



**nzmsa**

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# Trainee Intern Limited Prescribing – Position Statement

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## INTRODUCTION

Health Workforce New Zealand (HWNZ) in conjunction with the Medical Council of New Zealand (MCNZ) are currently discussing the possibility that Trainee Interns (TIs) will be able to prescribe a limited range of medications to patients in their final year of training.

## NZMSA POSITION

NZMSA is open to this idea in principle but needs more information and feedback from HWNZ and the MCNZ on how this would work to be able to establish how this proposal will affect medical students.

## BACKGROUND

### ▶ Historical Context

Until the beginning of the 1990s, TIs in New Zealand were able to prescribe a limited range of medications. This was done under the supervision of a doctor who was responsible for the student and who had to “sign off” on the drug chart within 8 hours of the prescription. At that stage, learning to prescribe by actually prescribing was seen as an important part of a medical student’s learning.

This practice was stopped in the early 1990s.

### ▶ Current Legislation

The laws covering who is able to prescribe medicines have recently been changed to allow health professionals other than doctors to be able to prescribe. The new legislation is called the “Medicines Amendment Act 1999”. Section 19 of the “Medicines Amendment Act 1999” states that:

“(1) A prescription medicine may be administered to any person only in accordance with:

- a) The directions of the authorised prescriber who prescribed the medicine;
- or
- b) A standing order...

(4) In this section, authorised prescriber means a practitioner, registered midwife, or designated prescriber.”

For example, a nurse a practitioner with special training in diagnosis and prescription (thereby making them a “designated prescriber”) may prescribe a limited range of drugs in their specialist field. In addition, the legislation also makes “standing orders” explicit and legal.

The extension of prescribing rights to other practitioners not registered by MCNZ as medical practitioners raises the question of whether the issue limited TI prescribing should be revisited.

## KEY ISSUES FOR MEDICAL STUDENTS

When considering the idea of trainee intern prescribing we need to determine what the effects will be and whether those effects are desirable. Some key issues identified by students that need to be addressed currently include:

▶ **1. Safety of patients and students must be paramount**

This point is essential to us and may require collaboration with clinical pharmacists and the MCNZ. TI prescribing was considered an important part of the TI's learning pre the 1990s. If prescribing was well supervised with the onus of safety on the supervisor, the issues of safety would in our view be greatly enhanced.

Improved training will be required in our current medical training curriculum in order to help ensure safe prescribing.

▶ **2. TI prescribing must add to the educational value of the TI year**

One argument for limited TI prescribing as being educationally beneficial is that House Surgeons have to prescribe and that there is no better way of learning than by doing. As such, the TI year is already a good learning experience[1,2] and the introduction of limited TI prescribing of medicines has the potential to improve that learning experience.

This view needs to be balanced against a conception that the TI year should be about "all care and no responsibility".

▶ **3. Any proposal must be clear on what medicines can be prescribed by a TI**

The list of medicines that has been suggested includes: intravenous fluids, analgesic medication, antibiotics, and laxatives.

▶ **4. TIs should be able to decline requests to prescribe if they feel uncomfortable to do so**

Ideally, the addition of prescribing to the tasks TIs can do would not increase the number of things that a TI would have to do. This has not been examined in depth yet.

Thus, it would need to be considered whilst drawing up guidelines for the limited prescribing of medicines and supervision of prescribing to allow TIs to decline the request to prescribe in particular circumstances when they do not feel adequately informed or experienced to do so.

Appropriate prescribing education and always having the option to refer on to the House Surgeon, Registrar or Consultant should be absolute requirements for any guidelines for TI prescribing.

▶ **5. Is it legal for trainee interns to prescribe?**

Further clarification on this point is required as limited TI prescribing may require legislative change. At this stage the "Medicines Amendment Act 1999" governs who is allowed to prescribe medications and who is not.

▶ **6. TI should not be subject to the same expectations and liabilities as registered medical practitioners**

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The TI year is primarily an education one but with some service elements included[1]. Plans need to be put in place to ensure that any potential for errors in prescribing by TIs are minimised. If however a TI does make an error, they should not be subject to the full force of the disciplinary provisions applicable under the “Health Practitioners Competence Assurance Act 2003” (HPCA) Act.

## **CONSULTATION WITH KEY GROUPS**

- The New Zealand Medical Association (NZMA)
- New Zealand medical students

## **SUPPORTING LITERATURE/RESEARCH/STATISTICS**

- Medicines Amendment Act 1999 No 117, Public Act
- Health Practitioners Competence Assurance Act 2003 No 48, Public Act

## **NZMSA POSITION STATEMENTS**

Not Applicable

## **REFERENCES**

1. Prepared for practice? Medical students' perceptions of a shortened final year medical programme. NZ Med J 2009;122(1292):32-43.
2. Dare A, Fancourt N, Robinson E, et al. Training the intern: The value of a pre-intern year in preparing students for practice. Med Teach 2009;31(8):e345-50.