



***Nurse Practitioners
New Zealand***

Nurse Practitioners New Zealand

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Office of the Chief Nurse
Ministry of Health
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Dear Alison

On behalf of Nurse Practitioners New Zealand (NPNZ) we thank you for the opportunity to feedback on amendment of the Medicines (Standing Order) Regulations to enable Nurse Practitioners to issue standing orders.

The membership have been consulted in developing this submission.



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

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 early access to treatment for more people especially those living in areas with limited access to health care. It will allow for registered Nurse Practitioners to issue, sign off and audit registered nurse's work, where medication has been supplied under standing orders.

It will release valuable Medical Practitioner time for direct client care.

Medications supplied under standing orders by registered nurses require sign off within a specified time period which must be shorter than a month. Or; *monthly audit of a sample of the records of administration and/or supply.* (Standing Order Guidelines, 2-12). In some circumstances it may be difficult to spare a Medical Practitioner to sign off or audit. A Nurse Practitioner could share this load.

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?

None. Nurse Practitioners are authorised prescribers with appropriate education, clinical experience and authority to be able to issue and monitor standing orders for registered nurses.

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?

In many healthcare contexts, registered nurses provide a large percentage of client management including interventions which often include issuing medication. For example, contraception and treatment for some simple infections. Authorising or auditing work done by registered nurses takes up a lot of valuable Medical Practitioner time which could be better utilised in direct client care.

An example of a current 'work around' is where a registered nurse, working remotely with a Nurse Practitioner has to seek advice and permission from a doctor by phone to provide a medication. The Nurse Practitioner working with the registered nurse provides the prescription and the Medical Practitioner remotely accesses the registered nurse's notes and signs the medication off. This could have been done locally by the Nurse Practitioner on site.

Nurse Practitioners have the educational ability to research and write standing orders and this is happening now with sign off from a Medical Practitioner. It makes sense for Nurse Practitioners as authorised prescribers to also take responsibility for issuing standing orders and signing off or auditing clinical records where medications have been issued by a registered nurse under standing orders.

It may at times be difficult for Medical Practitioners to sign off medications given by registered nurses within the required time-frame specified in Standing Order documents, especially if the nurse is working more remotely. This could happen in a more timely manner when the sign off could be done by the Nurse Practitioner working locally with the registered nurse.

There is also an issue with who can sign off on the development of the standing orders. At present in DHB's they are signed by Pharmacy and the Clinical Directors of each department. This is despite the fact that they are written and researched by the Nurse Practitioner. This has meant delays in ensuring that the registered nurses needing to administer medication under standing orders are fully covered and safe to continue. Without standing orders in place the administration of required medication to complete tests or prepare the patients for the consultation would slow down and restrict the clinic numbers. In an area with predominately aged patients and a growing need this could restrict the access of the population to health care.

Kind Regards

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