



and



*Nurse Practitioners
New Zealand*

**SUBMISSION TO HEALTH SELECT COMMITTEE ON
THE MEDICINES AMENDMENT BILL**

April 2012

Submission to:

Committee Secretariat
Health
Parliament Buildings
WELLINGTON

Contact for this submission:

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1. SUMMARY

This submission has been made:

- as an individual
- on behalf of a group or organisation (joint submission the College of Nurses Aotearoa and the Nurse Practitioners of New Zealand)
- other (please specify)

This submission represents:

- | | |
|---|---|
| <input type="checkbox"/> Individual nurse | <input type="checkbox"/> Individual other |
| <input type="checkbox"/> Consumer group | <input type="checkbox"/> Regulatory authority |
| <input type="checkbox"/> Primary health organisation | <input type="checkbox"/> Maori health provider |
| <input type="checkbox"/> Pacific health provider | <input type="checkbox"/> Government agency |
| <input type="checkbox"/> Education provider | <input checked="" type="checkbox"/> Professional organisation |
| <input type="checkbox"/> Private Hospital Provider | <input type="checkbox"/> Aged care provider |
| <input type="checkbox"/> Non-government organisation | <input type="checkbox"/> District Health Board |
| <input type="checkbox"/> Other (please specify) | |

I **do** wish to present this submission orally before the Committee

2. BACKGROUND

This submission represents the joint opinion of The College of Nurses (Aotearoa) (“the College”) and the Nurse Practitioners of New Zealand (NPNZ) as a division of 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 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. It also incorporates the results of consultation with additional nursing organisations in New Zealand in order to develop a collective strategic view, including the New Zealand Nurses Organisation (NZNO).

Overall, the College of Nurses (Aotearoa) and the NPNZ strongly supports the repeal in the Medicines Amendment Bill (section 4(1)) of the previous definition of ‘authorised prescriber’ in Section 2(1) of the Medicines Act to include nurse practitioners as “authorised prescribers”. This change is long overdue and aligns the prescribing framework for nurse practitioners with that of medical practitioners, dentists and midwives.

Specific concerns identified in the Medicines Amendment Bill relate to the additional classes of prescribers defined in the Bill; designated prescribers and delegated prescribers. The College and NPNZ also consider that some aspects of the Bill demonstrate a lack of attention to detail and these concerns as well as our specific feedback on clauses is contained in Section 3 – Submission.

3. SUBMISSION

3.1 Authorised prescribers

Nurses and nurse practitioners are currently able to prescribe under the Medicines Act 1981 definition of ‘designated prescribers’. This definition is repealed in the Medicines Amendment Bill, and nurse practitioners would be defined as ‘authorised prescribers’. The College and NPNZ strongly support this change.

3.2 Designated prescribers

The designated prescriber class is the mechanism by which nurse practitioners are currently able to prescribe, and this class is also the mechanism by which prescribing by specialist diabetes nurses has been successfully implemented in several demonstration sites.

The College and NPNZ support the designated prescriber class being the mechanism for registered nurses to prescribe. However, there are two issues with the description of this class that concern our organisations. First, the development of individual regulations for each area of practice is cumbersome and time-consuming and regulations can quickly become outdated. The College and NPNZ would like to

see a legislative framework that is enabling and responsive to health need, with restrictions on nurse prescribing being made at the level of the regulating body (i.e. the Nursing Council of New Zealand).

A change to the proposed definition of a designated prescriber in clause 4(2) of the Bill will provide more flexibility and a more enabling framework for the future. The College and NPNZ therefore recommend that the definition of a designated prescriber be further amended to read:

*A **designated prescriber** means a person who —*

“(a) belongs to a class of registered health professionals authorised by regulations to prescribe medicines listed in the Medicines Schedules of the Medicines Regulations 1984.

Another recommendation for more enabling legislation is there be a return to the original wording in the Medicines Act 105(1)qa (clause 34(5) of the Bill) to include “or descriptions of medicines” after “specified class of prescription medicines”. Our concern is that without the inclusion of ‘descriptions of medicines’ there will be ongoing problems for designated prescriber access to classes of drugs due to multiple exclusions of restricted or pharmacy only medicines. Collectively, these changes to wording will allow the regulating body to work more flexibly with the Medicines Schedules in the Medicines Regulations 1984.

Our second concern regarding designated prescribers relates to supervision. At present under the designated prescriber class nurse practitioners are able to prescribe as independent practitioners without a requirement for supervision. Newly developed regulations for nurses working in diabetes health as designated prescribers requires these nurses to be supervised by an authorised prescriber. However, registered nurses who prescribe as designated prescribers will do so within a defined area of practice and will have substantial clinical expertise within this area. The practice of registered nurses, as with other health professionals, is based on collaboration with other health professional groups. It is the College and NPNZ’s view, therefore, that registered nurses who have the appropriate education and clinical experience to safely practice within their area of specialty, as determined by the regulating body (i.e. the Nursing Council of New Zealand), be able to prescribe without supervision of their practice by another discipline.

The College and NPNZ therefore supports the designated prescriber class being used as the mechanism for registered nurses to prescribe provided appropriate safeguards are put in place as determined by the Nursing Council of New Zealand.

3.3 Delegated prescribers

The Medicines Amendment Bill (section 4(6)) establishes a new category of prescriber called the **delegated prescriber** where health professionals can prescribe under an authorisation issued by an authorised prescriber (delegated prescribing order). The College and NPNZ consider that the designated prescriber class is the appropriate mechanism for registered nurse prescribing and does not see a place for delegated prescribing in New Zealand.

3.4 Temporary prescribing rights

Section 47(C) of the Medicines Amendment Bill creates a mechanism to authorise a class of registered health professionals to prescribe prescription medicines of a

specified class or description for a period not exceeding one year at a specified place. Minimum detail has been included in this section regarding how this temporary class will be approved by the Minister or how it will work in practice. Given the lack of clarity and detail included in this section, the College and NPNZ cannot support the creation of this class of temporary prescribers to be applied to the registered nursing profession.

3.5 General comments

3.5.1 Consequential amendments

The College and NPNZ take this opportunity to identify two requirements for consequential amendments. First, a consequential amendment to the Misuse of Drugs Act 1975 is required. At present, nurse practitioners are defined as 'designated prescribers' within the Act (Section 2(1)). This currently means that nurse practitioners are limited to prescribe controlled drugs under the Misuse of Drugs Regulations to prescribe only for three days. The inclusion of a definition of nurse practitioners is required to ensure that this limitation is addressed in legislation.

Second, a consequential amendment is required to the Medicines (Standing Order) Regulations 2002 (section 3(1)) in order to allow nurse practitioners to issue standing orders.

3.6 Recommendations

Under the Medicines Amendment Bill (Section 4(2)(a)) the designated prescriber is defined as a person belonging to any class of registered health professionals authorised by regulations to prescribe. The College and NPNZ strongly consider that creating individual regulations for each specialty area is cumbersome and time-consuming. The Health Practitioners Competence Assurance Act 2003 (HPCA) is clear about restricting health practitioners to work within their scope of practice as intended (Section 8) and this includes prescribing practices. Restrictions on nurse prescribing should be made at the level of the regulating body and through the use of the Medicines Schedules.

The College and NPNZ do not support the delegated prescriber class for the nursing profession and instead recommend that the mechanism for registered nurses, who are not nurse practitioners, to prescribe is via the designated prescriber class. While the College and NPNZ support the ability of registered nurses to prescribe under the designated class, we propose changes to the current designated prescriber class in order to ensure it is appropriate for nursing.

The College and NPNZ strongly support the proposed change for nurse practitioners to become authorised prescribers.

REFERENCES

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