Consultation: Two proposals for registered nurse prescribing

Submission Form

Please read and refer to the consultation document Two proposals for registered nurse prescribing available on the Nursing Council of New Zealand website www.nursingcouncil.org.nz before completing this form. The questions in this form are designed to help you to focus your response and make it easier for us to analyse submissions. However, you don’t have to answer every question and may add additional comments.

This submission was completed by:

Name:
Address:
Email:

Organisation: Waitemata District Health Board ……………………………………………………………………………………………………………………………………………

Position:

If an email address is supplied, we will notify you of when the report of the summary of submissions is published on-line.

You are making this submission:

☐ as an individual

X ☐ on behalf of a group or organisation

Please indicate which part of the sector your submission represents:

☐ Individual nurse
☐ Individual doctor

☐ Individual other
X ☐ District Health Board

☐ Consumer group
☐ Registration authority

☐ Primary health organisation
☐ Maori health provider

☐ Pacific health provider
☐ Government agency

☐ Education provider
☐ Professional organisation

☐ Private Hospital Provider
☐ Aged care provider

☐ Non-government organisation

☐ Other (please specify) Includes comments from a community nursing collaborative for Waitemata DHB and Auckland DHB - supported by Jean McQueen

…………………………………………………………………………………………………………………………………………………………
In the interests of a full and transparent consultation process, the Nursing Council intends to publish a report which may contain quotes from the submissions received. The Council may also publish the submissions received on this consultation document on its website. However, if you object to this publication or to the publication of your name (Please note that the names of individual submitters will not be published) tick one or both of the following boxes:

☐ I do not give permission for my submission to be published on-line.

☐ I do not give permission for my organisation’s name to be listed in the published summary of submissions.

**The deadline for feedback is Friday 19 April 2013.** Submissions are accepted in written and email form. Please save and send your submission to:

EmmaG@nursingcouncil.org.nz

Or post to:

Emma Gennard
Nursing Council of New Zealand
PO Box 9644, Wellington 6141
Consultation questions

The consultation questions are split into two parts specific to the two proposals. Respondents are asked to reply to questions about both proposals. There is an opportunity at the end of the questions to give general views on the consultation paper and models of nurse prescribing.

Proposal One: Community nurse prescribing

Proposal for community nurse prescribing

The Council believes that registered nurses working in schools, general practice, public health, Maori and Pacific Health providers, services for youth, family planning and other ambulatory services already have a significant role in health promotion, disease prevention and in the assessment and treatment of minor ailments and illnesses. The ability to prescribe a limited number of medicines would enhance the health services registered nurses are able to deliver to some patients in community and outpatient settings.

1.1 Do you agree with the proposal that suitably qualified and experienced registered nurses be able to prescribe a limited list of medicines to treat minor ailments and infections, and to promote health?

Yes X No

Would like the education and qualifications reassessed. Would like this qualification to sit at a post graduate certificate level

The rationale for extending nurse prescribing is to improve patient care without compromising patient safety; make it easier for patients to obtain the medicines they need; increase patient choice in accessing medicines; and make better use of the skills of health professionals.

1.2 Do you agree that community nurse prescribing will enable patients to receive more accessible, timely and convenient care?

Yes X No

Will improve all aspects of timeliness and continuity of care for patients

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1 Health services provided on an outpatient basis to those who visit a hospital or another health care facility and depart after treatment on the same day.
Title for community nurse prescribing

The Council has used the title “community nurse prescribing” for this proposal but is aware that it may not best describe the nurses who may undertake this type of prescribing or the breadth of the prescribing authority.

1.3 Do you consider the title “community nurse prescribing” adequately describes and informs the public and other health professionals of the breadth of this prescribing authority?

   Yes  [ ]  No  [X]

Community and specialist titles – wrong.

- Community doesn’t describe well, and should focus on the class of prescribing. For example, RN prescribing for common ailments and with the purpose to prescribe a higher level than over the counter medicines.
- Patients and the public may not understand this

The title requires clear definition to define clearly what each level of prescribing means. ‘Community nurses’ raises more questions and is confusing. Suggest the title is changed on the basis that not all nurses who have this prescribing authority will be working in what is generally considered the community i.e. outside the walls of the hospital. Use of community in the title suggest this prescribing will only occur outside a hospital or health practice. it may be easier for other health professionals and the public if a term such as Level1 or Level 2 delegated nurse prescriber was used. Another suggestion was Primary Health Care Nurse prescribing.

Scope of practice and authorisation for community nurse prescribing

The Council is proposing to add the following sentence to the scope of practice for registered nurses to allow some registered nurses to be authorised for community nurse prescribing:

“Some nurses with additional experience education and training may be authorised by the Council to prescribe some medicines within their competence and area of practice.”

1.4 Do you agree with the suggested wording changes to the registered nurse scope of practice and with a prescribing authorisation being included in the scope of practice of registered nurses with community nursing prescribing authority?

   Yes  [X]  No  [ ]

Agree in principle but would need the title clarified.

A prescribing authorisation is the most straightforward way for this level of prescribing to incorporate this added authority. Future proofing for subsequent inclusion of new graduate nurses when they qualify with authority to prescribe OTC medicines.

The employer should include prescribing in the job description – which would avoid the claim for further remuneration. (Incidentally, this didn’t stop the claims in the UK, but they were not successful!)

Some comment that does not support another scope.
Qualification and training for community nurse prescribing

It is proposed that community nurse prescribing courses should include up to 6 days of theory (online and workshop) and 3 days of prescribing practice with a doctor or nurse prescriber (authorised prescriber). A competence assessment with a doctor or nurse practitioner would be one of the course assessments that must be successfully completed before the nurse would be authorised by the Council to prescribe. The standards for community nurse prescriber courses are outlined on page 50 of the consultation document. The competencies that the registered nurse will be assessed against are on page 53.

- Duration and academic level is not described
- No, there should be more practice based focus on mentorship and supervision of prescribing by a prescriber
- Influences on prescribing and prescribing psychology
- Audit of prescribing practice
- Team context and communication – says “may include MDT input”

1.5 Do you agree that the proposed education and training for community nurse prescribing is consistent with their scope of practice and their prescribing authority and will enable them to demonstrate competent and safe prescribing practice?

Yes ☐ No ☒

1.6 Do you agree with the course standards for community nurse prescribers?

Yes ☐ No ☒

1.7 Do you agree with the competencies for community nurse prescribers?

Yes ☐ No ☒

- Entry criteria should be consistent with the UK – 3 years, with most recent in field of practice where will be prescribing
- We would like the qualification for a community nurse level of prescribing to site in the post graduate pathway at a PG Certificate level. It would be a prescribing targeted PG Certificate. Would like assessment and diagnostic skills as a prerequisite to the prescribing practicum.

Entry criteria for courses leading to community nurse prescribing

The Council is proposing the following criteria to gain entry to a community nurse prescribing programme:

- The registered nurse must hold a current annual practising certificate and must have completed three years equivalent full time practice. At least one year must be in the area of practice she/he will be prescribing.
• The nurse must have support from his/her employer to undertake the prescribing course and must confirm that they will be able to prescribe in their work role at the completion of the course.

• The nurse must have the support of an identified authorised prescriber mentor who will support her/him to prescribe.

• The nurse must be employed by an organisation that supports nurse prescribing through policy, audit, peer review and accessibility of continuing education.

1.8 Do you agree with the entry criteria for community nurse prescribing courses?

Yes [X] No [ ]

- The criteria have been well constructed to ensure individual, employer and training aspects are drawn together and that appropriate systems and process are in place that support this level of prescribing. Having to show you have support from your employer and have an authorised prescriber mentor who will ensure this training is restricted to nurses who will upon successful completion add this to their practice.

- We would like a bullet point 4 to be clarified as the standards of policy, audit and peer review are variable between employment settings.

- We have concerns re: availability of adequate funding to meet the level of mentorship required.

- Entry criteria should be consistent with the UK – 3 years, with most recent in field of practice where will be prescribing

**Post registration requirements**

- PGDip
- They actually have the required level of post grad education for their role e.g.: CNS required to have a masters
- Prescribing practicum

**Continuing competence and monitoring for community nurse prescribing**

It is proposed that nurses who have community nurse prescribing rights be required to participate in peer review of their prescribing practice and complete professional development on prescribing each year (e.g. a community nurse prescriber’s update). Community nurse prescribers must also be able to demonstrate that they have completed 60 days of prescribing practice within the past three years. The Council is proposing that it monitors that these requirements are met every 3 years at practising certificate renewal.

1.9 Do you agree with the ongoing continuing competence requirements for community nurse prescribers?

Yes [X] No [ ]
We feel there is a variable interpretation of peer review. Would like a definition of peer review included. Would like standardisation of update courses. Should it be number of scripts generated rather than number of days of prescribing practice? a day can include a differing amount of prescribing practice. Suggestion as an option a prescribing audit every 3 years.

Alignment with other prescribers ongoing competence e.g. pharmacist propose an audit, peer review and a learning portfolio.

Indicative list of medicines for community nurse prescribing

The medicines lists for community nurses were developed from the New Zealand Formulary and Pharmaceutical Schedule for medicines to treat identified therapeutic areas. The lists contain commonly used medicines for minor ailments, prevention of disease, common skin conditions and infections and contraceptives. Please refer to the lists on page 21 of the consultation document.

1.10 Do you agree with the proposed list of prescription medicines that nurses with community prescribing rights will be able to prescribe as designated prescribers?

Yes [ ] No [ ]

Would like to see childhood vaccines from the immunisation schedule and salbutamol included in the community nurse list.

Suggest review of medicines list by groups of experienced nurses e.g. school nurses, public health nurses.

Non prescription medicines will not be included in the regulation but patients may be able to access a subsidy if the item is “prescribed” by a nurse with community nurse prescribing authority.

1.11 Do you agree that community nurse prescribers should be able to access this list of non prescription medicines?

Yes [ ] No [ ]

Being able to prescribe medicines on the non-prescription list and for this group of nurse prescribers to have prescriptions covered by the Pharmac subsidy is highly desirable, little is gained in terms of patient accessibility to medicines if they then have to pay the full price particularly as many patients may not be able to afford the cost.
Proposal Two: Specialist nurse prescribing

Proposal for specialist nurse prescribing

The Council is proposing that registered nurses with advanced skills and knowledge who work in specialty services (e.g. diabetes services) or expert nurses working in general practice teams in the community be authorised to prescribe medicines for patients who have common conditions e.g. asthma, diabetes, hypertension. They would work as part of a collaborative multidisciplinary team and manage and monitoring patients with these conditions in clinics or by providing home based care. They will seek assistance from a doctor within the team when making difficult or complex clinical decisions.

2.1 Do you agree with the proposal that suitably qualified and experienced registered nurses be able to prescribe from the specialist and community nurse prescribing lists of medicines?

Yes ☑ No

The ability of specialist nurses to prescribe will mean that they can make a greater contribution to patient care particularly in chronic or long term condition management. Prescribing authority will ensure competence and accountability for the medication decisions specialist nurses make and be convenient for patients who will no longer have to see a doctor for routine monitoring and prescriptions.

2.2 Do you agree that specialist nurse prescribing will enable patients to receive more accessible, timely and convenient care?

Yes ☑ No

“I believe it would be a positive step for suitably qualified experienced nurses to prescribe within a specified context. I agree that nurses have a significant opportunity to enhance the patient experience by providing safe timely care, including prescribing.”

The employer should include prescribing in the job description – which would avoid the claim for further remuneration. (Incidentally, this didn’t stop the claims in the UK, but they were not successful!)

Title for specialist nurse prescribing

The Council has used the title “specialist nurse prescribing” for this proposal but is aware that it may not best describe the nurses who may undertake this type of prescribing (some of whom may be generalist practice or rural nurses) and could be confused with nurses who do not prescribe or have different roles eg clinical nurse specialists.

2.3 Do you consider the title “specialist nurse prescribing” adequately describes and informs the public and other health professionals of the breadth of this prescribing authority?

Yes ☑ No
“Specialist nurse prescriber” may be clearer to inform the public and other health professionals? This links in with my belief that council should have a specified scope of practice for this role.

Suggest review of title. Using the term specialist may be confusing as there are some medicines that only an authorised medical specialist can prescribe. Like with the previous title it may be clearer if title is level of prescribing as RN Level 2 Delegated Prescriber. The term specialist does not infer population based care – very specific.

The Council is proposing that nurses with specialist nurse prescribing authority work in a collaborative relationship within a multidisciplinary team. Specialist nurse prescribers will refer a patient who has a health concern or complexity which is beyond their level of competence to a doctor. The Council believes that ongoing supervision by a medical mentor is unnecessary as specialist nurses must work within a team and within their level of competence.

We believe that practice should be in collaboration
- Should seek help from another prescriber – not necessarily only a doctor
- Supervisory arrangement is important
- Not on every decision – regular discussions vs. more complex

2.4 Do you agree that nurses with specialist nurse prescribing authority should be required to work in a collaborative multidisciplinary team?

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Essential the nurse works in a collaborative team or has access to a multidisciplinary team e.g. school nurse attached to a GP practice team.

2.5 Do you think that nurses with specialist nurse prescribing authority should also be required to practice under supervision for six months when they begin to prescribe?

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May not be possible in some areas

“A phased approach to this as confidence and competence increases”

The nurse has completed a supervised practicum. The nurse will need access to someone for review of ongoing professional practice but not supervision. Guided by scope of practice.

Challenges
- Providing quality supervision and peer competency review
- HWNZ funding
- Competency evidence – 60 hours (usual) plus 60 hours prescribing

Governance
- not discussed, but we consider there is a need to be clear about the employers responsibility in relation to holding a list of non medical prescribers and ensuring there is a professional focus, with ongoing audit of practice. Probably should report into the
Scope of practice for specialist nurse prescribing

The Council is consulting on two options for specialist nurse prescribing. The first is to introduce a new scope of practice – specialist nurse prescriber. The second option is for specialist nurse prescribing to be included as an authorisation in a registered nurse’s scope of practice. The first option would more clearly inform the public and other health professionals of the qualification and skills of a nurse with this prescribing authority. The second option may reduce expectations of increased remuneration and would be more acceptable to nursing organisations.

2.6 Do you agree that nurses who apply for specialist nurse prescribing authority should be:

X ☐ a) registered in a new scope of practice; or All the CNS’s wanted a new scope.

X ☐ b) have a condition/authorisation included in the registered nurse scope of practice

Is a vexed question in part because prescribing is an activity gradually opened up to more nurses who meet the criteria. At the onset it may seem an elegant solution to have a separate scope of practice and other professions may consider a separate scope as a key means through which the number of nurses prescribing will be restricted. However in future years a separate scope will likely be unnecessary. On balance the condition/authorisation is sufficient.

2.7 If nurses with specialist nurse prescribing authority are registered in a specialist nurse prescriber scope of practice, do you agree with the scope statement on page 34 of the consultation document?

X Yes ☐ No ☐ some commented no

Everyone who wanted this agreed.

Additional comment: “I think for our safety as nurses and for the public and other healthcare workers, a specified scope of practice is much clearer.”

Some did not agree an additional scope for level of nurse prescribing if necessary. It can be covered by the generic statement added to the RN scope. However the scope definition is satisfactory if an additional scope is necessary.

2.8 If nurses with prescribing authority have a condition/authorisation, do you agree with the proposed additional wording in the registered nurse scope of practice?

Yes X ☐ No ☐

2 Under section 22 of the Health Practitioners Competence Assurance Act 2003, the Council may change a scope of practice and state the health services a nurse is able to perform.
Qualification and training for specialist nurse prescribing

The Council is proposing that specialist nurse prescribers complete a post graduate diploma in specialist nurse prescribing. The programme would be pathophysiology of common conditions, assessment and clinical decision making (diagnosis), pharmacology and prescribing praxis which would include 150 hours of supervised practice with a designated medical prescriber. The standards for specialist nurse prescriber courses are outlined on page 54 of the consultation document. The Council is proposing that nurses applying for specialist nurse prescribing rights must have satisfactorily completed this qualification including an assessment of their competence to prescribe (see competencies on page 64) by the medical mentor before being authorised to prescribe.

2.9 Do you agree that the proposed education and training for specialist nurse prescribing is consistent with their scope of practice and their prescribing authority and will enable them to demonstrate competent and safe prescribing practice?

Yes ☒ No ☐

CNSs agreed

Post graduate diploma

Would recommend assessment and diagnostic skills as the first paper as a baseline to practice before the prescribing papers.

2.10 Do you agree with the standards for accreditation of courses for specialist nurse prescribing?

Yes ☐ No ☐

• CNSs agreed
• Comments:
  o Page 54 notes 1200 hours. This equates to 150 days. Is this really the expectation or realistic or required? Elsewhere (p.60) this is more specific 150 hours prescribing practicum and 150 hours supervision of a designated medical prescriber. Note comment above about “medical” as in the future, non-medical prescribers ought to be able to provide this. Also, UK 12 days of supervision was intensive and adequate.
  o Learning outcomes may be irrelevant to some. The assessment and diagnosis capability should be met before the programme. The programme content should be less focussed on learning the field of prescribing – which should be the focus of preparation for entry and application of prescribing in this context the focus of the supervision.
Should include learning about influences and psychology of prescribing.
Governance frameworks should be more specific

The standards are clear and describe in sufficient detail what is included and the amount of practice supervision the nurse trainee requires. We agree that achievement of the qualification must be conditional on satisfactory completion of the practical experience and that poor performance in this element cannot be compensated for other assessments.

2.11 Do you agree with the proposed competencies for specialist nurse prescribers?

X Yes ☐ No ☐

Everyone agreed
These competencies are thorough and cover prescribing practice.

Entry criteria

The Council is proposing that the registered nurse must meet the following criteria before gaining entry to a prescribing programme:

- The registered nurse must hold a current annual practising certificate and must have completed three years equivalent full time practice. At least one year must be in the area of practice she/he will be prescribing.
- The registered nurse must have support from her employer to undertake the Postgraduate diploma in specialist nurse prescribing and must confirm that they will be able to prescribe in their work role at the completion of the course.
- The registered nurse must have the support of an identified prescriber mentor who will support her/him to prescribe.
- The registered nurse must be employed by an organisation that supports nurse prescribing through policy, audit, peer review and accessibility of continuing education.

2.12 Do you agree with the entry criteria for specialist nurse prescribing programme?

X Yes ☐ No ☐

CNSs agreed however made the following additional comments:

- On the whole I agree with the above criteria however I do not feel three yrs full time practice with only one yr in the area in which they will be prescribing is long enough
- I agree most criteria, but would like to suggest at least two - three years (minimum) must be in the area of practice (than one year)
- R/N must have a least Post Grad Cert for entry to prescribing programme
- Entry criteria should be consistent with the UK – 3 years, with most recent in field of practice
where will be prescribing

- The criteria have been well constructed to ensure individual, employer and training aspects are drawn together and that appropriate systems and processes are in place that support this level of prescribing. Having to show you have support from your employer and have an authorised prescriber mentor will ensure this training is restricted to the nurses who will upon successful completion add prescribing to their practice.

Continuing competence and monitoring

The Council proposes that nurses who have specialist nurse prescribing rights be required to undertake regular case review of their prescribing practice with a suitable mentor and complete professional development hours each year on prescribing within the 60 hours of professional development completed by all nurses every three years. Specialist nurse prescribers must also be able to demonstrate that they have completed 60 days of prescribing practice within the past three years. The Council is proposing that it monitors that these requirements are met every 3 years.

2.13 Do you agree with the continuing competence requirements for specialist nurse prescribers?

X Yes  
No  

Everyone agreed

Would like clarity as vague. How often is regular? Audit of prescribing practice? 60 days or number of scripts generated?

Proposed list of prescription medicines for specialist nurse prescribing

The list contains commonly used medicines for common condition and is not an inclusive list. Please note the prescription medicines for community nurse prescribing on page 40 of the consultation document will also be included in the list for specialist nurse prescribers.

The Council is considering whether it is necessary to identify some medicines that specialist nurses may not initiate but could safely repeat prescribe. For example antipsychotic medicines.

2.14 Do the indicative community nurse prescribing and specialist nurse prescribing lists of prescription medicines reflect the range of medicines that nurses with specialist nurse prescribing rights will need to access?

X Yes  
No  

Everyone agreed

Would like list reviewed by specialist group of nurses. There are some medications in Appendix 7 that may still be used to have on the controlled drug list and have been removed
2.15 Do the prescription medicine lists include any medicines that specialist nurse prescribers should not be able to access?

X Yes  No

- Unsure whether controlled drugs should be included
- Yes, even in the diabetes, relevant list there are some which need not be there. Glibenclamide pretty much shouldn’t be used any more. The point of nurse prescribing in my opinion is for care to flow more smoothly, & in the case of diabetes, to take the pressure off doctors when its routine stuff we know inside out.
- In cardiology, we wonder if flecainide should be on the list as well.

2.16 Do you think there are medicines that specialist nurses should not initiate but could safely repeat prescribe?

Yes  No X

In the most part yes. Additional CNS comments

- Cardiac medications and opioids.
- Definitely, a few examples are pioglitazone, acarbose, celiprolol, ezetimibe, sotalol,

Will be adequately trained and will be working in collaboration with the MDT

Non prescription medicines

Non prescription medicines will not be included in the regulation but patients may be able to access a subsidy if the item is “prescribed” by a nurse with specialist nurse prescribing authority.

2.17 Do you agree that specialist nurse prescribers should be able to access the list of non prescription medicines on page 43 of the consultation document?

X Yes  No

Everyone agreed

List of Controlled drugs for specialist nurse prescribing

Designated nurse prescribers are already able to prescribe from a list of 42 controlled drugs outlined in the Misuse of Drugs Regulation 1977 (see Appendix 7 on page 71 of the consultation document). The Council believes that some of the controlled drugs on the present list are no longer used or fall
outside the therapeutic areas it has identified for specialist nurse prescribers. It is proposing a list of 15 controlled drugs for specialist nurse prescribing (see page 44).

Designated nurse prescribers are restricted to prescribing controlled drugs only for patients under their care, only in an emergency and only a 3 day supply (Misuse of Drugs Regulation 1977 Section 21 (4B)).

2.18 Do you agree with the proposed list of controlled drugs that nurses with specialist nurse prescribing rights will be able to prescribe as designated prescribers?

Yes [ ] No [ ]

CNS Comments:

Unsure

Don’t tend to deal with controlled drugs in diabetes, so I don’t think I should have access to those meds. Should I change job as a nurse that can prescribe, I believe I should have to sit some form of test after a period of working in that area, to then allow me to have them added to my list. I’m not familiar enough with many of the drugs to make a valid yes/no answer on this.

Would this address the needs of a pain service or palliative care?

2.19 Do you think that specialist nurse prescribers should be able to prescribe controlled drugs (from the appropriate list) for a period longer than three days?

Yes [ ] No [ ]

Most said no, however Palliative care if necessary

Community Drug and Alcohol Services may find this beneficial within clear guidelines/protocols

When clinically indicated and given nurse prescribing for these nurses is collaborative within the team it seems appropriate to enable them to prescribe for longer than 3 days.

Other comments

3.1 Do you have any other comments on the consultation paper or the proposed models of nurse prescribing?

Renal comment:

We have a well-established Hypertension Clinic at Waitemata DHB whose structure of clinic model depends significantly on independent/autonomous hypertension nurse specialist’s nurse-led clinics.

One of the important functions at the nurse-led clinics is antihypertensive medication titration that is performed according to algorithms. Currently a doctor needs to sign all the
prescriptions, but it would be considerably convenient (and efficient) if routine medication-prescribing was done by the Hypertension Nurse Specialist.

The list of medications from the proposal is appropriate and sufficient for my area of specialty (Hypertension).

The link below is to the paper ‘Nurse titration clinics to achieve rapid control of blood pressure’ for reference. http://journal.nzma.org.nz/journal/125-1355/5195/

Would like clarification of titles
Would like clarification of ongoing competence
Competencies Appendix 6 – why would not some/all of these competencies apply to ‘community’ category of prescribing? Many of the elements appear applicable to any and all prescribers.
Would like assessment and diagnostic skills as a prerequisite to the prescribing practicum for both levels of prescribing.
Would like a link of prescribing qualification built into the frameworks of professional development and recognition programmes [scope of prescribing to a level]
Would like a NZ-wide, nationally consistent, coaching and mentoring programme developed for prescribing.
Qualifications aligned with other prescribing professions e.g. Dieticians, Pharmacists

Thank you for completing this response form. Please save and send your submission to:

EmmaG@nursingcouncil.org.nz

Or post to:

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Nursing Council of New Zealand
PO Box 9644, Wellington 6141