



**Framework for Registered Nurse Prescribing  
within the  
Hutt Valley District Health Board region**

**June 2019**

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## ACKNOWLEDGEMENTS

In the development of this framework, Hutt Valley District Health Board acknowledges the sharing of information from:

- Capital and Coast District Health Board, *Framework for Registered Nurse Prescribing in the Capital and Coast District Health Board / Upoko Ki te Uru Hauora Region*, March 2017.
- Northland District Health Boards Region, *Framework and Guidance Document on Registered Nurse Designated Prescribers*, September 2017.
- Hutt Valley DHB, *Nursing Strategy: Nursing at Its Best - Te panikiri pai o ngaa neehi 2018-2023*, May 2018.

## INTRODUCTION

The strategic direction of the Nursing Strategy for Hutt Valley District Health Board (HVDHB) is to develop and implement frameworks that support advanced nursing roles, to ensure mechanisms are available to support those in advanced nursing roles and to support advanced nursing practice - such as nurses with expanded scopes of practice, including designated prescribers - and to support innovation and changing models of care. The Hutt Valley DHB strategic priorities include to support living well; shift care closer to home; and deliver shorter, safer, smoother care; enabled through smart infrastructure, and adaptable workforce; and effective commissioning. The Hutt Valley DHB Registered Nurse Prescribing Framework fits within these priorities and aligns closely with the direction of the Clinical Services Plan. To achieve this will require a focus on:

- Working with services to scope and support opportunities for advanced nurse roles when reviewing models of care, that meet organisational and patient health needs
- Working with services to develop models of care that reflect population needs and integrate care
- Ensuring all staff progressing advanced nursing roles with Health Workforce NZ funding will be well supported within their area of work
- Ensuring all newly approved nurse prescribers and nurse practitioners will be employed and supported to work in their new scope of practice.

By supporting advanced nursing practice and innovation, access to care will be improved for patients, especially in mental health, aged care and for those with long term conditions which includes primary care. This will be reflected by the number of nurses completing the skills and knowledge required to be an advanced nurse practitioner, the number of advanced nurse practitioners employed within the Hutt Valley DHB area and by evaluating advanced nurse practitioner satisfaction and retention rates. This will contribute to achieving the Nursing Strategy priority of having the “Right skills, to provide the right care, in the right place, at the right time, and with the right numbers” and to build capacity and capability of the nursing workforce to meet the needs of our community.

Registered Nurse (RN) prescribers are designated prescribers who work in primary health and specialty teams and undertake further authorisation with the Nursing Council of New Zealand (NCNZ). These RNs, working in collaborative teams, have the capacity to contribute significantly to improving the health of their communities. Planned and supported utilisation of the full extent of RNs’ education and training in prescribing, aligns closely with actions in the New Zealand Health Strategy: Road Map of Action (*Ministry of Health, 2016 p.26*). Employer and clinical team support is essential to make RN prescribing work effectively.

The purpose of this framework and guidance material is to support nurses, their prescribing mentors/collaborative teams and employers to work within a safe prescribing framework to deliver better access and improve healthcare outcomes.

The table below outline the three nurse prescribing models. This focus of this framework and guidance is on **RN prescribing in primary health and specialty teams**.

**Table 1: Comparison of nurse prescribing models in New Zealand**

<b>Proposed Registered nurse prescribing in community health</b>	<b>Registered nurse prescribing in primary health and specialty teams</b>	<b>Nurse practitioner with Prescribing authority</b>
<u>Designated prescriber:</u> Able to prescribe from a limited schedule of Medicines.	<u>Designated prescriber:</u> Able to prescribe from a schedule of common Prescription medicines.	<u>Authorised prescriber:</u> Able to prescribe any Prescription medicine.
<b>Scope of practice</b> Must be credentialed on a recertification programme for registered nurse prescribing in community health. Uses clinical pathways/ guidelines to treat a small number of conditions for normally healthy people.	<b>Scope of Practice</b> Must work in a collaborative team with an authorised prescriber available for consultation. Able to diagnose and treat common conditions (e.g. asthma, diabetes, hypertension) within a collaborative team.	<b>Scope of Practice</b> Able to independently assess, diagnose and treat a range of conditions for a population group in an area of practice. May work autonomously or within a health care organisation. Consults with health professional colleagues.
<b>Additional Qualification</b> Recertification programme including education, supervision in practice and credentialing.	<b>Additional Qualification</b> Post graduate diploma in registered nurse prescribing for long term conditions and common conditions.	<b>Additional Qualification</b> Clinical Master’s degree in nursing.

## BACKGROUND

Over the past 15 years nurses have been increasingly administering medications under standing orders. In 2013 NCNZ consulted on two RN prescribing proposals. The NCNZ believes two models for RN prescribing will provide flexibility for different patient’s needs.

The first model **Primary Health & Specialty Teams**, “specialist nurse prescribing” led to a change to the Medicines (Designated Prescriber Registered Nurses) Regulations in September 2016. This change has enabled NCNZ to authorise RN’s, who have completed the required education, training and supervision relevant to the prescribing tier of Registered Nurse Designated prescriber in Primary Health and Specialty Teams.

The second model **Community Health** “community nurse prescribing” was strongly supported in 2013 although feedback at that time identified the list of medicines as too broad, preparation too short, with some submitters believing more clinical governance was required to support nurse prescribers in community settings. NCNZ worked with two partner organisations to modify the proposal in response to the feedback. A trial and evaluation was undertaken in 2017 to determine whether the patients’ conditions, medicines, clinical governance and nurse preparation are appropriate. ***Community nurse prescribing will be added to this document when introduced.***

The focus of this Hutt Valley DHB document is on the first model **Primary Health & Specialty Teams** – RN prescribing in primary health and specialty teams.

## **ROLE OF REGISTERED NURSE DESIGNATED PRESCRIBER**

RNs working in general practice and specialty health services (*who have completed the additional education and training required*) are able to apply to the NCNZ for authorisation to prescribe within a collaborative team (with an authorised prescriber available for consultation purposes). The regulations allow for authorised registered nurses to prescribe from the NCNZ list of medicines for a range of common and long-term conditions, e.g. minor infections, respiratory disease or cardiovascular health concerns, in outpatient or nurse-led clinics. The list of medicines is detailed on the Council website [www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz). Initially the RN Designated Prescriber selects medications from this list relevant to that RN's area of practice and competence. Subsequently, after discussion and agreement from the prescribing mentor the RN may add other medicines from the NCNZ list.

The potential for nurses, employers and providers is in modelling both the personal professional development needs and the organisational labour/workforce requirements to the needs of the population. In this way individual nurses wanting to maximise their potential support for patients, carers and their communities can add prescribing into their skillset. Likewise providers and organisations can identify gaps in service and appropriately support nurses to deliver care where it is needed most. Figure 2 illustrates the professional development pathway some nurses may aspire to and links prescribing in with a professional development and career pathway.

## **BENEFITS OF REGISTERED NURSE DESIGNATED PRESCRIBERS**

Registered Nurses with prescribing authority are increasingly common in overseas jurisdictions and nurse prescribing patterns are reported as similar to other prescribers. International and national research evidence supports the benefits and safety of nurse prescribing (*Coull, 2013*). The important benefits of nurse prescribing according to NCNZ (2016) are:

- Better patient access to health care and medicines
- Making it easier for patients to obtain the medicines they need
- Increasing patient choice in accessing medicines
- Making better use of the skills of health professionals
- Improving access for those groups who find it difficult to access services currently including those with lower socioeconomic resources, children, youth, Maori, Pacific peoples and those in remote and rural locations.

HVDHB will maintain an oversight of the activity and utilisation of the RN prescriber role to evaluate the local impact of this development and to support decisions for future progress and investment. This framework provides guidance for employers, health professionals and teams to support the effective achievement of the potential gains for our population.

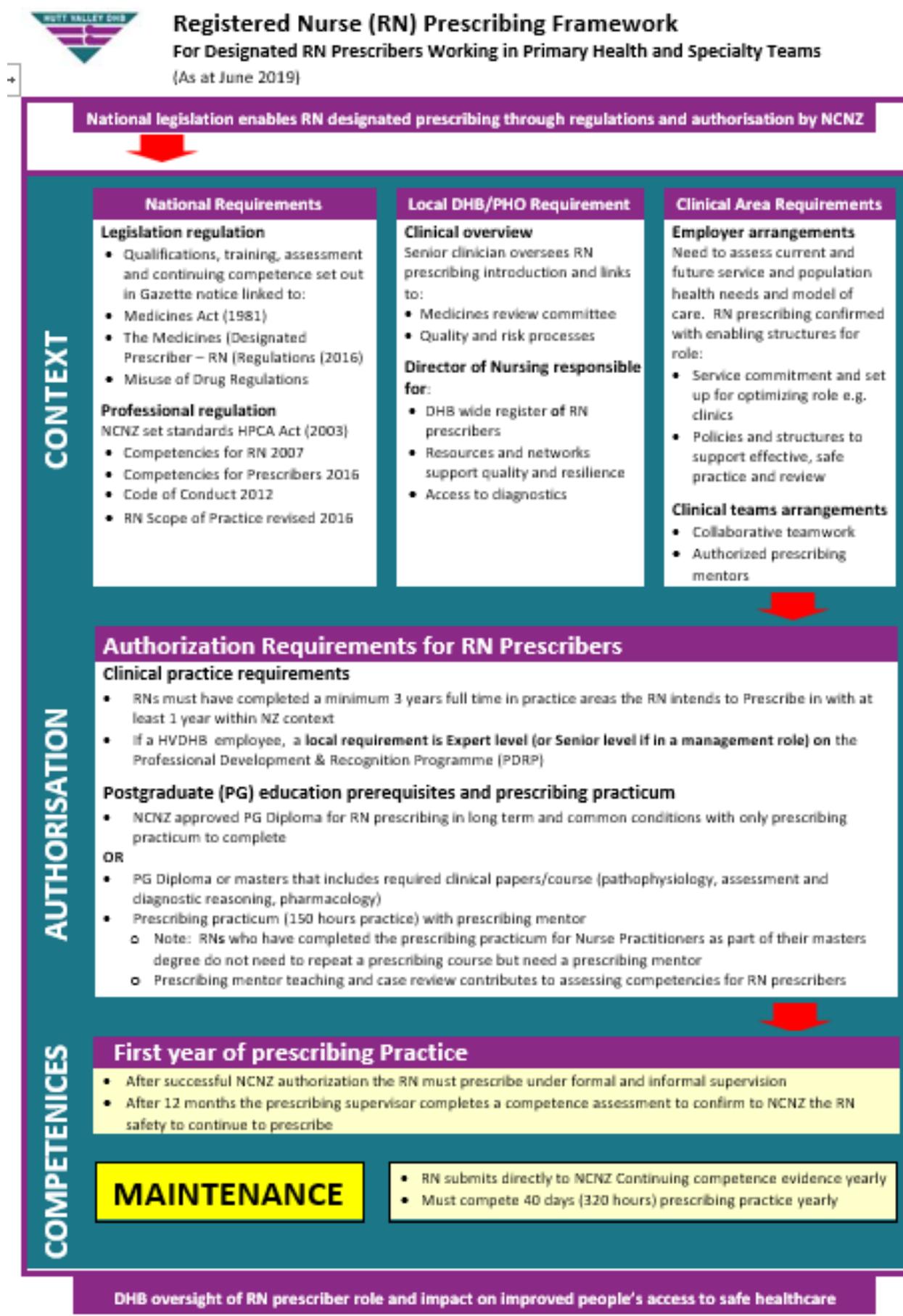
## THE REGISTERED NURSE PRESCRIBING FRAMEWORK

The overarching intent of the HVDHB RN Prescribing Framework is to support organisations, i.e. the District Health Board (DHB) and Primary Health Organisations (PHO) with clinical governance structures to support consistent development of RN prescribers. Organisations/services who are considering introducing a RN prescribing role into their setting will have completed an assessment of current and future service needs, population health/community health needs and evolving models of care (i.e. Health Care Home). This process will include assessment of the potential role an RN prescriber may play in addressing gaps and or weaknesses in the current model of care delivery and the area's capacity and readiness to support implementation of the role.

Organisations that are responsible for RN prescribers must provide support through nominating a senior clinician who co-ordinates the introduction of RN prescribing and provides links to committees that oversee quality, risk and medicines. This includes development of systems to support nurses and prescribing mentors for prescribing supervision, consultation and case review; supporting access to continuing professional development and, clinical audit; and providing opportunities for peer support, networking and collaboration for the nurses and prescribing mentors. Support must also be provided in situations where individual performance needs development or there are ineffective mentoring relationships.

**Note:** *The HVDHB RN Prescribing Framework acknowledges that the RN prescribing documents available from Nursing Council of New Zealand ([www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz)) are utilised throughout the text. However, direct references are not shown in the document.*

FIGURE 1 - Registered Nurse Prescribing Framework



## CONTEXT REQUIREMENTS

The context to the prescribing framework is the National, Organisational and Clinical requirements that enable appropriately prepared RNs to function effectively and safely as Designated Prescribers.

The prescribing framework, aimed to support and facilitate the initiation of RN prescribing at the DHB level, will be made available to the whole sector with appropriate associated resources. Tertiary Education Providers and pharmacists will be involved in the provision of support and development of networks.

### **1. NATIONAL REQUIREMENTS**

#### Legislation

The *Medicines Act, (1981)* allows regulations for designated prescribers. The *Medicines (Designated Prescriber-Registered Nurses) Regulations, (2016)* and the *Misuse of Drugs Regulations* allow suitably qualified registered nurses to prescribe specified prescription medicines and controlled drugs. The qualifications, training, assessment and continuing competence requirements for registered nurses seeking to be authorised by the New Zealand Nursing Council are set out in a Gazette notice made under these regulations. The prescription medicines have been specified by the Director General of Health in a Gazette notice and are included in the *Medicines list for registered nurse prescribing in primary health and specialty teams, (2016)* available on the Nursing Council of New Zealand's (NCNZ) website ([www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz)).

Designated prescriber definition: A person who can prescribe medicines within their scope of practice, for patients under their care, from the list of medicines specified in their designated prescriber regulations.

Designated prescribers are **not** permitted to:

- Prescribe prescription medicines that are not specified under regulations (*Medicines Act, 1981*)
- Issue standing orders (*Standing Orders Regulations, 2002*)
- Sign prescriptions for patients who are not under their care (*Regulation 39, Medicines Regulations 1984*)
- Prescribe unapproved medicines (*Section 25, Medicines Act, 1981*)
- Prescribe a controlled drug for a person you have reason to believe is dependent on controlled drugs or for treatment of dependency (*Section 24 (1A) Misuse of Drugs Act 1977*).

**NB: Differences from Authorised Prescribers** (this includes nurse practitioners, midwives, doctors, dentists, pharmacists and optometrists). An *authorised prescriber* is able to prescribe all medicines appropriate to their scope of practice and unlike an *RN designated prescriber*, is not limited to a list of medicines specified in regulation.

## **Professional Requirements and Regulations**

The role of the NCNZ is to protect the health and safety of the public by setting standards for nurses under the *Health Practitioners Competence Assurance Act (2003)*. Standards for registered nurse prescribing in primary health and specialty teams are set out in the following documents which can be found here [www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz)

- Competencies for registered nurses (*Nursing Council of New Zealand, 2007*)
- Competencies for nurse prescribers (*Nursing Council of New Zealand, 2016*)
- The code of conduct for nurses (*Nursing Council of New Zealand, 2012*).

**Registered Nurse Scope of Practice:** Registered nurses utilise nursing knowledge and complex nursing judgment to assess health needs and provide care, and to advise and support people to manage their health. They practise independently and in collaboration with other health professionals, perform general nursing functions, and delegate to and direct enrolled nurses, health care assistants and others. They provide comprehensive assessments to develop, implement, and evaluate an integrated plan of health care, and provide interventions that require substantial scientific and professional knowledge, skills and clinical decision making. This occurs in a range of settings in partnership with individuals, families, whānau and communities. Registered nurses may practise in a variety of clinical contexts depending on their educational preparation and practice experience. Registered nurses may also use this expertise to manage, teach, evaluate and research nursing practice. Registered nurses are accountable for ensuring all health services they provide are consistent with their education and assessed competence, meet legislative requirements and are supported by appropriate standards. There will be conditions placed in the scope of practice of some registered nurses according to their qualifications or experience limiting them to a specific area of practice.

Some nurses who have completed the required additional experience, education and training will be authorised by the Council to prescribe some medicines within their competence and area of practice. The Nursing Council Competencies for Registered Nurses describe the skills and activities of registered nurses. (*Nursing Council of New Zealand, 2007 – amended 2012*).

The RN Prescriber is responsible for understanding their professional accountabilities which are:

- Understanding their level of competence and accountability, and confining their prescribing to health conditions and medicines within their clinical knowledge for patients they know and who are under the care of the team they are working with.
- Only prescribing prescription medicines from the specified schedule relevant to their area of practice and competence.
- Using protocols and best-practice evidence to guide their prescribing decisions.
- Being familiar with the New Zealand Formulary which contains information to help safe prescribing.
- Maintaining their competence by keeping up to date with the medicines and management of the health conditions they prescribe for and by regularly using their prescribing skills.
- Completing annual continuing competence requirements.
- Documenting prescriptions according to legal requirements and quality standards.
- If the RN prescriber extends their prescribing activities or change practice context, they are responsible for ensuring they undertake appropriate training and supervision before prescribing.

## 2. LOCAL DHB/PHO REQUIREMENTS

Nurses and their prescribing mentors/collaborative teams will work within a prescribing framework linked to an organisation with clinical governance structures such as a district health board (DHB) or a primary health organisation (PHO). These organisations are responsible for providing support with the nomination of a senior clinician to co-ordinate the introduction of registered nurse prescribing and providing links to committees that oversee quality and risk, and medicines review. Organisations will link RN prescribers to their own or others' governance systems, such as the Medicines Committee, Clinical Council, PHO quality board.

The HVDHB Director of Nursing will maintain a DHB wide register of RN prescribers. Through the maintenance of such a register, governance arrangements, provision of support and development of networks to senior nursing and other nurse prescriber support can be established and maintained. The DHB will hold a collection of resources to support employers, clinical teams, mentors and RN prescribers (including sample clinical policies, position descriptions), and will facilitate arrangements for support for performance development needs or ineffective mentorship should such requirements occur.

Across sector peer support groups will be established with the aim for future self-maintenance by practising RN prescribers. DHB process may require extension contracts or policy to support RN prescriber access to required diagnostic services.

## 3. CLINICAL AREA REQUIREMENTS

The following elements are required by employers and clinical teams supporting RN prescribers.

### Employers

There must be:

- Service support for the role (*Refer Appendix 1 - Pathway for RN Prescriber and Managers*)
- A specified need for an RN nurse position that supports prescribing activity; for example, nurse-led clinics or extended consultation scheduling to allow the nurse time for patient assessment and prescribing activities (Note: position for RN prescriber must align with strategic direction of the service)
- Appropriate documentation and communication systems between the RN prescriber and other members of the health team involved in that patient's care
- RN prescriber access to health records
- Policy that supports RN prescriber access to laboratory diagnostic services, i.e. ability to order diagnostic tests, particularly blood tests
- Clinical governance, policies and procedures in place that support safe prescribing, including case review, audit, a system for reporting adverse events or incidents, and continuing professional development activities
- Sufficient time and resources allocated to allow effective assessment, diagnosis and consultation with patients to ensure safe and appropriate prescribing decisions.

## Clinical Teams

There must be:

- A collaborative team environment within a culture of trust and openness
- Authorised prescriber mentors (senior doctors or nurse practitioners) available for consultation and/or advice about prescribing decisions if the patient's presenting health concerns are more complex than the nurse can safely manage independently
- Identified prescribing mentor(s) committed to providing support and guidance for the registered nurse, including regular case review and for referral when a patient's health needs are beyond the nurse's level of expertise.

## AUTHORISATION REQUIREMENTS FOR REGISTERED NURSE PRESCRIBERS

The following section describes the educational and clinical requirements for a registered nurse to become authorised as a designated prescriber practising in primary care or specialty teams (*for further information see NCNZ documents in resource list*).

### **PREREQUISITES**

The Registered Nurse must have:

- Completed a minimum of three years' full-time equivalent practice in the area they intend to prescribe with at least one year of the total practice in New Zealand or a similar healthcare context
- Employer support to complete a prescribing practicum with a prescribing mentor (authorised prescriber - senior doctor or nurse practitioner)

**Note:** *Local requirements are that the Registered Nurse is at 'expert' (or 'senior' if in a management role) level on the Professional Development Recognition Programme (PDRP)*

- Completed a NZNC-approved postgraduate diploma for registered nurse prescribing in long-term and common conditions. One third of this programme should focus on the relevant area of practice and associated medicines

**Note:** *Nurses who have completed a postgraduate diploma or masters in nursing will need to ensure this study aligns with the course/paper content of the postgraduate diploma in registered nurse prescribing for long term and common conditions. The core papers must include advanced assessment and diagnostic reasoning; pathophysiology; pharmacology and a prescribing practicum. A prescribing practicum can be completed in addition to a completed qualification if all other requirements have been met.*

- A satisfactory assessment of the competencies for nurse prescribers completed by a prescribing mentor (authorised prescriber - senior doctor or nurse practitioner).

The 120 credit diploma takes the equivalent of one year of full-time study. Many nurses will complete the diploma on a part-time basis while working in clinical practice or may have already completed the requisite papers.

## **THE PRESCRIBING PRACTICUM**

The final paper of the diploma is a prescribing praxis including a practicum. The prescribing practicum is a minimum of **150 hours** of clinical practice, under the supervision of a prescribing mentor (senior doctor or nurse practitioner). The placement will be in a clinical practice setting relevant to the area of practice the nurse will prescribe in. It will include opportunities to develop diagnostic skills, patient consultation and assessment skills, clinical decision-making and monitoring skills.

Before enrolling in the praxis paper, the registered nurse must have a collaborative working relationship with a multidisciplinary team; have the support of their service and a prescribing mentor. The prescribing mentor will help the nurse to acquire knowledge and practical skills, particularly clinical assessment skills relevant to their proposed role as a prescriber, and needs to assess the nurse's competence to practice associated with prescribing.

The nurse must also have support to complete the practicum in an organisation that supports nurse prescribing as reflected in its clinical governance framework.

## **PRESCRIBING MENTOR RESPONSIBILITIES**

The prescribing mentor is responsible for educating and assessing the nurse completing the prescribing practicum. Consideration of the time commitment that needs to be allocated for clinical supervision and case review with the nurse is important.

The nurse and their prescribing mentor will be supported by the postgraduate diploma academic mentor during the prescribing practicum. The academic mentor will provide the nurse and prescribing mentor with practical guidance on completion of the prescribing practicum, and the prescribing mentor's role in the assessment of the nurse against the competencies for nurse prescribing.

## **COMPETENCE REQUIREMENTS**

### **COMPETENCIES FOR RN PRESCRIBERS**

A full description of the competencies for RN prescribers can be found at the following link:

<http://www.nursingcouncil.org.nz/Nurses/Nurse-Prescribing>

### **FIRST YEAR OF PRESCRIBING PRACTICE**

RN prescribers in primary health and specialty teams must be supervised for the first 12 months of prescribing practice. At the end of the 12 months, their prescribing supervisor submits a competence assessment against competencies for RN prescribers to the Nursing Council to confirm their safety to practise. Although supervision requirements cease after one year, an on-going mentorship relationship with an authorised prescriber is necessary and will be required for competence assessments on an annual basis.

Supervision can be both formal and informal:

- Formal supervision is regular protected time, specifically scheduled and kept free from interruptions, to enable facilitated in-depth reflection on clinical practice. Case review is a suggested mechanism for formal supervision to occur.
- Informal supervision is the day-to-day communication and conversation providing advice, guidance or support as and when necessary.

Supervision is time limited and is flexible depending on the nurse's requirements. Closer supervision is usually required in the beginning and decreases over time once the nurse and the supervisor become confident with clinical reasoning and prescribing decisions.

## **MAINTENANCE - Continuing Competence Requirements**

Registered nurses with prescribing authority are required to complete a minimum of 20 prescribing-related hours of professional development out of the 60 required hours of professional development every three years; and complete 40 days (320 hours) of prescribing practice every year.

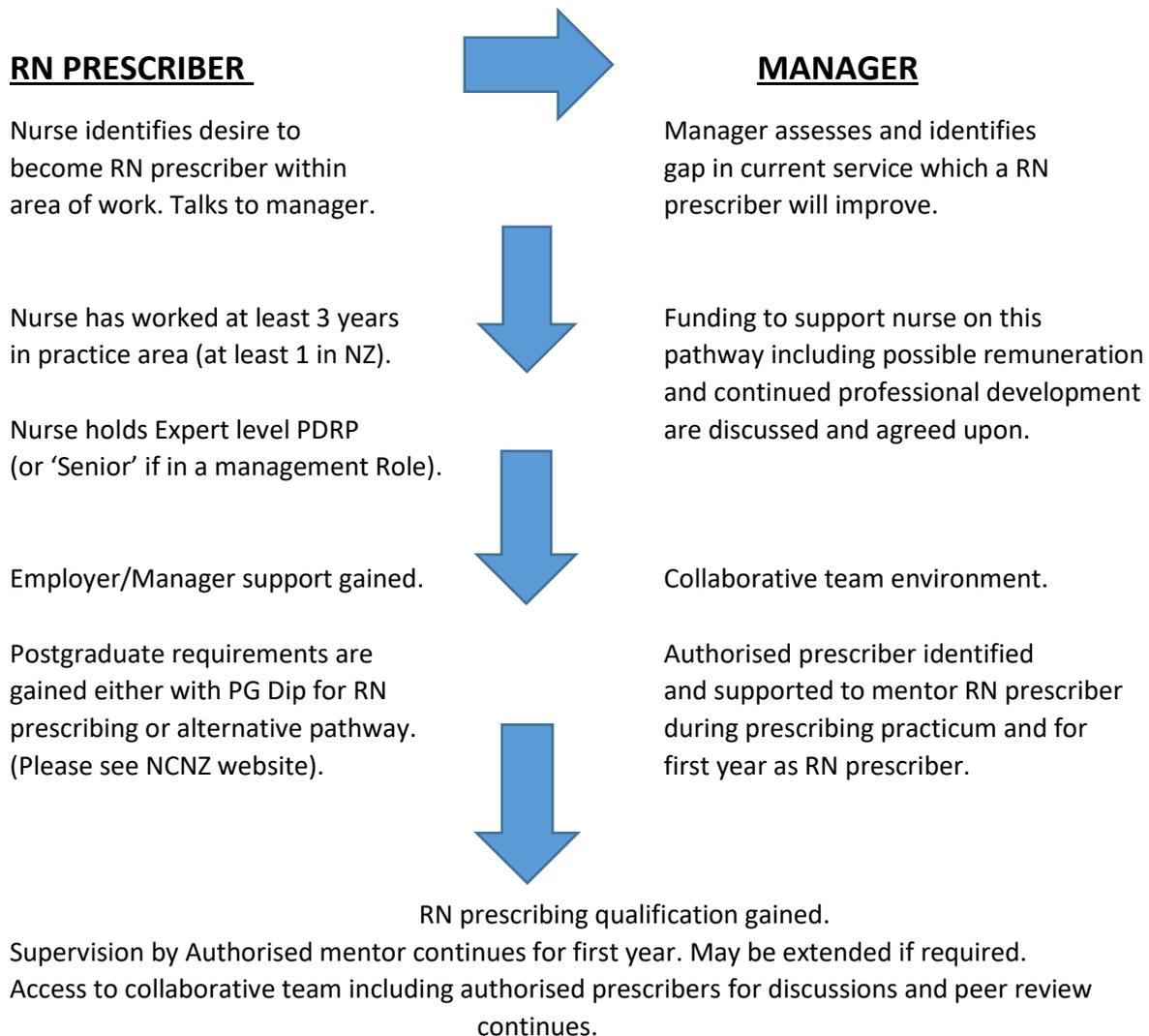
Prescribing practice is defined as participation in patient consultations that includes a comprehensive medicines assessment and consideration of the patient's treatment plan including prescribed medicines. It will include the assessment, clinical decision-making and monitoring skills outlined in the Competencies for nurse prescribers (*Nursing Council of New Zealand, 2016*).

Registered nurses with prescribing authority will be required to supply evidence annually that they have maintained their competence to prescribe at the time of renewal of their practising certificate. The evidence must include a competence assessment or letter of support from the prescribing mentor/supervisor.

## **CONCLUSION**

This framework document, along with the guidance resources, is provided as a guide and support for HVDHB's current and future RN prescribers, employers, clinical teams and RN prescriber mentors. More detailed information can be obtained by following the links within the document's reference list or via the DHB RN prescriber section of HVDHB's Nursing intranet page: <http://www.huttvalleydhb.org.nz/health-professionals/nursing/>.

## APPENDIX ONE - Pathway for RN Prescriber and Managers



### **RESPONSIBILITIES**

Prescribe only gazetted medicines within clinical knowledge and ability.

If wanting to broaden medication list within gazetted list nurse take appropriate training and supervision.

Follow protocols and Best Practice Guidelines.

Meet annual competency requirements including 40 days prescribing per year and 20 hours professional development every 3 years.

RN prescribing position aligns with strategic direction of service.

Allow appropriate consultation time for safe prescribing.

Allow access to appropriate documentation resources and systems for safe practice such as health records, labs and case reviews.

Allow continued access and time with collaborative team and mentor.

## APPENDIX TWO - Resources

**RN prescribing documents available from Nursing Council of New Zealand website**

<http://www.nursingcouncil.org.nz/Nurses/Registered-Nurse-Prescribing> include:

- *Competencies for nurse prescribers*
- *Medicines for registered nurse prescribing in primary health and specialty teams*
- *Preparing to prescribe in primary health and specialty teams Guidance for RNs and employers*
- *Guidelines for registered nurse prescribing in primary health and specialty teams*
- *Guidelines Prescribing practicum for registered nurses preparing to prescribe in primary health and specialty teams September 2016*
- *Application for registered nurse prescribing in primary health and specialty teams, via alternative pathways, (2016).*

## APPENDIX THREE - References

Canadian Nurse Practitioner Initiative, (2006). Canadian Nurse Practitioner Initiative – Implementation and Evaluation Toolkit for Nurse Practitioners in Canada. Canadian Nurses Association, Ottawa, 2006.

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Misuse of Drugs Act 1977

<http://www.legislation.govt.nz/act/public/1975/0116/latest/DLM436101.html>

Medicines (Standing Order) Regulations 2002

<http://www.legislation.govt.nz/regulation/public/2002/0373/10.0/DLM170107.html>

## **APPENDIX FOUR - Frequently Asked Questions (FAQs)**

### ***What does a Registered Nurse Prescriber do?***

A Registered Nurse Prescriber will work with other healthcare professionals in a collaborative team environment to optimise medicines-related health outcomes for individuals and populations. Their work includes using their unique knowledge, understanding and skills to provide individualised medicines management services, including prescribing medicines, to patients across a range of healthcare settings.

There are two types of prescribing – authorised and designated.

- 1. Authorised prescribers** are medical practitioners, dentists, nurse practitioners and midwives who have full prescribing rights and access to medicines in the Medicines Regulations based on their scope of practice.
- 2. Designated prescribers** do not have full prescribing rights and may prescribe from a list of approved prescription medicines following meeting specific criteria and endorsement from their professional body (i.e. pharmacists, dieticians and nurses).

### ***How does a nurse gain prescribing rights?***

The first step one needs to undertake is to talk with your nurse leader, manager and service to determine support (clinical, academic, and funding) for you to undertake the prescribing journey. In order to prescribe medicines under the Medicines (Designated Prescriber-Registered Nurses) Regulation 2016 Act, a nurse must meet criteria determined by the Nursing Council of New Zealand. The nurse must complete clinical (at least 3 years in area of practice) and educational requirements (post-grad diploma) and complete a prescribing practicum with an identified prescribing mentor.

It is important that the nurse works in a collaborative health team environment, will submit the required documents to the Nursing Council of New Zealand, and be credentialed by the employing organisation.

### ***What does the Nurse Prescribing postgraduate course involve?***

The postgraduate diploma for registered nurse prescribing will include long-term and common conditions. The postgraduate diploma prepares registered nurses with advanced knowledge of: pathophysiology, pharmacology, assessment and diagnostic reasoning in relation to the clinical management of, and prescribing for, patients with long-term and common conditions in New Zealand. The 120 credit diploma is the equivalent of one year full-time study. Many nurses will complete the diploma on a part-time basis while working in clinical practice.

### ***How wide a range of medicines will nurses be able to prescribe?***

Medications that RNs will be able to prescribe that are approved by the Nursing Council of New Zealand include prescription, restricted (pharmacist only), pharmacy only and general sales medicines, and controlled drugs.

A medicines list has been developed from the New Zealand Formulary and the Community Pharmaceutical Schedule. The list contains commonly used medicines for common conditions.

***What are some example areas of prescribing practice?***

Inpatient, outpatient and community settings where nurse led clinics are run in the specialty areas of respiratory, cardiology, diabetes, general practice.

***What is a designated prescriber under the Medicines Act 2016?***

A designated prescriber may only prescribe a prescription medicine if:

- (a) the prescription medicine is of a class or description that the designated prescriber is authorised to prescribe by regulations made under the Act; and
- (b) the requirements specified in or imposed under those regulations are satisfied.

***Where do I find the information about Registered Nurse Prescribing?***

More information about designated registered nurse prescribing can be found on the Nursing Council of New Zealand website <http://www.nursingcouncil.org.nz/Nurses/Nurse-Prescribing> on the HVDHB Nursing intranet site, or from your Nurse Leaders.

***What is the expectation of the prescribing mentor?***

Identifying a prescribing mentor early in the registered nurse prescriber development is crucial support for the nurse. Section three of the NZNC document “Prescribing practicum for registered nurses preparing to prescribe in primary health and specialty teams: A resource for registered nurses, prescribing mentors and educators” outlines the expectations of the prescribing mentor.

***Does my job title change?***

No. This is an endorsement on your APC, and not a job title change.

***Will I get paid more?***

Completing a PG Diploma and NCNZ endorsement as a RN Prescriber does not necessarily mean you will be paid more. RN prescribing is one strategy to support nurses working to their best abilities and training, and any salary considerations would be in line with MECA considerations and the usual discussions with managers.

***What is the time frame for meeting the requirements to become an RN prescriber?***

The time frame to become a designated nurse prescriber varies from individual depending on your clinical experience, academic development and other criteria. See notes above regarding clinical and academic requirements.