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: ..................................................................................................................................................................................

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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  ☐ District Health Board

☐ Individual other  ☐ District Health Board

☐ Consumer group  ☐ Registration authority  ☐ Maori health provider

☐ Primary health organisation  ☐ Government agency  ☐ Professional organisation

☐ Pacific health provider  ☐ Aged care provider

☐ Education provider  ☐ Non-government organisation

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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object to this publication or to the publication of your name (Please note that the names of individual submitters will not be published) tick one or both of the following boxes: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 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 X No 

The principle of suitably qualified and experienced nurses prescribing a limited list of medications for the treatment of minor illness and health promotion is a sound one. However this outcome (e.g. the supply of a listed medication by nurses) can currently be achieved via the provision of standing orders which allow for the supply of a specified medication by a named individual or designated type of Registered Nurses.

The development of national protocols (such as proposed in the Australian draft prescribing pathway provides a robust standard for the provision of medication by suitably qualified and experienced nurses (and other health professionals). This level of detail is absent from the current proposal.

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 X No 

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.
There is the potential for this to be the case, however national protocols or standing orders would also allow for supply of medicines. For example, a process similar to that which is already in place for RNS to provide emergency contraception may be more robust than having an open list of named medications. Obviously within the list supplied, not every medication would be required by every community nurse prescriber. Therefore a limited list based on clinical practice settings would be a more suitable framework for entry prescribers and to support this change of practice safely both for patients, prescribers and dispensers. As an example, a set of protocols for use by community ear nurses to provide antibiotics, antifungal and other medications commonly used within their practice.

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 X

It is feasible that this level of prescribing may be used in areas such as Emergency Department by RNS providing primary care and response or in smaller rural hospital settings or aged care facilities. Community nurse prescribing does not reflect the range of practice settings – suggest that this level of prescribing is called Protocol Prescribing – Nurse; potentially with a subtitle as to which protocol is being used by the individual nurse, e.g. Protocol Prescribing – Ear Nurse, Protocol Prescribing – Aged Residential Care; Protocol Prescribing – Primary Practice, etc.

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 X

As we support prescribing at this level to be through the development of a protocol framework our
suggestion would be that this read, “Nurses with relevant experience, who complete a competency based education and training programme may be authorised by the Council to prescribe medications under the national protocol framework related to the area of clinical practice in which they are employed”.

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 ☐

Whilst the standards and competencies for this level of prescribing are robust, the group have significant concerns at the lack of a formal postgraduate pathway in preparation for prescribing. The level of theoretical and experiential learning required to safely, competently and confidentially prescribe requires significant mentoring and support. Our suggestion is that this takes the format of a Postgraduate Certificate level programme, focusing on theoretical knowledge attainment and the development and demonstration of competency over more than a 3 day supervised practicum. With the ongoing improvement in technology there is no reason that this level of education could not be delivered as a distance programme (taught online). Our preference would be that this education is linked to tertiary providers who currently already prepare potential nurse practitioners for prescribing. Nurse prescribers should be expected to maintain a professional portfolio which provides evidence of their competency to prescribe within their scope (whether it be protocol based prescribing or specialist nurse 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  X  No

Our key concern is that the identified authorised prescriber mentor is supported to provide supportive but critical feedback around the individual nurse’s competency. This will ensure that nurses who do not demonstrate the required knowledge and competency are not allowed to slip through to become a prescriber for the convenience of a service provider. This is the reason for our request that both theoretical learning and practice experience to be supervised by the frameworks provided within tertiary education.

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  X  No
We agree that the continued competence for protocol based prescribing should be part of the demonstrated requirements for annual practicing certification as well as being part of the nurse’s professional portfolio. As with current practice, nurses may be audited by Nursing Council or present their portfolio to their employer for verification of their ongoing competency to practice as a nurse and a nurse prescriber.

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 [X]

We consider the list of proposed medications to be complex and very broad. Our suggestion is that as a starting point, sub-lists of medications are applied to the different areas of clinical practice, e.g. Ear Nurse, Sexual Health Nurse, Aged Residential Care, and Primary Care. These lists would form the basis of protocols for practice within these practice areas and could be regularly reviewed and updated as clinical practice develops and changes.

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 [X] No [ ]

Prescribing is prescribing – and the same level of subsidy needs to exist for nurse prescribing as there is for other prescribers, otherwise nurse prescribing will be limited to those who can afford to pay non-subsidised medication costs. This does not support faster and more convenient access – and may in fact mean that patients chose to seek out other prescribers (e.g. Emergency departments) where costs do not apply.
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 X 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 X No

As per the submission for Community nurse prescribing, Specialist nurse prescribing will provide accessibly, timely, convenient and responsive care for people with chronic health challenges.

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 X 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 [ ] X

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 [X] No [ ]

The term multi-disciplinary is applied to a very wide range of health professionals (e.g. allied health staff). Our preference would be that the term collaborative interdisciplinary practice is used with reference to working with specialist medical staff support and supervision. The group have a level of concern that six months supervision for specialist nurse prescribers is too short a period. There is evidence that shows that most RMO prescribing errors occur in year 2 when their confidence in prescribing has grown and results in over-confidence. Is there evidence, from nurse prescriber roles where a similar training programme and 6 month period of supervision has been used, that shows that there is no increase in adverse outcomes or prescribing errors in the following two year period?

Scope of practice for specialist nurse prescribing

The Council is consulting on two options for specialist nurse prescribing. The first is to introduce a new scope of practice – specialist nurse prescriber. The second option is for specialist nurse prescribing to be included as an authorisation\(^2\) in a registered nurse’s scope of practice. The first option would more clearly inform the public and other health professionals of the qualification and skills of a nurse with this prescribing authority. The second option may reduce expectations of increased remuneration and would be more acceptable to nursing organisations.

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

[ ] a) registered in a new scope of practice; or

[X] b) have a condition/authorisation included in the registered nurse scope of practice

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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.
2.7 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 [ ] X

“Nurses with relevant specialist experience, who complete a competency based education and training programme may be authorised by the Council to prescribe medicines within their area of clinical 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 [ ] X No [ ]

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

Yes [ ] X No [ ]
2.11 Do you agree with the proposed competencies for specialist nurse prescribers?

Yes  X  No  

Both practice standards and competencies are clear, measurable and summative assessment points for competence at specialist level 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  X  No  

As per answer 1.8 – as the Specialist nurse is required to undertake formal tertiary level qualification to attain prescribing status we believe that the process of mentoring will be robust and rigorous.

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  X  No  

As per 1.9 – this should be linked with maintenance and presentation of a professional portfolio which demonstrates competency.

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  X  No  

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

Yes  X  No  

Specialist nurse prescribers should be able to access the medicines on the prescription medicine lists but only following diagnosis by a medical practitioner and unless it is within their speciality area under the direction of a medical practitioner. For example; a renal specialist nurse prescriber would not initiate an amiodarone prescription unless directed by a medical practitioner. If amiodarone was not on the prescription medicine list, the
specialist nurse prescriber would not be able to prescribe it if a cardiologist rang and directed them to prescribe amiodarone.

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

Yes  X  No  

Specialist nurse prescribers should be able to access the medicines on the prescription medicine lists but only following diagnosis by a medical practitioner and unless it is within their speciality area under the direction of a medical practitioner (see above). Mental Health is an area where initiation of medicines is fraught and the group would suggest specialist nurse prescribers should not initiate but could repeat prescribe if a patient is stable. The decision on whether a patient is stable, unless made by a multidisciplinary team, would need to be based on a documented process.

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  

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  X  No  

2.19 Do you think that specialist nurse prescribers should be able to prescribe controlled drugs (from the appropriate list) for a period longer than three days?

Yes  

No  X

Other comments

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

The group has concerns around the prescribing of medicines outside the licensed indication by specialist nurse prescribers and consider that medicines in this situation should be removed from the prescription medicine list, for example valproic acid for neuropathic pain.
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