Nurse and midwife prescribers: towards an inter-professional model of prescribing competence

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Background
Our role in regulation

We exist to protect the public by regulating nurses and midwives in the UK.

We do this by setting standards of education, training, practice and behaviour so that nurses and midwives can deliver high quality healthcare throughout their careers.

We maintain a register of nurses and midwives who meet these standards, and we have clear and transparent processes to investigate nurses and midwives who fall short of our standards.
Education programme

- Course Requirements
- Standards of Proficiency
- Other Standards
- Protecting the public
- Quality Assurance
- Standards for Education and Training
Education: the changing context

- Health and care landscape is changing rapidly
- Increasing care provided by integrated care teams
- Growing focus on person-centred care closer to home
- Nurses and midwives need to be fit for the future
- Nurses and midwives working across a range of settings
- Nurses and midwives taking on additional responsibilities
Prescribing standards
History of Nurse and Midwife Prescribing

1986 Cumberlege Report
1989 First Crown Report
1992 Enabling legislation for nurse prescribing receives Royal Assent
1994 First pilot sites for district nurse/health visitor prescribing in England
1999 Integrated into DN/HV specialist practitioner programmes
2001 DoH announced that other groups of nurses to become eligible to prescribe
2002 Training programme for extended independent prescribing with limited formulary introduced
2003 Supplementary prescribing introduced for nurses and pharmacists
2006 BNF opens up to nurses and midwives
2006 NMC publishes current Standards of Proficiency for Nurse and Midwife Prescribers; independent prescribing introduced for nurses and midwives
2012 Nurses and midwives can prescribe controlled drugs independently
Prescribing numbers

We work with 80 universities but not all will have a prescribing programme running.

Total number of prescribing programmes in approval:
- V100 – 46
- V150 – 36
- V300 – 69

Total number of all prescribers on our register: 76289
Current prescribing programme requirements

• Currently prescribing programme requirements are set out in section 1 of the SPNMP standards
• Are detailed and process driven rather than outcomes focused
• Learning in practice is currently supported by a designated medical practitioner
• Feedback indicates that they are unduly rigid and in some cases the rationale for why they have been set the way they have is unclear
• AEIs would like more freedom in setting requirements for the prescribing programmes they deliver
Prescribing practice standards

- Currently set out in sections 2 and 3 of the SPNMP
- Supported and updated via numerous circulars – not everyone remembers these
- Are of their time so may not reflect contemporary and effective prescribing practice
- Not necessarily applicable to future nursing and midwifery roles and new models of care
Prescribing education: working assumptions

We are consulting on:

• using the competencies and outcomes contained within the Royal Pharmaceutical Society Single Competency Framework

• the intention to include some elements of prescribing theory e.g. nursing assessment, diagnosis and pharmacology into the future nurse proficiencies

• that nurses and midwives will not prescribe at point of entry to the register but will complete post-registration practice and qualification in order to prescribe
Our proposals for prescribing

- To adopt the Royal Pharmaceutical Society’s (RPS) Single Competency Framework for All Prescribers as our standards of proficiency for prescribing practice
- Formal adoption of the RPS framework in spring 2018
- For all programmes to adopt these standards of proficiency by September 2019
Our proposals regarding qualifications

- V100 to remain as part of SCPHN/ District nursing programmes, limited community formulary prescribing scope

- V150 prescribing theory to be part of pre registration, RPL allowed with compulsory assessments for practice and theory. Eligible for course immediately on entry to the register, limited community formulary

- V300 eligible 1 year after registration. Full formulary (with exceptions for some controlled drugs)
Why is this innovative?

• Leads the way in moving towards a inter-professional approach to both learning and assessment in prescribing – NO other regulator does this.

• The first time that a regulator has embraced the opportunity to formally adopt the standards of another professional body.

• Prepares nurses for future prescribing needs of people closer to home and in community settings at an earlier stage of their career.
Innovation for prescriber programme design and delivery

• Provides opportunity for creativity and innovation in curricula design

• Significantly less emphasis on inputs and processes – focuses on the ‘what’ not the ‘how’

• Requires assurance on outcomes
Consultation feedback
Emerging highlights from Consultation

• Widespread support for adoption of RPS Competency Framework
• Widespread support for inter-professional learning in prescribing
• Support for withdrawal of current restrictions regarding Designated Medical Practitioner role
• Widespread support for including greater assessment skills pharmacology in pre-registration nursing degree programmes
• Mixed views on reducing V300 qualification period from 3 years to 1 year
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Thank you and any questions?