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Our ref: JMK327-15

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Dear Alison,

### **Amendment to the Medicines (Standing Order) Regulations 2002**

Thank you for providing the Royal New Zealand College of General Practitioners (the College) the opportunity to comment on the *Amendment to the Medicines (Standing Order) Regulations 2002*.

#### ***Introduction to general practice and the College***

General practice is the specialty that treats patients: with the widest variety of conditions; with the greatest range of severity (from minor to terminal); from the earliest presentation to the end; and with the most inseparable intertwining of the biomedical and the psychosocial. General practitioners (GPs) treat patients of all ages, from neonates to elderly, across the course of their lives.

GPs comprise almost 40 percent of New Zealand's specialist workforce and their professional body, the Royal New Zealand College of General Practitioners (the College), is the largest medical College in the country. The College provides training and ongoing professional development for general GPs and rural hospital generalists, and sets standards for general practice. The College is committed to achieving health equity in New Zealand. To achieve health equity, we advocate for:

- A greater focus on the social determinants of health (including labour, welfare, education and housing).
- A greater focus on measures to reduce smoking and to increase healthy food options for low-income families.
- Health services that are better integrated with other community services.
- A review of the funding model for primary care to ensure that funding is targeted towards the most disadvantaged.
- Free primary health care for low-income families, because health inequities begin early and compound over the life course.

#### ***Submission***

Nurse Practitioners (NPs) are authorised prescribers under the HPCAA 2003 and work within a specific area of practice. We understand that the Ministry's proposal will allow NPs to issue standing orders to registered nurses (RNs) under their supervision, for health conditions they are competent in treating.

The proposed approach is largely consistent with existing requirements around nurse practitioner prescribing and issuing of standing orders. The College considers it is therefore appropriate to enact this amendment now (rather than as part of regulatory regime for therapeutic products).

The College acknowledges that the risks around Nurse Practitioner issued standing orders are similar to the risks that already exist for standing orders issued under doctor or dentist supervision, and it does not ultimately change the prescribing authority of other health practitioners.

The College also notes that NP ability to issue standing orders may be particularly beneficial in rural areas where access to care and medicines is sometimes limited.

The College further wishes to advise that there appears to be a misconception in the proposal – and in recent Ministry communications in general – around the purpose and use of ‘scopes of practice’. Our view is that these are not an appropriate mechanism to define what a practitioner can, or cannot, do. For example, it is not clear to us what standing orders a nurse practitioner working in Lifespan-Primary Care scope of practice<sup>1</sup> would be authorised to complete. As per s11(2) of the HPCAA, scopes of practice “may be described in any way the [responsible] authority thinks fit” and there is no clear or robust method for how these are used and defined. This is exemplified by the recent alteration of the nurse practitioner scope of practice by the Nursing Council of New Zealand whereby the scope was broadened and the requirement to restrict NPs to a specific area of practice was removed.<sup>2</sup>

We note that the Medical Council does not rely solely on scopes of practice to define what a doctor may prescribe, but also has a supplementary requirement that doctors must “recognise, and work within, the limits of your competence”<sup>3</sup>.

The College considers it appropriate for the Ministry to bring forward this Amendment to the medicines (Standing Order) Regulations 2002, but highlights its concern about the misuse of the term ‘scope of practice’ in legislation.

We hope you find our submission helpful. Should you require any further information or clarification please contact the College’s policy team at [policy@rnzcgp.org.nz](mailto:policy@rnzcgp.org.nz).

Yours sincerely



**Jeanette McKeogh**  
Group Manager – Quality, Research and Policy

<sup>1</sup> See Table 1: Matrix for nurse practitioner areas of practice. NCNZ. Guidelines for Nurse Practitioners. Nursing Council of New Zealand, June 2014. Available at: <http://www.nursingcouncil.org.nz/Nurses/Scopes-of-practice/Nurse-practitioner>

<sup>2</sup> NCNZ. Decision on nurse practitioner scope of practice and further consultation 2015. Available at: <http://www.nursingcouncil.org.nz/News/Decision-on-nurse-practitioner-scope-of-practice-and-further-consultation-2015>

<sup>3</sup> Good Medical Practice. MCNZ. April 2013. Page 7. Available at: <https://www.mcnz.org.nz/news-and-publications/good-medical-practice/>