

RECOMMENDATIONS TO THE MINISTER OF HEALTH

EXTENDING LIMITED INDEPENDENT PRESCRIBING AUTHORITY TO NEW GROUPS OF REGISTERED HEALTH PRACTITIONERS

Introduction

- 1 The New Prescribers Advisory Committee (NPAC) has received two proposals requesting the extension of limited independent prescribing authority. The Nursing Council has submitted an application to extend prescribing authority to nurse practitioners working in a sexual and reproductive health care scope of practice. The New Zealand Association of Optometrists (NZAO) and the Department of Optometry and Vision Science, University of Auckland have submitted an application to extend prescribing authority to optometrists. The Opticians Board officially endorses this application.
- 2 The Committee would like to present formal advice on the applications. As this is the first time formal advice as been presented to you, we would also like to make some general comments and recommendations about the applications and the assessment process before providing specific formal advice and comments on the applications.

Background

- 3 In 1999, the Government agreed to allow limited independent prescribing authority for health practitioners registered by statutory bodies. Cabinet extended limited independent prescribing authority to nurse practitioners working in two scopes of practice (aged care and child and family health) under the Medicines Act 1981 [the Medicines (Designated Prescriber: Nurse Practising in Aged Care and Child Family Health) Regulations 2001]. Since then, other registered health practitioners have sought limited independent prescribing authority. The NPAC was established as an independent advisory group responsible for providing advice to the Minister of Health on issues regarding such proposals.
- 4 Applicants have some statutory obligations when presenting an application to the NPAC. Applicants must present applications from or officially endorsed by the statutory registering body for a health professional group. There is also a requirement to consult Māori.

General issues for consideration

- 5 Our assessment of the applications raised the following issues:
 - the structure of the current regulatory framework and access to medicines in the Pharmaceutical Schedule

- the indicative medicines list
- the development of clinical guidelines to cover best practice in prescribing
- the level of communication between health practitioners and the development of referral processes
- organisations and groups required to be consulted by the applicant
- number of streams of advice going to the Minister.

Regulatory Framework

- 6 Sections 105 and 105B of the Medicines Act 1981 (the Act) allow for the regulation of the extension of limited independent prescribing authority. The regulation-making powers granted under these sections authorise a class of registered health professional to prescribe prescription medicines of a specified class or description. The regulation-making powers also allow for the imposition of conditions, limitations, requirements or restrictions.
- 7 Previous regulations providing for the extension of prescribing authority to designated prescribers made under the Medicines Act 1981 have included a schedule detailing the scope of practice with schedules of prescription medicines that a particular class of designated prescriber can prescribe are included in the Medicines Regulations 1984. The supply and administration of controlled drugs is covered by the Misuse of Drugs Regulations 1977.
- 8 The Health Practitioners Competence Assurance Bill 2002 (the HPCA) requires the definition of scopes of practice. Health practitioners will not be able to prescribe outside of the parameters of the scope of practice.
- 9 The Committee has concerns about the regulatory framework as it currently stands.
 - Advances in pharmacological interventions mean that the best medicine to treat an illness can change. As there is a schedule of medicines listed for each group of designated prescribers, regulations must be amended to ensure that designated prescribers have access to the most appropriate treatments for conditions encountered in their scope of practice. Regulatory change can be a time-consuming process. Delayed access to the most appropriate medications may contribute to poor clinical practice, as designated prescribers may not have authority to prescribe a new treatment if it is not included in the appropriate schedule.
 - The applicants have spent much time developing lists of indicative medicines. Our Committee is established in an advisory capacity to provide advice in respect to the extension

of limited independent prescribing authority. We consider that it may be more appropriate for the Committee to debate issues of scopes of practice rather than indicative medicine lists.

- Currently, specific conditions are listed rather than generic disease groupings.

Access to the Pharmaceutical Schedule

- 10 Designated prescribers must have access to the most appropriate treatments for conditions encountered in their scope of practice. A more practical and less administratively complex approach may be that, rather than a prescribed formulary scheduled in the Medicines Regulations 1984, designated prescribers have access to the open Pharmaceutical Schedule. Access equating with current midwife and dentist access is envisioned.
- 11 Prescribing by a group of designated prescribers would be limited by the defined scope of practice and generic disease groupings rather than a prescribed formulary. The development of clear, comprehensive scopes of practice, identification of generic disease groups (rather than lists of specified conditions) and the development of clinical guidelines would raise awareness of prescribing limits as well as providing the flexibility to prescribe appropriately. Enforcement of this is the responsibility of the statutory regulatory body.
- 12 Midwifery and dental prescribing shows that open access to the Pharmaceutical Schedule has resulted in very little prescription of medicines outside of the defined scopes of practice.
- 13 The Committee reached consensus on the decision to open access to the Pharmaceutical Schedule.

The indicative medicines list

- 14 It is also appropriate that applicants seek detailed information regarding medicines (such as indications, contraindications, justifications and subsidisation) before submitting an application to the NPAC. This would allow the Committee to concentrate on the broader effects of extending limited independent prescribing authority to a group of health practitioners and process applications expeditiously.

The development of guidelines detailing clinical best practice

- 15 There are safety issues surrounding a wide variety of health practitioners' access to the open Pharmaceutical Schedule. The development of best clinical practice guidelines detailing the diagnosis,

treatment, follow-up care and referral processes for major diagnostic groups covered by the scope of practice would help to ensure clinical safety in a more open prescribing environment. Provision of best available evidence covering best clinical practice procedures will help future applicants incorporate greater clinical safety aspects into their applications. This is an area where the Ministry of Health could provide leadership although we note that it is the responsibility of statutory registering bodies to ensure that clinical safety is provided for.

The level of communication between health practitioners and referral processes

16 Both applicants seek extended limited independent prescribing authority for a wide range of conditions covered by the scopes of practice. Some of these conditions are complex or are complicated by conditions that may fall outside the health practitioners' scopes of practice. Collaborative prescribing, shared care management and referral procedures need to be well developed by statutory registering bodies.

Consultation

17 Applicants must consult the following groups when preparing a proposal for limited independent prescribing authority:

- Other groups within the health profession
- Regulatory authorities including the Ministry of Health and Medsafe
- Other health professional groups including current prescribers and pharmacy organisations and the pharmaceutical industry
- Rural organisations, rural communities and rural practitioners
- Māori
- Consumer groups.

Streams of advice

18 Our Committee is established in an advisory capacity and, as such, is competent to assess applications for extended prescribing authority. Some detailed technical aspects, particularly relating to medicines, may require additional advice from pharmacological experts at the Ministry of Health or at the Medicines Classification Committee to ensure that the most appropriate medications are used in the scope of practice.

General recommendations

Consensus

19 We did not reach unanimous agreement on all aspects of the two applications. The main points of contention are:

- the inclusion of certain medicines in indicative medicines lists (including the technical accuracy pertaining to some medicines)
- the development of clinical guidelines
- consultation processes and
- scopes of practice.

Recommendations

20 The NPAC recommends that the Minister of Health:

- **Agree** that all new prescribers have access to the open Pharmaceutical Schedule but are limited to those medicines relevant to defined scopes of practice. This may require regulatory change.
- **Agree** that all groups of health practitioners develop clear and definitive scopes of practice and that the competent prescription of medicines is assisted by the identification of best clinical practice and development of clinical guidelines.

21 The NPAC requests:

- information from the Ministry of Health regarding amending the current regulatory framework.

