Nurse practitioner prescribing

Country: New Zealand
Partner Institute: The University of Auckland
Survey no: (7)2006
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Health Policy Issues: HR Training/Capacities

Current Process Stages

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<th>Idea</th>
<th>Pilot</th>
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<th>Legislation</th>
<th>Implementation</th>
<th>Evaluation</th>
<th>Change</th>
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</thead>
</table>

1. Abstract

From late 2005, the New Zealand government extended prescription medicine prescribing rights to approved Nurse Practitioners (NPs). This legislative amendment widens the range of NPs eligible to apply for prescribing rights from that introduced in 1999. This legislation is intended to increase consumer access to quality health care for high needs groups and those underserved by primary care physicians, and is expected to contribute to nursing workforce development.

2. Purpose of health policy or idea

Nurse Practitioners (NPs) are a relatively new concept in New Zealand emerging as a clearly defined area of nursing competence in the late 1990s. NPs are autonomous health practitioners with a defined scope of practice working at the most advanced level of nursing capability.

In 1999 NPs practising in 'child and family health' and 'aged care' scopes of practice became eligible to apply for limited prescription medicine prescribing rights. From December 2005, the government extended eligibility for prescribing rights to approved NPs practising in a wide range of areas including, but not limited to, management of chronic conditions such as diabetes and cardiovascular disease, and health promotion.

This change is intended to increase consumer access to quality health care for high needs populations and/or those underserved by primary care physicians (e.g. rural or low socioeconomic areas). NPs and limited NP prescribing has been linked to improved access, high quality, cost effective health care and consumer satisfaction in these populations.

A further benefit is that extension of eligibility for NP limited prescription medicine prescribing is expected to increase opportunities for nursing workforce development - recruitment and retention - in the face of an 'experienced nurse' workforce shortage in New Zealand.

NP practice and expanded prescribing is regulated by government and the Nursing Council of New Zealand (NCNZ) has been charged with granting and monitoring NP prescription medicine prescribing.

To gain and retain prescribing rights NPs have to:

- complete an undergraduate nursing degree.
• complete a 2-year clinical Masters Degree,
• complete a prescribing course at Master’s level
• have at least 4 years of clinical experience, and
• be approved as prescribers by the NCNZ.
• demonstrate their competence,
• undertake ongoing professional development,
• apply for an Annual Practising Certificate,
• provide peer review of their prescribing practice.

Although to date only 5 of 21 NPs have authority to prescribe, approximately 100 nurses are actively preparing to apply to the NCNZ for approval. Government investment in funding NP workforce development, training and monitoring is an essential component of successful implementation of NP prescribing.

In line with its vision of a primary health care oriented system, the government has allocated $8.1 million to the development of primary care nursing initiatives (see 2006 Health Policy Monitor Survey entitled “Models of primary health care nursing”). Although detail is limited, this includes funding for post-graduate education and training to attain NP prescribing status.

Main objectives
Broaden eligibility for Nurse Practitioner prescription medicine prescribing.

Increase consumer access to quality health care.

Foster nursing workforce development.

Groups affected
Nurse practitioners and physicians, Patients, Ministry of Health

3. Characteristics of this policy

<table>
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<tr>
<th>Degree of Innovation</th>
<th>traditional</th>
<th>innovative</th>
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</thead>
<tbody>
<tr>
<td>Degree of Controversy</td>
<td>consensual</td>
<td>highly controversial</td>
</tr>
<tr>
<td>Structural or Systemic Impact</td>
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<td>fundamental</td>
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<tr>
<td>Public Visibility</td>
<td>very low</td>
<td>very high</td>
</tr>
<tr>
<td>Transferability</td>
<td>strongly system-dependent</td>
<td>system-neutral</td>
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4. Political and economic background
A key characteristic of the Labour-led coalition government - in power since the end of 1999 - has been the promulgation of national strategies aimed at reforming the health sector and reducing health inequalities. A central aim of these strategies is to achieve universally accessible, quality cost-effective health care provided, where possible, in community settings. A key issue is workforce development, collaborative practice and role flexibility. NP development, and more specifically NP prescription medicine prescribing, can facilitate these.

The recently introduced expansion of NP prescription medicine prescribing has its legislative origins in legislation recommended by the New Prescribers Advisory Committee (NPAC). NPAC recommended to the Minister of Health:

- amending the Medicines Act 1981 and extending prescribing rights beyond physicians to other health professionals including NPs (1999);

5. Purpose and process analysis

Origins of health policy idea

In New Zealand, as in other comparable OECD countries, there have been changes over the last 15 years in the way health care is delivered and a shift to a primary health care oriented health system. This has been driven by escalating health care costs, societal changes, and government priorities for healthcare (refer to New Zealand Health Strategy - King: 2000).

Development of the role of nurse practitioner follows developments in a number of countries including the USA, Canada, UK and European countries. The emergence of NPs as a nursing discipline in New Zealand is documented in the Ministerial Taskforce on Nursing (1998) and Nurse Practitioners in New Zealand (2002). These reports reviewed international evidence for NP practice - including prescribing - and set out directions for NP education, registration and monitoring.

There are barriers to government objectives of provision of universally accessible quality health care delivered in community settings. Over the last decade, New Zealand - in common with similar countries - has experienced a shortage of primary care physicians (GPs) especially for ‘high needs’ ‘high deprivation’ populations. At the same time there have been difficulties in retention of experienced nurses.

To some extent this has been offset by the introduction nurse-led third sector providers and NPs. However, limitations on the scope of practice for NP prescribing continued to act as a barrier.

In July 2005, The Ministry of Health (MoH) released a consultation document NCNZ on widening the scope of NP prescription medicine prescribing. This built on an earlier consultation document released by Nursing Council of New Zealand (NCNZ) in April. NCNZ argued successfully that the expansion of NP prescription medicine prescribing will facilitate the provision of universally accessible quality health care in community settings, and will foster NP workforce development.

Initiators of idea/main actors

- Government
- Providers
• Patients, Consumers
• Private Sector or Industry

Approach of idea
The approach of the idea is described as: renewed: The role of nurse practitioners, including prescribing rights, has been developing since the late 1990s. amended: Medicines (Designated Prescriber: Nurse Practitioners) Regulations 2005; Health Practitioners Competence Assurance Act 2003; Medicines Amendment Act 1999; Misuse of Drugs Act 1975

Stakeholder positions
The Ministry of Health and the NCNZ have taken the lead role in expansion of scopes of practice under which NPs are eligible to apply for prescription medicine prescribing rights. Fifty-two submissions to the consultation documents (see above) came from a wide range of individuals and organisations. These included nurses, nursing education providers, nurse organisations, pharmaceutical providers/funders, and physicians and their professional associations.

Analysis indicated that most (80%) supported the extension of NP prescribing rights. The opinions of physicians is mixed. However, most of the opposition to the proposals came from the medical profession.

Actors and positions
Description of actors and their positions

Government
Ministry of Health very supportive strongly opposed

Providers
Nurses very supportive strongly opposed
Physicians very supportive strongly opposed

Patients, Consumers
Users of relevant medications very supportive strongly opposed

Private Sector or Industry
Non-government organisations (NGOs) very supportive strongly opposed

Actors and influence
Description of actors and their influence

Government
Ministry of Health very strong none

Providers
Nurses very strong none
Physicians very strong none

Patients, Consumers
Users of relevant medications very strong none

Private Sector or Industry
Non-government organisations (NGOs) very strong none
Adoption and implementation

The Medicines (Designated Prescriber: Nurse Practitioners) Regulations 2005 has been enacted by Parliament with effect from 8 December 2005.

Monitoring and evaluation

NP practice and prescribing is regulated under the Health Practitioners Competence Assurance Act, 2003 and the Medicines (Designated Prescriber: Nurse Practitioner) Regulations 2005. The list of medicines that can be prescribed by prescribing NPs is broad, i.e., access to the open Pharmaceutical Schedule. In practice, however, this is limited by the clinical area of practice condition which is stated on individual NPs annual Practising Certificate. The Nursing Council is charged with monitoring and registration of individual NPs and their prescribing practices.

6. Expected outcome

It is too early to make any judgment about the expected outcome of expanding NP prescribing. Successful implementation of NP prescriber practice in health care settings will depend on collaborative relationships between NPs, physicians, pharmaceutical providers and healthcare funders.

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<tr>
<th>Quality of Health Care Services</th>
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<tr>
<td>Level of Equity</td>
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<tr>
<td>Cost Efficiency</td>
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7. References

Sources of Information


Author/s and/or contributors to this survey

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