

Guidelines for the Development and Operation of Standing Orders

These guidelines are issued by the Ministry of Health and represent the Ministry's view as to the matters contained in the Medicines (Standing Order) Regulations 2002. They do not constitute legal advice as to the regulations. Users are encouraged to seek their own legal advice on such matters.

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Contents

Contents	i
Introduction and Purpose	2
Definitions	2
People working under standing orders	2
Process	3
Medicines	3
Period for which the standing order applies	4
Record keeping	4
Competencies	4
Audit and Review of Standing orders	5
Checklist for use of Standing Orders	6

Introduction and Purpose

1. In November 2002 the Government made a set of regulations that sets out the requirements for standing orders. These regulations will come into force on 19 December 2002. The purpose of these guidelines is to provide guidance for the development and operation of standing orders, to assist providers to comply with the regulations when developing a standing order, and to assist persons working under standing orders.

Definitions

2. A standing order is a **written instruction** issued by a medical practitioner or dentist, in accordance with the regulations, authorising any specified class of persons engaged in the delivery of health services to supply and administer any specified class or description of prescription medicines or controlled drugs to any specified class of persons, in circumstances specified in the instruction, without a prescription. A standing order does not enable a person who is *not* a medical practitioner or dentist to *prescribe* medicines - only to *supply* and/or *administer* prescription medicines and some controlled drugs.
3. Any of the following people can issue a standing order:
 - An *individual* medical practitioner or dentist in *practice*;
 - A medical practitioner or dentist who is *an employer* of a medical practitioner or dentist;
 - A medical practitioner or dentist who is *an employer* of a person permitted to supply or administer a medicine under a standing order;
 - A medical practitioner or dentist who *exercises managerial control* over a medical practitioner or dentist;
 - A medical practitioner or dentist who *exercises managerial control* over a person permitted to supply or administer a medicine under a standing order;
 - A medical practitioner or dentist who is *authorised by a group of practitioners* to issue a standing order on their behalf;
 - A medical practitioner or dentist who is *authorised by a group of persons* permitted to supply or administer a medicine under a standing order.

People working under standing orders

4. A person who is permitted to supply or administer medicines pursuant to a standing order must be engaged in the delivery of a health service. They may include, for example:
 - Registered Nurses
 - Pharmacists
 - Paramedics
 - New Zealand Defence Force medical personnel
 - Optometrists
 - Physiotherapists.

5. Any standing order *permits or empowers* people to supply or administer medicines; it cannot *require* them to. In every case it will be a matter of professional judgement by the person concerned as to whether he or she does supply or administer medicines pursuant to a standing order. This subject is not covered in detail in these guidelines. Where the employer or health organisation has a *written policy relating to the standing orders*, that policy should record the agreement of the management of the health provider and those who will supply medicines under that standing order. However, working under standing orders may be part of the person's duties as an employee, independent contractor, or may be governed by contract.

Process

6. All staff potentially affected by the standing order should be identified in the development of the standing order. It is recommended that the standing order be developed in consultation with the staff that will be expected to work under that standing order, or representatives of those staff. The regulations require that the issued standing order is provided to:
 - every person permitted to supply or administer a medicine under the standing order;
 - an employer of any practitioner, whether of not he or she is the issuer;
 - any affected practitioner who is not the issuer;
 - any person affected by the standing order;
 - the Director-General, on request
 - any member of the public, on request.

Medicines

7. The following medicines can be administered and supplied in accordance with a standing order:
 - Prescription medicines;
 - Controlled drugs listed in Parts I and III of the Second Schedule to the Misuse of Drugs Act 1975
 - Controlled drugs listed in Parts II to VII of the Third Schedule of the Misuse of Drugs Act 1975.
8. The Regulations require that the standing order list:
 - the medicines that may be supplied or administered under the standing order,
 - the indications for which the medicines is to be administered and the recommended dose or dose range for those indications,
 - the contraindications for the medicines, the validated reference charts for calculation of dose (if required),
 - the method of administration, and
 - the documentation required.

9. It is recommended that the standing order list the medicines by their ingredient name, rather than brand name, as every time a brand name changes, the standing order will need to be updated.

NOTE: At this stage the Medicines Act, and the Standing Order Regulations do not enable restricted medicines and pharmacy-only medicines to be supplied or administered pursuant to a standing order. A law change is required before these two classes of medicines can be included in a standing order. The Ministry is progressing this issue, and will provide an updated set of guidelines when these changes have been made.

Period for which the standing order applies

10. The standing order must specify the period for which the standing order applies. If it is not appropriate to state a period, then the standing order must state either that:
 - it is to apply until it is replaced by a new standing order covering the same subject matter; or
 - until it is cancelled in writing by the issuer.

NOTE: many of the duties (i.e. counter-signing, annual review) can only be performed by the issuer who originally issued the standing order. A standing order cannot be adjusted by anyone who qualifies as an issuer. Thus, if the original issuer leaves employment of the health provider, or goes on leave for an extended period or dies, a new standing order will be necessary.

Record keeping

11. A person who administers or supplies a medicine under a standing order must record or chart the assessment and treatment of the patients (including any adverse reactions) and, if necessary, any monitoring or follow-up of the patient's treatment. This must be countersigned *by the issuer* within a certain time period. The standing order must state the time period within which the record must be countersigned.

Competencies

12. Registration authorities may set competencies required for classes of health practitioners working under standing orders. For example, the Nursing Council of New Zealand could set competencies that registered nurses must have in order to be able to supply or administer medicines pursuant to a standing order. If the people who will supply and administer medicines under the standing order either do not have a registration authority, or the registration authority has not set any level of competency, then the standing order must specify the level of competency required in order to act under the standing order.
13. If the standing order does specify the level of competencies required, the standing order can specify additional competencies. Those competencies must be reviewed *by the issuer* at least once a year, commencing from the date on which the standing order was signed *by the issuer*.

Audit and Review of standing orders

14. A standing order may be reviewed at any time but must be reviewed *by the issuer* at least once a year. When carrying out a review, *the issuer* must consider whether the standing order continues to be necessary and whether its terms are appropriate. It may be considered that some of the terms of the standing order are no longer appropriate, and require either amending or deleting. If this occurs then any material variations, deletions or additions required to be made to a standing order, as a result of a review must be dated and signed *by the issuer*. All staff potentially affected by amendments or deletions should be identified and consulted on the changes. A copy of the standing order should then once again be made available to:
- every person permitted to supply or administer a medicine under the standing order;
 - an employer of any practitioner, who is not the issuer;
 - any affected practitioner who is not the issuer;
 - any person affected by the standing order;
 - the Director-General, on request;
 - any member of the public, on request.
15. *The issuer* must ensure that there is a process in place for monitoring and reviewing the correct operation of the standing order and, in particular, any adverse incidents that occur. The issuer must also ensure that there is a process for document control so that following a review, all obsolete copies are replaced with new versions of the standing order.
16. The Director-General, or a person authorised by the Director-General, may from time to time, audit any standing order. It is likely that the Medicines Enforcement Officers, who are contracted by Medsafe, will be the persons undertaking the audits.

Checklist for use of Standing Orders

<p>1. Is a standing order necessary?</p> <p><i>(a) What are the particular circumstances in which the standing order will apply?</i></p> <p><i>(b) What will be the scope (coverage) of the standing order within the operation of the organisation?</i></p> <p><i>(c) Does the standing order describe that scope?</i></p> <p><i>(d) Do you have processes in place for monitoring and reviewing the standing order?</i></p> <p><i>(e) Does the standing order explain why the standing order is necessary?</i></p>	<p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p>
<p>2. Have you identified the best person to issue the standing order?</p> <p><i>(a) Is the person you have identified as issuer one of the following:</i></p> <p><i>i. An individual medical practitioner or dentist in practice;</i></p> <p><i>ii. A medical practitioner or dentist who is an employer of a medical practitioner or dentist;</i></p> <p><i>iii. A medical practitioner or dentist who is an employer of a person permitted to supply or administer a medicine under a standing order;</i></p> <p><i>iv. A medical practitioner or dentist who exercises managerial control over a medical practitioner or dentist;</i></p> <p><i>v. A medical practitioner or dentist who exercises managerial control over a person permitted to supply or administer a medicine under a standing order;</i></p> <p><i>vi. A medical practitioner or dentist who is authorised by a group of practitioners to issue a standing order on their behalf;</i></p> <p><i>vii. A medical practitioner or dentist who is</i></p>	<p>YES/NO</p> <p>YES/NO</p>

<p><i>authorised by a group of persons permitted to supply or administer a medicine under a standing order?</i></p> <p><i>(b) Does the standing order name the issuer?</i></p>	YES/NO
<p>3. Have you determined the class of people permitted to supply or administer a medicine under a standing order?</p> <p><i>(a) Is the class of persons you have identified limited to persons engaged in the delivery of a health service?</i></p> <p><i>(b) Does the class of persons you have identified have the required competencies to supply and administer?</i></p> <p><i>(c) Has the registration authority of the class of persons set any competencies?</i></p> <p><i>(d) If the registration authority has set levels of competency for the classes of people supplying and administering medicines under the standing order, are there any additional competencies required, including any training to be undertaken?</i></p> <p><i>(e) If the registration authority has not set any level of competency, or there is no registration authority, does the standing order specify the levels of competency required of the class of persons permitted to supply or administer medicines under the standing order?</i></p> <p><i>(f) Does the standing order describe the class of persons permitted to supply or administer a medicine under a standing order?</i></p> <p><i>(g) Have you involved the people who will work under the standing order, or their representatives, in the development process?</i></p>	<p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p>
<p>4. Does the standing order specify the class of person to whom medicines can be administered?</p>	YES/NO
<p>5. Does the standing order specify the circumstances in which it applies?</p>	YES/NO

6. Which treatments will be included in the standing order? <i>(a) Does the standing order specify the treatment to which the order applies?</i>	YES/NO
7. What medicines will be supplied or administered under the standing order? <i>(a) Does the standing order list the medicines that may be supplied or administered under the standing order?</i> <i>(b) For each medicine that is listed, have you listed the following:</i> <i>i. indications for which the medicine is to be administered;</i> <i>ii. the recommended dose or dose range for those indications,</i> <i>iii. the contraindications for the medicine,</i> <i>iv. the validated reference charts for calculation of dose (if required),</i> <i>v. the method of administration,</i> <i>vi. the documentation required.</i>	YES/NO YES/NO
8. Within what period will the issuer countersign the charted treatment? <i>(a) Does the standing order specify the period within which the issuer will countersign the supply and administration of the medicines?</i>	YES/NO
9. Does the standing order describe the scope of the standing order?	YES/NO
10. Does the standing order define the terms used in the standing order?	YES/NO
11. Is the standing order in writing?	YES/NO
12. Does the standing order name the issuer?	YES/NO

13. Is the standing order signed and dated by the issuer?	YES/NO
Processes	
14. Have you developed a process for the annual review of competency for any person working under the standing order who does not have levels of competency set by a registration authority?	YES/NO
15. Have you developed a process of the annual review of the standing order?	YES/NO
16. Have you developed a process for monitoring and reviewing the correct operation of the standing order and, in particular, any adverse incidents that occur?	YES/NO
17. Have you made a copy of the standing order available to every person operating under the standing order, any person affected by the standing order, an employer of any practitioner, or any practitioner who is not the issuer?	YES/NO
18. Have you made sure that both the issuer, and people supplying or administering medicines under the standing order are aware of their obligations?	YES/NO