Principles for quality and safe prescribing practice

Preamble

These principles are intended most for health practitioners who prescribe or plan to prescribe. They have been developed by the seven responsible authorities (RAs) who regulate these prescribers to promote safe prescribing and ensure best prescribing practice. This collaborative approach and development of joint principles has been greatly influenced by overseas competence frameworks and the Medical Council of New Zealand's statement on good prescribing practice. They also reflect the culmination of significant feedback from consultation and the following RAs' efforts.

Dental Council
Te Kaunihera Tiaki Niho

Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

Te Kaunihera Tapuhi o Aotearoa
Nursing Council of New Zealand

Dietitians Board
Te Mana Mātanga Mātai Kai

Te Tatau o te Whare Kahu
Midwifery Council

pharmacycouncil
Te Pou Whakamana Kaimatū o Aotearoa

Optometrists and Dispensing Opticians Board
Te Poari o ngā Kaimātai Whatu me ngā Kaiwahakarato Mōhiti

Podiatrists Board of New Zealand
Te Poari Tiaki Waewae O Aotearoa

[Podiatrists Board of New Zealand has adopted the Principles May 2025]

Purpose

This document presents a set of principles to assist health practitioners who prescribe (prescribers) to undertake and maintain quality prescribing practice when prescribing therapeutic products. Quality prescribing contributes to improved and more equitable health outcomes for people when therapeutic products are considered as a treatment option.

Application Guidance and Context

These principles have been set to further aid consistent and robust prescribing practice amongst a diverse set of health practitioners who have the authority to prescribe therapeutic products. The principles are set with the expectation that they are fair and reasonable and will be followed by a diverse prescriber health workforce.

The principles are overarching and/or are common to all prescribers. However, it is recognised that regulatory standards and application may differ depending on which RA regulates the relevant practitioner. The aim is that common principles for consistent prescribing will ultimately further promote safe prescribing and best prescribing practice to ensure public safety.

There are seven RAs that have responsibility to regulate all the health practitioners that have authority to prescribe. These RAs have developed these principles through extensive consultation with the professions

and the public, whilst also reflecting the expertise encapsulated in overseas competence frameworks and the Medical Council of New Zealand's statement on good prescribing practice. Application of these principles will vary among RAs to reflect the differences in the health practitioners they regulate.

Quality prescribing will ultimately contribute to improved and more equitable health outcomes for people when therapeutic products are considered as a treatment option.

Definitions

For the purposes of this document, the following definitions are adopted.

Prescriber: any authorised prescriber (including designated prescribers) or delegated prescriber as determined by the Medicines Act 1981. At the time of publication, health practitioner groups that have prescribing rights in New Zealand include dentists/dental specialists, dietitians, medical practitioners, midwives, nurses, nurse practitioners, optometrists, and pharmacist prescribers.

Person and **people** are used in this document in a general manner which may include but is not limited to, the public, the consumers of healthcare (both individuals and populations), and whānau.

Therapeutic product: any product intended to be used in or on human beings for a therapeutic purpose. This includes medicines, related products, or medical devices. Where appropriate and applicable, this includes both approved and unapproved products.

Background

While therapeutic products provide great benefit, there is also evidence that inappropriate prescribing (over-, under-, and misuse of therapeutic products) is prevalent in Aotearoa New Zealand. This contributes to avoidable morbidity, mortality, demand for health services, and waste. This document sets out principles which outline an approach to quality prescribing.

While there are multiple potential contributors to inappropriate prescribing, many of which are outside the direct control of individual prescribers, this document communicates expected behaviours which are within the control of the prescriber.

It is expected that these principles will be applicable in the vast majority of cases, but prescribers will need to contextualise the principles to their specific circumstances.

The joint approach by the responsible authorities also aims to reduce unwarranted variation in prescribing by providing a consistent approach for all prescribers irrespective of professional background or practice setting.

Quality care is people-centred, equitable, accessible, safe, effective, and efficient. With equity and accessibility being key dimensions of quality, health practitioners prescribing in Aotearoa New Zealand are committed to upholding and enacting Te Tiriti o Waitangi ngā mātāpono – principles, including the provision of culturally safe prescribing practice to people and whānau, effective informed consent process and mana motuhake, which encompasses a sense of autonomy and self-determination.

The principles are grouped within two categories. The 'person-centred prescribing process' includes sequential steps to guide individual prescribing interactions, including informed consent.

Initial diagnosis is not addressed by this document because not all prescribers act as a primary diagnostician. Please refer to standards and guidance from your RA if primary diagnosis is part of your role.

The principles within 'professional practice to support quality and safe prescribing' relate to prescribing governance. These principles underpin and facilitate the 'person-centred prescribing process.' The principles are to be read as a whole, in conjunction with the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996 (The Code), and with other standards and statements published by the relevant RA.

This document may be used by RAs as a framework to guide national consistency when setting prescribing related competence standards and ethical behaviour.

Person-centred prescribing process

Principle 1: Assess the person

1. Prior to prescribing, a prescriber ensures that they have adequately assessed the patient's condition, and/or have adequate knowledge of the patient's condition, and is therefore satisfied that the prescription is in the patient's best interests. This includes assessment of their medical[1] and medication history[2]. It may also include consideration of a patient's values, beliefs and the role of their whānau, depending on the circumstances of the consultation.

2. Both the person and clinical records are important sources of information to ensure as full an understanding as possible of the person's circumstances and needs.

3. To ensure the person can divulge all relevant information, a prescriber provides a safe and non-judgemental environment.

4. An in-person consultation is expected if prescribing any therapeutic product for the first time[3]. All prescribers adhere to recommended safety and legal requirements and provide culturally appropriate care.

5. Consultation may occur via telehealth if the prescriber can provide safe and quality healthcare, and the consumer consents to telehealth services.

6. A prescriber evaluates a person's level of health literacy, so they can communicate in a way that is best understood by the person and is culturally safe.

7. Whānau can be involved in the prescribing decisions, where appropriate.

Principle 2: Consider the options

8. A prescriber considers the range of evidence-informed treatment options that may benefit the person. This includes providing no treatment, non-pharmacological approaches and therapeutic products, medicines, and stopping or adjusting the dose of medicines that might be causing harm, or no longer be of benefit (deprescribing).

9. When considering these options, the prescriber considers the current best available evidence as applicable to the individual person concerned, as well as the person's particular circumstances and

[1] This includes family medical history and known drug allergies.
[2] This includes but is not limited to prescribed medicines, over-the-counter medicines, Rongoā, complementary and alternative therapies, vaccines, and recreational drugs.
[3] There may be certain situations where this is not possible; prescribers are advised to consult the specific guidance of their regulatory authority about these situations.

preferences including their ability to take or use any therapeutic product and potential monitoring requirements.

Principle 3: Present options

10. A prescriber presents the treatment options to the person, and provides appropriate information about the expected risks, adverse effects, and benefits of each option. A prescriber effectively communicates all options and allows the person to make an informed choice and give informed consent, as far as is reasonably possible in the circumstances.

11. The prescriber presents information in a way that people can understand and that minimises perceived and actual power imbalance to facilitate informed choice and consent. Prescribers uphold the Code, particularly in respect to ongoing[4] informed consent, and the Rights to be treated with respect and dignity and to have care provided in a manner that is consistent with peoples' needs, including their cultural needs.

Principle 4: Prescribe

12. A prescriber prescribes therapeutic products only when there is a clear clinical need or justification.

13. They ensure that the therapeutic product, dose, dose frequency, route of administration, and quantity/period of supply are appropriate and safe for the person.

14. A prescriber issues a prescription (either electronic, physical, or verbal) that meets all legal and professional requirements with clear instructions for dispensing and administration according to the treatment plan.

15. A prescriber recognises that inappropriate prescribing (which may include indiscriminate, excessive, or reckless prescribing) is clinically and ethically unacceptable. It may be harmful to people and society and undermines trust in the health professions and other health practitioners.

Principle 5: Inform

16. A prescriber ensures that the person understands the treatment plan (including what action to take if they have concerns), how to access and use the prescribed therapeutic products, and any monitoring requirements.

[4] An ongoing and interactive process where regularly re-visiting informed consent discussions and updated information about the available options for long-term condition.

17. As far as possible, according to the person's capability and the health care context, a prescriber empowers people and whānau to take responsibility for their health and self-manage their conditions by providing appropriate resources and advice.

Principle 6: Monitor effectiveness and safety of treatment and review options

18. A prescriber ensures there are appropriate follow up mechanisms in place to monitor the effectiveness and tolerability of treatment, and for the person to raise concerns and/or provide feedback as required.

19. When necessary, a prescriber assesses progress and reviews treatment options with the person, seeking to optimise outcomes. Decisions to continue or modify treatment are based on this review and according to best practice.

Professional practice to support quality and safe prescribing

Principle 7: Practise equitably

20. Prescribers work towards equitable health outcomes, and work in a culturally safe way. They give effect to Te Tiriti o Waitangi by demonstrating an understanding of Māori indigenous rights and issues in relation to health and health equity.

21. This includes self-reflection on how their own biases impact on their thinking and behaviour, minimising the power differential with people, committing to transformative change in their practice, and ensuring that people and whānau define what culturally safe care means to them. A prescriber recognises that cultural safety benefits all people and communities.

Principle 8: Prescribe safely

22. A prescriber prescribes therapeutic products that are within their legal authority, scope of practice, and that they are competent to prescribe safely.

23. A prescriber maintains a contemporary knowledge of therapeutic products within their area of clinical practice. This includes being familiar with the indications, adverse effects, contraindications, major drug interactions, appropriate dosages, monitoring requirements, effectiveness and cost-effectiveness of the therapeutic products prescribed.

24. A prescriber consults resources as required, including peer-reviewed literature and up to date formularies and guidelines, to ensure safe prescribing practice.

Principle 9: Ensure adequate record keeping

25. A prescriber keeps clear, accurate, time-bound[5] and timely records of prescribing. This includes documenting all information relevant to the prescribing process, details of any adverse drug reactions, and information given to the person about the treatment prescribed.

26. A prescriber ensures patient records are stored securely and is aware that records may be read by the patient and other health practitioners.

Principle 10: Prescribe professionally

27. A prescriber maintains professional independence and ensures that prescribing decisions are based on the best available evidence to ensure safe and effective care.

28. This includes maintaining personal, professional, and financial boundaries to ensure that real or perceived conflicts of interest are effectively declared and managed.

29. A prescriber accepts personal responsibility and accountability for prescribing decisions and ensures that there is sound rationale for their decision.

Principle 11: Encourage quality improvement

30. A prescriber promotes and engages with the principles of clinical governance and safety culture to ensure continuous improvement of the care provided to people.

31. A prescriber ensures high-quality prescribing processes to minimise medication and/or prescribing errors, and inequitable practice.

32. They acknowledge prescribing errors when they occur and act accordingly to minimise harm.

33. A prescriber identifies areas of potential improvement by taking part in activities such as prescribing audits, peer review, self-reflection, and continuing education, in line with the prescriber's relevant professional requirements. They use both qualitative and quantitative self-reflection and external data and feedback to improve prescribing knowledge and practice.

34. Quality improvement extends across all aspects of prescribing including, but not limited to clinical decision making, professionalism, communication, and culturally safe and equitable practice.

[5] Patient records date and time-stamped, with any subsequent changes clearly identifiable, by whom, why and when.

Principle 12: Collaborate

35. A prescriber understands that a patient's care may be shared with other health professionals, or with other members of a multidisciplinary team. This may include use of standing orders to improve patients' timely access to medications[6]. Prescribers have a responsibility to work collaboratively to ensure the best possible outcome for the patient.

36. With the person's consent, relevant information is appropriately shared with other providers of care, including the person's regular care provider to ensure effective transfer, continuity of care and manage the clinical risk.

37. A prescriber both provides and seeks feedback and support from colleagues to optimise care.

[6] Prescribers are advised to consult the specific guidance of their regulatory authorities on the use of standing orders.