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:
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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:

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✓ 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) ...Clinical Nurse Specialists, Respiratory
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object to this publication or to the publication of your name (Please note that the names of individual submitters will not be published) tick one or both of the following boxes: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.

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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 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

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

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 [ ]

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 [ ]

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 [x]

1.6 Do you agree with the course standards for community nurse prescribers?

Yes [ ] No [x]

1.7 Do you agree with the competencies for community nurse prescribers?

Yes [ ] No [ ]

We feel that the education proposed is insufficient for the breadth of prescribing proposed for a ‘community nurse’

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 [x]

Three years full time practice is insufficient to develop the skills, knowledge and confidence to prescribe. We feel that five years full time practice with at least one year in the area of practice she/he will be prescribing in is more appropriate.
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 [X]

We believe that 60 days of prescribing practice is insufficient per three years, as this is equivalent to less than one day per fortnight. Prescribing needs to become regular practice to maintain skills, knowledge and ability to prescribe within the specialty field.

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 [X]

This list is too extensive. Some of medications listed require close monitoring. Ceftriaxone is a 3rd generation antibiotic and would rarely be given as a repeat prescription – medications such as these should not be included on the list. Surprisingly left off this list are long acting beta 2 agonists (salmeterol and eformoterol) and thus repeat prescription for these and for combination inhalers (seretide and symbicort, vannair) for asthmatics and those with COPD wouldn’t be able to be provided. Additionally titotropium has been left off the list – this should be included, even though there is a need for special authority.
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  ☐

We do not have sufficient information to comment on this list

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  ☐

It could also potentially reduce readmissions to hospital if timely treatment is given. It would also
decrease the burden on some GP practices that cannot see these patients before further deterioration occurs.

**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 □

This is a reasonable length of time to ensure prescribing competence and confidence grows with the support from peers and mentors. Continued monitoring, for safety and growth of the CNS, needs to be maintained with regular peer reviews amongst the specialist team after the 6 month period.

**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\(^2\) 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

2.7 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?

> “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

Nurse specialists who begin to prescribe medicines for their patients are significantly increasing their responsibility, and breadth of practice. This must be recognised with a new scope of practice, and it would be appropriate for this scope to be given associated with increased remuneration (which in the submission document is recognised as a ‘negative’ effect of developing a new scope). Prescribing brings with it increased responsibility, training and required academic study, this must be recognised with increased remuneration.

### 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

\(^2\) 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.
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 competencies/education needs to be better described for nurses who have previously completed post-graduate studies (ie, not a specific post graduate diploma in specialist nurse prescribing). For example, a nurse may have a Masters in Nursing, including a non-prescribing practicum.

What, if any, bridging papers will need to be done?

Is the ‘prescribing praxis’ a post-graduate paper, or time spent with, and supervision by, a prescribing mentor?

Is the level of education recommended consistent with that which the diabetes nurse prescribers are currently required to do? If not, how will this difference be bridged?

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   

It is important that the registered nurse be experienced in the area she/he will be prescribing, and it is felt that five years experience, with 2 of those years in the area of practice would be more appropriate.
The above comments regarding nurses with prior post-graduate education applies to this question as well.

In addition, what about nurses who may cover several areas such as chronic conditions – does the nurse need to work in each area separately for a specific time frame?

What does continuing education mean? We believe this requires a definition of hours of continued education, and examples of topics. In the current health climate it is very difficult for nurses to get funding or protected leave to attend continued education. This provision must be able to be enforced (perhaps through MECA) to ensure the employer provides appropriate and relevant access to continuing education.

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?

Yes   No   

We think the minimum proposed hours and days is unsafe. That means some one can prescribe for less than one month per year, or only one day a fortnight. We feel that this would be insufficient to remain competent. At a minimum it should be at least two days per week.
The 60 hours of professional development in three years is also too low. 20 hours a year is barely sufficient for an RN without prescribing but for a prescriber who needs to do audits, regular case reviews, and stay up-to-date with the medications and conditions they are prescribing 40 hours per year would be an acceptable minimum.
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 [x]

We are concerned about the absence of long-acting anticholinergics (tiotropium). We presume that combination inhalers (Seretide, Vannair and Symbicort) can be prescribed as the products in the combination inhalers are listed separately. We also presume that specialist nurse prescribers will be able to apply for Special Authority numbers for these medications.

Oxygen is included – could it be clarified if this includes Domiciliary oxygen. If this does we believe this should be restricted to Respiratory Specialist Nurse prescribing only.

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 [√]
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 ☒

The list of medications is appropriate, however the restrictions on prescribing them is prohibitive. For patients who have been prescribed a controlled drug for ongoing management of a chronic condition (eg low dose morphine elixir for shortness of breath) it would be appropriate for an appropriately trained nurse prescriber to provide repeat prescriptions, and titrate doses.

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 ☐

As in comment above

Other comments

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

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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