Preparing to prescribe in primary health and specialty teams: Guidance for registered nurses and employers

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1 Introduction

This guideline outlines why registered nurse prescribing has been introduced and how it can contribute to primary health and specialty teams. It includes advice on the clinical and employer support that needs to be in place before a registered nurse prescribing role in primary health and specialty teams is introduced. It outlines the educational and clinical preparation required before a registered nurse can be authorised with prescribing rights by the Nursing Council.

A case study of a registered nurse prescribing for diabetes health in a primary health team is included at the end of the document to highlight some of the issues likely to be encountered by registered nurses as they work towards becoming a prescriber. Working in a supportive collaborative team with employer and mentor support is critical for the successful establishment of a registered nurse prescribing role.

2 Why has registered nurse prescribing in primary health and specialty teams been introduced?

Nursing roles have developed in both primary health and specialty care teams that focus on common and long-term condition management for a specialty or a particular group of patients. Prescribing authority will:

- make care more convenient for patients and free up doctors’ time;
- improve patient access to healthcare;
- promote close collaboration between team members and build on the existing skills and knowledge of registered nurses; and
- enable nurses to take accountability for prescribing decisions based on their assessments rather than working under standing orders or asking a doctor to sign a prescription.

Prescribing for registered nurses in primary care and specialty teams builds on registered nurse prescribing in diabetes health. This initiative has seen approximately 55 nurses achieve prescribing rights in an area of high and increasing patient need. Registered nurses prescribing in diabetes health work in teams with doctors, nurses and dietitians to manage and monitor patients. Prescribing authority adds to their skills and their contribution to patient care. It has been evaluated as being beneficial and safe and supported by the multidisciplinary team. Benefits to employers were

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identified as increased productivity of clinical staff, cost savings, improved service delivery, improved access to services including saving patients time and money\(^2\).

The Medicines (Designated Prescriber–Registered Nurses) Regulations 2016 means that registered nurses authorised by the Council can now prescribe 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. They are restricted to a list of medicines detailed on the Council website [www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz). They will prescribe a small number of medicines from this list relevant to their area of practice and competence.

Nurses are advised to look at the list of medicines before deciding whether to complete the preparation to become a prescriber as they may work with patients whose medications are not included.

### 3 What is the difference between a registered nurse with prescribing authority and a nurse practitioner?

<table>
<thead>
<tr>
<th></th>
<th>Registered nurse prescribing in primary health and specialty teams</th>
<th>Nurse practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prescribing authority</strong></td>
<td>Designated prescriber: able to prescribe specified prescription medicines.</td>
<td>Authorised prescriber: able to prescribe any prescription medicine.</td>
</tr>
<tr>
<td><strong>Scope of practice</strong></td>
<td>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 interdisciplinary team.</td>
<td>Able to independently assess, diagnose and treat a range of acute and/or chronic conditions for a population group in an area of practice. May work autonomously or within a healthcare organisation. Consults with health professional colleagues when relevant.</td>
</tr>
<tr>
<td><strong>Additional qualification</strong></td>
<td>Postgraduate diploma in registered nurse prescribing for long-term and common conditions</td>
<td>Clinical master’s degree in nursing</td>
</tr>
</tbody>
</table>

See the scope of practice statements in the Appendix.

\(^2\) Ibid, 69.
4 Clinical team and employer support

The prescribing registered nurse should:

1. practise in a supportive and collaborative team environment within a culture of trust and openness;

2. have 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;

3. have sufficient time and resources allocated to allow effective assessment, diagnosis and consultation with patients to ensure safe and appropriate prescribing decisions; and

4. be able to appropriately document and communicate to other members of the health team involved in that patient’s care.

Registered nurse prescribers will need to be able to access health records and to order diagnostic tests, particularly blood tests. Many nurses are already situated within health teams and health services where these activities are currently facilitated for other prescribers. Health policy supports access to laboratory diagnostic services on written referral from a registered medical practitioner or other practitioners (Ministry of Health, 2011)\(^3\). There may need to be extension contracts or policy within district health boards (DHBs) to ensure diagnostic tests are available to registered nurse prescribers.

5 The specific features of the work environment must include:

1. collaborative and collegial team relationships that operate to optimise patient outcomes;

2. a 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;

3. 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; and

4. 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.

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6 Educational and clinical requirements for a registered nurse to become authorised as a prescriber practising in primary care or specialty teams

The registered nurse must have:

1. 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;

2. completed a Council-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;

3. employer support to complete a prescribing practicum with a prescribing mentor (authorised prescriber - senior doctor or nurse practitioner), which demonstrates knowledge to safely prescribe specified prescription medicines and knowledge of the regulatory framework for prescribing; and

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

The postgraduate diploma for registered nurse prescribing in 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 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.

The programme standards can be found on the Council’s website at www.nursingcouncil.org.nz

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 (see Glossary) 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 and have the support of 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.

**Responsibilities of the prescribing mentor**

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 [www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz).

**7 District health boards and primary health organisations**

Nurses and their prescribing mentors/collaborative teams should 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.

The organisation will also have systems to support nurses and prescribing mentors for prescribing supervision, consultation and case review.

The organisation will support access to continuing professional development, and clinical audit; and provide opportunities for peer support, networking and collaboration for the nurses and prescribing mentors.

The organisation will also provide support in situations where individual performance needs development or there are ineffective mentoring relationships.
8 Can nursing papers or qualifications be credited towards the postgraduate diploma for registered nurse prescribing in long-term and common conditions?

Registered nurses can seek credit for relevant clinical papers. This means schools of nursing will assess the outcomes of completed papers against the outcomes of the postgraduate diploma in registered nurse prescribing for long-term and common conditions. This is not a Nursing Council process and registered nurses will need to contact a school of nursing offering postgraduate education (Find a list of education providers on the Council website www.nursingcouncil.org.nz). All registered nurses must successfully complete the prescribing practicum and praxis components of the diploma in registered nurse prescribing for long-term and common conditions to be granted designated prescribing rights, or must have completed a nurse practitioner prescribing practicum and an assessment of the Competencies for nurse prescribers (2016).

Registered nurses who are currently authorised to prescribe in diabetes health will be advised in writing by the Council about transition arrangements, and there will be advice about this on the Council’s website www.nursingcouncil.org.nz.

More information for nurses who have completed a clinical master’s programme will be available on the Council’s website.

9 Ongoing professional requirements

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 ongoing mentorship relationship with an authorised prescriber is necessary and will be required for competence assessments on an annual basis.

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.
Case study

Carrie is a registered nurse who works in a busy urban General Practice Team (GPT). The practice has six full-time General Practitioners (GPs) with over 600 patients requiring diabetes care and management from the team. In addition, over 600 people have been identified within the practice has having pre-diabetes, requiring education and follow up.

Carrie has three full days of her week to focus on diabetes and has lead responsibility for the overall oversight of this population group, ensuring structured monitoring occurs as well as providing direct nursing care and education. Two other nurses in the practice work four hours per week alongside her focussing on diabetes.

Once Carrie identified diabetes prescribing as a goal it took a “good two years” to complete the academic and clinical requirements, and to gain confidence to take on the prescribing role. She was also required to submit a Professional Development and Recognition Portfolio via the DHB process. This took nine months to complete. Carrie received encouragement from the nurse practitioner (NP) in the GPT who was also the nurse leader. The GPs were also keen and supported her development.

As part of her prescribing development process Carrie approached the diabetes specialist services (DSS) to access mentorship, but the service was overloaded with clinical care requirements so was not able to provide specific mentorship over and above the invitation to attend its monthly educational meetings. Fortuitously, an opportunity came up to work within the DSS for six months covering parental leave and Carrie took this up. Working within the DSS helped her to develop and strengthen collegial relationships, and honed her clinical acumen within the specialty of diabetes and its related conditions. Carrie found the level of nursing practice was at a more advanced level than she had experienced in the general practice setting and she had to “step up”. Specific examples included the need to review past notes and to ask critical questions.

Mentorship

Whilst the GPs were keen for Carrie to become a registered nurse prescriber in diabetes health, she found it difficult to get one specific GP to be her supervisor of prescribing practice and mentor. This was due, in part, to patients belonging to different GPs and also the time pressures within the general practice environment. However, one GP spent time sharing his general medical knowledge and discussing prescribing issues.

One GP had agreed to meet her once per week at a set day and time for mentorship, and to discuss patients, but as time pressures occurred due to clinical demands, meetings were postponed. Carrie found her GP colleagues were very willing to support her practice but she had to drive it. As Carrie came across clinical issues during the week she would consult the patient’s GP for a plan. Before this she would try to come up with a proposed plan for discussion as a learning opportunity. At times she would also seek advice from the clinical nurse specialist (CNS) from the DSS who was able to provide suggestions if s/he knew the patient.
In addition to mentorship within general practice, Carrie was invited to attend educational meetings at the local DSS with the multidisciplinary team. These provided a great source of support and mentorship, and she highly recommends that a registered nurse in primary care planning to take up a prescribing role makes linkages with the secondary care specialist service as much as possible.

**Mentorship from nurses**
The majority of Carrie’s mentorship was provided by GPs and occasionally by endocrinologists. However, she also received mentorship from the NP within the GPT/PHO, the CNSs from the secondary care DSS and from other physicians, e.g. renal. It was important to Carrie to access mentorship from nurses to ensure her practice remained grounded in the discipline of nursing as she extended her practice to include prescribing. Nurses with expert knowledge within particular specialties also supported the advancement of her specialty practice. Carrie was also able to tap into expertise within the GPT e.g. asthma specialty nurse.

Ongoing mentorship is driven by Carrie and is currently available on an ad hoc basis when time can be found. There are plans to meet once a fortnight but it is usually rushed and Carrie feels concerned about taking up the medical practitioner's time due to competing priorities and clinical demands. She continues to attend the secondary care DSS educational meetings once a month in her own time (up to two hours) and finds them to be invaluable.

Although Carrie has worked hard to access sources of mentorship and is grateful for what is in place, she feels alone in general practice as a registered nurse prescriber. She mainly attributes the limitations to accessing mentorship to time pressures associated with the general practice business model, as well as pressure from the PHO to meet targets. Carrie suggests it would be helpful to have a set number of required hours for supervision written into the Council’s guidelines so the medical practitioners know this is a requirement and may be more likely to commit to it.

Carrie summarises the advantages of registered nurse prescribing in diabetes in general practice in three ways:
- speeds up care for patients as they get what they need in one visit;
- less confusion for patients as they have full explanations at the time of prescribing by the prescriber; and
- GPs love it as it means less work for them for the low-to-moderate complexity patients, enabling them to get on with high-complexity patients.

Carrie provides the following advice to nurses considering registered nurse prescribing:
- talk to the medical practitioners you work with and obtain their support – this is make or break;
- be prepared to spend your own time developing the required knowledge and skills; and
- have your nurse leader on side to ensure correct structures and systems are in place, and to facilitate or advocate for you where they are not.
Glossary

**Academic mentor:** A registered nurse or nurse practitioner with expertise in a relevant clinical practice area and an academic qualification in education or equivalent learning and teaching experience, employed by the tertiary education provider to support the student’s prescribing practicum.

**Authorised prescribers:** An authorised prescriber is able to prescribe all medicines appropriate to their scope of practice and unlike a designated prescriber (see below), is not limited to a list of medicines specified in regulation (includes doctors, dentists, nurse practitioners, optometrists and midwives).

**Case review:** Involves reviewing and giving feedback on prescribing activities including
- reviewing of clinical notes, lab results and copies of scripts written to enhance the nurse’s knowledge and clinical practice skills;
- discussing difficult or unusual cases; and
- discussing general related topics as they arise.

**Competence:** The combination of skills, knowledge, attitudes, values and abilities underpinning effective performance.

**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.

**Patient:** An individual who receives nursing care or services. This term represents health consumers, clients, residents or disability consumers. This term reflects ‘health consumer’ as referred to in the Health Practitioners Competence Assurance Act (2003).

**Prescribing:** The steps of information gathering, clinical decision making, communication and evaluation which result in the initiation, continuation or cessation of a medicine.

**Prescribing mentor:** An authorised prescriber who works within the same multidisciplinary team as the registered nurse with whom she/he can readily seek advice on diagnosis and prescribing as required.

**Prescribing practice:** 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.

**Primary health:** Relates to the professional healthcare provided in the community, usually from a general practitioner (GP), practice nurse, pharmacist or other health professional working within a general practice. Primary healthcare covers a broad range of health services, including diagnosis and treatment, health education, counselling, disease prevention and screening.
**Specialty teams:** Groups of health professionals including senior medical practitioners, nurse practitioners and registered nurses who support patients with particular chronic conditions; for example, respiratory or cardiovascular health concerns. Teams are often based in hospital outpatient settings and hold regular clinics to assess or review long-term condition management of patients.

**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.
Appendix

The registered nurse scope of practice (from 20 September 2016).

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 nurse practitioner scope of practice

Nurse practitioners are expert nurses who work within a specific area of practice incorporating advanced knowledge and skills. They practise both independently and in collaboration with other health care professionals to promote health, and prevent disease, and to diagnose, assess and manage people’s health needs. They provide a wide range of assessment and treatment interventions, including differential diagnoses, ordering, conducting and interpreting diagnostic and laboratory tests, and administering therapies for the management of potential or actual health needs. They work in partnership with individuals, families, whānau and communities across a range of settings. Nurse practitioners prescribe medicines within their specific area of practice. Nurse practitioners also demonstrate leadership as consultants, educators, managers and researchers, and actively participate in professional activities, and in local and national policy development.

(NB: The nurse practitioner scope statement will be updated later in 2016 on completion of the review of the scope of practice and prescribed qualifications.)