GUIDELINE:
Prescribing practice supervision.
Diabetes Nurse Specialist (Registered Nurse) Prescribing:

National Managed Roll out 2012

This guideline was adapted from the Medical Council of New Zealand's Induction and Supervision for Newly Registered Doctors guide (2007).

DIABETES NURSE SPECIALIST (REGISTERED NURSE) PRESCRIBING: NATIONAL MANAGED ROLL OUT 2012.

GUIDELINE: PRESCRIBING PRACTICE SUPERVISION

1. Background

The New Zealand Society for the Study of Diabetes (NZSSD) has been commissioned by Health Workforce New Zealand (HWNZ) to implement a managed roll out of prescribing by Diabetes Nurse Specialists (DNS).

Diabetes Nurse Specialists are required to be authorised by the Nursing Council of New Zealand to prescribe a limited number of prescription medicines used for people with diabetes, and will do so under the supervision of an authorised prescriber. Data relating to DNS prescribing will be collected and monitored by the NZSSD. A report will be made available to HWNZ at the conclusion of the rollout process.

2. Purpose of this guideline

This guideline has been developed to assist participating Diabetes Nurse Specialists (DNS), authorised prescribers and employers to understand and apply supervision of the DNS's prescribing practice.

3. What Constitutes Supervision?

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 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 flexible:

Supervision is time limited and is flexible depending on the DNS's requirements. Closer supervision is usually required in the beginning and decreases over time once the DNS and the authorised prescriber become confident with clinical reasoning and prescribing decisions.

This guideline was adapted from the Medical Council of New Zealand's Induction and Supervision for Newly Registered Doctors guide (2007).

3.1 Frequency of meetings

- The authorised prescriber is expected to meet with the prescribing DNS:
    - Daily for the first week, then
    - Weekly for the following two months, then
    - Fortnightly for the duration of the project
    - Post project monthly or at a frequency deemed appropriate and agreed by both the DNS and the authorised prescriber.

3.2 Purpose of regular case review meetings

The purpose of the regular meetings is to:

- Review of prescribing activities.
    - this will require review of clinical notes, lab results and copies of scripts written
- Review and give feedback on prescribing practice
- Enhance knowledge and clinical practice skills
- Discuss difficult or unusual cases
- Discuss general related topics as they arise

4.0 Who can provide supervision of prescribing practice?

The prescribing supervisor must be an authorised prescriber and:

- has had at least three years recent clinical experience for a group of patients with diabetes and related conditions and
- has the support of the employing organisation or general practice to act as the prescribing supervisor who will provide supervision, support and opportunities to ensure competence in prescribing practice and
- has some experience or training in teaching and/or supervising in practice and
- normally works with the DNS applying for prescribing authorisation. If this is not possible, arrangements can be agreed for another authorised prescriber to take on the role of the prescribing supervisor, provided the above criteria are met and the learning in practice relates to the clinical area in which the DNS will ultimately be carrying out their prescribing role.

5. Components of prescribing practice supervision

5.1 Prescribing

Explain pharmaceutical schedule and prescribing:

- Minimal requirements for legally acceptable prescribing
- Appropriate use of pharmaceuticals in diabetes care

This guideline was adapted from the Medical Council of New Zealand's Induction and Supervision for Newly Registered Doctors guide (2007).

- Monitoring processes for effectiveness, safety and cost

5.2 Patient safety

Detail patient safety issues:

- Define limits of prescribing responsibility and lines of accountability
- Backup arrangements when the supervising physician is unavailable

5.3 Legislative requirements

Ensure there is appropriate information available so that the DNS understands the legislative requirements relevant to the following, as they relate to prescribing within the Registered Nurse's scope of practice in New Zealand (refer to Appendix A for a synopsis on each Act):

- Health and Disability Commissioner Act 1995 and Code of Health and Disability Services Consumers' Rights 1996
  http://www.legislation.govt.nz/regulation/public/1996/0078/latest/whole.html
- Health Practitioners Competence Assurance Act 2003
  http://www.legislation.govt.nz/act/public/2003/0048/latest/DLM203312.html
- Medicines Act 1981 amended in 1990
- http://www.legislation.govt.nz/act/public/1981/0118/latest/DLM53790.html
- Misuse of Drugs Act 1975
  http://www.legislation.govt.nz/act/public/1975/0116/latest/DLM436101.html

5.4 Scholarship

Outline the practice review activities and available publications that form part of scholarship:

- Peer review
- Continuing nursing education
- Clinical audits
- Critical incident debrief
- Participation in case review, grand rounds etc:
- Relevant clinical journals

5.5 Professionalism

Outline these personal aspects of professionalism:

- Therapeutic boundaries
- Mentoring

This guideline was adapted from the Medical Council of New Zealand's Induction and Supervision for Newly Registered Doctors guide (2007).

- Limits of clinical responsibility pertaining to scope of practice as a registered nurse
- Patient expectations and accommodating the burden of care

6. Responsibilities of Diabetes Nurse Specialists Prescribing under Supervision

6.1 Set-up and management

Your responsibilities regarding set-up and management are to:

- make a commitment to take part fully in the supervision process
- take responsibility for setting up an appointment schedule with the authorised prescriber and diary the appointments
- work with the authorised prescriber to set supervision and educational objectives as necessary
- keep a prescribing/ clinical log (Appendix B)
- keep a record of your participation in continuing professional development activities in your log book

6.2 During supervision

Your responsibilities during supervision are:

- to communicate clearly with the authorised prescriber. If you need specific supervision or experience, discuss this with authorised prescriber
- if you are calling your authorised prescriber, to preface your conversation with a clear indicator of why you are ringing, for example:
    - for approval of a management plan
    - for advice, or
    - for active assistance
- to be prepared to accept constructive comments and be receptive to change and develop your prescribing practice if required
- to take part in audit and peer review
- to ask for advice
- if you need more support, to consider asking for mentoring to be arranged

6.3 Problems

Your responsibilities regarding problems are:

- to contact your authorised prescriber early if you have a problem

This guideline was adapted from the Medical Council of New Zealand's Induction and Supervision for Newly Registered Doctors guide (2007).

7. Responsibilities of supervising authorised prescribers

7.1 Supervisors are not civilly liable

Nursing practice is regulated by the HPCA Act through the Nursing Council of New Zealand. Authorised prescribers are not civilly liable for the actions of the DNS they are supervising unless they act in bad faith or without reasonable care.

7.2 Requirements and responsibilities of a supervisor:

- demonstrate a positive attitude in relation to nurse prescribing and the role of nurse prescribers within the multidisciplinary team
- possess a keen desire to work with and supervise nurse prescribers
- possess a commitment to be available on a day to day basis for clinical consultation
- be readily available and approachable
- make sure that alternative arrangements are made for ongoing supervision if you cannot fulfill the supervisory obligations for any reason
- be clear about the lines of communication
- make sure that protected supervision time is scheduled regularly and kept free from interruptions to both the authorised prescriber and the nurse/s being supervised
- provide clear clinical notes and comprehensive management plans, which include parameters clarifying when specialist involvement is required for a particular patient
- monitor and verify appropriateness of the diabetes nurse specialist's prescribing of diabetes medicines and products
- maintain case review meetings as detailed in 3.1.

7.3 General review at commencement of project

Arrange for review of the DNS's understanding and knowledge of key clinical areas such as:

- referral guidelines
- prescribing guidelines
- relevant investigations
- screening and treatment protocols
- medico-legal awareness
- communication and patient satisfaction

This guideline was adapted from the Medical Council of New Zealand's Induction and Supervision for Newly Registered Doctors guide (2007).

- understanding of the Accident Compensation Corporation (ACC), HealthPAC, PHARMAC and other agencies, and other issues relevant to the nurse's prescribing practice
- complete the prescribing practice assessment record as per the Prescribing Practicum Guideline, prior to and at completion of the prescribing practicum. Assessments are to be made available to the project manager.

This guideline was adapted from the Medical Council of New Zealand's Induction and Supervision for Newly Registered Doctors guide (2007).

Appendix A: Relevant legislation

Health and Disability Commissioner Act 1994 and Code of Health and Disability Consumers Rights 1996

The Act and Code are designed to promote the rights of people using health services. They also serve to ensure the fair, simple and efficient resolution of complaints. The Act establishes the office of a Health and Disability Commissioner, whose duties include investigating complaints against health care providers.

The Code outlines ten 'Rights of Consumers and Duties of Providers'. These rights are:

1. To be treated with respect
2. To freedom from discrimination, coercion, harassment and exploitation
3. To dignity and independence
4. To services of an appropriate standard
5. To effective communication
6. To be fully informed
7. To make an informed choice and informed consent
8. To support
9. Rights in respect of teaching and research
10. To complain.

A consumer information brochure outlining consumer's rights and responsibilities has been developed and it is readily available throughout the organisation.

How does this work day to day?

Some of the key actions that you will need to take in your daily work follow:

- Patients/clients/consumers are informed of their rights and responsibilities
- Care plans and treatment options reflect 'rights' and 'duties'
- Patients/clients/consumers are listened to and give fully informed consent
- Provision is made for chosen support people
- Privacy is ensured as far as practical

- Complaints procedures are followed, and if the patient/client/consumer is dissatisfied after the consultation/contact they are informed of their rights to complain to the Health and Disability Commissioner.

Health Practitioners Competence Assurance Act 2003

The Health Practitioners Competence Assurance (HPCA) Act 2003 provides for the regulation of Health Practitioners, to protect the public by putting into place mechanisms to help ensure the competence of Health Practitioners. It also provides for discipline and complaint procedures.

This Act provides a consistent approach across all registered health occupations.

There is a registering authority for each health discipline. Each Authority is responsible for prescribing and publishing the scope of practice of the discipline – that is, the content of the profession and the qualifications, or experience considered acceptable for a competent practitioner and thus suitable for registration. The Scope may include an extended scope to signify specialisation. Each Authority prescribes acceptable standards for registration, accepts applications and decides whether a person should be registered.

The Nurses Act 1977 was repealed by the Health Practitioners Competence Assurance Act 2003 in September 2004, along with similar legislation providing for all other Health Professionals. The Health Practitioners Competence Assurance Act 2003 provides for the regulation of Health Practitioners, to protect the public by putting into place mechanisms to help ensure the competence of Health Practitioners. It also provides for discipline and complaint procedures.

In New Zealand under the HPCA Act, every nurse has a scope of practice. The three scopes of practice and qualifications are listed below. The three scopes of practice are:

- Nurse practitioner
- Registered Nurse
- Enrolled Nurse

All Registered Nurses and Nurse Practitioners have their practising certificate certified annually.

Enrolled Nurses work under the direction and supervision of a Registered Nurse, Nurse Practitioner or Medical Practitioner.

Nurse Practitioner Qualifications

A nurse practitioner requires:

a) Registration with the Nursing Council of New Zealand in the Registered Nurse Scope of Practice **AND**
b) A minimum of four years of experience in a specific area of practice **AND**

c) Successful completion of a clinically focused Masters Degree programme approved by the Nursing Council of New Zealand, or equivalent qualification **AND**
d) A pass in a Nursing Council assessment of Nurse Practitioner competencies and criteria.

Nurse Practitioners seeking registration with prescribing rights are required to have an additional qualification:

e) Successful completion of an approved prescribing component of the clinically-focused master's programme relevant to their specific area of practice.
N.B. There is no requirement for supervision of Nurse Practitioner prescribing practice

Registered Nurse Qualifications (for New Zealand Graduates)

a) A bachelor degree in nursing (or an equivalent qualification) approved by the Nursing Council of New Zealand, **AND**
b) A pass in an assessment of Nursing Council Competencies for Registered Nurses by an approved provider, **AND**
c) A pass in an Examination for Registered Nurses.

Enrolled Nurse Qualifications (**New Zealand Graduates)**

a) Successful completion of an 18-month programme in enrolled nursing at level 5 on the New Zealand Qualification Authority – National Qualifications Framework accredited by the Nursing Council; **and**
b) a pass in an assessment of the Nursing Council competencies for enrolled nurses by an approved provider; **and**
c) a pass in an Examination for Enrolled nurses

The Act dictates the processes to be used by the Authority for new health professionals to be registered under the Act, establishes a disciplinary and complaints procedure applying uniformly to all registered health professional, and provides for the Authority to monitor and review competence of health practitioners.

Each Authority sets up a Professional Conduct Committee, to which complaints, channelled through the Health and Disability Commissioner, may be directed. Other complaints may be referred to the Health Practitioners Disciplinary Tribunal. There are provision in the Act for a range of penalties and actions, formulated to protect the public from risk. An employer, for example, must notify the appropriate Authority when it dismisses a Health Practitioner for incompetence.

The Act permits an Authority to require that practitioners undertake continuing competence programmes and reviews. Failure to comply with these requirements may see a Health Practitioner’s practising certificate suspended.

Provisions relating to Quality Assurance Activities apply to all Health Practitioners. This relates to assessing the services performed by one or more Health Practitioners, and provides for an application to the Minister of Health to keep the activity protected, which includes keeping confidential information about the protected activity confidential, and to appoint a person to carry out the assessment.

How does this work day to day?

This Act is the most important for Health Practitioners, and sets out the professional parameters for all Health Practitioners. Health Practitioners may make a report to the Authority when he or she believes that a Health Practitioner is incompetent. The registering body may continue the same, but there will be overarching, consistent and comprehensive requirements of all Authorities in terms of how they carry out their functions and the same disciplinary processes are now common to all Health Practitioners. Practitioners must be able to show that they are competent and that they are complying with their obligation to maintain competency, and be up-to-date with their knowledge.

Medicines Act 1981 as amended in 1990

Medical Practitioners

Medical practice in New Zealand is governed by the HPCA Act 2003, and the Medical Council is the registration authority for implementing this legislation.

To practice in New Zealand all doctors must be registered and hold an annual practising certificate (APC). The APC is the council's assurance to the public, that the doctor is competent to practice.

Specific Compliance for Nurses

Nurse Practitioners

Registration with the Nurse Practitioner scope of practice requires completion of at least one approved formal post-registration nursing programme to a Masters level, and appropriate experience and expertise in the area of specialisation. Once registered by the Nursing Council, the area of specialization will be noted against the nurse's registration, and appear on the practising certificate.

The Medicines (Designated Prescriber: Nurse Practitioners) Regulations 2005 provides that Nurse Practitioners who meet particular requirements to prescribe, under certain conditions, particular medicines – there are currently 1379 medicines listed.

In order to qualify to prescribe, a Nurse Practitioner is required to have:

(a) Obtained a Nurse Practitioner prescribing qualification that is specified for the purposes of this paragraph by the Nursing Council by notice in the *Gazette*; and

(b) Undertaken the training (if any) that is specified for the purposes of this paragraph by the Nursing Council by notice in the *Gazette*; and

(c) Demonstrated, to the satisfaction of the Nursing Council, that he or she is sufficiently knowledgeable to safely prescribe all Nurse Practitioner medicines.

The medicines that designated Nurse Prescribers may prescribe are set out in the Medicines Regulations 1984. This list may be changed from time to time.

Registered Nurses

Registration with the Registered Nurse scope of practice requires completion of a bachelor degree in nursing (or an equivalent qualification) approved by the Nursing Council of New Zealand.

The Medicines (Designated Prescriber: Registered Nurses Practising in Diabetes Health)

Regulation 2011 provides that registered nurses who meet particular requirements to prescribe, under certain conditions, particular medicines – there are currently 26 medicines listed.

In order to qualify to prescribe the registered nurse must have:

a) Completed two level eight papers or equivalent, as assessed by the Council. The papers must include the following content; pathophysiology, clinical assessment and decision making, and pharmacology; and
b) demonstrates a clear understanding of diabetes disease processes at level eight or equivalent as determined by Nursing Council; and
c) completion of a six to twelve week practicum with the authorised prescriber supervising the prescribing, which demonstrates knowledge to safely prescribe all specified diabetes medicines and knowledge of the regulatory framework for prescribing.

In addition Registered nurses practising in diabetes health must undertake:
(a) a minimum of 40 days per year of ongoing practice in a supervised prescribing relationship; and
(b) ongoing competence requirements of professional development must include specific development relating to prescribing in diabetes health.

Assessments of competence to be completed:
Registered nurses practising in diabetes health authorised to prescribe must provide to the Council each year with their application for a practising certificate, evidence that they have maintained their prescribing competence.

Misuse of Drugs Act 1975

The Misuse of Drugs Act 1975 was enacted to consolidate and amend the Narcotics Act 1965, and to make further provisions for the prevention of the misuse of drugs.

Definition of a controlled Drug:

Any substance, preparation, mixture, or article specified or described in the First, Second and Third Schedules to the Misuse of Drugs Act 1975.

Those drugs specified in the:

- First Schedule are Class A Controlled drugs and are considered to pose a very high risk of harm
- Second Schedule are Class B Controlled drugs, and are considered to pose a high risk of harm
- Third Schedule are Class C controlled drugs, and are considered to pose a moderate risk of harm

Section 4 of the Act allows for the amendment of these Schedules, so the Schedules can be updated, by removing, adding, moving items from one schedule to another, amend descriptions of items, etc.

Misuse of Drugs regulations 1977

These Regulations provide additional detailed information needed to meet the requirements of the Misuse of Drugs Act. That is, the Act specifies required practice and the Regulations add more information on 'how to'. Local organisational and professional policies, procedures, codes and standards support the Act and Regulations, and may increase the day-to-day practice requirements.

Consequences of Non-Compliance:

The consequences of non-compliance under the Act and the Regulations vary depending on the offence committed. They can range from imprisonment to substantial fines. Professional Councils, Boards and Disciplinary Committees may become involved in issues of non-compliance. MidCentral Health may also take disciplinary action.

For further information, check the Regulations, or Medicines Act.

New Zealand Society NZSSD for the Study of Diabetes

Prescribing practice feed back log – use in case review for all patients reviewed

Date	Patient NHI	Prescribing issue	Recommendation/Rationale	Physician signature

Adapted from the NZ Medical Council Supervisors report, August 2009.