

College of Nurses Aotearoa
Submission to the Nursing Council of New Zealand: Consultation on two proposals for
registered nurse prescribing



**SUBMISSION TO THE NURSING COUNCIL OF NEW
ZEALAND: CONSULTATION ON TWO PROPOSALS FOR
REGISTERED NURSE PRESCRIBING**

April 2013

Submission to:
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1. SUMMARY

This submission was completed by:

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You are making this submission:

- as an individual
 on behalf of a group or organisation

Please indicate which part of the sector your submission represents:

- | | |
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| <input type="checkbox"/> Individual nurse | <input type="checkbox"/> Individual doctor |
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I **do not** give permission for my submission to be published on-line.

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2. BACKGROUND

This submission represents the opinion of The College of Nurses (Aotearoa) (“the College”). The College is a professional body of New Zealand registered nurses and nurse practitioners from all regions and specialties both within and outside of the District Health Board (DHB) setting. It provides a voice for the nursing profession and professional commentary on issues that affect nurses, and also the health of the whole community, aiming for excellence in nursing practice and health care delivery which addresses disparities in health

This submission is the result of previous policy analysis undertaken by the College, internal consultation and direct discussions with College members in a range of leadership positions in different parts of the sector

The College is pleased to have the opportunity to comment on the Nursing Council’s consultation document. Overall, the College supports any move which ensures an enabling environment for registered nurses with the appropriate education and competence to prescribe; with a fundamental underlying concept being that registered nurses are able to prescribe any product required to deliver nursing care to their patients or clients within the limits of their scope and area of practice, competence and educational preparation.

3. PROPOSAL ONE: COMMUNITY NURSE PRESCRIBING

3.1 Proposal for community nurse prescribing

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

Do you agree that community nurse prescribing will enable patients to receive more accessible, timely and convenient care?

Yes No

3.2 Title for community nurse prescribing

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

3.3 Scope of practice and authorisation for community nurse prescribing

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

3.4 Qualification and training for community nurse prescribing

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

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

Yes No

Do you agree with the competencies for community nurse prescribers?

Yes No

Comment: The College notes that Standard 4 specifies a practicum experience with a medical mentor. The College considers that the mentor role should include prescribing nurse practitioners, and this requirement should therefore be changed to include "medical and/or nurse practitioner mentor".

3.5 Entry criteria for courses leading to community nurse prescribing

Do you agree with the entry criteria for community nurse prescribing courses?

Yes No

3.6 Continuing competence and monitoring for community nurse prescribing

Do you agree with the ongoing continuing competence requirements for community nurse prescribers?

Yes No

3.7 Indicative list of medicines for community nurse prescribing

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

Comment: Some concern has been expressed by College members about the extent of drugs available for community nurse prescribing (for example, methotrexate), however the College anticipates that these issues will be resolved in ongoing professional dialogue.

The College also notes that many of the medicines on the proposed list are currently supplied and administered to clients under standing orders. Education and competence assessment processes for standing order use by registered nurses are currently highly variable. We therefore consider that it would be safer for registered nurses to prescribe these medicines independently because of the standardised authorisation (education and competence) requirements.

Do you agree that community nurse prescribers should be able to access this list of non prescription medicines?

Yes No

4. PROPOSAL TWO: SPECIALIST NURSE PRESCRIBING

4.1 Proposal for specialist nurse prescribing

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

Do you agree that specialist nurse prescribing will enable patients to receive more accessible, timely and convenient care?

Yes No

4.2 Title for specialist nurse prescribing

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

Do you agree that nurses with specialist nurse prescribing authority should be required to work in a collaborative multidisciplinary team?

Yes No

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

Comment: Registered nurses are independent practitioners who collaborate with other professionals as necessary in order to enable the best patient outcome. Registered nurses therefore with the appropriate education, experience and competence should prescribe independently without the specific requirement to work in a collaborative multidisciplinary team. Independence and collaboration are not mutually exclusive, rather they are the hallmark of expertise.

We do, however, support the proposal for a period of supervised prescribing practice since this aligns to evidence from literature about the benefits derived by novice prescribers from being supported by a prescribing colleague.

4.3 Scope of practice for specialist nurse prescribing

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

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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

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

4.4 Qualification and training for specialist nurse prescribing

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

Do you agree with the standards for accreditation of courses for specialist nurse prescribing?

Yes No

Do you agree with the proposed competencies for specialist nurse prescribers?

Yes No

4.5 Entry criteria

Do you agree with the entry criteria for specialist nurse prescribing programme?

Yes No

4.6 Continuing competence and monitoring

Do you agree with the continuing competence requirements for specialist nurse prescribers?

Yes No

4.7 Proposed list of prescription medicines for specialist nurse prescribing

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

Do the prescription medicine lists include any medicines that specialist nurse prescribers should not be able to access?

Yes No

Do you think there are medicines that specialist nurses should not initiate but could safely repeat prescribe?

Yes No

Comment: the College's view is that there are many medications that are not ever initiated by general practitioners (GPs), but GPs do repeat prescribe on the instruction of a specialist. The same situation should apply to specialist nurse prescribing.

4.8 Non prescription medicines

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

4.9 List of controlled drugs for specialist nurse prescribing

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

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

Comment: The ability for specialist nurse prescribers to access controlled drugs for a period longer than three days will be particularly important for some areas of practice such as palliative care.

5. OTHER COMMENTS

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

Comment: The College considers that the proposed additional two levels of registered prescriber within the designated class of prescriber is a welcome solution which achieves the goals of improving access, timeliness and convenience to health services. While there are many nurses who would already meet the educational requirements to prescribe as specialist prescribers, there are fewer, particularly in primary care, with this level of education. The community prescribing role can be implemented relatively quickly (assuming appropriate courses can be offered and approved) and will have the added advantage of offering nurses in primary care an entry into postgraduate education.

The College also notes that the Nursing Council has indicated funding may be redirected towards the postgraduate diploma in specialist nurse prescribing to support these proposals. While the College is aware that Health Workforce New Zealand directs this funding, we would be extremely concerned if this redirection of funding were to result in any reduction of funding for nurse practitioner prescribing education.