Nursing Council of NZ Consultation on two proposals for registered nurse prescribing

Submission from Nurses for Children and Young People of Aotearoa (NCYPA)

This is a well written document which clearly describes the reasons to expand nurse prescribing from a task that only Nurse Practitioners carry out, to a task that community nurses and specialist nurses may also practice. Many of us know specialist nurses with high levels of knowledge and skills who already write prescriptions (prescribing by proxy) and find a doctor to sign the script. Nurse prescribing would formalise this practise and make it safer for nurses and the public. One of our members described what is happening now when doctors are prescribing for paediatric patients:

 “In my experience an expert nurse in a specialist setting is often directing the house surgeon etc. on what and how much to prescribe on many medications and the time spent in doing this is exhausting!!”

**Workforce planning for the future**

Future workforce planning one of the reasons for nurse prescribing as remote and rural communities are less able to attract and support GPs – a point that has also be covered by local media recently[[1]](#endnote-1). Will remote areas be able to attract suitably trained nurses? Or will we end up with prescribing nurses living in city areas but not in the rural New Zealand for the same reasons that doctors cannot be attracted to stay in these locations? Other reasons given in the document for nurse prescribing are to prevent delays in prescribing, and provide a less costly service to poor or vulnerable people. Has the nurse practitioner role been utilised to its fullest extent yet, particularly in areas or high poverty? We certainly agree that nurse prescribing could help deliver timely intervention to poor and vulnerable clients who do not have a GP or who cannot afford the GP charge. In these circumstances, nurse prescribing could also encourage adherence to treatment and avoid complications that lead to hospitalisation. A nurse, who prescribed in the UK described how prescribing rights improved services for children:

“I certainly went through a relatively rigorous process and my prescribing was very limited and I think appropriate to my setting and experience. I feel it enhanced my care and improved the outcomes of many children… The rights for prescribing need to be appropriate to where you are practicing so that you are utilising the skill frequently and therefore will be more aware of any medication advances and changes.”

**Large list of medicines**

The indicative list of medicines that community and specialist nurses would be able to prescribe is very large. The consultation document does explain that breaking this list into smaller sub lists would be unworkable. However, such an array of medicines does expose nurses to certain hazards. Will nurses with prescribing rights be placed in situations where they feel pressured by other professionals or by patients to prescribe a drug that they do not know enough about? There are many listed controlled drugs that nurses may be able to prescribe. Prescribing rights to these medicines expose nurses to potential pressure from people with addictions. In addition, how will the auditing take place to make sure that medication is being prescribed safely and appropriately? One nurse practitioner described the lack of obvious auditing of her prescribing:

“Currently in my NP role I can only prescribe narcotics including codeine for 3 days at discharge. I actually was not aware of this restriction and have been prescribing codeine for longer periods (5 days mainly) and have never been challenged which makes me this I could be prescribing very badly with no come back.... (However I think I prescribe safely)”

**Education**

The consultation document clearly shows the three different levels of prescribing for community nurse, nurse specialist and nurse practitioner alongside three levels of educational preparation for prescribing. Who will deliver this prescriber education? Will there be enough programmes for the nurses who need this skill and will there be enough mentors and close supervision for nurses completing the practical component of prescriber training? One of our members commented that:

“I think in the big picture it makes good sense.  I really think that NCNZ et.al should sort the issues with NP prescribing first to use the full potential of this role …I really feel strongly however that the educational preparation to a post grad dip including advanced assessment and pharmacology should be the minimum requirement for RN prescribing.”

The consultation document discusses the cost of educating nurses to become prescribers. It is envisaged that some money for this would come from Health Workforce New Zealand. This means there would be less funding available for nurses undertaking other post graduate training.

A final comment from one of our members about education for prescribing:

“…unless you are motivated to learn continuously, prescribing knowledge from [the] current program is very limited and drugs change frequently”

**Will community nurse and specialist nurse prescribing affect the nurse practitioner role?**

If there are more nurses prescribing, the role of the nurse practitioner may become less attractive in DHBs where the cost of employing a nurse practitioner is greater that a specialist or community nurse. A similar argument could be made when looking at any of the prescribing nurse roles versus medical practitioners. Nurse practitioner roles are currently difficult to secure in some areas, and there is already some role uncertainty brought about by physician assistants.

In principle the reasons outlined for nurse prescribing are sound and in particular where access to healthcare is made more affordable for poor and vulnerable people. However, we need to make sure that nurses are adequately prepared and supported if they take on a prescriber role.

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1. Mathewson, N (2013, April 1st) Dire Shortage of GPs in Rural Canterbury. http://www.stuff.co.nz/the-press/news/8492918/Dire-shortage-of-GPs-in-rural-Canterbury [↑](#endnote-ref-1)