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National Health Board
Ministry of Health

By email: Jacqueline.White@moh.govt.nz

Nurse prescribing of controlled drugs for drug dependency treatment

Dear Jacqueline

Thanks you for inviting the New Zealand Medical Association (NZMA) to provide feedback on the Ministry of Health's draft policy paper 'Risks and benefits of allowing suitably qualified nurse practitioners to prescribe controlled drugs for drug dependency treatment'.

The NZMA is the country's largest pan-professional medical organisation with over 5,000 members. Our members come from all disciplines within the medical profession and include specialists, general practitioners, doctors-in-training and medical students. The NZMA aims to provide leadership of the medical profession, and promote professional unity and values, and the health of New Zealanders.

We note that the Ministry is proposing an amendment to the Misuse of Drugs Act 1975, through amendment to the Health Practitioners (Statutory References) Bill, so that nurses with an approved scope of practice could have designated prescribing rights for opioid substitution treatment (OST) for patients with opioid dependency. The NZMA is unequivocally opposed to this proposal on the grounds that it could seriously threaten public health and safety, exacerbate fragmentation of care, and undermine progress towards a collaborative, integrated, multidisciplinary healthcare system. The proposed requirement for nurses to have the approval of the service's lead medical practitioner to have designated prescribing rights does not fundamentally alter the independent nature of this particular model of non-medical prescribing.

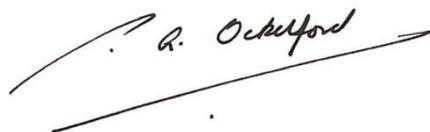
In a recent submission to the Nursing Council (appended with this submission),¹ the NZMA elaborated on our main concerns with proposals to extend designated (independent) prescribing rights to nurses. These concerns are directly relevant (and perhaps even more important) to the current consultation which is focussed on controlled drugs. All drugs can be extremely dangerous when prescribed inappropriately. This is particularly the case for OST drugs, where there are already major concerns relating to the development of addiction and the diversion of prescribed controlled drugs to the black market.

While the NZMA fully recognises the benefits of OST and acknowledges there is a significant estimated unmet need for this treatment, measures to improve access to OST must first and foremost not compromise the health and safety of the public. We believe that the management of patients with opioid dependency is complex and particularly challenging, and that the prescription of OST drugs should remain part of the core vocational scope of the medical profession. The length and depth of training doctors receive means that they are able to regularly take ultimate responsibility for medical decisions and diagnoses in situations of complexity and uncertainty, drawing on scientific knowledge and principles, clinical experience, and well developed judgement.² This makes medical practitioners the best possible professional group to prescribe medicines, particularly OST drugs, given the requirement for accurate diagnosis and the inherent dangers in doing so.

We believe that under certain carefully controlled settings, however, extending delegated (collaborative) prescribing rights to suitably trained nurses to prescribe OST drugs may be appropriate. The NZMA's view of a delegated prescribing model is one where a medical practitioner diagnoses and makes the initial treatment decision. Where clinically appropriate, prescribing is then delegated to a non-medical prescriber under parameters that are determined by the supervising doctor who will have ultimate responsibility for these decisions. We understand that the legislative infrastructure to support delegated prescribing could soon be in place with the expected passage of the Medicines Amendment Bill. Delegated prescribing mitigates many of our concerns relating to diagnosis, inappropriate prescribing, the fragmentation of care and questions surrounding accountability that arise from independent designated models of non-medical prescribing. Even so, the challenges and complexities of the management of patients with opioid dependency are likely to mean that the prescribing of OST is best undertaken within the scope of practice of a medical practitioner.

We hope that our comments are helpful and would be very happy to elaborate on our submission if required.

Yours sincerely

A handwritten signature in black ink, reading "Dr Paul Ockelford". The signature is written in a cursive style and is underlined with a long horizontal stroke.

Dr Paul Ockelford
NZMA Chair

¹ NZMA Submission to the Nursing Council on two proposals for registered nurse prescribing. April 2013. Available from: <http://nzma.org.nz/sites/all/files/Registered%20nurse%20prescribing.pdf>

² NZMA. Consensus Statement on the Role of the Doctor in New Zealand. November 2011. Available from: http://www.nzma.org.nz/sites/all/files/ps_RoD.pdf