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](http://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: DHB shared Services

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; collective view

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)  Lead DHB Directors of Nursing...........
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object to this publication or to the publication of your name (Please note that the names of individual submitters will not be published) tick one or both of the following boxes: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\(^1\) 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

- Suitably qualified and experienced registered nurses should be able to prescribe a limited list of medicines to treat minor ailments and infections.
- The training period for these nurses is short; 6 days training and 3 days supervision is inadequate for the proposed formulary.

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

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

\(^1\) 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  [x]

- Some community episodes quite complex with comorbidities.
- ‘Community’ not a good describing word in this situation, need to focus on class of prescriber rather than title, Identify context rather than setting, e.g.
  - Community= common / minor ailments= entry level prescriber = category 1 RN prescriber
  - Specialist=acute and chronic ailments= designated prescriber= category 2 RN prescriber
  - Or...Category/ group/ section....
  - Or just ‘RN prescriber’; A nurse can practice and prescribe within her/his scope however adding the environment in which that nurse works is not particularly reflective. Other nurse prescribers are not titled according to their environment. Could create further confusion to the general public.
- Employers need clarity.
- Does this need Aged and residential care added into this? Can also indicate outpatient settings, again community a misleading word. Or even RNs working in a hospital.

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] see comment below  [ ] No

- Remove the word ‘ some’ at the beginning. ‘ Community’ wording would need to change also- see 1.3.
- Add relevant: nurses with additional relevant experience education
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 ❌

Varied response here; some indicated 6 days enough, others suggest longer given the extensive formulary available to this group.

- Number of days for supervision is too light; 3 days.
  - One comment suggested; First level prescribing should be a post grad cert rather than noting 3 years of practice (but still retaining the 1 year in specialty albeit in hours).
- The training programme is not in line with other nurse or pharmacist prescribers, required to have a Master’s degree in their profession and undertake a 6 month minimum prescribing practicum.
- Experience has shown that nurses gain knowledge and confidence with prescribing with on-going learning continuing over a period of time.
- The length and type of training needs to be commensurate with the content of the formulary. Nurses need to have the appropriate education to augment their undergraduate curriculum, building their knowledge for diagnosis, required understanding of physiology and awareness and consideration of the context of the person they are prescribing for; interactions, comorbidities, therapeutic goals and poly-pharmacy.

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 ✓ but with additions    No ✓

- Competencies light on team work
- Increased local feedback.
- The competencies need to be added to e.g.,
  - the nurse needs to know and can demonstrate when to consult and/or refer on (2.2.9) – as specified in the specialist nurse prescribing competencies.
  - Needs to include; knowing when to use alternatives e.g. 2.1.1
- 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.
- Standard 4 specifies a practicum experience with a medical mentor. The mentor role should include prescribing nurse practitioners, and this requirement should therefore be changed to include “medical and/or nurse practitioner mentor”.

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. Strongly agree here.
- 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 ☐

- Agree with the proposed standards however believe the knowledge and skills required for community nurse prescribing would require more theory and practice which would not be gained in the proposed level of training and education.
More about knowledge than years of experience. Suggest perhaps hours would be more useful (what does a year mean - a day a week or 5 days a week?)

- Need to find suitable and good quality supervision and mentorship. Need to have some protected time for peer/ case review. Suggest this is part of annual competency requirements.
- NPs will be good here as supervisor with Medicines Act change
- Suggest not midwives or dentists.
- Entry criteria – the ‘one year” in area of practice should either specify full year or minimum hours.
- A view that community nurse prescribers would need to be working in a collaborative/multidisciplinary team.
- 1 year (note again hours rather than ‘per year’) minimum in area of prescribing too soon to enter the programme. Suggest at least two years in the 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.

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 on-going continuing competence requirements for community nurse prescribers?

Yes ☑️ No ☐

- All prescribers are linked to pharmacy; prescriber number can also be audited like any other prescriber.
- Include all 2.1. from specialist list
- Add “Knowing when to refer on” and how - 2.2.9 from specialist list
- Know when to use alternatives 2.1.1

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 ☑  note comments below  No  

- There is no stipulation on route of administration may be useful to state all appropriate routes - oral, topical, IM, IV, PV, PR.
- The list of medicines is not for ‘minor ailments’ and is too extensive.
- Check that medicines listed are all on the NZ Pharmaceutical Schedule.
- Include blood glucose testing strips, insulin pen needles, folic acid & iodine supplements.

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  

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 ☐

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 on-going 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?

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- Should be multi-professional rather than disciplinary?

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?

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- But please note comments below.

### Comments:
- Collaboration on a % of cases, reducing as the nurse becomes more experienced.
- All prescribers are linked to pharmacy; prescriber number can be audited like any other prescriber.
- Be clear about practice supervision, this is for the prescribing component of their practice only, the above statement states just ‘practice under supervision’; need to be very clear about this.
- What does ‘supervision’ mean in practice hours?
- Be clear that the emphasis on collaboration is not to imply supervision for every consult,
but rather is about teamwork and quality assurance.

- Re-word ‘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 rurally.

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

- Definite ‘no’ to another scope, this will incur significant and potentially divisive risks regarding remuneration and status.

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 ✓ Do not agree with another scope.

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 □

- Remove the word ‘some’ at the beginning.
- Add relevant: nurses with additional relevant experience education

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 practice 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 ☑ 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 ☐

- Also agree with p.54 statement
  “The provision of such programmes is expected to be limited to tertiary education providers also providing accredited programmes which lead to registration as a nurse practitioner. This is because this qualification may become a prerequisite for nurse practitioner programmes”

- 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.
- ‘Designated medical prescriber’ be replaced with ‘designated authorised prescriber’, however not dentists or midwives.
- Agree with the standards for accreditation of courses for specialist nurse prescribers, suggest some allowance for a clause for current 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. **Strongly agree**

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?

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- **Entry criteria** – the ‘one year’ in area of practice should either specify full year or minimum hours.
- **Suggestion** for 2-3 years in area of specialty practice prior to applying for entry into specialist nurse prescribing to have a strong grounding in the area of speciality.

**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?

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- Need to find suitable and good quality supervision and mentorship. Need to have some protected time for peer/ case review. Suggest this is part of annual competency requirements.
- NPs will be good here as supervisor with Medicines Act change
- Not midwives or dentists.

**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 ☑ No ☐

- There is no stipulation on route of administration may be useful to state all appropriate routes - oral, topical, IM, IV, PV, PR.
- Include blood glucose testing strips, insulin pen needles, folic acid & iodine supplements.

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

Yes ☐ No ☑EXCEPT see note re; oxytocin

- Question oxytocin for the use of labour induction being part of the scope of practice of an RN regardless of their level of advanced practice development.

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

Yes ☑ No ☐

- There are many medications that are not initiated by GPs but they do repeat prescribe on the instruction of a specialist. The same situation should apply to nurse prescribing.
- Thyroxin –with stable thyroid function.
- 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 ☑ 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 □

- There will be chronic patients the nurse will be the case manager for and if underpinned by experience and competency then appropriate for this to happen

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 □

- The ability for specialist nurse prescribers to access controlled drugs for a period longer than three days will be particularly important for some areas of practice such as palliative care.

Other comments

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

Thank you for the opportunity to comment on this thorough and thoughtful consultation. A timely move forward for nurses, especially for those delivering care outside of the hospital setting.

- As this moves forward, it will be vital to attend to MoH policies and legislation to ensure compatibility with new prescribers.
- Need to consider appropriate allocation of HWNZ funding for post grad dip with
pharmacology paper. This needs to be reviewed to ensure that this does not become a barrier to RN specialist prescribing.

- General: as preparation, suggest NCNZ communicates education around RN responsibilities under medicines act- publish something simple, along the lines of the NCNZ social media release. Need to cover off current routine administration as well as new prescribing responsibilities under legislation.

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

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Or post to:

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Nursing Council of New Zealand
PO Box 9644, Wellington 6141