



NEWFOUNDLAND AND LABRADOR PHARMACY BOARD Policy

Nurse Practitioner Prescribing and Pharmacists' Responsibilities

Approved March 24, 2007

Background

At the January 20, 2007 meeting of the Board an update was given on Nurse Practitioner prescribing that included informing the Board that the NP Regulations are currently being reviewed and it is expected that revisions may be made to the prescriptive authority section of these regulations. It is proposed by the ARNNL that the current approach, as evidenced in Schedule C of the regulations that list specific drugs that can be prescribed independently by primary care Nurse Practitioners, be replaced by an approach that instead indicates categories of drugs that may be prescribed.

It was also reported to the Board that protocols for prescribing by Nurse Practitioner Specialists will soon be approved, (One NP S Protocol was approved in March, 2006 for Jill Squires Brunneau RN, NP S in cardiac surgery.) Under these protocols there will not be specific lists of drugs that can be prescribed (as in Schedule C for primary care NP's), but rather, less restrictive guidelines for prescribing. Also, there will be different protocols for different categories of NP Specialists (e.g. Cardiac care, neonatal care, psychiatric care, etc.).

In practical terms it will be very difficult, if not impossible, for pharmacists (particularly in the community setting) to have a clear knowledge of the various prescribing authorities of the various categories of Nurse Practitioners. While some aspects of prescribing authority are quite clear, others may not be so clear, in protocol style situations. It would also not be unexpected if in the near future the current regulations regarding prescribing by NP's in primary care are made less restrictive.

For example, only designated physicians may prescribe methadone, so a prescription for methadone from an NP could not be accepted. This would be an example of a situation in which prescribing authority is quite clear. However, the protocol for a NP Specialist in Cardiac Surgery includes authority to prescribe nitrates (in the treatment of angina) "As per current cardiovascular consensus guidelines for the management of ischemia". This would be an example of a situation in which prescribing authority is not quite so clear.

Pharmacists sometimes find themselves in a very difficult situation if they feel their responsibilities include passing judgement on the "legality" of every prescription that is presented to them. Consequently, it is very useful for pharmacists to have guidance from the Board on how to deal with the "legality" of various prescriptions from various categories of Nurse Practitioners.

On March 9, 2007 representatives of the Board and the Association of Registered Nurses of Newfoundland and Labrador (ARNNL) met to discuss these issues and seek ways in which the NLPB and ARNNL can work together to ensure that pharmacists and Nurse Practitioners are adequately informed about the changes in NP prescribing

authority that may be seen in the near future. Subsequent to this meeting, a Communiqué to Nurse Practitioners and Pharmacists was developed by the ARNNL and the following Board Position was adopted by the NLPB:

- 1) It is expected that Nurse Practitioners will prescribe in accordance with the applicable protocols, Regulations, Standards of Nursing Practice and Code of Ethics, as outlined in the Communiqué to Nurse Practitioners and Pharmacists issued by the ARNNL.
- 2) It is reasonable for pharmacists to assume that prescriptions that have been issued by Nurse Practitioners have been issued within the scope of practice of that Nurse Practitioner and in accordance with the protocols or regulations governing Nurse Practitioner prescribing, unless there is specific evidence to the contrary.
- 3) It is not the responsibility of pharmacists to “police” the adherence of Nurse Practitioners to their protocols, regulations or Standards of Practice. Rather, if there is specific evidence of failure by the Nurse Practitioner to do so, the pharmacist should present such evidence to the ARNNL for appropriate action.
- 4) Pharmacists are expected to continue to apply their knowledge and experience to reviewing the appropriateness of any prescribed medications to the treatment of particular patients in their particular circumstances. Where the pharmacist has concerns about particular treatment plans, or recommendations with respect to treatment plans, the pharmacist should consult with the prescribing practitioner and collaborate with the other members of the health care team to optimize patient care.
- 5) It is expected that pharmacists will practice in accordance with the Acts, Regulations, Standards of Pharmacy Practice and Code of Ethics and Guidelines applicable to the practice of pharmacy.
- 6) It is noted that under the current provisions of the federal Controlled Drugs and Substances Act there is no provision for Nurse practitioners to independently prescribe or renew pre-existing prescriptions for narcotics, controlled drugs, or benzodiazepines.