Medicines (Standing Order) Regulations 2002

Silvia Cartwright, Governor-General

Order in Council

At Wellington this 18th day of November 2002

Present:
Her Excellency the Governor-General in Council

Pursuant to section 105 of the Medicines Act 1981, Her Excellency the Governor-General, acting on the advice of the Minister of Health tendered after consultation with the organisations and bodies appearing to the Minister to be representative of persons likely to be substantially affected by them, and acting on the advice and with the consent of the Executive Council, makes the following regulations.

Contents

Regulations

1 Title

These regulations are the Medicines (Standing Order) Regulations 2002.

2 Commencement

These regulations come into force on the 28th day after the date of their notification in the *Gazette*.

3 Interpretation

(1) In these regulations,—

Act means the Medicines Act 1981

charted treatment means a written clinical record of a patient's illness or condition, including the medicine administered or supplied to the patient

controlled drug has the same meaning as in section 2(1) of the Misuse of Drugs Act 1975

health provider means a person or organisation who provides, or who arranges the provision of, health or disability services

issuer means—

(a) an individual practitioner in practice; or

(b) a practitioner who is an employer of a practitioner or a person permitted to supply or administer a medicine under a standing order; or

(c) a practitioner who exercises managerial control over a practitioner or a person permitted to supply or administer a medicine under a standing order; or

(d) a practitioner who is authorised by a group of practitioners or a group of people permitted to supply or administer a medicine under a standing order on their behalf

medicine means a prescription medicine or a specified controlled drug

registration authority means a body listed in Schedule 1

specified controlled drug means a controlled drug listed in Parts I and III of the Second Schedule and Parts II to VII of the Third Schedule of the Misuse of Drugs Act 1975.

(2) Words and expressions defined in the Act and used, but not defined, in these regulations have the same meaning as in the Act.

(3) The following term is defined in the Act, and its definition is repeated below for ease of reference:

practitioner means a medical practitioner or a dentist.

4 Persons permitted to supply and administer medicine under standing order

(1) An issuer must determine the class of persons permitted to supply or administer a medicine under a standing order and identify that class of persons and the medicine in the standing order.

(2) A class of persons referred to in subclause (1) must be limited to persons engaged in the delivery of a health service.

5 What standing order must contain

A standing order must—

(a) be in writing, name the issuer, and be signed and dated by the issuer; and

(b) explain why the standing order is necessary; and

(c) describe the class of persons permitted to supply or administer a medicine under the standing order; and

(d) specify—

(i) the level of competency required of the class of persons permitted to supply or administer a medicine under a standing order, including any training to be undertaken, in the following circumstances:

(A) if there is no registration authority for that class of persons; or

(B) the registration authority for that class of persons has not set any level of competency; or

(ii) any additional competencies required of the class of persons permitted to supply or administer a medicine under a standing order, including any training to be undertaken, if the registration authority for that class of persons has set levels of competency; and

(e) identify the class of persons to whom a medicine may be supplied and administered under the standing order; and

(f) specify either the period for which the standing order applies or, if no period is specified, state that the standing order 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; and

(g) specify the particular circumstances in which the standing order applies; and

(h) specify the treatments to which the standing order applies; and

(i) list the medicines that may be supplied or administered under the standing order, the indications for which the medicine is to be administered and the recommended dose or dose range for those indications, the contraindications for the medicine, the validated reference charts for calculation of dose (if required), the method of administration, and the documentation required; and

(j) state the required period within which the issuer must countersign the charted treatment; and

(k) if a policy relating to the standing order exists, attach a copy of that policy, which must have been signed by the issuer, the management of every health provider in which the standing order operates, and every person supplying or administering under the standing order, as applicable; and

(l) describe the scope of the standing order; and

(m) define the terms used in the standing order.

6 Annual review of competency

If a standing order is required to specify the level of competency or additional competencies of a person permitted to supply and administer a medicine under that standing order then the competency or additional competencies of that person 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.

7 Annual review of standing orders

(1) A standing order may be reviewed at any time but must be reviewed by the issuer at least once a year.

(2) When carrying out a review, the issuer must consider whether the standing order continues to be necessary and whether its terms are appropriate.

(3) 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.

8 Obligations of issuer

The issuer must ensure that—

(a) the standing order clearly sets out the expectations of the parties; and

(b) the provisions of clauses 5 to 7 are complied with; and

(c) he or she countersigns the charted treatment or record, as the case may be, within the required period stated in the standing order; and

(d) 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; and

(e) the standing order is made available to every person permitted to supply or administer a medicine under the standing order, an employer of any practitioner or practitioner who is not an issuer, any person affected by the standing order, and, on request to the Director-General or any person authorised by the Director-General, any member of the public.

9 Obligations of person supplying or administering medicine under standing order

A person who administers or supplies a medicine under a standing order must ensure that—

(a) the medicine is supplied or administered in accordance with the standing order; and

(b) he or she records or charts the assessment and treatment of the patient (including any adverse reactions) and any monitoring or follow-up of the patient's treatment, if necessary.

10 Offences

(1) Every person specified in subclause (2) commits an offence who fails, without reasonable excuse, to comply with a requirement imposed on him or her under any of these regulations.

(2) The persons referred to in subclause (1) are—

(a) an issuer:

(b) a health provider:

(c) a practitioner who is an employer of a person who is permitted to supply or administer a medicine under a standing order.

(3) Every person who commits an offence against these regulations is liable on summary conviction to a fine not exceeding $500.

11 Audit

The Director-General may, from time to time, audit any standing order.

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Schedule 1
Registration authorities

Chiropractic Board (being the Board continued by section 3(1) of the Chiropractors Act 1982)

Dental Council of New Zealand (being the Council continued by section 69(1) of the Dental Act 1988)

Dietitians Board (being the Board continued by section 4(1) of the Dietitians Act 1950)

Medical Council of New Zealand (being the Council continued by section 122(1) of the Medical Practitioners Act 1995)

Medical Laboratory Scientists Board (being the Board continued by section 4(1) of the Medical Auxiliaries Act 1966, which Board was formerly known as the Medical Laboratory Technologists Board)

Medical Radiation Technologists Board (being the Board continued by section 4A(1) of the Medical Auxiliaries Act 1966)

Nursing Council of New Zealand (being the Council continued by section 3 of the Nurses Act 1977)

Occupational Therapy Board (being the Board continued by section 4(1) of the Occupational Therapy Act 1949)

Optometrists and Dispensing Opticians Board (being the Board continued by section 3(1) of the Optometrists and Dispensing Opticians Act 1976, which Board was formerly known as the Opticians Board)
Physiotherapy Board (being the Board continued by section 4(1) of the Physiotherapy Act 1949)
Podiatrists Board (being the Board continued by section 4B(1) of the Medical Auxiliaries Act 1966)
Psychologists Board (being the Board continued by section 3(1) of the Psychologists Act 1981)

Marie Shroff,
Clerk of the Executive Council.

Explanatory note

This note is not part of the regulations, but is intended to indicate their general effect.

These regulations, which come into force on the 28th day after the date of their notification in the *Gazette*, set minimum requirements for the content, development, and use of standing orders.

In particular, these regulations—

- provide that it is a practitioner who may determine who is permitted to administer and supply a medicine under a standing order:
- provide for an annual review of the competencies of persons administering and supplying medicines under a standing order and accountability in respect of standing orders:
- prescribe offences in respect of non-compliance with the regulations:
- allow the Director-General to conduct audits of standing orders.

Issued under the authority of the Acts and Regulations Publication Act 1989.
Date of notification in *Gazette*: 21 November 2002.
These regulations are administered in the Ministry of Health.
