

RECOMMENDATIONS TO THE MINISTER OF HEALTH
EXTENDING LIMITED INDEPENDENT PRESCRIBING AUTHORITY TO
NURSE PRACTITIONERS

Introduction

1. The Ministry of Health has completed additional consultation on the Nursing Council of New Zealand (the Nursing Council) proposal to the New Prescribers Advisory Committee (NPAC) requesting the extension of limited independent prescribing authority to certified nurse practitioners.
2. The Committee has considered the outcome of the consultation and would like to provide specific formal advice and comments on the application.

Recommendations

3. The NPAC recommends that the Minister of Health:
 - **Agree** to proceed with the proposal for nurse practitioner prescribing and that nurse practitioners have access to the medicines listed in the medicines list derived by the Nursing Council, apart from agents that fall within the class of Neuro-muscular Blockers, Anaesthetic Inhalants and Anaesthetic Induction medicines.
 - **Agree** that the Minister instruct the Ministry of Health to establish a process for maintaining and updating the lists of medicines that nurse practitioners can prescribe, for example, through the Medicines Classification Committee.

EXTENDED LIMITED PRESCRIBING AUTHORITY FOR NURSE
PRACTITIONERS

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

4. The New Prescribers Advisory Committee (NPAC) has assessed the outcome of the additional consultation on the proposal for extended limited independent prescribing authority for nurse practitioners, presented by the Ministry of Health.
5. NPAC recognises that the Health Practitioners Competence Assurance Act 2003 provides a framework for the Nursing Council to endorse

nurse practitioners who wish to prescribe within specialised areas of practice and to monitor their practice.

6. While the NPAC is confident that the HPCA Act provides the Nursing Council with sufficient mechanisms to ensure that nurse practitioners with an endorsed clinical area of practice of anaesthetics would be competent to prescribe and administer anaesthetic agents there is currently no training programme to prepare nurses to prescribe anaesthetics; and in addition due to the necessity that these drugs are prescribed and administered at the same time there is not the same ability for a pharmacist to monitor the appropriateness of the prescribing, as there is with other prescribed drugs.
7. On balance NPAC suggests that those anaesthetic drugs that fall within the classes of Neuro-muscular Blockers, Anaesthetic Inhalants and Anaesthetic Induction medicines are distinct in nature and recommend that these anaesthetic agents be excluded.

Specific issues for consideration arising from the application

8. The NPAC considered the following issues as a result of the consultation:
 - a. The appropriateness of nurse practitioner prescribers prescribing Neuro-Muscular Blockers, Anaesthetic Inhalants and Anaesthetic Induction medicines and deemed that these should be excluded until appropriate training programmes have been developed and approved by the Nursing Council.
 - b. The NPAC considered the arguments made by the Association of Optometrists and the Optometrists and Dispensing Opticians Board regarding nurse practitioner prescriber's access to glaucoma medications and determined that the case presented was not strong enough to warrant exclusions of these medicines.
 - c. The NPAC was advised that under the Contraception, Sterilisation and Abortions Act 1977 (CSA), nurse practitioners would be prohibited from prescribing abortifacients. As some abortifacients are deemed to have uses other than for the purpose of abortion, it was deemed that the CSA would provide sufficient controls and that these medicines do not need exclusion.
9. The NPAC also endorsed the Nursing Council's practice of including representatives from professional bodies on panels that determines the adequacy of individual nurse practitioners to prescribe, and to work with pharmacists and other prescribers with regard to areas of practice and the development of nurse practitioner prescribers approved medications.

10. The NPAC noted and endorsed the intent to encourage nurse practitioner prescribers to participate in Best Practice Advocacy Centre (BPAC) prescribing exercises and inter-disciplinary peer review activities.

Nursing Council's application for prescribing rights

Background

History of the application assessment process

- 1 The Committee received the application on 15 June 2005. A Subcommittee reviewed the initial application on 17 June 2005 and raised the following issues for discussion by the whole Committee:
 - 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.
- 2 The applicants attended for part of the meeting of the whole Committee on 21 June 2005 and were asked to provide further information on the above issues.
- 3 At the Committee meeting on 21 June 2005, NPAC agreed that advice should be presented to you.
- 4 Subsequently the Ministry of Health advised that it did not believe the consultation undertaken by the Nursing Council would be sufficient to satisfy the requirements in the Medicines Act 1981 that the Minister consult with representatives of those organisations and individuals who might reasonably be deemed to be affected by the making of regulations.
- 5 In response to these concerns the Council proposal to NPAC was rewritten and the Ministry of Health undertook a second round of consultation, which was completed on 26 August. The main amendments to the proposal were to include:
 - the criteria used to determine the exclusions list of medicines that nurse practitioners will be able to prescribe
 - lists of medicines that nurse practitioner prescribers would not be able to prescribe (based on the schedules of medicines in the Medicines Regulations 1984 and the Misuse of Drugs Act 1975) – with the reasons for exclusion
 - more detail on how nurse practitioner prescribers would be monitored
 - case studies to provide practical examples of nurse practitioner prescribing training, how prescribing will impact on nurse

practitioners' practice and how prescribing by nurse practitioners might impact on health care teams.

6. This consultation focused on three main questions – whether:
 - the proposed monitoring of nurse practitioner prescribers is adequate
 - the criteria used to derive the list of excluded medicines is appropriate
 - the proposed list of excluded medicines is appropriate.
7. The submissions were analysed by Ministry officials and presented to the NPAC for their consideration on 30 August 2005.