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: Nurse Maude Association
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 other
☐ Consumer group
☐ Primary health organisation
☐ Pacific health provider
☐ Education provider
☐ Private Hospital Provider
☒☐ Non-government organisation
☐ Other (please specify) ...Community Health Provider

☐ Individual doctor
☐ District Health Board
☐ Registration authority
☐ Maori health provider
☐ Government agency
☐ Professional organisation
☐ Aged care provider
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object to this publication or to the publication of your name (Please note that the names of individual submitters will not be published) tick one or both of the following boxes: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

Nurse Maude Association agrees with the intent of the 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

District Nurses are frequently faced with situations where the immediate provision of a medication would vastly improve the consumer’s access and uptake of health care, reducing suffering, preventing exacerbation and possible on-going health impacts. Nurses experienced in their area of practice deal with the same conditions many times and are very familiar with the common treatments provided, to the extent that they are often advising junior medical staff on what to prescribe.

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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.
Many patients receiving services in their home struggle to attend General Practice for a simple prescription due to physical disabilities, injuries and or frailty. The ability of an RN to provide a prescription in these circumstances may enhance the patient’s quality of life considerably. This particularly applies, for people with disabilities, in end of life care and for people with serious injuries.

For youth receiving services from School Based nurses the provision of subsidised OTC medications would improve access, promote school attendance, improve engagement with health care services and promote the uptake of appropriate care. The addition of relevant prescription medicines to the SBN formulary will provide improved sexual health care and alleviate the requirement for standing orders.

Integrated health records will provide the opportunity to share prescribing information between Health Care professionals; this along with the current practice of collaboration and communication should address concerns regarding any fragmentation of information regarding prescribed medications between Health Professionals. Safeguards will need to be in place should patients limit the sharing of their individual prescribing information under the privacy act.

The risk of fragmented care due to multiple prescribers especially for the patient with chronic and complex conditions will need to be addressed at the inter-professional level. While it is unlikely that a RN would prescribe for a person receiving regular medical care for complex conditions there are some circumstances – rural and people who are not GP attenders - for whom it may be appropriate.

There needs to be a mechanism to ensure good communication between all prescribers. Med Chart and similar technologies will, when used to their full potential, provide visibility of prescribing and decision support tools, significantly reducing the risk of transcribing or medication errors.

**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 [ ]

Community nurse prescribing is very broad and doesn’t adequately explain the nature of the prescriber nor the ability/education/breadth of the prescribing nurse. There is a need to better define the areas of practice covered by “Community” and “Specialist” prescribing. These terms sit outside the recognised scopes in nursing (Enrolled Nurse, Registered Nurse and Nurse Practitioner) and may create confusion. It is suggested that if two levels of prescribing are required for Registered Nurses that they be defined as Registered Nurse Level 1 and Registered Nurse Level 2.
We suggest the overall title should be Registered Nurse Prescribers which is very inclusive.

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    □

Competence should be defined as having the knowledge and skill and practice.

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?

✓ 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    □
For some levels of prescribing within the community formulary we suggest that this would be insufficient educational preparation.

For some nurses working in the community access to Medical practitioners willing or available to undertake the competence assessment will be challenging.

We believe an advanced health assessment and pharmacology level 8 paper should be the minimum requirement for prescribers i.e. equivalent to post grad certificate at level 8 for nurses in roles that would be prescribing from the wider formulary. We suggest however that level 8 education would not be required for nurses whose roles would only require the prescribing of low risk and OTC medications such as Paracetamol.

For nurses prescribing from the wider formulary it is suggested that a minimum 40 hours supervised practice/mentorship under the guidance of a specialist nurse prescriber (RN Level 2), nurse practitioner prescriber, or medical practitioner.

The levels of education could be optional, e.g. post grad cert for community prescribing – full formulary, post grad dip for specialty prescribing. Plus practicum’s. What is currently proposed is potentially confusing for both the public and other health professionals who are likely to have great difficulty distinguishing competence and ability between 3 levels of nurse prescribers. A pathway would then also be available for Nurses to progress more readily.

The course content is currently too broad and appears to have too few practice hours for full level 1 Community prescribing rights. There is no competence assessment detailed. The assessment must ensure all prescribing nurses have adequate assessment and diagnostic skills.

**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?


We believe the criteria around an increased level of education as, identified in box 1.7, supports an appropriate level entry criteria within this section. To ensure national standardisation the role of the mentor needs clearly defined standards, it also requires a process for audit and review. We agree that the employing organisation must maintain oversight of prescribing activities. There needs to be a way to provide information to employers regarding prescribing volumes and behaviours of prescribers.

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?


The level and extent of educational development requires further explanation, along with the demonstration of prescribing professional practice e.g. how does the capture of competence occur - could be 60 panadol over 60 days.

To ensure continuing competence is met, we recommend registered nurses undertake regular case review of prescribing practice with a suitable mentor as described in box 1.7. It is the nurse’s responsibility to ensure they maintain on-going competency. If nurses do not meet competencies clear processes need to be identified to address this.

The nurse could present case studies to demonstrate on-going competence. Need an audit process clearly defined

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

It is suggested that nurses working in specific practice areas such as District Nursing, Practice Nursing, School Based Nursing, Stomal nursing etc. would define and consult on a list of medications that are relevant for the area of practice. These lists would most likely contain low risk medications and medications specific to the area of practice.

District Nurses would in the main meet the definition of “community prescribers” however their practice may span into the Specialist prescriber domain. e.g. needles, insulin syringes, glucose testing strips, ketone testing strips. Some analgesics from the “Specialist” list would also be appropriate for DNs working with general palliative care clients.

It is suggested that nursing areas of practice should develop their own set of commonly prescribed medications – this could be undertaken through the various interest groups such as the NZNO Primary Health Care nurses group for example.

Some other suggested “focused” lists from the formulary could include:
- School based nurses: panadol, loratadine, ibuprofen, ECP, respigen/ventolin inhalers and topical OTC creams
- Stomal nurses: Steroid lotions, Enemas, loperamide, laxatives, antifungal sprays or powders.
- Infusion nurses: Adrenaline, Heparin, Antihistamines, Alteplase / Actylase.

The current list needs reviewing as there are medications which are high risk in terms of interactions and actions and may not be appropriate for this group to initiate. The inclusion of methotrexate (as a topical treatment) requires clarification. It may be also appropriate for nurses to provide repeat prescriptions for some medications that are initiated by the Medical Practitioner or Nurse Practitioner particularly for people with mobility and access issues.

Formularies for specific practice areas should be agreed by the employing agency and set out in policy documents.

While there are issues with the list not suiting all nurses, the policies and procedures of the organisation will provide the assurance that the nurses have the required education and the audit oversight to maintain safe practice.

Some medications on the Community list that Nurse Maude staff feel are inappropriate for this level of prescribing include: Amphotericin, Chloramphenicol, Cyclosporin.
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

Yes agree but there are items on the specialist non prescription list that should be included for this group.

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

2.1
2.2 We agree this has the potential to enhance patient care.

Title for specialist nurse prescribing
The Council has used the title “specialist nurse prescribing” for this proposal but is aware that it may not best describe the nurses who may undertake this type of prescribing (some of whom may be generalist practice or rural nurses) and could be confused with nurses who do not prescribe or have different roles eg clinical nurse specialists.

2.3 Do you consider the title “specialist nurse prescribing” adequately describes and informs the public and other health professionals of the breadth of this prescribing authority?

✓ 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?

✓ 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  

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2.3 This could be confused with Clinical Nurse Specialist. Other suggestion RN Prescriber Level 2.

There are “Specialist” level nurses (Clinical Nurse Specialists) also working in the Community. The formulary for this group appears to be more focussed on those working in hospital and inpatient services.

2.4 Nurses are independent practitioners in their own right. They should not be “required” to work in a collaborative multidisciplinary team”. Nurses do work collaboratively with their colleagues however and prescribing rights will not change this.

2.5

**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

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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.
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 ☐

2.7
2.8 The wording the scope for the RN and specialist nurse prescriber is exactly the same as for the community nurse prescriber.

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

✓ Yes

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

✓ Yes

2.9 Transferability of the competencies between practice settings will need to be addressed

2.10 Appropriate qualifications within the last five years of application towards specialist prescribing needs to be recognised as ‘current practice’. Where the nurse has much experience working in the specialist area there needs to be recognition of this experience and previous qualifications.

2.11 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

2.12 Three years registered with two years of practice within the specialist area is a recommended time frame for ‘special nurse 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  [ ]

2.13 Further guidelines are required regarding the break down of the 60 hours of professional development demonstrating the on-going mentorship. There needs to be appropriate documentation representing this process to ensure all competencies are met and fulfilled. This process must have on-going support by employers.

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  [ ]

2.14 They do not cover some medicines routinely used in Palliative Care. For Diabetes CNS the following has been suggested:

- Insulins
- Oral Hypoglycaemic Agents
- Antihypertensives
- Statins
- Aspirin
- Glucose testing strips
- Needles
- Ketone testing strips
- Authority to prescribe optium meters
We should probably note that in Canterbury on a community basis we only deal with patients living with T2DM and as such there would be no necessity to prescribe insulin pumps or the consumables as these are generally only prescribed for T1DM patients via the Diabetes Centre - this may not be the case for other DHBs.

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

✓ No

2.15

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

✓ Undecided

This is dependant on the expertise of the specialist nurse and difficult to determine other specialities ability to initiate treatment.

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

They should also have access to the “community” list. There needs to be discussion on how agreements with a physician on certain specialty items that need funding are prescribed. There are also specialist items such as the insulin pump where there are other funding issues.

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

Dependent on the nurses area of practice

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

- [ ] Yes

Up to a maximum 7 days is more realistic

Other comments

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

Nurse practitioners should be authorised before registered nurse prescribing is initiated, this would better recognise the work of NPs but also provide support to RN prescribers.

Nurse Maude Association welcomes this move towards nurse prescribing, it will enable nurses working in the community at both the RN and CNS level to provide improved access to health care and improved clinical outcomes.

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

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Or post to:

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