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Non-medical prescribing in New Zealand: an overview of prescribing rights, service delivery models and training

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Abstract

Aim: In this paper, we aim to provide an updated source of information for nonmedical prescribing (NMP) in New Zealand (NZ).

Methods: A variety of NZ sources were used to collect data: legislation, policy documents and information from professional and regulatory organizations, and education providers.

Results: In NZ, the legal categories for prescribers include authorized, designated, and delegated prescribers. Authorized prescribers include dentists, midwives, nurse practitioners, and optometrist prescribers. Designated prescribers include pharmacist prescribers, registered nurse prescribers, and dietitian prescribers. There are no delegated prescribers in NZ at this time. There is variation in the regulation, educational programmes and prescribing competencies used by the different prescribing health professionals involved in NMP in NZ.

Conclusion: This update collates relevant information relating to NMP in NZ into one consolidated document and provides policy makers with a current overview of prescribing rights, service delivery models, training requirements, and prescribing competencies used for NMP in NZ. As NMP in NZ continues to expand and evolve, this paper will form a baseline for future NMP research in NZ. NZ needs to develop overarching NMP policy to enable consistency in the various aspects of NMP, thereby delivering a safe and sustainable NMP service in NZ.

Keywords: education, healthcare policy, nonmedical prescribing, pharmacist prescriber, prescribing competencies

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Introduction

Nonmedical prescribing (NMP) was introduced in New Zealand (NZ), as in other countries, to address the threat of diminishing access to prescription medicines.[1,2] NMP is still a comparatively new practice in NZ, is changing significantly, and the number of nonmedical health professional groups with prescribing rights is increasing. Furthermore, NZ pharmaceutical collection data have identified dispensed prescriptions written by nonmedical prescribers where it is unclear if they have prescribing rights e.g. chiropractors and psychologists.[3]

This review focused on prescribing by nonmedical prescribers that is defined as the legislative authority to prescribe medicines that are legally classified as prescription medicines in NZ for use in people. This review did not focus on the provision of medicines *via* standing orders, or medicines classified as restricted (pharmacist only), pharmacy only, and general sale medicines by health professionals.

It is important to have current information about the prescribing models, practice settings, and educational aspects of NMP in an easily accessible source to enable:

(1) Patient safety: NZ health professionals need this information so they are aware of who can prescribe medicines in NZ and

their scope of practice. Patients also need this information to understand how to access the most appropriate NMP service.
(2) Educational development: educators need to ensure that education curricula and training are appropriate to equip the health professional groups with adequate skills for prescribing.
(3) Policy development: policy makers require current information about nonmedical prescribers when developing strategies for delivering a safe NMP service.
(4) Workforce development: relevant authorities need to ensure the NZ NMP workforce is in adequate supply and suitably trained to deliver the health service.

To facilitate the above, we plan to establish a snapshot of the range and scope of current NMP in NZ.

Objective

We aim to provide an updated source of information that describes the current prescribing rights and educational requirements for nonmedical prescribers in New Zealand.

We aim to determine the following:

(1) which health professions have prescribing rights
(2) the prescribing model/s employed
(3) practice settings
(4) the training or education required
(5) use of prescribing competency framework (if any) by each profession.

Method

In this paper, we used a variety of sources to collect data: NZ legislation, information from professional and regulatory organizations, policy documents, information from education providers, and grey literature. The Ministry of Health NZ website was used to identify which health professions were regulated under the Health Practitioners Competence Assurance Act 2003, and who the responsible authorities were for each health profession.[4] The Medicines Act 1981 and relevant Medicines Regulations were used to identify which of these health professionals were legally authorized to prescribe prescription medicines.[5–10] The remaining responsible authorities for health professionals not initially identified as prescribers *via* the Medicines Act or Regulations were contacted by email to confirm whether those health professionals were allowed to prescribe prescription medicines e.g. New Zealand Chiropractic Board (chiropractors), Physiotherapy Board of New Zealand (physiotherapists), etc. After the initial step to identify who could prescribe prescription medicines, the remaining listed objectives were identified during the data collection phase as each data source was reviewed. Any conflicting data were resolved by emailing the regulatory organizations to seek clarification.

The collected data were analysed under the themes identified as the objectives of the paper, that is, which health professions have prescribing rights, the prescribing model/s employed, practice settings, education requirements, and use of prescribing competency framework (if any) by each profession. Data were collated in Table 1.

Results

Nonmedical prescribing legislation in New Zealand

There are at least five legislative documents that currently govern NMP in New Zealand.[5,10,32–34] The Medicines Act 1981 and its Regulations will be repealed in the foreseeable future and replaced with a new Therapeutic Products Bill which aims to provide an enabling legislative framework.[35,36] The new bill is still under development and is due for introduction to NZ parliament in 2017.[35]

Nonmedical prescribers in New Zealand

Currently, there are seven nonmedical health professionals with various prescribing rights in NZ (Table 1). Table 1 also lists the legal prescribing categories, the year that the prescribing rights were first gained, prescribing models used, predominant practice setting, educational requirements and use of prescribing competencies.

Medicines in NZ are legally classified as prescription medicines, restricted medicines, pharmacy only, and general sales.[10] Parts 1 to 3 of Schedule 1 in the Medicines Regulations, 1984, list medicines that are classified as prescription, restricted (pharmacist only) and pharmacy only, respectively.[10] The Medicine Act, 1981, lists three legislative categories of prescribers: authorized prescriber, designated prescriber and delegated

Table 1. Current prescribing rights, service delivery models, educational requirements, and use of prescribing competencies for nonmedical prescribers in New Zealand.

Nonmedical prescriber	Legal prescribing category	Prescribing model	Prescribing rights first gained[6–9,11–14]	Predominant prescribing setting[15,16,17–19]	Educational requirement to prescribe[20,21,22–26]	Use of prescribing competencies[27,28–31]
Dentist	Authorized prescriber	Independent prescriber	1937	Private community practice (exact numbers unavailable)	Undergraduate	None identified
Midwife	Authorized prescriber	Independent prescriber	1990	No predominant setting (includes patient's homes, primary care and secondary care)	Undergraduate	No
Nurse practitioner	Authorized prescriber	Independent prescriber	2001	Primary care (i.e. 39%)	Postgraduate Master's level	Yes. Some prescribing competencies embedded within standard practising competency framework
Optometrist prescriber	Authorized prescriber	Independent **or** collaborative prescriber	2005	Private community practice (i.e. 94–96%)	Undergraduate from 2007 onwards **or** postgraduate certificate level if graduated prior to 2007	Yes. Some prescribing competencies embedded within standard practising competency framework
Pharmacist prescriber	Designated prescriber	Collaborative prescriber	2013	No predominant setting between primary and secondary care (i.e. 40% primary care, 33% secondary care)	Postgraduate certificate level (requires prerequisite postgraduate clinical diploma).	Yes. Specific prescribing competency framework used, as well as general practising competency framework
Dietitian prescriber	Designated prescriber	Collaborative prescriber	2015	No data available to differentiate between primary care and secondary care	Postgraduate Master's level from 2014 onwards **or** if graduated at Master's level prior to 2014, further postgraduate module level	No
Registered nurse prescriber practising in primary health and specialty teams	Designated prescriber	Collaborative prescriber	2016	No overall data yet: primary care is the intended setting for this prescriber group	Postgraduate diploma level	Yes. Specific prescribing competency framework used
Diabetes nurse prescriber			• 2011	Primary care		

prescriber.[5] Authorized prescribers (dentists, midwives, nurse practitioners and optometrist prescribers) are allowed to prescribe any prescription medicine that is listed in Part 1 of Schedule 1 in the Medicines Regulations. Designated prescribers (pharmacist prescribers, dietitian prescribers and registered nurse prescribers practising in primary health and specialty teams) are only allowed to prescribe specified prescription medicines. The list of prescription medicines that each profession can prescribe from varies for pharmacist prescribers, dietitian prescribers and registered nurse prescribers.[7,20,37] Although not the focus of this review, it is noted that the list of specified medicines for these nonmedical prescribers also includes medicines that are legally classified as restricted medicines, pharmacy only, and general sales. Delegated prescribers are health professionals who may only prescribe medicines as detailed in a delegated prescribing order that has been issued by an authorized prescriber.[5] Currently, there are no delegated prescribers in NZ.

Amendments to legislation since prescribing rights first gained. The prescribing parameters for several health professionals have been modified over time, for example, dentists, midwives, nurse practitioners and optometrist prescribers.[38] With the introduction of registered nurse prescribing and the Medicines (designated prescriber: registered nurses) Regulations 2016, the initial cohort of diabetes nurse prescribers now falls under the registered nurse prescribers category, and the Medicines (designated prescriber: registered nurses practising in diabetes health) Regulations 2011, were revoked on 30 November 2016.

Numbers of nonmedical prescribers in each health profession. Table 2 collates workforce data for all the nonmedical prescribers in NZ. There are no overall data for nurse prescribers, however, there are data on the initial cohort of diabetes nurse prescribers who fall within this category (0.09%). Currently, nurse practitioners combined with diabetes nurse prescribers make up 0.41% of the registered nurse workforce that can prescribe. This is similar to the proportion of pharmacist prescribers in the registered pharmacist workforce (0.42%). However, the absolute number of prescribers in the nursing workforce (i.e. nurse practitioners + diabetes nurse prescribers) is 209, and is significantly higher than the absolute number of pharmacist prescribers, which is 15.

Prescribing models and prescribing settings of nonmedical prescribers in New Zealand

Prescribing models. The two current prescribing models identified for authorized and designated prescribers in NZ are the independent prescribing model and the collaborative prescribing model (Table 1).

Prescribing settings. Table 1 indicates the predominant practice setting for the various nonmedical prescribers. The Nursing Council of NZ Workforce Statistics 2015 publication reported that the largest proportion of the nurse practitioner workforce was working in primary healthcare (39%), however many nurse practitioners (25%) did not state a practice area.[19] A Ministry of Health NZ 2010 workforce survey indicated that 94–96% of optometrists are working in private practice.[15] The Pharmacy Council of NZ reported that of the 15 pharmacist prescribers registered in 2017, 40% of pharmacist prescribers work in primary care, 33% work in secondary care (hospitals), and 13.3% are working in a primary/secondary mixed care setting.[16] There are 45 diabetes nurse prescribers in total, working in GP practices or in specialist multidisciplinary teams within primary care. No data were available to determine the predominant practice setting for dietitian prescribers in NZ.

Educational requirements and use of prescribing competencies for nonmedical prescribers in New Zealand

Nonmedical prescribing educational requirements. The regulatory organizations for the various NMP health professionals are responsible for determining and accrediting the educational and competency requirements for that health professionals' scope of practice. Dentists, midwives, and optometrists (who graduated from 2007 onwards) are not required to undertake extra educational training to prescribe medicines in NZ, as the prescribing qualification is included in their undergraduate degree (Table 1). From 2014 onwards, nurse practitioner training in NZ, which is a Masters-level programme and has a prerequisite of a minimum 4 years of experience in a specified area of practice, includes the prescribing qualification. A new training model for nurse practitioners that intends to reduce the overall training time, was trialled over a 12-month period in 2016 with the support of the Ministry of Health NZ.[44] From 2014 onwards, dietitians who complete the required postgraduate Master's Degree in Dietetics or

Table 2. Number of nonmedical prescribers in New Zealand and proportion of workforce that can prescribe (as at 31 March 2016 unless stated).

Nonmedical prescriber in NZ	Number of registered prescribing health professionals[15–17,39,40,41]	Total number of practising registered health professionals [15,17,39,40,42,43]	% of workforce that can prescribe medicines
Dentist (with general dental practitioner scope)	2184 (as at 1 March 2016)	2184 (as at 1 March 2016)	100%
Midwife	3128	3128	100%
Nurse practitioner (NP)	164	51,185 registered nurses + NP workforce	0.32%
Optometrist prescriber	478 (as at 11 March 2016)	725 optometrists (as at 11 March 2016)	65.9%
Pharmacist prescriber	15 (as at 30 June 2016)	3577 pharmacists (as at 30 June 2016)	0.42%
Dietitian prescriber	423	660	64.1%
Registered nurse prescriber practising in primary health and specialty teams	No overall data available yet	51,021 registered nurses	No overall data available yet
Diabetes nurse prescriber	45		0.09%

NZ, New Zealand.

equivalent, will also qualify as dietitian prescribers.[20] Pharmacist prescribers and registered nurse prescribers are all required to complete further postgraduate prescribing programmes to enable prescribing. These applicants require a minimum of 2 years and 3 years, respectively, of recent appropriate postregistration experience.[21,45]

Optometry graduates prior to 2007, dietitian graduates prior to 2014, and nurse practitioners who registered without prescribing status prior to 2014, are all required to complete additional approved postgraduate prescribing training to enable prescribing.

Use of prescribing competencies. A specific prescribing competency framework is a common set of competencies that is specific to prescribing regardless of the background of the health professional.[46] A single prescribing competency framework for all prescribers exists in the UK and Australia.[46,47] Table 1 collates information related to use of prescribing competencies by the various nonmedical prescribers. Currently, only pharmacist prescribers and registered nurse prescribers use a specific prescribing competency framework in practice in NZ. No documentation could be sourced regarding any type of prescribing competency framework or prescribing competencies within dentists' educational requirements. The scope of practice competencies for dentists did not identify any competencies that specifically related to the prescribing of medicines.[48]

Discussion

Nonmedical prescribing legislation in New Zealand

This paper focused on the prescribing of prescription medicines in NZ by nonmedical prescribers. The lack of clarity around who can prescribe prescription medicines and what they can prescribe could compromise patient safety in NZ. Information on NMP in NZ included a large amount of material from a variety of different sources, as comprehensive, up to date information is not currently available from one source.

The new Therapeutic Products Bill is still under development, with a draft version due in 2017.[35] Only limited information is currently available and until it is passed, it is not known exactly how the bill will affect the regulations for NMP in NZ. One of its intentions is to control prescribing authority using the Health Practitioners Competence Assurance Act 2003. Thus, the regulatory authority for each health profession with

prescribing rights (e.g. Nursing Council NZ for nurse prescribers and nurse practitioners, etc.) would govern the parameters of prescribing authority within the stated scope of practice for that health profession. Initial consultation on the new legislation noted concerns, including the risk that some responsible authorities may seek to advance their own profession.[49]

Nonmedical prescribers in New Zealand

The most recent nonmedical health professionals to gain prescribing rights in NZ are registered nurse prescribers practising in primary health and specialty teams (September 2016). Personal communication with the Physiotherapy Board of New Zealand indicated they have had discussions about the possibility of physiotherapists prescribing, but with no progress on this yet.[50] When seeking prescribing rights, an application by the responsible authority for a health profession is required under the Medicines Act, 1981. This is a rigorous and time-consuming process which involves discussions with the Ministry of Health NZ.[51] However, this approach could involve inconsistencies, and has the potential to be influenced by lobbying from the responsible authority for a health profession.

Amendments to legislation since prescribing rights first gained. Nurse practitioners and optometrist prescribers, have been reclassified from designated prescribers to authorized prescribers as recognition by the Ministry of Health of the safe and appropriate prescribing practice over a period of time, although no evidence for the change appeared to be provided.[38] This progression of legislative rights possibly could be applied to other nonmedical prescribers in NZ over time.

Numbers of nonmedical prescribers in each health profession. The percentages of the nursing workforce and pharmacist workforce that prescribe (i.e. 0.41% and 0.42%, respectively) is much lower in NZ than in the UK (2% and 3%, respectively).[52,53] In the UK, there is evidence to show that extending prescribing rights to nonmedical health professionals provides benefits such as faster access to medicines, more flexible patient-orientated care, time savings, and improved service efficiency; and NMP has been found as safe, and acceptable to patients and other clinicians.[52,54] The Royal New Zealand College of General Practitioners' 2016 Workforce Survey Report indicates that 44% of GPs intend to retire from general practice in the next 10 years and 49% of GPs work part time, both of which could influence the overall decline in the availability of GP services.[55,56] To address this issue and see the benefits found in the UK, the NMP workforce in NZ could be increased.

It is important to ensure that sufficient health professionals with the appropriate skill set and knowledge are being educated and trained to be part of the prescribing workforce in NZ. Dentists and midwives contribute a significant proportion of the NMP workforce, as their entire workforces have prescribing authority. Although dietitian prescribers have the third highest percentage of a workforce (64%) that can prescribe medicines, they can only currently prescribe three medicines that are legally classified as prescription medicines and may therefore only have minimal impact on access to prescription medicines and NMP practice. The registered nurse workforce is the largest workforce of all the nonmedical prescribers, and introduction of the new registered nurse prescriber legislation has the potential to increase the proportion of nurse prescribers within the NMP workforce, as well as the overall NMP workforce in NZ. The nursing prescribing workforce is already increasing as the Nursing Council 2016 annual report indicated that 21 new nurse practitioners were added to the register in 2016, and there was also a 22% increase in the diabetes nurse prescriber workforce.[39] Implementation of pharmacist prescribers in NZ is small, as there are only 15 in practice, and there is potential to further utilize the skill set of this health profession within NMP in NZ.

Prescribing models and prescribing settings of nonmedical prescribers in New Zealand

Prescribing models. Nonmedical prescribers in NZ, other than optometrist prescribers, utilize either an independent or a collaborative prescribing model only, depending on legislation. However, there is no information available as to whether the current prescribing models used by the various nonmedical prescribers in NZ enable an effective service.

Establishing clinical governance is seen as an important aspect of implementing prescribing models for NMP.[57] In the UK, clinical commissioning groups (CCGs) are clinically led statutory National Health Service (NHS) bodies responsible for the planning and commissioning of

healthcare services for their local area.[58] Many of the CCGs in the UK have an NMP policy to enable the safe and robust implementation of the NMP service in their area.[59,60] Australia has developed a governance policy for nonmedical prescribers in Australia, that is, the Health Workforce Australia (HWA) Health Professionals Prescribing Pathway (HPPP) Project; however implementation of this policy is still under consultation.[61,62] NZ does not have any systems in place yet to enable the development of an NMP implementation policy. A viable solution for NZ would involve the development and implementation of a national policy for NMP in NZ. The District Health Board (DHB) or Primary Health Organization (PHO) structures could be used as the appropriate governance structures to implement the national NMP policy at a local level in NZ.

Prescribing settings. Nonmedical prescribers in NZ work in a variety of practice settings and some qualitative feedback has been documented regarding these health professionals including:

(1) A dietitian prescriber working in an adult cystic fibrosis service: "The new regulations will enable me to now prescribe three prescription medicines: high-dose vitamin D, high-dose zinc and high-dose pancreatic enzymes. Prior to the regulations, I would advise the specialist doctors, within my assessment and recommendations, on the dosing required by my patients for these particular medicines. I am now able to prescribe the whole package of cystic fibrosis nutrition therapies for the patient in clinic, or in their home."[63]
(2) A pharmacist prescriber involved with hypertension clinics in primary care stated, "Prescribing is a natural extension to my established role as a clinical pharmacist working within a collaborative health care team."[64]
(3) Feedback from patients interacting with diabetes nurse prescribers in the 2012 Managed National Roll Out project included comments such as "…easier, more time to focus on my needs, more discussion and monitoring…" and "…more convenient and easier to see nurse rather than specialist in hospital setting…"[65]

Current trends indicate that primary care in NZ will require more assistance to cope with the increased demand for patient services.[55] UK data for nurse and pharmacist prescribers indicate that their predominant practice setting is primary care and therefore attempting to address this increased demand in the primary care sector.[52] Available NZ data (Table 1) indicates that only the nursing workforce prescribers (i.e. nurse practitioners and diabetes nurse prescribers) confirm that primary care is their predominant practice area, so there may be a need for increasing implementation of other nonmedical prescribers within primary care.

Current data indicate that six pharmacist prescribers (40%) work in primary care, and five (33%) in secondary care, hence similar numbers in the two sectors and no significant predominant practice setting. As NMP aims to improve access to medicines in primary care, this would be the expected predominant practice setting for pharmacist prescribers. However, the lower-than-expected number of primary care pharmacist prescribers could be due to fewer prospective employment opportunities, and the training programme pre-requisites of 'already working in a collaborative team.' Whilst hospital pharmacists usually work in multidisciplinary teams, community pharmacists traditionally have not been included in GP practices and primary care clinics, and current opportunities remain limited in NZ. Pharmacist prescribers are well established in NMP service delivery in the UK, as they are part of primary care organizations, including GP practices and primary care clinics in community pharmacy.

Educational requirements and use of prescribing competencies for nonmedical prescribers in New Zealand

Nonmedical prescribing educational requirements. This paper highlights the variation in the educational requirements for NMP for different health professionals in NZ. The qualifications vary in level (i.e. undergraduate or postgraduate level), length, content and structure. The focus of undergraduate training of the different health professionals who can prescribe may account for some of differences noted in the training requirements to become a nonmedical prescriber in NZ, for example, diagnostic skills (physiotherapists, optometrists) *versus* therapeutic skills (pharmacists, nurses). However, even with this concession, the UK has enabled some consistency in the educational requirements for the various health

professionals who are nonmedical prescribers.[66,67] The UK independent and supplementary prescriber programme for most nonmedical prescribers typically comprises: 26 days of full-time university education and a minimum of 12 days learning in practice (practicum) under a designated medical practitioner (DMP).[68] The postgraduate certificate for NZ pharmacist prescribers (i.e. 60 days of university education and 20 days practicum under a DMP) is similar in structure to the UK.[69] NZ registered nurse prescribers require completion of a postgraduate diploma which includes the prescribing practicum of 20 days under a DMP.[21] NZ pharmacist prescribers have considerably more educational requirements than NZ registered nurse prescribers, as pharmacist prescribers must also complete a postgraduate diploma in clinical pharmacy as well as a postgraduate certificate in prescribing, which makes it a long and expensive training pathway.[69] A possible reason for the lack of consistency in educational requirements for the different health professional groups in NZ could be that the application processes for prescribing have occurred independently by the various regulatory authorities at different times with no underlying national NMP policy.

Postgraduate NMP training programmes in NZ can also be lengthy and expensive, and access to funding might influence the numbers of nonmedical prescribers in different health professional groups. Health Workforce New Zealand funds some postgraduate clinical training for dental, medical, nursing, and midwifery health professionals but currently none for pharmacists.[70] Access to equitable funding for pharmacists to undertake NMP training could improve the low number of pharmacist prescribers.

Use of prescribing competencies. The use of prescribing competencies is influential in ensuring responsible prescribing in practice, thereby increasing patient safety, and should be a requirement for all prescribers. However, only a few NMP groups in NZ use competencies in practice, and variation exists among them. For example, the prescribing competency framework used by NZ pharmacist prescribers is based on an earlier version of the UK single prescribing competency framework, while the prescribing competencies used by NZ registered nurse prescribers are based on the Australian NPS prescribing competency framework.[27,71] This difference could be due to the current lack of NZ NMP policy.

A specific prescribing competency framework is also a useful tool for evaluating whether the current educational requirements for the different nonmedical prescribers provide adequate preparation for prescribing. If such a tool was available for NZ, it could be applied to ensure a systematic, consistent approach to the required training for all nonmedical prescribers. The availability of a single prescribing competency framework in the UK could be a reason for the consistent structure noted in the educational requirements for most nonmedical prescribers in the UK.

Areas for further research

Research is an important mechanism for evaluating the benefits of healthcare services, and can help inform policy and workforce development. In the UK, much of the research on NMP has been initiated and funded by Government departments, and includes evaluation of the NMP service, as well as patient and physician responses to NMP, education of, and continuing education for, nonmedical prescribers.[72] There has also been research into NMP in Australia, Canada, and the USA.[62,73,74] There is a considerable lack of research on NMP in NZ compared with other countries.[72] The establishment of a collaborative research network in NZ could address this issue.

Conclusion

Legislation pertaining to prescribing in NZ is difficult to interpret and continues to evolve as the country enables more nonmedical health professionals to prescribe prescription medicines. There is variation in NZ in the educational requirements, training programmes, and the use of prescribing competencies between the different nonmedical health professionals that prescribe medicines. Implementation of NMP by the different groups of health professions in NZ is also highly variable, with some groups well represented (i.e. dentists, midwives, and nurses) while others have the potential to be utilized further (i.e. pharmacists). The UK has successfully applied a standardized prescribing competency framework to enable more consistency in the governance and implementation of NMP in the UK.[46] The development or application of a single prescribing competency framework in NZ could be beneficial for NMP in NZ.

This paper provides policy makers with a current overview of prescribing rights, service delivery

models, training, and competencies used for NMP in NZ. As NMP in NZ continues to expand and evolve, this paper will form a baseline for future NMP research in NZ. Although NZ is extending NMP rights, it does not currently have any policies to enable a consistent NMP strategy. A formalized strategy for NMP would help NZ acquire the benefits of NMP seen in other countries, as well as facilitating a sustainable service that would promote patient safety.

Key Points

(1) Nonmedical prescribing (NMP) is being implemented in New Zealand in several health professional groups, and is evolving to address the increasing demands placed on the primary care sector.
(2) There is no reliable and easily accessible information source regarding NMP in NZ for health professionals or the public.
(3) There is variation in the regulation, educational programmes and prescribing competencies used by the different prescribing health professionals involved in NMP in NZ.
(4) A collaborative research network is required in NZ to evaluate and improve the NMP service in NZ.
(5) NZ needs to develop overarching NMP policy to enable consistency in the various aspects of NMP, thereby delivering a safe and sustainable NMP service in NZ.

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Conflict of interest statement

The authors declare that there is no conflict of interest.

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