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Dear Alison

Amendment to the Medicines (Standing Order) Regulations 2002 to authorise nurse practitioners to issue standing orders

Thank you for providing the Medical Council of New Zealand (the Council) with the opportunity to comment on the timing of an amendment to the Medicines (Standing Order) Regulations 2002 (the Regulations) to authorise nurse practitioners to issue standing orders.

As Council is responsible for regulating doctors and promoting good medical practice, we are not in a position to comment specifically on the benefits and risks from amending the Regulations to authorise nurse practitioners to issue standing orders now rather than as part of the review of the therapeutics regulatory regime.

We would however like to highlight several principles health practitioners should consider when issuing standing orders. These are based on Council's statement on *Good prescribing practice* (enclosed) which was updated in November 2015.

In Appendix 3 of your consultation paper, improved teamwork and efficiency between doctors, nurse practitioners and registered nurses was listed as one of the potential benefits of amending the Regulations to authorise nurse practitioners to issue standing orders. We would like to add that improved teamwork and efficiency can only be achieved when there is good communication and co-ordination of care between different health practitioners involved in the patient's care. Council's updated statement on *Good prescribing practice* encourages doctors to work collaboratively with other health practitioners to ensure continuity of care and patient safety. This includes considering the input that other health professionals including pharmacists might be able to offer regarding a medicine that the doctor is prescribing, and sharing information about the prescribing with other health practitioners involved in the patient's care (see bullet points 7 and 10 of Clause 1). In addition, Council expects doctors to respond in a timely and professional manner when contacted by a pharmacist or other health provider for verification about the medication the doctor has prescribed, and to document in the patient's clinical records, all medication prescribed as well as any changes made to the prescription (see Clauses 11 and 13).

Clauses 30-32 of our statement addresses standing orders specifically and references the Ministry of Health's *Standing Order Guidelines 2012*. In instances where the person dispensing the medicine works from standing orders, Clause 31 reminds doctors that the responsibility for the effects of the prescription remains with the doctor who signed the standing order. Clause 32 encourages doctors to support non-medical colleagues by familiarising themselves with the requirements for initiating and using standing orders, and checking that the colleague administering the standing order is competent and trained to operate safely under standing orders. In addition, Council expects doctors to regularly audit any treatment initiated or changed by a practitioner working under the doctor's delegation and for the doctor to make themselves available by phone for advice.

I hope that our comments are helpful for your consultation. If you have any questions, you are welcome to contact the Council's Senior Policy Adviser and Researcher, Kanny Ooi, on (04) 381 6793 or at kooi@mcnz.org.nz

Yours sincerely



Philip Pigou
Chief Executive