26 February 2015

Nursing Council of New Zealand
PO Box 9544
Wellington 6141

Sent via e-mail to: admin@nursingcouncil.org.nz

To Whom It May Concern

RE: CONSULTATION ON THE SCOPE OF PRACTICE AND QUALIFICATIONS - NURSE PRACTITIONER

Thank you for the opportunity to provide feedback on the above consultation.

The Pharmacy Guild of New Zealand (Inc.) (the Guild) is a national membership organisation representing the majority of community pharmacy owners. We provide leadership on all issues affecting the sector and advocate for the business and professional interests of community pharmacy.

We agree with the overall principle for a less specific scope of practice for nurse practitioners. We support the removal of the requirement for the registration to be restricted to a specific area of practice. It is important for patients, particularly those in rural areas with more limited access to health services, that their healthcare practitioner is able to provide services that are appropriate to that setting.

We note the reference to long-term conditions and the expected disproportionate increase in older adults with conditions such as cardiovascular disease, diabetes and lung disease. The Community Pharmacy Services Agreement (CPSA) specifies the criteria for some patients with long term conditions to receive extra input from their pharmacist to increase their understanding of and adherence to their medications. The Guild would welcome the opportunity for nurse practitioners and community pharmacists to work more closely and have greater integration for the benefit of these high needs patients.
The proposed new scope of practice states that nurse practitioners will “provide a wide range of assessment and treatment interventions, ordering and interpreting diagnostic/laboratory tests, prescribing medicines, administering treatments/therapies...” It is our view that there needs to be a separation of the roles of prescribing and supply or administration. We believe that any mixing of these roles increases the potential for errors to go undetected.

There is confusion within other health professions as to the various roles within nursing. It would be very helpful if the Nursing Council was able to familiarise other health professionals with clear outlines as to what exactly each role entitles the nurse to do e.g. nurse practitioner versus clinical nurse specialist versus designated prescriber nurses practising in diabetes.

The quality of overall prescribing by many prescribers is of ongoing concern to pharmacists. If a prescription does not meet all the legal and funding requirements when the patient presents the prescription (or if it is not clear who has prescribed it), there are often significant time delays for the patient while the pharmacist sorts this out. Another issue is that pharmacies frequently report difficulties in obtaining a copy of the original prescription from prescribers who have sent a faxed prescription to the pharmacy. A faxed prescription is considered to be no different than a telephoned prescription and it is the legal obligation of the prescriber to supply the original prescription to the pharmacy – with controlled drug prescriptions the prescriber only has 48 hours to supply the original prescription to the pharmacy. Without the original prescription, a pharmacy is not able to be paid for dispensing the items on the faxed prescription and they are not able to dispense any repeats from it.

We would be very grateful if the Nursing Council would take the opportunity to remind its own prescribers of these requirements. We know that nurses working in hospitals and in general practice will have a positive influence on the other prescribers they interact with and we would be happy to work with the Nursing Council to get this message out to nurses.

If you have any questions about our feedback, please contact our Pharmacist - Professional Services and Support, Tracey Sullivan, at...

Yours sincerely,

Lee Hohaia
Chief Executive