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:

Email:

Organisation: Neonatal Nurse’s College of Aotearoa

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

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to this publication or to the publication of your name (Please note that the names of individual submitters will not be published) tick one or both of the following boxes: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

We agree in principle that suitably qualified and experienced registered nurses should be able to prescribe but only if the appropriate amount of education and support is available. While health promotion is important, having three separate levels of “nurse prescribing” could be very confusing for the public and for other Health Professionals as well and increases the risk of inadequate education and support at the ‘community’ level.

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  [ ]

It is likely that patients would receive more accessible, timely and convenient care if the community nurse was given prescribing privileges, however there are other questions that need to be considered prior to recommending this practice. What is the current method of ensuring the public receive the necessary medications? Does the community nurse assess the client, discuss with the physician and then the physician signs the prescription relying completely on the nurse’s assessment? If this consultation does not go forward,

\(^1\) 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.
will this practice continue and is it less safe? Is the nurse covered legally by using this method of providing medication to the client? Will this method of ‘prescribing’ stop if this consultation is accepted, or will nurses not suitably educated continue to follow this method of practice?

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 ☐

Different titles of nurse prescribers will confuse the public and other health professionals.

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 ☐ No ☐

Nurses that undergo further education in order to have advance practice skills, should have a designated scope of practice and be remunerated appropriately.

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 ☐

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 ☐ No ☐

In order to offer best practice to the public, these nurses will need appropriate education by way of a postgraduate diploma which includes Pathophysiology and Pharmacology, along with specific courses geared towards the individual nurse’s specialty and an appropriate amount of mentoring. The current consultation requirements will not safeguard against mismanagement of prescribing and will only increase the risk of error and ‘malpractice’ for the nurse. The role of prescribing should definitely be seen as a step forward in advancing our nursing practice and a dedicated course should be incorporated into the education requirement for this role.

**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 ☐ No ☐

While the proposed education is less than ideal, the entry criteria is suitable.

**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 □

The level of continuing competence must be the same as for the Specialist Nurse Prescriber. It is also important to note that this expectation, over and above the professional development required of the Registered Nurse, indicates that appropriate remuneration be considered for this role designated as advanced practice. It is an unfair expectation to require advanced education and increased annual certification if this is not being appropriately remunerated.

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 □

If this consultation document is accepted, we feel that the amount of education currently being considered is inappropriate to allow for prescribing of medications such as antibiotics, antifungals, antibacterials, antivirals, corticosteroids, antineoplastics, etc. Multi drug use is common in the community and interactions and adverse reactions are always potential risks when prescribing. The level of education currently on offer for this scope is insufficient and unsafe.

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?
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 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 [ ]

When taking on an advanced role, it is always prudent to provide supervision to ensure best practice is implemented.

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 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.
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?

“Yes 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 statement does not recognize the additional education along with the extended practice role undertaken by the nurse. In order for the public and other health professions to appreciate that the requirements to this level of nursing is of a higher level than the standard training, the scope of practice must be deemed to be of the same value.

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 [ ] 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 [ ]

The concern would be in relation to 1.1.2, 4.1.1 and 5.3: While the level of education is appropriate,
these requirements state that previous education can not be **cross-credited** and previous papers will be **assessed separately**. Will nurses whom have previously completed their Post Graduate Diploma or Masters (with a prescribing practicum) be eligible without having to undertake further education? This would need to be the case and also be recognized as comparable if they were taken at an official academic institution and further testing should not be required if they passed these papers previously. Mentorship would continue to be an essential part of the education requirements.

**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 ☐

**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?
As with the community nurse, appropriate remuneration would need to be provided in order to place additional requirements on the current registration process.

**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

Depending on the specialty the nurse is employed in, there may be more medications that are not included in these two lists. In the neonatal specialty, these would include, but may not limited to:

Atacurium, Augmentin, Betamethasone, Calcium Chloride, Ca Gluconate, Ca Sandoz, Ca Resonium, Cefotaxime, Ceftazidime, Chloral Hydrate, Chloramphenicol 1%, Chlorothiazide, Curosurf (Surfactant), Cyclophosphamide, Diazepam, Duocal, Erythromycin, Ferodan, Gentamicin, Glucagon, Human Milk Fortifier, Immunisations, Indomethacin, Intralipid, Karicare Thickener, Magnesium Sulphate, Midazolam, Mycostatin, Nitric Oxide, Noradrenaline, Omnipaque, Omagaven Lipid, Oxybuprocaine, Pancuronium, Phenobarbitone, Phenytoin, Phosphate, Probiotics, Prostaglandin E2, Salbutamol, Saline 0.45%, 0.9% and 3%; Sildenafil, Suxamethonium, Total Parenteral Nutrition, Topiramate, Vancomycin, Vit C, Vit E, Vit K (Konakion), Zidovudine

Blood Products: Albumin, Cryoprecipitate, Fresh Frozen Plasma, G-CSF, Immunoglobulin IViG, Packed Red Blood Cells, Platelets,

We are aware that many of the medications in the above list are specific to the neonatal specialty and realise that other specialties will have medications that are not included in the current mandate. What are the implications if these medications are not included if the consultation (s) is approved?

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

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

Yes  ❌  No  ❌

If the plan of care is to continue with these medications, then the specialist nurse could safely repeat this prescription.

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  ❌

If these medications are in the nurse’s specialty area of practice.

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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

In many circumstances, these medications may be required for a period of longer than 3 days and this should not inhibit the specialist nurse from prescribing them as it could delay appropriate and effective treatment to the client.

Other comments

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

The addition of Nurse Prescribing to the Expert Nurse is an earned and well deserved advancement to the current role. However, three separate levels of Nurse Prescribing would be confusing to the public and to other health professionals, resulting in the requirement of having to consult numerous documents to ascertain at which level the Nurse Prescriber is at.

The amount of education required should also not differ as it could be perceived as ‘dumbing-down’ the responsibility of nurses at the community level. It is essential to have the appropriate amount of education, which we believe is a Post Graduate Diploma as a minimum requirement for both the Community Nurse Prescriber and the Specialist Nurse Prescriber, which in essence makes the division of two separate roles a mute point. The amount of education should not be seen to disadvantage the nurse wanting to move up to this role as they would most likely be well on their way to achieving this already. In other words, nurses whom are excellent candidates for these roles would already be gravitating towards increased learning and formal education. The requirement of a Masters education with prescribing for the Nurse Practitioner would continue to be essential.

We therefore propose two levels of Nurse Prescribing, that of the Specialist Nurse Prescriber, which would include both of the community and specialist proposals, and that of the Nurse Practitioner Prescriber.

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
PO Box 9644, Wellington 6141