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:** *Diabetes Nurse Specialist Section- NZNO*

**Address:**

**Email:**

**Organisation:**

**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

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Please indicate which part of the sector your submission represents:

☐ Individual nurse ☐ Individual doctor  ☐ District Health Board
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☐ Pacific health provider ☐ Government agency  ☐ Professional organisation
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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object to this publication or to the publication of your name (Please note that the names of individual submitters will not be published) tick one or both of the following boxes: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 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 [ ]

Collectively we agree with the concept that suitably qualified and experienced registered nurses be authorised to prescribe a limited number of medicines to treat minor ailments and infections, we have strong concern about the extensive formulary and the very limited preparation proposed. The training period for these nurses is incredibly short and inadequate particularly when compared with what is required under the very successful diabetes nurse prescribing demonstration project which has lead the way in terms of the future of Registered Nurse prescribing in this country. 6 days training and 3 days supervision is inadequate for the current proposal. There is a major need for nurse prescribing to be supported by a very robust suitable training programme, qualification, clinical supervision/mentorship, accountability, support and monitoring to ensure optimal safety is maintained.

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 [ ]

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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.
Yes, strong agreement that the concept of community nurse prescribing will enable patients to receive improved accessible, timely and convenient care particularly in rural areas and in areas with limited general practitioner cover.

Adoption of community nurse prescribing would however require a considerable amount of public education around the scope of practice and the prescribing of these nurses.

Concerns have been expressed about those nurses who work remotely and do not have full access to clinical notes, therefore no immediate access to past medical history, allergies, complete lists of current medication etc. This is a potential clinical risk.

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

Our discussion was split between the titles ‘Community Nurse Prescribing’ and ‘Primary Health Nurse Prescribing’. This term is broader and reflects the current language i.e. ‘College of Primary Health Care Nurses’

A term that clearly describes the level of practice and prescribing would be preferred as opposed to one that infers a practice setting. In essence, a nurse working in an ambulatory care centre in a hospital may apply for ‘community nurse prescribing’ however this title suggests the nurse works in ‘the community’. The term ‘community’ needs more thought to ensure it encompasses all work settings.

Generally feedback supported the two levels and graduated approach to nurse prescribing, opposition mainly concerned the title of ‘community nurse prescribing’ for reasons as above.

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 [x]  No [ ]

The majority of responses supported the addition of this sentence to the scope of practice for registered nurses.

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]

Both the six days theory and three days supervision is too light and inadequate. Experience gained from the Diabetes Nurse Prescribing project is that nurses gain knowledge and confidence with prescribing over time with on-going learning, support and case review.

Members felt that the community nurse prescriber competencies should be equivalent to the specialist nurse prescriber competencies which would be the minimum requirement for any nurse to prescribe. All nurses would need to demonstrate depth and breadth of knowledge within their speciality when assessed against the competencies. In addition it needs to be a requirement that the nurse demonstrate when to consult and refer.
Concern was raised that the proposed minimal training programme is not in line with other nurse prescribers or pharmacist prescribers. Again concern has been expressed that the proposed training programme is inappropriate for the list of medicines in the proposed list.

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  X

It is not stated that the community nurse prescriber would need to be working in a collaborative/multidisciplinary team. The collaborative view of members was that this needs to be a requirement.

Collective comments also expressed that 1 year minimum practice experience in the area of prescribing was too short to enter the programme. Recommendations that nurses should have at least 2-3 years in their area of practice out of a total of four years post registration as a minimum requirement prior to entering a prescribing programme.

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 [X]

Membership views recommended that this be linked to the current PDRP programme rather than setting up an independent competency programme.

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 [X] No [ ]

All membership feedback received expressed concern that the list of medicines is too extensive and inappropriate. Some medicines required specialist only first prescriptions and some were not listed on the NZ Pharmaceutical Schedule.

Additional comments were that in the brief the object of the proposed ‘community nurse prescriber’ would be to treat common ailments and minor conditions in otherwise normally healthy people. This majority of medicines on this list are not for minor ailments.

Suggestions were made to add blood glucose testing strips, insulin pen needles, folic acid and iodine supplements (pregnancy planning) to the list in view of the role of these nurses in health promotion.

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. Entirely appropriate that a community nurse prescriber could prescribe what a patient is able purchase over the counter. It is felt that this list contains some of the items which they would be seen prescribing on a daily basis.

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  [X]  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 [X]  No [ ]

There is sufficient evidence from the NZSSD demonstration project for Diabetes Nurse Prescribers to support this.

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

Again it was felt that extensive public education would be required prior to rolling out these roles to ensure understanding of the title and scope was well embedded amongst both the general public and other health care professionals. There is already lack of understanding, confusion and misunderstanding regarding Nurse Practitioners. Further lack of understanding needs to be avoided at all cost.

On-going engagement within a collaborative multidisciplinary team is important for this model to work successfully long-term. An extensive supervised period with on-going case review at regular intervals to support the nurses prescribing decisions and confidence is an absolute must.

Clarity is required in regard to what supervision means in practice hours and how this will occur for those nurses working remotely. A robust quality assurance programme is also required.

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\(^2\) 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.

\(^2\) 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 ☐ ☒ N/A do not agree with additional scope

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 ☒ 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 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 □

Once the Medicines Act changes Nurse Practitioners will be authorised prescribers and will be in a position to provide mentorship to the nurses either alongside a medical practitioner or instead of. Therefore the wording ‘designated medical prescriber’ needs to be replaced with ‘designated authorised prescriber’.

Some members made a comment that while they agreed with the standards of accreditation of courses for specialist nurse prescribers there needed some allowance for a grandfather clause for those who are already designated prescribers (ie. Diabetes Nurse Prescribers).

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 □

General consensus from membership was that there should be at least 2-3 years minimum in the area of speciality practice prior to applying for entry to specialist nurse prescribing programmes to ensure the nurses have a strong grounding in that area of speciality.
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 ☐

There are potential implications in terms of available funding to attend scientific meetings, conferences and study days to maintain acceptable forms of professional development on prescribing. While it is agreed this is a fundamental requirement to keep knowledge current, not all services are set up equally in terms of funding and professional development leave hours. Work with NZNO regarding ‘CME’ in the nursing MECA would be a requirement to ensure every nurse had equal opportunity.

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 ☐

Generally speaking yes however refer to concerns expressed under the community nurse prescribing section regarding the medicines list.

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

Yes ☐ No ☒
We can only provide specific comment on diabetes & related condition medicines and in this regard the list looks appropriate however generally speaking the list of medicines is very much reliant on nurses working within their knowledge base and experience and would require a robust monitoring process.

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

Yes ☒ No ☐

Thyroxine - repeat prescription with stable thyroid function only
Digoxin and antipsychotic medications
Controlled drugs

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 ☒ No ☐

Answering this from a Diabetes & related conditions view point only – seems entirely appropriate.

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  [ ]

From a diabetes & related conditions viewpoint we would not anticipate that any nurse working in this area of speciality would prescribe any of the controlled drugs listed.

Anticipate that with certain criteria and limitations it would be appropriate for a nurse working in palliative care or pain management to have access to prescribe these drugs, particularly providing repeat prescriptions. General feeling is that these nurses shouldn’t be initiating these drugs.

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]

Maximum of three days’ supply should be adequate however only when it is within the specialist nurses area of practice e.g. palliative care or pain management.

Other comments

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

This is a comprehensive document.
We support the efforts to expand nursing practice for the benefit of patients/clients
Thank you for the opportunity to provide feedback

Thank you for completing this response form. Please save and send your submission to:

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Or post to:

Emma Gennard