



New Zealand Nurses Organisation

Submission to the Ministry of Health

On the

Designated Prescribing Rights for Podiatrists Discussion Document

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1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on this document.
2. NZNO is the leading professional body of nurses and nursing union in Aotearoa New Zealand, representing over 43 000 nurses and health workers. Te Runanga o Aotearoa is the arm through which our Te Tiriti o Waitangi partnership is articulated. Our members include nurses, midwives, students, kaimahi hauora, health care workers and allied health professionals.
3. The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand and are united in their professional and industrial aspirations.
4. NZNO has consulted its staff and members in the preparation of this submission, in particular Professional Nursing Advisors and Policy Analysts, Colleges and Sections.
5. NZNO position on prescribing rights is that the same framework for prescribing should be applied to all health professionals regulated under the Health Practitioners Competence Assurance Act 2003 (HPCAA): prescribing rights should be managed by the Responsible Authorities (RA) who are responsible for designating the scope, competence and fitness to practice of practitioners within each discipline.
6. NZNO therefore **supports** the application of the Podiatrists Board of New Zealand (Podiatrists board) and Podiatry New Zealand for podiatrists to be recognised as “designated prescribers” in regulations under the Medicines Act 1981.
7. We note that podiatry is of particular interest to Māori and Pacific people who have a higher incidence of diabetes and attendant problems with foot and lower limb infection and impaired circulation leading to increased risk of

amputation. Referrals cause unnecessary delay and expense which are deterrents to managing chronic conditions. Enabling podiatrists to prescribe would improve patient outcomes for these groups and reduce a common cause of disparities. In this context please note that some District Health Boards, for example Waikato, are providing community based podiatry clinics for their high needs and vulnerable clients; prescribing rights would facilitate this proactive initiative and maximise productivity gains.

8. We also take this opportunity to express our concern in the delay in reviewing and updating the Medicines Act 1981, which is inconsistent with the legislative framework of the HPCAA and is barrier to New Zealanders having safe, timely, cost-effective access to the medicines they need.
9. We welcome indications from the Minister of Health that a review of the Medicines Act is imminent and that it is his intention that the Act be rewritten within a year to introduce a system for authorized and collaborative prescribing rights (Ryall, T (Hon) letter to NZNO, October 22, 2009, 9002945).
10. We note the Minister's particular reference to prescribing rights in the context of health professionals picking up new roles, so that the existing health workforce can be used more effectively. We agree that liberalising prescribing rights for competent regulated health professionals will maximize THE flexibility, innovation, satisfaction and stability of the health workforce and, more importantly, will improve patient outcomes.
11. We anticipate that updating the Medicines Act will result in applications from several disciplines for designated prescribing rights and suggest that consistent prescribing principles be developed, possibly by the Health Regulatory Authorities of New Zealand HRANZ.
12. In view of recent reforms aimed at a multidisciplinary approach to funding health workforce training we suggest a collaborative approach to develop and

establish one shared multidisciplinary monitoring panel for all RAs, may be more sustainable than separate panels.

Discussion questions

NB We were unable to access the full document at either the Podiatrists Board or via the Ministry of health website link

13. NZNO agrees that podiatrists should become designated prescribers, because they are regulated under the HPCAA and public safety of their competence is assured.
14. We believe the RA, advised by the Multidisciplinary Podiatrist Prescriber Monitoring Panel (MPPMP) should determine the type and range of medicines that podiatrists can prescribe, and the requisite education/training.
15. As mentioned above, it may be more cost effective to establish one shared multidisciplinary monitoring panel across all RAs. However, whether a single or collective monitoring panel is used, we believe there are adequate mechanisms under the HPCAA to assess the ongoing safety and competence of practitioners and that no additional mechanisms are needed.
16. We are satisfied with the Podiatrists Board's consultation and are particularly grateful to the Ministry for having an appropriate timeframe for feedback for this consultation.
17. We have no comment on the level of pharmacology training other than that is the responsibility of the RA.
18. Please note our comments in (11 & 12) above regarding prescribing principles.

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