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:

Organisation: **DISTRICT HEALTH BOARD**

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

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to this publication or to the publication of your name (Please note that the names of individual submitters will not be published) tick one or both of the following boxes: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

Agree with statement in principle – agree with nurse prescribing with suitable qualification and experience.

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 ☐

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.
In principle – Yes –
Outside general practice e.g. public health nurses, sexual health service clinics, youth health centres, school health clinics, well child/Tamariki Ora providers, family planning services etc - ‘community’ prescribing will legitimise current practice (standing orders) and address the many work-arounds that are time consuming and in some circumstances not within the bounds of current legislation. ‘Community’ prescribing, however, won’t in all cases enable more timely effective and convenient care for the patient (as many nurses working in these areas of practice are already working to standing orders). It will, however, be much more timely, effective and convenient for the nurse prescriber.

It is worthwhile remembering that currently (within general practice settings) one approach to nurses enabling patients to receive more accessible, timely and convenient care is through the use of the MPSO (medical practitioner supply order) via standing orders. Whilst not an entirely legitimate use of the MPSO it does mean that patients are supplied medicines on the spot according to need, the first dose can often be administered, education can be provided about both the medicine - and importantly storage - and there can be follow up with adherence. An unintended consequence (within general practice) of ‘community’ nurse prescribing might be that patients who are most in need of the prescribed medicine will not fill it at the pharmacy for the same reason they don’t fill prescriptions that are provided by GPs- cost being the barrier.

‘Community’ nurse prescribing may alleviate the cost issue for some patients and their family/whanau, as the cost of seeing a nurse, in most cases, is less than seeing a doctor (and in some cases free).

If the goal for ‘community 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’ consideration needs to be given to free access to comprehensive primary health care services which should include – but currently does not) consultations (GP or RN) and pharmacy/ medicines.

Many nurse- led primary health are services are already either currently free or low cost (public health, WCTO, family planning, some Maori and Pacific, Youth Health, school etc). Prescribing medicines on its own will not meet the goal – prescribing medicines that are free at the point of supply does.

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 ☐

Recommend title/s should be
RN prescriber - Level 1 Formulary
And
RN prescriber - Level 2 Formulary (to include level 1 Formulary)
• Some community episodes of care are quite complex and with significant co morbidity, while
other areas of practice are well confined e.g. Family planning, school nursing, public health/well child/Tamariki ora. ‘Community’ not a good describing word in this situation, need to focus on RN class of prescriber rather than title. Also there is a need to identify context or focus of prescribing rather than setting, e.g. RN prescribing - with area of practice that will designate use of Level 1 Formulary. For instance family planning nurses with educational preparation will only prescribe to practice area and this needs targeted education to underpin assessment, management and treatment.

• Significant opportunity to include aged and residential care for RN prescribing Level 1.
• Perhaps Level 1 Formulary needs to be more inclusive of current standing orders in this area of practice - ?? Enabling and supporting Waitemata care guidelines
• Employers need clarity, public perhaps less concerned or able to understand the complexity.

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 ☐

Agree to this additional scope of practice statement for ‘registered nurse prescriber’ suggest do not use the phrase ‘authorised’ in this context as it is confusing with authorised prescriber.

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

• Remove the word ‘some’ at the beginning. ‘Community’ wording would need to change also—see 1.3.

Add relevant: Nurses with additional relevant experience education

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 ☒

Important to note - whatever the outcome to the consultation process a national standard and framework must be applied. Consistency is important. If on line learning is an enabler then this should be available on the Ministry of Health website and free to all RNs.

*Support a range of short courses for specific areas of practice and specific groups of medicines within Formulary 1, rather than '6 days' for all.*

*Supervision element needs to be included and standardised. Recommend RN on expert level of PDRP for prescribing.*

*Short courses, defined by an area of practice and a set of established guidelines/protocols, with designated access to specified medicines within Level 1 Formulary. For example targeted education for the assessment, management and treatment of skin infections would support nurses to prescribe specific (or a limited range of) medicines within Level 1 Formulary; Assessment, treatment and management of Sore Throats (as per the NHF Guidelines); same for Sexual Health Services; Family Planning; Aged and Residential Care.*

**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. STRONGLY AGREE.

- 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 ☐
Must be supported from employer – whatever the education level decided.

- More about knowledge than years of experience.
- Need to find suitable and good quality supervision and mentorship. Need to have ongoing protected time for peer/ case review. Suggest this is part of annual competency requirements.
- Nurse practitioners will be good here as supervisor with change in medicines act.
- Not midwives or dentists for nursing.
- Entry criteria – the ‘one year’ in area of practice should either specify full year or minimum hours.
- One year moving secondary to primary may be challenging.

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]

60 days of prescribing practice? There may be real challenges in demonstrating this with integrity—does seem rather arbitrary.

Needs to be some kind of quality – perhaps this should not be days of practice but rather a combined focus on audit of practice and peer review.

All prescribers are linked to pharmacy; prescriber number can also be audited like any other prescriber.

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 [ ]

Agree generally with proposal –
No 90 – capsules important
Proposed Clinton changes and other recommendations

| No 92 – ketoconazole – include dandruff shampoo |
| No 105 – methotrexate – do not recommend inclusion |
| No 110 – minoxidil – do not recommend inclusion |
| No 129 – phylephrine – currently not funded by Pharmac |

Recommend adding cephalexin to prescription medicine formulary to support *Keeping Well Skin Protocols*

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 [ ]

| No 3 (non prescription) – activated charcoal – not currently funded by Pharmac |
| Recommend adding Lemnis fatty cream to non prescription medicine. |
| Recommend inclusion of Sharps Bin for people with diabetes – becoming increasingly important as more and more people with diabetes are being managed in the community |

**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 ☐

As previously mentioned re the RN prescriber Level 1 and Level 2 titles.
Confusion regarding community and specialist titles. Also in view of ‘designated senior specialist roles titles as per DHBNZ/NZNO MECA’.

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 ☒

• See question 1.3.
• Employers need clarity, public less concerned or able to understand the complexity.
• Some believe the correct title maybe ‘specialty nurse prescriber’, rather than specialist, however this still raises confusion as insinuates a link with clinical nurse specialist which will create a diversion to the actual aim of this, as expert nurses could become prescribers (RN – Prescriber), doesn’t need to be a CNS.

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 ☐
- Collaboration on a % of cases, reducing as the nurse becomes more experienced.
- All prescribers are linked to pharmacy; prescriber number can be audited like any other prescriber.
- Be clear about practice supervision, this is for the prescribing component of their practice only, the above statement states just ‘practice under supervision’; need to be very clear about this.

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

- Definite ‘no’ to another scope, this will incur significant and potentially divisive risks regarding remuneration and status.

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 [x] DO NOT AGREE WITH ANOTHER 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 [x]
- No [ ]

- Approved should be used not ‘authorised’
- Remove the word ‘some’ at the beginning.
- Add relevant: nurses with additional relevant experience education

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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.
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 ☐

Medical supervisors already have heavy workload

- Also agree with p.54 statement
  “the provision of such programmes is expected to be limited to tertiary education providers also providing accredited programmes which lead to registration as a nurse practitioner. This is because this qualification may become a prerequisite for nurse practitioner programmes”

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. STRONGLY AGREE
- 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 ☐

• At least two years - must be in the area of practice she/he will be prescribing.
• Entry criteria – the ‘one year” in area of practice should either specify full year or minimum hours.

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 ☐

Please see above comments plus case review.
• Need to find suitable and good quality supervision and mentorship. Need to have some protected time for peer/ case review. Suggest this is part of annual competency requirements.
• NPS will be good here as supervisor with Medicines Act change
• Not midwives or dentists.

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?
Non-prescription medicines should include sharps bin for people with diabetes – becoming increasingly important as more and more people with diabetes are being managed in the community.

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

Yes  No  

No comment; outside group area of expertise

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

Yes  No  

No comment; outside group area of expertise

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  

No comment; outside group area of expertise

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 ☐

No comment; outside group area of expertise

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 ☒

No comment; outside group area of expertise

Other comments

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

Policies and guidelines will need to be updated to reflect any changes.

Thank you for completing this response 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