Nurse Prescribing in Diabetes Services
A discussion document
Contents

Introduction

Section 1 – Background Information
  1.1 Health Workforce New Zealand (HWNZ)
  1.2 Nursing Council of New Zealand
  1.3 New Zealand Society for the Study of Diabetes
  1.4 Regulatory framework
  1.5 Future changes to the Medicines Act 1981
  1.6 Projects to establish demonstration sites for new ways of prescribing

Section 2: The Case for Nurse Prescribing
  2.1 Why are we consulting?
  2.2 Nurse prescribing in diabetes services
  2.3 Proposed list of medicines and medical devices
  2.4 What happens after the consultation?

Section 3: Qualifications, Training and Knowledge
  3.1 Background
  3.2 Medicines Act review
  3.3 Scope of practice – authorisations
  3.4 Nurse prescribing demonstration sites project
  3.5 Consultation
  3.6 First time prescribing
  3.7 Ongoing prescribing
  3.8 Nurse practitioner prescribing qualifications
  3.9 Nurse practitioner first-time prescribing
  3.10 Nurse practitioner ongoing prescribing
  3.11 International nurse prescribing

Section 4: Form for Feedback
  Official Information Act requirements
  Part A: Consultation Questions from HWNZ
  Part B: Consultation Questions from the Nursing Council
  Ongoing competence to prescribe
Introduction

Submissions are invited on whether or not registered nurses with the appropriate qualifications and experience, employed in providing care to people with diabetes, should be able to prescribe medicines used for people with diabetes and if so, what specific medicines and medical devices should they be able to prescribe. Regulatory changes will be required to enable this prescribing to take place. Submissions are also invited on the qualifications, training and ongoing competence requirements for nurses working in diabetes services to become prescribers if the regulations proceed.

Health Workforce New Zealand (HWNZ), in partnership with the Nursing Innovations Team of the Ministry of Health, is collaborating with the Nursing Council of New Zealand (Nursing Council) to undertake this targeted consultation process.

The document has been divided into four sections to guide your comments.

- **Section 1** – This section contains background information.
- **Section 2** – HWNZ is consulting, on behalf of the Minister of Health, on a proposal to make a regulation to allow suitably qualified and experienced registered nurses employed in diabetes services to become designated prescribers under the Medicines Act 1981, including the specific medicines and medical devices able to be prescribed.
- **Section 3** – The Nursing Council is consulting on the qualifications, training and knowledge requirements for nurses employed in diabetes services to become designated prescribers and for their ongoing competence should the regulations proceed.
- **Section 4** – This section provides a form for submitting feedback.

Combining the consultation process like this enables HWNZ and the Nursing Council to consult with key groups and organisations that would be affected by the proposed changes in a timely way that avoids duplication.

HWNZ is co-ordinating the consultation process and is responsible for the analysis of submissions in relation to Section 2, and will be making the recommendations to the Government.

The Nursing Council is responsible for the analysis of submissions in relation to Section 3 and gazetting the qualifications required for prescribing should the regulations proceed.

**The deadline for feedback is Friday 10 September 2010.** Submissions are accepted in written form (including email). Please send your submission to:

Megan Larken  
Senior Policy Analyst  
Health Workforce New Zealand  
Ministry of Health  
PO Box 5013  
WELLINGTON
A report on the analysis of submissions and the outcome of the policy development process will be published on the HWNZ website (http://www.healthworkforce.govt.nz) and the Nursing Council website (http://www.nursingcouncil.org.nz) as soon as possible.
Section 1 – Background Information

This section provides background information on the key organisations and legislation involved in the proposal being consulted on, and on a project to demonstrate nurse prescribing in diabetes services.

Section 2 provides a full explanation of the policy proposal being consulted on.

1.1 Health Workforce New Zealand (HWNZ)

1.1.1 The Government established HWNZ as a Committee under section 11 of the New Zealand Public Health and Disability Act 2000 in August 2010. The role of HWNZ is to provide advice to both the Minister of Health and the Director-General of Health to oversee and drive the rationalisation of workforce planning, education, training, development and purchasing with the health and disability sector. It is accountable to the Minister.

1.1.2 HWNZ was established to provide a simpler, more unified and responsive approach to workforce issues, driven by the future needs of the health sector. This will enable changing roles and practices to deliver improved models of care and service delivery. In particular, there is an urgent need for much greater flexibility and responsiveness in the nature and deployment of the health workforce with respect to roles and scopes of practice and to address the current workforce shortages and meet future workforce demand.

1.1.3 HWNZ is working with the various professional health sector and education groups to influence work practices and making recommendations to the Minister for changes to scopes of practice and workforce innovations. To this end, HWNZ has established a work programme to set up and evaluate demonstration sites for workforce innovation in high priority areas and to encourage and facilitate the spread of successful innovations.

1.2 Nursing Council of New Zealand

1.2.1 The Nursing Council is the authority responsible for the registration of nurses. Its primary function is to protect the health and safety of members of the public by ensuring that nurses are competent and fit to practise. The Nursing Council’s role and responsibilities are outlined in the Health Practitioners Competence Assurance Act 2003 (HPCA Act).

1.2.2 Nurses are responsible under the HPCA Act for practising within their scope of practice.

1.2.3 The Medicines Act 1981 provides the legal mechanism for allowing practitioners who meet the criteria to prescribe specified limited medicines as ‘designated prescribers’. A 2005 regulation made under the Medicines Act 1981 enables nurse practitioners to become designated prescribers within their defined area of practice (eg, primary health).
1.2.4 There is currently no regulation allowing prescribing by registered nurses. If such regulations come into force, the Nursing Council, as the registration authority for nursing, may authorise changes to the scopes of practice for individual practitioners where it is satisfied that the registered nurse has the appropriate qualifications to prescribe.

1.3 New Zealand Society for the Study of Diabetes

1.3.1 The New Zealand Society for the Study of Diabetes (NZSSD) is the national advisory body on scientific and clinical diabetes care and standards. The objectives of the NZSSD are to promote the study of diabetes and the best standards of care for diabetes in New Zealand. It also provides a national reference source on the subject.

1.3.2 The NZSSD is an incorporated society that is open to those involved in the care of people with diabetes. It has over 300 members including diabetes specialist physicians, diabetes specialist nurses, podiatrists, dieticians, ophthalmologists, general physicians, family doctors, community health workers and people in allied industries.

1.4 Regulatory framework

1.4.1 The prescribing of medicines is regulated under the Medicines Act 1981 and its associated regulations, which provide for two classes of prescribers: authorised and designated prescribers.

1.4.2 Authorised prescribers are medical practitioners, dentists and registered midwives. These prescribers have full prescribing rights and access to all medicines in the Medicines Regulations. Authorised prescribers only prescribe within their scope of practice as specified by their registration authority under the Health Practitioners Competence Assurance Act 2003.

1.4.3 Under section 105(1)(qa) of the Medicines Act 1981, regulations are required to give effect to any decisions to extend the prescribing framework for designated prescribers. The regulations specify the designated scope of practice within which prescribing is permitted, provide a schedule of prescription medicines, provide for minimum competency requirements, and may require prescribing to be undertaken under supervision.

1.4.4 Currently the only designated prescribers are nurse practitioners and optometrists, who are able to prescribe independently within their defined area/scope of practice.

1.5 Future changes to the Medicines Act 1981

1.5.1 The Government intends to introduce a Medicines Amendment Bill which will contain amendments necessitated by the Government’s decision to establish a regulatory scheme for natural health products sold in New Zealand. The Amendment Bill also provides an opportunity to modernise some of the provisions of the Medicines Act.
1.5.2 A number of beneficial changes can be progressed in tandem with the Natural Health Products Bill without delaying its passage. Proposed changes include amending the prescribing framework to make it more flexible and responsive to innovative practice. A more comprehensive overhaul of the Act will be required in the longer term to modernise and recast the medicines legislation.

1.6 **Projects to establish demonstration sites for new ways of prescribing**

1.6.1 In order to achieve and drive workforce innovation across the sector, HWNZ is overseeing a project to establish demonstration sites to trial the implementation of new ways of prescribing. Demonstration sites are funded by HWNZ to test the utility of new ways of working that have the potential to:

- have a positive impact on productivity
- improve quality and outcomes
- reduce costs in the long term
- unlock the potential of the workforce
- be nationally sustainable.

1.6.2 Workforce innovations such as these are designed to ensure that we continue to make the best use of the potential of the New Zealand health workforce and achieve better value for the public.

1.6.3 The first of these will be in diabetes services. HWNZ considered a range of models for the purposes of the project. The preferred option identified for the demonstration sites involves diabetes nurse specialists prescribing under supervision in a collaborative setting, in partnership with medical practitioners, and requires the drafting of regulations in order to establish and implement the demonstration sites.

1.6.4 'Diabetes nurse specialist' (DNS) is a term used to describe registered nurses who are qualified and experienced in line with the Specialist Level of the National Diabetes Knowledge and Skills Framework. They work primarily in specialist diabetes services. DNS already operate with a high degree of autonomy, and are largely responsible for the delivery of diabetes services, but their practice – and the service they can offer – is limited by an inability to prescribe commonly used medicines for diabetes. This results in delays and interruptions while medical approval is sought and prescriptions are written by doctors or nurse practitioners. In many other countries, suitably qualified diabetes nurse specialists are able to prescribe medicines for diabetes.

1.6.5 The strength of the demonstration site model is that it allows the fullest evaluation of potential new prescribers in a safe and controlled multidisciplinary setting.

---

1.6.6 Subject to new regulations to allow nurse prescribing, the project will involve up to three demonstration sites. The pilots will be conducted in partnership with NZSSD and will ensure ongoing involvement of nursing, medical, allied health and health consumer representative bodies.

1.6.7 The HWNZ will commission the establishment, implementation and evaluation of demonstration sites to trial DNS prescribing. The project is expected to run from July 2010 to September 2011.

1.6.8 The development of DNS prescribing will be carefully trialled and evaluated at the demonstration sites, which will measure the effectiveness and thoroughly assess all safety and quality issues. The participating DNS will be working as part of a multidisciplinary team in partnership with medical practitioners ensuring that professional support and advice are readily available.

1.6.9 The project would involve DNS keeping a log of all people with diabetes seen in ambulatory care in the course of their normal work over a six-month period. Their prescribing would be audited regularly by a colleague who is an authorised prescriber.
Section 2: The Case for Nurse Prescribing

HWNZ is consulting, on behalf of the Minister of Health, on a proposal to make a regulation to allow suitably qualified and experienced registered nurses employed in diabetes services to become designated prescribers under the Medicines Act 1981, including specific medicines and medical devices able to be prescribed.

2.1 Why are we consulting?

2.1.1 Currently in New Zealand we have a range of health professionals who could deliver better, sooner and more convenient health care for New Zealanders if advances in service delivery models were adopted and if legislative provisions were reviewed and amended to better reflect current practice. In recent years the academic and practical qualifications of many health professionals (particularly nurses) have increased, but in many instances this has not been matched by increased responsibility in practice. The workplace and legislative environments need to change to support advancements in the roles of clinical staff.

2.1.2 An identified high priority area for such change is diabetes. Currently, experienced registered nurses employed in diabetes services practise in collaborative team settings with a high degree of autonomy except for prescribing. Allowing these nurses to prescribe a limited range of medicines to adults with diabetes would result in better use of skills and resources to produce diabetes services.

2.1.3 The New Zealand Society for the Study of Diabetes (NZSSD) applied to HWNZ for rights for diabetes nurse specialists practising in approved demonstration sites to prescribe a limited range of medicines to people with diabetes for the purpose of testing the implementation of a changed model of care (see page 5 for information about the demonstration sites).

2.1.4 As a result, HWNZ, in partnership with the Nursing Innovations Team of the Ministry of Health, is undertaking a project to advance diabetes services, including establishing and evaluating demonstration sites and making a regulation to allow nurse prescribing.

2.1.5 The proposed regulation will allow registered nurses working in diabetes services, who have specific knowledge and qualifications, to prescribe a limited range of medicines as supervised ‘designated prescribers’ under s105(1)(qa) of the Medicines Act 1981.

2.1.6 The degree of supervision of the nurse’s prescribing will vary depending on the requirements of the authorised and designated prescribers involved.
2.1.7 In accordance with the Medicines Act section 105, the Minister of Health must ensure that consultation is carried out with substantially affected organisations prior to permitting additional prescribers. This section of the document forms the basis for this consultation.

2.1.8 Initially, prescribers under the new regulation will be diabetes nurse specialists working in the demonstration sites being established by HWNZ. If the demonstration site project proves successful, it is envisaged that the model will be rolled out (along with any necessary changes identified from the evaluation).

2.1.9 The long-term expected outcome is ongoing prescribing by nurses in multi-disciplinary teams, producing efficient, safe and high-quality diabetes care. Eventually, the regulation may allow nurses other than those employed in specialist services to prescribe. They would have equivalent qualifications but could be a community nurse or whanau ora nurse.

2.2 Nurse prescribing in diabetes services

2.2.1 Diabetes specialist teams operate in all districts in New Zealand, with eight districts having dedicated centres. A 2009 survey of District Health Boards found an average of 2.79 diabetes nurse specialists per 100,000 head of population. Diabetes nurse specialists generally have a minimum of four years specialty practice and have undertaken additional education and training. They are required to demonstrate the knowledge, skills and activities described in the National Diabetes Nursing Knowledge and Skills Framework (they are not nurse practitioners).

2.2.2 Nurses in diabetes services work in a collaborative team environment to help people with diabetes to understand and manage their diabetes, and with doctors and other health professionals to provide clinical treatment and care based on their unique knowledge and skills. It is a natural extension of the current role for experienced nurses in diabetes services to be able to take responsibility for prescribing common medicines for people with diabetes, under supervision in partnership with medical practitioners.

2.2.3 Within these collaborative team settings, nurses already take responsibility for independently managing the care of many people with diabetes, including administering medicines under 'standing orders’. Standing orders is a system designed to allow nurses (and other health professionals) to administer to a health consumer a medicine that meets the defined criteria specified by the authorised prescriber who will countersign the administration at a later date. It is not designed – nor is it able to be used – as a system for delegated prescribing.

---

2.2.4 The ability of nurses to prescribe will ensure greater continuity of care and convenience for people with diabetes who would no longer need a second appointment with a medical practitioner for the prescribing of routine medicines.

2.2.5 Nurse prescribing from a defined formulary is well established in New Zealand and internationally, and has generally been evaluated as positive.\(^4\)\(^5\)

2.3 Proposed list of medicines and medical devices

2.3.1 It is proposed that the medicines that can be prescribed will include both first-time prescriptions and dose modification of medications already prescribed. These medicines and medical devices are:

a. blood glucose meters, test strips, insulin syringes, insulin pen needles
b. glucagon hypokit
c. insulin (all types except initiation of those requiring special authority approval)
d. ketone test strips – urine and blood
e. metformin
f. ACE inhibitors (cilazapril (Inhibace), quinapril – including combination tablets with thiazide), angiotensin-II receptor blockers (ARBs) (after initial script with special authority approval)
g. aspirin
h. nicotine replacement therapy
i. simvastatin or atorvastatin (after initial script with special authority approval)
j. sulphonylureas (glipizide, gliclazide).

Please note that the final list of medicines and medical devices will be confirmed following the outcome of this consultation process.

2.4 What happens after the consultation?

2.4.1 Following the consultation, HWNZ will forward a recommendation to the Minister based on the submissions received. The Minister will then make a decision on whether or not to take the recommendation to Cabinet for approval for it to go to the Governor-General to become a regulation.


2.4.2 If this process results in a new regulation (taking into account the results of the consultation) and gazetting of the qualifications, this will enable nurses working in diabetes services who have been authorised by the Nursing Council to prescribe specified medicines and medical devices.

2.4.3 Once the regulations come into force, three demonstration sites would be set up to measure effectiveness, and to assess all safety and quality issues. The Nursing Council would authorise the nurses taking part in the demonstration site. The demonstrations would be evaluated and the findings used to inform any further roll-out.
Section 3: Qualifications, Training and Knowledge

This section discusses the qualifications, training and knowledge requirements for nurses working in diabetes services to become designated prescribers and for their ongoing competence.

3.1 Background
Under section 105 of the Medicines Act 1981, the Minister is considering making regulations that authorise nurses working in diabetes services to prescribe a limited number of prescription medicines that are used for health consumers with diabetes under the supervision of a medical practitioner. Section 2 discusses the proposed regulations.

3.2 Medicines Act review
The Nursing Council remains committed to working towards a review of the Medicines Act that will permit other registered nurses to prescribe and changes to that Act that will permit nurse practitioners to become authorised prescribers (rather than designated prescribers).

3.3 Scope of practice – authorisations
Because prescribing is not within the scope of practice of a registered nurse the Nursing Council will authorise individual nurses under section 21 of the Health Practitioners Competence Assurance Act 2003. This section permits the Nursing Council to change a scope of practice and state the health services the nurse is permitted to perform. The authorisation is subject to any conditions, which may include the following:

- The nurse practises subject to supervision by one or more nominated health practitioners or health practitioners of a stated class.
- The nurse practises subject to the oversight of one or more nominated health practitioners or health practitioners of a stated class.
- The nurse does not perform a task of a stated kind, or only in stated circumstances.
- The nurse practises in a stated capacity, for example, as an employee of a nominated person or a person of a stated class.
- The nurse practises only for a specified period.
- The nurse attains one or more further stated qualifications or further experience of a stated kind.
- Any condition the Nursing Council believes on reasonable grounds to be necessary to protect the safety of the public.
- The Nursing Council currently uses this authorisation process for first surgical assistants, nurses supplying the emergency contraceptive pill, and other nurses performing health services that may otherwise be outside the scope of practice of a registered nurse.
3.4 Nurse prescribing demonstration sites project
For the purposes of the demonstration sites project, the Nursing Council would authorise nurses to prescribe who are employed in one of the demonstration sites, prescribing under the supervision of a diabetes specialist physician for the specified period of the project.

3.5 Consultation
This document has been developed to consult with organisations that represent those likely to be affected by the regulations about the qualifications, training and knowledge requirements that the Nursing Council should specify for first time prescribing and ongoing competence to prescribe.

3.6 First time prescribing
Before prescribing for the first time the regulations may require the designated prescriber to satisfy one or more of the following requirements:
- obtain any qualification specified by the Nursing Council
- undertake training specified by the Nursing Council.
- demonstrate to the satisfaction of the Nursing Council that the nurse is sufficiently knowledgeable to safely prescribe.

3.7 Ongoing prescribing
The regulations may require a designated prescriber to:
- undergo specified training, including training of an ongoing nature specified by the Nursing Council
- undergo an assessment of competence to prescribe, including an assessment at regular intervals.

3.8 Nurse practitioner prescribing qualifications
To assist you in your response, the Council has included (below) the qualifications and training required for nurse practitioners to prescribe noting that nurse practitioners prescribe independently within their defined area of practice. The educational qualifications and training for nurses prescribing in diabetes services, who will prescribe under supervision with a limited formulary, will differ from that required for independent prescribing.

3.9 Nurse practitioner first-time prescribing
- Complete an approved clinical master’s programme for advanced nursing practice and prescribing within the defined area of practice.
- Or an equivalent overseas qualification.
• Pass an assessment against the nurse practitioner competencies by an approved panel.

3.10 Nurse practitioner ongoing prescribing
• Undertake a minimum of 40 hours per year of professional development aggregated over a five-year period.
• Complete 40 days of nursing practice aggregated over five years within their defined area of practice.
• Provide evidence every three years that they have maintained their competence and evidence of the ongoing training required and a competence assessment that includes evidence of ongoing peer review of their prescribing practice by a registered prescriber.

3.11 International nurse prescribing
It is difficult to make useful comparisons between the requirements for nurse prescribing in New Zealand and other jurisdictions because the models of prescribing and health care systems differ from the proposed prescribing framework and New Zealand’s health care system.

**United Kingdom**
There are three models of prescribing in the UK for nurses (and some other health practitioners).
• Nurse Independent Prescribers who are able to prescribe any medicine for any medical conditions within their competence.
• Community practitioners who prescribe independently from a limited formulary (for use in community settings).
• Supplementary prescribers, who are registered nurses able to prescribe any medicine within the framework of a patient-specific clinical management plan, as agreed with a doctor (prescribing takes place after an assessment and diagnosis of a patient’s condition by a doctor).

For further information about the education programmes and standards approved by NMC for nurse prescribing refer to www.nmc-uk.org.

**Australia**
Currently only nurse practitioners are authorised to independently prescribe medicines in Australia. For further information about educational preparation for nurse practitioners prescribing refer to www.ahpra.gov.au.

**Canada**
In Canada nurse practitioners are able to prescribe specified medicines with each province imposing different restrictions, policies and approval.
If you have any queries about Section 3, please contact:

Ana Shanks
Nursing Council of New Zealand
PO Box 9644
Wellington 6141
New Zealand
Tel: 04 802 1322
Email: ana@nursingcouncil.org.nz
Section 4: Form for Feedback

The questions in this form are designed to help you to focus your response and make it easier for us to analyse submissions. However, you don’t have to answer every question and you are welcome to add additional comments.

Please note that you do not have to provide personal information if you would prefer not to.

This submission was completed by:

Name: ____________________________
Address: __________________________
Email: ____________________________
Organisation: _______________________
Position: __________________________

If an email address is supplied, we will notify you when the report of the summary of submissions is published online.

You are making this submission:

☐ as an individual
☐ on behalf of a group or organisation
☐ other (please specify) ____________________________

Please indicate which part of the sector your submission represents:

☐ individual nurse  ☐ individual other
☐ consumer group  ☐ registration authority
☐ primary health organisation  ☐ Māori health provider
☐ Pacific health provider  ☐ government agency
☐ education provider  ☐ professional organisation
☐ private hospital provider  ☐ aged care provider
☐ non-government organisation  ☐ District Health Board
☐ other (please specify) ____________________________

In the interests of a full and transparent consultation process, HWNZ and the Nursing Council intend publishing submissions received on this consultation document on their websites. However, if you as an individual or as an organisation object to such publication, or to the publication of your name, tick one or both of the following boxes:
I do not give permission for my submission to be published online.

I do not give permission for my name to be listed in the published summary of submissions.

**Official Information Act requirements**

Whether or not your submission is published on-line, your submission may be requested under the Official Information Act 1982. If your submission is requested, HWNZ will release your submission to the person who requested it. If you are an individual as opposed to an organisation, HWNZ will remove your personal details from the submission if you check the following:

I do not give permission for my personal details to be released to persons under the Official Information Act 1982.

**The deadline for feedback is Friday 10 September 2010.** Submissions are required in written form (including email). Please send your submission to:

Megan Larken  
Senior Policy Analyst  
HWNZ Business Unit  
Ministry of Health  
PO Box 5013  
WELLINGTON

Email: megan_larken@moh.govt.nz  
Phone: (04) 816 2782

A report on the analysis of submissions and outcome of the policy process will be published on the HWNZ website (http://www.healthworkforce.govt.nz) and the Nursing Council website (http://www.nursingcouncil.org.nz) as soon as possible.
A1. Do you agree with the proposal that suitably qualified and experienced registered nurses employed in diabetes services should be designated prescribers prescribing under supervision in a collaborative setting? If not, why not?

A2. Do you have any comment on the proposed list of medicines and medical devices that suitably qualified and experienced registered nurses employed in diabetes services will be able to prescribe as designated prescribers?

A3. Do you believe there should be any restrictions placed on prescribing by suitably qualified and experienced registered nurses employed in diabetes services?

A4. Do you have any other comments?
Part B: Consultation Questions from the Nursing Council

B1  Qualification required for first-time prescribing
Which of the following options do you support for academic preparation prior to first-time prescribing?

(a)  □ Postgraduate certificate (which includes all or some of the following subject matter: pathophysiology, clinical assessment and decision-making, pharmacology)

(b)  □ Postgraduate diploma (which includes all or some of the following subject matter: pathophysiology, clinical assessment and decision-making, pharmacology)

(c)  □ Successful completion of a Council-approved clinical master’s programme

(d)  □ Other option  ____________________________________________________________

Please provide reasons for your choice or suggest any other option.

B2  Education and training required for first time prescribing
Which of the following do you support? You may support more than one option.

(a)  □ Practicum period working with authorised prescriber

(b)  □ Simulated practicum including an OSCE (objective structured clinical examination)

(c)  □ Other option  ____________________________________________________________

Please provide reasons for your choice or suggest any other option.
B3 Demonstration of knowledge to safely prescribe

Which of the following do you support? You may support more than one option.

(a) [ ] Minimum of four years experience as a registered nurse in diabetes care
(b) [ ] Able to provide evidence of meeting specialist level at the National Diabetes Knowledge and Skills framework or equivalent
(c) [ ] Evidence of knowledge of regulatory framework for prescribing
(d) [ ] Evidence of knowledge of medications in schedule
(e) [ ] Other option

Please provide reasons for your choice or suggest any other option.

Ongoing competence to prescribe

B4 Other education and training

Which of the following do you support? You may support more than one option.

(a) [ ] Minimum of 40 days per year of ongoing practice in a prescribing relationship in diabetes services
(b) [ ] Minimum of 20 hours per year of professional development aggregated over a three-year period, that includes specific professional development relating to prescribing in diabetes services
(c) [ ] Other option

Please provide reasons for your choice or suggest any other option.
B5  Assessment of competence

Which of the following do you support? You may support more than one option.

(a)  A nurse permitted to prescribe must provide evidence when applying for an annual practising certificate every year that he/she has maintained his/her prescribing competence

(b)  A nurse permitted to prescribe must provide a competence assessment that includes evidence of ongoing review of the nurse’s prescribing practice by the medical practitioner providing supervision

(c)  Other option

Please provide reasons for your choice or suggest any other option.

Any other comments.

Thank you for your contribution.