23 April 2013

Ms Jacqueline White  
Workforce Education Intelligence and Planning  
Health Workforce New Zealand  
National Health Board  
Ministry of Health  
PO Box 5013  
Wellington 60145  
Sent by email to: Jacqueline_White@moh.govt.nz

Dear Ms White

Health Workforce New Zealand’s consultation on nurse prescribing of opioid substitution treatments

The Royal Australasian College of Physicians (the College), thanks you for the opportunity to provide feedback to you on Health Workforce New Zealand’s (HWNZ) draft policy paper about nurse prescribing of opioid substitution treatments (OST).

Within the College, the Chapter of Addiction Medicine promotes the speciality of addiction medicine, and provides training, education and professional development for physicians who specialise in comprehensive medical care for patients with a wide range of addiction disorders, including drug, alcohol, and pharmaceutical dependency.

The College notes that HWNZ’s draft policy paper is not concerning itself with the question of nurse prescribing in general, but is limiting itself to the question of extending designated prescribing rights for OST under the Misuse of Drugs Act 1975 to nurses working in a specialist service with approval of the service’s lead medical practitioner.

The College believes it is imperative that nurse prescribing for OST has the direct oversight of a lead medical practitioner within the context of a specialist service.

It is essential that role or task substitution in the area of nurse prescribing of OST is not used as a resolution to medical practitioner shortages, including that of physicians. Medical practitioners play an essential role in formulating diagnoses, overseeing the management of patients and providing timely interventions necessary to maintain the health of the patient. The medical practitioner must remain at the centre of the medical care team and ultimately has responsibility for the care of the patient.

The College also notes that patients’ responses to opioid substitution (with methadone especially), can be highly variable. Comorbidity is a frequent complicating factor in addiction treatment, especially with liver impairment or failure. The need for readily accessible specialist medical supervision should not be underestimated in addiction environments.
Specific to point 28 in the draft policy paper, the College understands that, to date, addiction medicine specialists are frequently faced with treating pharmaceutical addiction that has arisen in the context of aberrant prescribing by other health practitioners. In this light, it is difficult to accept that the suggested mitigations for prescription drug misuse (amending Misuse of Drugs Regulations 21, 29 and 35), will sufficiently and confidently ameliorate the risk of inappropriate prescribing by nurse prescribers.

Thank you for the opportunity to comment on the draft policy paper. If you require further information regarding this feedback, please contact Rebecca Mogridge, Executive Officer at the College, on 460 8124 or Rebecca.Mogridge@racp.org.nz.

Yours sincerely

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