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](http://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: 
Email: 
Position: Nurse Practitioner

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
☐ Education provider  ☐ Professional organisation
☐ Private Hospital Provider  ☐ Aged care provider
☐ Non-government organisation
☐ Other (please specify) ........................................................................................................................................
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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object to this publication or to the publication of your name (Please note that the names of individual submitters will not be published) tick one or both of the following boxes: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.

☐ I do not give permission for my organisation’s name to be listed in the published summary of submissions.

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 ☐ No ☑

No please see my replies below.

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 ☑

I do not doubt that is would enable more timely care, however patient safety needs to be paramount. I do not believe rushing through these amendments to the Bill by saying “we will develop competencies/frameworks after the bill has passed is appropriate at all. The frameworks/models of care need to be clear BEFORE the amendments to the bill are made.

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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]

No there is currently no scope of nursing that is “community nursing” there is currently only registered nurse and nurse practitioner. Adding another title is confusing, the scope of a “community nurse” is not clearly defined.

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]

See above

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 □

The 6 day training is COMPLETELY inadequate to meet the list of competencies (listed below) and therefore I cannot support it. The skills of assessment, diagnostic reasoning, pharmacology/pharmacokinetics and prescribing CANNOT be taught in this manner. And to do so would compromise patient safety.

Competencies

- pharmacology related to prescribing for minor ailments and illnesses; access to information on medicines;
- safety of drugs across the lifespan;
- antimicrobial resistance and prescriber responsibilities;
- pharmacology and prescribing of contraception
- clinical assessment in relation to prescribing including other medical conditions and medicines;
- writing a prescription;
- working with the patient to appropriate select and education them about their medicines; and
- responsibilities for documentation and communication with the healthcare team.

I am concerned that the time for training and mentorship is too limited and a lack of appropriate education may compromise patient safety.

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  ☑

No as above, this is inadequate for the ensuring patient safety and nurse competency

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  ☐

As above I am concerned that this minimum requirement is not adequate. I would also like to raise the question of who will be responsible for monitoring this and who will their mentors be. As if the “community nurse” would have access to an authorised prescriber to discuss cases and be supervised etc as discussed in the consultation document then they should be able to work under standing orders.
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 of medications contains drugs such as:

- Cyclosporin
- Methotrexate
- Terbinafine
- Tobramycin
- Valaciclovir
- Methylprednisolone
- Omeprazole
- Pantoprazole
- Itraconazole

These are NOT commonly used medications, they are medications that require specialist knowledge, evaluation and monitoring. I am concerned that the drug list is far too broad and does not in any way reflect the level of skill required for prescribing. The 6 days of theory is completely inappropriate to teach such knowledge and skills.

I also take an issue with the idea of simple ailments, even the most simple ailment as given in example of “reflux” is a condition that requires skill in ensuring it is not a raft of other serious differential diagnoses. Without the knowledge of these potential diagnoses inappropriate treatment may be initiated at the detriment to the patient.

Many of the above medications need to be monitored with blood levels and I question who will order and interpret these tests?

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  

These medications are deemed to be low risk by PHARMAC and medsafe and therefore can be used in a judicious manner to make health care and medications more accessible.

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 x  

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  

I have issue with the notion that we place the notion of accessible, timely and convenient care over patient safety. The aim of specialist nursing should never be to “replace the need for a patient to see a dr for care”. It is to work in a manner that is collaborative utilising each disciplines skills. Not trying
to save money by employing a cheaper less trained alternative.

**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 [ ]

I am not clear why a “practice nurse” would need to be a specialist prescriber when access to medicines in a general practice is not an issue. Especially as they would need to be under supervision but a medical mentor. There seems to be a lack of thought into the areas where a specialist prescriber would be necessary. “The example given of the nurse being able to repeat the patients medications is inappropriate to me. The process of repeating a medication is a serious medical decision based on a large number of factors, it is always the goal of prescribing to reduce where possible to over use of medications and this would jeopardise this in my view.

**Scope of practice for specialist nurse prescribing**

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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:

- [ ] a) registered in a new scope of practice; or
- [x] 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
- [x] 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.”

- [x] Yes
- [ ] No

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

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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.
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 ☐

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 ☒
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 [ ]

They are in essence the same as NP prescribing conditions and are not new! I would like to see the 60 hours of prescribing practice quantified as you may have an 8 hour clinic and not be prescribing for all of those patients.

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

The list contains some VERY specialsit and dangerous medicines and I think they should be decided on by each speciality. These medications should be initiated by a medical doctor and then may be able to be monitored by the SNP.
2.15 Do the prescription medicine lists include any medicines that specialist nurse prescribers should not be able to access?

Yes [ ] No [ ]

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

Yes [ ] No [ ]

See above

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] [ ]

I feel that the controlled drugs should not be prescribed by SNP.

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] [ ]

As above

Other comments

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

I am disappointed that the Nursing Council appears to be wholeheartedly supporting a change to the law without research being conducted in our health context (in the case of the “community nurse prescriber”). As well as basing the specialist nurse prescribing change on a small review of a trail that was conducted.

I am equally disappointed that the unique and autonomous role of the nurse practitioner appears to be continually undermined. The development of NPs in New Zealand has been slow and difficult due to lack of support by the governing bodies. I believe that the introduction of these lesser scopes continues to undermine their development and opportunities for employment as highly skilled practitioners that have the ability to reduce inequalities in access to health services and medicines.

The nursing council has set very stringent, demanding and exhaustive list of competencies, training and expectations on nurse practitioners and has made it very difficult to achieve this status. I feel that by allowing nurses to in essence the same role and same but abridged training as an NP but for less (and cheaper) training undermines the role of the NP as well as makes it easier to become a nurse prescriber instead. Leading to almost completely negating the role of NP in New Zealand.
I see a role for specialist nurse prescribers in areas of tertiary specialist practice, in this model they are a part of a highly skilled and specialised team. Who are able to monitor the practice and also the patient is managed by a team not just that nurse. I am concerned of the broad nature of the scope as it has no limits to what areas a nurse specialist may work in.

In this very tight fiscal environment it may be deemed that specialist nurse prescribers or even community nurse prescribers are “cheaper” than nurse practitioner but the overall product will end up in a further fragmented health system where people are treated in silos depending on their condition such as “diabetes” “cardiac” “renal” etc as well as potentials for compromised patient safety.

The instigation and support of nurse practitioners in primary care and other similar areas would over time negate the need for these specialist nurses as you would have less patients needing to present to tertiary services to be managed. It would also lessen the amount of expensive medical supervision required due to NPs being autonomous.

I would also light to highlight that “prescribing” in itself is not always the preferred therapeutic option and is some cases should be a last case scenario. This does not seem to have been addressed and it seems that “prescribing” is the panacea for nursing autonomy and increases access to care for patients.

I strongly believe that the amendments to the law are being made prematurely and urge more thorough research and model development prior to any law change.

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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