Medicines Management in Primary Health

Midlands Health Network
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In this session

- Legislative framework
- Scope of practice issues
- Direction and Delegation
- Standing orders
- Medicines Amendment Bill
- Delegated or designated prescribing
Relevant Legislation

- Accident Rehabilitation Compensation and Insurance Act (1992)
- Crimes Act (1961)
- Health & Disability Commissioner Act (1994)
- Health & Disability Services (Safety) Act (2001)
- Health & Safety in Employment Act (1992)
- Medicines Act (1981)
- Medicines(Standing order) Amendment Regulations (2011)
- Misuse of Drugs Act (1975)
HPCAA

- Repealed Nurses Act (1977)
Health Practitioners Competence Assurance Act, 2003

- Its main purpose is to protect the health and safety of the members of the public
- Covers all health practitioners
  - 73,000 of whom 47,000 are nurses
- Each profession has its own regulating body
- Scopes of practice relevant to each professional group
Scope of Practice

- The HPCA Act is clear that nurses have to have a defined scope of practice.

- It is every nurses’ responsibility to understand what their scope of practice is.

- It is equally clear from NCNZ that registered nurses must understand the scope of other health professionals they work with.

NB – Unregulated health workers (E.g. PCA, MCA, Physicians Assistants) do not have a defined scope – there needs to be clarity around what types of task could or should be delegated within the team.
Confidence & Competence

OVERCONFIDENCE
This is going to end in disaster, and you have no one to blame but yourself.
Delegation is the transfer of responsibility for the performance of a task.

The registered nurse retains accountability for the process and the outcome.

Nursing Council Guideline direction and delegation (2008)
Direction

- **Direction** is the active process of directing, guiding, monitoring and influencing an individual’s practice.

- This may be direct or indirect.

- Nursing Council Guideline direction and delegation (2008)
Consider...

- Who are the other members in your team?
- Are they regulated (E.g. Drs and Midwives?)
- Are they unregulated (Practice or medical care assistants, physicians assistants?)
- Who takes responsibility for their practice?
What are the risks?

- To the patient?
- To the nurse?
- To the organisation?
Standing orders must

- Be in writing
- Explain why the SO is necessary
- Describe the class of persons who can administer under the SO
  - Specify the level of competency /training required for those who will be administering
Standing orders must

- Identify who the medicine may be administered to
- Specify the period of time for which the SO applies
- The circumstances under which it applies
- Recommended dose, range
Amendments

5(j) Specify whether counter signing is required and

(ja) If countersigning is required, then specify –

(i) the period within which the issuer must countersign the charted treatment and
Amendments

5(ii) Any other requirements for countersigning that the issuer considers appropriate

Medicines (Standing Order) Amendment regulations 2011
Amendment - new regulation
6A Periodic Audit

- If the SO does not require countersigning of charted treatments then the issuer must at least once a month audit a sample of the charted treatments that have been supplied under the SO
Medicines Amendment Bill

The Medicines Amendment Bill has had its 1st reading and been referred to the Health Select Committee – the Deadline for submissions is 13 April.
Medicines Amendment Bill

The Bill addresses provisions in the Medicines Act 1981, which regulates medicines and medical devices. (Changes include changes to prescribing provisions).
Medicines Amendment Bill

The main aim of the Bill is to amend the Medicines Act 1981 (the Act) to:

- "modernise the definitions of medicine, medical device, and therapeutic purpose to align the boundary between medicines and medical devices with international norms;"
amend the approval process for new medicines;

“align the prescribing framework for nurse practitioners and optometrists with medical practitioners, dentists, and midwives;
“establish a new category of delegated prescriber, whose members will be allowed to prescribe under an authorisation (a delegated prescribing order) issued by an authorised prescriber;
establish a mechanism to allow time-limited demonstration sites of extended prescribing rights to new groups of health practitioners;
“make minor and technical amendments to update and clarify the provisions for granting licences to manufacture, pack, and sell medicines and to operate a pharmacy;

expand the regulation-making powers in the Act to provide for new standards and innovative practice, such as electronic prescribing” [1].
Medicines Amendment Bill


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<th>Authorised prescribing</th>
<th>Designated prescribing</th>
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| Delegated prescribing   | Which one are we opposed to and why???

- Freed to care
- Proud to nurse
Authorised prescribing

- Medical practitioners
- Optometrists
- Dentists
- Midwives

- Nurse practitioners will be recognised
Delegated prescribing

- **Delegated prescriber**: An authorised prescriber can issue a delegated prescribing order in accordance with the regulations to a registered health professional.
Delegated Prescribing

- NZNO is opposed to the introduction of delegated prescribing as it lacks the robust requirements to uphold public safety and potentially blurs professional accountabilities
Designated prescribing

- Currently covers nurses e.g. Diabetes nurses
- Must under the terms of the regulations satisfy any applicable competency or training requirements..
Hot topics?
Resources

www.legislation.govt.nz
www.nursingcouncil.org.nz
www.nzno.org.nz

http://www.parliament.nz/enNZ/PB/SC/MakeSub/0/b/3/50SCHE_SCF_00DBHOH_BILL11156_1-Medicines-Amendment-Bill.htm