



Te Kaunihera Tapuhi o Aotearoa  
Nursing Council of New Zealand

## **Competencies for nurse prescribers**

**August 2016**

## Introduction

The role of the Nursing Council is to protect the health and safety of the public by setting standards for nurses under the Health Practitioners Competence Assurance Act (2003).

The Council has adapted this framework for registered nurses prescribing in primary health and specialty teams with permission from the National Prescribing Service in Australia<sup>1</sup>. The competency framework will be used to help registered nurses (and nurse practitioner candidates) prepare to prescribe and maintain their competence in prescribing, and for the design and delivery of prescribing programmes.

The competencies describe the activities that are essential for safe, appropriate and effective prescribing including patient assessment, clinical reasoning, monitoring and communication skills. They also apply principles of quality use of medicines and professional behaviour, particularly *Competency Area 5: Practises professionally*. These competencies outline the expected standard of prescribing practice for *Registered nurses prescribing in primary health and specialty teams*.

Please note that registered nurse prescribers are also required to meet the competencies for the registered nurse scope of practice.

The Council has also provided more detailed advice on the extent of your prescribing authority and professional accountabilities; the requirement to practise within a collaborative team; and the list of specified prescription medicines and controlled drugs in *Guidelines for registered nurses prescribing in primary health and specialty teams* (Nursing Council of New Zealand, 2016).

## Registered nurse scope of practice

Registered nurses prescribing in primary health and specialty teams practise within the registered nurse scope of practice (see below). The prescribing of medicines complements other activities that registered nurses contribute to the clinical management of people with long-term and common conditions. As a regulated health practitioner with prescribing authority you are accountable for the prescribing decisions you make. You are required to work with a collaborative team and to seek advice or refer patients with complicated, complex or uncertain health conditions which are beyond your experience and education to a medical practitioner or nurse practitioner within the team.

*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, healthcare assistants and others. They provide comprehensive assessments to develop, implement and evaluate an integrated plan of healthcare, and provide interventions that require substantial scientific and professional*

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<sup>1</sup> National Prescribing Service: Better Choices, Better Health (2012). *Competencies required to prescribe medicines: Putting quality use of medicines into practice*. Sydney, Australia.

*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.*

### **Competency Area 1: Understands the health consumer and their clinical needs.**

#### **Element 1.1 Performs a comprehensive medicines assessment to obtain information to understand the health consumer's clinical needs and context.**

- 1.1.1 Conducts an assessment that is appropriate to the registered nurse's scope of practice, prescribing authority and the health consumer's clinical context.
- 1.1.2 Reviews and interprets information in the health consumer's health records.
- 1.1.3 Obtains relevant information from the health consumer about their medicines, and their medical and clinical history, including their co-existing conditions, treatments, alcohol and substance use, allergies and social context.
- 1.1.4 Assesses the health consumer's risk factors for poor adherence; for example: social isolation; physical impairment; cognitive impairment or disturbance; low English proficiency; low health literacy; and financial disadvantage.
- 1.1.5 Ascertains that sufficient information has been obtained about the health consumer's co-existing conditions and current treatments to identify possible risks and contraindications for treatments.
- 1.1.6 Performs clinical examinations that are within the registered nurse's scope of practice and relevant to the health consumer's problem, and accurately interprets the findings of these examinations.

**Element 1.2 Generates and explores possible diagnoses.**

- 1.2.1 Synthesises information from the health record and comprehensive assessment to develop provisional and differential diagnoses consistent with scope of practice.
- 1.2.2 Develops a diagnostic strategy and performs relevant investigations.
- 1.2.3 Consults with an authorised prescriber if unsure of provisional or differential diagnosis.
- 1.2.4 Explains the clinical issues and their implications to the health consumer.

**Competency Area 2: Understands the treatment options and how they support the health consumer's clinical needs.**

**Element 2.1 Identifies and negotiates appropriate non-pharmacological and pharmacological options that can be incorporated into the health consumer's treatment plan.**

- 2.1.1 Recognises when it is clinically appropriate not to intervene; for example, in cases where the signs and symptoms are likely to resolve without treatment.
- 2.1.2 Recognises when it is clinically appropriate to implement non-pharmacological treatments.
- 2.1.3 Integrates knowledge of pharmacology, other biomedical sciences, clinical medicine, and therapeutics, and identifies medicines suitable for treating the condition.
- 2.1.4 Obtains, interprets and applies current evidence and information about medicines to inform decisions about incorporating medicines into the health consumer's treatment plans.
- 2.1.5 Identifies medicines options that are likely to provide therapeutically effective and safe treatment, and tailors them to meet the needs of the health consumer.
- 2.1.6 Considers the cost and affordability of the medicines to the health consumer.
- 2.1.7 Considers the implications to the wider community of using a particular medicine to treat the health consumer.
- 2.1.8 Discusses the treatment options and medicines with the health consumer, whānau or carer considering: the priorities for treating their current condition and co-existing conditions (if required); their readiness to address the current condition; and their expectations of treatment.

- 2.1.9 Negotiates therapeutic goals that enhance the health consumer's self-management of their condition.
- 2.1.10 Supplements verbal information with written information about the condition and treatment options (where appropriate).
- 2.1.11 Allows the health consumer time to make an informed decision about their treatment.
- 2.1.12 Ensures the health consumer understands the treatment plan and how to use the medicine safely and effectively.
- 2.1.13 Refers the health consumer for further assessment or treatment when the suitable treatment options are outside the nurse's scope of practice.
- 2.1.14 Demonstrates a shared approach to decision making by assessing a patient's needs for medicines, taking into account their wishes and values, and those of their carers when making prescribing decisions.

### **Competency Area 3: Communicates the treatment plan clearly to other health professionals.**

#### **Element 3.1 Develops and maintains effective relationships, and communicates effectively with patients, carers, other prescribers and members of the multidisciplinary healthcare team.**

- 3.1.1 Provides clear instructions to other health professionals who dispense, supply or administer medicines prescribed for the health consumer.
- 3.1.2 Prepares prescriptions or medication orders that comply with relevant legislation, guidelines or codes of practice, and organisational policies and procedures.
- 3.1.3 Collaborates and engages in open, interactive discussions with other health professionals caring for the health consumer.

#### **Element 3.2 Provides information about medicines and the treatment plan with the health consumer's consent to other health professionals who provide care to the health consumer.**

- 3.2.1 Provides information about the treatment plan to members of multidisciplinary healthcare teams involved with the health consumer's care.

## **Competency Area 4: Monitors and reviews the health consumer's response to treatment.**

### **Element 4.1 Obtains information to assess the health consumer's response to treatment.**

- 4.1.1 Observes the health consumer to ascertain their response to treatment (where relevant).
- 4.1.2 Discusses with the health consumer and other health professionals their:
  - experience with implementing the treatment plan;
  - adherence, including any issues arising and possible ways to improve adherence;
  - perception or observation of the medicines' benefits and adverse effects; and
  - assessment of whether the therapeutic goals have been achieved.
- 4.1.3 Obtains additional information to assess whether the therapeutic goals have been achieved by examining the health consumer, requesting investigations and interpreting the findings (where relevant).
- 4.1.4 Synthesises information provided by the health consumer and other health professionals, and from clinical examinations and investigations to determine whether:
  - the therapeutic goals have been achieved;
  - treatment should be stopped, modified or continued; and
  - the health consumer should be referred to another health professional.

### **Element 4.2 Works in partnership with the health consumer and other health professionals to address issues arising from the review.**

- 4.2.1 Discusses the findings of the review with the health consumer.
- 4.2.2 Identifies if the health consumer requires a comprehensive medicines review.
- 4.2.3 Works in partnership with the health consumer and other health professionals to modify the treatment plan to optimise the safety and effectiveness of treatment (where relevant).
- 4.2.4 Reports issues arising from the review and documents in the clinical record.  
Communicates issues to other members of multidisciplinary healthcare teams involved with the health consumer's care.
- 4.2.5 Organises the next review.

## Competency Area 5: Practises professionally

### **Element 5.1 Practises within the applicable legislative and regulatory frameworks.**

5.1.1 Demonstrates knowledge of, and complies with, legislation, regulations and common law applicable to prescribing.

5.1.2 Maintains accurate and complete records of:

- the consultation
- clinical examinations and investigation results
- risk factors for medicines misadventure
- the health consumer's decision to decline treatment (where relevant)
- changes to the health consumer's medicines management plan, including the rationale behind these changes
- the review plan, recommendations and date for next review; and outcomes of the treatment.

### **Element 5.2 Practises according to professional standards, codes of conduct, and within the nurse's scope of practice.**

5.2.1 Demonstrates knowledge of and complies with: professional standards; codes of conduct; and scope of practice statements or guidelines.

5.2.2 Practises within the limits of the registered nurse's education, training and scope of practice.

5.2.3 Demonstrates respect for the scope of practice of other health professionals and their contribution within a collaborative team, particularly that of the health consumer's main healthcare provider.

5.2.4 Accepts responsibility and is accountable for the care provided to the health consumer.

5.2.5 Demonstrates understanding of the ethical and professional framework for accountability and responsibility in relation to prescribing.

5.2.6 Aware of own limitations and works within the limits of own professional competence. Knows when and how to refer/consult/seek guidance from another member of the multidisciplinary team.

**Element 5.3 Practises within the applicable frameworks of the healthcare setting and system.**

- 5.3.1 Demonstrates knowledge of and complies with national and facility policies and procedures in relation to prescribing.
- 5.3.2 Demonstrates appropriate professional judgment when interpreting and applying guidelines and protocols to the health consumer's situation.
- 5.3.3 Contributes to the improvement of policies and procedures for the judicious, appropriate, safe and effective use of medicines.

**Element 5.4 Demonstrates a commitment to continual quality improvement of the nurse's prescribing.**

- 5.4.1 Applies quality use of medicines principles when prescribing medicines.
- 5.4.2 Identifies common causes of medicines errors and adverse events, and implements strategies to reduce the risks of these occurring.
- 5.4.3 Critically evaluates information about medicines and makes evidence-based decisions about medicines in the health professional's own practice.
- 5.4.4 Engages in ongoing audit, case review and professional development to improve prescribing practices.

**Element 5.5 Addresses the potential for bias in prescribing decisions.**

- 5.5.1 Implements strategies to address influences that may bias prescribing decisions, including:
  - marketing influences
  - possible health consumer, professional or financial gain
  - conflicts of interest
  - the registered nurse's beliefs, values and experiences.

These strategies may include peer and case review, discussion with the collaborative team, policies and guidelines or professional standards.



## Glossary

**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.

**Competencies:** Skills, knowledge and attitudes by which performance and professional conduct are assessed

**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.

**Health consumer:** An individual who receives nursing care or services. This term represents patients, 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.

**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.