



*Evaluation of registered nurse prescribing in both countries has demonstrated that registered nurses are careful, safe prescribers.*

## RN Prescribers

# It's Just What the ~~Doctor~~ Registered Nurse Ordered

PART OF THE CONTINUING SERIES ON SCOPE OF PRACTICE OF REGISTERED NURSES

By Diane Wilson Maté RN BN MEd,  
Director of Policy Development & Regulation

**I**N several countries in the world, the scope of practice of registered nurses has evolved to include prescribing drugs. Last September, the Canadian Nurses Association (CNA) organized a study tour to two of these countries — England and Ireland — for the purpose of exploring current developments in implementing RN prescribing in the English and Irish health systems. As the representative of the College of Registered Nurses of Manitoba I had the opportunity, together with colleagues from the Saskatchewan Registered Nurses Association, First Nations and Inuit Health Branch of Health Canada and CNA, to meet with representatives of government, regulatory organizations, professional associations, unions, educators, and employers in these countries. Most importantly we met with registered nurses who prescribe drugs in the course of providing nursing care to their patients.

Registered nurse prescribing was introduced in these countries in response to the public need for access to timely health services. Stakeholders spoke of countless situations in which patients were required to wait while RNs tracked down physicians to obtain a prescription for drugs. In many situations, patients were assessed by registered nurses and a treatment plan was developed by RNs but patients had to make another appointment to return to the point of care at a time when a physician was available to provide a prescription.

In both England and Ireland, authority for RNs to prescribe drugs is not limited to those in advanced practice. All RNs seeking to include prescribing drugs

in their scope of practice must meet rigorous educational, registration and continuing competence requirements.

As is characteristic of scope of practice, registered nurse prescribers' scope of practice varies. For instance, we met registered nurse prescribers who provide care to a wide range of patients of varying ages in a community health clinic and therefore prescribe a number of different drugs to treat an array of health problems. On the other hand, we met a registered nurse prescriber who manages care for people with migraines; the range of drugs she prescribes is narrower.

Evaluation of registered nurse prescribing in both countries has demonstrated that registered nurses are careful, safe prescribers. Additionally, there has been a positive impact on access to health services and wait times. An additional plus is the great sense of professional satisfaction reported by registered nurse prescribers in their ability to provide access to comprehensive healthcare.

In Manitoba, in response to identified needs for the public to access healthcare for certain health problems, work has been undertaken to develop a regulation to provide the legal authority for registered nurses to become licensed prescribers. A regulatory framework has been developed to address the educational, registration, continuing competence, and practice requirements for registered nurses to prescribe drugs.

The prescribing of drugs by registered nurses in England and Ireland, and in the future in Manitoba, exemplifies a number of characteristics of scope of practice identified in earlier articles. These include the flexibility of the boundaries of RN scope of practice; the tendency for scopes of practice of various healthcare professionals to overlap — in this instance, RN scope of practice would overlap with the scopes of nurse practitioners, physicians and dentists; and, the constantly evolving nature of scope of practice in response to the needs of the public and the growth of knowledge on which registered nursing practice is based.