



**FEEDBACK: AMENDMENT TO THE MEDICINES (STANDING ORDER) REGULATIONS 2002**

**From: New Zealand Association of Optometrists**

## **Summary**

The New Zealand Association of Optometrists strongly supports the immediate inclusion of both nurse practitioners and optometrists in the list of practitioners allowed to issue standing orders as defined within the Medicines (Standing Order) Regulations 2002. The NZAO strongly believes the current exclusion of nurse practitioners and optometrists from being able to issue standing orders is a legal anomaly which creates a functional barrier to the provision of healthcare directed by these two groups of authorised prescribers which is inconsistent with the intent of the Medicines Amendment Act 2013. Even though there is a planned review of the larger regulatory regime for therapeutic products this regulatory anomaly needs to be rectified prior to any new regulatory framework being established as it will allow development of new prescribing mechanisms to be applied to the different classes of prescribers in a more comprehensive way. Additionally, the need for nurse practitioners and optometrists to be able to issue standing orders is both present and clear right now; further delay will compromise care options for consumers and extend barriers to access for several more years. When health care demand is increasing and costs are rising it makes sense to enable these two groups of authorised prescribers to work to their full scope of practice.

## **Background**

The Medicines Amendment Act 2013 enacted in July 2014, provided optometrists (therapeutics endorsed) and nurse practitioners with the same prescribing authority as medical practitioners, dentists, and midwives. There are currently 470 optometrists with therapeutics endorsement.

The understanding of the NZAO in the time leading up to the 2013 amendment was that the move to add optometrists and nurse practitioners to the definition of authorised prescriber would include changes to all other Acts and regulations necessary to remove existing legislative barriers that were otherwise constraining these health practitioners from practising to the full extent of their scope of practice. As the only community practitioners with a full scope of practice for primary eye health it was naturally expected that optometrists would be enabled to issue standing orders.

The Medicines Act 1981, in fact, defines a standing order under Section 2(1) as a written instruction issued by a practitioner, registered midwife, nurse practitioner or optometrist in accordance with any applicable regulations.

However, the Medicines (Standing Order) Regulations 2002, allows only practitioners (dentists and medical practitioners) to issue standing orders thus defeating the intent of the primary Act.

## **Optometrist need of authorisation to issue standing orders**

Authority to issue a standing order would permit therapeutics endorsed optometrists to provide more efficient and safe care by enabling other non-prescribing practitioners in the primary

healthcare team to supply and/or administer specified medicines to a specified class of persons in specified circumstances without a prescription.

The ability to issue standing orders would enable optometrist prescribers to work to their full scope of practice to support models of community care that improve timeliness and ease of access to medicines for particular people. In their normal clinical settings the ability to issue standing orders would enable optometrists to work more efficiently by instructing appropriately trained staff to administer diagnostic medicines under controlled conditions with care instructions clearly set out in the standing order documentation. An example would be a standing order to enable the administration of tropicamide 1% as a dilating agent by designated ophthalmic staff in preparation for ophthalmic examination. This would parallel the current use of standing orders within a hospital or clinic setting where a medical practitioner might issue a standing order to enable the administration of proxymetacaine hydrochloride 0.5% (for example) to patients requiring topical ocular anaesthesia prior to ophthalmic assessment. In the absence of a medical practitioner, designated ophthalmic staff are authorised to administer proxymetacaine hydrochloride 0.5% by Standing Order provided the specified criteria have been met.

Enabling TPA optometrists to issue standing orders would improve teamwork and efficiency between therapeutically endorsed optometrists, doctors, non-prescribing optometrists, and registered nurses in a variety of community settings. Such authorisation of optometrist prescribers would contribute to the best use of knowledge and skills within the health workforce and reduce burden on general medical practitioners to manage standing orders for a variety of eye preparations in community settings. There is benefit to patients in having access to the right care at the right time.

With a strong system that encompasses training, implementation and audit, there is no doubt the use of standing orders issued by an optometrist can provide improved access to care for their patients.

### **Practical examples**

In rural communities there is poor access to medical eye specialists and the optometrist is the main prescriber of eye medicines providing care for people in the community within the primary health care team. Having authority to issue standing orders would enable optometrists to supervise the supply and administration of eye medicines by registered nurses.

A TPA optometrist may provide eye health care to residents of a residential care facility. In outbreaks of communicable eye disease such as conjunctivitis the ability of nursing staff to administer or supply medicine under a standing order issued by an optometrist will enable the infections to be contained and treatments managed more effectively in accordance with the issued instructions.

A TPA optometrist may be treating an anterior eye condition but is not available to follow up on a particular date. Standing orders could enable a non-TPA colleague to supply medication depending on the response to the initial treatment.

In treating many common eye conditions the medicine is delivered in drops or ointment applied topically several times per day. In a school setting the school nurse could administer the medicine

more safely and in more hygienic conditions than leaving the child to manage on their own treatment while at school.

Optometrists also provide eye health care to inmates of the country's prisons in conjunction with visiting GPs and prison service nursing staff. The ability to issue standing orders for administration of eye medicines to prisoners would enable the state to provide more effective and more timely care to prisoners without the need for additional visits or transport costs.

For optometrists to work to the full extent of the therapeutic scope has already been anticipated in all the other relevant legislation relating to authorised prescribers. It is inconsistent to leave optometrists out of the Medicines (Standing Order) Regulations 2002 when amending these regulations to include nurse practitioners.

Optometrists are increasingly employed in hospital settings and it would be short sighted to leave them out of the necessary legislative change at this point; to do so creates an unfair anomaly and maintains an unnecessary barrier to hospitals being able to benefit from optometrists working in their full therapeutic scope.

## **Recommendation**

The New Zealand Association of Optometrists supports the **immediate** amendment of the Medicines (Standing Orders) Regulations 2002 to authorise optometrists and nurse practitioners to issue standing orders.

Any further delay in correcting the last outstanding legislative barrier to the full implementation of changes legislated within the Medicines Amendment Act 2013 is insupportable.

Optometrists and nurse practitioners have been denied the full effect of the transition to authorised prescribers which should have been realised in 2014 and the full benefits of the change which should have flowed to the consumers of optometrist and nurse practitioner services must be withheld no longer.

The **immediate** amendment of the Medicines (Standing Orders) Regulations 2002 to authorise optometrists and nurse practitioners to issue standing orders is a small change, easily accomplished, and one which brings the regulations into line with the primary legislation. Any changes to the primary legislation as a result of the larger scale review of the regulatory regime for medicines will be several years away.

Making the changes now will not affect the long term regime change but it will enable optometrists and nurse practitioners to issue standing orders right now. This will enable the benefits of the change to flow to health consumers in a more timely way.

**Dr Lesley Frederikson**

National Director

New Zealand Association of Optometrists

**20 November 2015**