



Capital & Coast
District Health Board
ŪPOKO KI TE URU HAUORA

**Framework for Registered Nurse Prescribing in the
Capital and Coast District Health Board | Upoko Ki te Uru
Hauora Region**

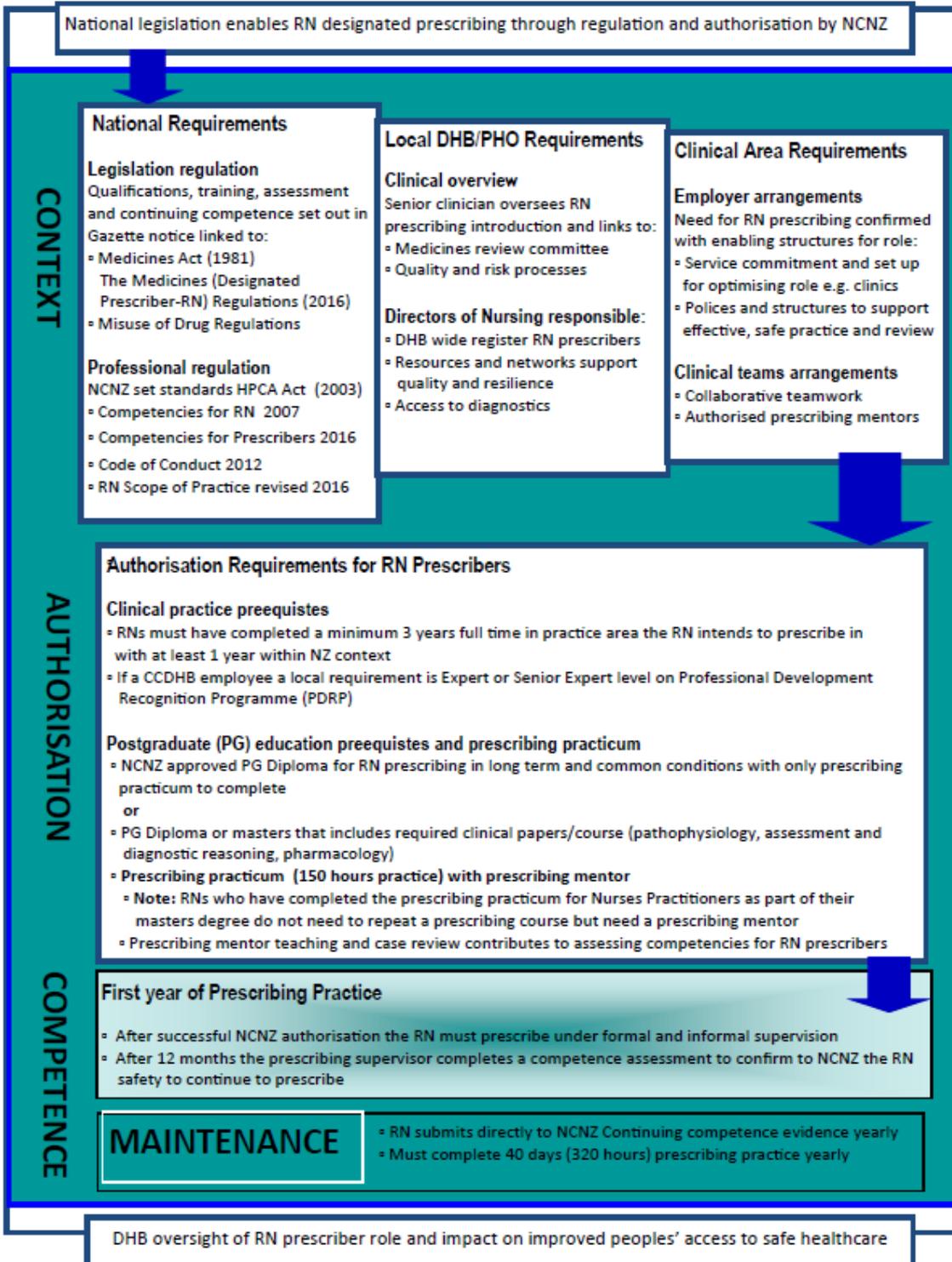
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Registered Nurse (RN) Prescribing Framework

For Designated RN Prescribers Working in Primary Health and Specialty Teams as at January 2017



Introduction

At CCDHB, our purpose is to support optimal access to high quality healthcare to achieve better health outcomes for the population of our region. Registered nurses (RN) who work in primary health and specialty teams and undertake further authorisation with the Nursing Council of New Zealand (NCNZ) are able to become designated prescribers. 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 aim of this document 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.

Background

A change in the law, the Medicines (Designated Prescriber Registered Nurses) Regulations, means that from September 2016, RNs working in general practice and specialty health services (*who have completed required additional education and training*) are able to apply to the NCNZ for authorisation to prescribe within a collaborative team (with an available authorised prescriber for consultation purposes). The regulations allow for authorised registered nurses to prescribe from a specified list 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. Prescriptions are restricted to a small number of medicines from this list relevant to the RN's area of practice and competence.

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.

CCDHB 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. An enabling framework that provides guidance for employers, health professionals and teams is required to support the effective achievement of the potential gains for our population.

The Registered Nurse Prescribing Framework

The overarching intent of the CCDHB 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. The DHB and PHOs are organisations that are responsible for providing support through nominating a senior clinician who co-ordinates the introduction of registered nurse prescribing and provides links to committees that oversee quality, risk and medicines review.

Through the guidance of this framework, organisations will develop systems to support nurses and prescribing mentors for prescribing supervision, consultation and case review. The organisations will support access to continuing professional development, clinical audit and provide opportunities for peer support, networking and collaboration for the nurses and prescribing mentors. The organisations will also provide support in situations where individual performance needs development or there are ineffective mentoring relationships.

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

Context requirements

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

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 NZ 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.

Designated prescriber: 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 believed to be dependent on controlled drugs or for treatment of dependency (Section 24 (1A) Misuse of Drugs Act 1977),
- Dispense prescription medicines (Section 42, Medicines Regulations, 1984).

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 regulation

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

- 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. (September 2016)

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 or a primary health organisation (PHO). These organisations are responsible for providing support through nominating a senior clinician who co-ordinates the introduction of registered nurse prescribing and provides 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 Hospital Health Service Medicines Review Committee, Primary Secondary Clinical Governance Committee, or PHO quality board.

DHB Directors of Nursing will maintain a DHB register of RN prescribers. By maintaining 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. A central DHB collection of information of local resources for RN prescribers will facilitate arrangements for support for performance development needs or ineffective mentorship should such requirements occur. In addition, sample clinical policies, position description and other resources and information will be held to enable easy access and support to employers, clinical teams, mentors and RN prescribers.

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.

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.

3. Clinical area requirements

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

Employers

- Service support for the role (clinical need and service commitment)
- Registered 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;
- Appropriate documentation and communication systems between the RN prescriber and other members of the health team involved in that patient's care;
- Registered nurse prescriber access to health records and ability to order diagnostic tests, particularly blood tests;
- Policy that supports RN prescriber access to laboratory diagnostic services;

- Clinical governance, policies and procedures 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

- 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 RN 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

- 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 (expert pathway) level on the Professional Development Recognition Programme (PDRP)
- Completion of 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's 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 already.

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

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

<http://www.nursingcouncil.org.nz/Nurses/Registered-Nurse-Prescribing/Preparing-to-prescribe-information-for-nurses-prescribing-mentors-and-educators>

First year of prescribing practice

Registered nurse 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 nurse prescribers to

the 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 identified resources is provided as a guide and support for CCDHB'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 CCDHB's Nursing and Midwifery internet page: <https://www.ccdhb.org.nz/working-with-us/nursing-and-midwifery-workforce-development/>. Contact details of the DHB lead clinician for RN prescribing are also available in the prescriber section for any additional enquiries.

References

The Medicines Act (1981)

<http://www.legislation.govt.nz/act/public/1981/0118/latest/DLM53790.html>

Medicines Regulations, (1984)

<http://www.legislation.govt.nz/regulation/public/1984/0143/latest/DLM95668.html>

Minister of Health (2016). *New Zealand Health Strategy: Roadmap of actions 2016*. Wellington: Ministry of Health

<http://www.health.govt.nz/system/files/documents/publications/new-zealand-health-strategy-roadmapofactions-2016-apr16.pdf>

Misuse of Drugs Act (1977)

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

The Medicines (Designated Prescriber-Registered Nurses) Regulations 2016 and the Misuse of Drugs Regulations

<http://www.legislation.govt.nz/regulation/public/2016/0140/11.0/DLM6870521.html>

Standing Orders Regulations, (2002)

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

Health Practitioners Competence Assurance Act (2003)

<http://www.legislation.govt.nz/act/public/2003/0048/latest/DLM203312.html>

Competencies for registered nurses (Nursing Council of New Zealand, 2007).

<http://www.nursingcouncil.org.nz/Publications/Standards-and-guidelines-for-nurses>

Coull, A, Murray, I, Turner-Halliday, F, & Watterson, A. (2013). The expansion of nurse prescribing in Scotland: an evaluation. *British Journal of Community Nursing* 18(5): 234-242.

The Code of Conduct for nurses (Nursing Council of New Zealand, 2012).

<http://www.nursingcouncil.org.nz/News/A-new-Code-of-Conduct-for-nurses>

Resources

RN prescribing documents available from Nursing Council of New Zealand website

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

- 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
- Application for registered nurse prescribing in primary health and specialty teams, via alternative pathways, (2016).

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