



# **Designated Registered Nurse Prescriber in Community Health Recertification Programme (designated RNPCH)**

**General Information  
for  
Applicants, Supervisors and Employers**

## Contents

<i>Midland Collaborative designated RNPCH recertification programme</i> .....	3
<hr/>	
<i>Programme Outline</i> .....	3
Rationale for designated RNPCH:	3
Principles to guide culturally responsive care:	4
<i>Entry Criteria</i> .....	4
<hr/>	
<i>Recertification Programme</i> .....	6
<hr/>	
<i>Designated RNPCH Prescribing scope</i> .....	7
<hr/>	
<i>Frequently asked Questions – FAQs</i> .....	8
<hr/>	
<i>General information</i> .....	8
How do I apply?	8
What are the entry criteria for the programme?	8
How much does the course cost?	8
What will I need to do to pass the course?	8
Who do I contact if I have a query?	9
How often will the courses be run?	9
What are the continuing competence requirements for this programme?	9
<i>Education/Training</i> .....	9
What are the education and training requirements?	9
How do I access Ko Awatea/online learning?	10
What if I make a mistake on my RNPCH final Assessment and have exceeded my number of attempts?	10
How long does the programme take to complete?	10
How do I use the clinical learning and case review log?	10
Will I gain academic credits?	11
Will the competencies I meet in this programme transfer into a full professional development portfolio?	11
Do I need to do the virtual pre-course session?	11
<i>Clinical supervision/mentor</i> .....	11
Who can be a clinical supervisor?	11
When should I start seeing my supervisor?	11
My clinical supervisor works in a specialist area and is hard to reach-what do I do?	11
What does a mentor do, and do I need one?	12
<i>Prescribing</i> .....	12
What can I prescribe?	12
What medications can I prescribe in the formulary?	12
How will this benefit my patients?	12
If a patient living with a long- term condition presents acutely with an UTI for example, can I prescribe for them?	13
Will I be paid more once I am able to prescribe?	13

## Midland Collaborative designated RNPCH recertification programme

The Midland Collaborative of five District Health Boards (DHBs) and eight Primary Health Organisations (PHOs) within the Midland geographical area were approved by Nursing Council of New Zealand (NCNZ) as recertification programme providers in August 2020.

The recertification programme delivers education and training to prepare a Registered Nurse (RN) to safely manage care for normally healthy people presenting with common acute illness using a limited formulary approved for the community health setting.

### Intent: meeting population needs in the Midland Region

The designated RNPCH recertification programme reflects a commitment to achieve equity in health outcomes for Māori, Pasifika peoples and communities with health inequities; with associated responsibility in reducing inequity in health for our populations, and in provision of safe, quality healthcare services by professionals who are well trained and fit for purpose.

### Programme Outline

Nursing practice in New Zealand is controlled under the Health Practitioners Competence Assurance Act (MOH 2003). New Zealand Nursing Council (NZNC) is the professional regulator responsible for ensuring nurses practice to a safe and competent standard under the Act. Designated RNPCH is a limited guideline-based model of prescribing designed to cater for the needs of normally healthy people who have specific minor ailments or common conditions in the community. The preparation, role and responsibility are not equivalent to other prescribing roles.

NCNZ believes that the three models for RN prescribing will provide flexibility for different patient needs and that prescribing authority will:

- Improve patient access to healthcare
- Promote close collaboration between team members and build on the existing skills and knowledge of registered nurses
- Enable nurses to take accountability for prescribing decisions based on their assessments rather than working under Standing Orders

### Rationale for designated RNPCH:

- Improve patient care without compromising patient safety
- Make it easier for patients to obtain the medicines they need
- Increase patient choice in accessing medicines
- Make better use of the skills and education of health professionals

## Principles to guide culturally responsive care:

Based on principles of Te Tiriti o Waitangi and taking into account the Wai 2575 Health Services and Outcomes Kaupapa enquiry recommendations and the New Zealand (NZ) Health and Disability System Review recommendations and expected Ministry of Health (MOH) action plan.

- An MOH workforce priority that commits to grow and develop a nursing workforce that is culturally responsive to the needs of Māori, including growing a proportionate Māori nurse workforce
- The approach focuses on building and maintaining therapeutic relationships and working in partnership with Māori
- To support nursing workforce response to make a radical difference to health outcomes for Māori
- Address significant health inequities that exist between Māori and non-Māori health outcomes
- Emphasis on person and whanau centred care in line with Māori models of health care

With this intent the Midland Collaborative programme will incorporate and integrate Te Reo Māori, Te Ao Māori, Tikanga practices, and Whakatauki.

Case scenarios will be integrated as part of the learning activities to grow knowledge and understanding of Te Ao Māori to grow confidence in providing culturally responsive care.

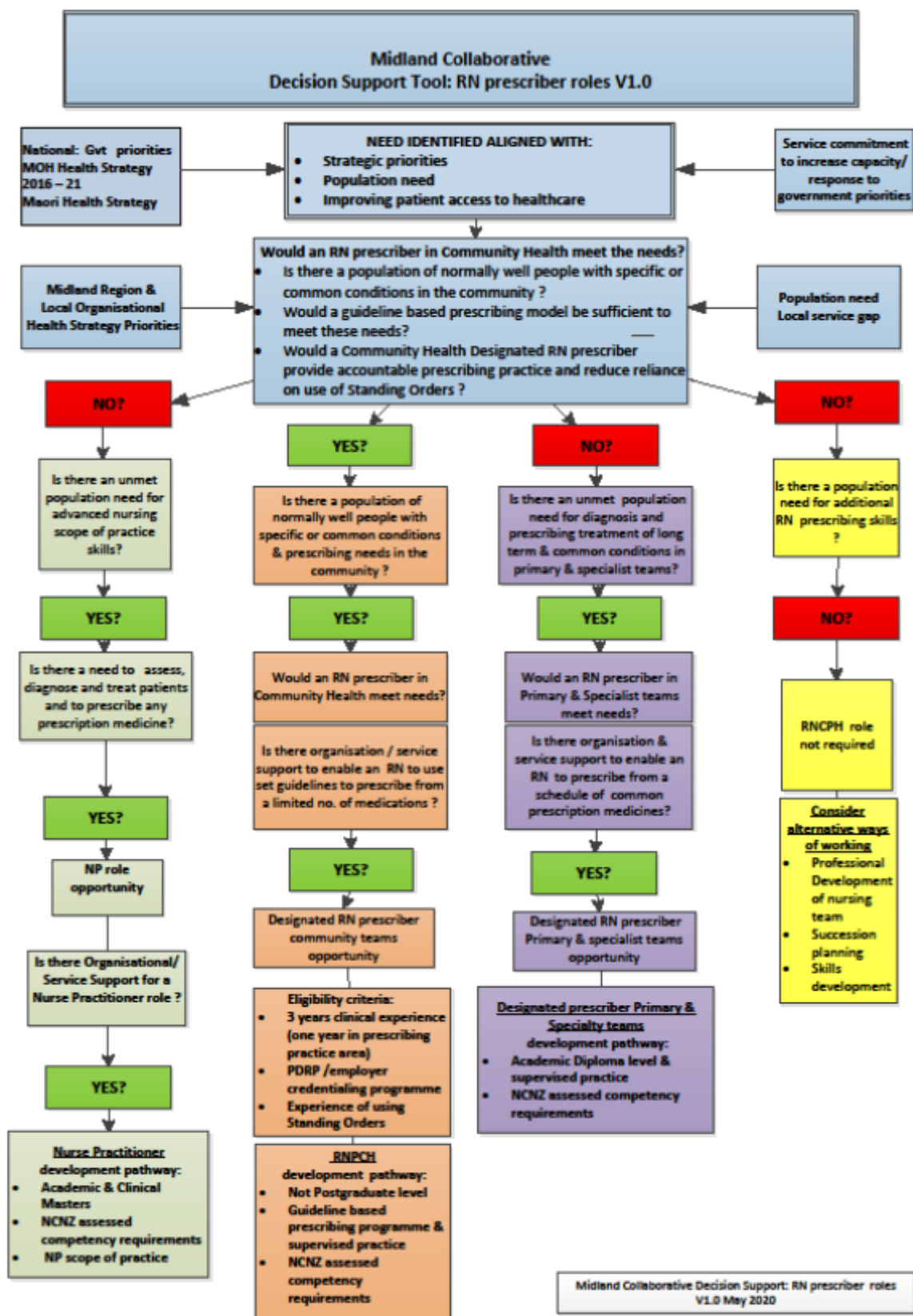
Addressing health inequity for other vulnerable communities – including Pasifika peoples will also be integrated in the facilitation of the sessions and content.

There will be opportunities for all to develop further understanding of different world views and how they may influence access and engagement in health service for some population groups.

The RN will be able to demonstrate this learning and knowledge by applying to clinical practice and in case presentations as part of the formative and summative assessment portfolio during the programme. This will have a positive impact on the RN's ability to appropriately meet the needs of Māori, Pasifika peoples and vulnerable populations.

## Entry Criteria

- A minimum of 3 years clinical experience with at least 1 year in the area of prescribing practice
- Current Annual Practising Certificate
- Compliance with Standing Order requirements/current use of Standing Orders/ demonstration of assessment using best practice guidelines
- Nurse is not subject to current performance review and management
- Current or /assessed Portfolio (PDRP) **OR** employer's own credentialing programme or equivalent



## Recertification Programme

The programme will use a virtual platform for education delivery via a Ko Awatea online learning package, together with Mātanga Tapuhi nurse practitioner (NP) led virtual group study sessions, and other guest speakers. This enables equity of access for the rural and remote RN workforce located across the region, and reduces potential barriers related to access and costs associated with travel and accommodation for participants and their employers, and an efficient use of expertise and resources.

There are three requirements (Ko Awatea modules outlined below; Virtual study groups; Portfolio).

### 1. Ko Awatea

- Module one: Health assessment and Clinical Reasoning
- Module two: Dermatology
- Module three: Ear Infections
- Module four: Primary and Secondary Prevention of Rheumatic Fever
- Module five: Legal aspects of RN Designated Prescriber in Community health
- Module six: Principles of Pharmacotherapeutics
- Module seven: Cultural Kete – Te Ao Māori worldview (optional)

### 2. Virtual group study learning consisting of seven modules:

Includes principles of medication management and prescribing, clinical knowledge, history and assessment of patient, addressing inequities cultural competence and application in practice

These will be jointly facilitated by the Midland Collaborative utilising the expertise of the Midland region Mātanga Tapuhi NP workforce and DHB/Primary Care nurse leads. Other subject matter experts will be utilised as required.

Key learning outcomes for each of the study sessions will relate to accurate and culturally appropriate nursing assessments of people and their whanau, and the effective management of common conditions within the designated RNPCH remit and scope.

Understanding of legal aspects of prescribing, use of guidelines, pharmacological knowledge related to safe prescribing within health models that are appropriate for the population being served, will be covered and competency related to them.

A key aspect will be the development of understanding of culturally appropriate communication and models that may enhance access to health support, engagement and uptake by Māori and vulnerable populations.

### 3. Completion of an electronic designated RNPCH portfolio that includes:

- Verification of a minimum 12 hours clinical supervision with your supervisor who is an authorised prescriber
- Clinical learning log (Comprising: your learning needs and resources log, plus your case review discussion log detailing assessment and prescribing decisions within a holistic and culturally appropriate framework and covering your clinical supervision sessions – a minimum of ten case review discussions is expected)
- Two case studies demonstrating a cultural approach incorporating Māori/Pasifika models of care, using assessment and diagnostic reasoning, clinical decision support tools, outlining a plan of care and treatment and evaluation in partnership with the patient and whanau
- Evidence of the 11 NCNZ prescribing competencies for designated RNPCH being met via self-review and sign-off by clinical supervisor
- In addition, a certificate of completion of the Ko Awatea modules must be included with your portfolio submission

**Please note, there is a requirement that recertification should be completed within one year of commencement of the course.**

#### Designated RNPCH Prescribing scope

- The prescribing scope is determined by legislation. Designated RNPCH nurses can prescribe prescription, restricted (pharmacist only), and pharmacy only and general sales medicines approved by Nursing Council of New Zealand (NCNZ)
- Although nurses have potential to prescribe medicines within this scope, they will only prescribe medications within their area of competence. For some nurses this may mean they prescribe relatively few medicines. For others they may utilise far more medicines within the approved list

[https://www.nursingcouncil.org.nz/Public/Nursing/Nurse\\_prescribing/Registered\\_nurse\\_prescribing\\_in\\_community\\_health/NCNZ/nursing-section/Registered\\_nurse\\_prescribing\\_in\\_community\\_health.aspx?hkey=6f9b0230-0753-4271-9a81-0ee990032959](https://www.nursingcouncil.org.nz/Public/Nursing/Nurse_prescribing/Registered_nurse_prescribing_in_community_health/NCNZ/nursing-section/Registered_nurse_prescribing_in_community_health.aspx?hkey=6f9b0230-0753-4271-9a81-0ee990032959)

Nurses who have successfully completed an approved sexual health course such as the three day course offered by Family Planning Association (FPA) (specifically developed course for designated RNPCH) or the four day FPA certificate in sexual health and contraception, may also prescribe the various contraception and sexual health medicines contained within the approved list.

## Frequently asked Questions – FAQs

### General information

#### How do I apply?

Application is via the 'Application and Employer Support Declaration' document – this must be completed by all applicants and their employer. Please speak with your employer first, to ensure you meet the eligibility requirements and have their support – it is essential to have employer support and sign-off for you to be eligible to take part in the programme.

#### What are the entry criteria for the programme?

- A current NZ RN annual practicing certificate
- Minimum of three years clinical experience with at least one year in the area of practice you will be prescribing
- Application and Employer Support Declaration completed and submitted to the Midland Collaborative nominated nurse lead in your locality
- RNs must have access to clinical pathways to help inform treatment options. Demonstrated competence in using these pathways is a requirement. Competent use of standing orders is an advantage, but not a requirement
- Current or assessed portfolio (PDRP), OR employer's own credentialing programme, or equivalent

#### How much does the course cost?

There is no cost to participate in the recertification programme.

Employers are required to support the RN with release time for e.g., study hours to access education and training, and to support protected time with the clinical supervisor. Longer appointments to facilitate learning may be required.

#### What will I need to do to pass the course?

You must meet all the requirements determined by NCNZ:

- Evidence of completion of the required Ko Awatea modules and 16.5 hours of virtual learning study sessions (certificate)
- Complete an electronic designated RNPCH portfolio that includes:
  - Verification of a minimum 12 hours clinical supervision with your supervisor who is an authorised prescriber
  - Clinical learning log (Comprising: your learning needs and resources log, plus your case review discussion log detailing assessment and prescribing decisions within a holistic and culturally appropriate framework and covering your clinical supervision sessions – a minimum of ten case review discussions is expected)



- Two case studies demonstrating a cultural approach incorporating Māori/Pasifika models of care, using assessment and diagnostic reasoning, clinical decision support tools, outlining a plan of care and treatment and evaluation in partnership with the patient and whanau
- Evidence of the 11 NCNZ prescribing competencies for designated RNPCH being met via self-review and sign-off by clinical supervisor

## Who do I contact if I have a query?

Contact your locality nurse lead, the person who sent you the application information or has been identified as your contact.

## What is the process I need to follow to be endorsed as a designated RNPCH prescriber?

Electronic submission of your portfolio via the portfolio portal on the Midland Collaborative RNPCH Ko Awatea site.

- Your portfolio must be named and **signed** by you and your supervisor where indicated. Initials only if specifically indicated
- You must also include a copy of the FINAL certificate of completion of the Ko Awatea learning modules

## How often will the courses be run?

The Midland Collaborative will be offering courses annually around August depending on demand.

## What are the continuing competence requirements for this programme?

- Professional Development – A minimum of 20 hours of prescribing related hours of professional development out of the 60 hours of required professional development every three years
- Prescribing Practice - A support letter from prescribing supervisor to confirm that the RN prescriber in community health has completed 40 days of prescribing practice every year and maintained prescribing competence

[https://www.nursingcouncil.org.nz/Public/Nursing/Nurse\\_prescribing/Registered\\_nurse\\_prescribing\\_in\\_community\\_health/NCNZ/nursing-section/Registered\\_nurse\\_prescribing\\_in\\_community\\_health.aspx?hkey=6f9b0230-0753-4271-9a81-0ee990032959](https://www.nursingcouncil.org.nz/Public/Nursing/Nurse_prescribing/Registered_nurse_prescribing_in_community_health/NCNZ/nursing-section/Registered_nurse_prescribing_in_community_health.aspx?hkey=6f9b0230-0753-4271-9a81-0ee990032959)

## Education/Training

### What are the education and training requirements?

The designated RNPCH education and training programme is designed to provide preparation for an RN to prescribe within the RN scope. On completion of the twelve- month programme, an RN will be able to

prescribe from the community nurse medicines list using existing clinical pathways to guide decision making and medication selection.

Course components:

There are two main components of the Midland Collaborative designated RNPCH programme:

### **1. A theoretical component**

- Six compulsory self- directed online learning modules via Ko Awatea
- Seven compulsory virtual group sessions of 2 - 2.5 hours delivered via zoom, learning will be facilitated by the Midland Mātanga Tapuhi NP workforce delivered within a culturally competent nursing framework. This will consolidate the self-directed learning with further theoretical knowledge, to inform the practical application within the nurse's work setting

### **2. A clinical practice component**

Includes clinical supervision provided by an authorised prescriber (e.g., a General Practitioner (GP) or Mātanga Tapuhi NP) within the work setting, with structured meetings to develop knowledge, and to support completion of a learning log using case studies to demonstrate competence.

An additional workplace mentor who can provide support, coaching, guidance is recommended.

## **How do I access Ko Awatea/online learning?**

Contact your locality nurse lead or organisation's nurse manager.

## **What if I make a mistake on my RNPCH module quizzes or in the final assessment quiz and have exceeded my number of attempts?**

Contact your locality nurse lead to discuss and ask for a reset.

## **How long does the programme take to complete?**

It is expected that the programme will be completed in no more than one year: up to six months to complete the online and virtual group learning, and a further six months for development of the electronic prescribing portfolio through clinical experience and support until the clinical supervisor endorses competence. This may be achieved in an earlier time frame.

You will need to ensure you and your employer can identify and agree an authorised prescriber supervisor, and the required release time.

## **How do I use the clinical learning and case review log?**

The learning log can be used to record educational and clinical learning goals and outcomes, to support your learning. This may be based on some of the clinical cases you are seeing or any other relevant learning opportunities you undertake. The extra learning on Ko Awatea may be recorded in here along with any other learning opportunities. It is expected that your supervisor will provide some comment in the supervisor sign off column.

The case review log is specific to case review discussion and learning from your supervision sessions, and forms part of the overall learning log, providing evidence of a minimum of 12 hours clinical supervision.

The case study template is for documenting the two case studies which are required for your portfolio.

## **Will I gain academic credits?**

RN Prescribing in Community Health does not provide academic credits and is not a post graduate qualification. The study is at a similar learning level to level 7 (e.g., smear or diabetes level 7 course). It is not post graduate level (university level) and each RN will be recertified as a designated RNPCH able to prescribe from the specified formulary on the NCNZ website.

[https://www.nursingcouncil.org.nz/Public/Nursing/Nurse\\_prescribing/Registered\\_nurse\\_prescribing\\_in\\_community\\_health/NCNZ/nursing-section/Registered\\_nurse\\_prescribing\\_in\\_community\\_health.aspx?hkey=6f9b0230-0753-4271-9a81-0ee990032959](https://www.nursingcouncil.org.nz/Public/Nursing/Nurse_prescribing/Registered_nurse_prescribing_in_community_health/NCNZ/nursing-section/Registered_nurse_prescribing_in_community_health.aspx?hkey=6f9b0230-0753-4271-9a81-0ee990032959)

## **Will the competencies I meet in this programme transfer into a full professional development portfolio?**

They will contribute. Alternatively, if you have a current assessed full portfolio, you must also complete the 11 prescribing competencies outlined in the programme – it is the 11 prescribing competencies that must be submitted as part of your RNPCH electronic prescribing portfolio.

## **Do I need to do the virtual pre-course session?**

We would recommend it as it provides additional information; especially if you are new to independent, self-directed learning.

## **Clinical supervision/mentor**

### **Who can be a clinical supervisor?**

Clinical Supervisors must be authorised prescribers (e.g. a GP or a Mātanga Tapuhi NP)  
A named Clinical Supervisor is essential to support the required learning and development.

### **When should I start seeing my supervisor?**

First share the information pack with your supervisor as part of your pre-course discussion. You want to ensure your supervisor knows what is expected of them.

Following enrolment, the zoom series will commence, we suggest you complete the zoom sessions first as this will give you a good overview.

Schedule regular supervision sessions with your supervisor while working through the Ko Awatea modules. Bring clinical cases to add to your log at each session.

### **My clinical supervisor works in a specialist area and is hard to reach- what do I do?**

Pre plan is the best way to interact with your clinical supervisor. Set dates ahead for the next 6 months. Maintain email contact to book times.

You can work with your clinical supervisor in a virtual capacity provided you and your supervisor are confident the programme requirements can be met. Supervision can take place in person, virtually, or as a group.

## **What does a mentor do, and do I need one?**

It is recommended that you have a mentor to support you on your journey to become a designated RNPCH. Your mentor may be a nurse or colleague and should be someone who can provide support, guidance and advice. This does not have to be an RN prescriber, but they should be familiar with the guidance document.

## **Prescribing**

### **What can I prescribe?**

There is a limited formulary of prescription and over the counter medicines – to be found on the NCNZ website – ‘Medicine’s list for registered nurses prescribing in community health July 2019’:

[https://www.nursingcouncil.org.nz/Public/Nursing/Nurse\\_prescribing/Registered\\_nurse\\_prescribing\\_in\\_community\\_health/NCNZ/nursing-section/Registered\\_nurse\\_prescribing\\_in\\_community\\_health.aspx?hkey=6f9b0230-0753-4271-9a81-0ee990032959](https://www.nursingcouncil.org.nz/Public/Nursing/Nurse_prescribing/Registered_nurse_prescribing_in_community_health/NCNZ/nursing-section/Registered_nurse_prescribing_in_community_health.aspx?hkey=6f9b0230-0753-4271-9a81-0ee990032959)

Completion of a Certificate in sexual health and contraception through Family Planning Association (FPA) and demonstrated competency and continuing professional development in this area, will extend the formulary available to the nurse once they can demonstrate competence in this area of practice. As at March 2021, FPA have NCNZ approval to deliver a bespoke 3-day course (mix of online and in person). Discuss this with your locality nurse lead, as FPA are regularly in touch with the Programme facilitators.

### **What medications can I prescribe in the formulary?**

Under the Medicines (Designated Prescriber-Registered Nurses) Regulation 2016, the Nursing Council of New Zealand (the Council) is able to authorise registered nurses who have completed appropriate training and supervision to prescribe specified prescription medicines in community settings. Registered nurses with designated prescribing rights can also prescribe medicines of a 'lower' classification e.g. restricted medicines, pharmacy only medicines, within their level of competence and specific area of practice.

Registered nurses authorised to prescribe in community health may prescribe from this Council approved list of medicines. This list includes prescription, restricted (pharmacist only), pharmacy only and general sales medicines. Prescriptions will only be subsidised if the medicine is included in the PHARMAC Community Pharmaceutical Schedule. RN prescribers are also able to write prescriptions for other Community Pharmaceuticals (therapeutic medical devices or related products) subsidised by PHARMAC in the community (Pharmaceutical schedule rules October 2016) e.g. condoms.

Breadth of prescribing will be determined by the individual nurse’s knowledge, training, experience and clinical context and with the support of a collaborative clinical team.

### **How will this benefit my patients?**

You will be able to support patients presenting with some common conditions.

## **If a patient living with a long- term condition presents acutely with an UTI for example, can I prescribe for them?**

RN prescribing in community health is for normally healthy individuals. If your patient has a long-term condition, it is important to work collaboratively with the patient's usual medical care provider and agree management.

## **Will I be paid more once I am able to prescribe?**

This is ultimately up to your employer - NCNZ consider this to be within the RN scope of practice.

## **Consulting and assessing**

### **What about telehealth?**

As at December 2021 NCNZ have reviewed the guidelines and provided clear support for nurses conducting consultations using telehealth:

[https://www.nursingcouncil.org.nz/Public/Nursing/Nurse\\_prescribing/Registered\\_nurse\\_prescribing\\_in\\_community\\_health/NCNZ/nursing-section/Registered\\_nurse\\_prescribing\\_in\\_community\\_health.aspx?hkey=6f9b0230-0753-4271-9a81-0ee990032959](https://www.nursingcouncil.org.nz/Public/Nursing/Nurse_prescribing/Registered_nurse_prescribing_in_community_health/NCNZ/nursing-section/Registered_nurse_prescribing_in_community_health.aspx?hkey=6f9b0230-0753-4271-9a81-0ee990032959)