



16 November 2015

PHARMAC
PO Box 10254
The Terrace
Wellington 6143

Attention: Re Special Authority Authorisation for Nurse Practitioners

To Whom It May Concern

I am writing on behalf of Nurse Practitioners New Zealand; we represent most of the approximately 150 currently registered Nurse Practitioners in the country.

Nurse Practitioner (NP) is a legal title and the Nursing Council scope of practice for a nurse who has completed advanced education and training in a specific area of practice. To become a NP, a registered nurse must meet Nursing Council of New Zealand requirements and gain formal NP registration.

NPs are expert nurses who work within a specific area of practice incorporating advanced knowledge and skills into their practice. They practice both independently (assuming full clinical responsibility for patients) and in collaboration with other health professionals to promote health, prevent disease and manage people's health needs. They provide a wide range of assessment and treatment interventions, including diagnosis, ordering and interpreting diagnostic and laboratory tests, administering treatments/therapies, admitting and discharging from hospital. They work in partnership with individuals, families, whanau and communities across a range of settings.

The Area of Practice of an NP may be either:

- **Broad**, providing a broad range of services e.g. general practice, mental health; chronic disease management; older persons health, or
- **Specialised**, providing specialised consultative services and direct clinical care to more complex patients. Currently there are NPs in the following specialties: Palliative Care; Sexual and Reproductive Health; Respiratory; Renal Conditions; Organ Transplantation; Diabetes; Cardiac Care; Neo-natal Care; Urology; Ophthalmology and Oncology.

NPs are Authorised Prescribers under the Medicines Amendment Act (2013); they are responsible for their prescribing practice, assume full clinical control for patient care following the appropriate best practice guidelines and treatment algorithms. Given that Pharmac are able to audit Special Authority applications – we can see no logical reason to exclude NPs from being able to apply for Special Authority for certain medicines and dietary supplements in exactly the same manner as their vocationally trained General Practitioner colleagues.

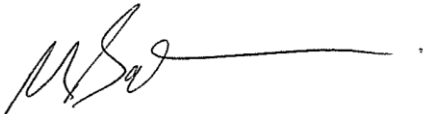
NPs are often the lead provider for patient care. This is particularly true in rural settings and in aged residential care facilities. The inability to complete Special Authority authorisation for needed medication

creates artificial barriers for patient care. In Residential Aged Care and Oncology/Palliative care this is particularly true for dietary supplements.

I have attached a table with feedback from some members of the NPNZ membership providing comments as to how restrictions affect their practice and disadvantage patients.

I look forward to your reply on this matter.

Yours sincerely

A handwritten signature in black ink, appearing to read 'M Baldwin', followed by a long horizontal line extending to the right.

Mark Baldwin NP
Secretary
Nurse Practitioners New Zealand
Nurse Practitioner – Adult Mental Health
Dunedin