



SUBMISSION TO THE NURSING  
COUNCIL OF NEW ZEALAND ON  
TWO PROPOSALS FOR  
REGISTERED NURSE  
PRESCRIBING

APRIL 2013

## Consultation: Two proposals for registered nurse prescribing

### Submission Form

Please read and refer to the consultation document *Two proposals for registered nurse prescribing* available on the Nursing Council of New Zealand website [www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz) before completing this form. The questions in this form are designed to help you to focus your response and make it easier for us to analyse submissions. However, you don't have to answer every question and may add additional comments.

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NZNO submission to the Nursing Council of New Zealand on two proposals for registered nurse prescribing. April 2013

In the interests of a full and transparent consultation process, the Nursing Council intends to publish a report which may contain quotes from the submissions received. The Council may also publish the submissions received on this consultation document on its website. However, if you object to this publication or to the publication of your name (Please note that the names of individual submitters will not be published) tick one or both of the following boxes:

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**The deadline for feedback is Friday 19 April 2013.** Submissions are accepted in written and email form. Please save and send your submission to:

[EmmaG@nursingcouncil.org.nz](mailto:EmmaG@nursingcouncil.org.nz)

Or post to:

Emma Gennard  
Nursing Council of New Zealand  
PO Box 9644, Wellington 6141

## Executive Summary

This submission represents the opinion of the New Zealand Nurses Organisation (NZNO) and is the result of wide consultation with members and member groups. NZNO welcomes the opportunity to comment on this proposal.

Overall NZNO strongly supports the intent of the document and congratulates Nursing Council for their work in the area of registered nurse prescribing. The framework described in the proposal will enable suitably qualified nurses to practice to the full extent of their expertise and capability.

NZNO recommends the following:

- That further discussion occurs in regard to the educational preparation of community nurse prescribers particularly the three days of supported prescribing practice
- That further discussion occurs in regard to the titles and the description of these titles

## Proposal One: Community nurse prescribing

### Proposal for community nurse prescribing

The Council believes that registered nurses working in schools, general practice, public health, Maori and Pacific Health providers, services for youth, family planning and other ambulatory<sup>1</sup> services already have a significant role in health promotion, disease prevention and in the assessment and treatment of minor ailments and illnesses. The ability to prescribe a limited number of medicines would enhance the health services registered nurses are able to deliver to some patients in community and outpatient settings.

- 1.1** Do you agree with the proposal that suitably qualified and experienced registered nurses be able to prescribe a limited list of medicines to treat minor ailments and infections, and to promote health?

Yes ☒ No ☐

The rationale for extending nurse prescribing is to improve patient care without compromising patient safety; make it easier for patients to obtain the medicines they need; increase patient choice in accessing medicines; and make better use of the skills of health professionals.

- 1.2** Do you agree that community nurse prescribing will enable patients to receive more accessible, timely and convenient care?

Yes ☒ No ☐

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<sup>1</sup> Health services provided on an outpatient basis to those who visit a hospital or another health care facility and depart after treatment on the same day.

### Title for community nurse prescribing

The Council has used the title “community nurse prescribing” for this proposal but is aware that it may not best describe the nurses who may undertake this type of prescribing or the breadth of the prescribing authority.

- 1.3** Do you consider the title “community nurse prescribing” adequately describes and informs the public and other health professionals of the breadth of this prescribing authority?

Yes

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No

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NZNO would welcome further discussion on the title. It is important that the public, employers and the professions have clarity about the difference between the two groups of prescribers and between these two groups of prescribers and nurse practitioners. There is a risk of unintentionally sacrificing the role of NPs.

Suggestions from members indicate a preference for two levels of prescribing as opposed to three i.e. the RN prescriber and within that a level 1 (community/PHC) and a level 2 (specialist) and the authorised NP prescriber.

### Scope of practice and authorisation for community nurse prescribing

The Council is proposing to add the following sentence to the scope of practice for registered nurses to allow some registered nurses to be authorised for community nurse prescribing:

*“Some nurses with additional experience education and training may be authorised by the Council to prescribe some medicines within their competence and area of practice.”*

- 1.4** Do you agree with the suggested wording changes to the registered nurse scope of practice and with a prescribing authorisation being included in the scope of practice of registered nurses with community nursing prescribing authority?

Yes

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No

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### Qualification and training for community nurse prescribing

It is proposed that community nurse prescribing courses should include up to 6 days of theory (online and workshop) and 3 days of prescribing practice with a doctor or nurse prescriber (authorised prescriber). A competence assessment with a doctor or nurse practitioner would be one of the course assessments that must be successfully completed before the nurse would be authorised by the Council to prescribe. The standards for community nurse prescriber courses are outlined on page 50 of the consultation document. The competencies that the registered nurse will be assessed against are on page 53.

- 1.5** Do you agree that the proposed education and training for community nurse prescribing is consistent with their scope of practice and their prescribing authority and will enable them to demonstrate competent and safe prescribing practice?

Yes ☐ No ☐

**1.6** Do you agree with the course standards for community nurse prescribers?

Yes ☒ No ☐

**1.7** Do you agree with the competencies for community nurse prescribers?

Yes ☒ No ☐

NZNO would welcome the opportunity to engage in more discussion about the proposed preparation of the community nurse prescriber and in particular the adequacy of three days of supervised practice. Some dialogue about the structure of that supervision and how it will be organised and funded would be useful.

There may well be a need for a pre-entry preparatory paper/course to establish baseline pharmacological knowledge for those nurses educated in undergraduate programmes prior to pharmacology being included in the curriculum. Many RNs in the primary health care sector will fall into this group.

NZNO notes that Standard 4 specifies “a plan of appropriate experience with a medical mentor...”.

NZNO suggests that this standard be amended to include nurse practitioners in the mentor role.

See my earlier comment regarding being our own worst enemies. Agree that many nurses working in PHC are older and may not have the undergraduate education in pharmacology that will be required and this should be addressed, but I think the NC plan is visionary in that it expects this level of knowledge to be present in nurses based on current education programmes – it will be the way of the future and I think we need to rely on nurses to have some insight into whether they would want to follow this pathway and have the requisite knowledge to do so. Prescribing from a formulary in the UK is done safely and effectively without PG education. Agree but at the same time we don't want to exclude those very experienced nurses who could ably prescribe but who may want more preparation than is planned for community prescriber role.

Indeed, but people would still have the choice to do more education if they chose to I imagine. Many of them already have – our figures suggest 25% of all nurses have now done some form of PG education – not all in pharmacology of course!

### **Entry criteria for courses leading to community nurse prescribing**

The Council is proposing the following criteria to gain entry to a community nurse prescribing programme:

- The registered nurse must hold a current annual practising certificate and must have completed three years equivalent full time practice. At least one year must be in the area of practice she/he will be prescribing.
- The nurse must have support from his/her employer to undertake the prescribing course and must confirm that they will be able to prescribe in their work role at the completion of the course.

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- The nurse must have the support of an identified authorised prescriber mentor who will support her/him to prescribe.
- The nurse must be employed by an organisation that supports nurse prescribing through policy, audit, peer review and accessibility of continuing education.

**1.8** Do you agree with the entry criteria for community nurse prescribing courses?

Yes ☒ No ☐

### **Continuing competence and monitoring for community nurse prescribing**

It is proposed that nurses who have community nurse prescribing rights be required to participate in peer review of their prescribing practice and complete professional development on prescribing each year (e.g. a community nurse prescriber's update). Community nurse prescribers must also be able to demonstrate that they have completed 60 days of prescribing practice within the past three years. The Council is proposing that it monitors that these requirements are met every 3 years at practising certificate renewal.

**1.9** Do you agree with the ongoing continuing competence requirements for community nurse prescribers?

Yes ☐ No ☐

NZNO would welcome further dialogue on the definition of peer review and how this model will be operationalised. NZNO supports the view that that 60 days over 3 years may not be sufficient to maintain competence and confidence.

### **Indicative list of medicines for community nurse prescribing**

The medicines lists for community nurses were developed from the New Zealand Formulary and Pharmaceutical Schedule for medicines to treat identified therapeutic areas. The lists contain commonly used medicines for minor ailments, prevention of disease, common skin conditions and infections and contraceptives. Please refer to the lists on page 21 of the consultation document.

**1.10** Do you agree with the proposed list of prescription medicines that nurses with community prescribing rights will be able to prescribe as designated prescribers?

Yes ☒ No ☐

Member feedback suggested the inclusion of diabetes testing equipment, insulin pens etc.

Non prescription medicines will not be included in the regulation but patients may be able to access a subsidy if the item is "prescribed" by a nurse with community nurse prescribing authority.

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**1.11** Do you agree that community nurse prescribers should be able to access this list of non prescription medicines?

Yes ☒ No ☐

## Proposal Two: Specialist nurse prescribing

### Proposal for specialist nurse prescribing

The Council is proposing that registered nurses with advanced skills and knowledge who work in specialty services (e.g. diabetes services) or expert nurses working in general practice teams in the community be authorised to prescribe medicines for patients who have common conditions e.g. asthma, diabetes, hypertension. They would work as part of a collaborative multidisciplinary team and manage and monitoring patients with these conditions in clinics or by providing home based care. They will seek assistance from a doctor within the team when making difficult or complex clinical decisions.

**2.1** Do you agree with the proposal that suitably qualified and experienced registered nurses be able to prescribe from the specialist and community nurse prescribing lists of medicines?

Yes ☒ No ☐

NZNO supports the intent of the specialist nurse prescriber role and agrees that this will improve access and outcomes for patients with long term conditions.

The ability of specialist nurses to prescribe will mean that they can make a greater contribution to patient care particularly in chronic or long term condition management. Prescribing authority will ensure competence and accountability for the medication decisions specialist nurses make and be convenient for patients who will no longer have to see a doctor for routine monitoring and prescriptions.

**2.2** Do you agree that specialist nurse prescribing will enable patients to receive more accessible, timely and convenient care?

Yes ☒ No ☐

### Title for specialist nurse prescribing

The Council has used the title “specialist nurse prescribing” for this proposal but is aware that it may not best describe the nurses who may undertake this type of prescribing (some of whom may be generalist practice or rural nurses) and could be confused with nurses who do not prescribe or have different roles eg clinical nurse specialists.

**2.3** Do you consider the title “specialist nurse prescribing” adequately describes and informs the public and other health professionals of the breadth of this prescribing authority?

Yes ☐ No ☐

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See previous discussion about titles

The Council is proposing that nurses with specialist nurse prescribing authority work in a collaborative relationship within a multidisciplinary team. Specialist nurse prescribers will refer a patient who has a health concern or complexity which is beyond their level of competence to a doctor. The Council believes that ongoing supervision by a medical mentor is unnecessary as specialist nurses must work within a team and within their level of competence.

**2.4** Do you agree that nurses with specialist nurse prescribing authority should be required to work in a collaborative multidisciplinary team?

Yes

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No

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**2.5** Do you think that nurses with specialist nurse prescribing authority should also be required to practice under supervision for six months when they begin to prescribe?

Yes

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No

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2.4 NZNO agrees in principle with the idea of specialist nurse prescribers working in an MDT, however this 'requirement' may be difficult for nurses working in rural and remote areas where such a role will have significant benefit. Could the requirement be reframed so that the SNP can evidence where/how he/she will access authorised prescriber/MDT support.

2.5 NZNO agrees with the period of supervision. Research and anecdotal evidence supports the need for novice prescribers to have supervised practice. Again, however this may be difficult for nurses working rurally.

### Scope of practice for specialist nurse prescribing

The Council is consulting on two options for specialist nurse prescribing. The first is to introduce a new scope of practice – specialist nurse prescriber. The second option is for specialist nurse prescribing to be included as an authorisation<sup>2</sup> in a registered nurse's scope of practice. The first option would more clearly inform the public and other health professionals of the qualification and skills of a nurse with this prescribing authority. The second option may reduce expectations of increased remuneration and would be more acceptable to nursing organisations.

**2.6** Do you agree that nurses who apply for specialist nurse prescribing authority should be:

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a) registered in a new scope of practice; or

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b) have a condition/authorisation included in the registered nurse scope of practice

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<sup>2</sup> Under section 22 of the Health Practitioners Competence Assurance Act 2003, the Council may change a scope of practice and state the health services a nurse is able to perform.

**2.7** If nurses with specialist nurse prescribing authority are registered in a specialist nurse prescriber scope of practice, do you agree with the scope statement on page 34 of the consultation document?

Yes ☐ No ☒

**2.8** If nurses with prescribing authority have a condition/authorisation, do you agree with the proposed additional wording in the registered nurse scope of practice?

*"Some nurses with additional experience education and training may be authorised by the Council to prescribe some medicines within their competence and area of practice."*

Yes ☒ No ☐

NZNO believes that registration in a new scope could potentially be career limiting and also pose a risk of confusion between the RN prescribing and NP scope.

### **Qualification and training for specialist nurse prescribing**

The Council is proposing that specialist nurse prescribers complete a post graduate diploma in specialist nurse prescribing. The programme would be pathophysiology of common conditions, assessment and clinical decision making (diagnosis), pharmacology and prescribing praxis which would include 150 hours of supervised practice with a designated medical prescriber. The standards for specialist nurse prescriber courses are outlined on page 54 of the consultation document. The Council is proposing that nurses applying for specialist nurse prescribing rights must have satisfactorily completed this qualification including an assessment of their competence to prescribe (see competencies on page 64) by the medical mentor before being authorised to prescribe.

**2.9** Do you agree that the proposed education and training for specialist nurse prescribing is consistent with their scope of practice and their prescribing authority and will enable them to demonstrate competent and safe prescribing practice?

Yes ☒ No ☐

**2.10** Do you agree with the standards for accreditation of courses for specialist nurse prescribing?

Yes ☒ No ☐

**2.11** Do you agree with the proposed competencies for specialist nurse prescribers?

Yes ☒ No ☐

### Entry criteria

The Council is proposing that the registered nurse must meet the following criteria before gaining entry to a prescribing programme:

- The registered nurse must hold a current annual practising certificate and must have completed three years equivalent full time practice. At least one year must be in the area of practice she/he will be prescribing.
- The registered nurse must have support from her employer to undertake the Postgraduate diploma in specialist nurse prescribing and must confirm that they will be able to prescribe in their work role at the completion of the course.
- The registered nurse must have the support of an identified prescriber mentor who will support her/him to prescribe.
- The registered nurse must be employed by an organisation that supports nurse prescribing through policy, audit, peer review and accessibility of continuing education.

**2.12** Do you agree with the entry criteria for specialist nurse prescribing programme?

Yes ☒ No ☐

### Continuing competence and monitoring

The Council proposes that nurses who have specialist nurse prescribing rights be required to undertake regular case review of their prescribing practice with a suitable mentor and complete professional development hours each year on prescribing within the 60 hours of professional development completed by all nurses every three years. Specialist nurse prescribers must also be able to demonstrate that they have completed 60 days of prescribing practice within the past three years. The Council is proposing that it monitors that these requirements are met every 3 years.

**2.13** Do you agree with the continuing competence requirements for specialist nurse prescribers?

Yes ☒ No ☐

NZNO supports the view that 60 hours may not be sufficient to maintain competence and confidence and would ask Nursing Council to consider 120 hours.

### **Proposed list of prescription medicines for specialist nurse prescribing**

The list contains commonly used medicines for common condition and is not an inclusive list. Please note the prescription medicines for community nurse prescribing on page 40 of the consultation document will also be included in the list for specialist nurse prescribers.

The Council is considering whether it is necessary to identify some medicines that specialist nurses may not initiate but could safely repeat prescribe. For example antipsychotic medicines.

- 2.14** Do the indicative community nurse prescribing and specialist nurse prescribing lists of prescription medicines reflect the range of medicines that nurses with specialist nurse prescribing rights will need to access?

Yes ☒ No ☐

- 2.15** Do the prescription medicine lists include any medicines that specialist nurse prescribers should not be able to access?

Yes ☐ No ☒

- 2.16** Do you think there are medicines that specialist nurses should not initiate but could safely repeat prescribe?

Yes ☒ No ☐

### **Non prescription medicines**

Non prescription medicines will not be included in the regulation but patients may be able to access a subsidy if the item is “prescribed” by a nurse with specialist nurse prescribing authority.

- 2.17** Do you agree that specialist nurse prescribers should be able to access the list of non prescription medicines on page 43 of the consultation document?

Yes ☒ No ☐

### **List of Controlled drugs for specialist nurse prescribing**

Designated nurse prescribers are already able to prescribe from a list of 42 controlled drugs outlined in the Misuse of Drugs Regulation 1977 (see Appendix 7 on page 71 of the consultation document). The Council believes that some of the controlled drugs on the present list are no longer used or fall

outside the therapeutic areas it has identified for specialist nurse prescribers. It is proposing a list of 15 controlled drugs for specialist nurse prescribing (see page 44).

Designated nurse prescribers are restricted to prescribing controlled drugs only for patients under their care, only in an emergency and only a 3 day supply (Misuse of Drugs Regulation 1977 Section 21 (4B)).

**2.18** Do you agree with the proposed list of controlled drugs that nurses with specialist nurse prescribing rights will be able to prescribe as designated prescribers?

Yes ☒ No ☐

**2.19** Do you think that specialist nurse prescribers should be able to prescribe controlled drugs (from the appropriate list) for a period longer than three days?

Yes ☒ No ☐

This has particular relevance for palliative care nurses especially those who work rurally.

## Other comments

**3.1** Do you have any other comments on the consultation paper or the proposed models of nurse prescribing?

In summary, NZNO supports Nursing Council's vision to extend nurse prescribing as detailed in the proposal with some further discussion in regard to educational preparation and titles.

Thank you for completing this response form. Please save and send your submission to:

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