



***Nurse Practitioners  
New Zealand***

**Nurse Practitioners New Zealand**

A division of the College of Nurses Aotearoa (NZ) Inc

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To: Sharon Woollaston  
Policy Business Unit  
NZ Ministry of Health  
Email: [sharon\\_woollaston@moh.govt.nz](mailto:sharon_woollaston@moh.govt.nz)

From: Jane Jeffcoat  
Chair Nurse Practitioners New Zealand (NPNZ)

Dear Sharon,

Thank you for the opportunity to feedback on the proposed amendments to Nurse Practitioner and Midwife prescribing of controlled drugs to inform the Ministry's advice to Ministers on amendments to the Misuse of Drugs legislation.

### **Question 1**

NPNZ support the removal of the current restrictions on Nurse Practitioners prescribing of controlled drugs. *We support Nurse Practitioners prescribing controlled drugs within their scope of practice for up to one month for Class A and B controlled drugs, and up to three months for Class C drugs for the following reasons:*

Nurse Practitioners work autonomously within their defined scope of practice and are regulated separately from registered nurses by the Nursing Council. Almost three 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 It is imperative that their ability to provide vital patient care is not hindered by out of date legislation; that in respect of the 3 day restriction excludes Nurse Practitioners treating their patients' in-line with best practice guidelines.

Those patients who suffer from chronic pain within communities across New Zealand often face access issues to controlled drugs. This group of people are compromised financially and in many cases have limited access to transport or funds when adhering to consultation and medication close control regulations. The 3 day prescribing regulation for NP places considerable extra strain on this group, especially in rural areas where travel costs and access to pharmacies is more limited. There are many instances where patients medicate at sub therapeutic levels or go without appropriate analgesic cover when they run out. This limitation to controlled drug prescribing for NP negatively impacts on the patient experience; produces increased cost at a number of levels and impedes the delivery of quality patient care.

### **Question 2**

*NPNZ support midwives being able to prescribe morphine and fentanyl in addition to pethidine as set out in the amendment document. With more than 10 years' experience as designated prescribers we recognise the limitations of medication lists which become outdated and do not take into account new and better ways of managing patient care and improving health outcomes. This amendment will enable midwives to do that. However it doesn't allow for future proofing against the new list becoming outdated again with pharmaceutical advancement and better practice guidelines which we propose is worth considering.*

Yours sincerely



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