19 April 2013

Emma Gennard
Nursing Council of New Zealand

By email: EmmaG@nursingcouncil.org.nz

Dear Emma

Re: Consultation on two proposals for registered nurse prescribing: Community nurse prescribing and specialist nurse prescribing

Thank you for the opportunity to review the above proposals.

The Australian & New Zealand College of Anaesthetists (ANZCA) is the professional organisation for more than 500 specialist anaesthetists who are Fellows of the College in New Zealand, and for approximately 280 anaesthesia trainees. ANZCA is responsible for the training, examination and specialist accreditation of anaesthetists and pain medicine specialists and for the standards of clinical practice in Australia and New Zealand.

The Faculty of Pain Medicine provides training, ongoing education and representation for pain medicine specialists. The Medical Council of New Zealand recognised pain medicine as a vocational scope of practice in early 2013.

The following comments represent the views of the New Zealand National Committee (NZNC) ANZCA. Please note that the NZNC has confined its comments to matters relating to anaesthesia and pain medicine. The NZNC supports the broader issues and feedback contained in the submission from the Council of Medical Colleges (CMC).

General comments

ANZCA supports innovation in healthcare where it contributes to improved patient outcomes while maintaining the safety and quality of care. Innovation can also improve access and address some issues around equity of access to healthcare services.

It is also critical, in ANZCA’s view, that innovation strengthens the healthcare team and supports a multidisciplinary approach. As such, the NZNC supports nurse prescribing within the context of a multidisciplinary team.

However, the NZNC shares the concerns expressed in the CMC submission regarding the potential for fragmentation of care that could arise from the designated prescribing model as proposed. As described by the Health Quality and Safety Commission in the Atlas of Healthcare Variation\(^1\), polypharmacy is already a risk for a significant number of older New Zealanders with the current range of prescribers.

\(^1\) Health Quality and Safety Commission - here
Until New Zealand has a comprehensive and reliable electronic patient record system, increasing the number and type of prescribers may improve access but at the same time, pose increased risks to patients.

**Indicative lists of medicines**

The NZNC’s primary concern is with the indicative lists of medicines proposed for prescription by both community and specialist nurses. The NZNC notes the broad criteria of ‘common medicines for common conditions’, and that only subsidised medicines are included. NZNC also notes that the list is not all-inclusive and other medicines may be included.

We are concerned at the lack of specificity around the medicines lists, and request that the Nursing Council apply the following points to any other similar medicines that might be considered for inclusion on either the community or specialist nurse medicines list.

From an anaesthesia perspective, the NZNC has significant concerns with the inclusion of the drugs that are not commonly used, for example ergotamine; outdated, such as chloroform; and drugs which can present significant safety risks if not used appropriately, such as atropine.

The NZNC has similar concerns about the indicative list for specialist nurse prescribers, namely the inclusion of some drugs, such as sodium nitroprusside that should only be given in a closely supervised environment such as the ICU, HDU or operating theatre with invasive arterial pressure monitoring. Indeed, the indicative medicines lists, as defined in the document, would seem to be far in excess of what would reasonably be required by the models of nursing care described in the document. Please note that the above are examples only; the NZNC would welcome the opportunity for a detailed discussion of the proposed medicines list.

Issues surrounding prescription of controlled drugs are well-documented. It may well be appropriate for nurses to prescribe opioids in rural areas and/or in palliative care practice; however the Nursing Council must ensure that nurses have adequate training and support to recognise and appropriately deal with drug seeking behaviours and diversion of such medicines. It is critical that health professionals’ personal safety is protected.

The NZNC therefore strongly disagrees with the list of prescription medicines proposed for both community or specialist nurse prescribers, and recommends that the Nursing Council:

- Withdraw the current lists
- Consult with relevant specialist groups to:
  - Identify a set of safety criteria to guide the development of a comprehensive list for both groups of nurse prescribers
  - Identify medicines that can safely be prescribed by nurse prescribers
  - Identify medicines that can be prescribed by nurse prescribers with additional advanced training, ongoing education and, where necessary, specialist support
- Ensure that the list of medicines includes details of administration methods
- Differentiate medicines that can be prescribed by a nurse who is initiating treatment, from those medicines that can be prescribed for maintenance of treatment where the diagnosis and initiation of treatment is made by a medical practitioner.
ANZCA’s NZNC would be most willing to participate in the development of medicines lists appropriate for safe, high quality practice, improvement of patient outcomes, and which support the safety of the health professionals involved.

We would welcome the opportunity to participate in the further development of this proposal.

Yours sincerely

Dr Geoff Long
Chair, New Zealand National Committee