NEW ZEALAND
NURSES
ORGANISATION

New Zealand Nurses' Organisation (Inc.)

Submission to the Ministry of Health

on the consultation document, March 2007,

Enabling the Therapeutic Products and Medicines Bill to Allow for the Development of Collaborative Prescribing

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Inquiries to:
Susanne Trim
Professional Nursing Adviser
New Zealand Nurses' Organisation
PO Box 4102
Christchurch
Ph: 03 366 0186
Email: susannet@nzno.org.nz

EXECUTIVE SUMMARY

1. The New Zealand Nurses' Organisation (NZNO) welcomes the clear indication from the Ministry of Health in distributing this consultation paper that there is recognition that Registered Nurses (RN) experienced in a field or practice and with additional training can safely prescribe limited and defined ranges of therapeutic products. NZNO believes that enabling limited prescriptive authority to such RNs will improve timely responsiveness to patient need, streamline service provision and improve the patient journey.

2. However, NZNO does not believe that the three levels (classes) of prescribing now proposed (authorised, designated and collaborative) will be conducive to a transparent system with clear accountabilities for prescribing decisions, nor will it be in the best interests of patient safety. Rather the three tiers of prescribing, plus the use of standing orders, will be confusing to the public, service providers and health professionals alike.

3. NZNO proposes that the current Medicines Bill which identifies two classes of prescriber (authorised and designated) provides the best and least complex legislative framework for future prescribing by RNs and that the third class proposed (collaborative prescribing) is not necessary.

RECOMMENDATIONS

4. The New Zealand Nurses Organisation recommends that you:

   - **note** that, NZNO supports widening the opportunities within the medicines legislation for expert RNs within a specified field of practice becoming regulated to prescribe therapeutic products within that field;
   - **note** that, NZNO believes that by enabling expert RNs to prescribe within their specified field there will be an improved responsiveness to patient treatment and within the health service and it will be a safe process;
   - **note** that, NZNO recognizes that RNs will continue to work collaboratively with physicians and within interdisciplinary teams;

- **agree** that, the introduction of a third tier of prescriptive authority will be unnecessarily cumbersome and complex; and
- **agree** that, Nurse Practitioners become authorized prescribers and that new groups of RN experts who meet specified requirements become regulated under the designated class of prescriber.

ABOUT THE NEW ZEALAND NURSES ORGANISATION

5. The New Zealand Nurses Organisation (NZNO) is a Te Tiriti o Waitangi based organisation which represents 39,000 nurses and other health workers. NZNO is the professional body of nurses and the leading nursing union in Aotearoa New Zealand. Our members include nurses, midwives, students, health care workers and other health professionals.
6. The NZNO vision is "Freed to care, Proud to nurse". Our members enhance the health and wellbeing of all people of Aotearoa New Zealand through ethically based partnerships. Our members are united in the achievement of their professional and industrial aspirations.
7. NZNO has consulted its members in the preparation of this submission in particular NZNO specialty Colleges and Sections, Board Members and Regional Councils.

NZNO POLICY AND POSITION ON THE ISSUE

8. The New Zealand Nurses Organisation **does** support a continuum of medication management and prescribing authority for nurses, from independent prescribing, restricted prescribing, standing orders and administration from prescription. This has been a position held by NZNO for nearly a decade.

COLLABORATIVE PRESCRIBING PROPOSALS

9. It is proposed by the Ministry that a Supplementary Order Paper on the Therapeutic Products and Medicines Bill, currently under consideration by Parliament's Government Administration Committee, be put to the House to allow for collaborative prescribing regulations.

10. In effect, this will result in multiple levels of prescriptive authority within the legislation comprising of authorized prescribing, designated prescribing, collaborative prescribing and the use of standing orders. NZNO believes this introduces a complexity which will be confusing to health practitioners, service providers and the public. Transparency will be lost. Furthermore, NZNO believes that accountability for prescriptive decisions will become blurred between the collaborative prescriber and the supervising authorized prescriber.

11. Also, there will be the added complexity of some designated nurse prescribers having to not only practice using their designated prescriptive authority but also using standing orders, administration from prescription, *and* working in collaborative prescribing arrangements. To a lesser extent, this is the situation which currently faces some Nurse Practitioner (NP) designated prescribers. For example, the Neonatology NP can independently prescribe medications from a list, however to intubate a neonate for ventilation, a frequent occurrence, the NP has to administer the drugs required under a standing order. It is foreseeable, if the proposed third tier of prescribing class is introduced, that designated nurse prescribers will have to work under the designated, collaborative and standing orders arrangements. This is an unnecessarily complex situation.

12. NZNO recognizes that the majority of nurses work collaboratively with physicians and within interdisciplinary teams. In particular, experts in their field working in advanced practice roles work in close collaboration with medical colleagues and as the NP model becomes embedded into the New Zealand health sector in the future, they will be working very closely with NP colleagues also.

13. However, the majority of nurses working in advanced practice roles will not be NPs. Legislative change which will allow these nurses to prescribe a defined range of medications within their field of specialty will enhance access to timely medication treatment and reduce costs within the sector in terms of time and health personnel resources. It will legitimize what is occurring already in some areas of practice and where standing orders do not adequately address the needs of clients. As the Diabetes Nurses Section (NZNO) state *the majority of diabetes nursing colleagues do not work*

in close proximity that allows medical practitioners to sign off frequently on adjustments to medications. The Section proceeds to relate that in the UK and in other countries nurses are able to prescribe at a variety of levels and these have proved successful models (Courtenay & Carey 2006; Freeman (2006). The Section states that *there are many advantages to prescribing by diabetes nurse specialists such as being given the prescription immediately rather than have a visit to another health professional at a later time.* They go on to say *Titration of medication, the timely commencement of insulin with the resulting optimization of glycaemic control may help prevent costly admissions to hospital.*

QUESTION RESPONSES

Is there a need for collaborative prescribing in New Zealand?

14. NZNO members strongly support the introduction of more flexible legislation which will enable those who are identified as experts in their field and who have met certain criteria to be able to prescribe medication within their specialty field. NZNO members see such nurses as working in close collaborative arrangements with authorized prescribers. NZNO endorses the benefits of such a proposal outlined in the consultation document.

15. NZNO is concerned that the proposed model of introducing a new class of prescriber, that is the collaborative prescriber, in addition to authorized and designated prescriber classes, is one which will add unnecessary complexity to the legislative framework. NZNO proposes the alternative model whereby, NPs become authorized prescribers and the designated prescriber class identified within the current Therapeutic Products and Medicines Bill is used for new groups of nurses who would have limited prescriptive authority as per the Bill. This two tier system will have greater clarity, be easier to operationalise, and have clearer lines of accountability for prescriptive decisions than the proposed three tier system.

16. In using the current two classes within the Bill to enable wider prescribing by nurses, there will be no need to present the Supplementary Order Paper, however there will

need to be a change to the current Bill in the class of prescriber within which NPs are identified.

17. NZNO understands that other health practitioner groups will make application to become designated prescribers also and that the clauses within the legislation will need to be enabling for all disciplines who may seek designated prescriptive authority.

The proposed way in which collaborative prescribing would work?

18. NZNO believes that nurses in this class will need to be regulated. The criteria for registration will be set at a lesser threshold than that of NPs but at a level to ensure patient safety. Classes of medicines which nurses could prescribe for each specialty field would need to be identified. The requirement for notices to not only set out the medicines or classes of medicines but also the circumstances in which those medicines may be prescribed has been challenged by NZNO as onerous and prohibitive. NZNO would recommend that the notices identify classes of medicines and if circumstances are required then it may be that the designated prescriber is required to audit a percentage of the prescribing decisions every second month with an authorized prescriber. This would put in place an ongoing monitoring process as an added safety mechanism and provide the regulator with evidence for ongoing registration approval.

Key elements to the concept of collaborative prescribing?

19. NZNO has identified a different preferred model of prescribing incorporating key components. However, should this third tier of prescribing be introduced then the key elements should include

- Standard competencies
- Standard expectations of the collaborating prescriber in monitoring the collaborative prescriber
- Specialty lists of medications standardized nationally

- An attainable registration process, not unreasonably restrictive, which recognizes that there would be close, ongoing collaboration and monitoring in place
- Minimum knowledge base of the specialty, including advanced assessment skills for the specialty
- Strong knowledge base of pharmacology and interactions

Should collaborative prescribing be made in respect of…?

20. All registered health practitioners under the HPCAA should have the opportunity to prescribe collaboratively should this tier of prescriptive authority be introduced.

Should minimum competencies be specified in regulations made under the Act?

21. No, competencies should be determined by the regulator in collaboration with the profession.

CONCLUSION

22. NZNO is strongly supportive of medicines legislation enabling nurses, other than NPs, who are working at an expert and advanced level to be able to prescribe from a defined list of classes of medicines. NZNO believes these nurses should be regulated. NZNO questions whether the introduction of a third level of prescribing is in the best interests of the public, service providers and health professionals themselves. Rather, NZNO supports the use of the two classes of prescriber currently identified within the Therapeutic Products and Medicines Bill to enable wider prescribing by expert and advanced practice nurses. Under this alternative system, NPs would become authorized prescribers and expert specialty nurses would become registered as designated prescribers.

Susanne Trim
NZ Nurses Organisation

REFERENCES

Courtenay, M & Carey, N. (2006) **Extended prescribing power in dibetes: a landmark for nurses.** Supplement to Diabetes and Primary Care. **8**, 2. 97-100
Freeman, G. (2006) **Nurse prescribing: the pros and cons.** Supplement to Diabetes and Primary Care. **8,** 2. 97-100.