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](http://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:

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Address: Graduate School of Nursing Midwifery & Health, Victoria University of Wellington

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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

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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)

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to this publication or to the publication of your name (Please note that the names of individual submitters will not be published) tick one or both of the following boxes: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

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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.
We support this if the community nurse has the required educational preparation. We do not believe that neither the proposed 6 week course, nor the 1 year clinical experience position is sufficient.

We think that the community nurse framework should be removed from the document and only one additional class of prescriber approved. The document states that the community nurses are able to diagnose minor ailments and infections and prescribe medications off the list including vaccinations. However these nurses are not required to have any formal post graduate education, and only a minimum of 3 years’ experience and only one year in the area of practice in which they are prescribing. We do not feel that this is a substantive amount of knowledge and skills for a broad range of medications.

To effective prescription of medications entails advanced clinical assessment skills. Nurse Practitioners (NP) undergo masters level post graduate study to attain skills to enable “independent” diagnosis. Both proposals allow prescribing nurses to diagnose conditions within their skill set independently. There is little mention in the course requirements in the community prescribing and the level of advanced assessment skills taught and assessed.

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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>X</th>
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Not at this level of educational preparation, though the aim of accessible, timely and convenient care is commendable. Patient safety is ensured by having highly skilled and qualified staff assessing needs and when required prescribing medications. As educators we are not confident that a nurse with a ‘short course’ is the best person to make a robust clinical diagnosis and in turn prescribing decisions

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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>X</th>
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Given that we do not support the underlying principles of the role we do not support the title.

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]

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 [X]

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

Yes [ ] No [X]

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

Yes [ ] No [X]

Nurses require equivalent academic preparation to prescribe. This could be clinical masters as per NPs. Course requirements for community nurse prescribing do not mention ordering and interpretation of diagnostic tests yet it is stated that a community nurse will be able to order some tests as part of the assessment and diagnostic workup. It needs to be clearly stated what particular
tests a nurse can order independently.

The standards for the community nurse prescribing course mention the need for a medical mentor yet in the framework on pg. 14 it states the mentor can either be an NP or a medical practitioner. This needs to be clarified. The length and study requirements for the community nurse prescriber course need to be stated as it is with the specialist nurse prescriber course.

As far back as 1997 it was suggested that “UK educational institutions would do well to resist the temptation of providing short term solutions to the call for advanced practice courses, as the US experience appears to suggest that such compromises serve only to fragment and undermine the concept of advanced practice” (Woods, 1997). We hold that this view remains valid and the NZNC would do well to heed this advice.

**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 [x]

When NPs become authorised prescribers any short course in prescribing is redundant. All nurses should have the same level of education as is required by the specialist nurse prescribing group therefore the community nurse framework is not required.

The two proposals for nurse prescribing are heavily reliant on medical support both as mentors and providing a supportive workplace for nurses wanting to attain this qualification. There is no mention in this document as to the level of support received from medical practitioners so far. Mentoring is an extremely time consuming activity and surely needs to be remunerated, this is also not discussed yet may have implications for the success of this proposal.

**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 ☒

If community nurse prescribing comes to fruition we urge the NCNZ consider academic preparation commensurate with specialist nurse prescribers and therefore monitoring of competence commensurate.

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 ☒

Medicines listed in community nurse prescribing list cover a wide range of common conditions. However all have potential risks and interactions with other drugs and conditions.

We don’t believe that the recommended skills/education is enough to support them to make correct decisions around diagnosis, management and prescribing.

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 ☒

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  

Specialist nurse prescribing should include the nurses indicated in the community nurse proposal, i.e. School nurses, PH nurses, primary care nurses, FPA nurses, Maori and Pacific nurses. Specialist nurse prescribing has the potential to increase more timely access for clients particularly for acute episodes and for management of long-term conditions.

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  X  

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 ☐

Given the debate in the nursing literature for example Daly and Carnwell (2003) our suggestion is that less is more when it comes to titles and roles. Having two levels of nurse prescriber is enough.

1) Advanced Practice Nurse or CNS (experienced with a minimum education level of postgraduate diploma)
2) Nurse Practitioner (experienced with a minimum education level of a Masters)

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 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?

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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.
“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  X  No  

We do have concerns around additional indemnity cover for speciality nurse prescribers given that they may well sit in registered nurse scope of practice.

Does the difference in countries elsewhere allowing nurse prescribing reflect the laws relating to litigation and the potential risks and errors that prescribing entails. It is stated in the document that studies elsewhere have shown nurses to be cautious and generally safe prescribers but errors occur as well as unexpected type 2 adverse drug reactions. Adequate indemnity insurance needs to be obtained to cover this increased risk.

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  

We feel strongly that there must be the provision for critical appraisal of research and evidence in the Diploma structure.

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  

Except in point one, we do not think one year is sufficient. At least 3 years in same practice area should be a requirement.

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  

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  X

There are a number of respiratory medications missing from the list i.e. Titotropium. We agree that specialist nurse prescribers should not be initiating antidepressants and antipsychotics medications but could safely prescribe repeat prescriptions.

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

Yes  No  X

We agree with the minimum supervising required for prescribing, but caveat this with a mandatory record keeping/signing by mentor type of arrangement.

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

Yes  X  No

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?
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  X  No  

Specialist nurses should be able to prescribe controlled drugs for longer than 3 days in palliative care only.

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

It seems wasteful and illogical to not extend prescribing rights to appropriately trained and monitored Nurses, in order to maximize operational effectiveness, but the reasons, outlined on pg. 6, and reiterated as potential benefits on pg. 10 are not evidence based. Cost effectiveness of nurse prescribing has not been demonstrated beyond specific interventions – difficult to do because of the multiple confounders and variability in every-day practice scenarios. Cost effectiveness, or otherwise, is sidestepped in this proposal, and hence the proposals, which carry significant challenges for risk management, are based on hope – “potential”.

We would like to make it clear that we do not support three levels of nurse prescriber. Two is perfectly sufficient. It is unacceptable to us that nurses prescribe without sufficient educational preparation. Nurses must have sufficient knowledge of research and evidence and understand complex pathophysiology in order to assess and diagnose appropriately before being able to prescribe safely. If nurses with a ‘short course’ can diagnose and prescribe it undermines the education, qualifications and professionalism of nurses with advanced levels of academic preparation. This is not acceptable for professional nursing practice.

Safe prescribing requires training in core skills, which are generic, whatever the prescribing “scope”. The list appended below is evidence-informed, and has been developed as part of the NZ Safe and Quality Use of Medicines initiative. It serves to highlight the generality of the training for prescribing rights and the inappropriateness of the proposed “6 week” course for community nurse prescribing.

NCNZ argues for a simpler approach to Nurse prescribing, with a rigorous demand for prescribing competence and the skills that go with it, without the artificiality and complexity of medicines lists and limited prescribing scopes, but with the emphasis on fitness for a general prescribing role. Postgraduate training could be designed to permit extension, where appropriate, of the generic training in generic prescribing skills, to enhance specific specialist nursing needs such as management of long-term conditions. The advantages arise mainly from scaling, flexibility and simplicity of delivery. There would be greater perceived acceptability within the medical profession, enhanced consistency in compliance with training and prescribing practice standards, benefits of scaling for cost-effectiveness of training, and increased flexibility and adaptability to meet patients’ needs.

Our main concern lies with the extension of prescribing rights to Community Nurses (does it include practice nurses - who are they?). Their training as prescribers appears to have been minimised in the assumption that they will have a different scope from specialist prescribers or even nurse practitioners. Since they constitute a large part of the nursing workforce, would it not be more sensible to identify the major health targets they may affect and train them accordingly. Their role in the management of Chronic Disease is obvious, but the proposed prescribing extension – prescribing predominantly topical treatments (see the proposed medication list), clearly does not fit the purpose.

The management of chronic disease is the single greatest challenge confronting the health workforce and Nurses play crucial roles in meeting this challenge. The justification for a three tier
approach is unclear. The proposal creates divisions of care based on different scopes of practice, but the obvious overlap in the “scopes” of practice creates ambiguity and cannot be solely dependent on restricted medicines lists. This is a major weakness in the thinking behind the NCNZ proposals.

Prescribing is not a cook-book exercise; judgement and clinical experience are developed progressively. Every prescriber tends to develop medicines preferences and hence prescribes from a “restricted” list of medicines, with habit playing a significant role in the complexity of prescribing behaviour. Prescribing from an artificially created prescribing list undermines the important role that medicines preferences play in building prescriber confidence. One has only to compare the lists with every-day clinical exposures to see the fallacy in their use and hence their failure in clinical practice.

The critical question is how widely to extend prescribing rights, without increasing pharmaceutical supply costs? There is an assumption that the costs of training will be covered within existing tertiary facilities. The inherent risks of prescribing are not considered beyond the use of restricted medicines lists. These fundamental questions have not been addressed in the NCNZ proposals, which lack real justification.

Health Workforce New Zealand (HWFNZ) has been an extremely valuable funding source for nurses wanting to undertake post graduate study. This proposal suggests that this limited funding be redirected to nurses wanting to attain a post graduate diploma to become specialist nurse prescribers. This will pull funding away from nurses who want to study for other reasons or who work in areas where nurse prescribing is not appropriate e.g. Theatre Nurses or those who work in areas where there is no employer or medical support for nurse prescribing. What is the Councils plan for funding the education of our future nurse leaders, educators, policy makers etc.?

We strongly support the general thrust of extended prescribing rights for Nurses. We are very concerned that the unnecessary complexity of the NCNZ three tier proposals will be unworkable.

We would like to thank NCNZ for drafting this well presented consultation document.

Our submission team includes both staff and students from Victoria University of Wellington’s Graduate School of Nursing, Midwifery & Health.

Adjunct Professor Tim Maling
Professor in Clinical Nursing Mo Coombs
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Lecturer, Nurse Practitioner Rebecca Zonneveld
Lecturer in Clinical Practice Betty Poot
Nurse Practitioner Practicum Student Pip Bird
Nurse Practitioner Practicum Student Katie Smith

Safe Prescribing Practice
Getting the Basics Right.
Core Knowledge for Safe Prescribing

Essential pharmacology as outlined in Medsafe Drug Data Sheets (www.medsafe.govt.nz).

Prescribing risk factors
- Renal function.
- Hepatic function.
- Co-administration of other drugs.
- Co-morbidities.
- Nutrition
- Environmental factors.
- Age
- Body habitus.
- Prior drug intolerance.
- Allergic history.
- Analysis of Risk vs Benefit

Core Skills for Safe Prescribing (essential programme content).

- Scope of professional responsibility
- Basic skills of prescription writing and charting medicines (link to NZ Standard Medicines Chart)
- Communication of medicines risk to patients and relatives.
- Using the Pharmaceutical Schedule (Special Authority,
- Taking the Drug History.
- Medicines charting (national charts and standards)
- Medicines Reconciliation (admission and discharge).
- Identifying the therapeutic objective.
- Regular medicines chart review.
- Reporting of ADRs and ADEs (CARM, NZ Pharmacovigilance Centre)
- Drug allergy (validation and documentation)
- Effective use of C&C Medicines Information Service, webb data bases and decision tools
- ACC drug treatment injury claims
- Working relationships with pharmacists

Module 1: Prescribing

- What are my prescribing responsibilities?
  - has knowledge of the therapeutic objective.
  - is able to justify any actions taken in respect to the prescribing.
  - is accountable for the action taken.
  - is confident that prescribing will maximise therapeutic effectiveness, minimise risks,
  - will respect patient choice,
  - will consider treatment cost
- What am I thinking?
  - The 5 Rights (right patient, right drug, right dose right route, right time)
- Potential errors (prescriber identification, legibility, abbreviations, re-charting, prn instructions).
  - Potential allergies
  - Patient information (ADRs etc.)
  - Clinical context (co-morbidities).
  - Communication/handover.
  - Documentation

- The Prescription
  - In-patient medicines charting
  - Outpatient prescriptions
  - PHARMAC & Therapeutic Schedule
  - Special Authority
  - Hospital schedule
  - Exceptional circumstances

### Module 2: The Drug History

- **Patient data**
  - Guiding principles (see annexe detail)
  - Sources of information
  - Allergic history and documentation
  - NHI Medical Danger/Warning Alerts
  - Patient tolerability – what does it mean?
  - Adherence to drug regimen
  - Concept of the ‘treatment burden’

- **Medicines Reconciliation**
  - Prescriber responsibility (admission and discharge)
  - MR Form
  - Role of Pharmacist
  - Sources of information

- **Medicines Use Review**
  - Role of the Pharmacist/Community Pharmacy

- **Medicines Chart Review**
  - ADR Risk factors
  - High risk medicines
  - Emphasis on core knowledge
  - Information sources
  - Decision tools (C&C intranet sources)

### Module 3: High risk medicines

- Review of core knowledge
  - High risk drugs list
- **High risk morbidities**
  - Renal impairment
  - Hepatic disease
  - Environmental factors
- **High risk interactions**
- **Communicating Medicines Risk**
  - Prescriber’s responsibility (benefit vs risk)
- ADRs in perspective – what is “reasonable”.
- ADR risk factors
- Limitations of Patient’s understanding
- Informed consent
- ‘Off-label’ prescribing
- Medicines Use Review – role of the community Pharmacist
- ACC treatment injury claims

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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References:
