



24 November 2015

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Tēnā koe Alison

Re: Amendment to the Medicines (Standing Order) Regulations 2002

The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the proposed amendment to the Medicines (Standing Order) Regulations 2002.

NZNO has consulted its members and staff in the preparation of this submission, in particular our professional nursing, industrial, policy, research and legal advisers, Te Rūnanga, Regional Council and Board members and members of our specialist Colleges and Sections – specifically the Neonatal Nurses College and the NZNO Women's Health Section.

NZNO strongly supports the proposed amendment to the Medicines (Standing Order) Regulations 2002. NZNOs' responses to the three questions are as follows:

*Question 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?*

Amending the Medicines (Standing Order) Regulation now will provide earlier access to treatment for more people – especially those living in areas with limited access to health care. It will also release valuable medical practitioner time for direct client care. Further, the amendment will improve access to healthcare and monitoring of response to medications in NP led clinics, improve the ability to deliver timely advice and client options in areas such as family planning where standing orders are currently used, and it will improve efficiency between doctors, nurse practitioners and registered nurses as 'administrative tasks' will be reduced. As many NPs have worked as RNs under standing orders prior to attaining NP registration, they have an understanding of the limitations and RN Scope of Practice. This provides a safe framework from which to issue and monitor standing orders.

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Question 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?*

NZNO do not see any risks associated with amending the Regulations now and see this as an important step in improving access to care. Nurse practitioners are authorised prescribers with the appropriate education, clinical experience and knowledge to be able to issue and monitor standing orders. It will be important to ensure appropriate support and training is provided to nurse practitioners as they undertake this new aspect of their role.

Question 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?*

Nurses work with nurse practitioners in many areas of health. Where a medicine is required to be countersigned by the issuer of the standing order within a stated timeframe, access to the medical practitioner for sign off can be difficult – particularly in rural areas. This amendment to the regulation would enable the nurse to obtain sign off from the nurse practitioner as the issuer of the standing order (who would also undertake all of the other requirements of a standing order such as auditing and ensuring training and competency of the nurse permitted to supply or administer the medicine) rather than having to rely on a medical practitioner who may be located in an urban centre and is not available for these activities. The nurse practitioner who already works closely with the registered nurse is in an ideal situation to issue and monitor standing orders ensuring safer practice by all concerned.

Nurses working in women's health have noted the way in which they 'work around' the unavailability of a medical practitioner is to obtain sign off by phone. The medical practitioner remotely accesses the registered nurse's notes and signs off on the medication. This 'work around' relies on access to the internet and phone which may not be reliable in remote areas. If the medical practitioner wishes to see the patient, the patient must then be transferred for treatment at a cost to both the system and the patient. In this situation use of a nurse practitioner on site as issuer of the standing order means care will be timely, cost less and likely result in better outcomes for the patient.

Further, amending the regulation now will ensure nurse practitioners are in a position to mentor new nurse practitioners undertaking this role once the regulatory regime for therapeutic products is reviewed. Further delays are unnecessary, put patients at risk and limit the practice of nurse practitioners.

NZNO support the submission made by Nurse Practitioners New Zealand.

NZNO thanks the Ministry of Health for the opportunity to comment on the proposed amendment to the Medicines (Standing Order) Regulations 2002.

Nāku noa, nā



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References

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NEW ZEALAND NURSES ORGANISATION (NZNO)

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 46,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces Te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is *Freed to care, Proud to nurse*.