Discussion regarding the two proposals for registered nurse prescribing: Community Nurse prescribing and Specialist Nurse prescribing

The Council of Medical Colleges thanks the Nursing Council of New Zealand for the opportunity to make a submission on the two proposals for registered nurse prescribing for Community Nurses and Specialist Nurses. Many of our members have chosen to submit independently and so this paper has been developed as a record of discussion as opposed to a collaborative statement from CMC.

Introduction

The Council of Medical Colleges in New Zealand (CMC) is the collective voice for the Medical Colleges in New Zealand and through its members provides a well-trained and safe medical workforce serving the best interests of the New Zealand community.

CMC brings together 14 member Medical Colleges who provide support to over 7000 specialist medical practitioners working in a range of 35 specialties in the New Zealand health system. The Medical Colleges themselves are not-for-profit educational bodies responsible for the training, examination, and subsequent recertification of medical practitioners in specific medical disciplines. The Medical Colleges advise on workforce issues and advocate for appropriate health quality services in New Zealand. They also provide programmes of continuing medical education or recertification.

Due to time restraints, CMC has not been able to gain a coordinated CMC view of the points noted in this document however the points discussed may be of interest to the NCNZ.

Main points of discussion about the consultation

1. There was support for the extension of prescribing rights to other health professionals only if it can be shown that this will lead to increased access to safe care.

2. There was support for collaborative care and there is concerned that, without mechanisms to ensure continuity of care, increasing the number of independent prescribing practitioners may lead to greater fragmentation of care.

3. It was discussed that any independent prescribers need to have appropriate qualifications, training and experience. Prescribing skills draw on knowledge and expertise in diagnosis and clinical judgement gained through many years of training both formal learning and during apprenticeship-style workplace training.

4. There was support for delegated prescribing within a collaborative multidisciplinary team environment led by the most qualified professional in the team, usually a medical

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1 Independent prescribing occurs where the prescribing practitioner is solely responsible for patient assessment, diagnosis and clinical management and requires legally defined levels of knowledge and skill that are usually monitored through a licensing process.
practitioner. It is considered, from the information given, that this is the most appropriate model for community nurses.

5. There was support for designated prescribing only if the nurse has appropriate experience in specialist setting. From the information given this is the appropriate model for nurse specialists.

Therefore in terms of extending designated prescribing it was suggested that:

- Any new prescribers should have training, a formal qualification and practical, “hands on” experience in the specialist area. Appropriate prescribing requires time learning via observation (as well as knowledge of pharmacology and diagnosis) similar to the way medical practitioners learn via an apprenticeship model.
- Adequate mentoring systems by experienced prescribers are needed for designated prescribers, preferably with mentoring by medical practitioners.
- Supervision of prescribing practice should be ongoing rather than for only six months.
- Prescribers should ensure they maintain their competency via ongoing continuing professional development, with monitoring by the Council at least every three years.
- The public would be better informed about the nurses’ extended prescribing ability via a specific scope of practice rather than use of authorisation under the HPCAA section 22.

Proposed Qualifications and Experience

The basis of good prescribing is good diagnosis and it is the doctors’ “unique training in diagnosis and managing probability and risk in the context of changing medical knowledge” that makes involvement of the doctor essential in the delivery of good medical care.

Therefore it is essential that any new independent prescriber should have adequate training, qualifications and experience.

Those who are able to prescribe need to be able to diagnose, prescribe, consider and recognise adverse outcomes of treatment and be aware of when they need to refer. In terms of community nursing it is not a matter of “diagnosis of minor ailments and infections” but also consideration of:

- Whether prescribing is the right course of action,
- The possible interactions with other medicines that may have been prescribed by others,
- The ability to assess all risks, including medico legal risks.

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2 Dependent or delegated prescribing incorporates more restriction on prescribing activities, via protocols or formularies. Prescribing by protocol is the most common form of dependent prescribing, and is defined as “delegation of authority from an independent prescribing professional, usually a medical practitioner, involving a formal agreement (protocol).” The protocol is a written guideline.

3 A designated prescriber is an independent prescriber who may only prescribe a prescription medicine if:
   (a) the prescription medicine is of a class or description that the designated prescriber is authorised to prescribe by regulations made under the Act; and
   (b) the requirements specified in or imposed under those regulations are satisfied.

4 Independent Commission for the Royal College of General Practitioners and the Health Foundation. “Guiding Patients through Complexity Modern Medical Generalism”. 2011
These complexities are not fully covered by the competencies in the paper for community nurses but are better addressed by the standards and competencies expected of a specialist nurse.

The qualifications proposed for community nursing includes clinical experience three years and one year in an area in which they intend to prescribe – this approach is supported. However formal learning of six theory days, online learning and workshop attendance, and three days of supervised practice is not considered sufficient.

The qualifications for specialist nursing and with three years’ experience in the specialist area and well as gaining a post graduate diploma with a six -12 week practicum is more appropriate.

Concerns about the proposal
It is noted the consultation document does not note any concrete mechanisms to decrease the risk of:

- Over prescribing, which has both safety and cost issues
- Over use of some drugs
- Fragmentation of care

The paper argues for the cost-benefit of extending prescribing to community and speciality nursing without any cost benefit analysis.

With the increase in prescribers across the sector there is an urgent need to facilitate e-patient records so that all prescribers can know what medicines the patient is already using and what other health professionals involved in the patients care are prescribing.

Please note
Individual Colleges will make comment in their submissions on the indicative lists of medicines for both community and specialist nurse prescribers.

It is noted that in terms of community nursing, the list of proposed medicines goes beyond matter notes on page 16 i.e. “improving patient access to medicines available at retail outlets and over the counter medicines” and treatment of minor ailments.