



New Zealand Nurses Organisation Submission

to the

Ministry of Health

on

**Prescribing Rights under the Misuse
of Drugs Act 1975 and Medicines
(Standing Order) Regulations 2002**

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ABOUT NZNO

The New Zealand Nurses Organisation (NZNO) is the leading professional and industrial organisation for nurses in Aotearoa New Zealand, representing over 46 000 nurses, midwives, students, kaimahi hauora and health workers on a range of employment-related and professional issues. Te Runanga o Aotearoa represents our Māori membership and 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 Ministry of Health consultation document on prescribing rights under the Misuse of Drugs Act 1975 and Medicines (Standing Order) Regulations 2002.
2. NZNO has consulted its staff and members in the preparation of this submission in particular our specialist Colleges and Sections; Te Runanga o Aotearoa; regional councils and NZNO Board members; and professional nursing, legal, policy, and research advisers.
3. We have also consulted extensively with other nursing organisations and leadership groups including the College of Nurses Aotearoa (NZ) Inc.; the

New Zealand Council of Deans; Nursing Educators in the Tertiary Sector; the District Health Board Lead Directors of Nursing; Te Ao Māramatanga: New Zealand College of Mental Health Nurses; Family Planning New Zealand (FPNZ); the Nurse Practitioners Advisory Committee (NPAC); the Royal New Zealand Plunket Society; and the Nursing Council of New Zealand (NCNZ).

4. NZNO strongly believes it is essential that any changes made to the Misuse of Drugs Act 1975 and/or Medicines (Standing Order) Regulations 2002 are in line with any changes to the Medicines Act.
5. In summary NZNOs position on the proposed changes to the Medicines Act (as per the Medicines Amendment Bill currently before parliament), in general and in common with the above nursing groups, NZNO:
 - **supports** the authorised and designated categories of prescriber, including shifting Nurse Practitioners (NPs) to the authorised prescriber category;
 - **does not support** the additional categories of delegated or temporary prescriber; and
 - **recommends** that the regulating bodies i.e. the appropriate Responsible Authorities (RA) under the HPCAA, be responsible for determining the requirements for designated prescribing within a defined area of practice.
6. In line with the above and assuming NPs become authorised prescribers NZNO:
 - **supports** removing the three day restriction on prescribing controlled drugs for Nurse Practitioners;
 - **supports** extending the ability to write standing orders to NPs;

- **does not support** retaining the three day restriction on prescribing controlled drugs for designated nurse prescribers;
- **supports** retaining the restrictions on writing standing orders to authorised prescribers; and
- **supports** the extension of prescribing of controlled drugs beyond pethidine for midwives.

DISCUSSION

7. Historically, nursing as a discipline has had a close association with the administration of medicines and the assessment of the client in relation to them. Today, this association has expanded to include important and complex aspects regarding knowledge of medicines and appropriate dosage, their administration and control, side effects, suitability for the client, compliance, and nurses' ethical and professional responsibilities. The laws regarding the regulation of medicines, their storage, administration, and documentation are also a part of the awareness within which nurses practice.¹
8. The priorities for medicines legislation must be to protect the public from risk and to ensure New Zealanders have safe, timely access to the medicines they need, however, current legislation has proved a barrier to the latter. The regulated health workforce has expanded and changed in response to advances in medicines, new models of care, and changing health needs, yet access to prescription medicines remain inappropriately limited, to the detriment of New Zealanders' health.
9. Nurses - in particular NPs who have significant clinical experience and a master's degree – and other advanced practise nurses - are consistently

¹ NZNO. (2012). *Guidelines for nurses on the administration of medicines*. Wellington: New Zealand Nurses Organisation.

frustrated by their inability to practise to the full extent of their scope because they cannot access appropriate medicines for clients in a timely and efficient manner. Time and resources are wasted on duplicative and circuitous processes, which compromise, rather than improve, health care. Additional appointments with doctors to sign off on routine repeat scripts, for example, are a common deterrent for the most impoverished and isolated New Zealanders for whom the potential to benefit from medicines for chronic diseases like diabetes and asthma is significant.

10. Expert nurses can safely prescribe within their defined area of their expertise, as has been evidenced by decades of practice in many other countries as well as evidence from New Zealand.² However, barriers in Aotearoa remain including those currently found in the Misuse of Drugs Act 1975 and Medicines (Standing Order) Regulations 2002.
11. Medicines legislation must be consistent across the various Acts governing medicines and with the HPCAA, which provides for the regulation of health practitioners, their fitness to practise, competencies and scopes of practice, including prescribing and other protocols around medicines. The HPCAA provides a safe regulatory framework that facilitates the development and utilisation of a flexible, integrated health workforce, and considerably reduces the need for complexity around the prescribing continuum. NPs, registered nurses, enrolled nurses and midwives are regulated under the HPCAA.
12. NZNO strongly support removing the three day limit on prescribing restricted drugs for NPs. NPs work autonomously within their defined scope of practice and are regulated separately from registered nurses by the Nursing Council of New Zealand (NCNZ). NP registration requires demonstration of advanced practice competencies including independent diagnosis, and management

² Nissen, L., Kyle, G., Stowasser, D., Lum, E., Jones, A., McLean, C., & Gear, C. (2010). *Non-medical prescribing: an exploration of likely nature of, and contingencies for, developing a nationally consistent approach to prescribing by non-medical health professionals*. NSW: National Health Workforce Taskforce, Australian Health Workforce Institute, Price Waterhouse Coopers; See also Nurse Practitioners New Zealand submission.

and treatment of acute and chronic conditions within a broad scope of practice (e.g. older adults, primary healthcare, palliative care etc). For example, pain in the older adult tends to be chronic and something that needs managing to avoid depression, delirium and poor quality of life. A three day restriction limits best practice management of this group and other similar groups.

13. NZNO also strongly support extending the ability to write standing orders to NPs. Standing orders are an effective means of ensuring medicines are available in a timely and appropriate manner in a range of circumstances. Again using older adult care as an example, the national aged residential care contract was amended in 2010 endorsing the ability for aged residential care facilities to utilise NPs as independent providers of the full range of care needed by residents. For appropriate care, nursing staff within residential care facilities need access to medications to treat common older adult conditions such as pain, constipation and dehydration. If the NP cannot issue standing orders, then the staff would have to rely on a medical doctor who may be unfamiliar with the residents cared for by the NP, the resident's plan of care or the ability of the healthcare team.

14. NZNO does not support retaining the three day restriction on prescribing controlled drugs for designated nurse prescribers. The designated prescriber category is designed to enable registered health professionals authorised by regulation to prescribe any specified class or description of prescription medicines subject to the satisfaction of requirements specified in or imposed under those regulations.³ This category of prescriber enables safe and effective prescribing within the requirements of the regulation and scope of practice of the regulated professional. While current legislation is sufficient, consideration must be given to the potential for future designated prescribers to be in a situation in which it may be appropriate

³ Medicines Act 1981 as at September 2011

for a designated prescriber to have the ability to prescribe controlled drugs beyond the three day limit. For example, palliative care nurses or specialist pain nurses may in future become designated prescribers. By altering the legislation now by removing the three day restriction, any new designated prescribers could have restrictions imposed by the regulations as opposed to the legislation if required.

15. NZNO supports retaining the restrictions to write standing orders to authorised prescribers (assuming NPs are reclassified as authorised prescribers under the new medicines legislation currently before parliament). A person who writes a standing order has the responsibility for ensuring the person enacting the standing order is competent to undertake the directives in the standing order, and also for undertaking regular audits of practice. While good policies and practices exist in most places, where these do not, extension of the ability to write standing orders to non-authorised prescribers may place the practitioner and the population at unnecessary risk.

16. NZNO supports the extension of prescribing of controlled drugs by midwives to drugs other than pethidine. Pethidine is no longer considered the pain relief of choice during childbirth and midwives, as authorised prescribers, should have the ability to prescribe those evidence-based medicines necessary for ensuring best practice.

17. NZNO has no comment to make regarding the prescribing practices of optometrists.

CONCLUSION

18. In conclusion, NZNO commends the Ministry of Health for identifying and addressing those issues associated with ensuring best practice in prescribing can be achieved. Removing barriers to prescribing will ensure those people often considered the most vulnerable in the New Zealand population will receive timely and effective medicines from the most appropriate practitioner.

19. NZNO recommends the Ministry:

- **removes** the three day restriction on prescribing controlled drugs for NPs;
- **extends** the ability to write standing orders to NPs;
- **removes** the three day restriction on prescribing controlled drugs for designated prescribers;
- **retains** the restrictions on writing standing orders to authorised prescribers; and
- **extends** prescribing of controlled drugs beyond pethidine for midwives.

20. NZNO welcomes the opportunity to be involved in any further discussions regarding prescribing rights for nurses under the Misuses of Drugs Act 1975 and the Medicines (Standing order) regulation 2002.

Nāku noa, nā

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