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: Canterbury Regional Directors of Nursing and Canterbury Postgraduate Nursing Education Forum

Address:

Email:

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

✓ Canterbury Regional Directors of Nursing and Canterbury Postgraduate Nursing Education Forum (contributors listed at end of submission)........................................................................................................
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object to this publication or to the publication of your name (Please note that the names of individual submitters will not be published) tick one or both of the following boxes: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 ✓

- Yes BUT not limited to the community practice setting. We should re-title as “Registered Nurse Prescribing” and extend to all practice settings where a nurse has the pre-requisite skills and knowledge and has completed the training.
- One comment that RN in remote locations without GP support will require specialist prescribing classification
- We need to get clarity from council on the identified specialities for prescribing rights within Primary/Community health, e.g. mental health nurses, outreach, well child nurses, Plunket, etc. B4 school check nurses are an example, of nurses would 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.

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 ✓

- Hospital RNs should be included for consideration – extend to all settings to reduce wait time for simple prescriptions of care. Scope for both levels of prescribing in hospital setting.

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.
From an afterhours and rural health focus, accessing Medical care is becoming challenging. Many afterhours services are now utilised RN’s to fulfil these roles. Would assist in reducing the financial barrier for some of our 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 but varied response for suggestion of title.
Most suggested renaming to identify breadth of prescribing classifications rather than care setting eg: RN prescriber 1 and RN Prescriber 2 which would allow prescribing across all care settings
One suggestion was renaming to primary health 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 ✓

Yes but with changes “with approved additional 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 ✓ 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 ✓

- Varied response received.
- Majority stated Yes when aligned with RN scope of practice requirements
- Some commented that education programme should be set at level 8 for acceptance from medical colleagues. However there was comment that this may be limiting as there are many constraints for PG study in the primary/community healthcare setting.
- One comment from undergraduate education provider that we need an enabling process and any conservative barriers for prescribing in community settings need to be thought through carefully. New graduate midwives prescribe therefore we need to think really carefully about being too PG focused for nursing.
- Comment that RNs are used to working under standing orders so would be straightforward for them to transition
- Comment that nurse with a lot of clinical experience may not have studied pharmacology
- Discussion held between Primary and Rural sector on needing a transitional process until undergrad is aligned, e.g. two streams of education, one for those trained years ago, versus those recently trained – possibly create a modular form of training so that one builds on the other. However the Director of Nursing group in the main supported the training as per consultation document.
- One comment from Mental Health and Addiction education provider seeking clarity from Nursing Council on how accreditation process will occur to ensure public safety.

**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 ✓

- Varied response received however Directors of Nursing group in the main supported this.
- Would need to link competencies of prescribing to PDRP so that nurses do not need to do two audit processes if on PDRP and to demonstrate that the required knowledge is gained and retained. Acknowledged that not all environments have the supports in place for PDRP
- One comment from primary care was that one year in the area of practice for prescribing is insufficient if moving from tertiary setting into primary health.

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 ✓

- The Directors of Nursing group supported these requirements
- RN needs to have ongoing endorsement by employer
- One comment from Rural PHO was that it should be worded more that they represcribe, not initiating the medication.

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 ✓

- Varied response
- The Directors of Nursing group supported these requirements
• One response suggesting an employer in a tertiary setting would be seeking some agreed
  guidance around the medications prescribed here for the whole workforce to support individual
decisions in some areas but as all nursing practice occurs in a social context so also would
  prescribing.
• We need to ensure the list of medicines is appropriate to context. A concern was raised within
  the primary sector re some medications on the list eg methotrexate. With clear
  guidelines from Nursing Council to employers this risk should be mitigated.
• One comment from Mental Health and Addiction – please consider adding thiamine and
  multi-vitamins to list for Mental Health and Addiction nurses.
• One response had a concern that list was too broad – suggested a review of this

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

• Would be good to clarify where the prescribing nurses sits with access to non prescription medicines such as diabetes test strips, etc. This would greatly enhance their role.
• Yes as this will assist in addressing barriers of inequitable health care access.

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 ✓ 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 ✓ No □

- Specialist Prescribing Nurses would need to access both prescribing lists for this level

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 ✓

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

2.3 REFER answers to question 1.3

- Concern that this title will become confused with other titles, potential for role confusion.
- In the more remote areas there may not be enough supervision for single practise areas or those in areas with less oversight. However, by requiring the RN to be working in an MDT this is almost ‘forcing’ this to happen which is a good idea.
- Issue of funding for GPs to provide supervision was raised by primary and rural health services
- Nursing Council guidelines for employers should provide guidance around what this means. At this level and with the educational requirement this nurse should not need close supervision, more like audit and review.
- It reflects a safe integration practice for those with a new clinical qualification.
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:

☐ 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 3 of the consultation document?

Yes No ✓ (would 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 ✓ No

• 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 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.
2.9 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 ✓ No □

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 □

- The Directors of Nursing group supported these requirements
- Two responses from primary and rural sector that these education standards should also apply to “community nurse prescribers”
- One comment from Mental Health and Addiction - include anxiety and substance abuse problems and disorders under common conditions.

**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 ✓

- The Directors of Nursing group supported these requirements
- Mixed response received
- Suggestion from Primary and Rural sector to replace “at least one year must be in the area of practice she/he will be prescribing one years experience” with requirement to obtain expert PDRP in their current setting. It is acknowledged that not all care settings have access
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

• The Directors of Nursing group supported these requirements

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 ✓

• The Directors of Nursing group supported these requirements
• Mixed response received
• Yes, if they can also prescribe the community list.
• Non prescription list eg glucose test strips could fit into multiple lists. There exists a high degree of expertise in many diabetes RNs so therefore should have access to both lists
• International best practice prescribing guidelines should used to finalise this list

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

Yes No ✓
One declined to comment and would defer to more knowledgeable prescribers and pharmacists.
One comment that there is nothing in the document about cessation of medications, perhaps parameters required

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

Two declined to comment and would defer to more knowledgeable prescribers and pharmacists.
One comment from Mental Health and Addiction is consideration of medicines that specialist nurses could safely repeat prescribe within the speciality services of Mental Health and Addiction.

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 ✓

Some of these should also be on the community prescriber list e.g. glucose test strips, oxygen, peak flow meters
This will 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 ✓ No ✓
The Directors of Nursing group supported these requirements
Mixed Response received
Best practice will be the rule so these are as safe or safer than other categories. One question – will this level of prescribing also allow for the dispensing of controlled drugs? - going to a hospital pharmacy and dispensing + labelling controlled drugs for an individual patient for discharge. This activity is limited to a prescriber in some rural settings where hospitals have to dispense from time to time to ED type patients. Not common but a possibility I think
Commencing a medication would have to be related to the context setting. Eg RN in methadone prog should prescribe methadone not a RN in a GP practise. Clarity needed around the context

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 ✓

- Palliative care or remote settings will be limited by this restriction. Suggest that it may be an idea for employers to consider this in a hospital setting but why only controlled drugs – these are not the most dangerous and I don’t think there is any evidence to suggest nurses would be more prone to misuse than any other prescriber and therefore should not be specifically restricted
- Palliative care or areas in the rural sector where GP oversight is variable depending on availability and healthcare is provided mainly by RNs. Good to have flexibility
- One comment from Mental Health and Addiction that there is need for urgent action to address barriers of Misuse of Drugs Act

Other comments
3.1 Do you have any other comments on the consultation paper or the proposed models of nurse prescribing?
- This is an excellent move forward for the profession and the public
- There are other groups that may need consideration for inclusion within the proposal eg lactation consultants, midwives who are also RNs, B4 school check nurses, well child providers
- One comment around cost required to support the employer to set up the appropriate processes for this to occur, as sometimes the employer may be a trust or non medical person
- This is a very positive step forward due to the impact of chronic disease, limitations currently within the rural and community sector, plus future workforce challenges.
- 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. 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.
- Mental health and substance use/addiction problems commonly co-exist and therefore there is a need for specialist nurse prescribers who work in specialty areas external to mental health to gain the relevant knowledge and skills to enable them to identify such co-existing problems.
Contributors:

Thank you for completing this response 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