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to this publication or to the publication of your name (Please note that the names of individual submitters will not be published) tick one or both of the following boxes: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

As long as they are directly relevant to their area of practice and minor ailments and illness

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

---

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.
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 ☑

I feel that the proposal is for nurse prescribers and that is what we should all be called and adding community or specialist will cause confusion as it is already obvious to both health professionals and the public what the nurse title is eg practice nurse or wound nurse or CNS respiratory.

If it a matter of the nursing councils need to know which prescription list the nurse is prescribing from then that could be denoted in the registration documents as either community/specialist or level 1/level2

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 ☐

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 ✓

Having seen the suggested list it does not indicate minor illness to me. Again my point is we are all nurses asking to prescribe, why should the qualification and training be any different when we all have to assess before we prescribe. It’s not just about knowing your ‘own’ drugs but how all the drugs can interact with each other. Nurse are not likely to prescribe drugs there are not familiar with but OTC medication like NSAID’s, that are familiar, if given have the potential for exacerbating HF symptoms

Example: Diclofenac OTC medication great for pain relief and inflammation but not great in heart failure as it is contra indicated and we see many HF admission from pts using these drugs. My concern is that such an accessible drug, could easily be prescribed for the right reason but there needs to be knowledge of how they interact with other drugs and conditions.

Again from my own experience, the bare minimum must be masters’ papers in pharmacology and clinical assessment and prescribing praxis. It is essential to prescribe safely and for the safety of the pts. I understand the ‘community ’ nurses are not as well clinically supported by the medical teams for a variety of reasons but it is these issues that should be addressed rather than lowering the standard. I acknowledge and respect the level of experience of nurses in their field of expertise but without the theory and the support we are potentially setting them up to fail and I don’t believe that is right either.

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 ☑

I recall the first year of nursing was consolidation of all I had learnt and the second when I really felt I truly understood. The minimum should be 2 years of full time practice and minimum 2 years (if not 3) in the role. If we are talking about autonomous practice then that surely comes with time. I am also concerned about the word ‘equivalent’ working part time myself I know how difficult it can be to get enough study time to keep up my professional development and a lot of what you learn is doing the job and being ‘immersed’ in it so to speak so this would need to be explored and defined clearly.

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 ☑ see comments below

Yes I agree with continuing competence but don’t like the two tier system; on-going requirement should be the same for ALL nurse prescribers irrelevant of whether they are community or specialist - the point being we are all prescribers.

Not sure what 60 days means eg is it pt assessment followed by a prescription or the time it takes to write a prescription? Needs to be defined more clearly. Also there should be some protected study days to ensure all prescribers can be released from work to ensure updates and peers support as we know this is difficult at the best of times and near impossible for part time nurses.
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 are a lot of drugs on there that I would be reluctant to prescribe eg Methotrexate and I am not sure how many are used for minor illness but it seems more extensive than was initially suggested, hence the need for theory. Otherwise if there is a specific group of nurses in mind eg for vaccination or contraceptives etc then the list should be made restricted to that area otherwise my understanding is that anyone could prescribe any of these drugs.

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 [ ]

I presume many of them already do.

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 □

Without a doubt, having been a supplementary prescriber in the UK I know my pts appreciated that they did not have to see a GP (which you pay for here also), and I could initiate and up titrate medications quicker. It also gave me more job satisfaction as I was able to provide holistic care.

Title for specialist nurse prescribing

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

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

Yes □ No ☑ it should just be nurse prescriber as there are too many variations on what is considered a “specialist” as there is no standard.

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 □

Already many have MDT support so are much more fortunate than our colleagues working remotely or in areas where medical support is lacking as it may not be a priority.
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:

- [x] 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?

- [x] 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
- [x] No

Historically nurses have always looked at how their roles can be extended to provide a high standard of care but now there is an expectation. The prescribing takes nurses in to another arena, yes there have been standing orders and yes we often know what we want the DRs to write on the prescription pad but the responsibility of prescribing needs to taken seriously as we are putting ourselves in potential medico-legal situations (even though we are extremely cautious prescribers!) So there should be a new scope and we should be paid accordingly and would hope our unions and nursing council will support this.

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

---

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.
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 ☑

This reflects back to a similar question for community nurses – I disagree with a 2 tier system I believe it will cause confusion for everyone (I know I am already). If the “specialist” has been working in the area for 4 years (as I was), had a clinical assessment paper, I felt the pharmacology master paper and portfolio that I did with a medical mentor was sufficient for me to prescribe safely. The bare minimum for all nurse prescribers, irrelevant of community or specialist, should be masters pharmacology, clinical assessment and prescribing praxis initially but with a professional development plan to achieve a post graduate diploma but at least they could prescribe in the interim.

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?
For consistency, same as is written for community, 2 yrs qualified and minimum 2 (if not 3) yrs of experience in a job, as reflecting on my own experience I would not have felt fully confident to take on prescribing but if I had the theory and support then it would have been more likely. The issue of “full time” work should again be clarified.

**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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

**BUT** clarification is required about “60 days of prescribing” as mentioned before and protected study days to ensure employers release nurses for updates.

**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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

From my own practice of managing heart failure patients we would also ask for Metolazone (a thiazide used for persistent oedema and end stage heart failure). Also potassium supplements eg slow K, chlorvescent, spank K as we use both these medications a lot in acute community management and can avoid hospital admissions.
2.15 Do the prescription medicine lists include any medicines that specialist nurse prescribers should not be able to access?

Yes ☐ No ✓

There are many I would never prescribe as they are out of my scope of practice but they are extensive and probably suit all needs.

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

Yes ☐ No ✓

Nurse are not likely to prescribe anything they are not familiar with my own example is the guidelines we follow for HF management which would involve initiating and up titrating ACE inhibitor and Beta blocker with close monitoring. This is within the scope of my practice and would hinder my practice if I were not allowed to initiate them.

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 ☐

But would still be done with MDT discussion and documentation

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 the nurse is deemed responsible enough to prescribe the controlled drug then there should be no restrictions

Other comments

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

The current 2 tier model is confusing for me and will be confusing for MDT’s and the public. We are ALL nurse and if we ALL want to prescribe then we are ALL nurse prescribers. The entry criteria should be identical as we are all experienced nurses and if we want to prescribe safely - which involves assessment and diagnosis before a prescription is dispensed – this can only be achieved by ensuring there is education and support and this should be the same for everyone as mentioned before.

The model could be streamlined and we may see more “community nurse” working towards a masters and into specialist positions in the future but most importantly we are practicing safely and not likely to put our patients at risk or cause undue harm

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