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:

Email:

Organisation: Nurse Practitioner New Zealand (NPNZ)

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
☐ Other (please specify) ..............................................................................................................................................

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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object to this publication or to the publication of your name (Please note that the names of individual submitters will not be published) tick one or both of the following boxes: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 agree that suitably qualified and experienced registered nurses be able to prescribe once they have reached that qualification and level of experience. The issue is about what that qualification and level of experience is and the support the registered nurse will get to practice safely.

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 ✓

We do agree that a level of RN prescribing in the community will increase access. The issue is the level of preparation for the nurse to prescribe. The overwhelming majority of NPNZ membership believes that RNs prepared to PG Dip level which includes the successful completion of Pathophysiology/Advanced Assessment/Clinical Pharmacology and Practicum are essential prerequisites. Those nurses working in the community/rural/school in such roles need to be recognised as specialists in their area of practice and therefore fall under Proposal 2. As we strive for more services provided in the community, further developing out of hospital services there will be an increasing need for nursing prescribers. However, these patients with

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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.
present ever increasing complexities and therefore require a higher level of preparation to remain dynamic within the changing face of healthcare provision in NZ.

**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 ☑

The title “Community Nurse prescribing” does not relate to the NZ context. The title is ill defined and NPNZ would argue that we do not require confusion by introducing another title.

**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 ☑

NPNZ believe there should only be 1 level of RN prescribing that is prepared to PGDip level as above.

**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 ✓

NPNZ do not agree with this role.
The education is inadequate as are the competencies and standards. There is no consideration of the RNs foundation knowledge. The current RN workforce has been prepared under many models of education from hospital based training to bachelor degree level. There can be no assumption of depth of knowledge that would support diagnostic reasoning or critical thinking at a level to inform prescribing practice. The proposed workshop training is not adequate.

It is worth considering the future development of the BN curriculum that supports a limited RN prescribing scope. That would be for all RNs regardless of the context of their practice. Those RNs who graduate prior to that change would then be able to “bridge” to meet RN prescribing in such a way as non prescribing Nurse Practitioners are transitioning to prescribing.

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 ✓
In addition to previous comments which also relate to this question, many of the nurses being used as an example work in relative isolation, with limited support. They are fundamentally specialist positions in a broader area of practice. NPNZ believe there should only be one level of RN prescriber which is a specialist RN designated prescriber.

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 [✓]

The list is inappropriate for the proposed level of prescribing.
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 ✓

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/nurse practitioner 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/Nurse Practitioner 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 ✓

NPNZ support “Specialist RN Designated Prescribing” for those RNs who are prepared to PGDip level,
have supervision/support by medical or nurse practitioner and agree that it will increase access.

As the list is extensive and needs review we do not agree with it in its current form.

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 ☐

There is currently no professional pathway for CNS in PHC and rural therefore it is more applicable for the title to be RN Specialist prescriber as these RNs are specialists in their area of practice. There is no confidence that any title adequately describes and informs the public and other health professionals of the breadth of this prescribing authority. However it is a preferable title.

We agree that working in a multidisciplinary team is important as is collaborative practice to gain the best health outcomes for patients. However, we do not agree that the role must be limited to that environment.

There must be careful consideration in defining the Specialist RN prescribing role within the RN scope and clearly articulate its difference to the NP scope. Mentorship and clinical oversight is essential as per the designated prescriber.

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\textsuperscript{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 ☐

The title needs to sit within the RN scope 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/nurse prescribe. 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/nurse practitioners’ 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?

\textsuperscript{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.
2.10 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 ✓

In principal NPNZ agree with 2.9/2.10/2.11 but the document is unclear regarding education. Is it proposed that it be a programme specifically for RN prescribers? How does it differ from NP preparation? Will the RN prescriber be able to credit their PGDip into a master’s programme for NP preparation?

Nurse Practitioners must be clearly identified in this document as mentors/supervisors/monitors of RN prescribing practice. While it is recognised that there are more doctors currently than NPs to perform this essential oversight it should be argued that NPs are preferable to doctors in that they are nurses as well as prescribers. It should also be acknowledged that prior to being authorised prescribers; NPs can fulfil this role within any common area of practice.

**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 ☐

We agree in principle.

**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

It is unclear whether the authority to prescribe as a specialist RN is contingent on the position held and therefore not automatically transferable but rather able to be “activated/inactivated” if positions descriptions/support changes?

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 ☑️

As previously noted the list of medicines requires a robust review once the authority question is decided.

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

Yes ☐ No ☑️
2.16 Do you think there are medicines that specialist nurses should not initiate but could safely repeat prescribe?

Yes ☐ No ☐

In principle yes but as above need further robust consideration once the authority question is decided. Any list of medications quickly becomes outdated with the risk of not being dynamic in terms of changing best practice guidelines. We recommend that any list be reviewed and updated regularly by appropriately qualified health professionals. We need a legislated mechanism for updating the list annually and adhoc as research may indicate potential patient harm as new evidence that emerges, in addition to those medicines which lose the restriction of specialist only.

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 ☐

Yes in principle

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 ☐

In principle yes but as above need further robust consideration once the authority question is decided. Any list of medications quickly becomes outdated with the risk of not being dynamic in terms of changing best practice guidelines. We recommend that any list be reviewed and updated regularly by appropriately qualified health professionals. We need a legislated mechanism for updating the list annually and adhoc as research may indicate potential patient harm as new evidence that emerges, in addition to those medicines which lose the restriction of specialist only.

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 principle yes but as above need further robust consideration once the authority question is decided. Any list of medications quickly becomes outdated with the risk of not being dynamic in terms of changing best practice guidelines. We recommend that any list be reviewed and updated regularly by appropriately qualified health professionals. We need a legislated mechanism for updating the list annually and adhoc as research may indicate potential patient harm as new evidence that emerges, in addition to those medicines which lose the restriction of specialist only.

Other comments

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

NPNZ thank you for the opportunity to feedback on this document. We support RN specialist prescribing in the broadest form including rural and practice nurses who do not have access to secondary/tertiary care professional pathways but are specialists in their fields.

We strongly disagree with any form of prescriber who are not minimum PGDip (core paper) prepared, including community RN prescriber.

The education/marketing and support of the RN prescriber must be considered alongside the Nurse Practitioner Scope of Practice to ensure clarity of scopes/differences in practice and authority.

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