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MINISTRY OF HEALTH
MANATŪ HAUORA

Consultation on Amendments to the Specified Prescription Medicines List for Designated Registered Nurse Prescribers in Primary Health and Specialty Teams

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Consultation on amendments to the specified prescription medicines list for designated registered nurse prescribers in primary health and specialty teams under the Medicines (Designated Prescriber – Registered Nurses) Regulations 2016

Purpose

The Medicines (Designated Prescriber—Registered Nurses) Regulations 2016 and Misuse of Drugs Regulations 1977 permit registered nurse prescribers in primary health and specialty teams to prescribe specified prescription medicines and controlled drugs.

Registered nurse prescribers in primary health and specialty teams have met specific requirements including completion of a post graduate diploma in prescribing and are authorised to prescribe by the Nursing Council (the Council).[1] They are able to diagnose and treat common conditions and prescribe from a list of specified prescription medicines for common and long-term conditions.

The Nursing Council initially proposed changing the specified medicines list to broad medicines classifications rather than individual medicines. The Ministry is not satisfied that broad classifications meet the current requirements for designated prescribers under the Medicines Act (1981) and agreed to consult on additional medicines being added to the list.

The Ministry of Health – Manatū Hauora (the Ministry) invites feedback on the proposed inclusion of 190 medicines and four medicine classes to the designated registered nurse prescriber specified prescription medicines list. Additionally, feedback is invited on the proposed removal of restrictions for seven medicines currently listed. The Nursing Council developed the list of medicines and rationale for their inclusion.

The Ministry, on behalf of the Director-General of Health, must consult with those people or organisations that may be affected by a change to the specified prescription medicines list before making a legal change by gazette notice.

- You can view the proposed medicines list within this document.

Please submit your feedback on the proposed amendments by **17 October 2025**.

Note that specific questions you may have about the proposed prescription medicines for registered nurse prescribers should be directed to the **Nursing Council**.

[1] Nursing Council is the regulator for the nursing profession (including designated registered nurse prescribers) in New Zealand and is mandated under the Health Practitioners Competence Assurance Act 2003.

Background

Registered nurse prescribers in primary health and specialty teams must be part of a collaborative team so that the nurse can consult a doctor or nurse practitioner mātanga tapuhi if the patient's health concerns are more complex than they can manage. In some cases, registered nurse prescribers are seeing patients who have already been diagnosed and commenced on a medicine by an authorised prescriber, for example, a doctor or a nurse practitioner.
In addition, new medicines have become available in New Zealand to which wider access would benefit patients.

Enabling registered nurse prescribers to prescribe more medicines would let them provide care without needing an authorised prescriber to prescribe some medicines. The Council has suggested updating the list of medicines that nurse prescribers can prescribe.

The proposal adds more medicines to the current list including more antibiotics, immunosuppressants, medicines for multiple sclerosis, antiarrhythmics, dermatologicals, medicines for tuberculosis, antivirals, antiepileptics and antipsychotics, and more eye medicines.

The Council will provide guidance on how registered nurse prescribers will work with authorised prescribers and collaborative teams to ensure safe prescribing. This may include guidance on areas such as continuation prescribing or route.

It is proposed that four specified classes of medicines be added to the registered nurse prescription medicines list similar to other classes already on the list. Each class is a clearly recognised, distinct group of medicines with similar characteristics, mechanism of action, indications, side effects and monitoring requirements. Using these classes will enable flexibility in prescribing.

Requirements for designated registered nurse prescribers

To become a registered nurse prescriber in primary health and specialty teams, registered nurses must meet the following requirements determined by Nursing Council. The registered nurse must:

- be registered with Council, meeting the competency standards for the registered nurse scope of practice
- have a minimum of three years full-time practice in the area they intend to prescribe in with at least one year of the total practice in New Zealand or a similar healthcare context
- completed a Council approved postgraduate diploma in registered nurse prescribing for long-term and common conditions, or equivalent as assessed by the Council
- the course of study must include advanced assessment and diagnostic reasoning, pathophysiology, pharmacology science and therapeutics
- completion of a practicum with an authorised prescriber (senior doctor or nurse practitioner), which demonstrates knowledge to safely prescribe specified prescription medicines and knowledge of the regulatory framework for prescribing
- satisfactory completion of an assessment of competencies for nurse prescribers completed by the prescribed mentor (authorised prescriber)
- work within a collaborative team which includes an authorised prescriber who will continue to provide mentorship and support (see Appendix), and
- complete recertification every three years, including evidence of a minimum of 20 hours of prescribing related professional development out of the 60 hours of required professional development every three years and a letter from an authorised prescribing mentor to confirm completion of 40 days (320 hours) of prescribing practice annually and maintenance of prescribing competence.

Additional information on registered nurse prescribers can be found on the Nursing Council **website**.

Current prescribing practice

There are 655 registered nurse prescribers in primary health and specialty teams (31 June 2025).

Registered nurse prescribers practice collaboratively with access to an authorised prescribing mentor to support decision-making if and when required (see Appendix).

Registered nurse prescribers must meet the Council's 3-yearly continuing competence requirements. Audit and prescribing data analysis are used to improve prescribing practice in the same ways as other prescribing practitioners. Council can also require peer review arrangements to monitor prescribing practice if required. It is an expectation that registered nurse prescribers will be prescribing professionally, and comply with legal, ethical, and regulatory obligations relevant to their practice.

Registered nurse prescribing in primary health and specialty teams practise within the registered nurse scope of practice. The prescribing of medicines complements other activities that registered nurses contribute to, including the clinical management of people with long-term and common conditions. As a regulated health practitioner with designated prescribing rights, they are responsible and accountable for the prescribing decisions they make.

The breadth of patient conditions and diagnostic skills expected of registered nurse prescribers is not the same as that of a medical practitioner or a nurse practitioner. Registered nurse prescribers are required to work within a collaborative team, within a specified area of practice, within their experience and competence. They must seek advice, and refer patients with complicated, complex, or uncertain health conditions which are beyond their experience and education, to a medical practitioner or nurse practitioner within the team.

The registered nurse prescriber may prescribe in situations where a diagnosis has already been made, or where the diagnosis is relatively uncomplicated, or builds on an identified underlying disease process, or for minor ailments or illnesses. Diagnostic uncertainty must be discussed with an authorised prescriber.

Designated prescribers, including registered nurse prescribers, are not permitted to:

- prescribe prescription medicines that are not specified under regulations (Medicines Act, 1981)
- issue standing orders (Standing Orders Regulations, 2002)
- sign prescriptions for patients who are not under their care (Regulation 39, Medicines Regulations 1984)

- prescribe a controlled drug for a person they have reason to believe is dependent on controlled drugs or for treatment of dependency (Section 24 (1A) Misuse of Drugs Act 1977)
- prescribe unapproved medicines (Section 25, Medicines Act, 1981).[2]

[2] This may be amended under the Medicines Amendment Act 2025. Under the Medicines Amendment Bill 2025, it is proposed that designated prescribers will be enabled to prescribe alternative unapproved (section 29) medicines in case of supply shortages without having to go through a medical practitioner, when funded by Pharmac and listed in the Pharmaceutical Schedule.

Additional information

1. The existing registered nurse prescribers' specified prescription medicines list is available on the New Zealand Gazette: **Specified Prescription Medicines for Designated Registered Nurse Prescribers, August 2024**.

2. Registered nurse prescribers can write a prescription for non-prescription medicines, including pharmacist only (restricted), pharmacy-only, and general sales medicines. Hence, these medicines have not been considered under this consultation.

3. Combination products (eg, triamcinolone + neomycin + gramicidin + nystatin) must have all their individual chemical ingredients listed (if these are prescription medicines) before being available to the prescriber.

4. When gazetted, the chemical name as in the Medicines Regulation 1984 (Schedule 1) will be used. This means that the spelling may differ to that used in the NZ Formulary and/or on medicine labelling (eg, 'bendrofluazide' and 'lignocaine' (the old British approved names (BAN) used in the Medicines Regulations) versus 'bendroflumethiazide' and 'lidocaine' (the recognised international non-proprietary name (rINN) used in the NZ Formulary and on product labelling).

5. Some medicines may be indicated for multiple uses, for example haloperidol may be used as an antipsychotic or in palliative care for the management of nausea and vomiting. The gazetted list generally does not specify a specific indication. Prescribers must be aware of all medicines that are on their gazetted list and through agreement with their collaborative team and or mentor decide which medicines are appropriate to be prescribed within the prescriber's area of practice irrespective of the medicine being listed.

6. Inclusion of a medicine on the gazetted specified prescription medicines list for registered nurse prescribers does not give a nurse prescriber automatic approval to prescribe the medicine. At all times, the registered nurse prescriber must operate within legislative frameworks (eg, the Medicines Act and regulations; including not prescribing unapproved medicines), funding restrictions (if applicable), within the prescriber's area of practice, experience and competence, and within the collaborative team and the limits set by the prescriber's mentor.

The proposed additions to the medicines list

Broad Therapeutic group[3]	Proposed additional medicine or class	Rationale
Anaesthetics		
Antimuscarinic drugs	Atropine	To remove the restriction 'ophthalmic use only' to enable broader use.
Local anaesthetics	Bupivacaine Ropivacaine	
Antiparasitic products, insecticides, and repellents		
Antiprotozoals and anthelmintics are commonly requested medicines by registered nurse prescribers in the primary health care setting. Note that commonly used medicines such as permethrin for headlice are non-prescription medicines and are not included here as this list is for prescription medicines only.		
Anthelmintics	Praziquantel	
Treatment of malaria	Artemether Lumefantrine	
Cardiovascular system		
Currently 11% of registered nurse prescribers work in acute medical settings including cardiology and cardiology outpatients. Requests for additions to the current list of medicines frequently come from registered nurse prescribers working in cardiac specialty areas.		
Agents affecting the renin-angiotensin system	Angiotensin-converting enzyme inhibitors (ACE-inhibitors)	As a class
Agents affecting the renin-angiotensin system	Angiotensin-II receptor blockers	As a class
Antiarrhythmics	Amiodarone Propafenone	
Anticoagulants	Apixaban	
Antihypertensives	Prazosin	

[3] Based on the New Zealand Formulary (NZF) v158 – 01 Aug 2025. Available from **www.nzf.org.nz**. Please note that the therapeutic group is not gazetted, only the chemical name.

Broad Therapeutic group[3]	Proposed additional medicine or class	Rationale
	Hydralazine Minoxidil; systemic Bosentan Ambrisentan	
Beta-blocking agents	Beta-adrenoceptor blocking drugs	As a class
Calcium channel blockers	Nifedipine Verapamil	
Diuretics	Amiloride Tolvaptan	Amiloride as a sole ingredient is an unapproved medicine but is included to enable prescribing of: amiloride + hydrochlorothiazide amiloride + furosemide
Lipid modifying agents	Acipimox Inclisiran	
Other antianginal drugs	Nicorandil Perhexiline	
Sympathomimetics	Metaraminol Midodrine Phenylephrine	Requested by an anaesthetist for use in post-anaesthesia care unit (PACU) settings
Vasodilator antihypertensive drugs and pulmonary hypertension	Selexipag	
Central nervous system		
Registered nurse prescribers in primary care have requested greater access to mental health and addiction medicines. These medicines allow registered nurse prescribers to continue treatment started by authorised prescribers until further assessment.		
Analgesics	Pregabalin	
Antidepressants	Dosulepin Mirtazapine Moclobemide Reboxetine Tranylcypromine Vortioxetine	
Antiepileptic drugs	Carbamazepine Ethosuximide	For registered nurse prescribers working with people living with epilepsy, at present, sodium

Broad Therapeutic group[3]	Proposed additional medicine or class	Rationale
	Lacosamide Lamotrigine Levetiracetam Oxcarbazepine Perampanel Primidone Rufinamide Topiramate Vigabatrin	valproate and phenytoin are on the prescribing list but are rarely used and have an increased risk of birth defects compared to other antiepileptics. Lamotrigine and levetiracetam are the first line treatment for most adult epilepsies but are not on the list, meaning the registered nurse prescriber has to ask an authorised prescriber to prescribe these medicines.
Antipsychotic drugs	Amisulpride Aripiprazole Chlorpromazine Flupentixol Olanzapine Paliperidone Pericyazine Quetiapine Risperidone Ziprasidone Zuclopenthixol	Olanzapine is also commonly used in both palliative and oncological settings for management of nausea. These are situations where timely access to medicines is important for symptom control and quality of life for the patient.
Dementia	Donepezil Galantamine Memantine Rivastigmine	Dementia medicines have not previously been listed so nurses working in specialist dementia care in both acute and aged and residential care settings have not had the ability to prescribe these medicines. This has meant a lack of incentive for registered nurses to complete prescribing education to gain prescribing authority.
Drugs for bipolar disorder	Lithium	
Drugs used in nausea and vertigo	Droperidol Levomepromazine	
Movement disorders	Benzatropine	
Nicotine dependence	Bupropion	
Treatment of acute migraine	Atogepant Erenumab	

Broad Therapeutic group[3]	Proposed additional medicine or class	Rationale
Endocrine system		
Anti-androgens	Finasteride	This is a commonly requested group of medicines particularly by nurses working in urology to manage patients with benign prostatic hyperplasia
Anti-estrogens	Clomiphene (clomifene)	For registered nurse prescribers working in fertility services
Blood glucose lowering medicines, excluding insulins	Dipeptidylpeptidase -4 (DPP-4) inhibitors	As a class To align with other classes of medicines for the treatment of diabetes already on the medicines list.[4] Note: vildagliptin is already on the list
Corticosteroids	Fludrocortisone	
Estrogens and management of menopausal symptoms	Estradiol Estrogens conjugated Tibolone	
	Raloxifene	Treatment and prevention of postmenopausal osteoporosis
Osteoporosis and drugs affecting bone metabolism	Alendronic acid Denosumab Pamidronate Risedronate Zoledronic acid	Osteoporosis is a common condition and nurse prescribers being able to prescribe these medicines would improve access to treatment and ensure timely care. This addition of this medicine has been requested by nurse practitioners and registered nurse prescribers supporting people affected by osteoporosis.
Posterior pituitary hormones	Desmopressin	
Progestogens	Progesterone	
Testosterone and management of menopausal symptoms	Testosterone	

[4] Gazetted classes of medicines for the treatment of diabetes: glucagon-like peptide 1 agonists (GLP-1 agonists); insulins; sodium-glucose co-transporter 2 (SGLT2).

Broad Therapeutic group[3]	Proposed additional medicine or class	Rationale
Gastrointestinal		
Antiinfectives and antiseptics for local oral treatment	Amphotericin B; oromucosal use only	Alternative treatment for oral thrush when oral liquid/gel are unsuitable, or patients have experienced treatment failure.
Antiemetics and antinauseants	Granisetron Tropisetron	Antinausea and antiemetics are commonly prescribed medicines in palliative, surgical and medical settings. The rationale for including this sub-class is to enable better access to first line, rapid treatment for nausea and vomiting that is not on the current list – particularly in palliative care settings. An example from this sub-class currently on the list is ondansetron.
Drugs affecting intestinal secretions	Ursodeoxycholic acid	
Drugs for constipation	Methylnaltrexone Prucalopride	Most laxatives are regulated as general sale products. A small subset of drugs for constipation are prescription only which are generally reserved for patients in whom alternative products have failed or in specialty areas such as palliative care for management of opioid induced constipation.
Genitourinary disorders		
Many registered nurse prescribers work in environments where sexual health issues are common presentations including family planning/sexual health clinics, youth health and primary health care. Contraceptives and urinary incontinence products are commonly prescribed.		
Drugs for urinary retention	Tamsulosin	This is a commonly requested group of medicines particularly by nurses working in urology to manage patients with benign prostatic hyperplasia
Drugs for erectile dysfunction	Alprostadil Papaverine Sildenafil Tadalafil	Currently there are no phosphodiesterase type-5 (PDE5) inhibitor on the registered nurse specified prescription medicines list which limits the efficiency and

Broad Therapeutic group[3]	Proposed additional medicine or class	Rationale
	Vardenafil	effectiveness of the registered nurse consultation particularly when addressing management of the common condition of erectile dysfunction
Infections		
With growing antimicrobial resistance, it is essential all prescribers of antibiotics remain up to date with best practice guidelines including the soon to be released national antimicrobial guidelines for New Zealand (Antibiotic Conservation Aotearoa). At present, registered nurse prescribers may be unable to follow best practice medicine selection if the appropriate antimicrobial is not on the specified prescription medicines list. Registered nurse prescriber education and training includes extensive education on best prescribing practice including antimicrobial resistance, not prescribing and deprescribing as appropriate.		
Antibiotics for systemic use	Gentamycin Minocycline Vancomycin	Vancomycin and gentamycin requested by the national renal clinical network.
Antiprotozoal drugs	Pentamidine	
Cytomegalovirus infection	Valganciclovir	
Direct acting antivirals	Lamivudine Zidovudine Emtricitabine Tenofovir	Early intervention is optimal for best outcomes and patients presenting to a registered nurse prescriber should have early access to appropriate medicines to prevent acute or ongoing morbidity. Access to preventative antivirals such as tenofovir disoproxil + emtricitabine used for both pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) of HIV can significantly reduce the morbidity and mortality of HIV infection. Access to these medicines will improve outcomes for individuals and save significant long-term costs for the health system.
Hepatitis infection	Entecavir Ledipasvir Sofosbuvir	

Broad Therapeutic group[3]	Proposed additional medicine or class	Rationale
Influenza	Baloxavir Zanamivir	Baloxavir and zanamivir are included in the national reserve for the prophylaxis and treatment of pandemic influenza. Enabling registered nurse prescribers to prescribe baloxavir and zanamivir will enable rapid distribution in the event of a national pandemic.
Triazole antifungals	Fluconazole Itraconazole Posaconazole Voriconazole	Fluconazole is commonly given for vaginal thrush, particularly in those who are wanting to avoid use of topical creams or for who topical treatment is unsuitable
Tuberculosis	Bedaquiline Isoniazid Pyrazinamide Rifabutin	These medicines would be prescribed by nurses within a multidisciplinary team for the treatment of tuberculosis. Note: rifampicin is already on the list.
Malignant disease and immunosuppression		
Allowing the nurse to provide the prescription for continuation of these medicines will allow for more timely follow ups.		
Antimetabolites	Thioguanine (tioguanine)	
Colony stimulating factors	Filgrastim Pegfilgrastim	These medicines would be prescribed by nurses working within haematology or oncology settings for the management or prevention of neutropenia.
Gonadotrophin releasing hormone analogues	Goserelin Leuprorelin	These medicines are commonly requested by registered nurse prescribers working in oncology to suppress sex hormone levels, particularly in hormone-sensitive cancers. These patients are often seen regularly by the registered nurse for follow ups. Allowing the nurse to provide the prescription for continuation of these medicines will allow for more timely follow ups.
Hormone antagonists and related agents	Abiraterone Apalutamide	Hormone therapy for breast cancer is often prescribed for extended

Broad Therapeutic group[3]	Proposed additional medicine or class	Rationale
	Anastrozole Bicalutamide Flutamide Exemestane Fulvestrant	periods (5-10 years), requiring ongoing monitoring and management. Nurse prescribers play a critical role in supporting adherence, managing side effects, and adjusting treatment where appropriate, thereby improving long-term outcomes. Restricting registered nurse prescribers to just tamoxifen and letrozole as is the case currently creates barriers for nurses who are managing the long-term follow up of these patients. This subclass also includes antiandrogen treatments used in prostate cancer which is a commonly requested group of treatments by nurses working within an oncology or urology setting.
Immunosuppressants	Apremilast Azathioprine Ciclosporin Leflunomide Mercaptopurine Methotrexate Mycophenolate Sulfasalazine Tacrolimus	Medicines in this group have been requested to be added by nurse practitioners and medical specialists for continuation prescribing only.
Other antineoplastic drugs	Hydroxyurea (hydroxycarbamide)	
Protein and tyrosine kinase inhibitors	Ruxolitinib	
Immunosuppressants: biologics / cytokine modulators	Adalimumab Etanercept Infliximab Risankizumab Secukinumab Tocilizumab Upadacitinib	

Broad Therapeutic group[3]	Proposed additional medicine or class	Rationale
	Ustekinumab	
Treatment of multiple sclerosis	Dimethyl fumarate Fingolimod Glatiramer Interferon beta Natalizumab Ocrelizumab Teriflunomide	
Musculoskeletal system		
Gout management	Colchicine	
Nutrition and blood		
Drugs used in haemophilia	Alfa1 antitrypsin Aprotinin Factor XIII Emicizumab	
Iron-deficiency anaemias	Ferric carboxymaltose Iron polymaltose Iron sucrose	
Obstetrics, gynaecology, and urinary-tract disorders		
Prostaglandins and oxytocics	Ergometrine Oxytocin	To manage the delivery of the placenta during early medical abortion
Drugs for urinary retention	Tamsulosin	
Respiratory system		
Drugs for obstructive airway diseases	Olodaterol Benralizumab Omalizumab Tezepelumab	
Other respiratory system products	Elexacaftor Ivacaftor Tezacaftor	Request for addition of these medicines for continuation prescribing being lifetime medicines for cystic fibrosis patients.

Broad Therapeutic group[3]	Proposed additional medicine or class	Rationale
Sensory organs		
Medicines for the eyes and ears are frequently requested additions to the specified prescription medicines list, by specialist nurses working in ophthalmology and ear health settings. A barrier occurs when practice and guidance for infection is for antibiotics according to culture, but if the antibiotic is not on the list, then the registered nurse cannot follow best practice, for example, pseudomonas ear infection guidance is for ciprofloxacin drops which are not on the registered nurse specified prescription medicines list.		
Eye medicines	Acetylcholine Acetazolamide Apraclonidine Betaxolol Carbachol Cyclosporin Ciprofloxacin; ophthalmic and otic use only Ketorolac Nepafenac	
Subfoveal choroidal neovascularisation	Aflibercept Bevacizumab Faricimab Ranibizumab	Registered nurse prescribers working in specialist ophthalmological settings are involved in giving intravitreal medications for the ongoing treatment of macular degeneration. The inclusion of these medicines would enable continuation prescribing following specialist approval.
Ear, nose, and oropharynx	Ciprofloxacin; ophthalmic and otic use only	
Skin		
Chemotherapeutics for topical use	Fluorouracil (5-fluorouracil; 5-FU); topical	Chemotherapeutics for dermatological use are also important in primary health care and are commonly requested medicines by registered nurse prescribers.

Broad Therapeutic group[3]	Proposed additional medicine or class	Rationale
Corticosteroids, dermatological preparations	Clobetasone	Topical corticosteroids are among the most frequently prescribed medicines by registered nurse prescribers and adding these medicines to the list will enable the prescriber to provide the most suitable medicine for the patient. Often these patients have a long-term relationship with the nurse who is aware of the preparations that are most effective for a given circumstance and will work in partnership with the patient to ensure optimal use of the corticosteroid.
Agents for dermatitis excluding corticosteroids	Pimecrolimus Tacrolimus	Requests for the addition of these medicines have been received from the sector including specialists and registered nurse prescribers working in general practice. Used for short-term or intermittent treatment of atopic eczema when other therapy ineffective or inappropriate. Shortages of staff trained in dermatology are significant and enabling the prescribing of this medicine will improve access to effective care
Controlled drugs		
The controlled drugs (eg, morphine, tramadol and zopiclone) the registered nurse prescribers can prescribe are listed under the **Misuse of Drugs Regulations 1977, Schedule 1A**. Updating this Schedule is a separate but parallel process to updating the specified prescription medicines list. Changes to the controlled drugs the registered nurse prescribers can prescribe may be published at a different time to the gazetted updated specified prescription medicines list.		
Proposed additions	Ketamine Midazolam Oxycodone	Requests from palliative care and acute pain practitioners. These are medicines that are commonly used within these specialist settings where timely access to medicines is valuable to improving the patient's quality of life.
Proposed removal of existing restrictions under	Buprenorphine Buprenorphine with naloxone	Removal of 'transdermal only' Removal of 'sublingual only'

Broad Therapeutic group[3]	Proposed additional medicine or class	Rationale
Schedule 1A, Misuse of Drugs Regulations 1977		By removing these restrictions future proofs the viability of nurse prescribers working within the setting of opioid substitution therapy where subcutaneous injection formulations are currently being evaluated for funding by Pharmac
	Clonazepam Diazepam	Removal of 'for anxiety and panic disorder only' Removal of 'oral only' Removing the restrictions on diazepam and clonazepam rationalises their use and allows the registered nurse prescriber to prescribe these medicines at times that it would be appropriate to do so within their scope of practice and in the best interests of the patient.
	Fentanyl Methadone	Removal of 'transdermal only' Removal of 'oral only' The request by palliative care and acute pain practitioners. These are medicines that are commonly used within these specialist settings where timely access to medicines is valuable to improving the patient's quality of life. These restriction reduce the value for registered nurse prescribers working within palliative care settings as they cannot prescribe standard practice medicines.

Appendix: Safeguards for designated registered nurse prescribing practise (Nursing Council of New Zealand)

Safeguards for registered nurse prescribing practice are outlined more fully in the main document. In summary, registered nurse prescribers must hold postgraduate qualifications, work in a collaborative team environment, are not the primary diagnostician and must prescribe within the limits of their professional expertise and competence. See Figure 1.

Figure 1: Safeguards for designated nurse prescribing practise (Nursing Council of New Zealand