

## FREQUENTLY ASKED Q &A's for new & not so new NPs ... as of 5<sup>th</sup> Sept 2018

### 2018 Legislation Changes Summary related to the Omnibus Bill:

These amendments herald historic changes that will enable competent health practitioners to better use their skills for the benefit of the people they work with, the health workforce and the New Zealand health system as a whole, *was a direct result of years of active lobbying by NPNZ and the College of Nursing Aotearoa, the Chief Nurses Office & working parties.*

- Changes across eight Acts amend references to medical practitioners to include health practitioners including nurse practitioners, registered nurses and, in one instance, pharmacist prescribers.
- Seven of the amendment Acts with their new terminology will commence on 31 January 2018 and the Transport Amendment Act will commence on 8 November 2018.
- The amendments enable competent health practitioners (as defined under the [Health Practitioners Competence Assurance Act 2003](#) or HPCA Act) working within their prescribed scope of practice (e.g. registered nurses) to carry out new roles as defined by the amended Acts.
- This does not mean that all health practitioners regulated under the HPCA Act will be able to undertake all the amended statutory functions.
- The Ministries of: Health; Transport; Business, Innovation and Employment; and Social Development are responsible for the affected legislation. Other agencies, including ACC and the New Zealand Police, will also need to implement the changes.

#### AMENDED ACTS:

**Holidays Act 2003:** Health practitioners are now able to certify proof of sickness or injury including suitably qualified registered nurses, if their employer and the Nursing Council of New Zealand recognise that they are competent and safe to do so

**Burial and Cremation Act 1964:** Nurse practitioners can now issue certificates for the cause of death for patients in their care and sign off Cremation Certificates.

**Medicines Act 1981:** Nurse practitioners are now able to supervise designated prescribers (such as authorised registered nurse prescribers or RN prescriber candidates).

**Mental Health (Compulsory Assessment and Treatment) Act 1992:** Nurse practitioners, or registered nurses working in mental health, will be allowed to complete a health practitioner certificate for applications for assessment under the Act. An NP will also be able to conduct an assessment examination if approved by the Director of Mental Health. The Director can delegate this approval to the Director of Area Mental Health Service.

**Accident Compensation Act 2001:** Health practitioners providing treatment to a client will be given the opportunity to participate in preparing clients' individual rehabilitation plans. Suitably qualified health practitioners will also be able to prescribe aids and appliances.

**Oranga Tamariki Act 1989 (formerly the Children, Young Persons, and Their Families Act 1989):** Health practitioners will be able to carry out medical examinations ordered by the court when considering whether children or young people have been abused, if the court considers that these health practitioners are qualified for that purpose. In addition, a social worker will be able to ask for medical examinations to be completed by health practitioners qualified for that purpose.

**Misuse of Drugs Act 1975:** Nurse practitioners, registered nurses working in addiction services and pharmacist prescribers will be allowed to prescribe controlled drugs for the purposes of treating addiction.

**Land Transport Act 1998:** Health practitioners will be able to request blood tests from drivers and assess and report on their fitness to drive. It will be illegal for someone to refuse a blood test from a health practitioner. Other amendments enable health practitioners to take blood, handle evidential specimens and appear in court to give evidence.

## ACC :

NPs can sign ACC initial assessment M45's and ARC 18's for ongoing time off work related to an approved ACC claim - either claim can include Sensitive Claims & Gradual process claims (for hearing loss or workplace created injury over time).

In Jan 2015, ACC visits were made free for children under 13yrs.

There are separate visit charges for NP, RN, GP & GP/RN combo, however there is yet to be a NP/RN combo charge. *ACC continue to be lobbied about this by NPNZ to be in keeping with the Omnibus changes to the Health Practitioner Act. Legislation to enable changes was passed (Jan 2016)*

**New Accident Compensation Act 2001 (MBIE<sup>1</sup>)** – to the extent that health practitioners are willing and able to do so, health practitioners providing treatment to a client will be given the opportunity to participate in the preparation of the client's individual rehabilitation plans. Suitably qualified health practitioners will also be able to prescribe aids and appliances. *Omnibus bill passed– 21 Mar 2017, Changes enacted 31<sup>st</sup> Jan 2018*

NPs **cannot** claim for ACC Designated Doctor visits.

- ❖ **Tips** > ensure your admin staff know to charge your claim at NP rates not at RN rates if working in urban based position or, leave as is if on rural contract. If in urban setting & doing combined care visit with a GP, charge out at GP/RN claim rate as it is invoiced at a higher rate (& you are still essentially an RN).
- ❖ If working only with a RN, you can put two claims in for the same patient in one day, one for NP & one for the RN - but only if the patient returns for follow up later in the same calendar day ie for a second dressing if required for a major injury. Or, for an entirely new injury a new M45 should be processed.
- ❖ Multiple claims such as this for the same patient will likely be investigated by ACC.
- ❖ Ensure you charge out your time per ACC hourly rate to supply additional information when it is requested with pts permission for ACC purposes. Only disclose ACC related information, they do not have outright permission to peruse the patient's entire record.
- ❖ Do forms online for most efficient method of processing of M45/ ARC18 within PMS via BPAC (ACC's preferred option)

### ACC Consultation processes

ACC does have an annual consultation process about ACC levies and NPNZ and other nursing groups may be able to influence ACC decision about levies for Nurse Practitioners by participating in the consultation. This link contains details about the consultation process;  
<http://www.acc.co.nz/about-acc/consultation/levy-consultation/index.htm>

### ACC Levies for self-employed NPs for the 2016/17 tax years tax return

As an interim measure ACC has determined that most applicable CU for NPs is *CU 86390 Allied health services (not elsewhere classified)*, as this CU specifically includes the activity 'Nursing service (not elsewhere classified)'. While this may not be the best fit in the long term for NPs (dependent on further analysis), it **does result in a significant decrease in levy rates from the previously applicable CU (\$0.18 as opposed to \$0.84 per \$100)**. As there is not currently an applicable BIC for NPs to enter into their tax return to be assigned this CU, it is **advised for NPs to use Q853975 Paramedical service until ACC adds a more specific/applicable BIC code**.

Additional work and analysis required to be undertaken in order to fully ascertain the most applicable CU for NPs to be classified going forward, in particular around calculating the risk profile of NPs. Next steps, as per Adam Jennings, Commercial Advisor, Legal and Commercial Team ACC. ACC will be undertaking additional work to identify the most accurate classification for NPs going forward. This work will include updating ACC's BIC code website (<https://www.businessdescription.co.nz/>) to include a specific reference to NPs and adding a new BIC code for the 2016/17 tax years that NPs can provide on their tax return. This BIC code will; enable NPs to be correctly classified; Assist ACC to identify a relevant population of NPs so that an accurate risk profile can be developed. Without an accurate risk profile, ACC will be unable to make changes to the CUs for NPs.

*It is important that all self-employed NPs use the new code in their tax return, as if this is not done a population will not be identified. Notification of this new code will occur when it has been implemented (prior to 1 April 2016). Once a decision has been made as to the most applicable CU for NPs, if a change is made, ACC will endeavour to work with the Ministry of Health and NPNZ to re-classify all NPs who are incorrectly classified. *NZNO, NPNZ & ACC; work in progress 2015-17**

## Auditing your practice:

Use Query Builders in Medtech 32 or other PMS software to keep track of what you are doing, no of patients seen & easily countable data such as frequently seen conditions, immunisations given, laboratory and radiology investigations ordered, or scripts written.

❖ **Tip** > BPAC NZ have available 'MyBPAC' a personalised audit of some laboratory and community prescribing practices of individual NPs in PHC, which is available to via their web page [since 2013 pilot]

<http://www.bpac.org.nz/>

Once on the site, log into 'MyBpac' & create an account for yourself follow the prompts or contact BPAC directly for help

❖ **Tip** > Other ways of Auditing:

Place a direct request to your DHB lab to provide a log of what you have ordered. Radiology services can probably provide this type of log as well. Classifications & Demographics can track your workload & populations types.

**NEW Children, Young Persons, and Their Families Act 1989 (MSD)** – Health practitioners will be able to carry out medical examinations ordered by the court when considering whether children or young people have been abused, if the court considers that these health practitioners are qualified for that purpose. In addition, a social worker will be able to ask for medical examinations to be completed by health practitioners qualified for that purpose. *Omnibus bill passed – 21 Mar 2017, Changes enacted 31<sup>st</sup> Jan 2018*

## Driver's Licencing:

NP's cannot currently do this as per LTSA legislation, the paperwork must be signed off by a GP/ Medical Officer. *Omnibus bill passed– 21 Mar 2017, Changes are due to be enacted in Nov 2018. NPNZ working closely with LTSA to ensure training is developed for this new task as of July 2018.*

❖ **Tip** > Resource to have to hand <http://www.nzta.govt.nz/resources/medical-aspects/5.html>  
**NEW Land Transport Act 1998 (Transport)** – NP's are be able to request blood tests from drivers and assess and report on their fitness to drive. It will be illegal for someone to refuse a blood test from an NP. Other amendments enable NP's to take blood, handle evidential specimens and appear in court to give evidence. *Omnibus bill passed – 21 Mar 2017 enacted 31<sup>st</sup> Jan 2018*

## Death certificates / Life extinct certificates:

Life extinct certificates can be signed off by either an NP or RN (Oct 2015). These forms are expected to be fully available electronically in the very near future [2018]

**NEW Burial and Cremation Act 1964 (Health)** – NPs can now issue death certificates and Cremation Certification for patients in their care. *Omnibus bill passed– 21 Mar 2017, enacted 31<sup>st</sup> Jan 2018. NPNZ, MOH's Chief Nurse & Working party successfully lobbied for change since start of 2014.*

## First trimester Antenatal Visits:

NPs are not currently (2014) funded to deliver this package of care as it is tied to Section 88 funded services which are claimed exclusively by Lead maternity Carers/ GPs. An NP may assess & diagnose pregnancy, miscarriage, or ectopic pregnancy & workup the patient: order first AN blood tests, do smear & swabs, prescribe routine & PRN antenatal meds, however the GP must sight the patient to lodge the claim for first trimester Antenatal care in the PHC setting.

*NPNZ is lobbying MOH for change of funding structure. Section 88 is a highly problematic Notice. NO movement – since March 2016*

## Laboratory Investigations:

Latest DHB review of laboratory Services was Oct 2013, officially deems NP's hold limited access to testing, this is variable per DHB at present depending on how tightly lab services are watching their budget. Histology requests (other than smear cytology) and expensive tests such as TTG (marker for Coeliac Disease) are generally declined in the PHC setting and NPs are asked to defer the request to a medical colleague to order, this may be different for other NP scopes.

*NPNZ continue lobbying to achieve same accessibility as GPs & LMC's for tier one testing, & tier two testing with consultant consultation/approval. In March 2018 DHB Laboratory Services Review have indicated NPs will be consulted in the next review.*

(See document 'Completion of the Laboratory Schedule Review Oct 2013' on [www.DHBsharingservices.health.nz](http://www.DHBsharingservices.health.nz))

❖ **Tip >** It is recommended to meet with your laboratory manager to discuss what is in their contract covering NP ordering.

## Immunisations:

NPs can prescribe scheduled immunisations in accordance to their population group/ client base NPs have full authority to Rx and administer the vaccines on the Schedule.

❖ **Tip >** prescribe travel vaccines as you would any other medication apart from Yellow Fever & Mantoux/BCG as these vaccinations are gazetted vaccines and require special training and certification to order and administer.

NPs are able to claim for scheduled immunisations given just as a General Practitioner can.

*NPNZ are lobbied for change to this inequity – [Jan 2016]*

## Insurance Medicals:

Not Accepted where the information must be completed & signed off by a GP/ Medical Officer.

**NEW Kiwi Saver has recently acknowledged NP as entitled to sign off certification of their documentation relating to early withdrawal of funds due to Serious Illness in July 2017**

*NPNZ successfully lobbied for change - July 2017*

## Office of the Chief Nurse MOH:

Acting Chief Nurse MOH to be advised as Jill Clendon has just stepped down from this position as of Sept 2018 & her team of Nursing Advisors are very happy to assist NPs facing barriers to practice &

want to hear from you - as does NPNZ, we are constantly working to address barriers other issues that NP's face, including IT & workforce development.

Jane Bodkin holds the NP portfolio in the OCN Email; [Jane\\_Bodkin@moh.govt.nz](mailto:Jane_Bodkin@moh.govt.nz)

<https://www.health.govt.nz/our-work/nursing/nursing-leadership/chief-nursing-officer/office-chief-nurse>

### Off work certificates:

**NEW Holidays Act 2003 (MBIE)** – Nurse practitioners are now able to certify proof of sickness or injury. *Omnibus bill passed– 21 Mar 2017, enacted 31<sup>st</sup> Jan 2018*

❖ **Tip >** if it is an ACC M45 off work certificate is including as part of the claim, or an ACC ARC 18 certificate.

**NEW Mental Health (Compulsory Assessment and Treatment) Act 1992 (Health)** – allows an NP, or RN working in mental health, to complete a health practitioner certificate for applications for assessment under the Act. *Omnibus bill passed– Mar 2017, enacted 31<sup>st</sup> Jan 2018* A nurse practitioner will be able to conduct an assessment examination if approved by the Director of Area Mental Health. The Director can delegate this approval to the Director of Area Mental Health Service

### Omnibus Bill [2017]:

The amendments heralded historic changes that will enable competent health practitioners to better use their skills for the benefit of the people they work with, the health workforce and the New Zealand health system as a whole, & *was a direct result of years of active lobbying by NPNZ, and the College of Nursing Aoteroa.*

'The Health Practitioner Safety Regulation Bill' passed before the NZ Parliament on 21<sup>st</sup> March 2017 to address barriers to NP practice covered by 8 Acts of legislation; The Ministries of Health; Transport; Business, Innovation and Employment; and Social Development are responsible for the affected legislation. Other agencies, including ACC and the New Zealand Police, will also need to implement the changes. The aim of the changes is to make health services more flexible and available when people need them. It also acknowledges and makes better use of advanced knowledge and skills in the health workforce

Eight Acts were given the Royal Assent on 7 November 2016. They were the:

- Accident Compensation Amendment Act 2016
- Burial and Cremation Amendment Act 2016
- Children, Young Persons, and Their Families Amendment Act (No 2) 2016
- Holidays Amendment Act 2016
- Medicines Amendment Act 2016
- Mental Health (Compulsory Assessment and Treatment) Amendment Act 2016
- Misuse of Drugs Amendment Act 2016
- Land Transport Amendment Act 2016

## Prescribing:

**As a new Prescriber:** it is recommended you introduce yourself in person or by letter (if in a large centre) to the Pharmacies your patients are most likely to present your scripts to, it familiarises the Pharmacy with developing NP practice & is good for relationship building.

**Medsafe** regularly provides Prescriber Updates and other information on their website, and offers a service where practitioners can sign up for email information and alerts through the links below.

1. Medsafe web page: <http://www.medsafe.govt.nz>

2. Subscribe to Prescriber Update and the Early Warning System

<http://www.medsafe.govt.nz/profs/subscribe.asp>

From 1 July 2014, the Medicines Amendment Act 2013 and Misuse of Drugs Amendment Regulations 2014 came into effect. The change allowed NPs to be '**Authorised Prescribers**' within their field of practice ie PHC, youth health, or older persons care. NPs are no longer limited to the list of drugs originally approved for NP use as 'Delegated Prescribers'. *NPNZ & Office of Chief Nurse successfully lobbied change.*

**NEW The Medicines Act 1981 (Health)** – Enables nurse practitioners to supervise designated prescribers. *Omnibus bill passed– Mar 2017, enacted 31<sup>st</sup> Jan 2018*

**NEW Misuse of Drugs Act 1975 (Health)** – Will allow nurse practitioners, registered nurses working in addiction services and pharmacist prescribers to prescribe controlled drugs for the purposes of treating addiction. *Omnibus bill passed– Mar 2017, enacted 31<sup>st</sup> Jan 2018*

**NEW Prescribing controlled drugs in treatment:** section 24A of MODA

The document 'Prescribing Controlled Drugs in Addiction Treatment: Section 24 Misuse of Drugs Act 19754' has been integrated into section 12 of the OST guidelines 2014. It should be read alongside these guidelines and other relevant best-practice guidance.

Section 24A of MODA governs the prescribing of controlled drugs to treat dependence to controlled drugs. There are two pathways of prescribing as described below;

### **Health practitioners working in a Specified Place**

The legislation does not restrict the period of authorisation of a health practitioner working at a Specified Place (Pathway One). In practice, however, the lead clinician should review the approval of the authorisation regularly in line with the guidelines. This regular review should involve assessing the practitioner's professional development, including continuing education and participation in appropriate clinical networks.

A nurse practitioner, designated prescriber nurse or designated prescriber pharmacist should, as a minimum, meet all of the criteria outlined in section 10.2: Workforce training and professional development of the OST guidelines 2014.

### **Health practitioners working in primary care**

In accordance with the OST guidelines 2014, health practitioners accepting transfer of a client from a specialist service to primary care can continue to prescribe controlled drugs to treat the client's addiction with the authority of the lead clinician or an approved medical practitioner working in the service (Pathway Two).

### Controlled drugs:

such as Opiates or other drugs of addiction (class C drugs), can be supplied for the maximum of ONE MONTHS supply in line with GP prescribing practice.

Need to be done on [MOH Controlled Drug Supply form H572 \(triplicate copy\)](#) an ordinary prescription will not be accepted by a pharmacy.

All three copies must be presented to a pharmacy for dispensing.

The number of the script, patient's name & drug dosage & amount scripted with the prescriber's name and signature must be recorded in a controlled drug book which is to be kept in a double locked safe/ space along with any unused script pads.

The prescriber (NP) is accountable to keep this standard and can be audited at any time.

❖ **Tip** > keep a record of the CD script # and details of the prescription on the prescription tab within your PMS records

For a small amount of controlled drugs oral or injectable stock (i.e. Morphine), to have to hand for PRN use, complete the in triplicate controlled Medication form & present all three copies must be presented to the dispensing pharmacy. Any medication stock of this nature is to be managed as explained above for safety, transparency and auditing purposes.

### Nurse Practitioner Supply Order:

for limited stock supply of non-controlled medication & medical appliances (HCG, child/adult Spacers, low / high range peak flow meters, blood glucose test strips) to provide urgent one-off dispensing. Rural NPs are entitled to order a much wider range of Rx's than urban NPs.

Supplies of these forms may be obtained from Wickliffe Ltd, telephone 0800 259 138, & quote reorder no. 74169

Use the same [MOH pre-printed Green Practitioner Supply Order Forms No# 74169](#).

The rules regarding the care of these forms is the same as the controlled drug forms & it is your responsibility to ensure that they are accounted for if in your possession.

### Standing Orders:

NPs are able to supervise designated prescribers (such as authorised registered nurse prescribers or RN prescriber candidates). *MOH lobbied by NPNZ to change currently standing legislation regarding standing orders. Omnibus bill passed– Mar 2017, enacted 31<sup>st</sup> Jan 2018*

### Special Authority (SA) Applications:

The medications listed for SA are always changing according to funding schedules decided by Pharmac at any given point, and the medications listed which NPs can initially apply for on behalf of their pts is somewhat limited in comparison to a Vocationally Registered GP or Specialist. Some drugs SA's may be renewed by an NP although they must be initially applied for by a specialist. There are other drugs including nutritional supplements, may only be applied for at any stage by a vocationally registered GP/ Specialist or Dietician.

All SA treatments are required to meet certain pre-set criteria to gain approval.

[SA can be accessed by either electronic application with a 3 minute turn around response inbox within electronic PMS, or by faxing a completed hand written form & faxing it to 0800 505 125 approval can take several weeks using this method.](#)



Increasingly electronic PMS are geared to process NZNC registration numbers through the same portals that accept NZMC colleagues can use for an instant response of acceptance/ decline of SA applications. SA application process in MedTech is available for those using MedTech at the March 2015 upgrade- just follow the notes they send out and it will be good to go

❖ **Tip >** this option requires accessing a Digi-Cert (proof from your DHB Manager & Clinical Director that you are able to hold such responsibility on behalf of your employer)

Contact the [Online Helpdesk on 0800 505 125](tel:0800505125) or, email: [onlinehelpdesk@moh.govt.nz](mailto:onlinehelpdesk@moh.govt.nz). regards Electronic Special Authority.

In order to send you the required application forms, you need to provide the following details:

☑ Pharmacy, Hospital, Practice Name

☑ Address

☑ Nurses Council Number

☑ Practice Management Software at your practice i.e. MedTech, Next Generation

If you wish to discuss your enquiry further, please telephone [Online Helpdesk on 0800 505 125](tel:0800505125)  
[On-line Helpdesk Sector Services National Health Board Ministry of Health Email: onlinehelpdesk@moh.govt.nz](mailto:onlinehelpdesk@moh.govt.nz)

Once you have gained the Digi –Cert, contact your IT dept to load it onto your computer system. Once loaded, a NP can directly access Pharmac SA's online through a special portal. Unfortunately, the portal does not link directly back into your PMS.

Once SA has been granted you as the prescriber will be required to write the CHEM no and expiry date on the prescription for the said SA medication. Pharmacy will not dispense without this. The HPCA can audit your records at any time if there is any question relating to your delivery of care.  
*NPNZ are lobbying MOH & Pharmac for changes to enable NPs to be equitable prescribers of SA drugs as per Vocational GP lists– March 2017*

❖ **Tip >** If you do not know the SA no and expiry date for any medication a patient is already on, phone the patient's pharmacy to ask for it.

❖ **Tip>** download the latest SA forms from;  
<http://www.pharmac.govt.nz/patients/PharmaceuticalSchedule/SAForms>

❖ **Tip >** These documents are part of your patients medical file.  
Scan and copy hand written forms into electronic records,  
OR, copy & paste SA approval/ decline into the Inbox of your pts PMS.

## [DHB Radiology:](#)

Although NPs are in theory entitled to order radiological investigations to diagnose or rule out conditions, in reality the Head Radiologist for each DHB gate keeps this as it is on their say so as to whom is approved to order in any particular DHB. (see Radiology letter March 2009 College of Radiologists letter.pdf )

[NP ordering of Ultrasound and CT](#) is becoming far more accessible, though may remain dependent on DHB contracts. This may not be the case for say for specific scopes e.g. Urology/ PHC NP ordering Renal Ultrasound, or an Older Persons/ PHC NP ordering a CT scan for dementia diagnosis.

DHB protocols do vary, however, **NPs can not order publicly funded Ante-natal Ultrasound scans for TOP referrals or urgent Ante Natal care** as the funding for these investigations are tied up with Section 88 funding to which an NP is unable to access [ unless you happen to hold dual certificate of Midwife / Lead Maternity Carer as well].

❖ **Tip** > a pelvic USS for Gynaecological investigation or lower quadrant abdominal pain is permissible and may rule out an Ectopic pregnancy.

**MRI ordering is generally not accessible by NPs or GPs** and are generally considered 'specialist only' to rationalise use/ expenditure however, it is acknowledged that some DHBs allow niche specialist field NPs to enable MRI ordering with consultant support.

*NPNZ are lobbying the MOH Chief Nurse for change to this ruling to gain same access as GP colleagues and for a NZ wide agreement for equity to access across all DHBs.*

### Private Radiology:

There is far greater acceptance by Private Radiology Services for NP ordering examinations as the patient pays in full or partially relating to ACC injuries including ultrasound and plain films.

An NP can privately order a scan for dates as it is the patient who is paying for this service.

❖ **Tip** > NPs can recommend mammography for national breast screening purposes and refer for diagnostic mammogram/ breast ultrasound via DHB pathways. If your patient is willing to pay for a private radiology appt there seems not to be the same issue.

### Work & Income:

NPs can currently ONLY complete & sign off Work & Income's '**Work Capacity Certificate**'

NPs are as yet, not able to sign off Child or Adult Disability Certificates.

NPs are not able to sign off Dependent Persons Benefit or Supported Living Allowance (nee Invalids benefit) under the Social Security Act 1964.

MSD had assured NPs that MSD welcome this solution & are doing a 'work around' to fix the problem that this piece of legislation was omitted somehow from the omnibus bill for multiple legislation changes affecting NPs. MSD expected that change of govt in Sept 2014 would correct this, it did not. *NPNZ are actively lobbying for change, no movement until MSD legislation is reviewed again*

FAQs compiled by Di Williams NPNZ Exec

Please feel free to email Di with any additions or amendments as you come across them in your practice. [Dj124395@gmail.com](mailto:Dj124395@gmail.com)