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: [Name]

‘Nursing’ at

Midcentral DHB

Address:

Email:

Organisation: Midcentral DHB – Nursing

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

☒ District Health Board

☐ Individual other

☐ Registration authority

☐ Consumer group

☐ Maori health provider

☐ Primary health organisation

☐ Government agency

☐ Pacific health provider

☐ Professional organisation

☐ Education provider

☐ Aged care provider

☐ Private Hospital Provider

☐ 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object to this publication or to the publication of your name (Please note that the names of individual submitters will not be published) tick one or both of the following boxes: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  X  No

Whilst we collectively agree with the concept that suitably qualified and experienced registered nurses be able to prescribe a limited list of medicines to treat minor ailments and infections, we have concerns about the extensive formulary and the very limited educational and clinical preparation proposed for these nurses to prescribe safely. The training period for these nurses is incredibly short and appears a lot easier to achieve than the diabetes nurse prescribing demonstration project currently underway. 6 days training and 3 days supervision is inadequate for access to the extensive list of medications currently proposed.

The concept of providing more accessibility to treatment for minor illnesses and ailments is well supported however there is major concern that this would need to be supported by a very robust suitable training programme, qualification, clinical supervision/mentorship, accountability, support and monitoring to ensure optimal safety is maintained.

Feedback supported ‘Registered Nurse Prescribing’ but not ‘Community Nurse Prescribing’

Some commented that the names ‘community nurse prescribing or specialist nurse prescribing’ were not wanted as potentially these could set up major issues in the future and create confusion.

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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.
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  X  No  

Yes, particularly in rural areas and areas with limited general practitioner cover. This should provide much improved access to care.

Adoption of community nurse prescribing would require a consideration amount of public education around the scope of practice/prescribing of the Community Nurse Prescribers

Concerns have been raised about those nurses who work remotely and currently do not have full access to clinical notes therefore no immediate access to past medical history, allergies, complete lists of current medications which could mean clinical risk to patients. This will not be an issue when the national IT plan is fully implemented.

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  X  

Feedback regarding the title ‘Community Nurse Prescribing’ was mixed. Approximately half of all responders were happy with the title, leaving the remainder not in agreement. Some of the comments received are as follows:

It depends how ‘community’ is defined. Community nurse prescribing is interpreted by many to mean nurses practicing in the community, although the document includes nurses practising in outpatients/ambulatory care settings (which we agree with). Would residential care nurses fit in this level of prescribing?

A term that clearly describes the level of practice and prescribing would be preferred as opposed to one that infers a practice setting. Such as ‘nurse prescribing for common ailments/minor conditions’ and ‘nurse prescribing for common conditions’ or ‘generalist nurse prescribing’ and ‘specialist nurse prescribing’. If a name was to be used speciality rather than specialist is preferred as specialist may infer a position as opposed to a prescribing role.
The word community adequately describes the environment but we do not believe that any title in isolation will adequately describe and inform people about the breadth of the authority. The title is part of a broader need for education and information sharing about the role etc. The addition of two new similar titles may cause further confusion. Caution is required concerning the wording or title to be used.

Support the two levels and the graduated approach to nurse prescribing – however the currently suggested names are an issue.

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  X  No  

Remove the word ‘some’ and leave I geneal for RN prescribers.

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

Both six days theory and three days supervised practice is considered too light. Experience has shown (via the Diabetes Nurse Prescribing Project) that nurses gain knowledge and confidence with prescribing over time with ongoing learning occurring over a long period of time.

We have ticked no, not because we disagree entirely, but because the competencies need to be added to. The community nurse prescriber competencies should be equivalent to the specialist nurse prescriber competencies which would be the minimum requirement for any nurse to prescribe. Specialist nurses would then demonstrate a depth and breadth of knowledge within their speciality when being assessed against the competencies.

The competencies need to include that the nurse needs to know and can demonstrate when to consult and/or refer or use alternatives – as specified in the specialist nurse prescribing competencies.

One group agreed with the proposed standards however believe the knowledge and skills required for community nurse prescribing would require significant theory and practice which would not be gained in the proposed level of training and education.

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 X No [ ]
It is not stated that the community nurse prescriber would need to be working in a collaborative/multidisciplinary team – the collaborative view is that this would need to be a requirement, but not imply ‘stand over’ supervision when competent.

Comments expressed that 1 year minimum in area of prescribing was too soon to enter the programme. Recommendations are that nurses should have at least two years in their area of practice out of the total four years post registration, as most nurses would take a year minimum to become acquainted with the area of practice to begin with.

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 X No

Recommend that this is linked to the current PDRP as a requirement

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 X

The list of medicines is too extensive and inappropriate e.g. amphotericin, azithromycin, ceftriaxone, ciprofloxacin, fluconazole etc. all of which require ID approval in many hospitals. Some of the medicines listed are not on the NZ Pharmaceutical Schedule eg. Flumethasone,
desloratadine, penciclovir.

The Community Nurse Prescriber will be ‘able to diagnose and treat minor ailments and infections in normally healthy people’, however the list of medicines is not for ‘minor ailments’.

This list goes far beyond what is required to provide medication for minor ailments, common infections, contraception and disease prevention. There are so many medications that could potentially cause risk to the patient should the nurse not have full knowledge of the medications uses/interactions as well as patients other conditions and also concurrent long term medication.

Would be ideal to include blood glucose testing strips, insulin pen needles in view of the health promotion and maintenance role of the ‘Community Nurse Prescriber’. In addition folic acid & iodine supplements need inclusion (pregnancy planning

The list of medicines is very broad & presumably nurses are able to choose from the list what they feel competent/confident to prescribe within their individual practice setting etc. However major concerns expressed on how this will be monitored to ensure this actually occurs.

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 X No

Yes, makes sense that a Community Nurse Prescriber could prescribe what a patient could purchase over the counter. It was felt that this list contains some of the items which they would be seen prescribing mostly.

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 ☐

Evidence from the NZSSD Demonstration project for Diabetes Nurse Prescribers provided evidence for this.

The nephrology nurse specialist is often the first port of call for Nephrology/transplant patients. For this group of nurses to prescribe would allow more timely and accessible care for patients with CKD.

**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 X 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 X No □

Preference is to 'Nurse Prescribing for common conditions' or 'Specialty Nurse Prescribing'. Speciality rather than specialist is preferred as specialist may infer a position as opposed to a prescribing role.

Extensive public education would be required to ensure the understanding of the title is well embedded. As well as amongst health care providers, there is confusion/misunderstanding already regarding Nurse Practitioners. In order to work successfully a major advertising campaign would be required.

Ongoing engagement in collaborative multidisciplinary team is paramount for this model to work successfully long term. There needs to be an extensive 'supervised period' then ongoing case review at regular intervals to support the nurse in prescribing decisions and confidence.

Clarity is required regarding what 'supervision' means in practice hours. Further clarity is also required around the need for working in a collaborative MDT. For example: to be clear that the emphasis on collaboration is not to imply supervision for every consult, but rather is about team work and quality assurance.

There is concern for those nurses practicing in very rural/isolated areas of how participating as part of a collaborative multidisciplinary team would work, and also how a minimum of 6 months supervision would work. Perhaps rewording 'required to work in a collaborative multidisciplinary team' to 'have a collaborative working relationship with a multidisciplinary team' may be more enabling particularly for those nurses working ruraly.

To enable safe practice a transition period of at least 6 months is required.

Changing the time frame requirement to hours rather than months would enable those nurses working part time to gain the same amount of required supervision. Comments have been made that there would need to be a standard sign off based on demonstrated competencies at the end of the supervision period that the nurse has met the requirements.
to safely prescribe.

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 ☐ N/A – do not agree with additional scope of practice

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 ☐

This would be much less confusing for the public and other health professionals than another separate 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.
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  

The concern is the clinical base of the course. Academic is important but clinical based learning must be embedded and delivered by clinicians, not academics so that the nurses develop the correct assessment and clinical decision making skills.

Once the medicines Act changes Nurse Practitioners will be authorised prescribers and should be in a position to provide mentorship to the nurses either alongside a medical practitioner or instead of. Therefore could the wording 'designated medical prescriber' be replaced with 'designated authorised prescriber'.

Agree with the standards for accreditation of courses for specialist nurse prescribers as long as there is some allowance for a grandparent clause for those who are already designated prescribers (ie: Diabetes Nurse Prescribers).

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  ☒

General consensus was that there should be at least 2-3 years minimum in area of specialty practice prior to applying for entry into specialist nurse prescribing to have a strong grounding in the area of specialty.

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  ☐

Would be useful to stipulate acceptable forms of professional development on prescribing. Potential implications in terms of available funding to attend scientific meetings, conferences and study days which should occur but is rationed. Not all services are set up equally in terms of availability of funding and professional development hours.

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 X No □

Generally speaking yes however some groups excluded, as per comment below.

The list reflects a range of ‘common’ medication. It is noted that the medications reflective of renal specialist care are not included on the list. Consultation with individual ‘specialties’ would be useful regarding common medications used.

Comments as per those under the ‘Community Nurse Prescriber’ 1:10, addition of iodine supplements for pregnancy planning needs inclusion.

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

Yes □ No X

However very much reliant on nurses working within their knowledge base and experience & would require some type of ongoing monitoring.

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

Yes X No □

Thyroxine – repeat prescriptions with stable thyroid function
Examples in primary care could include digoxin, antipsychotic medications.

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  X  No  

<table>
<thead>
<tr>
<th>Remove sodium nitroprusside as not an asthma device (pg 44)</th>
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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 (48)).
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  

With specific criteria and limitations i.e. within palliative care/pain management & if this is the nurses area of practice.

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

Yes  
No  X

Only when within the specialist nurses area of practice, i.e. pain management & palliative care

Other comments

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

We are supportive of the concept of RN prescribing in principle. The concept provides the opportunity to lift the bar for all nurses and enhance current health care services. Initiation of RN prescribing will be play a valuable role in career development.

General comments are that specialty nurse prescribing is a very positive step forward for nursing.

Thank you for a comprehensive document. We support the efforts to expand nursing practice for the benefit of patients. Thank you for the opportunity to provide feedback.

Concerns have been expressed about the unintended consequences that may be incurred as a result of the initiation of RN prescribing. These include issues with IT not being connected across sectors increasing the risk of poor communication and fragmented care. Additionally there are concerns about the funding and release time which would be necessary if a nurse was planning to undertake prescribing training. Suggestions also have been made that the current primary care funding models will need to be addressed to accommodate this proposal.
Thank you for the extensive document. Only support one level of RN prescribing. Suggest 'RN Prescribing within............ ' (name of scope)

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

EmmaG@nursingcouncil.org.nz

Or post to:

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