Education programme standards for the Postgraduate diploma in registered nurse prescribing for long-term and common conditions

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Introduction and background

Under the Health Practitioners Competence Assurance (HPCA) Act 2003 (the Act), the Nursing Council of New Zealand (the Council) is the authority responsible for the registration of nurses. In accordance with section 12 of the Act, the Council prescribes qualifications for scopes of practice. In addition the Act requires the Council to accredit these qualifications and monitor any New Zealand tertiary education provider that is providing such an accredited qualification.

The ‘Postgraduate diploma in registered nurse prescribing for long-term and common conditions’ will be an additional prescribed qualification for the registered nurse scope of practice for nurses who choose to apply for this prescribing authority.

The provision of ‘Postgraduate diploma in registered nurse prescribing for long-term and common conditions’ programmes will be limited to tertiary education providers also providing Council-accredited programmes which lead to registration as a nurse practitioner. This is because this qualification may become a prerequisite for nurse practitioner programmes.

Upon award of the qualification, graduates will be eligible to apply to the Council for an authorisation/condition to be included in their scope of practice enabling them to prescribe for long term and common conditions when the regulation under the Medicines Act 1981 comes into force.

Education providers may apply to the Council for accreditation of the ‘Postgraduate diploma in registered nurse prescribing for long term and common conditions’. Applications for accreditation will be assessed against the education programme standards in this document.

The Council gratefully acknowledges the Pharmacy Council of New Zealand (2011) for its kind permission to refer to, adapt, and reproduce its work, based on the standards first developed by the Royal Pharmaceutical Society of Great Britain (RPSGB) and adopted by the General Pharmaceutical Council (UK) for independent prescribing programmes in 2010.
1. The education provider

1.1. The tertiary education provider must meet the requirements as specified in the Act, Council policy, and as contained in these standards.

1.2. The tertiary education provider must be accredited by the Council to provide a master’s degree for nurse practitioner registration in New Zealand under sections 12(2)(a) and 118(a) of the Act.

1.3. The tertiary education provider must implement effective quality assurance and quality improvement systems, and demonstrate their application to nurse prescribing programmes. The programme must be approved/accredited through the relevant Committee for University Academic Programmes or NZQA-approval/accreditation process.

1.4. Entry requirements for the prescribing practicum

The registered nurse is required to:

- hold a current practising certificate and must have completed three years’ equivalent full-time practice in the area of practice she/he will be prescribing
- have a collaborative working relationship with a multidisciplinary team and have the support of a designated authorised prescriber (DAP), (a vocationally registered medical practitioner or nurse practitioner) as a mentor who will support her/him to prescribe
- undertake the practicum in an organisation that supports nurse prescribing through policy, audit, peer review and accessibility of continuing education
- have identified and have access to an area of clinical practice in which to develop their prescribing skills and have up-to-date clinical knowledge relevant to their intended area of prescribing practice.

1.5. The education provider must have a recognition of prior learning (RPL) policy that conforms with the Council’s policy. This must include the following:

1.5.1. RPL involves recognising and giving credit for learning that has occurred through previous experience. This may include qualifications, life experience, work experience or other educational experience. This learning is measured against the learning outcomes of the programme.

1.5.2. Each tertiary education provider must have an RPL policy and procedure against which to assess individual student applications. RPL policies and procedures will be monitored during the five-yearly monitoring of the programme.
1.5.3. RPL must be granted on the basis of a student’s individual qualifications and experience. The proposed individual programme to be undertaken by the student must be sufficient in theory and clinical experience to enable the student to meet the Competencies for nurse prescribing.

1.5.4. Prior learning may be cross-credited against the registered nurse prescribing programme. However, all registered nurses must undertake all assessments for the registered nurse prescribing practicum and praxis.

1.5.5. The Council retains the right to seek justification of any credit granted through RPL.

1.5.6. Statements of programme completion (academic transcripts) must outline any RPL granted.

2. Programme structure and curriculum

2.1. The postgraduate programme is equivalent to 1,200 hours of study including 120 credits\(^1\). A graduate of the postgraduate diploma must show evidence of 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 programme must include a prescribing praxis\(^2\) with a prescribing practicum component (i.e. period of learning in practice).

2.2. The duration of the programme is expected to be aligned with the requirements for postgraduate-level qualifications and must include sufficient face-to-face contact time to enable registered nurses to learn alongside other registered nurses; to share and consolidate their learning. Other ways of learning, such as distance learning and open learning formats, may be used provided they complement face-to-face contact time and attendance requirements.

2.3. The structure of the programme must encourage development of critical analysis and reflective practice, and provide registered nurses intending to prescribe with the knowledge, skills and attributes in the competency areas as described in the Competencies for nurse prescribers (see Attachment 2).

2.4. The tertiary education provider must ensure effective links are maintained with the nursing profession and other relevant stakeholders in the delivery of the programme.

2.5. The tertiary education provider has policies and practices which ensure the programme is underpinned by current research and scholarship in nursing, pharmacology, prescribing,

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\(^1\) The postgraduate diploma requires a minimum of 120 credits from levels 7 and above, with a minimum of 72 credits from level 8 (New Zealand Qualifications Framework).


\(^2\) The prescribing praxis is to include content on the legal, regulatory, ethical and policy framework for prescribing in New Zealand.
education and health. The curriculum is based on national health priorities and contemporary health care and practice trends.

2.6. The programme describes the processes through which students learn. The modes of delivery and the teaching, learning and assessment methods are described.

2.7. The majority of assessments are to focus on the application of theory to common disease states, e.g. infection, diabetes, cardiovascular, respiratory. A minority of assessments may relate to a particular specialty.

2.8. The assessment methodology tests all aspects of prescribing and must include a practical assessment and confirmation of the registered nurse’s clinical, physical examination and decision-making skills.

2.9. The assessment requirements must be made explicit, in particular the criteria for pass/fail and the details of the marking schedule.

2.10. **Programme content**

Following the successful completion of the programme, the registered nurse will be able to:

- demonstrate advanced knowledge of scientific concepts and common pathophysiological processes
- understand the underlying principles of pathophysiology and clinical management of long-term and common conditions, e.g. cardiovascular disease, diabetes and related conditions, respiratory disease, common infections, anxiety and depression.
- critically analyse and interpret research-based knowledge regarding pathological changes in selected disease states
- apply client assessment skills and diagnostic reasoning at an advanced level in their practice within their scope of practice
- critically analyse clinical assessment findings, in relation to underlying pathophysiological processes. Analyse and generate solutions to clinical problems
- articulate advanced knowledge of client assessment and diagnostic reasoning to formulate a list of differential diagnoses or a diagnostic decision
- demonstrate knowledge of principles of pharmacokinetics and pharmacodynamics, and apply these to client variables (such as age and disease state)
- critically analyse pharmacotherapeutic indications for common classes of drugs for long-term and common conditions
- critically evaluate the causes of antimicrobial resistance and the importance of incorporating non-pharmacological strategies and knowledge of local resistance patterns into prescribing practice
• demonstrate the ability to identify contraindications, effects and drug interactions associated with the use of prescription, over-the-counter and complementary medicines and devices
• demonstrate the ability to recognise situations of drug misuse and drug seeking, and take appropriate action
• demonstrate the ability to perform a comprehensive medicines assessment and to make safe prescribing decisions within professional and regulatory frameworks.

2.11 Prescribing practicum

2.11.1 The prescribing practicum (included in the prescribing praxis paper) must be the final component of the programme.

2.11.2 The prescribing practicum component of the programme must consist of at least 150 hours of clinical practice under the supervision of an appointed designated authorised prescriber (DAP) in a collaborative health team environment. It will include opportunities to develop diagnostic skills, patient consultation and assessment skills, clinical decision-making and assessment skills, and monitoring skills.

2.11.3 There is a process to ensure the final assessment against the Council’s Competencies for nurse prescribers will be undertaken collaboratively between the DAP in clinical practice and academic staff.

2.11.4 The role of the DAP in the prescribing practicum is to:

• help the registered nurse to acquire knowledge and practical skills, particularly clinical assessment skills relevant to their proposed role as a prescriber
• assess the achievement of the learning outcomes by the registered nurse, and confirm the completion of the equivalent of 150 hours of supervised practice
• complete a professional declaration which confirms that in his/her opinion a registered nurse has met the skills and competence requirements of the competencies for nurse prescribers.

2.11.5 The role of the tertiary education provider in the prescribing practicum is to:

• ensure the appointed DAP has the training and experience appropriate to their role, is familiar with the requirements of the programme, and has clear and practical guidance on their role in the assessment of the registered nurse against the competencies for nurse prescribing
• obtain formal evidence and confirmation from the DAP that the registered nurse has satisfactorily completed at least 150 hours of supervised clinical practice and has the skills and competence demonstrated in practice to meet the requirements of the
prescribing practicum and the competencies for nurse prescribing.

- provide the registered nurse and DAP with clear and practical guidance on completion of the prescribing practicum, including:
  
i. the expectations for direct and indirect supervision in the practicum period. The supervised practice can involve registered nurse support and experience with other members of the team, other prescribers and external contributors;
  
ii. use of mentoring techniques commensurate with registered nurse progress such as demonstration, observation and review of clinical cases;
  
iii. requirements for formative and summative assessment of the registered nurse;
  
iv. practical guidance, support and quality assurance of any summative assessments carried out by the DAP on behalf of the education provider;
  
v. a structured workbook or portfolio for recording the completion of 150 days in practice, achievement of learning outcomes and professional declaration that the registered nurse is competent to prescribe;
  
vi. a formal mechanism for ongoing discussion about student progress between academic staff, the DAP and the student during the practicum.

No student may be given more than two opportunities to pass the prescribing practicum.
Reference: Health Practitioners Competence Assurance Act 2003 sections 12, 16, 45(4)(5) and 118

12 Qualifications must be prescribed

(1) Each authority must, by notice published in the Gazette, prescribe the qualification or qualifications for every scope of practice that the authority describes under section 11.

(2) In prescribing qualifications under subsection (1), an authority may designate 1 or more of the following as qualifications for any scope of practice that the authority describes under section 11:

(a) a degree or diploma of a stated kind from an educational institution accredited by the authority, whether in New Zealand or abroad, or an educational institution of a stated class whether in New Zealand or abroad

(b) the successful completion of a degree, course of studies, or programme accredited by the authority

(c) a pass in a specified examination or any other assessment set by the authority or by another organisation approved by the authority

(d) registration with an overseas organisation that performs functions that correspond wholly or partly to those performed by the authority

(e) experience in the provision of health services of a particular kind, including, without limitation, the provision of such services at a nominated institution or class of institution, or under the supervision or oversight of a nominated health practitioner or class of health practitioner.

(3) A notice under subsection (1) may state that 1 or more qualifications or experience of 1 or more kinds, or both, is required for each scope of practice that the authority describes under section 11.

(4) An authority must monitor every New Zealand educational institution that it accredits for the purpose of subsection (2)(a), and may monitor any overseas educational institution that it accredits for that purpose.

16 Fitness for registration

No applicant for registration may be registered as a health practitioner of a health profession if—

(a) he or she does not satisfy the responsible authority that he or she is able to communicate effectively for the purposes of practising within the scope of practice in respect of which the applicant seeks to be, or agrees to be, registered; or

(b) he or she does not satisfy the responsible authority that his or her ability to communicate in and comprehend English is sufficient to protect the health and safety of the public; or

(c) he or she has been convicted by any court in New Zealand or elsewhere of any offence punishable by imprisonment for a term of 3 months or longer, and
he or she does not satisfy the responsible authority that, having regard to all the circumstances, including the time that has elapsed since the conviction, the offence does not reflect adversely on his or her fitness to practise as a health practitioner of that profession; or
(d) the responsible authority is satisfied that the applicant is unable to perform the functions required for the practice of that profession because of some mental or physical condition; or
(e) he or she is the subject of professional disciplinary proceedings in New Zealand or in another country, and the responsible authority believes on reasonable grounds that those proceedings reflect adversely on his or her fitness to practise as a health practitioner of that profession; or
(f) he or she is under investigation, in New Zealand or in another country, in respect of any matter that may be the subject of professional disciplinary proceedings, and the responsible authority believes on reasonable grounds that that investigation reflects adversely on his or her fitness to practise as a health practitioner of that profession; or
(g) he or she—
   (i) is subject to an order of a professional disciplinary tribunal (whether in New Zealand or in another country) or to an order of an educational institution accredited under section 12(2)(a) or to an order of an authority or of a similar body in another country; and
   (ii) does not satisfy the responsible authority that that order does not reflect adversely on his or her fitness to practise as a health practitioner of that profession; or
(h) the responsible authority has reason to believe that the applicant may endanger the health or safety of members of the public.

45 Notification of inability to perform required functions due to mental or physical condition

(4) Subsection (5) applies to a person in charge of an educational programme in New Zealand that includes or consists of a course of study or training (a course) that is a prescribed qualification for a scope of practice of a health profession.

(5) If a person to whom this subsection applies has reason to believe that a student who is completing a course would be unable to perform the functions required for the practice of the relevant profession because of some mental or physical condition, the person must promptly give the Registrar of the responsible authority written notice of all the circumstances.

118 Functions of authorities

The functions of each authority appointed in respect of a health profession are as follows:

a) to prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes
b) to authorise the registration of health practitioners under this Act, and to maintain registers

c) to consider applications for annual practising certificates

d) to review and promote the competence of health practitioners

e) to recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners

f) to receive and act on information from health practitioners, employers, and the Health and Disability Commissioner about the competence of health practitioners