

RECOMMENDATIONS TO THE MINISTER OF HEALTH

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

Introduction

- 1 The Nursing Council of New Zealand (the Council) has submitted an application to the New Prescribers Advisory Committee (NPAC) requesting the extension of limited independent prescribing authority to appropriately qualified Nurse Practitioners.
- 2 The Committee would like to make some general comments and recommendations about the application 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 application raised the following issues:
 - the benefits of interdisciplinary clinical guidelines to cover best practice in prescribing practice;
 - the importance of communication and collaboration between health practitioners;
 - consultation processes and organisations and groups consulted by applicants seeking prescribing authority.

Recommendations

- 6 The NPAC recommends that the Minister of Health:
 - **Agree** to proceed with the application for Nurse Practitioner prescribing rights subject to:

The Council satisfying the Committee that monitoring of Nurse Practitioner prescribing will be appropriate and that the process, analysis and documentation of consultation in respect of Nurse Practitioner prescribing has been adequate.

EXTENDED LIMITED PRESCRIBING AUTHORITY FOR NURSE PRACTITIONERS AND PODIATRISTS

Statement about the *Application for Consideration of Extended Prescribing Authority* (the application) to the Minister of Health

- 1 The New Prescribers Advisory Committee (NPAC) has assessed the application for extended limited independent prescribing authority for Nurse Practitioners, presented by the Nursing Council of New (the Council).
- 2 Two issues must be satisfied before the application can proceed. The Council's proposal must document to the satisfaction of NPAC: monitoring of Nurse Practitioner prescribing practice and the consultation process and analysis of submissions in response to the consultation

Specific issues for consideration arising from the application

- 3 Our assessment of the application raised the following issues
 - Monitoring of Nurse Practitioner Prescribers
 - Consultation process, analysis and outcomes
 - The need for an Exclusions List

Nursing Council's application for prescribing rights

Background

History of the application assessment process

- 4 The Committee received the application on 15 June 2005. A Subcommittee informally reviewed the initial application on 17 June 2005 and raised the following issues:

- a. That the proposal only addressed the lists of medicines nurse practitioners should prescribe and not whether nurse practitioners should prescribe and how they should prescribe.
- b. There was inadequate detail on the processes for monitoring the prescribing practices of nurse practitioners
- c. The application did not meet the consultation guidelines set out in the Committee's application template.

The applicants attended for part of the meeting of the whole Committees on 21 June 2005 where they were made aware of the Committee's concerns and asked to provide further information,

- 5 At the Committee meeting on 21 June 2005, we agreed that advice should be presented to you.

Monitoring

- 6 The process of monitoring Nurse Practitioner prescribers was not fully documented in the Council's application; this process should be documented and should include annual reviews of prescribing practice.
- 7 The monitoring process should involve enrolment of nurses in the established Best Practice Advocacy Service (BPAC) prescribing exercises; encouragement of nurses to prescribe from software programmes that capture both diagnostic and prescribing data; analysis of prescribing patterns and an expectation that nurses will participate in inter-disciplinary quality assurance activities in relation to prescribing. The Committee would like a written assurance from the Council that they will work with Nurse Practitioner prescribers to develop and implement appropriate monitoring processes.
- 8 The Committee stressed that patient safety around medicines management requires collaboration between practitioners and NPAC expects to see further development of this aspect of health practitioner practice. This should include ongoing development of prescribing guidelines.

Consultation

- 9 It is the Committees policy that the consultation process should be documented and include an outline of the consultation process; a copy of any letter sent with the consultation document and a list of people/organisations consulted; a list of who responded with an analysis of their responses including the points raised and how any concerns have been addressed.
- 10 It is the Committee's view that the Council's documentation does not meet this standard. Specifically the Council has not provided a submission-by-submission analysis of what comments were made and how these comments were addressed in the application. Therefore, it cannot be said with any certainty, due to the lack of documentation,

that the Council has taken the views of those parties who did submit, into consideration in the preparation of their application.

- 11 When the Committee met, they accepted the Council's assertion that the question of Nurse Practitioners prescribing had already been addressed in previous consultation for the scope of Nurse Practitioner under the Health Practitioners Competence Assurance Act 2003 and the Nurse Practitioner prescriber in Aged Care and Child and Family Health regulations 2002.
- 12 The Committee Chair has subsequently been made aware by the Ministry of Health that this previous consultation is not sufficient to satisfy the consultation requirements of the Medicines Act 1981, given the extent to which the Council is asking prescribing rights be extended (for example, to Nurse Practitioners working under a scope of primary health care).

Exclusions list

- 13 NPAC consider that a list of medicines that Nurse Practitioners can prescribe and a list of exclusions (a list of medicines Nurse Practitioners cannot prescribe) is not helpful, but understands that the current legislative environment (the Medicines Act 1981) requires this for designated prescribers.