3 February 2021

KM21-141

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Tēnā koe Pam and Jill,

Proposed amendments to the specified prescription medicines list for designated registered nurse prescribers

Thank you for giving The Royal New Zealand College of General Practitioners the opportunity to comment on proposed amendments to the specified prescription medicines list for designated registered nurse prescribers.

The Royal New Zealand College of General Practitioners is the largest medical college in New Zealand. Our membership of 5,500 general practitioners comprises almost 40 percent of New Zealand's specialist medical workforce. Our kaupapa is to set and maintain education and quality standards for general practice, and to support our members to provide competent and equitable patient care.

Background information Authorisation to prescribe within primary health and specialty teams became available to registered nurses under the Medicines (Designated Prescriber-Registered Nurses) Regulation 2016. Registered nurse prescribers are designated prescribers and as such may prescribe only from a limited list of medications. The current medicines list for registered nurse prescribing in primary health and specialty teams includes over 400 items.

This consultation has been necessitated by the many new medicines introduced to New Zealand since the list was developed in 2014 and by the requirement that the Ministry of Health consult with those people or organisations that may be affected by a change to the specified prescription medicines before making a legal change by Gazette notice.

The Nursing Council of New Zealand (the Nursing Council) has recommended 60 prescription-only medicines it considers appropriate for designated registered nurse prescribers in primary health and specialty teams. These comprise 52 new items and eight items that which are already on the list but there has been a change to the route, form, or indication.

Education and training for registered nurse prescribing

Registered Nurses applying to the Nursing Council for this authorisation to their scope of practice are required to have:

- completed a minimum of three years full-time equivalent practice in the area they intend to prescribe

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- completed a Council-approved postgraduate diploma for registered nurse prescribing in long-term and common conditions. The diploma takes the equivalent of one year full-time study
- employer support to complete a prescribing practicum involving a minimum of 150 hours of clinical practice with a prescribing mentor
- a satisfactory assessment of the competencies for nurse prescribers completed by a prescribing mentor

Registered Nurse Prescribers in primary health and specialty teams must be supervised for the first 12 months of prescribing practice.[1] Continuing competence requirements beyond 12 months include providing a competence assessment or a letter of support each year from the prescribing mentor to the Nursing Council.

An alternative pathway is available to registered nurses who were previously authorised to prescribe for diabetes under the supervision of an authorised prescriber. New authorisations to this pathway ceased in 2017. Nurses holding this authorisation were able to transition to authorisation as registered nurse prescribers in primary health and specialty teams. We have been unable to locate information outlining what additional training is required to make this transition. We have recently requested this information from the Nursing Council and are awaiting a response.

Registered nurse prescribers in general practice

Data provided by the Nursing Council on 27 January 2021 from the registration database indicated that 338 nurses were authorised to either prescribe in primary health and specialty teams or to prescribe in diabetes under the supervision of an authorised prescriber. 130 of these nurses (38 percent) had a main practice type of either Primary Health Care (including practice nursing) or Practice Nursing.

This data suggests that a significant number of the registered nurses prescribing under this authorisation are working in general practice.

Submission

The College acknowledges the benefits to patient access to services that registered nurse prescribing provides. We have some suggestions as to how the processes and guidance around such prescribing can be modified to minimise risks to patient safety while maximising the access benefits.

Comments on the format and structure of the existing medication list

The level of information provided alongside each entry varies considerably. For some medications, for example celiprolol and clonidine, the entry in the list is accompanied by information on cautions and

[1] Preparation and guidance for employers and registered nurses prescribing in primary health and specialty teams. Page 8. Downloaded on 27/1/21 from https://www.nursingcouncil.org.nz/Public/Nursing/Nurse_prescribing/RN_prescribing_in_primary_health_and_specialty/NCNZ/nursing-section/Registered_nurse_prescribing_in_primary_health_and_specialty_teams.aspx?hkey=e0dcf5e0-b496-4f84-9dd3-24b6fc55f766

directions for dose adjustment in renal or hepatic impairment. However, for other medications where such considerations are relevant such information is lacking.

The College considers that there should be consistency in the level of detail provided about each medication to avoid the assumption that the absence of such information signifies that the medication is without contraindications or side effects.

We suggest that the revised list be incorporated into the New Zealand Formulary,[2] which already includes information on whether the medication is prescription only and the circumstances in which it can be supplied (e.g., pharmacist only, pharmacy only, general sale). The formulary also provides ready access to information on the contraindications, cautions, interactions, and adverse effects of each medication.

The College is pleased to see that the categories used in the new list are those used in the New Zealand Formulary.

Continuation prescribing

Continuation prescribing differs from repeat prescribing, where a prescriber signs a script for a patient based on a previous consultation without seeing the patient again.[3] Repeat prescribing is known to be associated with risks to patient safety. The College's Foundation Standard[4] requires general practices to have a repeat prescribing policy in order to ensure that processes are in place to minimise these risks.

The College is pleased to see the requirement to consult with the patient before issuing a continuation prescription. Safe continuation prescribing requires the nurse to be familiar with the medication however, including its side effects and what to look out for. The nurse must have the time and skills to make the relevant enquiries of the patient and perform any required examination. The nurse also needs to be familiar with the condition for which the medication is being prescribed, and how to assess and monitor the effectiveness of current treatment.

Continuation prescribing should not result in prolonged periods without review by an authorised prescriber. Current guidance does not specifically address the need for such review, and we are concerned that in resource-constrained environments if patients do not need to be reviewed by an authorised prescriber for a prescription to be issued, necessary review may not occur. We suggest that guidance on the need for periodic review by an authorised prescriber is included in the preamble to the revised medicines list.

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[2] http://nzformulary.org/ accessed 27/1/2021

[3] Medicines List for registered nurse prescribing in primary health and specialty teams. Page 5 Downloaded on 27/1/21 from https://www.nursingcouncil.org.nz/Public/Nursing/Nurse_prescribing/NCNZ/nursing-section/Nurse_Prescribing.aspx?hkey=091ed930-56ca-4f25-ae9e-52b33decb227

[4] https://www.rnzcgp.org.nz/Quality/Foundation/Whakahau_Rongo_Medicines_Management/10_Prescribing_and_medicine_reconciliation/Quality/Indicators/Indicator_10_Medicines_management.aspx?hkey=8e14ec95-56b7-4f78-ade2-ea095ae5f7de accessed 27/1/21

Initiation of medications

The existing medication list specifies that continuation prescribing is the only prescribing permitted for most of the ophthalmology specialist nurse prescribing section of the list and many of the medications in the controlled drug section. However, this restriction applies to only 14 of the approximately 360 medications on the remainder of the list.

A much higher proportion of the 60 medications that are proposed for addition are restricted to continuation prescribing than is the case for the medications in the main sections of the existing list. The College considers that this better reflects the additional complexity of initial prescribing. Restricting a wider range of medications on the existing list to continuation prescribing may be justified.

Safe prescribing must occur in the context of the patient's presentation, a familiarity with the therapeutic area being treated and through history taking, examination, and consideration of differential diagnosis.

Medication should not automatically be the first line of treatment for the patient's condition or symptoms. Prescribers must be familiar with and knowledgeable about other management options, and how these options can be accessed. Both pharmacological and non-pharmacological options must be discussed with to enable the patient to make an informed decision about future management.

Suggested content for inclusion in the revised 'Guidance on the use of the medicines list'

The current medicines list includes a section titled 'Guidance on the use of the medicines list'. The College suggests that this section could usefully be expanded to include the following content, which aims to increase the understanding and use of Registered Nurse prescribing, and to promote quality, effective patient care.

1. Comorbidities: A high proportion of patients seen in primary care have comorbidities and long-term complex conditions. Prescribers seeing a patient to address a particular clinical issue may receive requests to provide repeat prescriptions for these other conditions. While this may be perceived as more convenient for the patient, we consider that the guidance should caution against prescribing that is not necessary at the time or that is not for the condition addressed by the consultation. Adding repeats of other medications to the prescription risks the patient not receiving appropriate review of the conditions for which these medications were prescribed.

2. Types of Authorisations: The current registered nurse prescribing landscape is complex. We note that since the current list of medications was updated in 2018 a new category of authorisation has been created.

Nurse Prescribing in Community Health was launched in July 2019 by Hon Jenny Salesa.[5] Registered nurses may only apply for this prescribing authority if they are part of an approved programme. Counties Manukau Health, Family Planning, and Midlands Collaborative are the only organisations that currently

[5] https://www.alliancehealth.org.nz/single-post/2019/07/10/significant-achievement-as-registered-nurse-prescribing-is-rolled-out-in-community-health accessed 27/1/21

have approved programmes.[6] Registered nurses prescribing under this authorisation may prescribe medications included in the list specific to this programme which is available on the Nursing Council website.[6]

The College suggests that a summary of the types of registered nurse prescribing with references to medication lists relevant to each is included in the revised guidance.

3. Processes for the revision of the medicines list for nurses prescribing in primary health and specialty teams: The College considers that the process for revision should be outlined in the guidance section. This should include:

- The process for inviting and receiving suggestions for modification to the list
- The criteria for inclusion on the list
- Information on the process for raising safety concerns about medications on the list
- The process for removal of medications no longer available. Celiprolol for example will shortly be delisted. [7]

4. Highlighting of the emphasis on the requirements to work within a collaborative team and to only prescribe medications from the list that are relevant to their area of practice and they are competent to prescribe. We note that this is already included in paragraph five of the existing guidance but making this more prominent would increase understanding and acceptance of this form of prescribing, as would more prominent information on accountability for prescribing decisions and monitoring of nurse prescribing.

Registered nurses working in general practice have a very wide area of practice and it could be argued that very few medications are not "relevant to their area of practice". However, some conditions are seen very rarely in general practice and registered nurses may not see patients with these conditions frequently enough to be competent to prescribe for them.

Conclusion

Designated registered nurse prescribers in primary health and specialty teams can improve access to health care. In our submission we have made some suggestions as to how the processes and guidance around such prescribing can be modified to minimise risks to patient safety while maximising the access benefits. We have also suggested information that could be usefully provided at the time of future revisions to the medicines list.

The College is keen to work with the Nursing Council and the Ministry of Health to better understand the requirements in place to ensure safe integrated prescribing in a community medical team setting. We are keen to see Registered Nurse Prescribing better understood by general practitioners and used appropriately to improve health outcomes and decrease health inequities.

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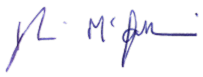
[6] https://www.nursingcouncil.org.nz/Public/Nursing/Nurse_prescribing/Registered_nurse_prescribing_in_community_health/NCNZ/nursing-section/Registered_nurse_prescribing_in_community_health.aspx?hkey=6f9b0230-0753-4271-9a81-0ee990032959 accessed 27/1/21

[7] https://pharmac.govt.nz/medicine-funding-and-supply/medicine-notices/celiprolol/ accessed 27/1/21

We hope you find our submission helpful. If you have any questions, or would like more information, please email us at policy@rnzcgp.org.nz

Nāku noa, nā



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