Issues

Nurse prescribing lack primary care input

An update from the RNZCGP

The government is introducing changes to prescribing rights that may significantly impact on general practice. The RNZCGP has grave concerns, particularly about the issues discussed below.

Process

There has been insufficient GP and practice nurse representation on the various nurse prescribing working groups to date.

Evidence

Insufficient evidence has been provided to support independent nurse prescribing and its effect on the quality of medical care. A Ministry of Health working group report conceded that evidence supporting extended prescribing rights is inconclusive.

Pilot study

The RNZCGP has indicated its position that any decision to extend nurses' prescribing rights must be based on a pilot study conducted in this country, which:

• focuses on safety, quality and integration of patient care along with its long term cost-effectiveness

• includes ongoing collaboration with and supervision by GPs where nurse prescribing is community based, and

• evaluates the training needs of nurses who seek prescribing rights.

There was no reference in the Ministry of Health document to a pilot study.

Independent prescribing

The College has always taken the view that dependent prescribing is a less difficult issue than independent prescribing. Safe independent prescribing requires knowledge of diagnosis and treatment similar to that required for medical practice, with responsibilities and liabilities. The existing New Zealand literature does not support a demand for entirely autonomous nurse prescribing. Collaborative prescribing with shared responsibility is a necessary development in general practice, particularly in isolated and sparsely populated areas, where retention and recruitment of GPs is increasingly difficult. It may also be advantageous in poorer urban areas.

Should independent nurse prescribing be introduced despite our protests, it will be important to have mechanisms to encourage teamwork, information sharing or even close cooperation. If these issues are not adequately addressed, further

fragmentation of care in the community will ensue.

Quality, performance and education implications

The Nursing Council of New Zealand is currently developing the competencies a nurse must gain in order to obtain registration as a nurse prescriber. The RNZCGP has not yet been consulted on this issue. A Ministry of Health consultation document outline was unable to reassure us the proposed regulatory framework will ensure safe nurse prescribing.

Scope of practice

The document indicated that the scope of practice (which will be set out in Regulations) should:

- describe parameters of nursing practice
- apply to individuals who are authorised to engage in nursing practice
- be based on education and demonstrated competence, and
- accommodate the dynamic nature of health care and nursing.

A review of the effects of substituting nurses for doctors in primary health care is currently under way. Consideration of the results, expected in early 2000, would be useful before this policy proceeds.

Study

A comprehensive discussion of courses of study, offered elsewhere in the world for independent nurse prescribing, should be added to the policy document; with details of the course content, course duration and cost analysis.

Costs

The scope of practice for primary care, generalist and often dealing with undifferentiated problems, is enormous. Safe prescribing requires knowledge and skills sufficient for competent assessment, differential diagnosis, investigation and referral. Several years of full time study and practical experience are required. We question the need for and the cost-effectiveness of extending prescribing to nurses in such a small health market.

Monitoring

The document should cover how the scope of practice will be monitored.

Proposed list of generic medicines for aged care and child family health

It is proposed that the ability to prescribe various medicines such as antibiotics, anti-convulsants and analgesics, such as morphine, be extended to another prescriber. Without appropriate safeguards, inappropriate use is possible. Secondary care was apparently a driving force for the move to designated prescribers and standing orders, but these proposals will have a significant effect on the primary health care setting.

Summary

The College is keen to see changes introduced that build on the evolving practice

nurse/GP relationship in a way that enhances teamwork and partnership. The changes being proposed and the manner in which they have been proposed do not foster partnership between the professions.

This move is occurring before there is solid evidence that independent nurse prescribing is required in primary health care and we question the validity of the consultation process taken to date, in light of GP and practice nurse representation.

References available on request