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

15 October 2025

Ministry of Health | Manatū Hauora
133 Molesworth Street,
Thorndon
WELLINGTON 6011

By email: info@health.govt.nz

Tēnā Koe

Proposed amendments to the designated registered nurse prescriber specified prescription medicines list

Thank you for the opportunity to provide a submission on the proposed amendments to designated nurse prescriber prescription medicines list.

About us

The Royal New Zealand College of General Practitioners (the College) is the largest medical college in New Zealand. Our membership of over 5,800 general practitioners and rural hospital doctors comprises 40 percent of New Zealand's specialist medical workforce. The Medical Council of New Zealand accredits the College to deliver vocational training to the specialist General Practitioner and Rural Hospital Doctor workforce. Our Kaupapa aspires to improve equity by upholding principles of Te Tiriti o Waitangi and supporting members to be culturally safe and competent through the General Practice Education Programme, and the Division of Rural Hospital Medicine Training Programme.

Our members provide effective care to their wider community. The safety, quality and effectiveness of care provided by 1000 general practices and 24 rural hospitals is determined by the College's Practice Quality Programme, against the Foundation Standard and achievement of Cornerstone modules.

Te Akoranga a Māui is the College's Māori representative group. With more than 200 members, Te Akoranga a Māui is proud to be the first indigenous representative group established in any Australian or New Zealand medical college.

Our submission

The College seeks urgent clarification from the Ministry of Health regarding the rationale behind the proposed changes to the Designated Registered Nurse Prescribers' specified prescription medicines list, and the intended prescribing settings for each medicine. While the consultation document outlines a broad expansion of the list, it does not clearly distinguish which medicines are intended for use in primary health care settings versus specialist or hospital-based environments. This lack of clarity makes it difficult to assess the safety, equity, and system-wide implications of the proposed changes.

The College supports the valuable role of Designated Registered Nurse Prescribers and acknowledges that they are working in primary health and specialty teams as well as hospital-based specialty teams. We recognise that Designated Registered Nurse Prescribers play an important part in multidisciplinary teams, particularly in areas such as aged care, palliative care, and chronic disease management. However, it is not clear from the proposed list whether this principle has been consistently applied, particularly in relation to medicines typically reserved for acute or specialist use.

We strongly urge the Ministry to:

- Provide a clear rationale for each proposed medicine or class.
- Explicitly identify whether each medicine is intended for prescribing in primary care, specialist settings, or both.
- Clarify how scope of practice will be maintained and monitored across these settings.

Scope of Practice & Equity Concerns

There are several aspects of the proposal require further clarification:

- **Hospital-only medicines:** The consultation document does not clearly indicate whether certain medicines traditionally used in specialist or hospital settings are intended for prescribing exclusively within those environments, or whether they are also proposed for use by community-based Designated Registered Nurse Prescribers. This ambiguity raises concerns about scope of practice and prescribing safety.

- **Medicines not on the Pharmaceutical Schedule**: In addition, some proposed medicines are not currently listed on the Pharmaceutical Schedule. While specialist GPs can legally prescribe these medicines, they are not subsidised unless listed. This creates equity concerns, as patients may be referred to Designated Registered Nurse Prescribers to access subsidised treatment, despite GPs being clinically qualified to prescribe the same medicines. Such a situation introduces potential barriers for patients and adds administrative burden to general practices**.**

  Medicines of concern include:

  - Inclisiran
  - Granisetron
  - Tropisetron
  - Methylnaltrexone
  - Prucalopride
  - Ketamine
  - Bevacizumab

Without clear prescribing boundaries, there is a risk of inappropriate use in primary care settings, which could compromise patient safety and increase liability for general practice teams.

Further, the proposed changes may lead to increased vicarious liability for specialist GPs, especially where Designated Registered Nurse Prescribers operate within general practices without formal supervision or oversight. There is currently no funding mechanism to support GPs time in ongoing training or supervising Designated Registered Nurse Prescribers, which could compromise safety and place undue pressure on general practice teams.

Additionally, we note that the Nursing Council is currently undertaking a review of registered nurse prescribing, the nurse practitioner scope of practice, and nursing education programme standards. This creates further uncertainty, as the scope of practice for Designated Nurse Prescribers may be subject to change. Providing feedback on the proposed medicines list is therefore challenging without a clear understanding of how these broader regulatory changes may affect prescribing authority and practice boundaries.

Controlled Drug Prescribing

The proposed changes to Schedule 1A of the Misuse of Drugs Regulations 1977 include both the removal of existing restrictions and the addition of new controlled drugs. While some medicines (e.g. fentanyl, clonazepam, diazepam) were previously available to Designated Registered Nurse Prescribers under restricted conditions, the removal of these restrictions, such as limiting fentanyl to transdermal use, raises safety concerns. Administering IV fentanyl, for example, requires significantly more training, experience, and clinical oversight than prescribing transdermal formulations.

New additions such as ketamine, midazolam, and oxycodone are known to carry high risks of misuse and dependency. We recommend that the same safeguards and standards imposed on other prescribers be applied to Designated Registered Nurse Prescribers. This includes:

- Additional training and credentialing for prescribing high-risk controlled drugs.
- Clear clinical governance and oversight mechanisms.
- Mentorship and supervision from experienced clinicians.

Continuity of Care and Cross-Specialty Communication

Finally, Where Designated Registered Nurse Prescribers prescribe or modify treatment for patients who are also under the care of a specialist GP, it is essential that clear and timely communication occurs between prescribers. This ensures continuity of care, patient safety, and clarity around clinical responsibility—particularly when prescribing medicines that are not available to other practitioners involved in the patient's care.

Conclusion

The College continues to support the role of Designated Registered Nurse Prescribers in improving access to care and working within multidisciplinary teams. We seek urgent clarification around:

- The rationale for the proposed changes.
- Clarity between areas of scope within their scope of practice.
- Medicines not on the Pharmaceutical Schedule.
- Safeguards to ensure safe prescribing and continuity of care.
- Funding and support for GPs who may be expected to supervise or train Designated Registered Nurse Prescribers.

We urge the Ministry to provide a clear rationale and engage in further consultation to ensure consistency, safety, and equity across the health system.

If you require further clarification, please contact Maureen Gillon, Manager Policy, Advocacy, Insights – Maureen.Gillon@rnzcgp.org.nz.

Nāku noa, nā

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