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Dear Mr McLean

Review of Policy relating to the Operation of Medicines (Standing Orders) Regulations 2002: Discussion Document

Thank you for the opportunity to comment on the discussion document regarding the proposed changes to the Medicines (Standing Orders) Regulations 2002 (the Regulations). I commend the Ministry of Health on preparing a clear and considered discussion document.

As Health and Disability Commissioner, my primary concern is that consumers' rights under the Code of Health and Disability Services Consumers' Rights (the Code) are protected. Under section 14(d) of the Health and Disability Commissioner Act 1994, one of my functions is to make public statements in relation to any matter affecting the rights of health or disability services consumers. This is consistent with my role of promoting and protecting the rights of health and disability services consumers under the Code, which includes the right to services of an appropriate standard (Right 4). I trust the following comments are helpful.

Proposed changes to Medicines (Standing Orders) Regulations 2002

A clear and consistent approach to the use of standing orders is crucial to ensuring that medicines are administered safely and appropriately. I support the relaxation of the current requirement that every treatment made under a standing order be countersigned by a medical practitioner or dentist, where this requirement is detrimentally impacting the ability to deliver effective and timely services. However, to ensure patient safety, this requirement should be replaced with other safeguards to ensure standing orders are issued in appropriate situations and are complied with by those working under the standing order.

I agree that the issuing practitioner should have the discretion to determine when it is appropriate for the countersigning requirement to be removed. However, the practitioner must be able to justify the removal of the countersigning requirement. As countersigning is a key safeguard in the use of standing orders, the requirement should only be relaxed where countersigning each treatment is not a viable option. Accordingly, I suggest that the

Regulations require the issuer to explain in the standing order why the removal of the countersigning requirement is appropriate and necessary.

Where the countersigning requirement is removed, I agree that the Regulations should require the review panel to carry out a regular audit of treatments administered and/or supplied under the standing order, as an important safeguard to ensure the standing order is being complied with. I also agree that the review panel should consist of 'relevant and qualified practitioners'. Where practical, I consider that the practitioner who originally issued the standing order should be a member of the review panel, as the standing order can only be altered by the issuing practitioner. Having the issuing practitioner on the review panel would also promote continuity of services, as required under Right 4(5) of the Code, by ensuring that the issuing practitioner is kept informed of how the standing order is being implemented.

I agree that the review panel should 'review a sample of standing orders on a monthly basis', to ensure that the person(s) who administers or supplies a medicine under a standing order is competent and is complying with the standing order. However, the review panel should also have the ability to conduct random audits, so prompt action can be taken where there are concerns that a standing order is not being complied with. Thus the practitioners conducting such a review would have ultimate responsibility for monitoring the use of the standing order. The requirements of the review panel should be clearly set out in the Regulations and non-compliance with these requirements should be an offence (under clause 10 of the Regulations). I note that non-compliance with a standing order is already addressed in the Regulations by making non-compliance an offence under clause 10.

Conclusion

Standing orders can be an effective way of ensuring accessibility of medicines and continuity of care. The relaxation of the current requirement that every treatment made under a standing order be countersigned by a medical practitioner or dentist, where this requirement is detrimentally impacting the ability to deliver services, is sensible. However appropriate safeguards must be put in place to ensure that these types of standing orders are only issued in appropriate situations and are appropriately implemented and monitored. Accordingly, the responsibilities of the issuing practitioner, the practitioners working under the standing order, and the practitioners on the review panel must be clearly defined in the Regulations and associated guidelines.

I trust that these comments have been of some assistance.

Yours sincerely

Ron Paterson
Health and Disability Commissioner