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: Members of Nurse Practitioner Peer Group – Primary Health Care

Address:

Email:

Organisation: Nurse Practitioner Peer Group – Primary Health Care

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to this publication or to the publication of your name (Please note that the names of individual submitters will not be published) tick one or both of the following boxes: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

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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 [√]

We do not agree with the community nurse prescribing as proposed. The training requirements, standards of practice and competencies need to be the same as outlined for the specialist nurse prescribing and includes seeking assistance from a Nurse Practitioner (NP) or General Practitioner (GP) when making difficult or complex clinical decisions.

It is our view that there should be just one scope additional to the NP scope; that of Specialist Nursing Prescribing.

We have concerns that this scope has potential to be used incorrectly thereby compromising community safety and bringing nursing into bad repute with the community. It would be woefully inadequate in education, training and monitoring.

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.

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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.
1.2 Do you agree that community nurse prescribing will enable patients to receive more accessible, timely and convenient care?

Yes [ ]  No [ √ ]

We totally agree with the importance of patients and the need for more accessible, timely and convenient care but it must be provided safely to best practice standards. Sadly, the word ‘safe’ has been omitted from the above statement.

Furthermore, providing patients with someone to prescribe is missing the point of limited access to care. Patients need comprehensive care not just prescriptions, and by training nurses, and broadening the scope of practice in just this one area we are offering a piecemeal approach to providing health care. By requiring those same nurses to work and study for advanced practice the opportunity is then there to provide many aspects of care and address the multiple facets of what is lacking in access to quality health care.

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 [ √ ]

No it doesn’t, what is a “community nurse” – if it is not clear to those of us in the profession then how can it be clear to the public and other health professionals and how does it explain the breadth of the prescribing authority.

For example: General Practice Nurses are included in this scope and also in the specialist nurse prescriber. This will cause confusion between “floor/General Practice Nurse” and “Specialist General Practice Clinic Nurse”.

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 [ ]

No because we don’t believe the community nurse prescribing scope should be considered. The wording itself is reasonable, however the “additional experience and training” suggested is not adequate to ensure patient safety and places the nurse in a position inadequately supported clinically.

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 [ ]

The proposed level of training and education does not seem adequate nor rigorous enough for the suggested list of medications that would be available for the nurse to prescribe. Nurses will be assessing and diagnosing without pathophysiology, advanced clinical assessment and diagnostic reasoning education and without successfully completing a prescribing praxis. There is a risk of inaccurate diagnoses and treatment of conditions thereby exacerbating the initial problem and leading to extended length of treatment remediation. We also would like to acknowledge that it is difficult to make an informed statement as the proposed course content in terms of standards is summarised. For example: The competencies seem relevant, but we can not find evidence of the community nurse prescriber being authorised to order diagnostic tests. Competency requires years not weeks or months and with competency comes safety.
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  ☑

We have concerns around the level of experience required to attain the ability to prescribe. It is our view that one year of experience in the area of practice that they will be prescribing is not adequate to gain competence with prescribing.

At least three years experience in the area of practice should be required, along with more extensive advanced assessment and diagnostic training than is proposed.

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  ☑
Very few “community nurses” will have organisational support and infrastructure to follow through with this adequately and safely.

Additionally, consideration needs to be given to address the situation where a nurse who has prescribing rights in one setting and then changes employers or roles.

**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 [✓]

The list is frighteningly too extensive and includes medication for more than the described “minor ailments”. Prescribing many of the listed medications should require a higher level of Nurse Prescriber preparation than is proposed. Many of the medications are not appropriate for someone who has had minimal education/training.

Whilst we understand each nurse will prescribing according to their area (scope), the standards and competencies don’t seem to marry up with the medications on the list. For example Those who work at the beginning and end of the life spectrum when the pharmacology and illness vary considerably, when prescribing for these vulnerable age groups there needs to very sound knowledge of pharmacokinetics.

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 [✓]

N/A to comment
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  [ ]

Yes, working in this way enables patient’s access to more timely, convenient and SAFE care. For example: In the General Practice setting, Nurse Prescribing enables all issues to be addressed and dealt with at one consultation, even when conferring with the GP is necessary. It saves two appointments to go over the same ground, sometimes also easier to see the Nurse than the GP because of time constraints. So convenient and safe.

The doctor should remain involved in the patient’s care to a degree if the patient so wishes.....so relationships are maintained as there will inevitably be a time where the case is too complex or one of the many legislative barriers prohibits the ‘specialist nurse prescriber’ from providing the full package of care.

Whilst encouraging specialist prescribing wider scopes of practice must be included, there is a risk of inhibiting primary care roles and offering only fragmented care, not really addressing adequate access to care. Having multiple qualification levels for nurses undermines our goals for the profession and fragments the care we offer our patients. We certainly should be raising the bar for nurses and allow those with advanced education and experience to provide quality COMPREHENSIVE care.
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 ☐

Re 2.4 It is important not to stifle autonomous, innovative nursing practice but a team approach to patient care will benefit all disciplines and the patient.

Re 2.5 Yes definitely, practicing under supervision should be for a period of six months or up to one year

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.

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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.
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 ☐ √

(Partially agree).....We propose the end of the RN scope statement on P.35 should be added to by incorporating some of the wording from the Specialist Nurse Prescribing Scope of Practice on p.34 in particular ‘They are Registered Nurses with additional experience, education, and training that enables them to assess, diagnose, manage and monitor patients and prescribe safely and effectively within their prescribing authority and area of practice’.

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?
2.11 Do you agree with the proposed competencies for specialist nurse prescribers?

Yes ☑️ No ☐

Attaining Specialist Nurse Prescribing should be at Level eight (advanced nursing practice) and the expert nurse level therefore Rural Nurses, Community Nurses, Plunket Nurses, Primary Care Nurses etc who have attained these levels are all Specialists within their nursing disciplines. The skills required in the real world are not as simplistic as the examples on p.18. These examples can be easily executed under functional concise Standing Orders Agreements.

From experience in the community settings there are usually fish hooks! Ready access to medical records is essential.

The proposed qualification and training for specialist nurse prescribing looks great. Should also complete post grad paper(s) in chosen speciality area e.g. family health, asthma, diabetes etc.

Disappointing not to see greater Pharmacist involvement in the education / prescribing praxis. From NP Prescribers and aspiring NP experience, pharmacists are very knowledgeable and provide a fantastic level of support, critical to safe prescribing, particularly when busy doctors are hard to contact particularly when you are practising outside of the General Practice facility.

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 ☑️

Allowing prescribing from potentially only three years post-graduation experience is too soon. The depth of knowledge and maturity of clinical decision making may still not be well developed in many of these Nurses.

We believe 3 years experience in the area of practice is more appropriate. It takes time for experience to accumulate and consolidate knowledge, and so be a competent, safe prescriber.
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 □

Totally agree. Robust monitoring, peer review, reporting systems and 3 yearly competence assessments are critical

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 □

Although the list is very extensive, given their proposed collaborative role within a given scope it is not unreasonable to have this formulary. Why are drugs such as paracetamol missing? Some potent drugs should be restricted to the specific scope and definitely to a repeat prescription authority after reviewing lab results etc.

The Nurse should only be able to prescribe from a list appropriate to her speciality area eg an asthma specialist should not be prescribing diabetes medication unless she/he also has appropriate education/clinical expertise in diabetes or in long term conditions.

Given our opposition to the community nurse prescribing proposal, we support the specialist nurse prescribing be a formulary which is inclusive of the proposed community nurse prescribing medications
2.15 Do the prescription medicine lists include any medicines that specialist nurse prescribers should not be able to access?

Yes    [ ]  No    [X]

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

Yes    [X]  No    [ ]

Yes definitely, there are plenty and they should appear as a separate formulary

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    [X]  No    [ ]

They are essential equipment for advanced nursing practice.

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 ☐

If training is adequate, peer review and monitoring systems robust and positioned within their approved clinical scope of practice.

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 ☐

In specific circumstances: For example palliative/ end of life cares and definitely only within a collaborative framework otherwise prescribing of controlled drugs should be for a maximum of three days.

Other comments

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

Additional Comments from the Contributors of the Submission

Please do not proceed with the Community Nurse Prescribing proposal: It makes prescribing sound trivial: Prescribing comes with responsibilities that can not be underestimated.

Diagnosing and treating minor ailments and infections in normally healthy people is a misnomer, we know from our experiences that there is a majority of patients within our community who whilst have difficulty accessing health care are not “normally healthy” but have a myriad of health issues, allergies etc. This sort of RN scope will lead to confusion in communities accompanied by likely decreased quality of care.

Community prescribing as presented sounds unsafe for patient and nurse with too low a level of preparation for the role of prescriber. All these levels of nurse competencies divide the profession and do not make for cohesive complimentary health care delivery. There appears to be so much overlap between the various levels of nurse, and therefore role confusion for patients and other health care professionals utilising nursing services.

It is imperative that the employment / funding model / pay scales are in place ahead of the RNs commencing the prescribing requirements. This has been a major barrier for progression of the NP role particularly in primary care settings.

If the nurse has adequate advanced assessment and diagnostic tools, education and training, along with adequate experience it may be appropriate to include diagnosing as part of the skill set used to prescribe, otherwise the nurse should only prescribe from a set list of meds appropriate to the conditions the patient has already been diagnosed with.

In conclusion it is our view that here should just be one level under the specialist nurse prescribing
standards and competencies. The list of medications could be amalgamated. The two different levels are very confusing and increase the risk for errors.

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

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