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And



*Nurse Practitioners
New Zealand*

Nurse Practitioners New Zealand

A division of the College of Nurses Aotearoa (NZ) Inc

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Submission on: Options for the regulation of prescribing and dispensing in New Zealand

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Overview

The College of Nurses Aotearoa NZ (the College) and Nurse Practitioners New Zealand (NPNZ) welcomes the opportunity to comment on the options proposed. It is heartening to be presented with a real possibility that barriers and restrictions facing a range of health practitioners, though specifically nurses, might be addressed through a mechanism that places faith in professional regulatory bodies. The College's overall position is that nurses should be able to prescribe any medicinal or therapeutic product as necessary to provide comprehensive care to their patients and clients. There has been incremental change toward achieving this outcome and the public and other professional groups can be reliably assured that safe prescribing practice is occurring as a consequence of those changes. That is, nurse practitioners in many areas and registered nurses working in diabetes health have ably demonstrated their ability to make safe and effective prescribing decisions to the benefit of their patients and clients.

Today's professional regulatory mechanism has matured significantly under the HPCA Act. In our view, individual regulatory authorities (and in our case the Nursing Council) should be responsible for determining appropriate levels of prescriber, education, competency standards and final authorisation of health professionals under a broad and enabling primary legislative framework.

Recommendations

With these points in mind the College and NPNZ make the following recommendations:

1. The *ability* of nurses to prescribe should be determined by primary legislation.

The College and NPNZ acknowledges an ongoing need for a broad legislative framework that restricts prescriptive authority to practitioners who are competent to make safe and effective prescribing decisions and to facilitate the determination of which medicinal and therapeutic products are to be available on the basis of safety and cost-effectiveness.

The College and NPNZ recommend that the prevailing legislation intended to replace the existing Medicines Act and associated regulations functions primarily to limit access to medicines and therapeutic products to health practitioners named in that legislation and subject to regulation by bodies established under the HPCA Act 2003.

2. Which nurses should prescribe should be the responsibility of the Nursing Council of New Zealand.

The current legislative framework has accommodated the need to protect public safety but also to ameliorate negativity from other prescriber groups. In our view the ability to determine the *extent to which* nurses are able prescribe should be determined by the care needs of patients and clients. This is a matter for professional consensus and the professional regulatory system; i.e. the Nursing Council of New Zealand.

The Nursing Council is charged with the responsibility to determine the nature of nursing practice and the education required to practice to a satisfactory standard. In acquittal of this responsibility the Council determines scopes of practice underpinned by a professional code and robust disciplinary process with a range of sanctions available restricting or prohibiting practice.

As such the College and NPNZ recommends that emergent medicines legislation should enable professional regulators to determine the extent to which health practitioners might prescribe. We recommend the Nursing Council is given the responsibility to determine the extent to which nurses prescribe in the context of their regulatory role with respect to education and competency standards.

Implications for the legislative framework

These recommendations above are a significant departure from the current framework. We are suggesting that medicines legislation simply facilitate the legal right of registered nurses to prescribe. The role of the Nursing Council should be to determine which nurses prescribe and the extent of that prescribing. We envisage a framework in which current categories such as 'authorised', 'designated' and 'delegated' prescribing are not determined by the legislation that will replace the Medicines Act and associated regulations. Rather, **all registered nurses will legally be able to prescribe as determined by their regulatory body, the Nursing Council.**

The benefit of a simplified legislative framework is that changes required to meet evolving care needs and the ability of nursing to function as a flexible workforce in meeting those needs are more readily undertaken within the context of professional self-regulation. The Nursing Council already regulates the nursing educational framework and through effective consultation makes rational determinations as to the changing needs of patients and clients ensuring nursing is fit for purpose in meeting those needs.

Under our proposal, the Nursing Council may well determine the need to align prescribing by nurses with scopes of practice (RN or NP) in a relatively fixed way, for example in a replication of some of the elements of the existing categories of 'authorised' and 'designated' underpinned by a graduated pathway of education and evolving level of competence. The important difference is that the profession has made this determination in a manner consistent with the regulation of other aspects of nursing such as education and competence.

We commend these recommendations to the Ministry of Health and look forward to working with you towards a truly effective prescribing framework that will meet the future healthcare needs of all those living in Aotearoa New Zealand.



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