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Alison Hussey
Senior Advisor, Nursing
Office of the Chief Nurse
Ministry of Health
PO Box 5013
Wellington 6145

By email: Alison_hussey@moh.govt.nz

Amendment to the Medicines (Standing Order) Regulations 2002

Dear Alison

Thank you for inviting the New Zealand Medical Association (NZMA) to provide feedback on the above consultation. The NZMA is New Zealand's largest medical organisation, with more than 5,500 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders.

We note that the Ministry is seeking feedback on the timing of an amendment to authorise nurse practitioners to issue standing orders, and the potential benefits/risks of this amendment (as opposed to waiting for the review of the therapeutic products regulatory regime).

Rather than progress this particular amendment, we suggest the Ministry consider delegated prescribing (available since the enactment of the Medicines Amendment Act) as a better option to standing orders. We believe that delegated prescribing is better aligned with team-based collaborative models of care that allow health practitioners to practice to the full extent of their scope of practice. Delegated prescribing is also preferable to independent designated models of prescribing that could exacerbate fragmentation of care. As nurse practitioners are authorised prescribers, their nursing colleagues would simply (as a professional group) need to apply for delegated prescriber status.

A standing order is a time limited, and often patient-specific, order for the supply/administration of medicines without a prescription. By contrast, a delegated prescribing order authorises, for example, a particular nurse to prescribe certain medicines to certain patients in certain circumstances, and sets out the arrangement for monitoring and review. The group of patients could be defined by their condition (eg, patients with asthma, patients with diabetes) or the setting in which they are receiving their services (eg, in orthopaedic wards, in general practice, etc). The delegated prescribing order would need to be clear about the scope of practice of the delegated prescriber and their competency and training requirements.

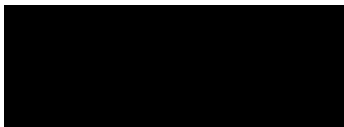
We note that if the proposed amendment to enable nurse practitioners to issue standing orders is agreed, it will take at least two years to implement. Given that the review of the therapeutic products regulatory regime is underway and will address the need for standing orders, including whether or not they are fit for purpose, we consider the timing of this particular amendment to be inadvisable. If the new Therapeutic Products Act makes significant changes to the principles underlying standing orders (or even abolished them entirely), there could be a major discrepancy between the intent of the regulations governing standing orders and the new Therapeutic Products Act. This could lead to confusion among health professionals, which is not conducive to public safety.

If the Ministry is committed to progressing this particular amendment, we have some concerns that doing so may compromise the independence of the review of standing orders undertaken as part of the review of the therapeutic products regulatory regime. Furthermore, should the review of the therapeutic products regulatory regime reach a diametrically opposite conclusion on standing orders than the work that will be done as part of the proposed amendment, it would mean the waste of considerable Ministry resource and time.

In summary, while we are not opposed to nurse practitioners being able to issue standing orders per se, we believe that delegated prescribing is a more flexible and fit-for-purpose option. In addition, given that the review of the therapeutic products regulatory regime is underway, we do not believe that the timing of the proposed amendment is advisable.

We hope that our feedback has been helpful and look forward to learning the outcome of this particular consultation.

Yours sincerely

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Dr Stephen Child
NZMA Chair