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Tēnā koe Belinda

Re: Proposals in relation to Nurse Prescribers

The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on PHARMAC's proposals in relation to nurse prescribers.

NZNO has consulted its members and staff in the preparation of this submission, in particular our professional nursing, industrial, policy and research advisers; and our specialist colleges and sections including the Respiratory Nurses Section and Cancer Nurses College.

NZNO welcomes the proposals made by PHARMAC to alter the pharmaceutical schedule to more closely reflect the reality of nursing practice. In summary, NZNO:

- supports deleting references to Diabetes Nurse Prescriber from Section A: General Rules of the Pharmaceutical Schedule;
- supports the addition of a new definition of Registered Nurse Prescriber to Section A: General Rules of the Pharmaceutical Schedule;
- supports adding Registered Nurse Prescribers' Prescription provisions relating to Period and Quantity of Supply to the Pharmaceutical Schedule;
- does NOT support removing the ability of Registered Nurse Prescribers to apply for Special Authority approvals;
- does NOT support amending the definition of '*Nurse Prescriber*' to include both Nurse Practitioners and Registered Nurse Prescribers in Section A: General Rules of the Pharmaceutical Schedule;
- recommends removal of the term '*Nurse Prescriber*' from the Schedule;
- recommends amending the definition of '*Practitioner*' in the Schedule to specify Nurse Practitioner and Registered Nurse Prescriber;

- supports amending the definition of *Specialist* in Section A: General Rules of the Pharmaceutical Schedule;
- recommends the amendment to the definition of *Specialist* in Section A: General Rules of the Pharmaceutical Schedule be expanded to include practitioners working in private and community settings;
- recommends a review of medicines and other products which are included under the *Retail Pharmacy-Specialist* restriction.

DISCUSSION

NZNO wishes to comment on several areas within the proposals made by PHARMAC in relation to registered nurses who prescribe and nurse practitioners.

The terms 'Registered Nurse Prescriber' and 'Nurse Prescriber' are similar, yet one (Nurse Prescribers) includes both designated prescribers and authorised prescribers, and the other (Registered Nurse Prescribers) refers only to designated prescribers. The similarity of terminology has the potential to be confusing and result in poor understanding of the respective, and very different, prescribing roles of nurse practitioners and registered nurse prescribers, and poor interpretation of the Schedule. We refer you to page two of the Nursing Council of New Zealand's document "*Preparing to prescribe in primary health and specialty teams: Guidance for registered nurses and employers*" (Nursing Council of New Zealand, 2016) which highlights the differences between the two roles. It is also important to note that neither term is used in current medicines legislation or regulation. Since implementation of changes to legislation to make nurse practitioners authorised prescribers, it no longer makes sense to have the two terms.

NZNO **recommend** the term 'Nurse Prescriber' is deleted from the document and the term 'Nurse Practitioner' is used to refer to nurse practitioner prescribing in the Schedule (in the same way a general practitioner or optometrist is referred to) and the term 'Registered Nurse Prescriber' is used to describe the designated prescriber – registered nurse. This will require an amendment to the definition of 'practitioner' in the Schedule to specify Nurse Practitioner and Registered Nurse Prescriber as practitioners.

NZNO notes that the changes to the schedule will remove the ability of Registered Nurse Prescribers to apply for Special Authority approvals. NZNO notes that presently Diabetes Nurse Prescribers are able to write a prescription for a medicine requiring a Special Authority approval if it is a repeat prescription. Removal of the ability to write a repeat prescription requiring a Special Authority approval will be detrimental to patient care. At present, Diabetes Nurse Prescribers work closely with specialist physicians and general practitioners to manage the care of people with diabetes. Many people will see a Registered Nurse Prescriber more frequently than a specialist or GP with the care provided by Diabetes Nurse Prescribers evaluated as cost effective, equally or more satisfying as care received from a doctor, and professionally satisfying for the nurse (Budge & Snell, 2013).

Under the new regulations, the ability to prescribe medicines will extend to registered nurses who have met the educational and competence requirements to prescribe. Registered nurses do not work in isolation and, as demonstrated by the Budge and Snell (2013) evaluation, work collaboratively to achieve best patient outcomes. Many Registered Nurse Prescribers will be working with patients who have stable, long term conditions where Special Authority medicines may be prescribed. Blanket removal of the ability to write a repeat prescription for a Special Authority approval medicine will mean the patient will need to see the doctor more frequently, will be required to pay more, will remove the

patient's ability to receive timely and effective care from the most appropriately qualified practitioner of their choice, and may contribute to increasing inequities in access to health care.

In addition to the need for existing Diabetes Nurse Prescribers to continue to write repeat prescriptions for Special Authority medicines, an example of where it may be appropriate for a Registered Nurse Prescriber to prescribe a Special Authority medicine is for ivermectin. Ivermectin is a special authority medicine for the treatment of scabies in institutions including corrections facilities. NZNO anticipates nurses working in corrections facilities will become Registered Nurse Prescribers. It seems odd that a Registered Nurse Prescriber would not be able to prescribe an appropriate medicine for the treatment of an outbreak of scabies within the institution they practice in.

NZNO strongly recommends that the ability of Registered Nurse Prescribers to prescribe Special Authority medicines is retained.

Secondly, NZNO notes the changes to the definition of "specialist only" enables practitioners working in DHBs to prescribe 'Retail Pharmacy – Specialist' medicines. While this addresses issues for registered nurse prescribers and nurse practitioners currently working in specialist teams within DHBs, it does not address the issue for registered nurse prescribers and nurse practitioners who may work in specialist community or private hospital settings.

It is essential that changes to the Schedule are future proofed. While few registered nurse prescribers or nurse practitioners, if any, currently work with private specialists, this may well occur in the future. Nurses work as members of collaborative teams and the educational and competence mechanisms are already in place to ensure safe prescribing. PHARMAC must ensure that changes to the pharmaceutical schedule affecting registered nurse prescribers and nurse practitioners will meet future needs as well as current needs. NZNO support the New Zealand Family Planning Association's suggestion for a full review of medicines and other products which are included under the *Retail Pharmacy-Specialist* restriction to ensure that there are no circumstances which fall outside of criteria (d) where it would be reasonable, now or in the future, for a registered nurse prescriber or nurse practitioner to be considered a specialist in relation to prescribing.

SUMMARY

In summary, NZNO:

- supports deleting references to Diabetes Nurse Prescriber from Section A: General Rules of the Pharmaceutical Schedule;
- supports the addition of a new definition of Registered Nurse Prescriber to Section A: General Rules of the Pharmaceutical Schedule;
- supports adding Registered Nurse Prescribers' Prescription provisions relating to Period and Quantity of Supply to the Pharmaceutical Schedule;
- does not support removing the ability of Registered Nurse Prescribers to apply for Special Authority approvals;
- does NOT support amending the definition of '*Nurse Prescriber*' to include both Nurse Practitioners and Registered Nurse Prescribers in Section A: General Rules of the Pharmaceutical Schedule;
- recommends removal of the term '*Nurse Prescriber*' from the Schedule;

- recommends amending the definition of *'Practitioner'* in the Schedule to specify Nurse Practitioner and Registered Nurse Prescriber;
- supports amending the definition of *Specialist* in Section A: General Rules of the Pharmaceutical Schedule;
- recommends the amendment to the definition of *Specialist* in Section A: General Rules of the Pharmaceutical Schedule be expanded to include practitioners working in private and community settings;
- recommends a review of medicines and other products which are included under the *Retail Pharmacy-Specialist* restriction.

NZNO thanks PHARMAC for the opportunity to comment on their proposals in relation to registered nurses who prescribe and nurse practitioners.

NZNO would be happy to discuss any of these points with you directly.

Nāku noa, nā



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References

- Budge, C., & Snell, H. (2013). *Registered Nurse Prescribing in Diabetes Care : 2012 Managed National Roll Out*. Palmerston North, New Zealand. Retrieved from <http://www.health.govt.nz/system/files/documents/publications/registered-nurse-prescribing-in-diabetes-care-final-report.pdf>
- Nursing Council of New Zealand. (2016). *Preparing to prescribe in primary health and specialty teams : Guidance for registered nurses and employers*. Wellington, New Zealand.

NEW ZEALAND NURSES ORGANISATION (NZNO)

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 47,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is *Freed to care, Proud to nurse.*