

In Confidence

Office of the Minister of Health

Cabinet Social Policy Committee

DESIGNATED PRESCRIBING AUTHORITY FOR REGISTERED NURSES WORKING IN PRIMARY HEALTH AND SPECIALTY TEAMS

Proposal

1. I propose that Cabinet agree to the making of regulations to extend designated prescriber status to suitably qualified registered nurses working in primary health and specialty teams and allow designated registered nurse prescribers to prescribe specified controlled drugs.

Executive Summary

2. Improving health care and delivering health care services closer to home is a Government priority. New Zealanders are increasingly living longer but often with more than one long-term condition such as diabetes and/or cardiovascular disease. New Zealand requires the health care system to respond to this increasing burden of disease through better use of the health workforce and the development of new models of care.
3. Designated registered nurse prescribers working in integrated multidisciplinary teams could be part of the response to ensuring timely and convenient patient access to health care including medicines. Where registered nurses have prescribed in New Zealand, as in the case of designated registered nurse prescribers working in diabetes, health outcomes have reflected safe practice. However, most registered nurses are currently legally unable to prescribe medicines.
4. Nurse prescribing aligns with Government intentions to make the best use of registered nurses by fully utilising nurses' clinical training, knowledge and skills. It will improve access to health care services delivered in general practice, in nurse-led clinics such as family planning and sexual health and in specialist outpatient clinics. In addition, access to services in rural and remote areas will be improved. Nurse prescribing is increasingly being introduced in overseas jurisdictions and has proven safe and effective.
5. The pharmaceutical cost implications of nurse prescribing are likely to be similar to those associated with current levels of prescribing but may increase due to improved access resulting in better health outcomes. Costs to the patient will be neutral if registered nurse prescribers can prescribe subsidised medicines from the New Zealand Pharmaceutical Schedule.

6. I seek Cabinet agreement to:
 - i. make regulations under the Medicines Act 1981 to allow designated registered nurse prescribing by suitably qualified registered nurses working in primary health and specialty teams (designated registered nurse prescribers)
 - ii. revoke the Medicines (Designated Prescriber-Registered Nurses Practising in Diabetes Health) Regulations 2011
7. The prescription medicines allowed will be specified in the *New Zealand Gazette* by the Director-General of Health under section 105(5A) of the Medicines Act.
8. I also seek Cabinet agreement to:
 - i. amend the Misuse of Drugs Regulations 1977 to allow specified controlled drugs to be prescribed by designated registered nurse prescribers
 - ii. amend the Misuse of Drugs Regulations 1977 to extend the allowed length of supply from three to seven days to enable designated registered nurse prescribers to better address the needs of patients in rural areas and palliative care.
9. The Nursing Council of New Zealand (the Nursing Council) is a responsible authority established under the Health Practitioners Competence Assurance Act 2003. In accordance with the Health Practitioners Competence Assurance Act, the Nursing Council is required to set out qualifications for nursing scopes of practice; to set standards of clinical competence, requirements for ongoing competence, and ethical standards; and to authorise registration of nurses. The Nursing Council would be responsible for ensuring that designated registered nurse prescribers are safe and competent to practise. A designated registered nurse prescriber would be required to meet the qualifications, training and competence requirements specified by the Nursing Council of New Zealand in the *New Zealand Gazette*.

Background

10. More timely and convenient patient access to medicines is critical to ensuring increased delivery of preventive health care services and implementation of new models of care to ensure better health outcomes. New and enhanced workforce roles, integrated multidisciplinary teams and health practitioners working to their full potential are expected to generate the capacity and flexibility needed to address future demand for health care services.
11. Currently, most registered nurses are unable to prescribe (only registered nurses practising in diabetes health have prescribing rights). Nurse prescribing for long-term and common conditions within primary health and specialist teams would contribute to improved access to medicines. Within the multidisciplinary team designated registered nurse prescribers could contribute to managing workloads and enable timely and effective service delivery through making the best use of

their skills to release medical and nurse practitioners to attend to the activities it is most appropriate for them to undertake.

12. Designated registered nurse prescribers would be expected to work within integrated multidisciplinary teams. They would practise in primary and community settings, including in rural and remote areas, as well as in specialist clinics.
13. Specific conditions that designated registered nurse prescribers would prescribe medicines for could include diabetes and related conditions, hypertension, respiratory diseases, including asthma and chronic obstructive pulmonary disease, eye health, anxiety, depression, heart failure, gout, palliative care, contraception, common skin conditions and infections.
14. I received the application for designated registered nurse prescribing in October 2014 from the Nursing Council. The Ministry analysed the submissions and advised me in May 2015 when I directed officials to prepare advice on the development of Medicines (Designated Registered Nurse Prescriber) Regulations.
15. The Nursing Council consulted on designated registered nurse prescribing over the period 2013 to 2014, and undertook a formal written consultation between February and April 2013. The formal consultation included two proposals for registered nurse prescribing:
 - a. Specialist nurse prescribing, to enable nurses working in a collaborative multi-disciplinary team in general practice or specialist services, to be able to prescribe for common conditions such as diabetes, asthma, and hypertension.
 - b. Community nurse prescribing to enable nurses in community and outpatient settings to prescribe medicines for minor ailments and illnesses. This proposal has not progressed to an application and requires further development.
16. There was strong support for the proposal for specialist nurse prescribing (renamed, registered nurses working in primary care and specialty teams, and subsequently referred to as designated registered nurse prescribing).
17. The proposed lists of prescription medicines for designated registered nurse prescribers were included in the formal consultation. The final proposed list of prescription medicines has been modified to take full account of stakeholder feedback. In the proposal for designated registered nurse prescribing, the Nursing Council has articulated the conditions for prescribing, including the requirements to be qualified and authorised as a prescriber.

Comment

Designated Prescribers

18. Designated prescribers are specified as a subcategory of authorised prescribers under the Medicines Act. Current designated prescribers include pharmacist prescribers, dietitian prescribers, and registered nurses working in diabetes health care (diabetes nurse prescribers). Diabetes nurse prescribers are a very small group. The proposal for nurse prescribing would add additional registered nurses to the list of designated prescribers. The Nursing Council has advised that there is potential for between 500 and 1,000 designated registered nurse prescribers within a period of ten years.
19. The Medicines Act allows the making of regulations to extend prescribing authority to designated prescribers. Designated prescribers, based on their competence and scope of practice, can prescribe only those medicines for the relevant class of health practitioner, as specified by the Director-General of Health by notice in the *New Zealand Gazette*. The Director-General of Health is able to add new prescription medicines to the *New Zealand Gazette* list in the future providing he/she is satisfied that there has been adequate consultation.
20. The Medicines (Designated Prescriber—Registered Nurses Practising in Diabetes Health) Regulations 2011 would be revoked and the current group of diabetes nurse prescribers would be regulated by the new designated registered nurse prescriber regulations.

Improved access to health care services

21. Consistent with Government intentions, patients would have improved access to prescription medicines for the management of their long-term conditions, if regulations to enable designated registered nurse prescribers were agreed. According to the 2013 Report on the Managed Roll-out of Diabetes Nurse Prescribing, designated registered nurse prescribers working in diabetes health have contributed to timely and effective treatment.
22. An increasing number of countries allow independent nurse prescribing including Australia, Canada, Ireland, the United Kingdom, the United States, Finland, Norway and South Africa. Spain and the Netherlands are working toward independent nurse prescribing. Emerging evidence from these countries indicates nurse prescribing is safe, improves access to medicines and is acceptable to consumers.
23. Should nurse prescribing be agreed for New Zealand, expenditure on prescription medicines is not expected to increase significantly. However, increased access may increase pharmaceutical expenditure in the short term with potential benefits and positively impact future expenditure.
24. If designated registered nurse prescribing is agreed by Cabinet, the Pharmaceutical Management Agency (PHARMAC) is required to consult on the

proposal to add registered nurse prescribers to the New Zealand Pharmaceutical Schedule for subsidised medicines.

Steps to regulate designated registered nurse prescribers

25. Under the Medicines Act 1981, Medicines (Designated Registered Nurse Prescriber) Regulations can be made that would:
- a) provide for the Nursing Council to authorise designated registered nurses to prescribe certain prescription medicines specified by the Director-General of Health in the *New Zealand Gazette*. A designated registered nurse prescriber would be required to meet the qualifications, training and competence requirements specified by the Nursing Council of New Zealand.
 - b) prohibit any designated registered nurse prescribers who fail to comply with any of the requirements for competence or qualifications, training or knowledge requirements established by the Nursing Council, from prescribing and make it an offence for them to do so.
26. The Misuse of Drugs Amendment Regulations would include insertion of a new schedule of controlled drugs that designated registered nurse prescribers may prescribe in certain circumstances. The Amendment would also extend the length of supply for prescribing the controlled drugs from three to seven days. The Director-General of Health agrees with the specified lists of prescription medicines included in the Nursing Council proposal for designated registered nurse prescribers. This includes medicines for pain management and palliative care.
27. In July 2015, the Nursing Council indicated that out of 49,769 practising in the registered nurse scope, 38 were authorised as diabetes nurse prescribers. This group is already monitored by the Nursing Council in accordance with their obligations under the Health Practitioners Competence Assurance Act. The authorisation process for designated registered nurses working in diabetes health will inform the Nursing Council's establishment of competence standards, supervision requirements, recertification procedures and ongoing competence requirements for authorisation of designated registered nurse prescribers. The Nursing Council will be expected to balance public safety while not imposing undue costs on health practitioners or the public, consistent with the principles guiding the prescribing of qualifications in the Health Practitioners Competence Assurance Act.
28. Taking into account the requirements of responsible authorities as set out in the Health Practitioners Competence Assurance Act, I have confidence that the Nursing Council can undertake the role as described above in relation to the making of these Regulations.
29. Responding to complaints against designated registered nurse prescribers and matters of competence or discipline is the responsibility of the Nursing Council.

The Nursing Council consultation

30. The Nursing Council received a total of 197 submissions. Submitters included nurses, nurse practitioners, nursing organisations, medical organisations, pharmacist organisations, responsible authorities, and PHARMAC. The Ministry of Health considers that the application was thorough and addressed concerns that were raised in the consultation.
31. The responses of medical practitioners and organisations to the Nursing Council consultation generally expressed support for specialist registered nurse prescribers.

Risks

32. The New Zealand Medical Association (the Association) indicated concerns about patients with co-existing conditions taking a number of medicines, a practice referred to as polypharmacy and fragmentation of care.
33. Designated registered nurse prescribers will be working in the context of agreed clinical management plans and in an interdisciplinary team. Communication about prescribing will be clearly communicated to the medical or nurse practitioner who makes the initial diagnosis. Any concerns regarding polypharmacy will be discussed by the designated registered nurse prescriber and the medical or nurse practitioner.
34. The Association's concerns regarding polypharmacy and fragmentation of care will be further addressed by designated registered nurse prescribers communicating with other members of the interdisciplinary team, including the medical or nurse practitioner, about the medicines provided to the person in the management of their long term conditions.
35. The Nursing Council's competencies for nurse prescribers provide standards for competency areas such as treatment options using a shared approach for decision-making, the understanding of the ethical and professional framework for accountability, and responsibilities when prescribing.

Consultation

36. The Treasury, the Ministry of Social Development, Ministry of Justice, Ministry of Defence, Ministry of Education, Department of Corrections, Ministry of Business, Innovation and Employment, and the Accident Compensation Corporation, were consulted on this paper. The Department of the Prime Minister and Cabinet was informed.
37. PHARMAC was also consulted and the Parliamentary Counsel Office was informed.
38. Section 105(1) of the Medicines Act requires that, before any regulations are made under the Act, the Minister is satisfied that consultation with such organisations or bodies, as appear to the Minister to be representative of persons

likely to be substantially affected by the regulations, has occurred. I am satisfied that such consultation has occurred.

Financial Implications

39. There are no financial implications for this proposal.

Human Rights

40. There are no human rights implications arising from this proposal.

Legislative Implications

41. To give effect to this proposal, new regulations will be required to be made under the Medicines Act 1981 and amendments to the Misuse of Drugs Regulations 1977 will be required. The Medicines (Designated Prescriber—Registered Nurses Practising in Diabetes Health) Regulations 2011 will be revoked.

Regulatory Impact Analysis

42. A Regulatory Impact Statement has been prepared and is attached. The Ministry of Health's Papers and Regulatory Committee has reviewed this and considers that the Regulatory Impact Statement meets the quality assurance criteria.

Gender Implications

43. There are no gender implications arising from this proposal.

Disability Perspective

44. Increasing access to treatment services may result in better medical care for disabled people who have access to the services of a registered nurse prescriber.

Publicity

45. Publicity is intended in relation to this proposal.

Recommendations

46. I recommend that the Committee:

1. **note** that the designated registered nurse prescribers will achieve more convenient and timely treatment for people and improve flexibility in the delivery of health and disability services by making better use of the skills of New Zealand's nursing workforce.
2. **note** that the Medicines Act 1981 enables the making of regulations to extend designated prescribing authority for prescription medicines to classes of registered health practitioners.
3. **note** that there was a comprehensive public consultation undertaken by the Nursing Council of New Zealand during 2012 to 2013 on registered nurse

prescribing which included a written consultation between February and April 2013, relevant to designated registered nurse prescribing.

4. **note** that submitters were generally in favour of the proposal and concerns raised have been addressed.
5. **agree** that regulations be made under the Medicines Act 1981 to:
 - 5.1 **allow** designated registered nurse prescribers to prescribe specific prescription medicines as named by the Director-General of Health by notice in *the New Zealand Gazette*.
 - 5.2 **provide** for registered nurses who meet the specified requirements for competence, qualifications and training to be authorised as designated registered nurse prescribers by the Nursing Council of New Zealand in accordance with the Nursing Council of New Zealand's responsibilities under the Health Practitioners Competence Assurance Act 2003.
 - 5.3 **provide** the mechanisms for the Nursing Council of New Zealand that allow only registered nurses who are competent to prescribe medicines safely to be authorised as designated registered nurse prescribers.
 - 5.4 **prohibit** any designated registered nurse prescribers who fail to comply with any of the requirements for competence, including qualifications, training or knowledge, from prescribing and make it an offence for them to do so.
 - 5.5 **revoke** the Medicines (Designated Prescriber—Registered Nurses Practising in Diabetes Health) Regulations 2011.
6. **agree** that designated registered nurse prescribers who meet the appropriate qualification, training and knowledge requirements for competence set by the Nursing Council of New Zealand also be authorised by amended regulations made under the Misuse of Drugs Act 1975 to prescribe certain controlled drugs and that the length of supply of these drugs be extended from three to seven days.
7. **agree** that the Misuse of Drugs Regulations 1977 be amended to:
 - 7.1 **allow** designated registered nurse prescribers who meet Nursing Council requirements to prescribe specified controlled drugs.
 - 7.2 **extend** the allowed length of supply of the specified controlled drugs from three to seven days.
8. **authorise** the issuing of drafting instructions to the Parliamentary Counsel Office to give effect to the recommendations above.

Hon Dr Jonathan Coleman
Minister of Health

Date: