

# NCNZ Proposed Framework for Registered Nurse Prescribing

**Joint Submission by:**



The College of Nurses Aotearoa (NZ) Inc.

NPAC-NZ

(Nurse Practitioner Advisory Committee of New Zealand)

NPNZ

(Nurse Practitioners New Zealand)

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**1. Do you support changes to the medicines legislation, which will enable the Nursing Council to set the standards and authorize RNs for wider nurse prescribing?**

**Yes:** There was strong support within College membership for the extension of prescribing rights to registered nurses as per the proposed framework.

NCNZ, with their authority under the Health Practitioners Competence Assurance Act (2003), should regulate the proposed nurse-prescribing framework through setting minimum standards for the different levels of prescribing.

Processes for managing RN prescribing will be required and will obviously be the subject of future and ongoing work therefore we do not comment in detail here. Internationally it appears that frameworks to support a continuum of prescribing for registered nurses, require postgraduate education, organisational based endorsement processes and good quality continuing professional education.

We encourage the notion of national consistency in the processes implemented by organisations growing the RN collaborative prescribing workforce.

The accountabilities of all regulated health practitioners would need to be clearly articulated e.g. nurse, doctor, pharmacist etc. in the context of any collaborative prescribing agreement.

**2. Do you support all RNs being able to prescribe over the counter medications?**

**Yes.** This has been a tedious grey area of uncertainty needing urgent clarification. Accountability/ responsibility should remain with the registered nurse. Undergraduate standards for education must directly accommodate this area focusing especially on assessment, communication and documentation.

Some College members noted the need for caution with some OTC medications and reiterated the need for careful undergraduate preparation to support appropriate decision-making.

If legislation supporting health professionals to prescribe over the counter medications is wider than nursing, consideration must be given to the consistency in educational and clinical preparation at undergraduate level across disciplines. For example if undergraduate education is the requirement for other disciplines - this needs to be the same for nursing.



**3. Do you support a continuum of RN prescribing that includes standing orders, collaborative prescribing and independent authorized prescribing for NPs?**

**Yes:** It is imperative Nurse Practitioners become authorized prescribers in line with and at the same time as a wider nurse prescribing framework is established.

Legislation changes and an effective collaborative prescribing model for RNs will support users accessing health services to have a more satisfactory service and health experience.

Discussion and College submissions included the need for consistent guidelines that support appropriate preparation/endorsement of a collaborative model that assists and enables RN's to select, initiate, modify, or discontinue therapy based on patient needs and professional judgment *within their area of practice*.

The proposed RN prescribing framework fits well with the recognized ability and readiness of the nursing workforce responsiveness to the current and predicted changing needs of our NZ health service. The full potential of the registered nursing workforce could be better utilised with the development of collaborative prescribing. RNs working with authorized prescribers (Medical and NP) will better meet the demographic and health related changes of our current and future population.

Although the NCNZ proposed framework indicates restricted or reducing use of standing orders our discussion indicated the use of standing orders would still guide the practice of many RNs particularly in the more generalist practice areas within the hospital context. Many submissions within the College indicated the need for caution in assuming that collaborative prescribing will do away with the need for standing orders. At the least any transition will need to be carefully managed.

**4. Do you support the proposed definition of collaborative prescribing?**

**Yes:**

In addition submissions discussed the need for further clarity around the role of endorsement/credentialing at an organisational level. We assume this may be required as part of the authorisation process and is hence a collaborative responsibility between employers and NCNZ (and educators).

*“Collaborative prescribing is where a non-prescribing health practitioner, after authorisation from their registration authority, may prescribe under the supervision of an authorised prescriber.”*