RESPONSE TO COLLABORATIVE PRESCRIBING CONSULTATION DOCUMENT

The rationale for nurse prescribing at any level is improved access to services regardless of location and the availability of scarce medical resources. In this respect the College of Nurses Aotearoa (NZ) supports improving the ability of all registered nurses to prescribe, such as through a collaborative prescribing relationship.

However, the College of Nurses Aotearoa (NZ) is apprehensive about a situation where collaborative prescribing is contingent on medical supervision, direct or indirect; therefore there is an urgent need to promptly secure Authorised status for Nurse Practitioners.

To answer consultation document questions directly:

1. Is there a need for collaborative prescribing in New Zealand?

Yes, the mechanism for delivering nurse prescribing is currently via the role of the nurse practitioner. We consider that there is a need for 'future-proofing', both in terms of supporting nurse practitioners as authorised prescribers and in terms of the future role of experienced registered nurses. The role of experienced registered nurses is continually evolving and changes in nursing models of care have sometimes resulted in difficulties complying with the current legislation. This has meant that there are now increasing instances where there have been unnecessary delays providing appropriate medications to consumers, duplication of service provision, and increased costs for individuals. Significant GP shortages are predicted in future, and as well our population is ageing. In order to cope with the increasing demands for health services by an ageing population, health care systems will require:

* An increasing number of practitioners

* More specialist services to deal with specific conditions associated with an ageing population

* More expertise (Ministry of Health 2004).

Therefore there is a clear need for an experienced flexible registered nursing workforce that can be utilised to its full potential to work in collaboration with authorised prescribers to provide improved responsiveness and access to care for patients. However, any move to make all nurse prescribing contingent on medical supervision, direct or indirect would directly counter ease of access for patients and overall effectiveness.

2. Do you agree with the proposed way in which collaborative prescribing would work at a high level (i.e. only after endorsement from the relevant registration authority and under the supervision of an authorised prescriber)?

It will be important for endorsement for prescribing practise occur by the relevant registration authority and under supervision of an authorised prescriber. However, nurse prescribing contingent only on medical supervision, direct or indirect, is inappropriate and would directly negate efficiency.

3. What are the key elements that you feel make up the concept of "collaborative prescribing"?

A collaborative prescribing model requires a co-operative practice relationship between a registered health practitioner and an authorised prescriber. Recognition of both prescriber expertise in disease diagnosis and registered health practitioner expertise in disease self-management and pharmacotherapy helps maximise the efficacy of quality patient care.

In an ideal collaborative practice, the authorised prescriber makes diagnoses and recommends initial treatment decisions for the patient and the collaborative prescriber health practitioner selects, initiates, monitors, modifies, continues and discontinues pharmacotherapy as appropriate to achieve the desired patient outcomes. Both the authorised prescriber and collaborative prescriber health practitioner hold full accountability for their own decisions and actions.

4. Should collaborative prescribing be made in respect of:

a) all registered health practitioners,

Potentially yes subject to separate review on a case by case basis

b) scopes of practice (ie, only practitioners who are registered in a specific scope of practice may prescribe as a collaborative prescriber,

For nursing, only Registered Nurses

or

c) service delivery environments (ie, only practitioners practising in a specific area, such as diabetes, could prescribe as a collaborative prescriber)?

No, to do this would limit access to too many patients and clients.

5. In order to ensure uniformity of application, should minimum competencies be specified in regulations made under the Act?

Yes, to ensure consistency in educational and clinical preparation across disciplines.

6. Any other comments?

We think nursing will willingly take up collaborative prescribing in order to improve the efficacy of services but we draw the Ministry's attention to the ongoing failure to provide adequate reliable investment in continuing nursing education. This creates a serious risk.

In addition, even collaborative prescribing arrangements may be unnecessarily onerous. Registered nurses with an equivalent qualification to midwives are currently unable to provide access independently even to medications which are available over the counter to the general public.

Finally, the College of Nurses Aotearoa (NZ) reiterates that it is apprehensive about pursuing a collaborative prescribing arrangement contingent on medical supervision, direct or indirect, and requests a prompt resolution to securing Authorised status for Nurse Practitioners.

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