



New Zealand Nurses Organisation

Submission to the Ministry of Health

On the

Proposed Amendments to Regulations under the Medicines Act

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ABOUT NZNO

The New Zealand Nurses Organisation (NZNO) is the leading professional body of nurses and nursing union in Aotearoa New Zealand, representing over 44 000 nurses, midwives, students, kaimahi hauroa and health workers on a range of employment-related and professional issues. Te Runanga o Aotearoa is the arm through which our Te Tiriti o Waitangi partnership is articulated.

NZNO provides leadership, research and support for professional excellence in nursing, negotiates collective employment agreements on behalf of its members and collaborates with government and other agencies throughout the health sector. Nurses are the largest group of health professionals comprising half the health workforce.

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 to achieve a safe, sustainable and accessible system of public health care for all New Zealanders.

EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the consultation on Proposed Amendments to Regulations under the Medicines Act.
2. NZNO has consulted its members and staff in the preparation of this submission, in particular Professional Nursing, Policy, Industrial, Research and Legal Advisers, Te Runanga, Regional Council and Board members and members of our specialist Colleges and Sections.
3. NZNO generally welcomes these amendments, but is concerned that they do not address the urgent need for new and contemporary medicines legislation; without a complete review and overhaul of the Medicines Act, health practitioners will continue to be thwarted from utilising the full extent of their

scopes of practice and there will continue to be barriers to New Zealanders having safe, equitable and timely access to the medicines they need.

4. NZNO **supports** the proposed changes to regulations, but **recommends** that you:
- **Note** that they do not address the need for contemporary medicines legislation;
 - **Agree** that an urgent review of the Medicines Act 1981 and subsequent regulations is necessary; and
 - **Agree** to Nurse Practitioners (NPs) being identified as authorised prescribers;

DISCUSSION

5. NZNO notes that the document states that *“these proposals are part of a larger project to modernise the regulatory framework for therapeutic products to ensure there are adequate safeguards for consumers of therapeutic products while reducing barriers to innovation in the health sector”* (Introduction, Page 1). We strongly advise that establishing a coherent and comprehensive framework for medicines management rather than amending the myriad contributing parts to it, would be safer and more cost effective in the long term.
6. We are pleased that this paper, and the Minister, confirm the Government’s commitment “to reviewing existing regulation in order to identify and remove requirements that are unnecessary, ineffective or excessively costly”; NZNO strongly recommends that reviewing the Medicines Act 1981 and subsequent regulations would be an appropriate starting point.
7. NZNO is disappointed that the opportunity has not be used to address an ongoing barrier that of adjusting NPs from designated prescribers to authorised prescribers; we recommend that this oversight that this be urgently addressed.

8. In this context we cannot help but note the recent 'pilot' of two unregulated Physician's Assistants (PAs) in Counties Manukau District Health Board. It is difficult to understand the rationale behind the introduction of a PA role, developed in another country, when highly trained New Zealand NPs are still facing significant barriers to their practice because of long outmoded legislation. We again¹ point out the inconsistency and increased risk to public safety, not to mention the frightening waste of resources, when unregulated health workers take the place of practitioners regulated under the 2003 Health Practitioners Competence Assurance Act (HPCAA).
9. It is abundantly clear that Aotearoa barely has the capacity to educate and retain an accountable health care workforce, much less continue to accommodate an unregulated 'shadow' workforce. That is why it is essential that a liberalised framework for medicines management to support a continuum of authorized prescribing, from the administration of medication under standing orders through collaborative prescribing arrangements to independent prescribing is urgently needed.
10. We support the proposal to extend the period of supply of prescription medicines (Section 1.6) and note that this will also benefit those who live remotely and have poor access to medical practitioners.
11. With regard to allowing pharmacists to substitute an alternative brand of a medicine in certain circumstances (Section 1.8), we believe that no substitution should be made without discussion with, and the consent of, the patient.
12. Standing orders (Section 1.9) is a significant problem for outreach nurses and also all nurses who work with standing orders for simple analgesics, laxatives etc., so we welcome these sensible changes which will reduce unnecessary bureaucracy..

¹ Note in particular our submissions on the Review of the HPCAA and those regarding Physicians Assistants, available from our website <http://www.nzno.org.nz/activities/submissions>

13. Where there are standing orders there should be timely review and sign-off supporting safe practice. Though we acknowledge the difficulties for paramedics to get countersigning for their administration under standing orders, we note that they are transferring patients to definitive care in most circumstances, thus the medication will be reviewed and charted if it needs to be continued post-transfer. For nurses the issues can be more complex as with, for example, a prison nurse administering antibiotics for certain symptoms under standing orders who monitors the patient all week until the course of antibiotics has been completed and the doctor reviews. Is there a risk to the patient under such circumstances, for example if the 'flu-like symptoms turn in to meningitis?
14. NZNO suggests there may need to be more guidance in what is a timely period of review, perhaps strengthening Ministry of Health guidelines outlining who is accountable in such circumstances.
15. We also note that there are other barriers to timely access to medication. For example, experienced Family Planning and Public Health nurses may have an endorsement to independently supply the Emergency Contraceptive Pill (ECP) but, since they have no access to the funded supply, they are unable to supply it and fulfil this part of their practice.
16. These and other issues can only be addressed with a comprehensive review of medicines management and legislation.

CONCLUSION

23. In conclusion NZNO **supports** this document and **recommends** that you:

- **Note** that these proposals do not address the need for contemporary medicines legislation;
- **Agree** that an urgent review of the Medicines Act 1981 and subsequent regulations is necessary;

- **Agree** that the Ministry of Health should develop guidelines clarifying timely periods of review and responsibility for patients under standing orders; and
- **Agree** to NPs being identified as authorised prescribers.

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