

Consultation on amendment of the Medicines (Standing Order) Regulations to enable nurse practitioners to issue standing orders

Please respond to the questions below. The following is a submission from the University of Auckland, School of Nursing.

<p>1. What do you see as the potential benefits of an amendment to the Regulations to authorise nurse practitioners to issue standing orders now rather than as part of the review of the regulatory regime for therapeutic products?</p> <ul style="list-style-type: none">• Currently Nurse Practitioners (NP's) work closely with Registered Nurses in a variety of practice settings and as nurses have expert knowledge in the competence of a Registered Nurse (RN). NP's are best placed to develop excellent and safe standing orders.• Utilising the expertise of the NP to set standing orders will increase access to appropriate treatment for many largely vulnerable populations such as children and older adults, in primary and long-term care settings. There is currently a significant need for increased access in these vulnerable populations and no evidence that a delay in implementation will increase safety for these patients.• If NP's are not able to issue standing orders, RN's are required to access the support of GP's or other specialist for support. This results in delays in care.
<p>2. What do you see as the potential risks of an amendment to the Regulations to authorise nurse practitioners to issue standing orders now rather than as part of the review of the regulatory regime for therapeutic products?</p> <ul style="list-style-type: none">• There is strong evidence in the research literature that NP's are known as safe prescribers with expert knowledge of RN scope of practice. There would be minimal risk and anticipated gains in safety with the authorisation of NP to issue standing orders.• It is possible the NP's will be overburdened with extra responsibilities, this can be mitigated with good planning in practice.
<p>3. Please provide examples to show the implications of an amendment to the Regulations to authorise nurse practitioners to issue standing orders now rather than as part of the review of the regulatory regime for therapeutic products?</p> <ul style="list-style-type: none">• Currently regulations require NP's to set long lists of P.R.N. orders to anticipate needs for patients in many settings. In long term care facilities, these long lists do not have the rigor of a well-developed standing order in assuring appropriate assessment prior to treatment for intermittent conditions. An example of this is pain control at the end of life, where NP's in the current regulations must issue orders for PRN IV or subcutaneous narcotic pain relief where an intermittent oral dose would be appropriate for alleviating pain and a standing order would have clear guidance for administration of intermittent medications or treatments. This is also the case in reproductive health settings where RN's may not have a prescriber on-site, but with a well-structured standing order, appropriate birth control, or treatment for STI's could be provided without delay.• Better access to appropriate birth control, STI treatment, pain relief in palliative care situations, treatment for common conditions such as strep throat-reducing the rheumatic fever burden.

The following documents can be accessed online

- Medicines Act 1981 www.legislation.govt.nz.
- Medicines Regulations 1981 www.legislation.govt.nz.
- Medicines (Standing Orders) Regulation 2002 www.legislation.govt.nz.

- Competencies for the Nurse Practitioner Scope of Practice
<http://www.nursingcouncil.org.nz/Nurses/Scopes-of-practice/Nurse-practitioner>

Consultation

We seek your feedback on amendment to the Medicines (Standing Order) Regulations. Please use the response form in Appendix 1 to record your feedback.

Please send your feedback to:

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Responses must be received by 5pm, **24 November 2015**.