CPD for Non-Medical Prescribers
A Practical Guide

Edited by
Marion Waite and Jan Keenan

WILEY-BLACKWELL
A John Wiley & Sons, Ltd., Publication
Contents

List of Contributors ix
Acknowledgements xi
Introduction xiii

Section One: General Principles for Continuing Professional Development for Non-Medical Prescribers

1 Keeping Up to Date with Legal and Professional Frameworks for Non-Medical Prescribing 3
   Marion Waite
   Introduction 3
   The law as it applies to medicines 4
   The law as it applies to non-medical prescribing roles 4
   Professional standards as applied to non-medical prescribing 7
   Conclusion 13
   References 15

2 Prescribing Practice from the Employer’s Perspective: The Rationale for CPD within Non-Medical Prescribing 17
   Anne Smith and Sanjay Desai
   Introduction 17
   The organisational importance of continuing professional development 17
   Continuing education and continuing professional development 18
   The manager’s obligation to provide continuing professional development 18
   Identifying and meeting local learning needs 19
   Professional guidance 20
   Organisational responsibility – the role of the Trust’s non-medical prescribing lead 21
   Meeting organisational and individual needs for CPD 22
   Identifying opportunities for CPD 23
   Monitoring CPD as part of appraisal 24
3 Writing and Maintaining a Non-Medical Prescribing Policy for Your Organisation

Michael Fanning

Introduction 33
Background to clinical governance 33
Developing the policy 34
Clinical governance 42
Patient information 42
Selection of potential prescribers 42
Monitoring practice 43
Organisational roles and responsibilities 43
Useful contacts 44
Final section 44
Conclusion 44
References 45

4 Organising CPD for Non-Medical Prescribers at a Regional Level

Fiona Peniston-Bird

Introduction 47
The structure of the NHS within the United Kingdom 48
The national context for the development of non-medical prescribing 49
The role of a regional non-medical prescribing facilitator 50
The role of Trust NMP leads 54
Organising CPD via a local forum 55
Delivering CPD via a local forum 56
Reflection: providing CPD for non-medical prescribers 56
Where are we now? 57
Commissioning CPD for non-medical prescribers 59
Conclusion 60
References 61

Section Two: Specific Approaches to CPD for Non-Medical Prescribers

5 Using E-learning for CPD within Non-Medical Prescribing

Marion Waite

Introduction 65
Background 67
How can learning technologies be used in practice? 69
Using a virtual learning environment (VLE) 71
Planning a blended learning activity 71
When things do not go well 74
Web 2.0 technologies 75
Electronic portfolios 76
Review of National Prescribing Centre online resources for non-medical prescribers 77
Other online resources 78
Building and sharing your own database of online prescribing resources 78
Conclusion 79
References 80
Useful websites 81

6 **Action Learning and Learning Sets**
Jan Keenan

Introduction 83
Action learning 83
Who will benefit from action learning? 84
What kind of organisation makes action learning a success? 86
Putting action learning into practice 87
Practical experience – learning sets in a single speciality 90
Additional benefits of action learning and learning sets 91
Conclusion 91
References 93

7 **Keeping Up to Date with Pharmacology**
Nicola Stoner

Introduction 95
Background and the need to keep up to date with pharmacology 95
Pharmacology education for non-medical prescribers 96
Key elements of pharmacology 97
Pharmacodynamics 101
Pharmacogenetics 103
Drug interactions 103
Adverse drug reactions 103
Pharmacology teaching and learning exercises 104
Resources to support prescribers in keeping up to date with pharmacology 109
Maintaining current awareness 112
Key sources of support and advice 112
The role of the supervisory relationship 113
Conclusion 113
References 114
8 Organising CPD for Non-Medical Prescribers in a General Practice Setting 117
Mandy Fry
Introduction 117
The science and art of medicine in general practice 117
The role of professional artistry and building community 118
Making the most of existing educational opportunities 120
Mentoring and critical friendship 122
Conclusion 126
References 127

9 Organising and Running a Journal Club for Non-Medical Prescribers 129
Dan Lasserson
Introduction 129
Why run a journal club and what makes them effective? 129
Organising a journal club 132
Running a journal club 132
What skills do people need to take part? 132
Finding research to discuss in a journal club 133
Presenting and discussing research at a journal club 135
Conclusion 136
References 137
Further reading 139
Useful websites 139

Section Three: Key Resources and Practice Examples for Non-Medical Prescribers

Appendix 1 Key Resources for Keeping Up to Date with Legal and Professional Frameworks for Non-Medical Prescribing 145
1:1 Useful websites 145
1:2 Example job description that includes non-medical prescribing as a key element of the role 146
1:3 Acknowledgements 151
1:4 Answers to ‘Test your knowledge about the law as it applies to non-medical prescribing’ quiz 151

Appendix 2 Prescribing Practice from the Employer’s Perspective: The Rationale for CPD within Non-Medical Prescribing 153
2:1 Useful websites 153
Appendix 3  Writing and Maintaining a Non-Medical Prescribing Policy for Your Organisation  163

Appendix 4  Organising CPD for Non-Medical Prescribers at a Regional Level  191

Appendix 5  Using E-learning for CPD within Non-Medical Prescribing  193

Appendix 6  Action Learning and Learning Sets  197

Appendix 7  Keeping Up to Date with Pharmacology  213
## Contents

<table>
<thead>
<tr>
<th>Appendix 8</th>
<th>Organising CPD for Non-Medical Prescribers in a General Practice Setting</th>
<th>215</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8:1 Prescribing points</td>
<td>215</td>
</tr>
<tr>
<td>Appendix 9</td>
<td>Organising and Running a Journal Club for Non-Medical Prescribers</td>
<td>231</td>
</tr>
<tr>
<td></td>
<td>9:1 Example of how to use PICO to build a search strategy</td>
<td>231</td>
</tr>
<tr>
<td></td>
<td>9:2 Acknowledgements</td>
<td>234</td>
</tr>
<tr>
<td>Index</td>
<td></td>
<td>235</td>
</tr>
</tbody>
</table>
List of Contributors

Sanjay Desai  
MRPharmS, Dip Com Pharm, MSc, 
Independent and Supplementary Prescriber 
Pharmaceutical Adviser  
Joint Non-Medical Prescribing Lead 
NHS Berkshire West  
Lecturer 
University of Reading

Michael Fanning  
RN, DPSN, MSc  
Deputy Director of Nursing and Quality 
Oxford Radcliffe Hospitals NHS Trust

Mandy Fry  
MBBS, DCH, DFFP, MPhil, MRCGP  
Portfolio GP, Cirencester & Senior Lecturer in Primary Care 
Oxford Brookes University

Jan Keenan  
RN, DipHE (Lond), MSc, PGDipEd  
Non-Medical Prescriber Consultant Nurse  
Cardiac Medicine and Joint Non-Medical Prescribing Lead 
Oxford Radcliffe Hospitals NHS Trust

Dan Lasserson  
MA, MBBS (Hons), MRCP(UK), MRCGP  
GP Principal, Oxford Clinical Lecturer  
Department of Primary Health Care 
University of Oxford

Fiona Peniston-Bird  
RN, RHV, BSc (Hons)  
Nurse Independent Prescriber 
Independent Non-Medical Prescribing Development Consultant 
Lecturer Non-Medical Prescribing 
University of Winchester
Anne Smith  
RN, BSc (Hons) Community Health Care (D/N), MSc, PGCHE, FPT  
Director of Nursing Studies  
University of Reading

Nicola Stoner  
BSc (Hons), MRPharmS, (SPresc & IPresc), Dip Clin Pharm, PhD, ACPP  
Consultant Pharmacist  
Oxford Radcliffe Hospitals NHS Trust  
Honorary Principal Visiting Fellow  
The School of Pharmacy  
University of Reading

Marion Waite  
RN, RM, RHV, BA, MSc  
Community Specialist Practitioner Award  
Nurse Prescriber, Practice Educator  
Senior Lecturer Non-Medical Prescribing  
Oxford Brookes University  
Visiting Diabetes Specialist Nurse  
Oxford
Acknowledgements

The editors are indebted to the following, for their kind permission to publish their examples of excellent practice:

The Department of Health, and in particular to Stuart Merritt, Non-Medical Prescribing Lead, for ‘Making the Connections’, work led by Yorkshire and Humberside Strategic Health Authority with contributions from the Department of Health. For further information, readers can contact Alison Dale, Clinical and Education Lead, Non-Medical Prescribing and Pharmacy: Alison.dale@yorksandhumber.nhs.uk

Sarah Knight, Programme Manager, JISC E-learning Programme, JISC Innovation Group, for permission to include the JISC Effective E-learning Planner.

Dr John Reynolds, Chair of the Medicines Advisory Committee, and Olubunmi Fajemisin, Clinical Effectiveness Pharmacist, both of the Oxford Radcliffe Hospitals NHS Trust, for the excellent Medicines Information Leaflets produced on behalf of the Committee, and for the contributions of the authors of the documents, Fiona Singleton, Oxfordshire Smoking Cessation Advisor and Scott Harrison, Lead Pharmacist, Anticoagulation.

Jane Nicholls, NHS London Non-Medical Prescribing Lead, and Marcia Osuno of Barking and Havering PCT, for their Clinical Governance Audit tool.

Sarah Wilds and the Medicines Management Team of Oxfordshire PCT, for examples of ‘Prescribing Points’, a newsletter for Primary Care Trust prescribers.
Acknowledgements

Akin Adeniaran, Pharmacist and Senior Lecturer, Oxford Brookes University, for developing an example of a pharmacology self-test, included in Chapter 7.

Oxford Brookes University Library Services for their support in developing an example search strategy (see Appendix 9).
Introduction

*Marion Waite and Jan Keenan*

The advent of non-medical prescribing has heralded a new era for the development of the health professions. Without question, it has opened new avenues for service development, creating opportunities for developing accessibility to medications, streamlining existing services for the benefit of patients and importantly, developing and making use of the exceptional skills of health professionals.

Paradoxically, it has been greeted and embraced with both enthusiasm and scepticism. Although incorporated willingly into practice, there are some concerns that it could be a step too far. Yet, the number of non-medical prescribers within England, Scotland and Wales is estimated to be over 40,000. This includes community practitioner nurse prescribers; independent and supplementary nurse prescribers; independent and supplementary pharmacist prescribers and allied health professional supplementary prescribers including physiotherapists, podiatrists, chiropodists and radiographers.

Prescribers work in as diverse a range of specialities and contexts as the delivery of health care itself, in general practice, in the acute and continuing care sectors and in the community. One thing every prescriber has in common is a personal need and professional obligation to keep abreast of the pace of developments in health care that affect every practitioner. In January 2008, the National Prescribing Centre (NPC) undertook an online survey of new prescribers, part of which concerned the need for continuing professional development (CPD) (NPC 2008). Half of the non-medical prescribers surveyed felt that they were fully utilised, and more than half stated that their organisation did not have a structured CPD programme in place. Twenty-seven percent felt that current provision did not meet their needs. Very high on the list of priorities for what CPD programmes should cover were medicines management, drug interactions and therapeutics.

Our experience locally and nationally is that non-medical prescribers find their CPD from a variety of sources, both within and outside the workplace. What is very clear in any forum is that non-medical prescribers take the responsibility for their own CPD very seriously.

This book is a practical guide for individual non-medical prescribers, their managers, commissioners and prescribing leads at both local
Introduction

and regional levels, who have the responsibility for providing CPD for non-medical prescribers. The Nursing and Midwifery Council (NMC 2008) and the Royal Pharmaceutical Society of Great Britain (RPSGB 2008) have identified standards for CPD for non-medical prescribers.

This has implications for individual practitioners and the health-care organisations employing them. Each has an important role in ensuring that these standards are met. It is crucial that non-medical prescribers can ensure that they are safe, effective and competent within their prescribing roles and can further develop their prescribing practice in order to meet patient and service needs.

This book provides an accessible context that outlines the issues in relation to CPD and non-medical prescribing, including the legal and professional frameworks within which non-medical prescribers practise. It also provides practical examples of working, usable documents as well as resources to ensure that non-medical prescribers can remain up to date within the diversity of settings in which they undertake their prescribing roles. Each of these is contained either within the chapter itself or as a related key resource in a third section.

The book consists of three sections; the first consists of four chapters, each of which explores a fundamental aspect of the principles of CPD for non-medical prescribers. This section refers to overarching and organisational issues that impact on non-medical prescribing. The pace at which non-medical prescribing has developed is remarkable, and following the initial changes in the law that impacted on the development of prescribing was difficult. Subsequent to the opening up of non-medical prescribing to allow nurses and pharmacists to prescribe from the British National Formulary (BNF) rather than restricted lists of medications, there has been a slower momentum of change but it remains difficult to keep ahead of consultations and legal and professional developments. An initial chapter by Marion Waite, *Keeping Up to Date with Legal and Professional Issues* outlines the current legal and professional frameworks that support non-medical prescribing and offers a series of accessible resources and approaches for keeping up to date.

Subsequent chapters in Section One deal with organisational issues in relation to non-medical prescribing, as well as offer resources that support the organisation, the employer and the individual in accessing CPD. Anne Smith and Sanjay Desai in *Prescribing Practice from the Employers’ Perspective: The Rationale for CPD within Non-medical Prescribing* outline the importance of the role of the non-medical prescribing lead within an organisation in supporting the role of non-medical prescribers as well as managing competing demands on resources. They discuss the importance of ensuring that non-medical prescribers remain safe and competent to provide a high standard of patient care.
Michael Fanning in *Developing an Organisational Non-medical Prescribing Policy that Supports Continuing Professional Development* discusses clinical governance issues in relation to prescribing, through the process of developing an organisational policy for non-medical prescribing that supports the importance of CPD. In *Organising Continuing Professional Development for Non-medical Prescribers at a Regional Level*, Fiona Peniston-Bird provides an overview of the structure of the National Health Service (NHS) in England, Scotland and Wales and how this relates to the development of the non-medical prescribing role. It includes lessons learned from networking within a national forum, and how these translate to organising CPD at a regional level.

Section Two consists of five chapters, each of which explores a different approach to facilitating CPD for non-medical prescribers. This takes into account differing learning styles, the diversity of non-medical prescribers and the accessibility to resources that may be available to support CPD. E-learning has become a feature of many formal courses, but there are significant advances in this field that support non-medical prescribers. In *Using e-Learning to Support Continuing Professional Development for Non-medical Prescribers*, Marion Waite offers a practical guide to the use of blended learning for non-medical prescribers that includes principles of designing online learning activities and the potential use of other learning technologies within an NHS organisation or Trust. The chapter is based on an evaluation project of CPD e-learning at regional NHS level as well as the practical experience of running blended learning in non-medical prescribing courses and non-medical prescribing CPD updates. A non-medical prescriber and an organisational non-medical prescribing lead, Jan Keenan has used action learning to facilitate CPD as well as organise the delivery of CPD in a large organisation as well as at speciality level. The chapter *Action Learning and Learning Sets* concerns itself with some of the theoretical aspects of action learning and, in addition, offers the benefit of experience in developing support systems for prescribers. This includes examples of how to involve non-medical prescribers in CPD activity within a busy organisation as well as how non-medical prescribers can raise the profile of service developments and the profile of non-medical prescribing as an essential component of service delivery.

Nicola Stoner presents the chapter on *Keeping Up to Date with Pharmacology*, which outlines the principles of prescribing effectively and safely. The chapter outlines the importance of keeping up to date with pharmacology within a prescribing role. All non-medical prescribers will have been introduced to general principles of pharmacology during their initial non-medical prescriber training. This acts as a revision guide for those principles and is supported by a section on techniques to support the teaching and learning of pharmacology within practice. The chapter also identifies key sources of support and advice for
pharmacological or drug knowledge within practice and identifies the role of a supervisory relationship in order to support this.

Dr Mandy Fry outlines the potential opportunities for CPD for non-medical prescribers in the chapter Organising Continuing Professional Development for Non-medical Prescribers in a General Practice Setting. There is a particular focus on the continued importance and use of mentors for preceptorship for the newly qualified non-medical prescriber, taking into account the context of general practice and the resources and sources of support and advice, which may be accessible within this setting. Dr Dan Lasserson offers a practical guide to setting up a journal club in clinical practice and focuses on evidence-based prescribing issues. His chapter, Organising and Running a Journal Club for Non-medical Prescribers, also considers why evidence-based practice is important for the prescriber and outlines techniques and strategies for getting evidence into practice. The chapter additionally deals with how to get others on board and maintain momentum in the longer term.

Section Three offers key resources and practice examples for non-medical prescribers. It contains nine appendices, each of which relates to one chapter and contains usable resources in order to provide CPD for non-medical prescribers. Each appendix identifies further resources and includes some practical ideas, tools and objects, which may be transferred to a variety of settings. All of these have been drawn from examples that are currently in use at a local, regional and national level to support CPD, and each has been critically appraised for reliability and validity.

The contributors to this book are all health professionals from a variety of backgrounds, who have experience and expertise in supporting, developing or delivering CPD for non-medical prescribers and other groups of health-care professionals. Our aim has been to draw together their expertise and experience in the provision of CPD and to offer a variety of trusted and usable resources to support non-medical prescribers.

References


The Royal Pharmaceutical Society of Great Britain (RPGSB) CPD Template http://www.uptodate.org.uk/home/PlanRecord.shtml.
Section One

General Principles for Continuing Professional Development for Non-Medical Prescribers
1 Keeping Up to Date with Legal and Professional Frameworks for Non-Medical Prescribing

Marion Waite

Introduction

The purpose of this chapter is to consider the relevance of keeping up to date with legal and professional frameworks that govern non-medical prescribing. This has implications for both non-medical prescribers and the organisations that employ them.

Professional responsibility refers to the liability to be called to account for actions (Dimond 2008). The duty of care as a non-medical prescriber implies a responsibility to demonstrate appropriate knowledge in relation to the prescribing of drugs and medicines. This includes knowledge of the legal framework that governs the licensing, supply and administration of drugs and medicines as applied to the non-medical prescribing role. This also includes standards for professional practice, which relates to continuing professional development (CPD) and, although not legally binding, constitute best practice within non-medical prescribing.

This chapter outlines the current legal and professional frameworks for non-medical prescribing. Explicit reference will be made to significant legal changes and professional recommendations for standards for non-medical prescribing. The chapter will also consider how the non-medical prescriber can keep up to date with these aspects once qualified and the role of the employer in this process.

In our experience of running non-medical prescribing courses and providing CPD updates for non-medical prescribers, keeping up with changes in the legal and professional frameworks that underpin non-medical prescribing can be a challenging issue. This is because there have been rapid changes within these frameworks within a relatively short space of time, especially between the years 2002 and 2006.
The law as it applies to medicines


This legislation regulates the supply, storage and administration of medicines, and the purpose is to protect the public from harm. The Medicines Act 1968 is a comprehensive statute and encompasses the Medicines and Healthcare products Regulatory Agency (MHRA) which is the governmental body that oversees the licensing and safety of medicines. Furthermore the Medicines Act 1968 categorises drugs for purposes of sale and supply to the public into three groups: Pharmacy-only Products (P), General Sales List (GSL) and Prescription-only Medicines (POM).

The qualified non-medical prescriber has a duty of care to keep up to date with how these regulations are amended and with ongoing safety profiles as applied to the formulary of drugs within their sphere of competence. Timely information can be accessed from the MHRA website http://www.mhra.gov.uk/index.htm.

The British National Formulary (BNF), is a joint publication of the British Medical Association (BMA) and the Royal Pharmaceutical Society of Great Britain (RPSGB). It is published biannually and aims to provide prescribers with thorough and up to date information on the legal and clinical use of medicines, which includes medicine regulations.

The Misuse of Drugs Act 1971 lists and classifies controlled drugs and creates criminal offences in relation to the manufacture, supply and possession of controlled drugs, gives the Secretary of State the power to make regulations and directions to prevent misuse of controlled drugs and powers of search, arrest and forfeiture.

In 2001, the statutory instrument Misuse of Drug Regulations 2001 classified controlled drugs into five schedules outlining the requirements, which govern the import, export, production, supply possession, prescribing and record keeping. The non-medical prescriber has a duty of care to keep up to date with these schedules as applied to the formulary of drugs within their sphere of competence. Timely information can be accessed as an appendix of the BNF.

The law as it applies to non-medical prescribing roles

*Independent prescribing*

The Prescription by Nurses Act 1992 was implemented following the recommendations of the first Crown Report (DH 1989). This enabled
health visitors and district nurses who had completed specific training to prescribe from a designated limited formulary of medicines. Approximately 29,000 community nurses in the United Kingdom hold this qualification. Since May 2006, this is referred to as community practitioner nurse prescribing and it is still possible to undertake the training as a component of the Nursing and Midwifery Council (NMC) Specialist Community Practitioner Award.

A second Crown Report (DH 1999) was commissioned in order to provide strategic and consistent direction for extending prescribing rights and responsibilities to other groups of health professionals. The report outlined the sphere of possibilities for non-medical prescribing and explored the implications for professional bodies, National Health Service (NHS) organisations, education providers and other stakeholders. Following consultation on the report, Section 63 of the Health and Social Care Act 2001 amended the Medicines Act 1968, and The NHS Act 1977 Regulations were amended (Dimond 2008) in order to allow the extension of nurse prescribing from the Extended Independent Nurse Prescribers’ Formulary. This allowed nurses, midwives and health visitors who had completed specific nurse-independent extended prescribing training to prescribe a limited range of drugs licensed to explicit medical conditions categorised under four headings: minor illness, minor injuries, palliative care and health promotion.

Following a number of incremental changes to increase the range of drugs and medical conditions, the Extended Independent Nurse Prescribers’ Formulary became defunct on 1 May 2006 owing to the implementation of the Independent Prescribing (IP) Regulations 2006. This enables nurses, midwives, health visitors and pharmacists who have completed specific IP training to prescribe any licensed medicine (including private prescriptions) for any medical condition that the practitioner is competent to treat. This also includes a limited range of borderline substances and off-label prescribing where it constitutes best practice. For nurses, midwives and health visitors this also includes a limited range of controlled drugs where appropriate.

In 2007, further amendments enabled optometrists to prescribe licensed medicine (including private prescriptions) for any medical condition that the practitioner is competent to treat.

In July 2009 the MHRA announced that further legal changes would take place by the end of 2009 to enable independent nurse prescribers to prescribe unlicensed medicines where this constitutes best practice to treat any condition.

Responsibility for accrediting training courses for IP for optometrists will rest with the General Optical Council (GOC). Optometrists who pass the final assessment will receive an endorsement on their GOC registration to denote the additional qualification.
If the legislative timetable proceeds as anticipated, it is likely that the first cohort of optometrists with the IP qualification will appear in 2009.

**Supplementary prescribing**

The Crown Report (1999) also recommended the implementation of dependent prescribing, which is now known as *supplementary prescribing*. The intention was to enable prescribing to specific health-care professionals for the management of long-term conditions. In 2003, further amendments were made to the Health and Social Care Act 2001 to enable supplementary prescribing by nurses and pharmacists who had completed specific supplementary prescribing training. Unlike IP there was no specific formulary, although unlicensed medicines and controlled drugs were initially restricted. The crucial aspect about supplementary prescribing is the specific legal requirement that there is an individual patient clinical management plan in place prior to supplementary prescribing. A medical or dental independent prescriber and the supplementary prescriber with the agreement of the patient must draw up the clinical management plan. The clinical management plan specifies the medical conditions, the range of medicines and the parameters for referral back to and review by the independent prescriber. The independent prescriber within this context is responsible for the initial assessment and diagnosis for the medical condition of the patient as outlined in the clinical management plan.

In 2005, Department of Health (DH) podiatrists, chiropodists, physiotherapists and radiographers became eligible to train and become supplementary prescribers (DH 2005). Restrictions in relation to controlled drugs and unlicensed medicines were lifted at the same time.

A consultation on IP of controlled drugs by nurse and pharmacist-independent prescribers (Consultation MLX 3338) to consider broadening the range of controlled drugs available to these groups of prescribers closed in July 2006. The outcome of this consultation is still awaited, although it is anticipated that the legislation will be laid before Parliament to lift the restrictions around the prescribing of controlled drugs for independent non-medical prescribers.

In July 2009 the Department of Health published a scoping report on a project that had focused on the evidence base to extend prescribing rights for groups of allied health professionals (DH 2009). The rationale for the project was to explore the impact on the quality of patient care of current prescribing arrangements for these professional groups. Based on the findings of a scoping exercise the following recommendations have been made to the chief professional officers within the Department of Health. There is a need to carry out a two-phase project to consider the following:
Phase 1
Further evidence to support the progression of
- physiotherapists and podiatrists to train as independent prescribers;
- dieticians to train as supplementary prescribers.

Phase 2
Further evidence to support the progression of
- radiographers to train as independent prescribers;
- speech and language therapists, orthoptists and occupational therapists to train as supplementary prescribers.

These are currently recommendations only so the timescale for any outcomes is as yet unknown.

The non-medical prescriber, however, has a duty of care to keep up to date with legal changes that apply to their own sphere of prescribing. Griffiths (2006) points out that before any practitioner prescribes or administers a drug he or she should ensure that they have the legal right to do so.

The National Prescribing Centre (NPC) issues daily current awareness bulletins http://www.npc.co.uk/ecab/ecab.htm, which non-medical prescribers and their employers can subscribe to in order to receive daily email alerts. The bulletins contain a wealth of information on health and social care and this includes updates on legal and safety aspects of medicines.

When prescribing medicines, the prescriber is judged against the standard of an experienced prescriber carrying out that role. McHale & Tingle (2007) have highlighted the unequivocal perspective that the DH (2006) has about this in that prescribers are accountable for every aspect of their decision making. This means that they should prescribe only those medicines that they know to be safe and effective and appropriate to the patient and the condition being treated.

It is also important to point out that laws that relate to consent, confidentiality and record keeping also apply to the non-medical prescribing role.

Professional standards as applied to non-medical prescribing

The NMC, Health Professions Council (HPC), The Royal Pharmaceutical Society for Great Britain (RPSGB) and DH work in partnership with the NHS strategic organisations and appropriate education providers in order to develop quality assurance arrangements for professional health-care education. This includes non-medical prescribing.

The Health Act 1999 determined the functions of the NMC, one of which is to determine the standards of education and training for
admission to practise and give guidance about standards of conduct and performance.

The NMC was formerly referred to as the United Kingdom Central Council for Nursing, Midwifery and Health Visiting. The NMC (formerly UKCC) set specific standards for future professional practice known as PREP (1999). These were revised in April 2002 following the establishment of the NMC.

The rules to establish the new NMC register in August 2004 required that the time frames for meeting practice and CPD standards should both be 3 years. The date for implementation of this rule was August 2006 and has categorised into two domains, CPD education standard and practice standard. The requirements for the CPD standard is for registrants to undertake at least 35 hours of learning in 3 years prior to renewal of registration, maintain a personal profile of this learning activity and comply with requests from the NMC to audit compliance with these requirements.

The practice standard requires registrants to complete 450 hours every 3 years within the clinical area for which they hold professional registration.

The NMC is required by the Nursing and Midwifery Order 2001 (The Order) ‘to establish from time to time standards of education, training, conduct and performance for nurses and midwives and to ensure the maintenance of those standards’ [Article 3 (2)]. The Order also states ‘the Council may make rules requiring registrants to undertake such continuing professional development, as it shall specify in standards’.

The NMC published Standards of Proficiency for Nurse and Midwife Prescribers in May 2006. This was to coincide with the implementation of the Independent Prescribing Regulations 2006 and set standards for the education and practice for all nurses and midwives who were either training or had qualified as prescribers. This includes community practitioner prescribers and independent and supplementary nurse prescribers. Standard 15 clearly states to the prescriber ‘it is your responsibility to remain up to date with knowledge and skills to enable you to prescribe competently and safely’.

The NMC committed itself to developing the standards for CPD for nurse prescribers (Box 1.1) further, and interim measures were announced in September 2008 (NMC 2008).

Box 1.1 Standards for CPD for non-medical prescribers registered with the NMC

- It is the non-medical prescriber’s own accountability to remain competent and up to date with the tasks that are required within their prescribing role.
- Appraisal of CPD needs for non-medical prescribers should be part of an annual performance review using a recognised tool.