

Foundation Standard 2022v

Indicator 9.2 Standing Orders in General practice



The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa




The Quality Programmes Team
May 2023

What we're covering today

What standing orders are and how they work

Complying with the Ministry of Health's Standing Order guidelines

The standing orders policy and procedure

A black and white photograph showing several capsules and a blister pack. The capsules are white with a grey band and some have '30 mg' printed on them. The blister pack is partially open, showing more capsules inside. The background is a light, textured surface.

What is a standing order?

In general practice, a standing order is a written instruction issued by a medical practitioner or nurse practitioner.

In general practice, it authorises registered nurses, without prescribing rights, to administer specified medicines and some controlled drugs.

What a standing order doesn't do

Add more text

A standing order does not allow a nurse to generate an unsigned prescription and give it to the patient to take to a pharmacy to be dispensed (with the prescription signed later by the issuer of the standing order).

A standing order does not allow a nurse to provide a patient with a prescription that has been pre-signed by the GP or nurse practitioner who issued the standing order.

NB: Medicines supplied under a standing order are available onsite (no prescription is required).





Why have a standing order?

The intention for standing orders is to improve a patients' timely access to medicines; for example, by authorising registered nurses in to issue emergency contraception or pain relief.

Standing order documentation and processes need to be 100 % right because...

Standing Orders are governed by the Medicines Regulations 2002 which sits within a regulatory regime that includes:

- 1
 - the Misuse of Drugs Act 1975 and Regulations 1977
 - the Health Practitioners Competence Assurance Act 2003
 - the Health and Disability Commissioner (Code of Health and disability Services Consumers' Rights)

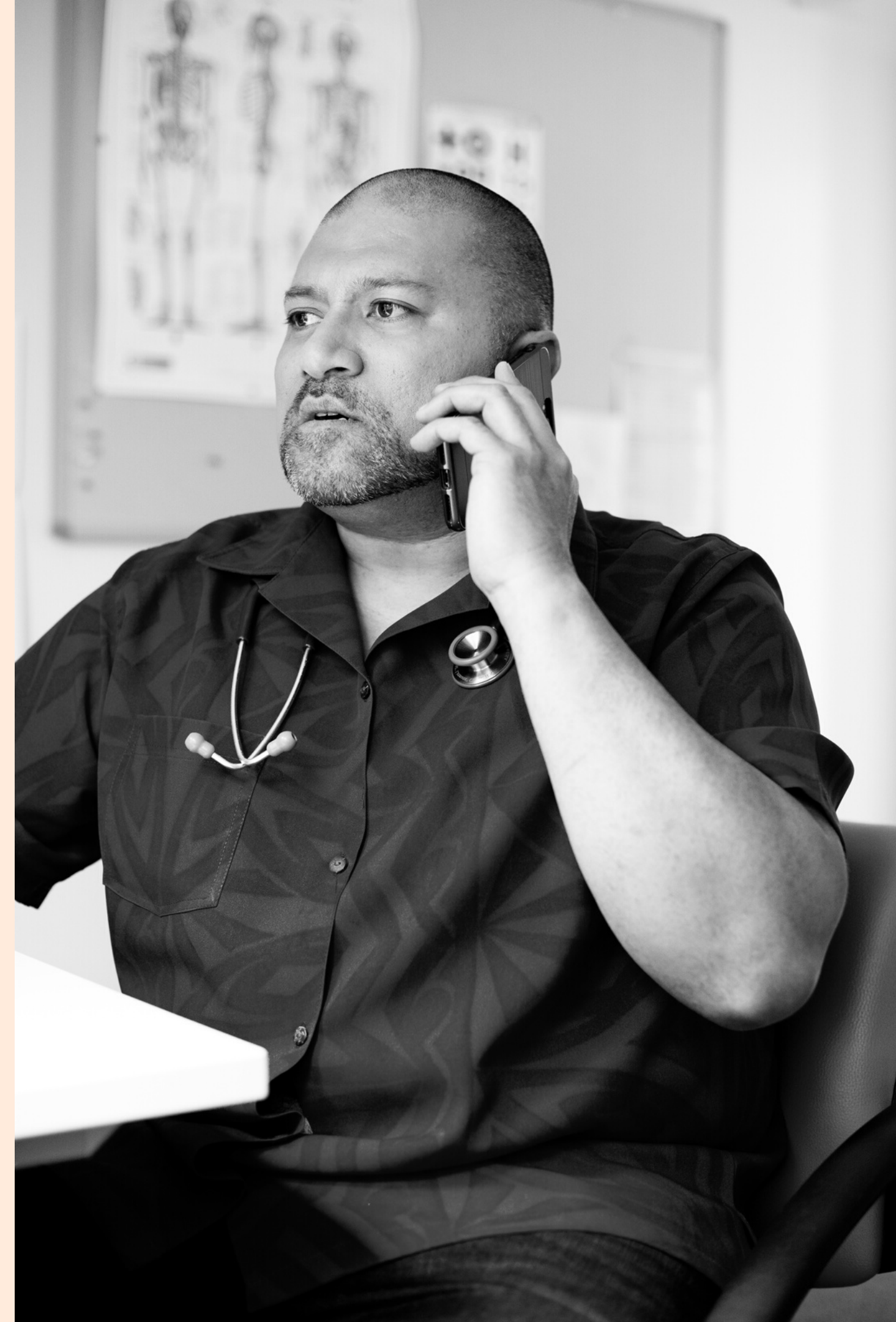
- 2
 - The Regulations 1996
 - the Medicines Act 1981 and Medicines Regulations 1984

- 3
 - Errors in the Standing Orders process may cause an incident and grounds for Health and Disability Commissioner complaints

- 4
 - Individual liability for clinicians and possible disciplinary action.

Do you really need that standing order?

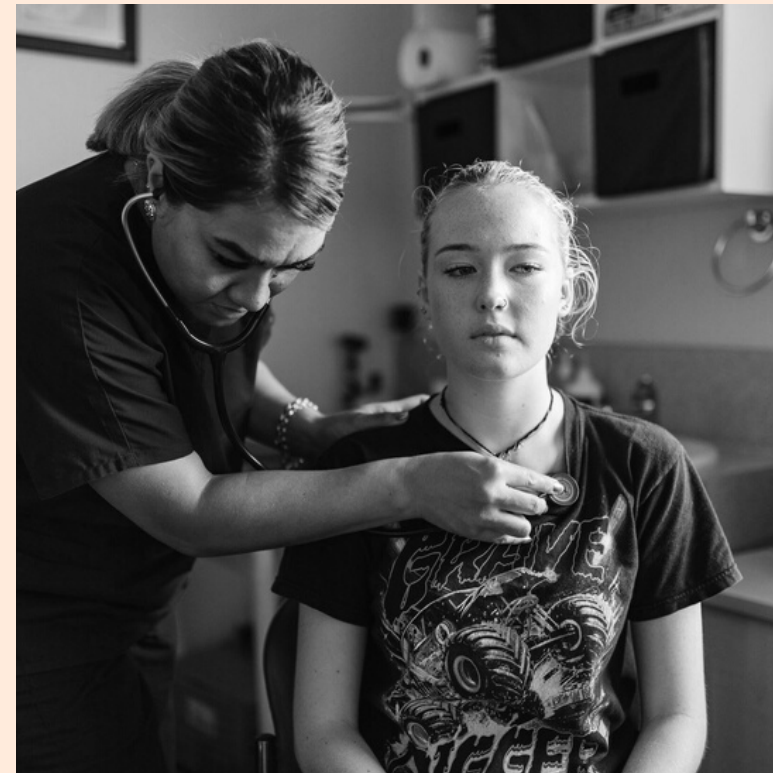
The intention for standing orders is to improve a patients' timely access to medicines; for example, by authorising registered nurses in to issue emergency contraception or pain relief.



Who is an issuer?



Only one person can be an issuer of a standing order, either a GP or a nurse practitioner.



It is important to clearly identify the issuer of each standing order within an individual general practice.



The issuer retains overall responsibility of the standing order including ensuring they comply with legislation, auditing, countersigning, competency training



If the issuer leaves the practice or goes on leave for an extended period, a new standing order will be necessary.

Nurses working under Standing Orders

Should be included in its development.

The nurse must have the required competency and training

It is ultimately the professional judgement of the nurse working under the standing order to decide whether to supply the medication or not.

Nurses must correctly document and record each time they administer a medicine under a standing order.



Indicator 9.2:

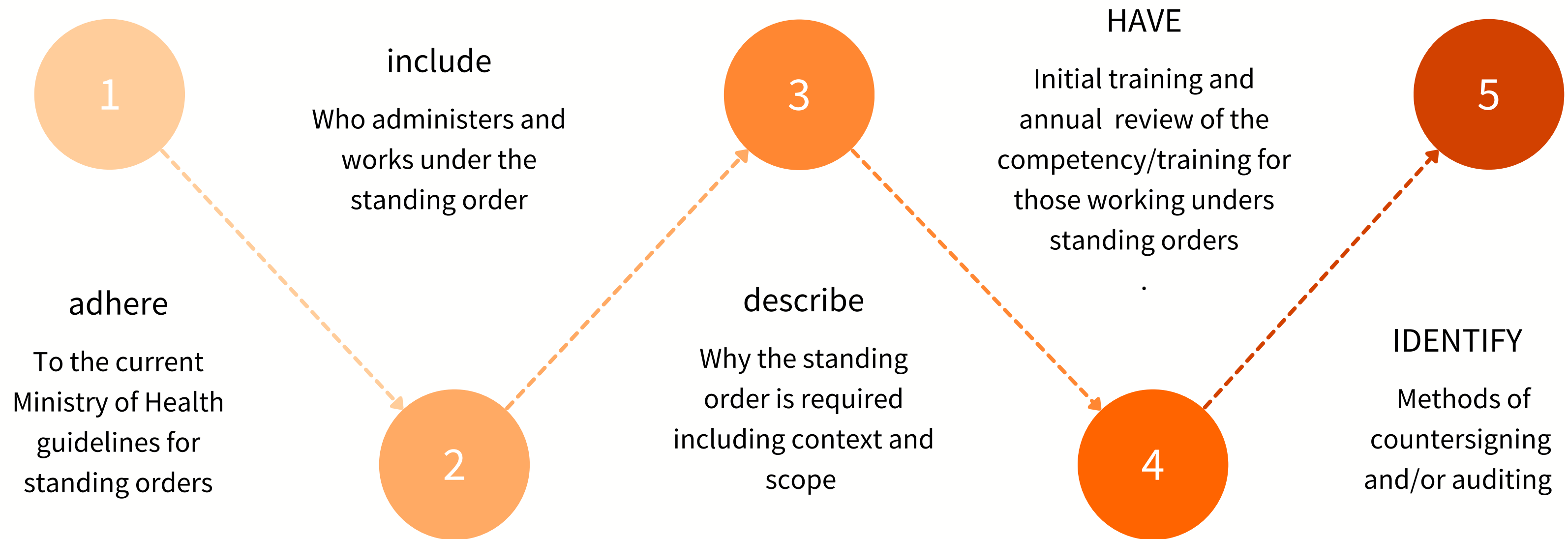
"The practice ensures standing orders, where used, comply with the Ministry of Health's Standing Order Guidelines 2016"

- 1 Documented standing orders policy and procedures.
- 2 A list of standing orders used in the practice.
- 3 Evidence of countersigning or auditing of standing orders.
- 4 Annual review of the standing order(s) by the issuer.
- 5 Evidence of annual training and review of each registered nurse working with standing order(s).

Adhering to the 5 following evidence requirements for criterion 9.2 will help ensure your standing orders and processes are correct and managed according to NZ regulations and legislation.



1. A documented standing order policy and procedure must:



2. A list of Standing Orders used in the practice

Mainland Medical list of standing orders

Date established.	Name of Standing order	Review date
01/03/2021	Paracetamol	01/03/2022
12/12/20	GTN Spray	12/12/21

3. Evidence of countersigning or auditing of Standing Orders

- The method used, i.e., **countersigning** or **auditing**, needs to be included on each individual standing order.
- The issuer can specify different countersigning requirements depending on the level of competency and expertise of the nurse- this should be detailed on the Standing Order
- In the absence of countersigning – auditing must occur.

Countersigning

The requirement for countersigning must be clearly described within each standing order. The issuer of the standing order must decide, and specify:

- When and why countersigning is or is not required
- If countersigning is required, the period within which the issuer must countersign. (less than a month)

Auditing

- If countersigning is not required, or is required less than monthly, the issuer must, at least once a month, audit a sample of the records where medicines have been administered using a standing order
- If a GP or nurse practitioner has issued several standing orders for different conditions or medicines, then that issuer will be required to audit a sample from each standing order.

Audit sample
sizes should be,
at a minimum:

- 50 percent if administrations are 20 or fewer in total
- 20–30 percent of administrations are in range of 21–100
- 15–20 percent of administrations are over 100

If the audit identifies any noncompliance with the standing order, the non compliance issue needs to be promptly addressed and the the next audit sample needs to be doubled

The results of the audit need to be well documented and include any required changes or improvements needed to:

- the standing order documentation
- the S/O processes
- any additional training needed.

Process for tracking medicines given under Standing Orders

The process

To audit Standing Order activity, it's essential there is a method or process used which enables the identification of all Standing Order activity by a Registered nurse.

Using the PMS (Patient Management System)

Depending on which PMS is used, this could be a screening term or classification, in which a query build (or interrogation of the PMS data) would pick up all standing order activity.

4. Annual review of the standing order/s by the issuer

- 1 Standing orders are required by legislation to be reviewed annually
- 2 How this happens should be written into the standing order policy.
- 3 The issuer must ensure there is a process for document control so that, following a review, all obsolete copies are replaced with new versions of the standing order.

Some detail on the review

Is to be done by the issuer, although other team members can help prepare audit data.

Involves the issuer determining whether the standing order is still needed and if so, whether the terminology needs updating.

Any amendments, deletions or additions, must be dated and signed by the issuer and all staff affected should be consulted on the changes.

The issuer must ensure that there is a process in place for monitoring and reviewing the correct operation of the standing order and any adverse incidents that occur.

5. Evidence of annual training and review of each registered nurse working with standing order/s.

A person working under Standing Orders must have the competency to:

- assess that the standing order applies to the patient
- administer and/or supply the medicine safely
- know the contraindications and/or exclusions.

Competency and training requirements need to be:

- Described in the standing order
- for each standing order and for each nurse working under the standing order
- correctly documented.

Competency for person/s working under Standing Orders must be reviewed annually and any additional training undertaken should be informed by audit outcomes as well as any other relevant factors.

Documented Training/
Competency record
should include:

- Name of RN
- Name of standing order
- Training/competence review
conducted by
- Date
- Date of next review

Useful pages from the
MoH Standing orders
guidelines 2016...

Standing Order Guidelines

Contents

1	Introduction and purpose	1
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Contents of a standing order page 6

The Medicines (Standing Order) Regulations require that the standing order includes:

- an explanation of why the standing order is required
- the circumstances in which the standing order applies – for example, a registered nurse administering emergency oral contraception
- the class of people able to administer and/or supply under the standing order : registered nurses
- the competency requirements of the person administering and/or supplying a medicine under a standing order
- the treatment of condition to which the standing order applies – for example, urinary tract infection, asthma
- the medicines that may be supplied or administered under the standing order. Listed by its generic name rather than the trade name. If more than one medicine for the treatment of a condition, clear guidance must be provided about which medicine is preferred in what circumstances.
- the indications for which the medicine is to be administered and the recommended dose or dose range for those indications
- the number of dose(s) of the medicine for which the standing order is valid
- the contraindications and/or exclusions for the medicines, the validated reference charts for dose calculation (if required) and the monitoring of a medicine (if required)
- the method of administration
- whether countersigning is required and, if countersigning is required, the timeframe for countersigning
- the clinical documentation to be recorded
- the period for which the standing order applies

Checklist page 14

To make sure your Standing orders are legally robust and fit for purpose, print off the Checklist for use of Standing Orders on pages 14-18 of the ‘Standing Order Guidelines’

Checklist for use of standing orders

1.	Has the need for a standing order been established?	
(a)	Does the standing order explain why the standing order is necessary?	<input type="checkbox"/>
(b)	Has the scope (coverage) of the standing order been specified?	<input type="checkbox"/>
(c)	Do you have processes in place for monitoring and reviewing the standing order?	<input type="checkbox"/>
2.	Has the best person to issue the standing order been identified?	
(a)	Is the person you have identified as issuer one of the following:	
i.	an individual practitioner in practice	<input type="checkbox"/>
ii.	a practitioner who is an employer of a practitioner or a person permitted to supply or administer a medicine under a standing order	or <input type="checkbox"/>
iii.	a practitioner who exercises managerial control over a practitioner or a person permitted to supply or administer a medicine under a standing order	or <input type="checkbox"/>
iv.	a practitioner who is authorised by a group of practitioners or a group of people permitted to supply or administer a medicine under a standing order on their behalf	or <input type="checkbox"/>
v.	a nurse practitioner	
vi.	an optometrist	
(b)	Does the standing order name the issuer?	<input type="checkbox"/>

First page of a 15 point checklist

Standing order template

pages 18-19

Issued: 00/00/0000		Review date: 00/00/0000	
Medicine Standing Order Title		Name the condition you are treating under this standing order – eg, urinary tract infection (UTI), scabies. A standing order covers the treatment of a specified condition. This may involve directions for several different medicines with clear indications for the use of each medicine.	
Rationale		Explain why the standing order is necessary.	
Organisation/clinic		Name and address of the organisation where the standing order is being used.	
Scope (the condition and patient group)		eg, for the treatment of UTI in females over 12 years of age.	
Medicine/s		Name, strength and dose form.	
Dosage instructions for each medicine		eg, 300 mg at night for 3 days.	
Route of administration		eg, oral, deltoid intramuscular or deep subcutaneous injection.	
Indication/circumstances for activating the standing order		eg, to provide post-coital (or emergency) oral contraception to clients in a school clinic or for the treatment of a UTI (with frequency, urgency and/or dysuria and positive dipstick test) without complicating factors.	
Precautions and exclusions that apply to this standing order		eg, pregnancy, breastfeeding, allergies, contraindications.	
Persons authorised to administer the standing order		Name or class of health professional (eg, registered nurses).	
Competency/training requirements for the person(s) authorised to administer		eg, prior to administering paracetamol under this standing order the registered nurse is required to undergo the in-house training on the policy, procedure and documentation requirements for standing orders. A record of this training will be kept.	
Countersigning and audit		The standing order must specify whether countersigning is or is not required for every administration and/or supply (and under what circumstances). Note: The standing order must be either individually countersigned or included in the monthly audit by the issuer. If countersigning is required, define the timeframe (eg, within 24 hours of administration); if countersigning is not required, define the audit sample (eg, 20% of standing order treatments once a month).	
Definition of terms used in standing order		eg, dysuria is pain or difficulty on urination.	
Additional information		Documentation (administration/supply information – including validated dose reference charts); initial and ongoing assessment requirements. Note any supporting documents, eg, policy, guidelines or decision support tools, attached to this standing order.	
Signed by issuer:			
Name:		Date:	
Title:			
Notes:			
This standing order is not valid after the review date. The review date is one year after the date that the order was signed by the issuer.			
The organisational standing order policy and procedure must be signed by management, the issuer and every person operating under standing orders, and attached to the standing order.			

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First page of a 15 point checklist

Enforcement

It is an offence to fail to meet the requirements of the Medicines (Standing Order) Regulations. The Ministry of Health may, from time to time, audit any standing order.



Resources

- NZNO Standing orders
 - <https://www.nzno.org.nz/Portals/0/publications/Guideline%20-%20Standing%20Orders%20N2016.pdf>
 - MOH Standing orders guidelines
 - <https://www.health.govt.nz/publication/standing-order-guidelines>
- Medicines (Standing Order) Regulations 2002
- <https://www.legislation.govt.nz/regulation/public/2002/0373/latest/whole.html>

Thank you!

The Quality Programmes Team is
happy to help.

Please contact us at:

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