Consultation: Two proposals for registered nurse prescribing

Executive Summary: Analysis of Submissions

Between February and April 2013 the Council consulted on two proposals for registered nurses prescribing. This document summarises the responses from the 197 written submissions received. There was strong overall support for the Council’s proposals and the extension of nurse prescribing. There was less agreement and divergent views regarding some areas within both proposals, particularly the lists of prescription medicines but also the proposed qualification and training for community nurse prescribing. The responses are summarised under the two proposals below.

Community nurse prescribing

The Council proposed that suitably qualified and experienced registered nurses working in community and outpatient settings\(^1\) be able to prescribe a limited list of medicines to treat minor ailments and infections, and to promote health to some patients. The Council proposed that community nurse prescribing could be included in the registered nurse scope of practice and be regulated by the Council using an authorisation or condition on the scope of practice. The Council proposed an education programme of six days with three days of prescribing practice with a medical mentor.

Support for proposal

The majority of submitters (90.2\%) supported the community nurse prescribing proposal and agreed that community nurse prescribing will enable patients to receive more accessible, timely and convenient care (91\%). Submitters commented on the benefits to patients in community settings but particularly patients who used nursing services, e.g. home care, district nursing, school nurses. Issues related to the extensive use of standing orders and the Practitioner Supply Order\(^2\) (stock of medicines) as a means of enabling patients to get the medicines they need were raised. Some submitters wanted the model to be more collaborative. A small number of submitters did not support the proposal. Some submitters,

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\(^1\) Schools, general practice, public health, Maori and Pacific Health providers, services for youth, family planning and other ambulatory services.

\(^2\) ‘Practitioner’s Supply Order’ means a written order made by a Practitioner on a form supplied by the Ministry of Health, or approved by the Ministry of Health, for the supply of Community Pharmaceuticals to the Practitioner, which the Practitioner requires to ensure medical supplies are available for emergency use, teaching and demonstration purposes, and for provision to certain patient groups where individual prescription is not practicable.

including most medical groups, supported nurse prescribing under a delegated\(^3\) model not as designated prescribers. Some submitters raised concerns about the lack of clinical governance mechanisms to support nurse prescribing in primary health.

**Title and authorisation in scope of practice**

Most submitters (71.6\%) did not support the title for community nurse prescribing. It was considered by some to be confusing and limiting. Alternative suggestions included using ‘primary health’ in the title or registered nurse prescriber - level 1. Most submitters (74.7\%) agreed 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. A smaller number of submitters suggested another scope of practice was appropriate or suggested wording changes.

**Education and training**

A minority of submitters (38.7\%) agreed with the proposed education and training for community nurse prescribing. The reasons given for not supporting the qualification and training were that it was insufficient and the list of medicines was too extensive. Some thought the education should be at a postgraduate level. A small number of submitters did not support the qualification as they did not support this proposal. There was stronger support from submitters for the proposed programme standards (47.5\%) and competencies (60.2\%). Some submitters supported the qualification or suggested tailoring the education to specific medicines nurses would prescribe in some areas of practice. Most submitters (62.2\%) supported the entry criteria for community nurse prescribing courses. A significant minority were concerned that the years of experience before entry to the prescribing course were insufficient. Most submitters (71\%) agreed with the continuing competence requirements for community nurse prescribers.

**Medicines lists**

Submitters were equally divided in their response to the proposed list of prescription medicines with approximately half (49.6\%) agreeing with the list and half (49.6\%) disagreeing with the proposed list for community nurse prescribers. Some submitters supported the breadth of the lists and saw this proposal as being safer for the public than the variable education of nurses presently using standing orders. Many submitters commented on the list of prescription medicines being too extensive, not reflecting the intention of addressing minor ailments, containing too many medicines in relation to the length of the course, and including PHARMAC-restricted medicines, antibiotics and other inappropriate medicines. Suggestions were made to clarify the route of administration, specify repeat prescribing for some items and develop focused lists for specific areas.

A large majority of submitters (85\%) agreed that community nurse prescribers should be able to access the proposed list of non-prescription medicines.

\(^3\) The Medicines Amendment Bill will establish a new category of delegated prescriber, whose members will be allowed to prescribe under a delegated prescribing order issued by an authorised prescriber.
Specialist nurse prescribing

The Council proposed 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.

The Council proposed two options as to how it could regulate specialist nurse prescribing using the scopes of practice provisions under the Health Practitioner Competence Assurance Act, 2003 (the Act). 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 Council proposed that specialist nurse prescribers complete a postgraduate diploma in specialist nurse prescribing. The programme proposed includes 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.

Support for the proposal

A large majority of submitters (93.6%) agreed with the proposal that suitably qualified and experienced registered nurses be able to prescribe from the specialist and community nurse prescribing lists of medicines. The majority of submitters (94.3%) agreed that specialist nurse prescribing will enable patients to receive more accessible, timely and convenient care. Some medical and pharmacy groups would prefer to see a model of delegated prescribing. Some medical groups gave support to specialist nurse prescribing under designated prescriber.

Title

About half of submitters (50.8%) supported the title ‘specialist nurse prescribing’. Some submitters thought the title would be too confusing especially with clinical nurse specialist and specialty nurse roles. Others thought the title was confusing or misleading because it implied the nurse would be working in a specialist area. Some suggested titles were to add the nurse’s speciality to the title or use registered nurse prescriber - level 2.

Collaboration and supervision

Nearly all submitters (94.2%) agreed that nurses with specialist nurse prescribing authority should be required to work in a collaborative multidisciplinary team. Most submitters (91.6%) supported nurses with specialist nurse prescribing authority being required to practice under supervision for six months from when they begin to prescribe.

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4 Under section 22 of the Act, the Council may change a scope of practice and state the health services a nurse is able to perform.
**Scope of practice or authorisation**

A minority of submitters (38%) supported specialist nurse prescribers being registered in a new scope of practice. Most submitters (64.9%) agreed with the wording of the scope statement proposed *if* nurses with specialist nurse prescribing authority were to be registered in a separate scope of practice. Most submitters (76.8%) agreed with the proposed wording to be added to the registered nurse scope of practice if specialist nurse prescribing authority is indicated by an authorisation/condition. Most submitters (62%) agreed with a condition/authorisation being included in the registered nurse scope of practice.

**Education and training**

A strong majority of submitters (90.5%) agreed with the proposed education and training for specialist nurse prescribing. Most submitters agreed with the proposed standards for programmes (92.2%) and competencies (94.6%) for specialist nurse prescribing. Many submitters were concerned that there needs to be a pathway for nurses who have already gained a master’s degree or completed similar papers. Other submitters suggested broadening the mentor definition to include nurse practitioners and to include common mental health conditions in the programme. The majority of submitters (66.2%) agreed with the entry criteria for specialist nurse prescribing programmes. Again a minority of submitters wanted more clinical experience in the prescribing specialty as a criteria for entry to the programme. A strong majority of submitters (81.3%) agreed with the continuing competence requirements for specialist nurse prescribers.

**Medicines lists**

Most submitters (62.3%) agreed with the list of prescription medicines for specialist nurse prescribing. Some submitters were concerned that the list was too extensive and should be restricted or formulated according to area of practice or specialty lists. A minority of submitters (26.5%) wanted medicines removed from the list. Other submitters (74.1%) agreed that some medicines might not be initiated but could be repeat prescribed. Nearly all submitters (98.2%) agreed that specialist nurse prescribers should be able to access the list of non-prescription medicines. Most submitters (81.8%) agreed with the proposed list of controlled drugs. Just over half of submitters (56.1%) agreed with specialist nurse prescribers being able to prescribe controlled drugs for a period longer than three days.