22 April 2013

Emma Gennard  
Nursing Council of New Zealand

By email: EmmaG@nursingcouncil.org.nz

Consultation on two proposals for registered nurse prescribing:  
Community nurse prescribing  
Specialist nurse prescribing

Dear Emma,

Thank you for giving the New Zealand Society of Anaesthetists the opportunity to make submission on these proposals.

About NZSA

The New Zealand Society of Anaesthetists Inc., (NZSA) is a professional medical education society established in 1948 and represents anaesthetists working in public and private practice in New Zealand. We support initiatives to foster safe practice in anaesthesia, opportunities for education and research into anaesthesia and we support the professional interests of our members. Our members include specialist and GP anaesthetists, those in training and honorary and associate members. NZSA is a member society of the World Federation of Societies of Anaesthesiologists (WFSA) and is represented at Executive level of the WFSA.

Anaesthetists have a wide knowledge of pharmacology and drug effects on patients’ physiology, therefore we are in a strong position to advise on the implications of proposals that would change the prescription of, and access to medicines. Anaesthetists are also leaders in safety and quality care of patients. Many current initiatives aimed at improving patient safety are driven by anaesthetists (e.g. surgical safety checklist). The NZSA supports the ideal of improving access of New Zealanders to quality health care and we support the development of new initiatives that encourage health practitioners to practice at the top of their scope (see NZSA submission on Anaesthesia Technician extension of scope of practice).

Anaesthetists are peri-operative physicians - working in pre-operative, per-operative and post-operative care. Anaesthesia is a service based discipline within medicine: anaesthetists work in collaboration with surgeons, nurses, midwives, obstetricians, radiologists, dentists and others to provide analgesia, sedation, anaesthesia and intensive care services to patients.
General Comments

The NZSA supports improved access of all New Zealanders to quality healthcare in a timely and cost effective manner.

We are committed to ensuring that the highest standards of safety are maintained.

We broadly agree with the submissions made by the New Zealand Medical Association and the New Zealand National Committee of ANZCA.

We have further comments to make however:

We fully support the concept of health professionals working in teams, and acknowledge the vital role nurses play in these teams.

We submit that the tasks of diagnosis and initiation of treatment of patients with all but the most common and simple of conditions remains a medical role. The education in anatomy, physiology, pathology, diagnosis, and therapeutics of the medical training are attained over many years. We acknowledge that specialist nurses working in specialised areas (e.g., diabetes, respiratory, neonatal medicine) achieve comprehensive and detailed knowledge in their areas of expertise, but not across the broad spectrum of medicine.

Our reservations with the proposals for Registered Nurse prescribing are therefore two-fold:

1. We believe that Nurses should prescribe as part of a therapeutic team, and not independently. In the language of the Medicines Amendment Bill, we support the concept of nurses as delegated prescribers rather than designated prescribers. We support the proposal of community nurses functioning and prescribing in this role, provided they are part of a therapeutic team.

2. We are concerned at the enormous numbers of drugs included in the indicative list of drugs for both community and specialist nurse prescribers, and at some specific drugs included in these lists.

2. (a) Community Nurse prescribers:

28. Chloroform is listed as an “anaesthetic”. This drug has not been used for 40 or 50 years, and is probably no longer available. We will discuss anaesthetic drugs later in this submission.

105. Methotrexate is a powerful anti neoplastic drug – hardly one used for common infections or skin disorders.

129. Phenylephrine is listed as a decongestant. It is also given intravenously by anaesthetists as a vasoconstrictor – we do not feel this means of administration would be appropriately prescribed by anyone outside an operating theatre/intensive care unit.
We wonder why local anaesthetics are included in the list.

As a general comment, the list is huge, and it would be a formidable task to try to learn the details of these drugs. Can we suggest picking one or two most-commonly used drugs from each class, and refining the list to these (relatively) few drugs?

2. (b) Specialist Nurse Prescribers:

3. Adenosine is listed as an antiarrhythmic. This drug is given intravenously to slow/stop the heart, to allow it to re-start in a (hopefully) normal rhythm.

128. Sodium Nitroprusside is a vasodilator/antihypertensive. In common with many of those listed, this drug is potentially extremely dangerous, and should not be used without careful consideration and very careful monitoring. It is not used outside an operating theatre or intensive care unit.

Controlled Drugs:

These drugs are controlled because they are dangerous – to the consumer, the public, and the prescriber. We support the initiation of prescription of these drugs by specialist Pain Nurses, but only as part of a therapeutic team.

As a general comment, many of the drugs listed in the Specialist Nurse Prescriber indicative list are potentially very dangerous, and should be prescribed only in a collaborative, team environment.

On Page 31 of the Proposal document you state: “The Council does not believe it is necessary to further specify the particular conditions or medicines that a specialist nurse can prescribe. Evidence from the UK indicates that specialist nurses understand their level of competence and accountability and that they confine their prescribing to medicines and patients that they know.”

In light of our comments above, we are only poorly reassured by the evidence from the UK, and would seek firmer guidelines/restrictions around the range of drugs specialist nurses can prescribe, and the situations they may prescribe in.

Anaesthetic Drugs:

We have submitted previously on the prescription and administration of anaesthetic drugs: We believe that administration of anaesthetic drugs, and the giving of anaesthetics, is a medical specialty, requiring many years of higher medical training and examination.

Thank you for giving NZSA the opportunity to submit on these proposals. We would be pleased to discuss our thoughts with you further, and to work with you in developing this proposal further.
Yours sincerely,

[Signature]

Rob Carpenter
President
New Zealand Society of Anaesthetists