Consultation: proposal for registered nurse prescribing

Submission Form

This submission was completed by:

Name:

Organisation: Royal New Zealand Plunket Society Incorporated (Plunket)

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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

Respondents are asked to reply to questions about the proposal. 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

Plunket supports the proposal that suitably qualified and experienced registered nurses be able to prescribe a limited list of medicines that promote health and well being. Plunket registered nurses have a significant role in the health promotion of New Zealand children. It is our expectation that the Nursing Council of New Zealand (NCNZ) would review registered nurses’ scopes of practice to reflect the qualifications and experience that a well child nurse, for instance, would be required to have in order to prescribe under this proposal.

By way of background, Plunket has a commitment to encouraging, supporting and advancing nursing practice, in recognition of the significant contribution that nurses make to improving health outcomes for children and families. The Plunket Nurse Professional Development and Recognition Programme (PDRP) encourages and supports nurses employed by Plunket to continually develop their practice knowledge and skills by taking ownership and responsibility for their professional growth and development. The PDRP provides the opportunity to articulate the competencies that distinguish levels of well child health nursing practice. It supports educational opportunities and progression of professional goals. The PDRP provides a clinical career pathway for Plunket nurses and a mechanism to assure the organisation and its clients, NCNZ, and nurses themselves of their on-going competence.

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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

Plunket supports the goal of improving patient care without undermining patient safety; we would like the safety of population groups (in the area of prescribing antibiotics, for example) to be considered as well.

Nurse prescribing is one of a number of options to reduce the barriers NCNZ identifies in this question. In the well child area, it is important to acknowledge that there are also many other mechanisms that contribute to positive health outcomes. For instance, timely communication with a client’s primary health provider is equally important, as is clarity on responsibility for follow-up client care. Electronic databases such as ManageMyHealth (and in due course PlunketPlus) have the potential to facilitate timely communication and follow-up care.

Plunket also supports work to directly reduce the barriers to health care access, such as those reported in the NZ Health Survey (when asked why they weren’t picking up a prescription and so forth).

In summary, robust systems able to withstand audit would be required before nurse prescribing could be contemplated by a provider, and in order for nurse prescribing to enhance client care, the emphasis would need to be on partnerships that cut across disciplinary, professional and organisational boundaries.

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

“Community nurse prescribing” may be confusing to the public. Many health positions within the community use the term ‘community’ in their title, such as the community karitane who work within Plunket. There are also community health workers and a variety of other roles that include the title “community”. The term ‘Primary Health Care Nurse Prescribing’ which is more universally
recognised, may be more appropriate, and it encompasses a range of specialist nurses.

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?

Not completely

The general intent of the suggested wording change is in keeping with the proposal. Plunket proposes a different form of words, which is more process-focused:

“Nurses who meet the criteria may apply to the Council for a designated authority to diagnose, prescribe some medications and follow-up within their competence and scope of practice.”

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?

Not completely

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

Not completely

1.7 Do you agree with the competencies for community nurse prescribers?
Not completely

**Proposed education and training for community nurse prescribing**
Generally speaking, the standards for community nurse prescriber courses in Appendix 3 appear comprehensive and robust and incorporate a key skills and knowledge framework in preparation for the role.

The first statement of the entry criteria needs more consideration; one year in a specialist area (such as child health) is too short a time span to be safely and competently *diagnosing*, prescribing and appropriately following up (unless prior experience is recognised).

The Diabetes Nurse Prescriber Evaluation (Wilkinson JA, Carryer J, Adamas J, Chaning-Pearce S 2011) recommended more education and time in the role before taking on a prescribing role. It should be extended to 2-3 years in specialist areas. In the UK, three years in the area of speciality is described as a minimum (Nursing and Midwifery Council. (2006) *Standards of proficiency for nurse and midwife prescribers*. London: Nursing and Midwifery Council).

The Consultation document refers to the United Kingdom experience of nurse prescribers. It is helpful to bear in mind some differences between the two countries; for instance, in the UK the community nurses (Health Visitors and District Nurses) prescribe from a formulary. In the UK, Health Visitors and District Nurses already hold a Specialised Practitioner Qualification, and hence the prescribing education programme for this group is built upon this premise.


**Course standards for community nurse prescribers**
The six standards for the prescribers’ course at page 50 are comprehensive and robust. It would further enhance the standards to see a greater emphasis on partnership with patients/clients and the development of collegial relationships with other healthcare professionals involved with these clients. The key areas of diagnosis and follow-up need to be given greater emphasis. There is also little mention of the role of informed consent when prescribing; this is particularly important child and youth health as it can be complex in that area.

**Competencies for community nurse prescribers**
Again it would be helpful to articulate an ability to work with patient/clients as partners in treatment.

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**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?

Not completely

Again a year in a specialist area such as child and youth health is not sufficient to then be diagnosing and prescribing. Patricia Benner’s ‘from novice to expert’ material (Novice to Expert: Excellence in Clinical Nursing Practice. 2000) states that to function as a nurse at a proficient to expert level requires at least 3 years in one’s specialist area. Plunket’s view is that a nurse prescriber should ideally be expert.

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
Community nurse prescribers should also be required to undertake regular case review of prescribing practice with a suitable mentor similar to specialist nurse prescribers. This is particularly important in child and youth health, because of complexities in practice (such as informed consent and the inherent vulnerability of children and young people).

**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, with note below.

We wonder if scopes of practice could be used to delineate suitable subsets from the complete list of medicines available to nurses holding a designated prescriber’s authority. In this way, the authority to prescribe would be closely aligned with the nurse’s practice and medicines prescribed would be those with which the nurse would be familiar.

In order that clients are not discriminated by accessing nurse prescribers, the Pharmac subsidies afforded to medical practitioners would need to apply equally to nurses.

There will be certain situations in which a special authority to prescribe should be available to a nurse. In child health, for instance, a suitably qualified nurse should be able to diagnose and treat milk allergy and prescribe amino acid based formulas (such as Elecare or Neocate) using a special authority.

The issue of prescribing repeat medication needs work, so that nurse prescribers can authorise repeat prescriptions in appropriate circumstances.

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
That concludes our responses. Thank you for the opportunity to contribute.

RNZ Plunket Society (Inc.)