Guideline:
Medical supervision of Diabetes Registered Nurse Prescribing
2014

The Nursing Council of New Zealand has adapted this Guideline which was developed by the New Zealand Society for the Study of Diabetes for the National Managed Roll out of Diabetes Registered Nurse Prescribing in 2012

The original guideline was adapted from the Medical Council of New Zealand’s Induction and Supervision for Newly Registered Doctors guide (2007)
Guideline: Medical supervision of Diabetes Registered Nurse Prescribing

1. Background
Health Workforce New Zealand (HWNZ) will be supporting the development of further Diabetes Registered Nurse Prescribers in 2014.

Diabetes Registered Nurses (DRNs) are required to be authorised by the Nursing Council of New Zealand to prescribe a limited number of prescription medicines used for people with diabetes, and will do so under the supervision of a doctor.

2. Purpose of this guideline
This guideline has been developed to assist participating DRNs, doctors and employers to understand and apply supervision of the DRN's prescribing practice.

3. What constitutes supervision?
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 flexible:
Supervision is time limited and is flexible depending on the DRN's requirements. Closer supervision is usually required in the beginning and decreases over time once the DRN and the doctor become confident with clinical reasoning and prescribing decisions.

3.1 Frequency of meetings
The doctor is expected to meet with the prescribing DRN:
- Daily for the first week, then
- Weekly for the following two months, then
- Fortnightly for 6 months
- Supervision can then become monthly or at a frequency deemed appropriate and agreed by both the DRN and the doctor.
3.2 Purpose of regular case review meetings
The purpose of the regular meetings is to:
- Review and give feedback on prescribing activities including review of clinical notes, lab results and copies of scripts written
- Enhance knowledge and clinical practice skills
- Discuss difficult or unusual cases
- Discuss general related topics as they arise.

4. Who can provide supervision of prescribing practice?
The prescribing supervisor must be a doctor who is vocationally registered with the Medical Council and:
- has had at least three years recent clinical experience for a group of patients with diabetes and related conditions and
- has the support of the employing organisation or general practice to act as the prescribing supervisor who will provide supervision, support and opportunities to ensure competence in prescribing practice and
- has some experience or training in teaching and/or supervising in practice and
- normally works with the DRN applying for prescribing authorisation. If this is not possible, arrangements can be agreed for another doctor to take on the role of the prescribing supervisor, provided the above criteria are met and the learning in practice relates to the clinical area in which the DRN will ultimately be carrying out their prescribing role.

5. Initial components of supervision included in the prescribing practicum
5.1 Prescribing
Explain pharmaceutical schedule and safe prescribing practice including
- Requirements for legally acceptable prescribing
- Appropriate use of pharmaceuticals in diabetes care
- Monitoring processes for effectiveness, safety and cost.

5.2 Patient safety
Detail patient safety issues:
- Define limits of prescribing responsibility and lines of accountability
- Discuss backup arrangements when the supervising doctor is unavailable.

5.3 Legislative requirements
Ensure there is appropriate information available so that the DRN understands the legislative requirements relevant to prescribing within the Registered Nurse’s scope of practice in New Zealand including (refer to Attachment A for some further information):
• Health Practitioners Competence Assurance Act 2003

• Medicines Act 1981

• Misuse of Drugs Act 1975

5.4 Continuing professional development
Outline the practice review activities and available publications that form part of continuing professional development:
• Peer review
• Continuing nursing/prescribing education
• Clinical audits
• Critical incident debrief
• Participation in case review, grand rounds etc.
• Relevant clinical journals

5.5 Professionalism
Outline personal aspects of professionalism including:
• Therapeutic boundaries
• Mentoring
• Limits of clinical responsibility pertaining to scope of practice as a registered nurse
• Patient expectations and accommodating the burden of care

5.6 General review at commencement of project
Assess the DRN’s understanding and knowledge of key clinical areas such as:
• referral guidelines
• prescribing guidelines
• relevant investigations
• screening and treatment protocols
• medico-legal responsibility
• communication and patient satisfaction
• understanding of the Accident Compensation Corporation (ACC), HealthPAC, PHARMAC and other agencies, and other issues relevant to the nurse’s prescribing practice
• complete the prescribing practice assessment record as per the Prescribing Practicum Guideline, prior to, and at completion of, the prescribing practicum. Assessments are to be made available to the nurse leader or manager.
6. Responsibilities of Diabetes Registered Nurse Prescribing under Supervision

6.1 Set-up and management
Your responsibilities regarding set-up and management are to:
- make a commitment to take part fully in the supervision process
- take responsibility for setting up an appointment schedule with the doctor and diary the appointments
- work with the doctor to set supervision and educational objectives as necessary
- keep a prescribing/ clinical log (Attachment B)
- keep a record of your participation in continuing professional development activities in your log

6.2 During supervision
Your responsibilities during supervision are:
- to communicate clearly with the doctor. If you need specific supervision or experience, discuss this with the doctor
- if you are calling the doctor, to preface your conversation with a clear indicator of why you are ringing, for example:
  - for approval of a management plan
  - for advice, or
  - for active assistance
- to be prepared to accept constructive comments and be receptive to change and develop your prescribing practice if required
- to take part in audit and peer review
- to ask for advice
- if you need more support, to consider asking for mentoring to be arranged.

6.3 Problems
Your responsibilities regarding problems are:
- to contact the supervising doctor early if you have a problem.

7. Responsibilities of the supervising doctor

7.1 Requirements and responsibilities of a supervisor:
- demonstrate a positive attitude in relation to nurse prescribing and the role of nurse prescribers within the multidisciplinary team
- possess a keen desire to work with and supervise nurse prescribers
- possess a commitment to be available on a day to day basis for clinical consultation
- be readily available and approachable
- make sure that alternative arrangements are made for ongoing supervision if you cannot fulfil the supervisory obligations for any reason
be clear about the lines of communication
make sure that protected supervision time is scheduled regularly and kept free from
interruptions to both the doctor and the nurse/s being supervised
provide clear clinical notes and comprehensive management plans, which include
parameters clarifying when specialist involvement is required for a particular patient
monitor and verify appropriateness of the diabetes nurse specialist’s prescribing of
diabetes medicines and products
maintain case review meetings as detailed in 3.1.

7.2 General review at commencement of project
Review the DRN’s understanding and knowledge of key clinical areas such as:
• referral guidelines
• prescribing guidelines
• relevant investigations
• screening and treatment protocols
• medico-legal responsibility of prescribers
• communication and patient satisfaction
• understanding of the Accident Compensation Corporation (ACC), HealthPAC,
  PHARMAC
• and other agencies, and other issues relevant to the nurse’s prescribing practice
• complete the prescribing practice assessment record as per the Prescribing
  Practicum
• Guideline, prior to and at completion of the prescribing practicum. Assessments
  are to be made available to the nurse leader or manager

8. Accountabilities
• DRNs are responsible for the prescribing decisions that they make.
• The medical supervisor is responsible for making sure DRNs have the appropriate
  skills and knowledge to provide care to appropriate patients and for the overall
  management of those patients. They must offer appropriate advice to ensure
  patient safety.
• The medical supervisor must pass on the appropriate information about the
  patients and the treatment they need, and make sure patients’ understand who is
  responsible for all aspects of care.

1 See Medical Council of New Zealand Guidelines: Good Medical Practice (2013), and Good
Prescribing Practice (2010).
Attachment A: Relevant legislation


The Act and Code are designed to promote the rights of people using health services. They also serve to ensure the fair, simple and efficient resolution of complaints. The Act establishes the office of a Health and Disability Commissioner, whose duties include investigating complaints against health care providers.

The Code outlines ten ‘Rights of Consumers and Duties of Providers’.

These rights are:
1. To be treated with respect
2. To freedom from discrimination, coercion, harassment and exploitation
3. To dignity and independence
4. To services of an appropriate standard
5. To effective communication
6. To be fully informed
7. To make an informed choice and informed consent
8. To support
9. Rights in respect of teaching and research
10. To complain.

A consumer information brochure outlining consumer’s rights and responsibilities has been developed and it is readily available throughout the organisation.

How does this work day to day?

Some of the key actions that you will need to take in your daily work follow:
- Patients/clients/consumers are informed of their rights and responsibilities
- Care plans and treatment options reflect ‘rights’ and ‘duties’
- Patients/clients/consumers are listened to and give fully informed consent
- Provision is made for chosen support people
- Privacy is ensured as far as practical
- Complaints procedures are followed, and if the patient/client/consumer is dissatisfied after the consultation/contact they are informed of their rights to complain to the Health and Disability Commissioner.
Health Practitioners Competence Assurance Act 2003

The Health Practitioners Competence Assurance (HPCA) Act 2003 provides for the regulation of Health Practitioners, to protect the public by putting into place mechanisms to help ensure the competence of Health Practitioners. It also provides for discipline and complaint procedures.

This Act provides a consistent approach across all registered health occupations. Health Practitioners must be able to show that they are competent and that they are complying with their obligation to maintain competency, and be up-to-date with their knowledge.

There is a registering authority for each health discipline. Each Authority is responsible for prescribing and publishing the scope of practice of the discipline – that is, the content of the profession and the qualifications, or experience considered acceptable for a competent practitioner and thus suitable for registration. The Scope may include an extended scope to signify specialisation. Each Authority prescribes acceptable standards for registration, accepts applications and decides whether a person should be registered.

Under the HPCA Act, every nurse has a scope of practice. The three scopes of practice and qualifications are listed below. The three scopes of practice are:

- Nurse practitioner
- Registered Nurse
- Enrolled Nurse

Nurse Practitioner Qualifications
A nurse practitioner requires:

a) Registration with the Nursing Council of New Zealand in the Registered Nurse Scope of Practice; and

b) A minimum of four years of experience in a specific area of practice; and

c) Successful completion of a clinically focused Masters Degree programme approved by the Nursing Council of New Zealand, or equivalent qualification; and

d) A pass in a Nursing Council assessment of Nurse Practitioner competencies and criteria.

Nurse Practitioners seeking registration with prescribing rights are required to have an additional qualification:

e) Successful completion of an approved prescribing component of the clinically-focused master's programme relevant to their specific area of practice.

N.B. There is no requirement for supervision of Nurse Practitioner prescribing practice
The "designated" prescribing rights of nurse practitioners are presently outlined in a regulation under the Medicines Act (1981). On 1 July 2014 this Act will be amended and the regulation removed and nurse practitioners will become “authorised” prescribers. i.e. they will have most of the legal prescribing rights of medical practitioners. The nurse practitioners specific area of practice is noted on the on-line register and appears on the practising certificate.
**Registered Nurse Qualifications** (for New Zealand Graduates)

a) A bachelor degree in nursing (or an equivalent qualification) approved by the Nursing Council of New Zealand; **and**
b) A pass in an assessment of Nursing Council Competencies for Registered Nurses by an approved provider; **and**
c) A pass in an Examination for Registered Nurses.

**Enrolled Nurse Qualification** (New Zealand Graduates)

a) Successful completion of an 18-month programme in enrolled nursing at level 5 on the New Zealand Qualification Authority – National Qualifications Framework accredited by the Nursing Council; **and**
b) a pass in an assessment of the Nursing Council competencies for enrolled nurses by an approved provider; **and**
c) a pass in an Examination for Enrolled nurses

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**Medicines Act 1981**

**Diabetes Registered Nurse Prescribing**

The [Medicines (Designated Prescriber: Registered Nurses Practising in Diabetes Health) Regulation 2011](https://www.govt.nz/) provides that registered nurses who meet particular requirements to prescribe, under certain conditions, particular medicines – there are currently 26 medicines listed.

In order to qualify to prescribe the registered nurse must have:

a) Completed two level eight papers or equivalent, as assessed by the Council. The papers must include the following content; pathophysiology, clinical assessment and decision making, and pharmacology; **and**
b) demonstrates a clear understanding of diabetes disease processes at level eight or equivalent as determined by Nursing Council; **and**
c) completion of a six to twelve week practicum with the authorised prescriber (doctor) supervising the prescribing, which demonstrates knowledge to safely prescribe all specified diabetes medicines and knowledge of the regulatory framework for prescribing.

In addition Registered nurses practising in diabetes health must undertake:

a) a minimum of 40 days per year of ongoing practice in a supervised prescribing relationship; **and**

b) ongoing competence requirements of professional development must include specific development relating to prescribing in diabetes health.

**Assessments of competence to be completed:**

Registered nurses practising in diabetes health authorised to prescribe must provide to the Council each year with their application for a practising certificate, evidence that they have maintained their prescribing competence.
Prescribing practice feedback log – use in case review for all patients reviewed

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