THE PAEDIATRIC SOCIETY OF NEW ZEALAND

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Emma Gennard
Nursing Council of New Zealand
PO Box 9644
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Dear Ms Gennard,

Re: **Consultation on Two Proposals for Registered Nurse Prescribing**

Thank you for this opportunity to comment on the consultation document for registered nurse prescribing.

This submission reflects the views of the Pharmacist and Therapeutics Special Interest Group of the Paediatric Society of New Zealand. It is to be accompanied by the submission form attached.

Although we are in support of nurse prescribing in general, we have concerns regarding both the training and the list of medicines for community nurses and specialist nurses in this consultation document.

Training for community nurses

The proposal is for community nurses to be registered nurses with at least 3 years experience who have undertaken a prescribing course of up to 6 days theory (including some online) and 3 days practical experience with a registered prescriber. The intent is for nurses working in the community to be able to prescribe for common and minor complaints e.g. constipation, indigestion, sore throats, STDs, common skin conditions and infections.

The training mentioned above does not appear to be sufficient to cover the necessary knowledge and skills required to diagnose and prescribe for the many common complaints indicated by the proposed list of medicines. The training programme suggested, is not in line with other nurse prescribers or pharmacist prescribers. These prescribers who work in hospitals are required to have a post-graduate qualification in their profession and undertake a 6 month prescribing practicum as well as extensive theory based practise. We understand that the final two papers in the nursing Masters degree are focussed on advanced diagnostics with prescribing and are heavily supervised and rigorous.

On page 37 of the consultation document, the Nursing Council comment that the report into the trial of diabetes nurse prescribing 'recommended a post graduate diploma with a six to 12 week practicum with an authorised prescriber to prepare nurses for first time prescribing' – however this does not seem to apply to community nurse prescribing as well, when they will often see people with other conditions as well as their 'common' complaints.

We believe there will be issues for nurses with minimal training to safely diagnose, prescribe and monitor many of the medicines on the proposed list.

List of medicines for community nurses

By generating the list from the NZF and the PHARMAC schedule, it appears that little thought has been given to the appropriateness of individual medicines. Changes to the schedule occur monthly and this list does not reflect that, especially regarding specialist prescribing of antibiotics.

The proposed list is too extensive and covers medicines not used for minor illnesses eg. cyclosporin, methotrexate. These examples require extensive pharmacological knowledge regarding side effects and monitoring etc, none of which could be covered in the proposed training programme.

The route of some of these medicines should be included e.g. topical acyclovir, topical methylprednisolone as the IV preparations are not appropriate to be included in this list.

Minoxidil for topical use is not funded in New Zealand on prescription and can be bought from a pharmacist; systemic minoxidil should not be prescribed by a community nurse.

Antibiotics: the list is extensive and inappropriate eg amphotericin, azithromycin, ceftriaxone, ciprofloxacin, clindamycin, fluconazole – all of these require ID approval in hospitals and the rules are even tighter from July 1st 2013. Of concern is the range of antibiotics and antifungals eg. itraconazole which requires monitoring of levels, in the proposed list for community nurses.

Antihistamines: we would like to see a restricted list of antihistamines which could include for example the most common eg loratidine, cetirizine and promethazine. This would ensure consistency across New Zealand as well as enable the prescribers to become familiar and confident in prescribing these medicines. Some of the antihistamines in the proposed list are not subsidised on prescription eg desloratadine.

Other medicines eg phenol and chloroform have not been used widely for minor illness' for many years.
Danthron is only indicated for use in palliative care and yet is listed here.
Many medicines are not on the pharmaceutical schedule and therefore not subsidised on prescription eg flumethasone and penciclovir.

The non-prescription medicine list appears to be confusing. Many of these items are available for purchase so may currently be bought by patients over the counter and there is no need for community nurses to prescribe them – in fact they will be cheaper for the patient off prescription. Is this list necessary?

Specialist nurse

The list for specialist nurses contains similar concerns to above. It states 'the list contains commonly used medicines for common conditions and is not an all inclusive list'. It also says that 'the council is considering whether it is necessary to identify some medicines that specialist nurses may not initiate but could safely repeat prescribe. For example anti-psychotic medicines.' The list for community nurse prescribing is also included for specialist nurses to prescribe.

Our concerns are those above plus the choice of medicines on the proposed list. There are many examples with safety issues:
azathioprine, heparin for monitoring
adenosine is usually used in ICU settings only
dabigatrin should be initiated by a specialist

We believe that every nurse specialist should have a restricted list to use in their area of expertise and that not all specialist prescribers should have access to all medicines on this list.

We are asking that the Nursing Council reviews the proposed training programme to be more extensive for community nurses and to provide a more appropriate list of medicines that community nurses and specialist nurses may prescribe.

Thank you for this opportunity to comment on this proposal.

This letter is supported by members of the Pharmacist and Therapeutics special interest group of the Paediatric Society:

Brenda Hughes, Senior paediatric Pharmacist, Starship Children's Health, Auckland City Hospital

Elizabeth Oliphant, Senior Pharmacist, Women's and Children's Health, Starship and National Women's Hospitals

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