



and



*Nurse Practitioners  
New Zealand*

Prescribing Rights under the Misuse of Drugs Act 1975 and  
Medicines (Standing Order) Regulations 2002

June 2012

**Submission to:**

Sector and Services Policy  
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This submission was prepared on behalf of the **College of Nurses, Aotearoa (NZ) Inc.** (CNANZ) and **Nurse Practitioners of New Zealand (NPNZ)**, *a division of the College.*

The College is a professional body of New Zealand nurses from all regions and specialties. It provides a voice for the nursing profession and professional commentary on issues which affect nurses, and also the health of the whole community. Its aim is to support excellence in clinical practice, research and education and to work with consumers to influence health policy.

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## **EXECUTIVE SUMMARY**

1. The College of Nurses, Aotearoa (NZ) Inc. and NPNZ (Nurse Practitioners of NZ) welcome the opportunity to comment on prescribing rights under the Misuse of Drugs Act 1975 and Medicines (Standing Order) Regulations 2002.
2. As well as internal consultation we have consulted with other nursing organisations and leadership groups including the NZNO; the New Zealand Council of Deans; Nurse Educators in the Tertiary Sector; the District Health Board Lead Directors of Nursing; Te Ao Māramatanga: New Zealand College of Mental Health Nurses; and the Nursing Council of New Zealand (NCNZ).
3. All changes made to the Misuse of Drugs Act 1975 and/or Medicines (Standing Order) Regulations 2002 must be in line with any changes to the Medicines Act.



To summarise the College's and NPNZ's position (and indeed the position of nursing as a discipline) on the proposed changes to the Medicines Act (as per the Medicines Amendment Bill currently before parliament) we note here that the College of Nurses/NPNZ

- **support** the authorised and designated categories of prescriber, including shifting Nurse Practitioners to the authorised prescriber category;
  - **do not support** the additional categories of delegated or temporary prescriber; and
  - **recommend** that the regulating bodies i.e. the appropriate Responsible Authorities (RA) under the HPCAA, be responsible for determining the requirements for designated prescribing within a defined area of practice.
4. In line with the above and assuming Nurse Practitioners become authorised prescribers, the College/NPNZ
- **support** removing the three day restriction on prescribing controlled drugs for Nurse Practitioners;
  - **support** extending the ability to write standing orders to Nurse Practitioners;
  - **do not support** retaining the three day restriction on prescribing controlled drugs for designated nurse prescribers;
  - **support** retaining the restrictions on writing standing orders to authorised prescribers including nurse practitioners;



## DISCUSSION

5. Access to prescription medicines remain inappropriately limited, to the detriment of New Zealanders' health. Changes to the range and scope of prescriptive ability are in line with moves to create a flexible and responsive health workforce well positioned to respond to the increasing burden of age, the chronic degenerative and infectious diseases.
6. Nurses - in particular Nurse Practitioners who have a minimum of four years clinical experience and a master's degree – and other advanced practise nurses who will also have extensive postgraduate education are consistently frustrated by their inability to practise to the full extent of their scope because they cannot access appropriate medicines for clients in a timely and efficient manner. Additional appointments with doctors to sign off on routine repeat scripts, for example, are a common deterrent for the most impoverished and isolated New Zealanders for whom the potential to benefit from medicines for chronic diseases like diabetes and asthma is significant.
7. Expert nurses can safely prescribe within their defined area of their expertise, as has been evidenced by decades of practice in many other countries as well as evidence from New Zealand.<sup>1</sup> However, barriers in Aotearoa remain including those currently found in the Misuse of Drugs Act 1975 and Medicines (Standing Order) Regulations 2002.
8. The College strongly supports removing the three-day limit on prescribing controlled drugs for Nurse Practitioners. Nurse Practitioners work autonomously within their defined scope of practice and are regulated separately from registered nurses by the Nursing Council. Almost three

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<sup>1</sup> Nissen, L., Kyle, G., Stowasser, D., Lum, E., Jones, A., McLean, C., & Gear, C. (2010). *Non-medical prescribing: an exploration of likely nature of, and contingencies for, developing a nationally consistent approach to prescribing by non-medical health professionals*. NSW: National Health Workforce Taskforce, Australian Health Workforce Institute, Price Waterhouse Coopers; See also Nurse Practitioners New Zealand submission.



quarters of all New Zealand Nurse Practitioners are practicing within primary healthcare, older adult care including residential aged care, mental health and palliative care, and in other settings, in which a medical doctor is not readily available all the time. It is imperative that their ability to provide vital patient care is not hindered by out of date legislation. One example of how the current controlled drug prescribing can obstruct effective patient care is for a rural Nurse Practitioner who is regularly the only practitioner 'on call' for her primary healthcare practice. The inability to prescribe the controlled drugs needed for patient care results in care delays and inefficiencies for the people in this practice.

9. We provide the recommended amendment specifically for Nurse Practitioners by drug class.
  - Class A controlled drugs: It is difficult to comment around NP prescribing of Class A. It would be very rare that most Medical Practitioners would use these medicines. It is unlikely that a NP, operating within their scope of practice, would issue a prescription for Class A controlled drugs.
  - Class B controlled drugs: Should read as for Medical Practitioners "in no case shall the total quantity supplied be greater than a quantity for use for a period of 1 month".
  - Class C controlled drugs: Should read as for Medical Practitioners "in no case shall the total quantity supplied be greater than a quantity for use for a period of 3 months".
  
10. The College strongly supports extending the ability to write standing orders to Nurse Practitioners. Standing orders are an effective means of ensuring medicines are available in a timely and appropriate manner in a range of circumstances. Using older adult care as an example, the national aged residential care contract was amended in 2010 allowing aged residential care



facilities to utilise Nurse Practitioners as independent providers of the full range of care needed by residents. For appropriate care, nursing staff within residential care facilities need access to medications to treat common older adult conditions such as pain, constipation and dehydration. If the Nurse Practitioner cannot issue standing orders, then the staff would have to rely on a medical doctor who may be unfamiliar with the residents cared for by the Nurse Practitioner, the resident's plan of care or the ability of the healthcare team. Continuity of care would thus be significantly disrupted.

11. The College/NPNZ do not support retaining the three-day restriction on prescribing controlled drugs for designated nurse prescribers. Our major rationale is the need to future proof any legislation and to support a flexible workforce. While current legislation is sufficient, consideration must be given to the potential for future designated prescribers to be in a situation in which it may be appropriate for a designated prescriber to have the ability to prescribe controlled drugs beyond the three day limit. For example, palliative care nurses or specialist pain nurses may in future become designated prescribers.

12. The College/NPNZ support retaining the restrictions to write standing orders to authorised prescribers (assuming Nurse Practitioners are reclassified as authorised prescribers under the new medicines legislation currently before parliament). A person who writes a standing order has the responsibility for ensuring the person enacting the standing order is competent to undertake the directives in the standing order, and also for undertaking regular audits of practice. While good policies and practices exist in most places, where these do not, extension of the ability to write standing orders to non-authorised prescribers may place the practitioner and the population at unnecessary risk.



## CONCLUSION

13. College of Nurses, Aotearoa ( NZ) Inc and NPNZ recommend the Ministry:

- **removes** the three day restriction on prescribing controlled drugs for Nurse Practitioners;
- **extends** the ability to write standing orders to Nurse Practitioners;
- **removes** the three day restriction on prescribing controlled drugs for designated prescribers;
- **retains** the restrictions on writing standing orders to authorised prescribers;

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