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:
Email:

Organisation: Rural Canterbury Primary Health Organisation

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

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to this publication or to the publication of your name (Please note that the names of individual submitters will not be published) tick one or both of the following boxes: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

☐ 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 1 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, but

- the list of medications must be aligned with the area of work that the nurse routinely practices in
- more clarity from Council re nurses in the community that if authorised can prescribe, B4 school check nurses are an example, of nurses that could also be included in the community scope, as some of the outreach and hard to reach children they work with may not present to GP practices and yet may have immediate medical needs that could be attended to by a nurse who had prescribing certification, for example, impetigo. Prison nurses are another group of nurses that would be in a position to prescribe/re-prescribe

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

- Might assist in reducing the financial barrier for some of our

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.
community clients.

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?

No

- All stated no, mainly because of perceived role confusion over the use of the word ‘community’ in relation to nursing. Community Nurse is still considered by some as the District Nurse and also Community Nurse was the old title for enrolled nurses.
- Varied response for suggestion of title, for example, one suggestion was renaming to primary health nurse prescriber
- Primary health care nurse prescriber

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 but

- Yes but with the following change “with additional approved experience, education and training”

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

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

   No

1.7 Do you agree with the competencies for community nurse prescribers?

   Yes

- Some commented that education programme should be set at level 8 for acceptance from prescribing colleagues, including, medical.
- How will the programmes cope with the increase in nurses applying for PG study in the primary/community healthcare setting?
- Pharmacology component must be robust as there are many nurses practicing in the community with great experience and training and education but with no comprehensive pharmacology base. The latter would need to be addressed if the nurse was to prescribe
- If the Community nurse prescribers wanted to expand their ability to prescribe in a specialist area then we suggest any education that occurs is modular and that Community Nurse Prescribing papers would be, for example, ‘module/level 1’ and credited academically towards achieving Specialist Prescribing ‘module/level 2’. All papers offered linking into masters, if the nurse wanted to obtain their Masters.

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 but

- one year in the area of practice for prescribing is insufficient if moving from a clinical setting outside primary health, for example, tertiary, residential, mental health into primary health care
- we would suggest 3 years registration plus 2 years in the field if recent experience of nurse is not primary health care
- suggest that the nurse needs to have completed the Adult Health Assessment paper

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 on-going continuing competence requirements for community nurse prescribers?

Yes but

- RN needs to be able to demonstrate on-going endorsement by employer, particularly because they are required throughout the paper, to work in a multi-disciplinary team
- We believe that the community nurse prescribing will be re-prescribing (more than prescribing) within chronic disease management, and that quite a lot of the nurse’s practice will be about re-prescribing not just initiation of medication.
- Should be separately endorsed and not through PDRP
- We would like to see the endorsement occur every year with the APC
- Nurses need to be able to demonstrate in their practice their ability to prescribe/re-prescribe every day, not every 3 years and not stated as 60 days of prescribing practice. Prescribing should be considered a skill that occurs in our everyday practice. This should be easily demonstrated by the nurse that is competent in practice.
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?

No but

- We need to ensure the list of medicines is appropriate to context. For example, some medications on the list would have very limited nurse prescribing e.g. methotrexate. With clear guidelines from Nursing Council to employers this risk should be mitigated
- The list is too broad – suggest an extensive review of this
- A considerable number of the medications listed do not reflect the descriptions in the paper of community nurse prescribers being able to prescribe ‘a list of medicines to treat minor ailments and infections, and to promote health’

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 but

- Would like the list expanded to include such non-prescription medicines such as glucose test strips, spacers, peak flow meters, etc. This would greatly enhance their role.
- We trust it will assist in addressing some barriers of inequitable health care access
- It would be fantastic if all registered nurses were able to provide condoms!

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

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 but

- We remain cautious about the expansive list of medications that could be prescribed, some very outdated

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 but

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 but
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 but

- There is concern that this title will become confused with other ‘nurse specialist’ titles, therefore potential for role confusion. Also potential for patients/clients and/or other health professionals to assume a nurse with a nurse specialist in their title can/will prescribe.
- Nurse Specialist should be more clearly defined in the final document – with clarity comes understanding
- In the more remote areas there may not be enough supervision for single practise areas, however, by requiring the RN to be working in an MDT we assume there will be no exceptions
- The funding of Nurse prescribers and GPs to provide supervision to the Nurse Specialist prescribers is of a concern – do you have any solution to this?
- At this level will the nurse have audit and review? As the GPs do? It would be a good support and validation for the prescribing nurse, it would be commensurate measure with other medication prescribers, and it would be an objective assessment.
- We would like to see a tighter definition around the use of the term supervision
- We would like to see the specialist nurse practice under supervision for 12 months and this would be tied in with the annual APC.
- We would also like to see a statement about transitioning to a regular, formalised peer review process following the completion of supervision

Scope of practice for specialist nurse prescribing

The Council is consulting on two options for specialist nurse prescribing. The first is to introduce a new scope of practice – specialist nurse prescriber. The second option is for specialist nurse prescribing to be included as an authorisation in a registered nurse’s scope of practice. The first option would more clearly inform the public and other health professionals of the qualification and skills of a nurse with this prescribing authority. The second option may reduce expectations of increased remuneration and would be more acceptable to nursing organisations.

2.6 Do you agree that nurses who apply for specialist nurse prescribing authority should be:

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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.
Agree with having 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?

Do Not support separate scope

2.8 If nurses with prescribing authority have a condition/authorisation, do you agree with the proposed additional wording in the registered nurse scope of practice?

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

Yes but

- Yes with one change: “Some nurses with additional approved experience education and training may be authorised....”

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 but

2.10 Do you agree with the standards for accreditation of courses for specialist nurse prescribing?

Yes but

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

Yes but
• the education standards should also apply to “community nurse prescribers”
• competencies and assessment should follow similar format for both levels of prescriber
• we want to see a modular approach to education, as previously described;
• the format set out for Specialist Nurse Prescribing has clarity and is easier to follow than that set for Community Nurse Prescribing – could they be formatted the same. This would reduce confusion.

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 but

• there needs to be minimum 3 years recent experience in the nurse’s primary health care practice setting, including 1 year in the area of practice where the nurse will be prescribing

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 but

- RN needs to be able to demonstrate on-going endorsement by employer, particularly because they are required throughout the paper, to work in a multi-disciplinary team
- Should be separately endorsed and not through PDRP
- We would like to see the endorsement occur every year with the APC
- Nurses need to be able to demonstrate in their practice their ability to prescribe/re-preserve every day, not every 3 years and not stated as 60 days of prescribing practice. Prescribing should be considered a skill that occurs in our everyday practice. This should be easily demonstrated by the nurse that is competent in practice.
- Audit and peer review will be essential

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. We agree with this statement.

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?

- Expand the prescription of spacers, peak flow meters, glucose blood testing kits to all those who qualify as nurse prescribers

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

- The list is too extensive
- Some medications on list not routinely used now
• There is nothing in either document about cessation of medication and this is as important to do correctly as is prescribing and/or represcribing

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

Yes but

• Yes, we believe that some of the cardiac medications, antidepressants, etc and the controlled drugs should only be represcribed

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 but

• Some of these non-prescription medicines should also be on the community nurse prescriber list, for example, glucose test strips, spacers, oxygen, peak flow meters
• This may assist in addressing barriers of inequitable health care access

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 but

- Commencing a medication would have to be related to the context setting e.g. a Nurse Specialist working in a clinical setting that manages a methadone programme could prescribe/re-prescribe methadone not a RN in a GP practise; or morphine is the domain of the Palliative Care Nurse Specialist. Clarity needed around the clinical context
- Controlled drugs should be considered an additional endorsement
- Some of the controlled drugs on the list seldom used these days
- This group of drugs might better be placed in a re-prescribing category

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?

No

- However Palliative nursing care and care of patients in remote settings may be limited by this restriction
- Why restrict the prescription period for controlled drugs – there are other drugs on the medicines lists provided that perhaps should also be restricted to 3 days.

Other comments

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

Thank you for the opportunity to make generalised comments on the paper. Our comments are as follows:

- This is an excellent move forward for the profession and for the primary health care community
- There are other groups of registered nurses working in primary health care that may need consideration for inclusion within the proposal e.g. lactation consultants who are registered nurses with breast feeding clients who would greatly benefit from specialty prescribing; B4 school check nurses working with hard to reach families; prison nurses; district nurses employed by General practice teams; well child providers; etc.
• Re-prescribing will be more prevalent than documented in the proposal;
• Cessation of medication is very important to include; the safe and appropriate withdrawal of medication/s is just as important as the prescribing of medication
• There will be issues around the cost to support the employer to set up the appropriate processes for this to occur; also cost around providing supervision; and cost around monitoring.
• Issues may arise in particular in general practice setting, when the employer is a trust or similar, they may have limited medical knowledge although they may own and manage a general practice
• This is a very positive step forward as we as nurses recognise and try and address the issues associated with the impact of chronic disease; the recruitment and retention issues within the rural health sector; etc.
• It is pleasing to see Council’s emphasis on the collaborative relationship which is vital for patient safety. This relationship is never more important than in isolated rural areas or when nurses reach the limits of their clinical decision making.
• If medical colleagues are actively involved in the preparation of specialist nurses to prescribe, they will willingly work collaboratively together in the future. We need our medical colleagues support to ensure that nurses are enabled and supported to undertake the education and supervision required. Working with our medical colleagues will ensure that nurses are successful and safe in the new proposed environment.
• Locally, confidence in the academic preparation of future specialist nurse prescribers has been enhanced by engaging medical colleagues in the “clinical supervision role” in the prescribing practicum in their workplace
• The right people need to be selected to educate and to provide supervision; this is integral to the process and will determine success. Recommendations need to be followed.
• The more clarity in the final document the more successful this initiative will be. No gaps, no statements with double meanings please.
• We have to develop additional scopes of practice for nurses that are focused on and advantage the patients in our clinical settings