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: Mary Potter Hospice
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 (please specify) ……………………………………………………………………………………………………………………………………………………
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object to this publication or to the publication of your name (Please note that the names of individual submitters will not be published) tick one or both of the following boxes: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 ☒ No ☐

In principle agree to expanding the scope of registered nurses to prescribe, however there needs to be further debate in the profession with the distinction between these two definitions and scopes of nurse prescribing. It appears that the difference between community nurse prescribing and specialist nurse prescribing is a bit blurred and community nurses are being given more autonomy than specialist nurses. Specialist nurses are clearly required to work in a collaborative multidisciplinary team whereas community nurses’ job prescription does not make the collaborative team evident which is not the case considering the setting they work in (eg: primary care, allied health collaboration).

The rationale for extending nurse prescribing is to improve patient care without compromising patient safety; make it easier for patients to obtain the medicines they need; increase patient choice in accessing medicines; and make better use of the skills of health professionals.

1.2 Do you agree that community nurse prescribing will enable patients to receive more accessible, timely and convenient care?

Yes ☒ No ☐

Nurses play an important role in early intervention and prevention. Increasingly there are delays to seeing General Practitioners in a timely way for people with acute health needs. For those with socio-economic barriers, this would support timely and accessible care and avoid more acute demand on the health system. It would also mean people are provided health care closer to where

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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.
they live, play and work.

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 ☒

There are so many different kinds of “community” nurses and settings; it would be good to identify exactly who they are. This title has been used for other scopes and roles over time in New Zealand. How does the community title/scope interface with primary practice roles, this may need to be more explicit? How is primary care recognised within “community.”

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 ☐

Important that the registered nurse scope of practice is expanded without creating more layers of legislated titles that will confuse those working within the health sector and the public.

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  ☐

This proposed education does not seem sufficient for the knowledge and competency required of the role. Words like limited and minor are used to describe community nurse prescribing which appear to minimise the prescribing role and responsibilities of the community nurse definition.

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  ☐

It could be argued that one year in the area of practice is not long enough. Support from the employer is essential to support nurse prescribing.

Where do PDRP frameworks sit within these criteria, an expectation that nurses are at a proficient level on the PDRP?

Continuing competence and monitoring for community nurse prescribing

It is proposed that nurses who have community nurse prescribing rights be required to participate in peer review of their prescribing practice and complete professional development on prescribing each year (e.g. a community nurse prescriber’s update). Community nurse prescribers must also be able to demonstrate that they have completed 60 days of prescribing practice within the past three
years. The Council is proposing that it monitors that these requirements are met every 3 years at practising certificate renewal.

1.9 Do you agree with the ongoing continuing competence requirements for community nurse prescribers?

Yes  ☒  No  ☐

It is important peer reviews and updates are embedded in this process. The rationale for 60 days could be debated as it may not sufficiently reflect prescribing practice. There may need to be more robust evidence built into this requirement such as a certain number/amount of prescribing episodes or assessments per year/3 years? The intention is not to force nurses to prescribe if a prescription is not the most appropriate intervention; however it is about demonstrating ongoing competence.

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  ☒

There needs to be more discussion within the nursing profession and a mechanism of aligning this to the education curriculum and competency framework as this is reviewed.

Some medications in palliative care and other scopes of practice are used differently from how they are licensed.

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  ☐

Patients are able to access these but if subsided through nurse prescribing then this would be a benefit for patients.
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 ☐

It needs to be acknowledged that specialist nurse prescribing will support people with complex health needs while they work within collaborative multidisciplinary teams. However the examples suggest community nurses will also be dealing with people with complex health needs. There needs to be less ambiguity between these two proposals as they will confuse the health sector and more importantly the public if not more clearly defined or graduated as part of an expanded registered nursing scope.

Title for specialist nurse prescribing

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

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

Yes ☐ No ☒
The Council is proposing that nurses with specialist nurse prescribing authority work in a collaborative relationship within a multidisciplinary team. Specialist nurse prescribers will refer a patient who has a health concern or complexity which is beyond their level of competence to a doctor. The Council believes that ongoing supervision by a medical mentor is unnecessary as specialist nurses must work within a team and within their level of competence.

2.4 Do you agree that nurses with specialist nurse prescribing authority should be required to work in a collaborative multidisciplinary team?

Yes ☒ No ☐

2.5 Do you think that nurses with specialist nurse prescribing authority should also be required to practice under supervision for six months when they begin to prescribe?

Yes ☒ No ☐

The public does not necessarily know what a specialist nurse is and what she/he does. There needs to be care when adding new titles and definitions to nursing.

Collaborative practice is important across the whole multidisciplinary team. Nurses like other health professionals have accountability within their own scope of practice but should refer or consult with other professional colleagues as appropriate. Supervision and mentoring of nurse prescribers is important, key to this is how nurses are supported and gain confidence while building up experience.

As mentioned under the community nurse proposal, it appears that the difference between community nurse prescribing and specialist nurse prescribing is a bit blurred and community nurses are being given more autonomy than specialist nurses. Specialist nurses are clearly required to work in a collaborative multidisciplinary team whereas community nurses’ job prescription does not make the collaborative team evident which is not the case considering the setting they work in (e.g.: primary care, allied health collaboration).

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 authorisation2 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 ☒ No ☐

It is important that the public and health sector are clear on the scope of nurse prescribing. While it is outside the scope of this process, but important, there are other factors for the sector to consider that relate to senior nursing titles, scope and MECA agreements. A flow on affect will be negotiations around remuneration and recognition of the nursing contribution to meeting population health needs.

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 ☒ 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 specialist nurse prescribing proposed education and training appears more robust than the community nurse prescribing proposal. Nurses do need to demonstrate sound assessment and diagnostic skills which means the education requirements are critical to support this preparation.

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 ☐

Would like to see PDRP proficient/expert level incorporated with criteria.

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?

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As mentioned under community nurse prescribing, it is important peer reviews and updates are embedded in this process. The rationale for 60 days could be debated as it may not sufficiently reflect prescribing practice. There may need to be more robust evidence built into this requirement such as a certain number/amount of prescribing episodes or assessments per year/3 years? The intention is not to force nurses to prescribe if a prescription is not the most appropriate intervention; however it is about demonstrating ongoing competence.

**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?

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This is a very comprehensive list and may need further discussion and refinement as this work is progressed, particularly related to nursing knowledge and competency and how this is built into education preparation and competency processes.

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

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

Yes ☒ No ☐

This requires further work and debate amongst nurses working in speciality areas.

Non prescription medicines

Non prescription medicines will not be included in the regulation but patients may be able to access a subsidy if the item is “prescribed” by a nurse with specialist nurse prescribing authority.

2.17 Do you agree that specialist nurse prescribers should be able to access the list of non prescription medicines on page 43 of the consultation document?

Yes ☒ No ☐

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 ☐

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 ☐

If a driver of this proposal is more accessible and timely management of patients then it is important that specialist nurse prescribers are able to prescribe controlled drugs within their speciality practice.

Other comments

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

Needs more careful thinking and sector workshops to tease out scope, education and competency issues for consensus. This is important for future planning around RN scope of practice and workforce development. These debates may be going on within some parts of the sector but a majority of the nursing workforce is in community and primary care (NGO sector) and their voice needs to be reflected in this important piece of work.

The national nursing consortium may be an important mechanism as part of credentialing nurse levels of prescribing in speciality areas of practice and how a graduated prescribing scope would apply to the various levels of nurses within that speciality practice. This would ensure that a framework for nurse prescribing is embedded into speciality areas of practice that would support each speciality develop competencies and prescribing lists. It also would reflect distinctions between levels of nurse and Nurse Practitioner in specific specialities. More importantly this would integrate with a knowledge and skill framework development within each speciality.

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

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