**Response to Collaborative Prescribing Consultation Document**

Collaborative prescribing is considered long overdue for the registered nurse's scope of practice. It will result in improved access to high quality health care and more timely intervention. With this in mind, the Nurse Practitioners of New Zealand (NPNZ)) supports improving the ability of all registered nurses to prescribe, such as through a collaborative prescribing relationship.

However, NPNZ's support for collaborative prescribing is entirely contingent on Nurse Practitioners (NP) becoming Authorised Prescribers under the Therapeutic Products and Medicines Bill. The risk is that if collaborative prescribing is approved and there is a delay or a failure to make NPs authorised prescribers, we will have all nurses in effect prescribing under a degree of supervision by medical practitioners. This defeats the major purpose, of nurse prescribing at any level, which is to improve access to services regardless of workforce shortages and poor availability of services. It is therefore critical that collaborative prescribing is not contingent only on the availability of medical practitioners.

To answer consultation document questions directly:

**1. Is there a need for collaborative prescribing in New Zealand?**

Yes, The mechanism for delivering nurse prescribing is currently via the role of the nurse practitioner. NPNZ-NZ considers that there is a need for 'future-proofing', both in terms of supporting nurse practitioners as authorised prescribers and in terms of the future role of experienced registered nurses.

The role of experienced registered nurses is continually evolving and changes in nursing models of care have sometimes resulted in difficulties complying with the current legislation. This has meant that there are now increasing instances where there have been unnecessary delays providing appropriate medications to consumers, duplication of service provision, and increased costs for individuals.

Significant GP shortages are predicted in future, and as well our population is ageing. In order to cope with the increasing demands for health services by an ageing population, health care systems will require:

- An increasing number of practitioners
- More specialist services to deal with specific conditions associated with an ageing population
- More expertise (Ministry of Health 2004).

Therefore there is a clear need for an experienced flexible registered nursing workforce that can be utilised to its full potential to work in collaboration with authorised prescribers to provide improved responsiveness and access to care for patients. However, any move to make all nurse prescribing contingent on medical supervision, direct or indirect would directly counter ease of access for patients and overall effectiveness.

**2. Do you agree with the proposed way in which collaborative prescribing would work at a high level (ie, only after endorsement from the relevant registration authority and under the supervision of an authorised prescriber)?**

Yes, to ensure consistency and patient safety is will be important for endorsement for prescribing practise occur by the relevant registration authority and under supervision of an authorised prescriber. However, nurse prescribing contingent only on medical supervision, direct or indirect, is inappropriate and would directly negate efficiency.

**3. What are the key elements that you feel make up the concept of "collaborative prescribing"?**

A collaborative prescribing model requires a co-operative practice relationship between a registered health practitioner and an authorised prescriber. Recognition of both prescriber expertise in disease diagnosis and registered health practitioner expertise in disease self-management and pharmacotherapy helps maximise the efficacy of quality patient care.

In an ideal collaborative practice, the authorised prescriber makes diagnoses and recommends initial treatment decisions for the patient and the collaborative presciber health practitioner selects, initiates, monitors, modifies, continues and discontinues pharmacotherapy as appropriate to achieve the desired patient outcomes. Both the authorised prescriber and collaborative presciber health practitioner share in the risk and responsibility for their input into patient outcomes achieved in a collaborative practice model.

**4. Should collaborative prescribing be made in respect of**:

a. all registered health practitioners,

   *Potentially yes if they meet their registering authority requirements*

b. scopes of practice (ie, only practitioners who are registered in a specific scope of practice may prescribe as a collaborative prescriber,

   *In respect of nursing, yes, only Registered Nurses*

or

c. service delivery environments (ie, only practitioners practising in a specific area, such as diabetes, could prescribe as a collaborative prescriber)?

   *No, to do this would limit access to many patients who access care through primary health care services, particularly in rural areas.*

5 **In order to ensure uniformity of application, should minimum competencies be specified in regulations made under the Act?**

Yes, to ensure consistency in educational and clinical preparation across disciplines.

6. Any other comments?

Thank you for the opportunity to respond to the Collaborative prescribing consultation document. As Nurse Practitioners we are committed to improving the health status of our population groups and therefore support mechanisms to improve the delivery and quality of care available.

However, NPNZ reiterates its apprehensive about pursuing a collaborative prescribing arrangement contingent on medical supervision, direct or indirect, and requests a prompt resolution to securing Authorised status for Nurse Practitioners.

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