

Prescribing Controlled Drugs in Addiction Treatment

2018

Guidance for nurse practitioners,
designated prescriber nurses and
designated prescriber pharmacists

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Introduction

This document provides guidance to help addiction treatment services comply with section 24A of the Misuse of Drugs Act 1975 (MODA) as it relates to nurse practitioners, designated prescriber nurses and designated prescriber pharmacists who are authorised to prescribe controlled drugs as a treatment for people dependent on controlled drugs. This section has been added to MODA (see below), with the purpose of making best use of our available workforce and increasing access to services.

Services must use the current *New Zealand Practice Guidelines for Opioid Substitution Treatment 2014* alongside this guidance.

New Zealand Practice Guidelines for Opioid Substitution Treatment 2014

The *New Zealand Practice Guidelines for Opioid Substitution Treatment 2014* (OST guidelines 2014) contain practical and evidence-based advice for clinicians on best practice for clinically assessing and treating clients with opioid dependence.

The OST guidelines 2014 apply to all health practitioners¹ prescribing controlled drugs for opioid dependence. This new guidance document outlines the roles and responsibilities specific to nurse practitioners, designated prescriber nurses and designated prescriber pharmacists who are prescribing. It also covers any deviations from the OST guidelines 2014.

To download the OST guidelines 2014, go to: www.health.govt.nz/publication/new-zealand-practice-guidelines-opioid-substitution-treatment-2014

Misuse of Drugs Amendment Act 2016

This guidance covers the changes in law that apply to nurse practitioners, designated prescriber nurses and designated prescriber pharmacists authorised to prescribe controlled drugs for addiction treatment as a result of the Misuse of Drugs Amendment Act 2016 (the Amendment Act). The Amendment Act came into force on 31 January 2018.

Through these legislative changes, additional suitably qualified health practitioners can prescribe controlled drugs for addiction treatment. Previously only medical practitioners (doctors) had this authority.

The Amendment Act added section 24A to MODA. This section permits authorised nurse practitioners, designated prescriber nurses and designated prescriber pharmacists (in addition to medical practitioners) to prescribe, in certain circumstances, controlled drugs to people dependent on controlled drugs.

The Amendment Act also amended section 8 of MODA to expressly exempt these new prescribers from the general prohibition on dealing with, possessing and using controlled drugs in sections 6 and 7 of MODA.

¹ Section 5(1) of the Health Practitioners Competence Assurance Act 2003 defines a health practitioner as a person who is, or is deemed to be, registered with an authority as a practitioner of a particular health profession.

Authorisation to prescribe controlled drugs to people dependent on controlled drugs

Definitions

In this section:

- ‘**Specified Place**’ means a hospital, clinic or other institution that the Minister of Health (the Minister) has specified (under s 24A(7)(b) of MODA) in a Notice published in the *Gazette*
- ‘**Specified Medical Practitioner**’ means a medical practitioner the Minister has specified (under section 24A(7)(a) of MODA) in a Notice published in the *Gazette*. In practice, this role is the **lead clinician** as defined in the OST guidelines 2014.²

Authorisation

MODA provides two pathways through which a nurse practitioner, designated prescriber nurse or designated prescriber pharmacist may be eligible to prescribe controlled drugs for addiction treatment.

Pathway One (s 24A (2)) – the person must:

- be working in a Specified Place **and**
- have been authorised in writing by a Specified Medical Practitioner working in the same Specified Place as the nurse practitioner, designated prescriber nurse or designated prescriber pharmacist.

Pathway Two (s 24A (3))³ – the person must have been authorised in writing, for a period no longer than three months, by:

- a Specified Medical Practitioner **or**
- another medical practitioner who has been authorised by a Specified Medical Practitioner working at the same Specified Place **or**

² The OST guidelines 2014 define a **lead clinician** as a designated senior specialist service medical practitioner or psychiatrist responsible for approved medical practitioners to prescribe controlled drugs for addiction treatment within a specialist OST service or in primary care. This definition will be updated to include approved nurse practitioners, designated prescriber nurses and designated prescriber pharmacists.

³ Currently, Pathway Two (s24A (3)) focuses on primary care which, in the context of OST, means a general practice service. However, MODA does not prevent other settings from providing the same pathway as long as they meet the criteria to prescribe.

- a person who:
 - is employed as a medical officer at a hospital that is a specified Place and
 - has been authorised in writing by the person in charge of that hospital to prescribe controlled drugs (provided that the person in charge of the hospital is acting under the general or specific directions of a Medical Officer of Health).

A medical practitioner, who is granted the power to approve other practitioners to prescribe controlled drugs for addiction treatment, is responsible for ensuring that any practitioner they authorise has the knowledge and skills to undertake the tasks delegated to them.

It is important to note that a nurse practitioner, designated prescriber nurse or designated prescriber pharmacist authorised through one of these pathways **cannot** authorise other people to prescribe controlled drugs.

The prescriber

The prescriber must work within their scope of practice and is responsible for effectively and safely prescribing opioid substitution medication (see appendix 16 of the OST guidelines 2014).

In line with the OST guidelines 2014, the prescriber will:

- prescribe and assess dose suitability as required (note: local protocols vary on whether practitioners who are authorised to prescribe under section 24A(3) can alter doses)
- implement systems (eg, takeaway regimens) that minimise risks for clients, the workforce and the community
- refer clients for specialist treatment of problems that the OST service or primary care setting cannot treat
- liaise with other members of the specialist services or primary care team, especially the key worker, and ensure any other treatments the clients is receiving occur in an integrated framework
- ensure arrangements are in place for dispensing over public holidays and other arranged holidays that take into account relevant safety issues
- arrange continued treatment for clients travelling overseas, considering safety issues and restrictions related to opioid substitution medication in the countries to which they will travel
- keep comprehensive and confidential records and store them securely, meeting the requirements of current legislation (the Health (Retention of Health Information) Regulations 1996)
- if in a general practice team, take care of the other health needs of the client.

Safe prescribing

The following mechanisms are in place to ensure prescribing under section 24A of MODA is safe.

- Medicines Control monitors prescribing by controlled drug prescribers, following the current guidelines for best practice and considering the prescriber's scope of practice.
- Relevant responsible authorities under the Health Practitioners Competence Assurance Act 2003 regulate practitioners who prescribe. These authorities include the Medical Council of New Zealand, the Nursing Council of New Zealand and the Pharmacy Council.
- The prescribers themselves must be accountable for their prescribing practice.
- The Specified Medical Practitioner authorising the prescriber is responsible for ensuring that the prescriber has the knowledge and skills to undertake the tasks delegated to them.

Prescribing controlled drugs in treatment: section 24A of MODA

The document *Prescribing Controlled Drugs in Addiction Treatment: Section 24 Misuse of Drugs Act 1975*⁴ has been integrated into section 12 of the OST guidelines 2014. It should be read alongside these guidelines and other relevant best-practice guidance.

Section 24A of MODA governs the prescribing of controlled drugs to treat dependence to controlled drugs.

Health practitioners working in a Specified Place

The legislation does not restrict the period of authorisation of a health practitioner working at a Specified Place (Pathway One). In practice, however, the lead clinician should review the approval of the authorisation regularly in line with the guidelines. This regular review should involve assessing the practitioner's professional development, including continuing education and participation in appropriate clinical networks.

A nurse practitioner, designated prescriber nurse or designated prescriber pharmacist should, as a minimum, meet all of the criteria outlined in section 10.2: Workforce training and professional development of the OST guidelines 2014.

Health practitioners working in primary care

In accordance with the OST guidelines 2014, health practitioners accepting transfer of a client from a specialist service to primary care can continue to prescribe controlled drugs to treat the client's addiction with the authority of the lead clinician or an approved medical practitioner working in the service (Pathway Two).

⁴ Ministry of Health. 2013. *Prescribing Controlled Drugs in Addiction Treatment: Section 24 Misuse of Drugs Act 1975*. Wellington: Ministry of Health.

Authority must be in writing (see Appendix 2). This form must clearly state the scope of the authority: that is, the client to whom the authority applies, the controlled drug to be prescribed and any dispensing or monitoring arrangements.

Subsections (3) and (4) of section 24A of MODA limit the period of authority in primary care to three months and then an additional three months. This can only be extended further with the agreement of the Medical Officer of Health within the Ministry of Health's Medicines Control team.

Specialist services have a responsibility to support health practitioners in primary care to whom they grant authority. Health practitioners prescribing in primary care must be able to:

- discuss management problems with specialist service clinicians
- request specialist reviews of clients when necessary
- transfer clients back to specialist services when necessary.

Roles

Authorised practitioners must work within their scope of practice and within the scope considered appropriate by the Specified Medical Practitioner (lead clinician). In terms of practice, unless otherwise specified in this guidance document, the current OST guidelines 2014 apply to all practitioners authorised to prescribe under section 24A of MODA.

Nurse practitioner

In line with the Nursing Council guidelines, nurse practitioners, with advanced nursing qualifications and experience, are allowed to prescribe under the Medicines Act 1981. They prescribe within their scope of practice, knowledge and competence.

Scope of practice

The Nursing Council defines the scope of nurse practitioners in this way:

Nurse practitioners have advanced education, clinical training and the demonstrated competence and legal authority to practice beyond the level of a registered nurse. Nurse practitioners work autonomously and in collaborative teams with other health professionals to promote health, prevent disease, and improve access and population health outcomes for a specific patient group or community.

(www.nursingcouncil.org.nz/Nurses/Scopes-of-practice/Nurse-practitioner)

Legislation

Section 24A of MODA allows nurse practitioners to prescribe controlled drugs for addiction treatment within their scope of practice under the pathways described in the ‘Authorisation’ section above.

Regulation 12A of the Misuse of Drugs Regulations 1977 allows for a nurse practitioner to prescribe controlled drugs. Under regulation 21, the following restrictions apply:

- up to one month’s supply for Class A and B controlled drugs
- up to three months’ supply for Class C controlled drugs.

Competencies

Nurse practitioners must be competent to:

- provide safe and accountable advanced practice
- assess, diagnose, plan, implement and evaluate care
- work in partnership with health consumers
- work collaboratively with health care teams
- work to improve the quality and outcomes of health care.

When nurse practitioners apply for their practising certificate, the Nursing Council requires them to provide evidence that they have maintained competence. This includes evidence that they have maintained competence in prescribing practice.

Qualifications

To become a nurse practitioner, a person must first be registered with the Nursing Council of New Zealand as a registered nurse. All nurse practitioners have completed an approved clinical master's degree programme for the nurse practitioner scope of practice. They must also have passed an assessment against the nurse practitioner competencies conducted by a panel that the Nursing Council has approved.

For further information, go to: www.nursingcouncil.org.nz/Education/Nurse-practitioner

Designated prescriber nurse

In line with the Nursing Council guidelines, registered nurses with advanced nursing qualifications and experience can gain approval from the Nursing Council to prescribe controlled drugs. A designated prescriber nurse is required to work with a collaborative team and to seek advice or refer patients with complex or uncertain health conditions that are beyond their experience and education to deal with. They must work under supervision of an authorised prescriber (a doctor or a nurse practitioner) for 12 months after they gain prescribing rights.

If the designated prescriber nurse works in a specialist addictions team or in relationship with a specialist service and they are authorised by the service lead clinician (or another medical practitioner), they can prescribe oral methadone, and sublingual buprenorphine with naloxone.

Scope of practice

The Nursing Council of New Zealand defines the scope of practice of registered nurses in this way:

Registered nurses utilise nursing knowledge and complex nursing judgment to assess health needs and provide care, and to advise and support people to manage their health. They practice independently and in collaboration with other health professionals, perform general nursing functions, and delegate to and direct enrolled nurses, health care assistants and others. They provide comprehensive assessments to develop, implement, and evaluate an integrated plan of health care, and provide interventions that require substantial scientific and professional knowledge, skills and clinical decision making. This occurs in a range of settings in partnership with individuals, families, whānau and communities. (www.nursingcouncil.org.nz/Nurses/Scopes-of-practice/Registered-nurse)

Legislation

Section 24A of MODA allows designated prescriber nurses to prescribe controlled drugs for addiction treatment within their scope of practice under the pathways in the 'Authorisation' section described above.

Further, regulation 12A of the Misuse of Drugs Regulations 1977 allows for a designated prescriber nurse to prescribe from a restricted list of medicines (Schedule 1A of the Misuse of Drugs Regulations 1977). Under regulation 21, the following restriction applies:

- no greater than the quantity reasonably required for a period no longer than seven days.

Competencies

For details of the competencies for registered nurses prescribing in primary health and specialty teams, go to the Nursing Council website: www.nursingcouncil.org.nz/Nurses/Scopes-of-practice/Registered-nurse

These competencies describe the knowledge and skills required within the scope of practice. The Nursing Council acknowledges that experienced designated prescriber nurses may develop additional knowledge and skills as they progress through their careers.

Qualifications

Registered nurses who wish to prescribe in primary health and speciality teams require the following additional qualifications:

- a minimum of three years' full-time practice in the area they intend to prescribe in, which includes at least one year in New Zealand or a similar health care context
- a Council-approved postgraduate diploma in registered nurse prescribing for long-term and common conditions or equivalent as assessed by the Nursing Council
- a practicum with an authorised prescriber, which demonstrates knowledge to safely prescribe specified prescription medicines and knowledge of the regulatory framework for prescribing
- satisfactory assessment of the competencies for nurse prescribers completed by an authorised prescriber.

For further information, go to: www.nursingcouncil.org.nz/Nurses/Nurse-Prescribing/Registered-nurse-prescribing-in-primary-health-and-specialty-teams

Designated prescriber pharmacist

In line with the Pharmacy Council guidelines, specialist pharmacists who have clinical experience and a qualification and training to prescribe and are working in a multidisciplinary clinical health team can prescribe medicines. Diagnosis and overall patient management remain the role of the medical practitioner. Designated prescriber pharmacists do not usually work in a community pharmacy. They are registered as prescribers with the Pharmacy Council.

Scope of practice

The Pharmacy Council defines the scope of practice of designated prescriber pharmacists in this way:

Pharmacist prescribers have specialised clinical, pharmacological and pharmaceutical knowledge, skills and understanding relevant to their area of prescribing practice. This allows them to provide individualised medicines management services, including the prescribing of medicines to patients across a range of healthcare settings and models.

Legislation

Section 24A of MODA allows designated prescriber pharmacists to prescribe controlled drugs for addiction treatment within their scope of practice under the pathways described in the 'Authorisation' section above.

Further, regulation 12A of the Misuse of Drugs Regulations 1977 allows designated prescriber pharmacists to prescribe from a restricted list of medicines (Schedule 1B of the Misuse of Drugs Regulations 1977). Under regulation 21(5)(b), the following restriction applies:

- no greater than the quantity reasonably required of Class B and C controlled drugs for a period no longer than three days.

Competencies

Designated prescriber pharmacists must be competent to:

- demonstrate clinical and pharmaceutical knowledge
- establish options for the patient
- communicate with patients
- prescribe safely
- prescribe professionally
- maintain quality of prescribing practice
- work within the context of the New Zealand health care system
- work in collaboration, whether in a collaborative health team environment or as an individual pharmacist consulting other professionals.

When applying for annual recertification, designated prescriber pharmacists must provide evidence that they have participated in professional development to maintain and enhance their competence in prescribing practice.

Qualification

The Pharmacy Council sets the qualification required for registration and practice within the designated prescriber pharmacist's scope of practice. For more information, go to:

- www.pharmacycouncil.org.nz/New-Zealand-Registered-Pharmacists/Interns-Pharmacists-and-Pharmacist-Prescribers/Pharmacist-Prescribers
- www.pharmacycouncil.org.nz/Portals/12/Documents/prescribers/Pharmacist_Prescriber_Standards_July2013.pdf?ver=2017-02-20-130511-963

Specified Medical Practitioner (lead clinician)

The Minister of Health specifies a Specified Medical Practitioner (under s 24A(7)(a) of MODA) in a Notice published in the *Gazette*. In current practice, the Specified Medical Practitioner is the **lead clinician** as defined in the OST guidelines 2014.

A lead clinician can authorise a health practitioner working in an approved service to prescribe controlled drugs for additional treatment within their scope of practice. The legislation does not restrict the period of authorisation but in practice the lead clinician should review the authorisation regularly.

A lead clinician can also authorise a health practitioner working in primary care in a relationship with the approved service for a period no longer than three months.

A lead clinician has several areas of responsibility, which are outlined in section 12.5 of the OST guidelines 2014:

- service quality
- professional development
- consumer focus
- managing relationships.

These same responsibilities apply in the lead clinician's role as an authoriser of nurse practitioners, designated prescriber nurses and designated prescriber pharmacists.

Workforce and professional development requirements

In line with the OST guidelines 2014, clinical staff members in a specialist service must receive appropriate orientation, mentoring and supervision that enables them to develop experience and a high level of competence in providing OST.

Section 10.2 of the OST guidelines 2014 outlines the general qualities and skills that specialist service staff are expected to have or be working towards. The following additional requirements apply to nurse practitioners, designated prescriber nurses and designated prescriber pharmacists.

- Every three years, when they apply for their practising certificate, prescribing nurse practitioners must provide evidence that they have maintained competence. This evidence includes:
 - ongoing peer review of their prescribing practice by an authorised prescriber
 - a minimum of 40 hours per year of professional development over a three-year period
 - a minimum of 40 days per year of ongoing nursing practice over a three-year period.
- Designated prescriber nurses must:
 - complete a minimum of 20 prescribing-related hours of professional development out of the 60 required hours of professional development every three years
 - complete 40 days (320 hours) of prescribing practice every year.
 - supply evidence, when renewing their practising certificate each year, that they have maintained their competence to prescribe. The evidence must include a competence assessment or letter of support from the prescribing mentor or supervisor.
- Designated prescriber pharmacists must:
 - provide the Pharmacy Council with a practice review and an amended prescribing practice plan when they amend or expand their defined area of practice or change the collaborative health team in which they work
 - meet annual and three-year Pharmacy Council recertification requirements for continuing professional development. For more information, see the framework and policy documents on the Pharmacy Council website: www.pharmacycouncil.org.nz/New-Zealand-Registered-Pharmacists/Recertification/Recertification-Programme-Providers

For clinical staff to maintain proficiency in their field, services should support them to attend specialist sector meetings and networking opportunities with other OST providers. It is expected that services will support staff working in OST to attend meetings of the National Association of Opioid Treatment Providers.

Appendix 2: Authority for a nurse practitioner, designated prescriber nurse, or designated prescriber pharmacist who is working in primary care to prescribe controlled drugs for the treatment of addiction (section 24A(3) MODA)

A lead clinician should use this form when authorising a nurse practitioner, designated prescriber nurse, or designated prescriber pharmacist working in primary care to prescribe controlled drugs for dependence with authorisation from a specialist service under section 24A(3) of the Misuse of Drugs Act 1975.

I, [name of practitioner], [specialist service], authorise:

Prescriber's name

GP practice

to prescribe controlled drugs for the treatment of addiction to:

Consumer name

NHI

Consumer address

The conditions of this authority are set out below.

[Specify general or particular conditions of authority including, where relevant:	
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- the particular controlled drug
- monitoring requirements
- dispensing arrangements.]

This authority expires on [date].

Signature

Date

[Medical practitioner]

[Specialist service]

cc. [Prescriber]

[Dispensing pharmacy]

Consumer file

Medicines Control, Ministry of Health, PO Box 5013, Wellington

(medicinescontrol@moh.govt.nz)