in the area the nurse intends to prescribe in.

The current qualifications required for both nurse practitioners and pharmacist prescribers are intensive and thorough. After completing a four year pharmacy degree and consecutive one year internship, the Pharmacist Prescriber student is required to have had at least two years of relevant post-registration experience within a collaborative health team environment. They must also have completed a two year post-graduate Diploma in Clinical Pharmacy or gained an equivalent qualification before being able to enrol in the course. The Pharmacist Prescribing Programme requires two 30 point (300 hour) courses in Principles of Prescribing and a Prescribing Practicum. The Practicum requires the student to work for at least 150 hours under the supervision of a Designated Practitioner. This is very similar to the training required for diabetes nurse prescribers.
Entry criteria for courses leading to community nurse prescribing

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

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

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

Yes ☐ No ☒

The Guild does not consider that after practising for two years, followed by a year in the area of practice the nurse intends to prescribe in, that a nurse would have the appropriate experience to enter a prescribing course.

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 ☒

The Guild is unsure whether 20 days per year (four weeks) of prescribing practice is sufficient to remain current and up-to-date.
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 ☒

The Guild does not agree with the proposed list of medicines. If the consultation process is successful, then the proposed list of prescription medicines needs to be very tightly controlled.

Page 4 of the proposal states that community nurse prescribing would involve “the ability to prescribe a limited number of medicines...” The three lists on pages 23 to 29 are stated as “not an all inclusive list” and do not appear to be a limited number as previously stated. This list is said to contain commonly used medicines for common conditions. We would like to highlight that many of the medicines listed would not be commonly dispensed in a community pharmacy and hence would not be commonly prescribed. The list should be all-inclusive and it is disappointing that the Nursing Council has not included the entire intended list in the consultation document. This has limited our ability to comment in the knowledge of what the entire list includes.

Alarmingly, on the proposed list are medicines that are specialist only (clindamycin, dexamethasone, ketoconazole, methotrexate), some that require a Special Authority (budesonide, valaciclovir), and some antibiotics that are not used as first-line treatments (clindamycin, ciprofloxacin, ceftriaxone). Other medicines are not funded (diphemanil, diflucortolone), and some are not even available in New Zealand (famotidine).

Medicines that require a Special Authority should not be included on the list.

We also note that the list contains some medicines with accompanying serious medical conditions. For instance, a condition requiring treatment with methotrexate would not be considered a minor ailment. Also, medicines requiring an endorsement would generally not be considered to be for a minor ailment. The proposal for community nurse prescribing stated (page 16) that “nurses with community nurse prescribing authority will also be able to diagnose and treat minor ailments...in normally healthy people”. The list of medicines must be limited to those conditions considered to be minor ailments only.

The Guild recommends that a small formulary is developed initially (similar to how the UK developed their formulary in stages), and that it is reassessed at a later stage.

Non prescription medicines will not be included in the regulation but patients may be able to access a subsidy if the item is “prescribed” by a nurse with community nurse prescribing authority.
1.11 Do you agree that community nurse prescribers should be able to access this list of non-prescription medicines?

Yes ☐ No ☒

Some of the proposed non-prescription medicines are currently available by prescription but are partly or fully non-subsidied. It would be expected that the level of subsidy available on a medicine would be dictated by the Pharmaceutical Schedule rules, and nurses would need to remain up-to-date with the Schedule.

Proposal Two: Specialist nurse prescribing

Proposal for specialist nurse prescribing

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

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

Yes ☒ No ☐

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

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

Yes ☒ No ☐

The Guild supports nurses operating at the top of their practice. However, we strongly disagree with the statement on page 9 of the consultation document that “Another type of nurse prescribing ‘specialist nurse prescribing’ would enable these nurses to prescribe within a collaborative team but not take on the full accountabilities of the nurse practitioner role”. Any health practitioner awarded prescribing rights must be fully accountable for their prescribing decisions. Accountability and responsibility are core tenants of prescribing.
Title for specialist nurse prescribing

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

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

Yes [ ] No [x]

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 [ ]

The term “specialist” does appear misleading to us. As in the case of other specialist health professionals, it would seem to indicate that the nurse would be working in a specialist area, rather than as a term to describe a nurse’s skills and experience. The Guild feels the title “nurse prescriber” is adequate.

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.

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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.
2.6 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

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

Yes ✗ No

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

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

Yes ✗ No

For 2.8 this statement needs to include “within a collaborative environment”.

Qualification and training for specialist nurse prescribing

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

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

Yes ✗ No

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

Yes ✗ No
2.11 Do you agree with the proposed competencies for specialist nurse prescribers?

Yes  ❌  No  ☑

The Guild supports the proposed education and training for specialist nurse prescribers.

The Guild agrees with the standards for accreditation. We recommend that the Learning Outcomes for Prescribing listed on page 58, “prescribe safely, appropriately and with awareness of costs”, also include the requirement to write prescriptions within the legal requirements and to have a sound knowledge of funding requirements and familiarity with the Pharmaceutical Schedule.

The Guild notes that the Length of Programme as described on page 63 of the document states that the supervised practice will “in no case ...be less than 20 x 7.5hr days”. On page 61 there is a statement that “the role of the education provider in the prescribing practicum in practice is to:...provide the student and DMP with clear and practical guidance on completion of the prescribing practicum, including...the expectations of the DMP and that the student may not require 20 full days of continuous supervision”. This appears to conflict with the statement that the supervised practice must be no less than 20 days.

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  ☑  No  ❌

The Guild believes that one year of practice in the area of prescribing is too short a timeframe.

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]

The Guild is unsure whether 20 days per year (four weeks) of prescribing practice is sufficient to
remain current and up-to-date.

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 [x] No [ ]

As stated previously in our feedback to 1.10, on the proposed Community Nurse Prescription
Medicines list are medicines that are specialist only (clindamycin, dexamethasone, ketoconazole,
methotrexate), some require a Special Authority (budesonide, valaciclovir), some are antibiotics that
are not used as first-line treatments (clindamycin, ciprofloxacin, ceftriaxone), other medicines are
not funded (diphenamid, diflucortolone), and one is not even available in New Zealand (famotidine).
The list needs to be carefully reviewed.

2.15 Do the prescription medicine lists include any medicines that specialist nurse prescribers
should not be able to access?
Yes [x] No [ ]

There are medicines on this list that are classified as “Retail Pharmacy – Specialist” that the Guild
believes should not be initiated by a specialist nurse prescriber (e.g. amiodarone, flecainide).
2.16 Do you think there are medicines that specialist nurses should not initiate but could safely repeat prescribe?

Yes [x] No [ ]

The Guild believes that any medicine requiring a Special Authority or specialist recommendation should not be initially prescribed by a specialist nurse prescriber.

The Guild agrees that antipsychotic treatment should not be initiated by specialist nurse prescribers, but that they could safely prescribe repeats once the patient is stable and adherent.

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 [ ]

The Guild supports the list of non prescription medicines as most of these are important in continuity of diabetes care.

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 [ ]
The Guild supports the current list of 15 controlled drugs, however there would need to be very strict parameters around their use. These should include that they must have been prescribed by a doctor previously, there must be no signs of overuse or abuse, and that they are required in the case of a genuine emergency supply.

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]

There needs to be very tight control over what is allowed to be prescribed. The proposed list contains controlled drugs that are very popular with drug seekers, and are also prone to overuse.

Other comments

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

Having three levels of nurse prescribing is confusing to both patients and other health practitioners. The Guild believes that the level of training for any prescriber should be equivalent. The roles of nurse practitioner and specialist nurse prescriber achieve this.

It is vital that any new class of prescribers are thoroughly integrated with the developing new e-health initiatives. These initiatives – in particular, e-prescribing and the electronic shared care record – would be vital for a new class of prescribers to be part of.

Page 30 of the consultation document states that “patients...would no longer have to see a doctor for routine monitoring and prescriptions”. This indicates that the nurse prescriber will be the lead prescriber. There would need to be limits on how often a patient would be seen by a specialist nurse prescriber before it was essential to have contact with the doctor. There should also be definitions around responsibility of care - i.e. who will be the lead prescriber for the patient.

The Guild believes that the supply of medications by PSO should not be an option for either community or specialist nurse prescribers. Any prescribing must be on a Named Patient basis with the accountability that goes with it.

From a community pharmacy perspective, it has been widely acknowledged for many years that the current level of prescribing training for all prescribers is inadequate and needs attention. Community pharmacists spend a great deal of their time each day clarifying prescriptions - from chasing up prescribers for information that has not been included on a prescription, to prescription errors, legal issues and funding requirements. All this involves time that could be better spent on patient care. Some of this spent time is due to software systems that have not been updated, but often it is a result of lack of prescriber knowledge on how to write a prescription. It is important prescribers have the ability to generate prescriptions electronically, as handwritten prescriptions are often handed to the pharmacist with legally required information missing.
Some of the consequences of poor prescribing impact on patients. Not only is pharmacist time wasted sorting out prescriber errors or issues, but that of the patient, and other patients waiting in the pharmacy queue. Patients have been known to not collect a medicine due to their frustration over the time taken to clarify a badly written prescription. This affects patient safety and compliance, and hinders the pharmacist-patient relationship through no fault of the pharmacist or of the patient.

Currently, it is very difficult for community pharmacy to tell if a particular prescriber is genuine and authorised to prescribe. Until e-prescribing technology is enabled, which will allow pharmacists to rely on the prescriber information as verified, it is very important that the public register of nurses is updated and clearly shows the prescriber status of a particular nurse. Nurses must be trained to include their full name and registration number on all prescriptions, to allow pharmacists to quickly verify their prescriber status. It is therefore critical that the curriculum for nurse prescribers includes a thorough training in legal and funding requirements. This will ensure that prescriptions are able to be dispensed in a safe and timely manner.

This proposal has been developed to increase access to services. If this proposal goes ahead and access to services is increased, this would be expected to result in an increase in prescription numbers and more dispensing and related medication support services from pharmacies. Under the new Pharmacy Services Agreement between District Health Boards and community pharmacies, there is a fixed funding envelope for three years until 30 June 2015. Funding would need to be provided to support the additional services provided by community pharmacy to patients who have prescriptions written by nurse prescribers.

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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