

Developing RN prescribers – NPs an integral cog in the wheel

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Introduction

- o How I came to be where I am
- o My current role and responsibilities
- o My passion and hope for the future of
Nursing and health care in New Zealand

Aims

- o To describe how we supported RNs to become RN prescribers
- o To discuss the organisation, local and regional work that needed to be done to support RN prescribers
- o Clearly define how NPs are the best profession to support RN prescribers in my opinion
- o Demonstrate how RNs prescribers can to supported in roles in PHC

Background: how this journey begins

- o Nga Kaitiaki Manawanui Whai Ora Model of Care, Key Values
- o Whakawhanaungatanga
- o *(noun) process of establishing relationships, relating well to others*
- o **Value of connecting with people in a meaningful way**
- o Placing importance of building of developing relationships “time rich”
- o Whanau
- o Building rapport

- o Manaakitanga
- o *(noun) hospitality, kindness, generosity, support - the process of showing respect, generosity and care for others*
- o Actively listening
- o **Circle of care**
- o Advocating for others
- o Reciprocity
- o Compassion

How this journey begins continued

- o **Kotahitanga**
- o *(noun) unity, togetherness, solidarity, collective action*
- o One team, no silos
- o Working together
- o Walking alongside whanau
- o Balance – True partnership
- o No hierarchy
- o **Mahitahi - Collaborative practice - Multi-disciplinary**

- o **Matauranga**
- o *(noun) knowledge, wisdom, understanding, skill - sometimes used in the plural*
- o Integrity and professionalism
- o **Clinical Challenges - conventional boundaries - safe practice**
- o **Respect to delegated scope**
- o Reflection
- o Sharing - contributing

- o **Tino rangatiratanga**
- o *(noun) self-determination, sovereignty, autonomy, self-government, domination, rule, control, power*
- o **People driven**
- o Self determination
- o Connecting
- o Weaving, knitting, navigation
- o Empowering others

Opportunity

o Two RNs

- One at the ends of prescribing practicum ready to apply to NCNZ

- One at the beginning of her Prescribing practicum

How we worked prescribing/clinical supervision in this setting

Facts about Designated RN prescribers

- o There are currently 244 Registered Nurse Prescribers in NZ
- o The educational requirement is a prescriptive postgraduate diploma (primary care and speciality teams)
- o They are designated prescribers and must work in an MDT team with a Authorised prescriber (NP or Dr)
- o They may prescribe in situations where the diagnosis has already been made, or diagnosis is relatively uncomplicated or builds on an identified underlying disease process, or for minor ailments or illnesses. Diagnostic uncertainty must be discussed with an authorised prescriber. (Nursing Council NZ, 2018)

Designated Authorised Prescriber (DAP) requirements

The supervisor

- To assist and RN to acquire knowledge and practical skills relevant to their proposed role as a prescriber and to assess the achievement of the learning outcomes and confirmation of the equivalent of 150hrs of supervised practice
Provide a professional declaration confirming the RNs skills
- Ongoing prescribing supervision requirements formally for 12months and thereafter if part of the MDT team the RN prescriber is employed into

Source: Wintec 2017 Diploma in nursing NURS806 registered nurse prescribing practicum, Prescribing handbook for students and Designated Authorised Prescribers

Why are NPs the best professional....to supervise RN prescribers

- o We get it!!! the scope of practice, how nursing council works, we understand competencies and how evident needs to be given to show competence
- o We approach the care of patients differently to our medical colleagues.
- o If we help to train RN prescribers the role and scope differences can be made clear from the start to the employer, the RN prescriber and the NP

Organisation and Regional Development

- o Policy and procedure developed within the organisation for RN prescribers
- o PHC proposal to community laboratory provider to allow RN prescribers access to laboratory tests
- o Collaboration with DHB “Framework for RN prescriber in DHB”
- o Regional RN prescriber peer group developed- Midlands region

Learnings- How this can be applied to Primary Care

- o Relationships and collaboration key
- o RN prescribers do not challenge the NP scope they are very complimentary
- o Prescribing practicum/supervision within a clinic/general practice is much easier than a community based team but its still achievable
- o It is a time commitment that isnt remunerated by academic institutes and this needs addressing
- o Regional barriers exist for new RN prescribers and we need to ensure that has been learnt from NP development is shared



Questions??

References

- *Nursing council of New Zealand (2018).
Guidelines for registered nurses prescribing
in primary health and specialty teams*
- *Wintec (2017) Diploma in nursing NURS806
registered nurse prescribing practicum,
Prescribing handbook for students and
Designated Authorised Prescribers*