

# **Mātanga Tapuhi nurse practitioner and registered nurse prescribing review**

MARCH 2025



**Te Kaunihera Tapuhi o Aotearoa**  
Nursing Council of New Zealand



# Te Tiriti o Waitangi

The Council is committed to Te Tiriti o Waitangi with kawa whakaruruhau and health equity fundamental to nursing practice and patient safety.



# The role of the Council

- Protect the health and safety of the public by providing for mechanisms to ensure nurses are fit and competent to practise their profession.
- The Nursing Council of New Zealand ('the Council') under the Health Practitioners Competence Assurance Act 2003 ('the Act') is required (sections 11, 12 and 118) to determine scopes of practice, standards of competence and accredit and monitor education providers and programmes leading to a qualification.
- The Council's strategic priority is to ensure standards are enabling, appropriate, relevant, and reflect both current and the future nursing practice.



# Purpose

## **Mātanga Tapuhi Nurse Practitioner (NP)**

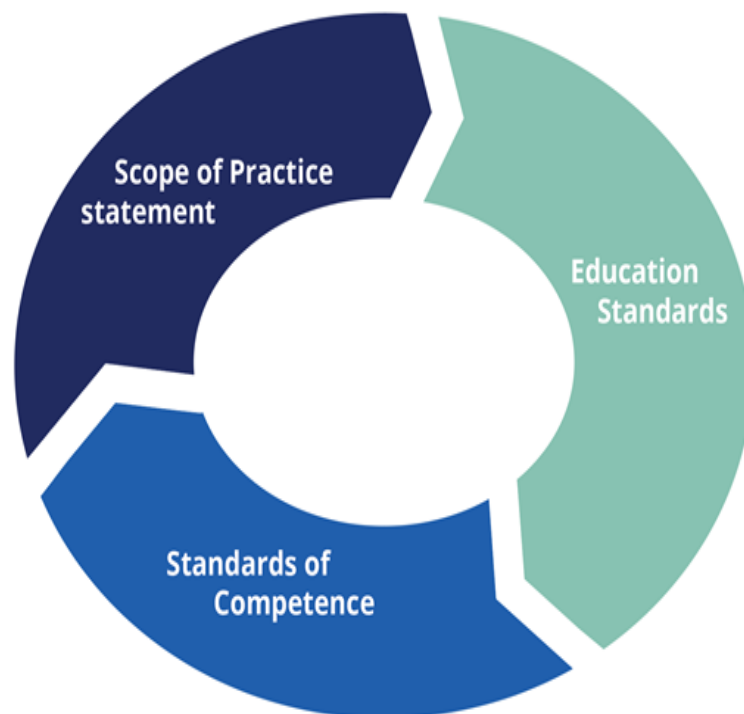
- Streamline education and registration requirements to support growth of NP workforce with a focus on primary care
- Identify and remove any regulatory barriers to expedite education pathways
- Align to international practice

## **Nurse Prescribing**

- Review nurse prescribing programme to ensure it is fit for purpose and will meet future challenges.
- Position RN prescribing to meet requirements associated with changes to medicines legislation including new scope of practice
- Align to international practice



# Scope interconnectedness



# Project phases/iterative development



# **Mātanga Tapuhi Nurse Practitioner scope of practice review – objectives**

- Review the current scope, education standards and competencies to ensure they remain fit-for-purpose, are future-focused and meets the needs of communities and whanau.
- Ensure the NP scope and educational standards enable the growth and diversity of the evolving NP.
- Identify barriers to NP development and practice, particularly for Māori and Pacific nurses.
- Identify any regulatory barriers with a view to improve efficiency and expediting the pathway while ensuring public safety.



# Considerations for Mātanga Tapuhi Nurse Practitioner scope of practice review

- The number of NPs have steadily increased, along with development of NP education and career pathways
- There is some urgency to progress the NP scope of practice review to meet the government's workforce priority on growing the NP workforce, particularly in the area of primary care
- The numbers of Māori and Pacific being ready and eligible to become a NP has not grown at the pace required to achieve equity in the workforce
- Educational standards need to consider alignment with international programmes and the NPTP programme clinical hours requirement
- The review needs to consider the current registration and recertification processes including the registration for IQNs.





# Workforce statistics – at end of December 2024

NP workforce- rapid growth since March 2019 - 373 NP compared to 859 end Dec 2024.

**83** NPs (9.7%) identify as Māori and **13** NP (1.5%) identify with one or more Pacific ethnicity.

## *Nurses with current APC at end of quarter*

Scope of practice	December 2023	March 2024	June 2024	September 2024	December 2024
Enrolled nurse	2,461	2,442	2,433	2,473	2,471
Registered nurse	74,439	75,474	77,876	80,313	82,419
Nurse practitioner	734	787	799	805	859
Total	77,634	78,703	81,108	83,591	85,749



## Years in practice – annual data

As of 31 March 2024, the Nurse Practitioner workforce gender balance reflected the nursing workforce, with around 90% identifying as female. The profile was older than the nursing workforce, with 55% aged 50 or older (compared to 44% of the entire nursing workforce).

The majority (77%) of these nurses have been practising as a nurse for over 15 years.

### *Years in practice reported by Nurse Practitioners*

	10 years or fewer	11-15 years	Ove 15 Years	Number responding	No data provided
All nurse practitioners	54	121	579	754	33

### *Number of years practising in the Nurse Practitioner scope*

	10 years or fewer	11-15 years	Over 15 years	Total
All nurse practitioners	702	56	29	787



# Employment settings –annual data

The table below presents the 10 most common employment settings reported by NPs.

Employment Setting	Percentage of Nurse Practitioners
Primary Health Care/Community Service (non Te Whatu Ora)	45%
Te Whatu Ora Clinical (Hospital)	31%
Te Whatu Ora Clinical (Community)	12%
Educational Institution	8%
Self employed	7%
Government Agency (e.g. Ministry of Health, ACC, Corrections etc.)	4%
Rest Home/Residential Care	4%
Rural	3%
Māori Health Service Provider	3%
Private Hospital	2%

*Note: nurses can report up to two employment settings – the above figures represent the percentage of NPs that reported each setting, and therefore total more than 100%.*



# International Comparisons

Country	Level of qualification	Length of study	Experience requirement	Clinical hours	Defined clinical area
New Zealand	Masters	2 years	4 years (in area of practice)	300-500	No
Australia	Masters	2 years	2 years (in area of practice)	300-500	No
USA	Masters	2-3 years	0-2 years	518-1,280	<ul style="list-style-type: none"> <li>• Psychiatric-Mental Health</li> <li>• Women's health</li> <li>• Family</li> <li>• Adult-Gerontology Acute Care</li> <li>• Adult-Gerontology Primary Care</li> <li>• Paediatric</li> </ul>
	Doctorate	2-4 years	0-2 years	540-1,180	
Ireland	Masters	2 years	3 years (1 year in area of practice)	500-596	No
Canada	Masters	2 years	2 years	730-794	<ul style="list-style-type: none"> <li>• Family/ All Ages within a Primary Health Care focus</li> <li>• Adult with or without specialisation</li> <li>• Paediatric with or without a clinical area of specialisation</li> <li>• Neonatal</li> <li>• Anaesthesia</li> </ul>
The Netherlands	Masters	2-3 years	2 years	2,000	<ul style="list-style-type: none"> <li>• General</li> <li>• Mental health</li> </ul>
United Kingdom (NP not a regulated scope)	Masters	2-3 years	2-3 years	112-600	<ul style="list-style-type: none"> <li>• None, or:</li> <li>• Adult</li> <li>• Mental health</li> <li>• Learning disabilities</li> <li>• Children</li> </ul>

# NP Reference Group Members

Project leads – Dr Rachael Walker and Jane MacGeorge

- Chelsea Gannon-Willmott – Chair  
NPNZ, NP
- Margaret Hand – NP
- Josephine Davis – NP, Associate Head  
Māori UoA
- Mark Baldwin – NP
- Catherine Tu'akalau - NP
- Georgina McPherson - NP
- Laura Henderson - NP
- Helen Snell – NP, Massey Uni
- Becky Hickmott – DON Canterbury/West  
Coast
- Karyn Bousfield- Black – DON Hawke's  
Bay
- Michael McIlhone – DON Pegasus,  
Canterbury
- Julia Slark – HoS UoA
- Mairi Lucas – Manager Nursing &  
Professional Services NZNO
- Kerri Nuku – Kaiwhakahaere NZNO
- Kate Weston – CE College of Nurses



# Medical Products Bill

- Under development
- Replaces the 1981 Medicines Act (and Therapeutic Products Act)
- Will require scopes of practice for prescribing



# Registered nurse prescribing review

- Separate workstream but part of the NP scope of practice review project
- Background
  - Actively engaged in prescribing practice in Aotearoa since legislation was passed in 2011 (diabetes nurse prescribers)
  - Changes to RNs prescribing in primary health and specialty teams in 2016 and RN community prescribing added in 2017.
  - Both types must meet specific education and practice requirements
    - PG Dip for RNs in primary and specialty teams and 3 years of practice in area they wish to prescribe in
    - Work-based learning programme for RN community prescribers and 3 years total practice experience with 1 year in area they wish to prescribe in
  - Both prescribe from a list of medicines determined by the Director General of Health
- No substantial review of programme since inception
- Other relevant info
  - Nurses with relevant additional education can also supply the ECP and/or Hep C medications (under authorisation of the Nursing Council)
  - Nurses with relevant additional education can supply and administer vaccines (under authorisation of a Medical Officer of Health)



# Registered nurse prescribing – objectives

- Review the current programme to ensure it remains fit-for-purpose, is future-focused and meets the needs of communities and whanau.
- Develop a scope of practice for designated RN prescribers in readiness for the introduction of the proposed Medical Products Bill.
- Review the qualification requirements for designated nurse prescribers.
- Consider decoupling RN prescribing and NP education standards with the development of a separate RN prescribing scope.
- Review the way RN prescribers prescribe by list with a view to enabling RN prescribers to prescribe by class or description of medicine
- Identify any regulatory barriers with a view to improving efficiency and reducing cost while ensuring public safety.

Some of these elements will require legislative changes, however other options regarding RN prescribing that do not require legislative change will be considered.





# Registered Nurse Prescribing Reference Group Members

Project leads – Dr Jill Clendon and Jane MacGeorge

- Kim Carter – RN Prescriber
- Pirihiira Puata – RN Prescriber
- Nicky Burwood - NP
- Rachel Hale – NP / Educator
- Julena Adern – NP / Educator
- Becky Hickmott – DON Canterbury/West Coast
- Karyn Bousfield- Black – DON Hawke's Bay
- Michael McIlhone – DON Pegasus, Canterbury
- Kate Norris – DON WellSouth
- Julia Slark – HoS UoA
- Mairi Lucas – Manager Nursing & Professional Services NZNO
- Kerri Nuku – Kaiwhakahaere NZNO
- Kate Weston – CE College of Nurses



# Data – Nurses with prescribing rights

Nurses with prescribing rights represented 2.8% of all nurses with an APC at the end of December 2024: all nurse practitioners, and 1.8% of registered nurses. This compares to 2.7% of all nurses with an APC and 1.8% of registered nurses a year ago.

Nursing with prescribing rights by quarter					
	Dec-23	Mar-24	Jun-24	Sept-24	Dec-24
RN prescriber- primary health and specialty teams	539	586	586	597	630
RN prescriber- community health	470	467	492	518	588
RN prescriber- diabetes	45	46	45	45	43
<b>Total</b>	<b>1054</b>	<b>1099</b>	<b>1123</b>	<b>1160</b>	<b>1261</b>



# Māori RN prescribers (March 2024)

12.5% of RN prescribers are Māori compared with approximately 7% in the registered nursing workforce as a whole

Ethnicity	Primary health and specialty teams	Community health	Diabetes	Total number of prescribers
NZ Māori	67	64	6	137

Most RN prescribers work in non-Te Whatu Ora providers and predominantly with community employers. 46 work in Māori Health Service Providers (2024 figures):

Employment setting	Primary health and specialty teams	Community health	Diabetes	Total number of prescribers
Māori Health Service Provider	13	33	-	46



## Pacific RN prescribers (March 2024)

4.74% RNP have listed a Pacific Island ethnicity compared with 4% of the workforce as a whole.

Ethnicity	Primary health and specialty teams	Community health	Diabetes	Total number of prescribers
Cook Island Māori	1	5	-	6
Fijian	7	6	1	14
Niuean	-	4	-	2
Other Pacific Peoples	1	1	-	2
Samoan	3	11	1	14
Tokelauan	-	1	1	2
Tongan	4	5	1	10
Total active registered nurse prescribers				52



# Region of RN prescriber practice (March 2024)

Region of practice	Primary health and specialty teams	Community health	Diabetes	Total Number of prescribers
Auckland	144	143	11	298
Bay of Plenty	48	32	2	82
Canterbury	62	13	2	77
Hawkes Bay	40	32	2	74
Manawatu-Wanganui	50	22	5	77
Nelson - Marlborough	19	10	-	29
Northland	32	5	3	40
Otago	27	32	3	62
Southland	7	16	-	23
Tairāwhiti	7	25	1	33
Taranaki	12	23	-	35
Waikato	65	72	6	143
Wellington	55	29	8	92
West Coast	4	-	-	4
<i>Not stated</i>	12	11	3	26
<b>Total active registered nurse prescribers</b>	<b>584</b>	<b>465</b>	<b>46</b>	<b>1095</b>



# International comparisons

Country	Level of qualification	Defined area of practice	Length of study	Level of prescribing rights
New Zealand	PG Dip	Primary health and specialty teams	1 year full time	Prescribes from list set by Ministry of Health
New Zealand	Work-based	Community health	6-7 months part time	Prescribes from sub set of above list
Australia	PG Cert	No	6 months full time	Prescribes from schedules of medicines
Ireland	Graduate Cert	No	6 months full time	Any medication within scope
UK	Graduate Cert V100	Community	4-8 months full time	Limited list
	Graduate Cert v200 or V300	Independent	4-8 months full time	Any medication from British formulary
Finland	45 credits at Master's level	Public health	1 year full time	Prescribes from list set by Ministry
Netherlands	PG course	<ul style="list-style-type: none"> <li>• Diabetes</li> <li>• Oncology</li> <li>• Asthma</li> <li>• COPD</li> </ul>		Limited number of medicines within specialty area after diagnosis by Dr



# What we know about RN prescribers

RN prescribing:

- Is safe
- Addresses inequity
- Improves access to medicines (particularly for Māori, those who live in more deprived areas and rural people)
- Has equitable outcomes to medical prescribing
- Some evidence it can result in fewer admissions to hospital after RN prescribing compared to medical prescribing

RN prescribers are:

- Cautious and practice well within scope
- Use appropriate tools and seek guidance when needed for decision-making



# Key challenge for RN Prescribing – the list

- Medicines can be changed and/or updated more frequently than the list
- Best practice in the use of medicines can change more frequently than the list
- Making changes to the list is time-intensive (the most recent update took a year to confirm and put in place)
- RN prescribers are frustrated by the limitations of the list considering it 'limited and out of date' and dissatisfying to rely on authorised prescribers to prescribe medicines that are within their scope of practice but not on the list.

*"The utility of my role as a prescriber had lessened due to list issues, what this means is that my patients who already have issues with access to primary health care services have further barriers and costs" (RN Prescriber, Rural PHC).*





# Proposed project milestones



# How you can contribute

## Project leads

Co-leads Dr Rachael Walker (NP) and Dr Jill Clendon (RNP)

NCNZ project coordination - Jane MacGeorge

Project support – Laura Hedley

## Project advisory groups

Consists of project partners and experts

Māori and Pacific guidance

Will include Nurse Practitioners, Nurse Prescribers, Educators and Employers

Undertakes and informs the core review

## Sector reference group

Consists of key stakeholders and wider perspectives

Provides focused review and feedback for advisory group

## Open consultation

Sector engagement

Formal consultation mechanisms



# How we will communicate

- Website
- Pānui updates
- NPNZ
- Māori Rōpū
- Pacific Fono
- Professional colleges and associations
- Sector nursing leadership
- Advisory and reference groups
- Consultation events
- Formal consultation



# Karakia whakamutungā

Unuhia, unuhia  
Unuhia ki te uru tapu nui  
Kia wātea, kia māmā te ngākau,  
te tinana te wairua I te ara takatū  
Koia rā e rongo  
whakairia ake ki runga  
Kia tina! Tina! Hui e! Tāiki e!

