Consultation: Two proposals for registered nurse prescribing

Submission Form

Please read and refer to the consultation document Two proposals for registered nurse prescribing available on the Nursing Council of New Zealand website www.nursingcouncil.org.nz before completing this form. The questions in this form are designed to help you to focus your response and make it easier for us to analyse submissions. However, you don’t have to answer every question and may add additional comments.

This submission was completed by:
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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.

You are making this submission:
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Please indicate which part of the sector your submission represents:
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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object to this publication or to the publication of your name (Please note that the names of individual submitters will not be published) tick one or both of the following boxes: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 □

“Suitably qualified” – this term needs clarification and agreement.

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 □

“minor or common conditions” is a broad term however.

One nurse thought it was applicable for sexual health nursing.

It must be acknowledged that there are specialist nurses who work in the community or working across the primary/secondary care settings.

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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 □ ✓

Although it gives an idea of where the nurse is based, we don’t think it adequately describes and informs the public and other health professionals of the breadth of authority they will be given as it is proposed. There will be confusion with three lots of nurse prescribers. Some specialist nurses work in the community and hospital clinics. One UK nurse who is qualified as an Independent Nurse Prescriber wants to know if her UK qualification will transfer to NZ or will she need to repeat NZ’s prescribing courses?

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 □ ✓

I agree with the wording change but do not agree with the proposed training and education for Community Nurse prescribers. If there is a serious push for nurse prescribers in the community then the nurse should be willing to undertake post-graduate training and their employer should be willing to support their post-graduate training. There should be only one qualification for nurse prescribers (exception of NP qualification).

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 [ ] ✓ [ ]

There is no discussion about developing a personal formulary or developing knowledge around the areas they will be prescribing in. Continuing competence as outlined will prove difficult.

What happens if the nurse moves job to another area where they haven’t worked for a year? Can they still prescribe?

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 [ ] ✓ [ ]

I agree with three of the four criteria – but I’m uncomfortable that a nurse could be prescribing after four years of full-time FTE practice – that isn’t even SN5 level in a hospital. Please see the comments.
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 ✓ □

Complete a yearly update provided by who? Covering what? Difficult to monitor this.

Difficult to demonstrate 60 hours of practice – probably unrealistic. What do other prescribers do to maintain/demonstrate competence – is this nursing being over the top?

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 ✓ □

It’s a very large list for such little training. Comments were:
“some GPs aren’t even happy to prescribe methotrexate”

Concerns from the Infection prevention and Control CNS group:
“I was particularly interested in the list of medicines that could be prescribed.

The infection prevention and control nurses specialists have significant concerns with the range of antibiotics and other antimicrobial agents that are listed. We believe that the ‘Community Nurse prescribing qualifications, experience and training would NOT be enough to provide the in depth
knowledge of antimicrobial therapy required to prescribe sensibly.

- Worldwide there is a large body of work going on in healthcare on antibiotic stewardship and sensible antibiotic prescribing to try and minimise the amount of antibiotic resistance we have in the world. In addition the prescribing of certain types of ABs leads to Clostridium difficile infection which is going to be the next major problem for our healthcare facilities when the outbreak strains get established within our country.
- There are also disinfectants listed that are known to promote resistance.
- The following entry in the non prescription medicine list and its classification makes no sense at all

89. staphylococcus aureus prophylaxis of cold complications vaccine

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 ☑

Infection Prevention and Control nurses: “nor many of the antibiotics on the antimicrobials list”. Concerns also regarding interactions (both with prescription and non-prescription lists).

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

Some nurses like the idea and the flexibility particularly as NZNC has pointed out - proxy prescribing happens already. Many of these nurses already have Post-graduate qualifications with prescribing papers. Those who are prescribing in this way without Post-graduate prescribing qualifications should be required to undertake PG training.

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 ✓

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 ✓ 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 ✓ No

One CNS said she thought the title was confusing and prescribing should be an endorsement on practising certificate. Also, the title gives the impression that a “specialist” nurse will be providing only a few medications for a specific condition – again not the huge list they can prescribe from. We
like that they will be working collaboratively and under supervision initially.

Scope of practice for specialist nurse prescribing

The Council is consulting on two options for specialist nurse prescribing. The first is to introduce a new scope of practice – specialist nurse prescriber. The second option is for specialist nurse prescribing to be included as an authorisation in a registered nurse’s scope of practice. The first option would more clearly inform the public and other health professionals of the qualification and skills of a nurse with this prescribing authority. The second option may reduce expectations of increased remuneration and would be more acceptable to nursing organisations.

2.6 Do you agree that nurses who apply for specialist nurse prescribing authority should be:

- [ ] 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?

- [x] Yes
- [ ] No

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

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

- [x] Yes
- [ ] No

Some comments:
“If we can’t achieve a separate CNS scope I don’t see why there should be one a separate scope for specialist nurse prescribing.”

“The degree of training and responsibility should be recognised with increased remuneration (even if there isn’t a separate scope but only recognised on the practising certificate).”

Qualification and training for specialist nurse prescribing

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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.
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 ☐

This is all thorough but there is a problem that prior learning won’t be recognised (pg 63). There are a number of nurses who could immediately step into this role and are already prescribing by proxy, and working to the competencies and in collaboration with medical officers, who have completed Clinical Post-grad Diplomas with pharmacology. There would be an uproar from these nurses’ if they were to have to repeat another Level 8 qualification. There are a number of nurses who have completed their Masters qualification who have completed the NP prescribing requirements and these qualifications should be recognised – that’s what it was designed for.

What should be considered is that these nurses apply to NZNC in the same way that NPs do – and provide evidence at that time of their work with support of their medical colleagues.

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 length of time one needs to be a full-time FTE nurse in a specialty area is a difficult question – you could have nurses in one area for many years and yet not be suitable to be prescribers. Alternatively you could have a nurse who has only been practicing for three years and is very capable to undertake the training. This would be where nomination from a manager or authorised prescriber they work with should carry more weight when applying for the training. We believe nurses should be nominated to undertake the training by an authorised prescriber with whom they work.

Is the specialist nurse a role, for example, a clinical nurse specialist or are they designated a specialist nurse after gaining prescribing?

Specialist area should be at least 3 years FTE before applying.

**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 ✓ □

Surely “working in collaboration” is undertaking regular case reviews. Again, why do nurses have to keep on undertaking yearly professional development on pharmacology if they meet the requirements to prescribe? Like any other prescriber, links to Pharmac updates etc are available, drug rep presentations, all of these things are part of ongoing professional development that is unrecognised. Again, if working collaboratively, any questions the nurse asks of the authorised prescriber is also professional development – but that won’t be recognised with a certificate or any such thing. If NZNC is insistent upon some sort of evidence, a brief letter from a medical doctor that the nurse works with should suffice as and endorsement of the nurse’s practice.
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

Yes, but refer back to comments under Community Nurse prescribers – there are a lot of medications listed! What is reassuring is that a Specialist nurse prescriber is to work in collaboration, so one expects discussion with a medical colleague will take place on a case-by-case basis. This may be challenging to do, however, for some nurses who work more remotely or if they are more isolated.

Although the evidence suggests nurses are cautious prescribers I feel that some nurses who struggle to have regular contact with a medical officer may be tempted to prescribe something they are not so sure, either for convenience sake or if they are under pressure. Once the public knows a nurse can prescribe, there may be an expectation from patients for nurses to prescribe things they are not so certain of.

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

Yes No ✓

No feedback on this.
2.16  Do you think there are medicines that specialist nurses should not initiate but could safely repeat prescribe?

Yes  ✓  No  

There are a lot of medications on there that should only be initiated with direct instruction from a medical specialist. For example, a specialist nurse may consider a patient needs amiodarone, but clear discussion and clarity about the prescription would need to be agreed to by the cardiologist and then the nurse could prescribe it.

Other comments:
“I think we should have the ability to write repeat prescriptions for medications that require a special authority”. 

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  

Although same concerns as made in community section.

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

Not sure that all of the 15 should be initiated by a specialist nurse prescriber.

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

Particularly if working in long-term condition management.

**Other comments**

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

Just to reiterate:
- 3 levels of nurse prescribing too confusing.
- All nurses wanting to prescribe should commit to undertaking PG training.
- Prior learning and current employment should be valid (grandparent these nurses?)
- Don’t believe that nurses could potentially be prescribing before they reach the equivalent of an SN5 status. Specialty nurses need more than 1 year FTE in specialty area.
- Nurses who go on to prescribe will need the responsibility recognised in their pay

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