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:

Name:

Address:

Organisation: New Zealand Home Health Association Inc

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) Community health providers, including those holding community nursing and district nursing contracts, or employing community nurses. Our membership includes Pacific and Maori providers, for profit and not for profit providers. Our members provide home support to around 100,000 New Zealanders, who live at home. Clients have medical or injury related conditions or disabilities. Funding is via District Health Boards (for over 65 and under 65 chronic care and some supported discharge services), the Ministry of Health Disability Support Services, and Accident Compensation Corporation.

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to this publication or to the publication of your name (Please note that the names of individual submitters will not be published) tick one or both of the following boxes: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

The NZHHA agrees with and supports of this proposal. We acknowledge the leadership of the Nursing Council. Enabling community nurse prescribing hast the potential to have significant benefits, in terms of client care and integration of health services, particularly for clients who experience some form of isolation (eg rural, mobility, access to and ability to use transport, ease of access to primary or other health services).

Community nurses employed within the broad community sector play an important role in health maintenance, in preventative and rehabilitative care, in needs assessment and care planning and coordination. The ability for appropriately trained and experienced nurses to also be able to prescribe a limited number of medicines would assist greatly in providing clients with more immediate access to treatment and advice. For clients who are less ambulatory or living in rural areas, as a result of injury or medical conditions, there is the potential to provide rapid access for treatment of minor ailments and infections, therefore reducing the likelihood of unnecessary hospital admissions if treatment is delayed.

This move would require a close level of collaboration and communication between community nurses, lead health providers, hospital staff and other relevant professionals (eg pharmacists). This already exists in some settings, but not all. It will likely require more sharing about or access to health records.

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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.
It should be noted that a move to RN prescribing constitutes a shift of professional boundaries and responsibilities. The additional work for nurses which includes prescribing, consumer education, peer review, additional audit and education constitutes additional costs to the employer in terms of nursing resource and an impact on overall job content. There will need to be discussions with Funders regarding contractual requirements should RN prescribing go ahead particularly for NGOs and contracted DHB providers.

We also see the need for professional tools such as medication decision support tools.

In our view, a Community Nurse wishing to have authority to prescribe would need to demonstrate that she/ he was working with client groups in assessment, review, care planning and health support on a regular basis, and that she was working within a health provider context.

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 [ ]

Nurses in our sector are often frustrated by the process that is required for clients to access medications for straight forward ailments.

Aged care / Home Care

- In home care most of our clients are over 80. Many have limited mobility even around their own home. They receive a small amount of home support, and may receive nursing support following a hospital admission.
- Many live with both chronic conditions that can result in hospital admissions, and minor conditions that can progress to hospital treatment if left unattended.
- Medical care is provided via the primary health provider (doctor) or via district nursing services. Some have lost contact with their primary health provider when they move into smaller premises, into a retirement village, or to be closer to family members. The nurse from the home care provider and the support workers become integral to the maintenance of their health.
- It is not envisaged that Registered Nurses working in Home Care would prescribe for clients with complex medical conditions or for those on multiple medications unless they were working collaboratively and in agreement with the client’s GP. However the provision of a limited range of medicines that provide relief from minor ailments from an agreed formulary by a RN who has the necessary knowledge and certification would provide improved access to care for a wide range of people living in the community.

District Nursing

- The 2010 report by the Chief Nurse into District Nursing Services in New Zealand identified 65 separate district nursing services offering a wide range of home, clinic and community based health care services usually seven days a week. Preventing hospital admissions and enabling early discharge are the main focus of the services. District nursing services are provided to people who are living with chronic health conditions, or who are recovering
following an event that may have required hospital admission. Some district nurses may also be involved in preventative care or in particular areas of care (palliative care, respiratory care, child health). The work spans age groups.


The detailed inquiry into the range of care provided confirms that DNs play a significant role in minimising the impact of a personal health problem, most often through frequent nursing interventions for a short period. This inquiry also confirms that providing support to people with long-term or chronic personal health problems or conditions continues to be a primary role of district nursing services. For these patients the role of the DN comprises:

- case management
- care co-ordination functions
- specialist nursing roles such as respiratory nurse specialist to support the generalist DN workforce with this patient group.
- independence, particularly for personal health care needs where the ongoing management involves the use of aids or equipment (eg, indwelling urinary catheters, stoma devices, enteral feeding equipment); or self management education for long-term conditions.

The qualified DN workforce in 2010 consisted of 1286 registered nurses (RNs).

- Registered Nurses in District Nursing work with clients with a range of health problems from simple to very complex. RN prescribers would most likely prescribe for simple ailments from the formulary for clients with non-complex needs.
- Providers that hold district nursing and ACC community nursing contracts are trained and skilled to provide a range of nursing services, and their experience is very broad.

**Injury related care**

- In injury related care, again, clients are often less ambulatory, in both short term and serious injury cases and may not have natural supports. Some patients may be too frail to drive themselves or use public transport. ACC contracts Nursing Services for services previously described as Community nursing, Serious Injury and Rural nursing.

  - ACC clients who have accessed the Community Nursing service are generally aged 60 years or over and are treated for a wound. Over 40% of all claims are for clients aged over 75 with an open wound. The lower leg is the most common injury site. The co-morbidities most often adversely affecting wound healing are venous or arterial insufficiency, diabetes and/or inflammatory disease. The majority of ACC’s Serious Injury clients with nursing needs have sustained a Spinal Cord Injury and have ongoing bowel and bladder management needs. Serious Injury clients are predominately males aged between 40 – 59 years old. ACC clients who accessed rural nursing services are significantly younger (i.e. 41% <20 years old) and primarily present with open wounds or soft tissue injuries. (Acc Nursing Services, Operational Guidelines V3.0 2012) [www.acc.co.nz/PRD_EXT_CSMP/groups/external_providers/documents/guide/wpc113945.pdf](http://www.acc.co.nz/PRD_EXT_CSMP/groups/external_providers/documents/guide/wpc113945.pdf)

Referral for community nurse treatment occurs generally via the primary health provider or another health provider (e.g. hospital). ACC Nursing Services are provided only in relation to an ACC covered personal injury, and ACC notes in its operational guidelines that this is a difficult issue. Where ACC nursing does not apply the person would be referred to their primary health provider.
ACC’s new Nursing contract incentivises providers around good recovery timeframes and consultation frequency. It has also introduced the role of Designated Provider (DP) within the Nursing Services contract to recognise the higher level of expertise in the nursing workforce. A Designated Provider is a Registered Nurse with a minimum of 5 years post graduate experience in the assessment and management of injury related conditions, two of which have been in the provision of home based nursing. The Designated Provider is also required to be providing clinical assessment and treatment services to clients as a regular part of this role, therefore a Registered Nurse with a purely managerial position within an organisation would not be given Designated Provider status.

A national provider comments that the Designated Provider is always in demand for comprehensive assessments. The role has also enabled a higher qualified nurse to be more involved with the clinical training and competency framework.

- NZHHA considers that extending the prescribing ability for nurses providing services under an ACC nursing contract would further enhance client recovery, access to treatment, and understanding of self-care.

- One national home support provider that provides community nursing contracts for ACC as well district nursing services comments that where possible for all clients, where district nursing services are needed, the provider organisation tries to negotiate for their nurses to do the work to ensure consistency for the client, a holistic health approach and a reduction in multi providers going into the home. This includes support for catheters, bowel management, stomas, wounds etc.

- This provider also gave an example of a serious injury case that is not uncommon. A client who lives at home with a serious spinal injury may have an issue that is recurrent as a result of their inability to swallow, to move easily or to have independent use of their bowel. In order to receive a medication which quickly addresses minor recurrent issues the client must be transported from home to the doctor, a technically difficult journey and one that could be avoided if an appropriately trained and competent nurse was able to prescribe for the client.

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 ☑
While the use of the term ‘community’ would be a good fit with our sector, the areas of practice covered by “Community” and “Specialist” prescribing are confusing. These terms sit outside the regulated and well defined scopes in nursing - Enrolled Nurse, Registered Nurse and Nurse Practitioner. It is suggested that if two levels of prescribing are required for Registered Nurses that they be defined as Registered Nurse Prescriber Level 1 and Registered Nurse Prescriber Level 2 with levels of education and prescribing relevant to that level.

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

A Community Nurse wishing to have authority to prescribe would need to demonstrate that she/ he was working with client groups in assessment, review, care planning and actual health support on a regular basis.

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 √ and No √

1.6 Do you agree with the course standards for community nurse prescribers?

Yes √ and No √
1.7  Do you agree with the competencies for community nurse prescribers?
    Yes   √  and  No   √

Comment.
For nurses to prescribe from the full community formulary this level of education appears insufficient. However many nurses will only prescribe from a narrow set within the formulary of low risk and OTC medications. Education needs to be tailored to the type of prescribing practice the nurse will undertake.

NZHHA suggests that the Nursing Council have further discussions with senior community nurses to provide advice on the right level of education and training, entry to community nurse prescribing and continuing competence. NZHHA happy to assist this process.

Providers are supportive of a mix of online training and learning sets, and that Level 7 would be the appropriate level for training.

Providers also comment that the ability for nurses to prescribe would also require an increase in the use of medication decision support tools. They also had questions about how oversight of medication prescription would be monitored.

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   □  and  No   □
Providers commented that it would be useful for the Nursing Council to have further discussion with community nurses about entry criteria.

Home care providers would need to gain agreements from other health provider organisations to gain the support of mentors who are already authorised prescribers. There will be cost factors that apply which may prove a barrier unless funders appreciate the gains in earlier access to treatment and preventative care.

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

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
Comment
The list includes some medications which do not suit all practice settings. The example given was influenza vaccination, where community nurses do not have access to accompanying drugs/equipment in case of anaphylactic shock. However it is accepted that nurses working within their scope and with knowledge of the limits of their practice would be aware of those medications that they would not safely prescribe.

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

Yes but some nurses may also need access to some items from the Specialist list – for District Nurses for example, this could include diabetes monitoring equipment.

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

We support this initiative. Where targeted services are provided, either with staff directly employed by DHBs, or via providers based in primary or in community care settings, there will be considerable
benefit for clients to be supported in terms of routine matters by nurses competent to do so. The benefits will be earlier access to medication and health advice, reducing the likelihood of complications that may require more serious health intervention. It will also extend nurse competency to a higher level. It should also allow doctors to attend to more urgent cases.

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 ☑

To prevent confusion with the CNS role it is suggested that this level of prescribing is described as Registered Nurse Prescriber Level 2. The term ‘specialist nurse prescribing’ also gives the impression that all they do is prescribing, which would be incorrect. One provider also suggests that their area of expertise be added (eg RN Nurse Prescriber Level 2 – Diabetes management).

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 ☐

Nurses at this level are independent practitioners and are responsible for their own practice and actions. While many will work in multidisciplinary teams and all should be working collaboratively they should not be “required” to work in a MDT. This may also not be attainable for nurses working in isolated rural and under resourced areas. Where a complex patient has MTD involvement one would expect the nurse prescriber to be part of that team.

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 ☐
**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.

2.6 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

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

**Comment:**

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**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 ☐

As noted earlier in this submission, home care providers would need to source other approved authorised prescribers as mentors initially. This would result in additional costs, and could be a barrier.

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

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

Comment
Some medications used in Palliative Care are not included and would be appropriate for a CNS to provide in the community setting.

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

Yes    √ No
Whilst one provider expressed concern about vaccines, others commented that nurses would only prescribe items related to their area of practice.

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

- Yes [ ]
- No [ ]

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 [ ]

See our comment also under 1.11

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 ☐

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 ☑ AND No ☑

We have received a range of comment on this one. Some think that three days is adequate and that the GP should be involved if more is required. Others think that they should be able to prescribe up to seven days in some circumstances, e.g. palliative care.

Other comments

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

RN prescribing will expand the scope and capacity of District Nursing and Home Care services in New Zealand to deliver improved care to people who often have difficulty accessing appropriate and timely services.

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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