Reprint
as at 1 July 2013

Medicines (Standing Order) Regulations 2002

(SR 2002/373)

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

Note
Changes authorised by section 17C of the Acts and Regulations Publication Act 1989 have been made in this reprint.

A general outline of these changes is set out in the notes at the end of this reprint, together with other explanatory material about this reprint.

These regulations are administered by the Ministry of Health.

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

countersigning means the issuer signing the charted treatment of a patient to whom medicine has been administered or supplied under a standing order

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 the Schedule

specified controlled drug means a controlled drug listed in Parts 1 and 3 of Schedule 2 and Parts 2 to 7 of Schedule 3 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.

Regulation 3(1) **countersigning**: inserted, on 1 August 2011, by regulation 4(1) of the Medicines (Standing Order) Amendment Regulations 2011 (SR 2011/246).

Regulation 3(1) **registration authority**: substituted, on 1 August 2011, by regulation 4(2) of the Medicines (Standing Order) Amendment Regulations 2011 (SR 2011/246).

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) specify whether countersigning is required; and

(ja) if countersigning is required, specify—

(i) the period within which the issuer must countersign the charted treatment; and

(ii) any other requirements for countersigning that the issuer considers appropriate; 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.

Regulation 5(j): substituted, on 1 August 2011, by regulation 5 of the Medicines (Standing Order) Amendment Regulations 2011 (SR 2011/246).

Regulation 5(ja): inserted, on 1 August 2011, by regulation 5 of the Medicines (Standing Order) Amendment Regulations 2011 (SR 2011/246).

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.

6A Periodic audit of charted treatments in certain cases

If a standing order does not require the countersigning of charted treatments, or requires countersigning less frequently than once each month, the issuer must, at least once each

month, audit a sample of the charted treatments of patients to whom medicines have been administered or supplied under the standing order.

Regulation 6A: inserted, on 1 August 2011, by regulation 6 of the Medicines (Standing Order) Amendment Regulations 2011 (SR 2011/246).

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 Functions of issuer

The issuer has the following functions:

(a) to ensure that—

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

(ii) the provisions of regulations 5 to 7 are complied with; and

(iii) if countersigning is required, he or she countersigns the charted treatment within the period specified in the standing order, and in accordance with any other requirements for countersigning specified in the standing order; and

(iv) in addition to the audit required by regulation 6A and the review required by regulation 7, 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

(v) 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; and

(b) to impose any requirements for countersigning in the standing order that he or she considers appropriate.

Regulation 8: substituted, on 1 August 2011, by regulation 7 of the Medicines (Standing Order) Amendment Regulations 2011 (SR 2011/246).

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 conviction to a fine not exceeding $500.

Regulation 10(3): amended, on 1 July 2013, by section 413 of the Criminal Procedure Act 2011 (2011 No 81).

11 Audit

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

12 Transitional provision for standing orders issued before 1 August 2011

Regulations 5 and 8 as they were in force immediately before 1 August 2011 continue to apply to standing orders issued before that date as if the Medicines (Standing Order) Amendment Regulations 2011 had not been made.

Regulation 12: added, on 1 August 2011, by regulation 8 of the Medicines (Standing Order) Amendment Regulations 2011 (SR 2011/246).

Schedule

r 3(1)

Registration authorities

Schedule 1: substituted, on 1 August 2011, by regulation 9 of the Medicines (Standing Order) Amendment Regulations 2011 (SR 2011/246).

Chiropractic Board (being the Board continued by section 114(1) of the Health Practitioners Competence Assurance Act 2003)

Dental Council (established by section 114(2) of the Health Practitioners Competence Assurance Act 2003)

Dietitians Board (being the Board continued by section 114(1) of the Health Practitioners Competence Assurance Act 2003)

Medical Council of New Zealand (being the Council continued by section 114(1) of the Health Practitioners Competence Assurance Act 2003)

Medical Sciences Council of New Zealand (formerly known as the Medical Laboratory Science Board, which was the Board continued by section 114(1) of the Health Practitioners Competence Assurance Act 2003)

Medical Radiation Technologists Board (being the Board continued by section 114(1) of the Health Practitioners Competence Assurance Act 2003)

Midwifery Council (established by section 114(3) of the Health Practitioners Competence Assurance Act 2003)

Nursing Council of New Zealand (being the Council continued by section 114(1) of the Health Practitioners Competence Assurance Act 2003)

Occupational Therapy Board (being the Board continued by section 114(1) of the Health Practitioners Competence Assurance Act 2003)

Optometrists and Dispensing Opticians Board (being the Board continued by section 114(1) of the Health Practitioners Competence Assurance Act 2003)

Osteopathic Council (established by section 114(4) of the Health Practitioners Competence Assurance Act 2003)

Pharmacy Council (established by section 114(5) of the Health Practitioners Competence Assurance Act 2003)

Physiotherapy Board (being the Board continued by section 114(1) of the Health Practitioners Competence Assurance Act 2003)

Podiatrists Board (being the Board continued by section 114(1) of the Health Practitioners Competence Assurance Act 2003)

Psychologists Board (being the Board continued by section 114(1) of the Health Practitioners Competence Assurance Act 2003)

Psychotherapists Board (established by the Health Practitioners Competence Assurance (Designation of Psychotherapy Services as Health Profession) Order 2007)

Marie Shroff,
Clerk of the Executive Council.

Issued under the authority of the Acts and Regulations Publication Act 1989.
Date of notification in *Gazette*: 21 November 2002.

Contents

Notes

1 General

This is a reprint of the Medicines (Standing Order) Regulations 2002. The reprint incorporates all the amendments to the regulations as at 1 July 2013, as specified in the list of amendments at the end of these notes.

Relevant provisions of any amending enactments that contain transitional, savings, or application provisions that cannot be compiled in the reprint are also included, after the principal enactment, in chronological order. For more information, *see* http://www.pco.parliament.govt.nz/reprints/.

2 Status of reprints

Under section 16D of the Acts and Regulations Publication Act 1989, reprints are presumed to correctly state, as at the date of the reprint, the law enacted by the principal enactment and by the amendments to that enactment. This presumption applies even though editorial changes authorised by section 17C of the Acts and Regulations Publication Act 1989 have been made in the reprint.

This presumption may be rebutted by producing the official volumes of statutes or statutory regulations in which the principal enactment and its amendments are contained.

3 How reprints are prepared

A number of editorial conventions are followed in the preparation of reprints. For example, the enacting words are not included in Acts, and provisions that are repealed or revoked

are omitted. For a detailed list of the editorial conventions, *see* http://www.pco.parliament.govt.nz/editorial-conventions/ or Part 8 of the *Tables of New Zealand Acts and Ordinances and Statutory Regulations and Deemed Regulations in Force*.

4 Changes made under section 17C of the Acts and Regulations Publication Act 1989

Section 17C of the Acts and Regulations Publication Act 1989 authorises the making of editorial changes in a reprint as set out in sections 17D and 17E of that Act so that, to the extent permitted, the format and style of the reprinted enactment is consistent with current legislative drafting practice. Changes that would alter the effect of the legislation are not permitted.

A new format of legislation was introduced on 1 January 2000. Changes to legislative drafting style have also been made since 1997, and are ongoing. To the extent permitted by section 17C of the Acts and Regulations Publication Act 1989, all legislation reprinted after 1 January 2000 is in the new format for legislation and reflects current drafting practice at the time of the reprint.

In outline, the editorial changes made in reprints under the authority of section 17C of the Acts and Regulations Publication Act 1989 are set out below, and they have been applied, where relevant, in the preparation of this reprint:

- omission of unnecessary referential words (such as "of this section" and "of this Act")
- typeface and type size (Times Roman, generally in 11.5 point)
- layout of provisions, including:
  - indentation
  - position of section headings (eg, the number and heading now appear above the section)
- format of definitions (eg, the defined term now appears in bold type, without quotation marks)
- format of dates (eg, a date formerly expressed as "the 1st day of January 1999" is now expressed as "1 January 1999")

- position of the date of assent (it now appears on the front page of each Act)
- punctuation (eg, colons are not used after definitions)
- Parts numbered with roman numerals are replaced with arabic numerals, and all cross-references are changed accordingly
- case and appearance of letters and words, including:
  - format of headings (eg, headings where each word formerly appeared with an initial capital letter followed by small capital letters are amended so that the heading appears in bold, with only the first word (and any proper nouns) appearing with an initial capital letter)
  - small capital letters in section and subsection references are now capital letters
- schedules are renumbered (eg, Schedule 1 replaces First Schedule), and all cross-references are changed accordingly
- running heads (the information that appears at the top of each page)
- format of two-column schedules of consequential amendments, and schedules of repeals (eg, they are rearranged into alphabetical order, rather than chronological).

5 List of amendments incorporated in this reprint (most recent first)

Criminal Procedure Act 2011 (2011 No 81): section 413
Medicines (Standing Order) Amendment Regulations 2011 (SR 2011/246)

Wellington, New Zealand:
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