

File ref: P4

23 November 2015

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By email: Alison_hussey@moh.govt.nz

Dear Alison

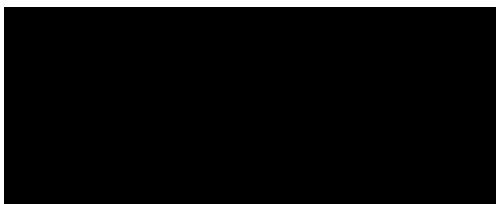
RE: Consultation – Amendment of the Medicines (Standing Order) Regulations

On behalf of the Pharmacy Council of New Zealand (Council), I would like to thank you for the opportunity to provide feedback on the Amendment of the Medicines (Standing Order) Regulations.

As requested, we have provided feedback on the attached form. You will appreciate that our feedback is not exhaustive however, we believe it provides clear insight into our thinking.

Should you wish to discuss any aspect of our submission, please contact David Simpson (Chief Executive) on 027 270 0236 or 04 495 0330.

Yours sincerely



Andrew Bary
Chair

Consultation on amendment of the Medicines (Standing Order) Regulations to enable nurse practitioners to issue standing orders

1. What do you see as the potential benefits of an amendment to the Regulations to authorise nurse practitioners to issue standing orders **now** rather than as part of the review of the regulatory regime for therapeutic products?

Response

It is not clear to Council as to why there is a need to expedite the amendment, specifically related to standing orders. This is an important issue and one that needs careful consideration. Council believes that it would be better to consider it as part of the broader regulatory review rather than in isolation.

Notwithstanding, Council acknowledges that for certain circumstances, it may appear that there could be acute care/convenience/accessibility benefits, however we consider the potential risks associated with proceeding now, outlined below, outweigh the benefits.

2. What do you see as the potential risks of an amendment to the Regulations to authorise nurse practitioners to issue standing orders **now** rather than as part of the review of the regulatory regime for therapeutic products?

Response

Council remain cautious about broadening the ability for other health practitioners to use standing orders now, or in the future. Standing orders are used sparingly by medical practitioners, and for good reason. If used incorrectly, it has the potential to impact on public safety.

Within the DHB environment, creation of a standing order is developed by a team (consultant, pharmacy, nurses) because risks can be high. Patients also tend to be quite sick and the standing order is often part of an emergency care plan. Even if the change was to occur, Council do not believe the current team or integrated approach would change and, in fact, we think it would be even more critical.

Within primary care teams, GPs and nurses work in teams, therefore it is less likely that nurse practitioners would require this authority as a matter of course. The only exception may be for independent nurse practitioners who operate in geographically isolated locations. However, as outlined above, stand-alone practice without input from other prescriber is discouraged.

Most nurse practitioners often work in a collaborative environment. Introducing standing orders, may undermine collaboration and discourage a good working environment with other members of the health care team.

Council recognise the special skills nurse practitioners bring, however, like other non-medical prescribers, they may have less developed essential skills (diagnostic, understanding co-morbidities and pharmacological knowledge) that are required when considering longer term medicine management services.

3. Please provide examples to show the implications of an amendment to the Regulations to authorise nurse practitioners to issue standing orders **now** rather than as part of the review of the regulatory regime for therapeutic products?

Response

Fragmentation of care and decisions being made without full consideration of the wider regulatory framework.