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:

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If an email address is supplied, we will notify you of when the report of the summary of submissions is published on-line.

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to this publication or to the publication of your name (Please note that the names of individual submitters will not be published) tick one or both of the following boxes:

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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 ☐

The comments provided in this submission are given with the caveat that PHARMAC does not have expertise regarding appropriate clinical practice, scopes of practice, prescribing standards, and clinical training. Our comments are therefore given from the following perspective:

- PHARMAC will need to consult and provide advice to the PHARMAC Board on whether any changes should be made to who is authorised to access public subsidies (as a result of this proposal)
- We have an interest in possible implications of the proposal on the appropriate use of medicines, an outcome that PHARMAC has a legislative responsibility for.

Based on the information provided in the consultation document (and given the limits to our expertise, as noted above) PHARMAC has concerns about the proposal for community nurse prescribing. It is not clear to us that the possible benefits of the proposal, relative to current arrangements, which permit nurses to administer medicines under standing orders and to prescribe by proxy, are large enough given the potential risks.

Possible benefits

PHARMAC is supportive of initiatives that are designed to improve patient care and improve access to subsidised medicines. To be satisfied about the likely value-add of this proposal (relative to the status quo), however, we would require more information about the problems associated with the current model (i.e. more detail on the safety and legal risks associated with standing orders, as

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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.

2 where the nurse assesses the patient and determines the medicine to be prescribed, but the Doctor signs the prescription.
noted on page 6, and a discussion of why nurse prescribing is the best option for addressing these issues). An alternative option for increasing nurse prescribing and improving access could be extending the restricted medicines (as opposed to prescription medicines) that nurses are able supply. The advantage to this option is that it restricts prescribing by indication, as well as by pharmaceutical.

Possible risks
While supportive of proposals that improve access to subsidised medicines, we also have a legislative responsibility to promote the appropriate use of medicines, and we are concerned that the community nurse proposal does not adequately manage the potential risks:

- the required training, for example, appears from our perspective to be insufficient (6 days)
- the consultation document notes the success of the diabetes nurse prescribing pilot, however we note that diabetes nurse prescribers are required to be supervised by a Doctor. The community nurse proposal does not include this requirement, and it is noted (page 17) that in the case of community nurses, there is often no Doctor employed in the service. While nurse prescribing may address some of the problems associated with standing orders / prescribing by proxy, both standing orders and prescribing by proxy involve the oversight of a Doctor, unlike the proposal for community nurse prescribing.
- While the consultation document notes the success of the diabetes nurse prescribing pilot, we wonder if there were any adverse impacts identified in that evaluation, which may be relevant to this proposal?

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 [ ]

As noted above, PHARMAC supports initiatives that are designed to improve access, but they must be weighed against the potential risks. PHARMAC considers that changes to prescribers should be considered from a system perspective. There are likely to be other proposals that should be considered alongside this one, for example pharmacist prescribers, and the impact on patient access, health outcomes, quality and safety, workforce, systems efficiency etc taken into consideration. We appreciate, however, that this falls outside of the remit of this consultation.

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.
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 [ ]

No comment.

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.”

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 [ ]

PHARMAC does not necessarily have any expertise on how scopes of practice should (or are generally) worded. However, it appears to us that the suggested wording is not very specific with respect to what ‘experience, education and training’ would be defined as being sufficient to authorise nurses to prescribe some medicines.

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.

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 [ ]

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

Yes [ ] No [ ]
Do you agree with the competencies for community nurse prescribers?

Yes [ ]  No [ ]

As mentioned above, the level of training appears, to us, to be insufficient. We are of the view that consideration should be given to whether education for these nurses should be provided through a tertiary institution that is already providing training for nurse practitioners, rather than as an adjunct. We also have concerns about the lack of a formal postgraduate pathway for prescribing (as is required by other prescribers in the health sector), including continued supervision. We would support a similar approach to diabetes nurses, which includes on-going oversight.

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.

Do you agree with the entry criteria for community nurse prescribing courses?

Yes [ ]  No [ ]

It is not particularly clear what the prescriber’s mentor would be required to provide in the way of support and objective clinical oversight.

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 [ ]

No comment.

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 [ ]

We have some particular concerns with some of the listed items:

- Methotrexate and Tretinoin are only subsidised on the recommendation of a specialist.
- Valaciclovir is only subsidised via a Special Authority. Applications are only accepted from a medical practitioner (doctor).
- Many antibiotics (clindamycin, itraconazole, ketoconazole etc) now have strict rules and guidelines on who can initiate treatment. Even GPs may not initiate these treatments without recommendations from a DHB hospital specialist.
- Cyproterone is listed as a hormonal contraceptive. However, by itself it is an androgen antagonist and may only be initiated by a specialist.

These products stand out to us on a first glance of the full list – however there may be other listed products with similar restrictions.

PHARMAC has a role in supporting the appropriate use of antibiotics. In addition to this, PHARMAC is currently working with the Ministry of Health on the Rheumatic Fever Prevention Programme. One of PHARMAC’s key roles is to propose and develop a nationally consistent approach regarding the provision of antibiotics under this programme. PHARMAC considers that any initiatives to widen access to antibiotics need careful consideration with national oversight due to the risks associated with misuse including, over and under-use.

Part of our concern is not only related to the products themselves, but the risks associated with insufficient prescriber knowledge of contra-indications, multiple condition management etc. So while some medications may be within a nurse’s scope of practice for particular conditions, what is unclear is whether the training provided is of a suitable standard to enable nurses to manage issues associated with multiple condition management. A six day course appears (to us) to be insufficient for this.

We are also of the view that consideration should be given to restricting by indication, as well as by pharmaceutical. We would note that diabetes nurse prescribers cannot initiate a Special Authority application, or initial prescriptions (they can only write repeat prescriptions) and would support a
similar approach for community nurse prescribers.

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

It would be useful to know what the intended process is for updating this and the other lists? What would the proposal be, for example, when PHARMAC subsidises something that is not currently on the list and perhaps should be?

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

We are generally more supportive of the specialist nurse prescribing proposal, given the more robust qualification, experience and training requirements, and that the fact the nurse is required to work in a collaborative multidisciplinary team. Although it is not entirely clear what the need for the
specialist nurse model is, given the existence of the nurse practitioner role. It is also not clear how the diabetes nurse prescribing role fits with the specialist nurse prescribing proposal (given that specialist nurse prescribers would be able to diagnose and treat diabetes).

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 e.g. clinical nurse specialists.

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

Yes [ ] No [ ]

The Council is proposing that nurses with specialist nurse prescribing authority work in a collaborative relationship within a multidisciplinary team. Specialist nurse prescribers will refer a patient who has a health concern or complexity which is beyond their level of competence to a doctor. The Council believes that ongoing supervision by a medical mentor is unnecessary as specialist nurses must work within a team and within their level of competence.

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

Yes [ ] No [ ]

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

Yes [ ] No [ ]

The term multi-disciplinary could reflect a very wide range of health professionals (e.g. allied health staff) whereas we assume the requirement here is that these nurses are to be working in a practice with specialist medical staff.

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

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3 Under section 22 of the Health Practitioners Competence Assurance Act 2003, the Council may change a scope of practice and state the health services a nurse is able to perform.
skills of a nurse with this prescribing authority. The second option may reduce expectations of increased remuneration and would be more acceptable to nursing organisations.

2.6 Do you agree that nurses who apply for specialist nurse prescribing authority should be:

- [ ] a) registered in a new scope of practice; or
- [ ] b) have a condition/authorisation included in the registered nurse scope of practice

2.7 If nurses with specialist nurse prescribing authority are registered in a specialist nurse prescriber scope of practice, do you agree with the scope statement on page 34 of the consultation document?

[ ] Yes [ ] No

2.8 If nurses with prescribing authority have a condition/authorisation, do you agree with the proposed additional wording in the registered nurse scope of practice?

“Some nurses with additional experience education and training may be authorised by the Council to prescribe some medicines within their competence and area of practice.”

[ ] Yes [ ] No

As mentioned above, PHARMAC does not necessarily have any expertise on how scopes of practice should (or are generally) worded. However, it appears to us that the suggested wording could be more specific. With respect to specialist nurse prescribers, this could include reference the specialist experience they are required to have, and the training programme they are required to complete. It is not clear to us why the wording would be the same for community and specialist nurse prescribing.

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?
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 ☐

We are supportive of the proposed requirements – they appear consistent, process based, measurable, and appropriate.

Entry criteria

The Council is proposing that the registered nurse must meet the following criteria before gaining entry to a prescribing programme:

- The registered nurse must hold a current annual practising certificate and must have completed three years equivalent full time practice. At least one year must be in the area of practice she/he will be prescribing.
- The registered nurse must have support from her employer to undertake the Postgraduate diploma in specialist nurse prescribing and must confirm that they will be able to prescribe in their work role at the completion of the course.
- The registered nurse must have the support of an identified prescriber mentor who will support her/him to prescribe.
- The registered nurse must be employed by an organisation that supports nurse prescribing through policy, audit, peer review and accessibility of continuing education.

2.12 Do you agree with the entry criteria for specialist nurse prescribing programme?

Yes ☐ No ☐

The entry criteria appear appropriate.

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 ☐

No comment.

Proposed list of prescription medicines for specialist nurse prescribing

The list contains commonly used medicines for common conditions 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 ☐

There are a few items that we have concerns with:
- Dabigatran
- Olanzapine

Further assessment of the proposed list may identify additional items (as noted above, this is not a complete list).

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

Yes ☐ No ☐

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

Yes [ ] No [ ]

With the Diabetes Nurse Prescribers model, we have a Schedule rule that only permits subsidy for a medication requiring a Special Authority if it is for a repeat prescription (i.e. after the initial prescription with Special Authority approval was dispensed). It is possible that we would consider proposing this to PHARMAC’s Board with respect to specialist nurse prescribers as well.

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 [ ]

No comment.

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 [ ]

No comment.

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 [ ]

We are not supportive of this proposal, from a safety perspective (again, noting the limitations of our expertise with respect to safety and clinical practice). These are medicines with high ‘addictive’ properties, and also, in some cases, should not be for long-term use. So we are of the view that keeping the 3 days limit appears to be appropriate.

Other comments

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

As the Nursing Council is aware, PHARMAC is required to consult publicly and decide on any changes to the designated prescribers who are authorised to access public subsidies.

If the PHARMAC Board approves the subsidy of pharmaceuticals for one or both of the above, this does not automatically mean that these prescribers will have access to apply for Special Authority approvals, either manually or electronically.

We are happy to meet with the Council to discuss our submission, if this would be useful.

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