

Guiding Framework for the Implementation of Nurse and Midwife Prescribing in Ireland

November 2008

Changing practice to support service delivery



FOREWORD

It gives me great pleasure to publish this *Guiding Framework for the Implementation of Nurse and Midwife Prescribing in Ireland*. The introduction of prescriptive authority for nurses and midwives is a significant milestone in the evolution of the nursing and midwifery professions. It is appropriate therefore, to reflect on the process undertaken to achieve this major accomplishment.

In March 2006 Mary Harney TD, Minister for Health and Children introduced primary legislation to provide for independent prescriptive authority for all nurses and midwives. The Department of Health and Children, with the approval of the Minister, established the Resource and Implementation Group on Nurse and Midwife Prescribing to advise on the preparation of the regulations and subsequent implementation of the initiative. The regulations were signed into law on 1 May 2007. As Chair of the Resource and Implementation Group I wish to acknowledge the contribution and commitment of all members who, over the past two years, have skilfully steered the successful introduction of prescriptive authority for nurses and midwives in Ireland.

The initiative is first and foremost about making a difference for patients and service users. It is about enhancing professional capacity so that we can craft services that are more patient-focused thereby delivering better outcomes.

This *Guiding Framework for the Introduction of Nurse and Midwife Prescribing in Ireland* will assist patients, nurses and midwives and services as they review their needs and map out new ways of working in delivering healthcare. It is designed to be a key resource for health service providers, managers, nurses and midwives and key stakeholders. The vision and principles identified in this framework are underpinned by the Transformation Programme of the Health Service Executive. Consequently, further developing and implementing nurse and midwife prescribing will make a significant contribution to our health system.

It is an exciting time for healthcare professionals. One of the major consequences of restructuring a health care system is the opportunity it presents to reconsider the various roles played by different health care providers and to redefine the relationships among them. The introduction of nurse and midwife prescribing is a real example of how we as nurses and midwives can lead and strengthen the design and delivery of our health service.

A constellation of people and organisations were involved in realising the vision of nursing and midwifery which underpins this initiative. In presenting this publication, I wish to acknowledge, in particular my colleagues the seventy-nine directors of nursing/midwifery and public health nursing who embraced the challenge with enthusiasm and provided strong leadership in making the vision a reality. I would also like to thank the many other healthcare professionals who worked in collaboration with nurses and midwives to support the introduction of the initiative.

All major change programmes require skilled engineers. The success of this particular project is in no small way due to the ingenuity and creativity of Elizabeth Adams, Director of Nursing and Midwifery. Finally, I wish to acknowledge and thank Elizabeth's team of Assistant Directors of Nursing and Midwifery, Maureen Flynn, Annette Cuddy, Rose Lorenz and Clare MacGabhann.

Siobhán O'Halloran

Dr Siobhán O'Halloran

Chairperson

Resource and Implementation Group on Nurse and Midwife Prescribing



Office of the
Nursing Services Director


Sites Implementing Nurse and Midwife Prescribing

In the initial two-year period (May 2007 – May 2008) seventy-nine health service providers participated in the introduction of nurse and midwife prescribing across Ireland. This is a truly important advancement and a great achievement, for the Irish Health Service, within such a short time frame. This would not have been possible without: the leadership and enthusiasm of directors of nursing/midwifery/public health nursing and relevant nurse and midwife managers; the commitment and clinical expertise of the designated medical mentors; the support and advice of pharmacists; the drive and skill of the link person within the health care setting (prescribing site coordinator); and the zeal of individual nurses and midwives who willingly embraced the prescribing role.

Multidisciplinary teams within each site were pivotal in: identifying the governance arrangements, developing the structures, and preparing and approving the policy for nurse and midwife prescribing to ensure appropriate and safe practice. Support from health service providers for the candidate's attendance at the education programme was essential. The initial seventy-eight health service providers are listed below.

Baltinglass District Hospital, Baltinglass, Co. Wicklow
Beaumont Hospital, Dublin 9
Birr Community Nursing Unit, Co. Offaly
Brothers of Charity, Intellectual Disability Services, Roscommon, Co. Roscommon
Cavan General Hospital, Co. Cavan
Cavan Monaghan Mental Health Services, St Davnet's Hospital, Co. Monaghan
Children's University Hospital, Temple Street, Dublin 1
Clare Mental Health Services, Teach de Paor, Ennis, Co. Clare
Claremont Residential and Day Care Services, Glasnevin, Dublin 11
Community Hospital of the Assumption, Thurles, Co. Tipperary
Connolly Hospital, Blanchardstown, Dublin 15
COPE Foundation, Bonnington, Montenotte, Cork City
Cork University Hospital, Wilton, Co. Cork
Cork University Maternity Hospital, Wilton, Co. Cork
Daughters of Charity, St Vincent's Centre, Lisnagry, Co Limerick
Daughters of Charity, St. Vincent's Centre, Navan Road, Dublin 7
Dean Maxwell Community Nursing Unit, Roscrea, Co. Tipperary
Dublin West/South West Mental Health Service, St. Loman's, Palmerstown, Dublin 20
Drug Treatment Centre Board, Pearce Street, Dublin 2
Kerry General Hospital, Tralee, Co. Kerry
Kerry Mental Health Services, Tralee, Co. Kerry
Letterkenny General Hospital, Letterkenny, Co. Donegal
Lourdes Orthopaedic Hospital, Kilcreene, Co. Kilkenny
Louth Meath Mental Health Services, St. Brigid's Hospital, Ardee, Co. Louth
Macroom Community Hospital, Macroom, Co. Cork
Mater Misericordiae University Hospital, Dublin 7
Mayo Mental Health Services, St Mary's Campus, Castlebar, Co. Mayo
Mercy University Hospital, Cork, Co. Cork
Mid Western Orthopaedic Hospital, Croom, Co. Limerick
Mid Western Regional Hospital, Dooradoyle, Limerick, Co. Limerick
Mid Western Regional Hospital, Nenagh, Co. Tipperary
Mid Western Regional Maternity Hospital, Ennis Road, Limerick, Co. Limerick
Midland Regional Hospital, Mullingar, Co. Westmeath
Midland Regional Hospital, Portlaoise, Co. Laois
Midland Regional Hospital, Tullamore, Co. Offaly
Monaghan General Hospital, Monaghan, Co. Monaghan





Mount Carmel Hospital, Clonakilty, Co. Cork
Naas General Hospital, Naas, Co. Kildare
National Maternity Hospital, Holles Street, Dublin 2
Our Lady of Lourdes Hospital, Drogheda, Co. Louth
Our Lady's Children's Hospital, Crumlin, Dublin 12
Our Lady's Hospital, Navan, Co. Meath
Primary Care Centre, Arklow, Co. Wicklow
Public Health Nursing Services, Clare Local Health Office, Sandfield Centre, Ennis, Co. Clare
Public Health Nursing Services, Laois Offaly Specialist Palliative Care Services
Public Health Nursing Services, Roscommon Palliative Care Services, Roscommon Local Health Office, Roscommon
Public Health Nursing Services, West Cork Local Health Office, Skibbereen, Co. Cork
Public Health Nursing Services, Tivoli Road, Dun Laoghaire, Co. Dublin
Rotunda Hospital, Dublin 1
Royal Victoria Eye and Ear Hospital, Dublin 2
Sacred Heart Hospital, Carlow, Co. Carlow
Shiel Hospital, Ballyshannon, Co. Donegal
Sligo Leitrim Mental Health Services, Sligo, Co. Sligo
South Infirmary Victoria University Hospital, Cork, Co. Cork
South Lee Mental Health Services, Cork, Co. Cork
South Tipperary General Hospital, Clonmel, Co. Tipperary
St Anne's Intellectual Disability Services, Sean Ross Abbey, Roscrea, Co. Tipperary
St Columba's Hospital, Thomastown, Co. Kilkenny
St Columcille's Hospital, Loughlinstown, Co. Dublin
St Finbarr's Hospital, Cork, Co. Cork
St Ita's Mental Health Service, Portrane, Co. Dublin
St James's Hospital, Dublin 8
St Joseph's Care Centre, Longford, Co. Longford
St Joseph's Community Hospital, Castletownbere, Co. Cork
St Joseph's Hospital, Dungarvan, Co. Waterford
St Luke's Hospital, Kilkenny, Co. Kilkenny
St Luke's Hospital, Rathgar, Dublin 6
St Mary's Hospital, Castleblaney, Co. Monaghan
St Michael's Hospital, Dun Laoghaire, Co. Dublin
St Patrick's Hospital, Cashel, Co. Tipperary
St Patrick's Hospital, Waterford, Co. Waterford
St Vincent's University Hospital, Elm Park, Dublin 4
St Vincent's District Hospital, Dungarvan, Co. Waterford
St Vincent's Hospital, Richmond Road, Fairview, Dublin 3
The Adelaide and Meath Hospital, Dublin Incorporating the National Children's Hospital, Tallaght, Dublin 24
The Coombe Women and Infants University Hospital, Dublin 8
University College Hospital, Galway, Co. Galway
Waterford Regional Hospital, Waterford, Co. Waterford
Wexford General Hospital, Wexford, Co. Wexford

The input and feedback from individual sites was central in the identification of the content of this guiding framework. The Health Service Executive Office of the Nursing Services Director, HR Directorate and the Resource and Implementation Group on Nurse and Midwife Prescribing are particularly grateful to nurses and midwives and their colleagues for responding to the challenge and taking on the pioneering role of introducing nurse and midwife prescribing within each service area.



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CHAPTER ONE:

Introduction and Legislative Background

1.1 Introduction

The past decade has seen unprecedented development and change in the Irish healthcare system, both in the wider context and in the nursing and midwifery professions. One of the most important and significant developments, not only for nurses and midwives, but for patients or service users and the healthcare system as a whole, was the enactment of legislation and regulations giving prescriptive authority to nurses and midwives. This legislation was introduced by Mary Harney TD, Minister for Health and Children, in May 2007. It enables a registered nurse or midwife, who has completed an approved education programme, has the appropriate clinical experience, is registered with An Bord Altranais as a Registered Nurse Prescriber, and has authority from the health service provider that employs them, to prescribe a range of medicinal products within their scope of practice.

1.2 Background

The need for the introduction of nurse and midwife prescribing in Ireland was initially identified in 1998 in the *Report of the Commission on Nursing: A Blueprint for the Future* (1998) which considered that there was a “need to allow greater flexibility to nurses and midwives in the administration of non-prescribed drugs according to agreed protocols with medical practitioners” (Para 4.15). It was recommended that An Bord Altranais review the guidelines in relation to the administration or application of non-prescribed drugs by nurses and midwives.

As a result of the recommendations made by the Commission on Nursing, and the *Review of Scope of Practice for Nursing and Midwifery – Final Report* (An Bord Altranais, 2000a), An Bord Altranais and the National Council for the Professional Development of Nursing and Midwifery conducted a joint project to examine the potential future role of nurses and midwives in the prescribing of medicinal products. The project took place over a three and a half year period and concluded with the publication of the *Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products Final Report* in 2005.

The report included an examination of international developments in nurse and midwife prescribing and a series of activities exploring the implementation of this initiative in Ireland. The benefits and outcomes associated with nurse and midwife prescribing in the pilot project reflected the experiences outlined in the international literature, including:

- appropriate and safe prescribing
- patient or service user satisfaction
- convenience and greater accessibility for patients or service users
- nurses and midwives as providers of information
- patients or service users having improved compliance with their medications
- fewer pharmacological interventions considered
- appropriate clinical decision-making
- cost-effectiveness.

The publication contained five recommendations, one of which was that prescriptive authority should be extended to nurses and midwives subject to regulations. This set the scene for the amendments to the relevant legislation and the development of the regulatory framework.



1.3 Legislation

In March 2006 Mary Harney TD, Minister for Health and Children introduced primary legislation to provide for prescriptive authority for nurses and midwives subject to conditions specified in subsequent regulations. *The Irish Medicines Board (Miscellaneous Provisions) Act 2006 (NO. 3 of 2006) (Section 16 (l) (iii))* contains an enabling provision for the extension of prescriptive authority to nurses and midwives.

Following a public consultation undertaken by the Department of Health and Children the following were signed into law on 1 May 2007:

- *Irish Medicines Board (Miscellaneous Provisions Act) 2006 (Commencement) Order 2007*
- *Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2007, Statutory Instruments No. 201 of 2007*
- *Misuse of Drugs (Amendment) Regulations 2007, Statutory Instruments No. 200 of 2007.*

These regulations specify the legislative requirements and conditions for prescribing of medicinal products by nurses and midwives.

1.4 Dual Framework

The introduction of nurse and midwife prescribing is underpinned by a twin-track approach - encompassing amending Irish legislation and the introduction of new professional nursing regulations. *The Irish Medicines Board (Miscellaneous Provisions) Act 2006* and its associated regulations *the Misuse of Drugs (Amendment) Regulations 2007, Medicinal Products (Prescription and Control of Supply (Amendment) Regulations 2007* and the *Nurses Rules 2007* form the basis on which nurse and midwife prescribing evolved in 2007. Table 1.1 lists the regulations associated with the Act.

Table 1.1: Regulations Associated with the *Irish Medicines Board (Miscellaneous Provisions) Act 2006*

The Regulations attach the following conditions which must be met where nurse or midwife prescribing takes place:

- The nurse or midwife must be employed by a health service provider in a hospital, nursing home, clinic or other health service setting (including any case where the health service is provided in a private home).
- The medicinal product is a medicinal product which would be given in the usual course of the provision of the service provided in the health service setting in which the nurse or midwife is employed.
- The prescription is in fact issued in the usual course of the provision of that health service.
- The An Bord Altranais registration number (also known as the Personal Identification Number (PIN)) must be stated on the prescription.

The Regulations do not inhibit the right of an employer to impose further restrictions including prohibiting a nurse or midwife from prescribing.

Note: For full details reference must be made to the individual regulations

In addition, prescribing of MDA-controlled drugs is as detailed in the *Misuse of Drugs (Amendment) Regulations 2007*, which stipulates conditions for establishing a new Schedule 8 and restrictions for prescribing Schedule 2 and 3 medicinal products.

The Minister gave a commitment to undertake a review of the regulations within two years of commencement to ensure their effectiveness.

1.5 Professional Regulation

An Bord Altranais is invested with the power to provide professional regulation for nurse and midwife prescribing. The professional regulatory framework was effected through the changes to the Nurses Rules in 2007(e), which created a new division of the Register for Registered Nurse Prescribers. An Bord Altranais has provided regulation for:

- education
- registration
- clinical competence
- clinical governance.

Table 1.2 summarises the approach of An Bord Altranais to regulation.

Table 1.2: An Bord Altranais Regulatory Framework for Nurse and Midwife Prescribing

Education

An Bord Altranais has published the *Requirements and Standards for Education Programmes for Nurses and Midwives with Prescriptive Authority* (2007g) to guide the regulation of these new roles. This comprises:

- extracts from the *Nurses Rules 2007(e)*
- requirements for nurse and midwife education for prescriptive authority
- the approval process for educational providers for the provision of education for prescriptive authority
- the standards for the approval of educational providers and health care providers involved in the delivery of such programmes
- the competencies that must be attained through successful completion of the programme.

Registration

An Bord Altranais sets out the practice standards, collaborative practice agreement and decision-making framework in their publications of 2007(f,a,b). These outline the requirements for registration and provide professional guidance for the Registered Nurse Prescriber.

Clinical Competence

A framework for clinical competence for Registered Nurse Prescribers is currently being developed by An Bord Altranais.

Clinical Governance

An Bord Altranais advises that organisations should refer to the *Practice Standards for Nurses and Midwives with Prescriptive Authority* (2007f) and the *Decision Making Framework* (2007b) in the development of clinical governance structures to support the introduction of nurse and midwife prescribing.



1.6 Scope of Practice

The legislation and regulatory framework provide the basis for the scope within which nurses and midwives can prescribe. Registered Nurse Prescribers are only authorised to prescribe within their scope of practice and competency. Prior to making a decision to prescribe, the Registered Nurse Prescriber must be satisfied that they are working within their scope of practice. They must ensure that they:

- have successfully completed the education programme approved by An Bord Altranais
- list of medicinal products approved by the Drugs and Therapeutics Committee
- have a valid collaborative practice agreement signed off by the relevant personnel
- prescribe in accordance with the parameters set out in their collaborative practice agreement and local policy
- are entered on the Division of the Register of Nurse Prescribers maintained by An Bord Altranais
- have received a commencement letter from their employer giving them authority to commence prescribing on a specified date
- are familiar and comply with the legislation, regulation and Health Service Executive/ local policy for nurse and midwife prescribing
- input data on each prescription written in the *Nurse and Midwife Prescribing Data Collection System*
- engage in audit of their prescribing practice as required by their employer
- participate in local and national evaluation of nurse and midwife prescribing
- undertake continuing professional development on an ongoing basis.

The Registered Nurse Prescribers, practising within their scope of practice, can make an independent decision to prescribe and are professionally accountable for their decision.

1.7 Resource and Implementation Group on Nurse and Midwife Prescribing

In November 2006, the Department of Health and Children, with the approval of the Minister, established a Resource and Implementation Group on Nurse and Midwife Prescribing. The membership was broadly representative of the key stakeholders pivotal to the introduction of a new discipline of prescribers (see Appendix 1). The group, chaired by Health Service Executive (HSE) Nursing Services Director Dr. Siobhán O'Halloran, was guided by Terms of Reference to be achieved over a two-year time period (see Appendix 2). The work was divided into two distinct phases:

- Phase One: to advise on the regulations to be drafted
- Phase Two: to oversee the roll-out of nurse and midwife prescribing on a national basis.

To support the work of the Resource and Implementation Group on Nurse and Midwife Prescribing, the HSE appointed a director of nursing and midwifery and four assistant directors of nursing and midwifery to drive forward and implement the prescribing initiative. The activities of the team are also underpinned by the *Health Service Executive Transformation Programme 2007-2010* (Health Service Executive, 2006b). During the two year period the team in collaboration with the Resource and Implementation Group developed and implemented:

- a plan for the roll-out of nurse and midwife prescribing
- the clinical governance structures within service delivery that supported appropriate and safe nurse and midwife prescribing
- a national *Nurse and Midwife Prescribing Data Collection System* to monitor prescribing activity
- a guidance document for the audit of nurse and midwife prescribing
- an overarching mechanism for the evaluation of nurse and midwife prescribing from a service perspective
- an inclusive communication strategy.

A number of critical successes contributed to the initial implementation of nurse and midwife prescribing, such as:

- ministerial commitment and the legislative and regulatory framework providing a clear policy direction
- national key stakeholders representing various bodies and interdisciplinary professionals working in collaboration and partnership
- leadership and commitment of directors of nursing/midwifery/public health nursing or relevant nurse and midwife manager
- development of a national implementation plan with nationally agreed structures and processes
- extensive consultation and engagement of key stakeholders at all stages of the implementation of the initiative
- ability of the initiative to evolve in order to ensure effective responses to changing needs
- providing national and regional support to all sites introducing the initiative within a formalised structure
- availability of the collaborative practice agreement (provided by An Bord Altranais) as an important vehicle in clearly identifying the Registered Nurse Prescriber's scope of practice, their prescriptive authority and the support of the medical practitioners within their clinical setting
- openness and flexibility of the education providers in responding to identified service needs
- sharing of expertise and knowledge across the multidisciplinary team for example, collaborative working with pharmacists and their team
- responsiveness to all stakeholders in providing solutions as problems or issues arise.

Following the successful implementation of the initiative, the group consolidated their work in November 2008 with the publication by the HSE Office of the Nursing Services Director of this *Guiding Framework for the Implementation of Nurse and Midwife Prescribing in Ireland*.

1.8 Evaluation

An independent external evaluation of the first two years of the implementation of nurse and midwife prescribing has been initiated (see Terms of Reference in Appendix 3). The independent external evaluation, commissioned by the Resource and Implementation Group on Nurse and Midwife Prescribing, will have a specific focus on the prescribing initiative from a service perspective. In addition to the legislative and regulatory framework for service delivery, the evaluation will examine the current and potential outcomes in terms of benefits, safety, satisfaction and take into account key stakeholders and employer's views. This will provide the framework to underpin the further expansion of the initiative across the HSE in a safe and timely manner over a five-year period. The evaluation will take place over a six month period with the final report anticipated for mid 2009.



1.9 Overview of the Guiding Framework

This guiding framework was developed as a single repository of all information pertaining to the introduction and implementation of nurse and midwife prescribing in Ireland.

Chapter two maps the process for the implementation of a change of this significance. This is informed by the Health Service Executive Model for Change as identified in *Improving Our Services: a Users' Guide to Managing Change in the Health Service Executive* (2008b). The four stages of implementation are discussed in the context of nurse and midwife prescribing, these are initiation, planning, implementation and mainstreaming.

Chapter three outlines the process for education and registration of nurse and midwife prescribers, including a detailed description of the education programmes, the assessment processes, mentorship and clinical experience, regulation including the application process for registration.

Chapters four and five provide guidance for monitoring and auditing the initiative. It is envisaged that this framework will be an invaluable tool for health service providers introducing nurse and midwife prescribing.

CHAPTER TWO:

Implementation Framework

2.1 Introduction

The introduction of nurse and midwife prescribing is one of the key priorities of the Minister for Health and Children, Mary Harney TD, and forms a central component of Government policy for the expansion of the nursing and midwifery role. This chapter presents a step-by-step guide for health service providers approaching the introduction and implementation of nurse and midwife prescribing for the first time.

Enabling people to live healthier and more fulfilled lives is the core purpose of the HSE, and this mission underpins the framework for the implementation of nurse and midwife prescribing. The 2010 vision is that everybody will have easy access to high quality care and services that they have confidence in and staff are proud to provide.

Our Mission = To enable people live healthier and more fulfilled lives

Our Vision = Easy Access, Confidence, Staff Pride

Nurse and midwife prescribing is a valuable way of giving effect to the HSE's *Transformation Programme 2007-2010* (2006b) which puts the patient/service user at the centre of the Irish healthcare service and aims to give everyone access to high-quality care and services. The nurse and midwife prescribing initiative has enormous potential to contribute to the change required under the HSE's six transformation priorities, which are:

1. Develop integrated services across all stages of the care journey.
2. Configure Primary Community and Continuing services so that they deliver optimal and cost effective results.
3. Configure hospital services to deliver optimal and cost effective results.
4. Implement a model for the prevention and management of chronic illness.
5. Implement standards based on performance measurement and management throughout the Health Service Executive.
6. Ensure all staff engage in transforming health and social care in Ireland.

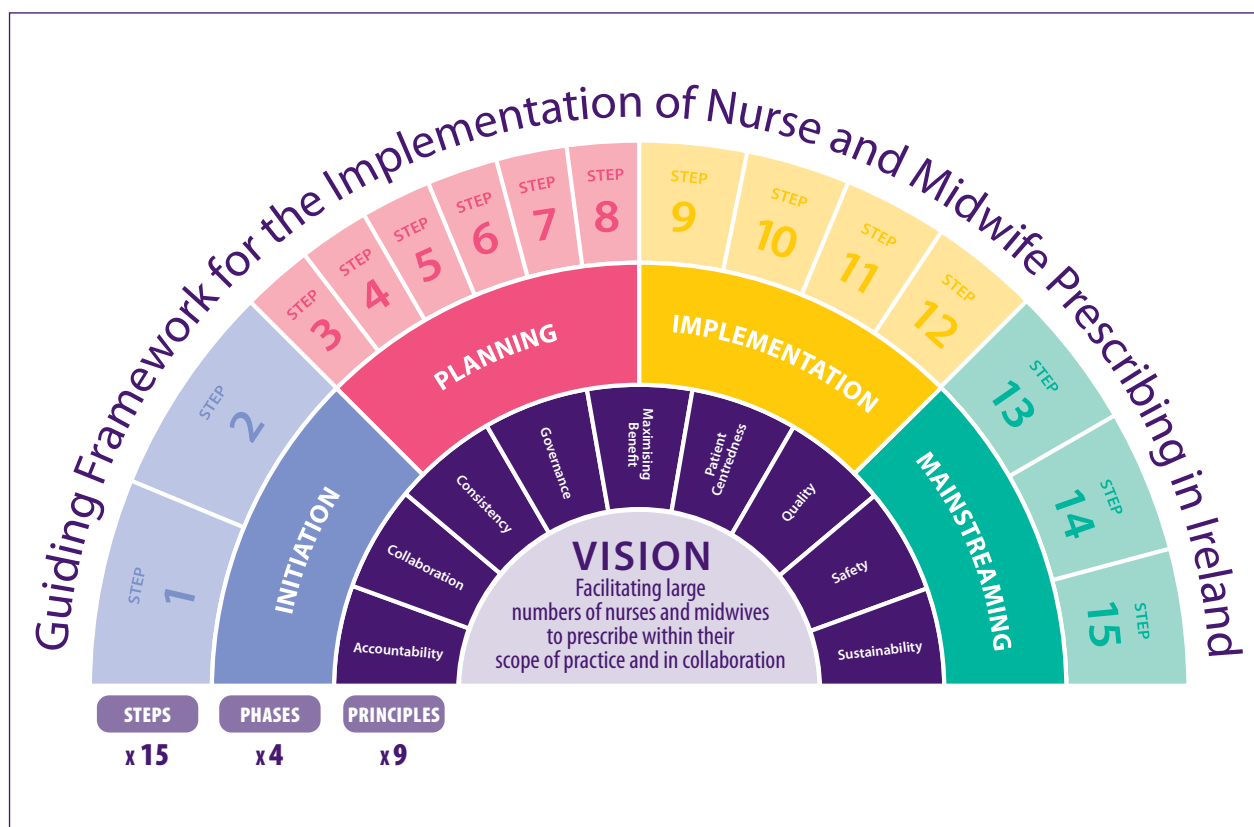
Key resources that have greatly influenced the development of this framework include professional guidance from An Bord Altranais, relevant legislation, the report *Building a Culture of Patient Safety: Report of the Commission on Patient Safety and Quality Assurance* (2008) and the *Health Service Executive Guide to Managing Change* (2008b).



2.2 Foundations of the Framework

This framework was developed to support the evolution of nurse and midwife prescribing in a systematic, cohesive and sustainable manner. It is based on a clear vision statement, a set of core principles and step-by-step guide (see Figure 2.1).

Figure 2.1: Framework for Implementation



Source: Office of the Nursing Services Director, HR Directorate, Health Service Executive (2008)

2.2.1 Vision statement

The vision statement below presents the purpose and ambition in the introduction of nurse and midwife prescribing in all health service areas in Ireland. The aim is to enhance the health system's capacity to respond to service need by maximising nurse and midwife prescribing as a key competency in collaboration with the multidisciplinary team.

Vision statement:

Changing practice to support service delivery, by facilitating large numbers of nurses and midwives to prescribe medicinal products within their scope of practice and in collaboration with the multidisciplinary team.

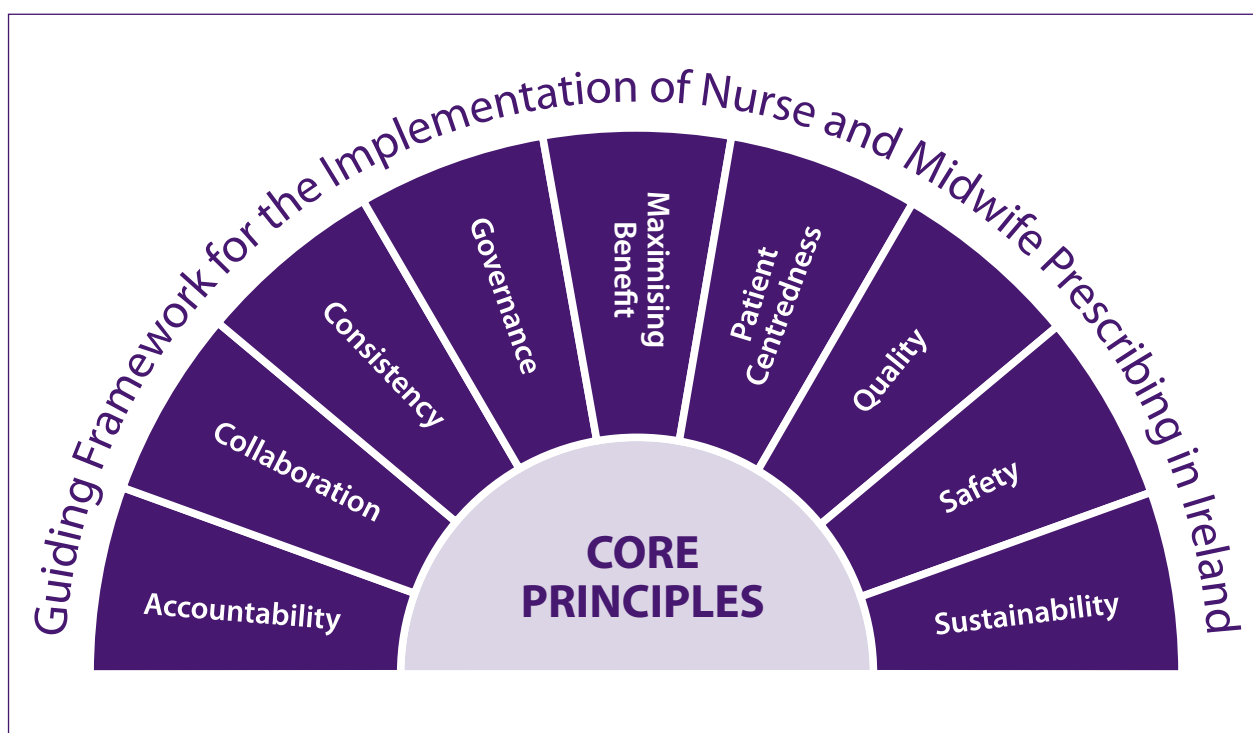
2.2.2 Core principles

The nine core principles for the implementation of nurse and midwife prescribing provide the guide for all actions and are the screen through which all decisions are tested and provide the guide to choose between options (see Figure 2.2). The principles are as follows:

- **Accountability:** means that financial, professional and organisational responsibilities are explicit so that quality, efficiency and effectiveness in nurse and midwife prescribing is achieved. Evaluation should demonstrate that available resources are used efficiently and effectively.
- **Collaboration:** means cooperation and communication between nurse and midwife prescribers, medical practitioner(s) and other members of the multidisciplinary team including, for example, pharmacists and members of Drugs and Therapeutics Committees. This involves a written agreement between the nurse or midwife and the medical practitioner, as to which medicinal products they will prescribe, within that practice setting, and within their scope of practice. The accountability for prescribing for the specific patient or service user rests fully with the nurse or midwife.
- **Consistency:** means a coherent and collective approach within each health care setting to the introduction of nurse and midwife prescribing underpinned by the national guiding framework. Approaching this service development with collective wisdom leads to attaining a more refined and complete outcome. It is anticipated that this will be achieved through the building of partnerships and networks across and within the whole health service where the nurse and midwife prescriber role is implemented.
- **Governance:** encompasses a number of different elements including advocating for positive attitudes and values about safety and quality in nurse and midwife prescribing; planning and organising control structures for safety and quality in nurse and midwife prescribing; organising and using data and evidence in nurse and midwife prescribing; and importantly ensuring patient or service user focus and input.
- **Maximising benefit to patients or service users:** means effectiveness and efficiency in nurse and midwife prescribing based on good governance and leadership, data management systems and evidence-based practice.
- **Patient centredness:** means that the services of nurse and midwife prescribers are organised, located and accessed in ways that take greater account of the needs and preferences of the patient or service user; accommodating differences in patient or service users' preferences. It encourages shared decision-making where patients or service users are given greater control, but also greater responsibility for their own health through the provision of high-quality information so that they can fully benefit from prescribed medicinal products.
- **Quality:** means that evidence-based standards are developed in partnership and collaboration with regulatory bodies, and the interdisciplinary and multidisciplinary team; are audited; and that continuous improvement is valued.
- **Safety:** means that patient or service user protection is paramount and of the highest priority. This is achieved through consistent/comprehensive care and the identification and minimisation of potential hazards.
- **Sustainability:** means that the introduction of nurse and midwife prescribing is planned in a way that the service will continue to grow and be imbedded in the health system over a period of time, especially after the specific implementation project ends.



Figure 2.2: Core Principles



Source: Office of the Nursing Services Director, HR Directorate, Health Service Executive (2008)

2.3 Guidance to the Framework for Introducing Nurse and Midwife Prescribing

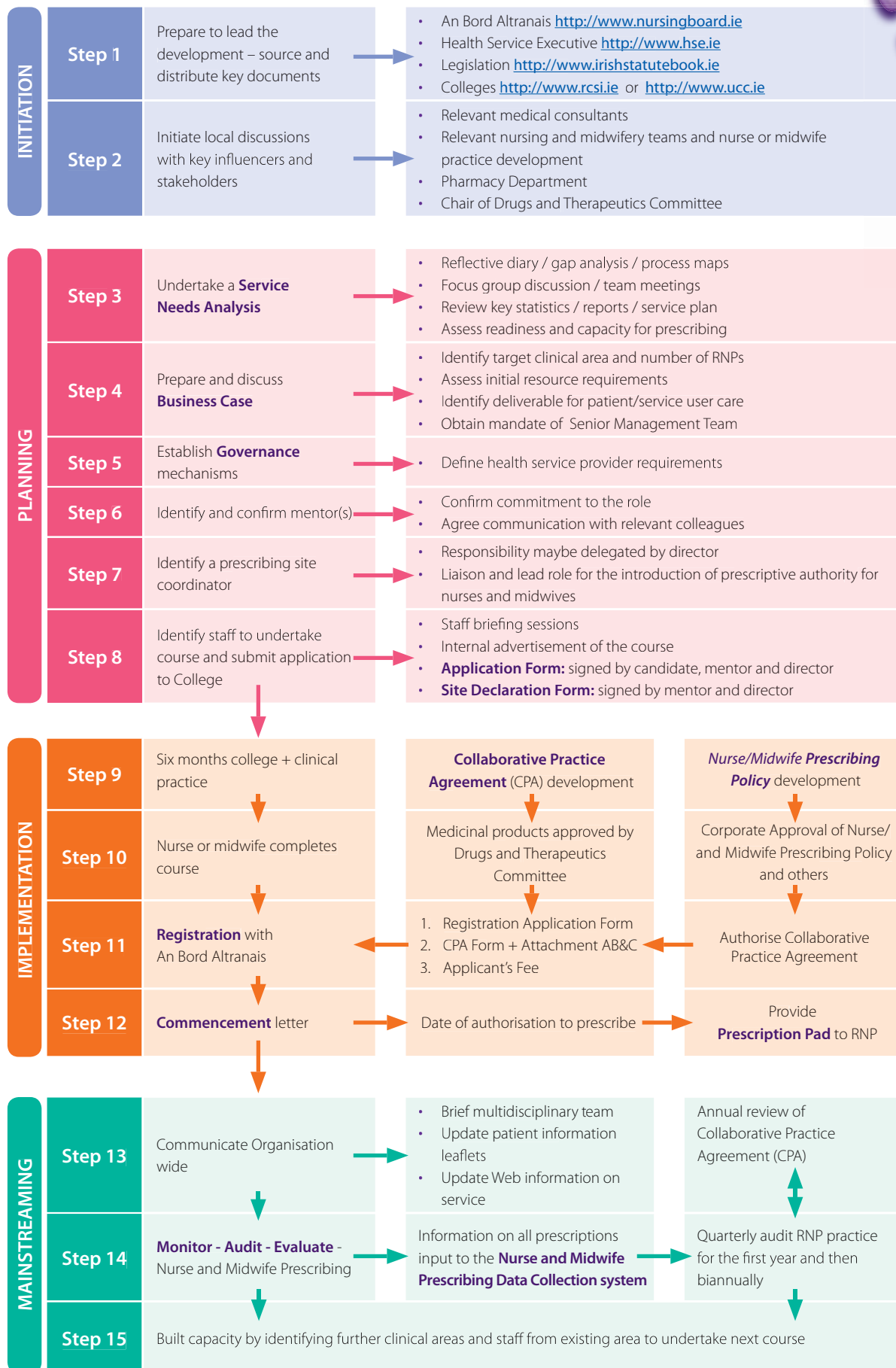
The introduction of nurse and midwife prescribing represents a significant development in how health services are delivered in Ireland. The publication *Improving Our Services: A User's Guide to Managing Change in the Health Service Executive* (2008b) describes the journey of transformation that enables people to move from the current situation to the desired future. This recommended change model is used here to structure the framework for the introduction of nurse and midwife prescribing. The framework is based on the four stages of the project management lifecycle which are:

- initiation
- planning
- implementation
- mainstreaming.

In addition the Office of the Nursing Services Director, in collaboration with the services introducing nurse and midwife prescribing, identified 15 steps to introducing this new initiative.

The steps, and their phase within the project management lifecycle, are presented sequentially in Figure 2.3. They should be approached as a continuous, overlapping process in which all of the steps and stages are interrelated and influence each other. Section 2.4 to 2.7 outlines these steps in greater detail.

Figure 2.3: The 15 Steps to the Introduction of Nurse and Midwife Prescribing



Source: Office of the Nursing Services Director, HR Directorate, Health Service Executive (2008)



2.4 Initiation of Nurse and Midwife Prescribing

The purpose of this early preparation and scoping stage is to create readiness and a considered case for the introduction of nurse and midwife prescribing. Experience over the last two years suggests that energy spent in the early stages contributes significantly to successful implementation.

The first two steps to managing the initiation of nurse and midwife prescribing are outlined in detail below.

2.4.1 Step 1: Prepare to lead the development

Leadership is about setting direction, building trust, instilling pride, helping people to achieve, and communicating and delivering. Some of the leader's activities that provide essential support when directing a major development were identified by the HSE (2008b) as follows:

- creating a shared vision
- focusing on service users, and the wider population
- engaging key stakeholders
- communicating relentlessly
- resourcing the development
- supporting effective team working
- establishing a sense of urgency and pacing the change
- supporting continuous learning and evaluation.

The director of nursing/midwifery/public health nursing or relevant nurse and midwife manager can prepare to lead the significant development of introducing nurse and midwife prescribing by:

- sourcing key documents (see suggestions in Table 2.1)
- disseminating the information widely throughout the health care setting
- enhancing awareness of nurse and midwife prescribing across the health care setting
- liaising with colleagues within other health care settings where nurse and midwife prescribing have already been introduced
- identify the leverage points and opportunities for change
- attending to organisational politics
- identifying champions for the development.

Table 2.1

Step 1: Prepare to lead the development of nurse and midwife prescribing	
Source Key Documents	
An Bord Altranais	<ul style="list-style-type: none"> • <i>Collaborative Practice Agreement for Nurses and Midwives with Prescriptive Authority</i>, second edition (2007a) • <i>Decision Making Framework for Nurses and Midwives with Prescriptive Authority</i> (2007b) • <i>Guidance to Nurses and Midwives on Medication Management</i> (2007c) • <i>Nurses Rules 2007(e)</i> • <i>Practice Standards for Nurses and Midwives with Prescriptive Authority</i> (2007f) • <i>Requirements and Standards for Education Programmes for Nurses and Midwives with Prescriptive Authority</i> (2007g) <p>Source: http://www.nursingboard.ie</p>
An Bord Altranais and the National Council for the Professional Development of Nursing and Midwifery	<ul style="list-style-type: none"> • <i>Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products: Final Report</i> (2005) <p>Source: http://www.nursingboard.ie and http://www.ncnm.ie</p>
Legislation	<ul style="list-style-type: none"> • <i>Irish Medicines (Miscellaneous Provision) Act 2006</i> (Commencement) Order 2007 • <i>Irish Medicines Board (Miscellaneous Provision) Act 2006</i> (No. 3 of 2006)(Section 16(l)(iii)) • <i>Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2007</i>, Statutory Instruments No. 201 of 2007 • <i>Misuse of Drugs (Amendment) Regulations 2007</i>, Statutory Instruments No.200 of 2007 <p>Source: http://www.irishstatutebook.ie</p>
Resource and Implementation Group	<ul style="list-style-type: none"> • <i>The Introduction of Nurse and Midwife Prescribing in Ireland: An Overview</i> (2007) <p>Source: http://www.hse.ie</p>
Office of the Nursing Services Director, HR Directorate, Health Service Executive	<ul style="list-style-type: none"> • <i>Information and Application Guidelines for the Nurse and Midwife Prescribing Initiative</i> (2008b) (see Appendix 4) • <i>An introduction to the Audit of Nurse and Midwife Prescribing: Guidelines for Health Service Providers</i> (2008a) • <i>Nurse and Midwife Prescribing Data Collection System</i> (2008c) <p>Source: http://www.hse.ie</p>
Health Service Executive	<ul style="list-style-type: none"> • <i>Health Service Executive National Service Plan</i> (2008c) • <i>Healthcare Audit Criteria and Guidance</i> (2008a) • <i>Improving Our Services: A User's Guide to Managing Change in the Health Service Executive</i> (2008b) <p>Source: http://www.hse.ie</p>
Higher Education Institutions – RCSI and UCC	<ul style="list-style-type: none"> • <i>Prescribing course curriculum/prospectus</i> • <i>Application Form</i> • <i>Site Declaration Form</i> (See Appendix 7) <p>Source: http://www.rcsi.ie and http://www.ucc.ie</p>
Health care settings' own documents	<ul style="list-style-type: none"> • <i>Service/provider plan for the next three years</i> • <i>Medication Management Policy</i>.

Note: See details for documents in reference list



2.4.2 Step 2: Initiate local discussions

The purpose of this step is to obtain support of local health professionals key influencers and stakeholders. This should start with the identification of the key decision makers within the service. It is important to map/list the individuals and groups. Table 2.2 lists the individuals/groups that might be considered. Discussions can be initiated by any of the individuals named.

Table 2.2

Step 2: Initiate local discussions
Consider arranging informal and formal discussion with:
<ul style="list-style-type: none"> • CEO/general manager/network manager/local health office manager • Chair of Drugs and Therapeutics Committee • Chairman medical board/executive • Chief pharmacist • Community pharmacist(s) • Director of nursing/midwifery/public health nursing or relevant nurse and midwife manager • Nurse or midwife practice development • Partnership groups/committees • Patient/service user groups • Pharmacy department • Quality/risk manager • Relevant consultants/medical practitioners • Relevant nursing or midwifery teams • Representative and professional bodies.

Source: Office of the Nursing Services Director, HR Directorate, Health Service Executive (2008b)

It is also important to consider the individuals and groups in terms of:

- their level of interest in nurse and midwife prescribing; and
- the possible impact of nurse and midwife prescribing and their ability to influence the implementation.

The initial informal and formal discussions will assist in determining the health service providers readiness and capacity to introduce nurse and midwife prescribing. A commitment to engagement, partnership and communication should be explored and articulated.

Readiness for nurse or midwife prescribing may pre-empt resistance and increase the potential for effective change. The energy, motivation and support required to create readiness must come from within the individual and the health care setting, so key leaders need to play a significant role in this regard.

Capacity for nurse or midwife prescribing relates to levels of organisational commitment to resourcing the change and to ensuring that staff have the knowledge, information and skills to take responsibility for action.

Source: Health Service Executive (2008) *Improving Our services: a User's Guide to Managing Change in the Health Service Executive*

Service development can be both daunting and exciting, and can create apprehension and hesitation for those leading and implementing innovation. Change viewed as an improvement can enable a focus on the positive side. Health professionals want to improve care for patients and service users so emphasising the possibilities encourages more staff to get involved and offer their expertise, skills and abilities. Therefore, initiating local discussions with key stakeholders at an early stage is essential.

To sustain a service development over the long-term, the cultural and the people aspects of change must be addressed. This includes acknowledging and addressing deeply embedded traditions and practices through an inclusive, partnership process. The main elements of a people-centered approach were identified by the HSE (2008b) as:

- managing transitions and working with reactions to change
- managing uncertainty and the unpredictability of change
- understanding resistance and supporting people through change.

2.5 Planning Nurse and Midwife Prescribing

The purpose of the planning stage is to determine and document the specific detail of how and where nurse and midwife prescribing will be introduced within the health care setting; for example, for specialist services or across the health care setting or for particular populations? The steps in the planning process incorporate:

- undertaking a service needs analysis
- preparing the business case
- establishing the governance mechanisms
- identifying mentor(s) and a prescribing site coordinator
- identifying staff to undertake the education programme and submit application(s) and the Site Declaration Form to college.

2.5.1 Step 3: Undertake a service needs analysis

A gap in service provision is often identified by individual nurses or midwives in local discussions and reflection (team meetings, case conferences, journal clubs etc) and may provide the impetus for the consideration of nurse or midwife prescribing. Some of the key questions that might be asked during a discussion in relation to patient or service user care and the potential for nurse or midwife prescribing are set out on Table 2.3.

Table 2.3

Step 3: Prompts/Questions for the Service Needs Analysis
<ul style="list-style-type: none"> • Do patients/service users have to wait for a prescription to be written? • Are medical doctors readily available to the service out-of-hours? • Are there delays in patients/service users being discharged while they wait for their prescription? • Is there a delay for patients/service users with a chronic disease (such as diabetes or heart failure) in obtaining a return visit to monitor and review their medication? • Is there a delay in initiating inpatient treatment, as doctors are busy in operating department or clinics? • Do patients/service users have to return to busy clinics for repeat prescriptions? • Could the number of professionals a patient/service user interact with be reduced if nurses or midwives could prescribe? • Could patients/service users receive medications sooner if nurses or midwives in our team could prescribe? • Is it within the scope of practice of nurses or midwives within this area? • Would patients/service users be supportive of nurse or midwife prescribing? • Would nurse or midwife prescribing be safe in this clinical setting? • Could nurse or midwife prescribing enhance patient compliance and outcome?

Source: Office of the Nursing Services Director, HR Directorate, Health Service Executive (2008)

The most effective way to determine the need for nurse or midwife prescribing is to undertake a service needs analysis. This exercise should be comprehensive and include all relevant members of the interdisciplinary team, including, lead consultants/medical practitioners, pharmacists and nursing/midwifery management. Understanding care processes from the patient's or service users perspective is essential if patient-centered service developments are to be made. Some techniques that can be used to assist in the service needs analysis are set out in Table 2.4.

Table 2.4

Step 3: Suggested Techniques for the Service Needs Analysis

- Use maps to analyse how patients/service users flow through the care delivery system
- Draw on flow theory or modelling to analyse services
- Arrange focus group discussions/team meetings to identify gaps in service provision
- Review key statistics/reports/service plan
- Ask individual nurses or midwives to keep a reflective diary over a period of time to identify situations where patients/service users care could be enhanced by the introduction of nurse or midwife prescribing
- Identify referral mechanisms within particular specialist services for patients/service users' treatment and review
- Undertake a formal gap analysis
- Assess readiness and capacity for prescribing
- Determine preparedness and commitment of the health care setting for nurse or midwife prescribing.

Source: Office of the Nursing Services Director, HR Directorate, Health Service Executive (2008)

The service needs analysis should identify what is driving the need for the introduction of nurse or midwife prescribing and the degree of urgency.

Process mapping is a simple technique that can have a significant impact. It is a tool which is used to capture the patient or service user's journey of care at every stage. Process maps are an effective way to identify constraints and bottlenecks, re-work (activity required to correct situation that could have been avoided) and avoid unnecessary process steps.

Source: *A Guide to Service improvement: Measurement, Analysis, Techniques and Solutions.* (2005a) Edinburgh: NHS Scotland

2.5.2 Step 4: Prepare and discuss business case

Once the health care setting has successfully completed the service need analysis, it is helpful to present the analysis in a business case format. The service need analysis is the first step in writing the business case. In developing a business case, the National Council for the Professional Development of Nursing and Midwifery (2005) recommend the following four principles should be adhered to:

- The demonstrable outcome for the patient or service user is the top priority.
- The service to be provided will be demonstrably cost-effective.
- The service model or care delivery model will be based on evidence relating to the needs of the specific population and/or the case load.
- Models of evidence-based best practice will be adopted.

A project management approach to developing the business case could be used. This entails identifying stakeholders, establishing a project team and setting targets to be achieved within an agreed timeframe. Members of the project team should be chosen according to their particular area of expertise, ensuring that a multidisciplinary and/or interdisciplinary approach is adopted.

Table 2.5 provides a template for a preparing the business case for nurse or midwife prescribing. If the health service provider has its own template, this should be used. There is no single 'right' outline, format or content list when writing a business plan. The content should be credible, accurate, logical and succinct.

Table 2.5

Step 4: Prepare Business Case	
Template for developing the Business Case for Nurse and Midwife Prescribing	
Proposition or summary	Statements of the services where nurse and midwife prescribing is being proposed should be written at the early stages. This should briefly detail the new nurse and midwife prescribing role and anticipated benefits to the service.
Context	Include a brief rationale about why the introduction of nurse or midwife prescribing is proposed and how this will impact on patient/ service users and the health care setting. The geographic locations/clinical specialties proposed (or not) should be addressed and the organisational context outlined.
Service needs analysis	<p>Include high-level information from the analysis such as:</p> <ul style="list-style-type: none"> • <i>Epidemiology or disease patterns</i>: breakdown of patient/service user numbers by disease/ condition; mortality and/or morbidity rates and incidence and/or prevalence of disease • <i>Population health/demographics</i>: information from sources already established, e.g. National Cancer Registry, Hospital In-Patient Enquiry, Public Health Information Systems, Central Statistics Office, National Intellectual Disability Database and local health statistics • <i>Hospital data</i>: numbers of in-patient admissions; average length of stay of patients/ service users; re-admission rates; bed occupancy rates; waiting times; number of patients/service users seen per year, per service; and relevant audit data • <i>Relevant health policy</i>: pertaining to nurse or midwife prescribing; reduction in numbers of non-consultant hospital doctor (NCHD) and their working hours • <i>Geographic context</i>: sharing of services; cross-border working.
Human resource implications	<p>In many cases a business proposal for nurse or midwife prescribing will be about re-engineering the way in which nurses or midwives work and maximising the potential available competencies. To this end, the business case should include the following:</p> <ul style="list-style-type: none"> • competencies and skills that will be required to deliver nurse or midwife prescribing • expected level of decision-making and autonomy of the nurse or midwife prescriber • identified educational needs within the health care setting (how many nurses or midwives need to be facilitated to attend the six-month educational programme) provided by the third level institutions • cost implications associated with fees, replacement costs and time.
Financial analysis	<ul style="list-style-type: none"> • <i>Estimated costs</i>: non-recurring (one-off) costs: project management, equipment, initial training and evaluation, continuing costs, etc. • <i>Estimated savings</i>: can be more difficult to identify than costs. Identify ways of doing things differently, not ways of using extra staff. Look at what the health care setting is currently spending, which is often very different to what is budgeted, and what could be saved over time • <i>Look for the savings in staff costs such as</i>: a reduction in the use of NCHDs, staff turnover and multiple visits by the patients/service users, as well as there being fewer complaints and less paperwork • <i>Timing</i>: an analysis of costs and savings over the relevant financial years. If you are unsure, make an estimate.
Non-financial analysis	Quantify the likely impact of nurse or midwife prescribing on key performance areas such as quality, reduced waiting times, increased patient/service user satisfaction and clinical performance indicators.
Evidence and risk	Detail how the proposed introduction of nurse or midwife prescribing will work. Give examples of experiences of other health service providers introducing prescribing (history of success elsewhere). Also include potential risks and contingency plans to prevent them.



Quality improvement information	<ul style="list-style-type: none"> • Provide evidence from the national and international literature; demonstrating the efficacy of nurse or midwife prescribing • Outline patient/service user expectation of the service • Outline the perceived contribution of nurse or midwife prescribing to patient/service user care • Discuss what the introduction of a new service will bring to the health care setting that was not already there • Review and critically compare other similar services within the region or nationally and/or internationally as appropriate • Discuss how the introduction of nurse or midwife prescribing will be monitored. It is important to collect baseline data for comparative purposes, at the outset of the project.
Implementation plan	<ul style="list-style-type: none"> • Outline the timeframe for delivery of nurse or midwife prescribing from approval of business plan to initiation of new service. Use Gantt charts as appropriate • Discuss the business plan with the key decision makers in your health care setting prior to finalising the business case • Submit the business case to the key decision makers as appropriate • Make recommendations for inclusion in the HSE or local service plan if appropriate.

Adapted from: *Service Needs Analysis for Clinical Nurse/Midwife Specialist and Advanced Nurse/Midwife Practitioner Posts* (2005) Dublin: National Council for the Professional Development of Nursing and Midwifery

It is imperative that the business case defines the target for the number of Registered Nurse Prescribers required to commence the service and the numbers required in the longer term to build capacity for effective and efficient service delivery. A decision is required on whether one or a number of clinical areas will be targeted for the introduction of prescriptive authority or whether the initiative will be organisation-wide. The business case should conclude with the identified deliverables for the patient or service user. It is absolutely imperative to obtain support and a clear mandate from the senior management team for the introduction of nurse or midwife prescribing in advance of identifying staff to attend the education programme. Securing a mandate gives authority and credibility to the process and ensures alignment and buy-in from key stakeholders in the system.

2.5.3 Step 5: Establish governance mechanisms

Developing and putting in place a robust governance mechanism is an essential step in the introduction of nurse or midwife prescribing. Corporate and clinical governance should both be addressed with clear identification of senior responsibility for the introduction of nurse or midwife prescribing. Clinical governance focuses on the safe and effective delivery of patient or service user care. To achieve this, clinical governance defines the values, culture, behaviours, processes, and procedures that are essential for the provision of safe, sustainable quality service. Table 2.6 sets out some of the central issues to be considered when addressing governance mechanisms.

Table 2.6

Step 5: Prompts/Questions for the Establishment of Governance Mechanisms

- What governance arrangements are required to support this development?
- How can patient/service user safety be assured within the Registered Nurse Prescriber role?
- Have we identified and agreed the processes for risk assessment, clinical decision making, treatment delivery, policy, standards and guidelines?
- Has clinical, managerial and professional accountability and supervision been agreed?
- Have we defined the specific areas of accountability for the Registered Nurse Prescribers taking on this role?
- Have all aspects of good employment practices been followed?
- How have resources and sustainability issues been addressed?
- How will audit of each Registered Nurse Practitioner's practice be conducted?

Adapted from: *Framework for Developing Nursing Roles* (2005) Edinburgh: NHS Scotland

To be effective clinical governance must be integrated into the health service provider's culture, practices and business plans. It must support learning from mistakes and lead to a reduction in errors, and also be supported by supervision, mentoring and ongoing learning and staff development. Clinical governance is about safeguarding high standards, which can only be achieved by the commitment and conscious efforts of staff that have the support of the health service provider to deliver best practice.

When introducing nurse or midwife prescribing, clinical governance is underpinned by the engagement and advice of a Drugs and Therapeutics Committee. This is a multidisciplinary advisory committee. The committee can provide expert advice and guidance to hospital or community-based staff on matters pertaining to the use of medicinal products, thus ensuring that prescribing and administration of medications are carried out in a safe and cost effective manner (see Appendix 5 for sample Terms of Reference and membership). The health service provider must have access to such a committee to ensure the appropriate and safe introduction of nurse or midwife prescribing. The original circular of the Department of Health issued in 1993 provides some background in relation to the composition, size and function of Drugs and Therapeutics Committees (see Table 2.7).

Table 2.7

Step 5: Establish Governance Mechanisms Pertaining to Drugs and Therapeutics Committees	
Extracts from Circular 8/93 pertaining to Hospital Therapeutics Committees or Related Matters	
Composition	<ul style="list-style-type: none"> • Representation of all consultant staff • Representation of non-consultant medical and surgical staff (at least at registrar grade) • Representation of nursing staff both at management and clinical levels • representation of the hospital administration • the chief pharmacist and drug information pharmacist or clinical pharmacist, where applicable, pertaining to whatever speciality is being discussed or dealt with.
Size	<ul style="list-style-type: none"> • The size of the committee and the balance of representation from each of these categories should be determined on a hospital-by-hospital basis • The committee should, however, in all instances, include: <ul style="list-style-type: none"> • the hospital pharmacist/s • consultant staff • The committee should be chaired by a member appointed by the committee, preferably a consultant.
Functions	<ul style="list-style-type: none"> • To establish a hospital formulary, and to provide for its constant review • To advise medical staff and hospital administration of all matters pertaining to the use of drugs and medicines • To approve appropriate policies on drug expenditure and review these policies in conjunction with the hospital finance committee • To evaluate clinical data concerning drugs and medicines requested for use in the hospital • To review adverse drug and medicine reactions occurring in the hospital and to coordinate reporting nationally in this area • To design, implement and monitor policies for the use of particular drugs, e.g. antibiotics • To design, implement and monitor policies for generic prescribing in the setting • To agree protocols for visits by representatives of pharmaceutical manufacturers or suppliers • To approve and monitor patient drug information services.

Source: Circular 8/93 Re: The Establishment or re-Activation of Hospital Therapeutic Committees and Related Matters (1993) Department of Health

The role of the Drugs and Therapeutics Committee in relation to nurse or midwife prescribing within a health care setting involves advising and approving the list of medicinal products or categories proposed in the collaborative practice agreement developed by the Registered Nurse Prescriber with the collaborating consultants or medical practitioners.

Another important component of governance is ensuring that the practitioners are sufficiently indemnified. The State Claims Agency established under *National Treasury Management Agency (Amendment) Act 2001* manages claims against public bodies on behalf of the State. The Clinical Indemnity Scheme is operated by the State Claims Agency on behalf of the Department of Health and Children. Under the scheme, the State assumes full responsibility for indemnification and management of all clinical negligence claims against enterprises and practitioners covered by the scheme. This indemnity cover applies to nurse and midwife prescribers employed by public health services, operating within policy, and the knowledge and consent of their employers. Details of the State Claims Agency Statement on nurse and midwife prescribing can be located in Appendix 6.

2.5.4 Step 6: Identify and confirm mentor(s)

Clinical mentorship is a key component of the successful implementation of nurse or midwife prescribing. The mentor is a senior experienced medical practitioner working in the specialist area where the nurse or midwife proposes to become a prescriber. The key responsibilities of the mentor are set out in Table 2.8. Normally the mentor is identified locally and their commitment is confirmed by the director of nursing/midwifery/public health nursing or relevant nurse and midwife manager. Where the mentor is employed outside the public health service the mentor should consider their requirements for clinical indemnity.

Table 2.8

Step 6: Identifying and Confirming Mentor(s)
<p>Key responsibilities of the mentor(s) include:</p> <ul style="list-style-type: none"> • At the start of the course, explore with the student their clinical learning needs and agree a programme/contract for learning. This is specific for each student, reflecting the differing clinical skills and experience of each student • Provide the student with supervision, support, teaching and learning opportunities equivalent to 12 days (96 hours) over the duration of the course. Aspects of this learning may be delegated to other experienced members of the team • Meet formally with the student at three and six months to review progress • Assesses achievement of competence in practice (using the An Bord Altranais competency framework) • Formally assess the student prescriber's progress in the clinical setting using the assessment tool provided by the third level institute; e.g. Objective Structured Long Examination Record (OSLER) • At the end of the six-month period, complete and 'sign off' the student's Competency Booklet.

Source: Office of the Nursing Services Director, HR Directorate, Health Service Executive (2008)

In order for each nurse or midwife to be accepted on to the Certificate in Nursing (Nurse/Midwife Prescribing), a medical doctor at consultant or general practitioner level must have agreed to act as mentor for the student prescriber for the duration of the course. This commitment is confirmed by the medical mentor by signing the *Site Declaration Form* (see Appendix 7).

The mentor provides teaching and learning opportunities during the course of the education programme, this role formally finishes when the nurse or midwife successfully completes the education programme. The mentor is also likely to be one of the collaborating medical practitioners named on the collaborative practice agreement and as such should be consulted in drafting the agreement.

2.5.5 Step 7: Identify a Prescribing Site Coordinator

The director of nursing/midwifery/public health nursing or relevant nurse and midwife manager at each site is requested to identify themselves or an individual to whom they delegate responsibility for the implementation of nurse or midwife prescribing. The person known as the prescribing site coordinator is normally a nurse or midwife at assistant director of nursing/midwifery level or working in practice development. The person:

- takes responsibility for the initiative locally
- liaises with the education provider, the students, mentors and the Office of the Nursing Services Director
- has a key role in developing, implementing, monitoring and evaluating the structures, policy and process to support safe nurse and midwife prescribing
- ensures that the requirements of the health service provider are in compliance with the requirements and standards of An Bord Altranais and the Health Service Executive.

Further detail of the responsibilities that may be delegated to the prescribing site coordinator can be located in Appendix 8.

Support for each health care setting and particularly the prescribing site coordinator is provided by the HSE Office of the Nursing Services Director. To achieve this, the HSE appointed a director of nursing and midwifery (April 2007) with responsibility for the introduction of nurse and midwife prescribing nationally and four assistant directors of nursing and midwifery (October 2007) with responsibility for the management and implementation of nurse or midwife prescribing within each of the HSE geographical areas (see contact details below).

Table 2.9: Contact Details

Elizabeth Adams Director of Nursing and Midwifery Office of the Nursing Services Director, HR Directorate Email: elizabeth.adams2@hse.ie Office: 00353-1-6352357 Phone: 087 2513843	
Maureen Flynn Assistant Director of Nursing and Midwifery Office of the Nursing Services Director HSE Dublin Mid Leinster Email: maureena.flynn@hse.ie Office: 00353-1-6352344 Phone: 087 9317014	Rose Lorenz Assistant Director of Nursing and Midwifery Office of the Nursing Services Director HSE Dublin North East Email: rose.lorenz@hse.ie Office: 00353-41-6858131 Phone: 087 2864075
Annette Cuddy Assistant Director of Nursing and Midwifery Office of the Nursing Services Director HSE West Email: annette.cuddy@hse.ie Office: 00353-91-775845 Phone: 087 9317039	Clare MacGabhann Assistant Director of Nursing and Midwifery Office of the Nursing Services Director HSE South Email: clare.macgabhann@hse.ie Office: 00353-21-4927471 Phone: 087 9317025

For the two-year implementation period the role of the director and each assistant director was to work with directors of nursing/midwifery/public health nursing or relevant nurse and midwife manager within health care settings and higher education institutions to develop the clinical environment and governance structures required to support the implementation of nurse and midwife prescribing nationally and at HSE area level.

A series of meetings are arranged with the assistant director and the prescribing site coordinators within each HSE area to:

- update the group on the background to nurse and midwife prescribing in Ireland
- provide a brief on the national framework for implementation of nurse or midwife prescribing underpinned by the legislation and professional guidance
- share tools for the implementation of prescribing (see Appendices 9 and 10)
- supply a template PowerPoint presentation on nurses and midwife prescribing for adaptation and use with the health care setting
- provide support in the development of the health service provider policy for nurse and midwife prescribing (see Appendix 11)
- outline the function of the collaborative practice agreement and the role of the Drugs and Therapeutics Committee in approving the proposed medicinal products
- outline the pathway, including individual and site requirements, prior to submitting an application to An Bord Altranais for registration as a Registered Nurse Prescriber (see Appendix 12)
- provide training on the Nurse and Midwife Prescribing Data Collection System
- provide an overview of the national guidance on the introduction to the audit of nurse and midwife prescribing within each health care setting
- provide a network of contacts with other health care providers introducing nurse or midwife prescribing.

The groups meet at a convenient location within the HSE area during the six months the students are undertaking the certificate education programme.

The HSE Office of the Nursing Services Director has established an *Irish Prescribing Site Coordinators eNetwork* as a support and a means of ongoing communication with the group following completion of the formal meetings. An invitation to join the eNetwork is issued to each prescribing site coordinator.

2.5.6 Step 8: Identify staff to undertake education programme and submit application to relevant college(s)

Having obtained support for the introduction of nurse or midwife prescribing from all the key stakeholders, the next step is to advertise the development within the health care setting and seek applications for the course, by:

- announcing the development at staff briefings, and/or relevant nursing or midwifery meetings
- sending memos and/or emails about the initiative to department heads
- placing posters/advertisements at strategic locations around the health care setting and on the intranet
- distributing the Information and Application Guidelines for Nurse and Midwife Prescribing Initiative (see Appendix 4)
- requesting line managers to identify and support suitable candidates.

The formal title of the programme is *Certificate in Nursing (Nurse/Midwife Prescribing)* and the award is at level 8 on the National Framework of Qualifications. Further detail in relation to entry criteria is set out in chapter three.

A successful application will require the health service provider, the nurse or midwife, and the designated medical mentor to each fulfill a set of requirements as outlined below:

- Health service provider – must provide a *Site Declaration Form* signed by the director of nursing/ midwifery/public health nursing or relevant nurse and midwife manager on behalf of the health service provider.
- Individual nurse or midwife – must meet the entry criteria of the higher education institutions.
- Mentor – must sign the *Site Declaration Form* as a commitment to act as a mentor and provide instruction and supervision within the specific clinical practice area for the duration of the education programme.

A copy of the *Site Declaration Form* can be located in Appendix 7. In addition to the criteria each health service provider can establish their specific local process for managing the application within their health care setting. Chapter three provides a comprehensive overview of the education programme.

2.6 Implementation of Nurse and Midwife Prescribing

During this stage, nurse or midwife prescribing 'goes into live operation' and new ways of working are reinforced. The changes to structure, work processes and approaches to service delivery become evident. The steps involve: developing the health service provider's nurse or midwife prescribing policy; preparing and obtaining approval for each collaborative practice agreement; registering with An Bord Altranais; and issuing the official commencement letter.

2.6.1 Step 9: Develop nurse and midwife prescribing policy and individual Collaborative Practice Agreement(s)

It is recommended that the policy for nurse or midwife prescribing be developed in collaboration with key stakeholders including:

- consumers, and the interdisciplinary and multidisciplinary teams
- with representative input from quality and safety, clinical risk, clinical indemnity, drugs and therapeutics committees and other relevant groups, committees and councils.

In addition, the policy must be developed within the health service provider's clinical governance framework and in conjunction with any policies and procedures that the health service provider has in place (for example, medication policy).

In developing a policy for nurse and midwife prescribing the health service provider may take:

- a generic approach to all professionals with prescriptive authority by incorporating the requirements of the health service provider into the policy that already exists for other prescribers (for example, medical practitioners)
- an individual approach to different professional groups with prescriptive authority and specifically develop a health care setting policy for nurse and midwife prescribing.

Regardless of whether the approach is generic or specific, the policy must be developed within the legislative and regulatory framework, the health service provider's structure and processes, and be in line with other relevant organisational policies, protocols, procedures, guidelines, guidance, clinical governance arrangements, quality and safety requirements and standards.



A policy checklist/template for nurse and midwife prescribing was developed by the HSE Office of the Nursing Service Director (see Appendix 11). It sets out to assist health service providers within the voluntary and statutory services of the HSE to develop a policy that promotes and underpins the provision of high-quality and safe prescribing.

It is recognised that the approach of each health service provider to policy development varies depending on patient need, service requirements and/or organisational structures. Therefore, the nurse and midwife prescribing policy checklist/template sets out broad headings that should be considered in the development of a policy specific to the health service provider within the public health service.

One of the key documents relating to nurse and midwife prescribing is the collaborative practice agreement. This is a written agreement drawn up between the Registered Nurse Prescriber and collaborating medical practitioner(s), which is approved by the health service provider/employer. This agreement outlines the parameters of the Registered Nurse Prescriber's prescriptive authority, for example, their scope of practice. It contains a general description of the practice setting including the population and conditions for which they have responsibility, as well as a list of specific medicinal products (generic names) and/or categories of medicinal products that they have authority to prescribe.

The collaborative practice agreement is the vehicle developed by An Bord Altranais so that the requirements as outlined in the medicines legislation are safeguarded and upheld, and that clear lines of communication have been identified within the healthcare setting. The agreement is underpinned by the principles of professional accountability, responsibility, competence and clinical governance.

The prescribing site coordinator has a key role to play in advising the candidate nurse or midwife prescriber in navigating their specific collaborative practice agreement through the approval processes. Some of the factors to consider are set out on Table 2.10.

Table 2.10

Step 9: Prepare the Collaborative Practice Agreement	
Things to consider:	
<ul style="list-style-type: none"> • The Registered Nurse Prescriber's knowledge, expertise and scope of practice • The patient/service user population • The conditions for which the nurse or midwife will have authority to prescribe • Advice and support from the relevant medical practitioners • Identification of the medicinal products/categories that will be included on the collaborative practice agreement • Confirmation that all medicinal products listed on the collaborative practice agreement are authorised. Seek assistance from the pharmacy department in obtaining confirmation on the matter. Another source is the Irish Medicines Board accessible at http://www.imb.ie • Where the prescription will be written, how prescription pads will be accessed • How the Practice Standards and Decision Making Framework published by An Bord Altranais (2007f,b) will be operationalised for the specific practice area • Obtaining support of the consultants/medical practitioners operating within the specialist area • Identifying any restrictions in relation to the nurse or midwife prescriptive authority • Specific requirements of the health service provider's Drugs and Therapeutics Committee. 	

Source: Office of the Nursing Services Director, HR Directorate, Health Service Executive (2008)

A flow diagram illustrating the mechanism for the development, approval and submission of the collaborative practice agreement is provided in Appendix 12.

2.6.2 Step 10: Complete prescribing course and approve collaborative practice agreement

Ideally the candidate nurse or midwife prescriber should have agreed their collaborative practice agreement with the collaborating consultant/medical practitioners prior to successful completion of the education programme. The medicinal products listing must be approved by the Drugs and Therapeutics Committee and this approval communicated to the director of nursing/midwifery/public health nursing or relevant nurse and midwife manager. Copies of the collaborative practice agreement should be maintained and disseminated as follows:

- original sent to An Bord Altranais with the application for registration
- copy filed with the list of Registered Nurse Prescribers maintained in the office of the director of nursing/midwifery/public health nursing or relevant nurse and midwife manager
- copy forwarded to the pharmacy department
- copy to individuals and groups within and outside the health care setting as identified by each health service provider, for example, community pharmacists
- copy maintained by the individual Registered Nurse Prescriber for their own records.

A discussion and decision should be undertaken locally on making the collaborative practice agreement listing of medical products (Attachment B) available to other key professionals within the local area (for example, community pharmacists).

All collaborative practice agreements are considered null and void if the Registered Nurse Practitioner resigns or moves employment. Written collaborative practice agreements should terminate automatically if the Registered Nurse Prescriber or medical practitioner no longer has an active unrestricted registration.



2.6.3 Step 11: Register with An Bord Altranais as a Registered Nurse Prescriber

To register with An Bord Altranais the individual must supply a number of documents together with the registration fee directly to the nursing board. The administrative requirements are set out on Table 2.11 and further details can also be located in chapter three.

Table 2.11

Step 11: Register with An Bord Altranais	
The following documentation must be referred to and completed	
<p>An Bord Altranais Flowchart for Application and Registration Process for the Registered Nurse Prescribers Division</p> <p>Accessible at http://www.nursingboard.ie</p>	<ul style="list-style-type: none"> The flowchart is an essential reference for applicants as it details the process for the application and registration process for the Registered Nurse Prescribers Division.
<p>An Bord Altranais Application Form for Registration in the Registered Nurse Prescribers Division</p> <p>Accessible at http://www.nursingboard.ie</p>	<ul style="list-style-type: none"> signed by the individual nurse or midwife signed and stamped with the official stamp of the organisation by the director of nursing/midwifery /public health nursing or relevant nurse and midwife manager of the Health Service Employer signed and stamped with the official stamp of the college by the head of school, director of nursing studies/designated person.
<p>An Bord Altranais Collaborative Practice Agreement (CPA) Form</p> <p>Accessible at http://www.nursingboard.ie</p>	<p>Accompanied by:</p> <ul style="list-style-type: none"> Attachment A: a general description of the practice setting to include population and conditions for which the Registered Nurse Prescriber has responsibility Attachment B: a listing of specific medications (generic name) and/ or categories of medications the Registered Nurse Prescriber is authorised to prescribe as per the Drugs and Therapeutics Committee Attachment C i) A description of the conditions, if any, the health service provider/employer has placed on the Registered Nurse Prescriber's prescriptive authority; ii) an outline of the requirements for the review and audit of Registered Nurse Prescriber prescriptive practices. If organisational requirement(s) i) and/or ii) of this attachment require the involvement and/or review by the Drugs and Therapeutics Committee, it should be noted; iii) if applicable, please attach a list of all other practice locations besides the primary organisation or practice setting detailed above. <p>Signed by:</p> <ul style="list-style-type: none"> the individual nurse or midwife collaborating medical practitioner(s) authorised representative of health service employer (for example, director of nursing, service manager). <p>Setting out:</p> <ul style="list-style-type: none"> collaborative practice agreement commencement date collaborative practice agreement review date.
Registration Fee	Cheque or bank draft made payable to An Bord Altranais.

Details of registration as a Registered Nurse Practitioner should be forwarded to the relevant Human Resource Department for inclusion on the individual's personnel file.

2.6.4 Step 12: Issue commencement letter

Each individual Registered Nurse Prescriber must receive formal authorisation from the health service provider to commence prescribing, on a specified date, within the health care setting where they are employed. This is communicated in the form of a commencement letter issued by the director of nursing/midwifery/public health nursing or relevant nurse and midwife manager on behalf of the health service provider. A sample commencement letter can be located in Appendix 13. It is important that this is not issued until all the structures are in place to support nurse and midwife prescribing, for example, the nurse and midwife prescribing policy.

Where appropriate at this stage the Registered Nurse Prescriber is issued with a prescription pad in accordance with the health service provider's policy for safe keeping of prescription pads. The health service provider may choose to introduce a specific nurse or midwife prescribing prescription pad or continue to use the existing prescription pads (used by medical practitioners) for nurse and midwife prescribing.

2.7 Mainstreaming Nurse and Midwife Prescribing

The purpose of the mainstreaming stage is to focus attention on the success of the introduction of nurse or midwife prescribing and on integrating and sustaining the new ways of working. This stage also focuses on mechanisms for monitoring, evaluation and continuous improvement. In the final stage, nurse and midwife prescribing is monitored and issues or risks that emerge are addressed.

2.7.1 Step 13: Communicate organisation-wide

It is helpful to develop a communication plan in terms of flow of information, timeliness, accessibility, and the methods to be used to disseminate information about the commencement of nurse or midwife prescribing within the health care setting. It is most important to show that the development is underway. Some suggested mechanisms for achieving this are set out in Table 2.12.

Table 2.12

Step 13: Communicate Relentlessly
Suggested Activities:
<ul style="list-style-type: none">• Announce the introduction of nurse or midwife prescribing at relevant department meetings• Arrange a health care setting celebration for the introduction of nurse or midwife prescribing• Issue letters of acknowledgement, thanks and congratulations to all involved in introduction of nurse and midwife prescribing• Send memos with details of new Registered Nurse Prescribers to relevant members of staff• Consider communication requirements outside the health service provider - for example, sharing the collaborative practice agreement medicinal products listing with community pharmacists and general practitioners• Prepare a feature article on the introduction of nurse or midwife prescribing for the health service provider's newsletter• Report the outcome of the introduction of nurse or midwife prescribing in the health service provider's and/or the department of nursing and midwifery annual report• Keep the board of directors/senior management team updated with briefing reports on the introduction of nurse or midwife prescribing• Include a section on the health service provider's website on nurse and midwife prescribing• Prepare a patient/service user information leaflet on nurse and midwife prescribing using frequently asked questions approach (see sample in Appendix 14)• Collect photographs and vignettes (stories) that describe the first days of the Registered Nurse Prescriber and patients/service users experience in each clinical area.

Source: Office of the Nursing Services Director, HR Directorate, Health Service Executive (2008)

Sharing of information about the new role with patients or service users in particular builds safety into the patient journey. The knowledgeable patient or service user is empowered to make informed choices that enable them and their carers to become partners in making decisions regarding treatment.

With this patient-centred focus in mind, the Office of the Nursing Service Director has developed a sample patient or service user information leaflet detailing relevant information regarding nurse and midwife prescribing (see Appendix 14). Health service providers may consider adapting the sample information leaflet for specialist areas and including the relevant site specific contact information (where appropriate). This information leaflet contributes to the overall patient safety and governance systems in place to ensure best practice and good patient or service outcomes.

Health service providers should also attend to how patients or service users and staff are reacting to the introduction of nurse and midwife prescribing and act appropriately and sensitively demonstrating openness to receiving feedback (positive and negative). The communication plan should describe how feedback will be received and acted upon.

2.7.2 Step 14: Monitor, audit and evaluate nurse and midwife prescribing

Each health care provider introducing nurse and midwife prescribing makes a commitment to monitor, audit and evaluate a Registered Nurse Prescriber's practice when submitting the student's application to college.

An aspect of monitoring is to verify that the prescriber is registered appropriately with An Bord Altranais. It is possible for health professionals and the general public to verify the prescribing status of each Registered Nurse Prescriber by checking the Nurses Register via:

- logging onto <http://www.nursingboard.ie> and going to the 'check the register' tab at the top right of the homepage
- entering the name and/or personal identification number (PIN), of the Registered Nurse Prescriber
- reviewing the registration information returned for the individual nurse or midwife
- telephoning An Bord Altranais at the 1890200116 (centre) to request a check for the nurse or midwife's registration.

A national structure to monitor prescribing was developed and provided for health service providers to use, through the development of the National Nurse and Midwife Prescribing Minimum Dataset and the provision, by the HSE Office of the Nursing Services Director of a web-based system to collect the requisite information in a user-friendly way. Details of the Nurse and Midwife Prescribing Data Collection System (accessible at <https://www.nurseprescribing.ie>) are provided in chapter four of this document.

There is also a requirement for all health care settings introducing nurse or midwife prescribing to have risk management structures in place. Risk Management is a framework for safe practice and is achieved through an open and 'blame-free' culture that supports staff in reporting mistakes and adverse or untoward incidents. It provides follow up with prompt investigation and also allows for learning from mistakes and the changing of behaviour and practices as a result of incidents, near misses and adverse events (Sale, 2005).

It is advised that an audit of a Registered Nurse Prescriber's practice be undertaken quarterly for the first year and biannually thereafter. Chapter Five of the document provides general advice to health service providers on the approach to the audit of nurse and midwife prescribing. Sample audit tools are provided in Appendices 16, 17 and 18.

Once nurse and midwife prescribing has been implemented, the health service provider should avail of the opportunity to evaluate and learn from the way the initiative was designed and implemented. This will ensure the service will continuously learn and improve in the future, and discontinue any activity that did not or will not prove successful. Key questions that might be reflected on at this stage are set out on table 2.13.

Table 2.13

Step 14: Evaluate Nurse and Midwife Prescribing	
Key Questions:	
<ul style="list-style-type: none"> • What was successful about implementing nurse and midwife prescribing in this health care setting? • What could we improve on for the next time? How can we ensure this happens? • What would we do differently? • Is each stakeholder satisfied with the way we implemented nurse and midwife prescribing? How do we know? • What are the outcomes of nurse and midwife prescribing? Are we monitoring and measuring these outcomes effectively? • What action do we need to take now to improve on implementing nurse and midwife prescribing and to make it more effective the next time for new candidate(s)? • Are the local support structures for nurse and midwife prescribing effective? How do we know? • How will we communicate this change on an ongoing basis throughout the health care setting? • Have we allocated responsibility for evaluating and monitoring nurse and midwife prescribing? 	

Source: Office of the Nursing Services Director, HR Directorate, Health Service Executive (2008)

2.7.3 Step 15: Build capacity for nurse and midwife prescribing

At this stage a critical mass understands how the new ways of working with nurse and midwife prescribers operates. The ongoing requirement for the project team/group established for the introduction of nurse and midwife prescribing should be reviewed. The support structures (for example subcommittee of the Drugs and Therapeutics Committee) that were found to be useful should be integrated into the health care setting. Consideration should be given to the approach to be adopted to continue to build the capacity within the health care setting for nurse and midwife prescribing, some fundamental questions include:

- How will cohorts of nurse or midwife prescribers be developed?
- Will there be a requirement for greater numbers to ensure seven day/24-hour availability of the service?
- How will the continuing professional development of existing Registered Nurse Prescribers be supported?

The HSE Office of the Nursing Services Director has established an *Irish Registered Nurse Prescribers eNetwork* as a support and a means of ongoing communication with the group following registration and commencement in practice. An invitation to join the eNetwork is issued to each Registered Nurse Prescriber.

Nurse and midwife prescribers have a number of ongoing responsibilities that are included as part of their practice. They must maintain their competence to ensure continued safe and effective practice within their scope of practice. Also the collaborative practice agreement is reviewed, amended as appropriate and submitted to An Bord Altranais annually. Minor amendments may be made throughout the year and submitted with the annual review and renewal.

2.8 Summary

Using the implementation framework for the introduction of prescriptive authority for nurses and midwives in individual sites contributes to the standardisation of this significant service development nationally. The Irish nursing and midwifery professions and key stakeholders are internationally recognised for creating new innovation in how this expanded role is adapted. This will have major implications in enhancing patient or service user care.

Having completed the step-by-step guide, the next chapter of this guidance document provides a comprehensive overview of the education programme for nurse and midwife prescribing.



CHAPTER THREE:

Education and Registration of Nurse and Midwife Prescribers

3.1 Introduction

The *Report of the Commission on Nursing: a Blueprint for the Future* (1998) identified the absolute importance of continuing education to the quality of service offered to patients and service users and the development and growth of professional nursing and midwifery. Continuing education was defined by the Commission as:

...a life long professional development process which takes place after the completion of the pre-registration nurse education programme. Continuing education consists of planned learning experiences which are designed to augment the knowledge, skills and attitudes of registered nurses and midwives for the enhancement of nursing and midwifery practice, patient client care, education, administration and research (Para 6.11).

The report *Building a Culture of Patient Safety* emphasises the importance of having a 'modern, competent health workforce which is fit for purpose and provides the patient or service user with appropriate care, delivered by the right person in the right environment'. The report goes on to state that health care professionals can no longer be regarded as 'trained for life' following qualification. International experience emphasises the importance of education, training and professional development in achieving a change in culture (Commission on Patient Safety, 2008).

The National Council for the Professional Development of Nursing and Midwifery's *Agenda for the Future Development of Nursing and Midwifery* (2003) examined the progress of nursing and midwifery following on from the Commission on Nursing (1998). It was identified following consultation with nurses and midwives that there were opportunities for nurses and midwives to expand their scope of practice and to further employ their skills, knowledge and professional experience, supported by education programmes and healthcare management. It was recognised that the prescribing of medicinal products was an essential area for advancement of the profession in continuing to meet the needs of service users.

The recent introduction of nurse and midwife prescribing in Ireland has resulted in the development of a specific comprehensive standardised education programme pertaining to prescribing. Registered Nurse Prescribers are required to exercise high levels of judgement and decision making in their clinical area in order to prescribe. It is recognised that appropriate preparation, education and demonstrated competence to practice are integral to the success of the extension of the role for nurse and midwife prescribers in their area of practice and for successful introduction of nurse or midwife prescribing in Ireland.

The education programme for prescriptive authority contains the essential elements that facilitate the development of professional knowledge, skills, attitudes and competencies necessary to meet the needs of patients and service users within the area of practice expansion (An Bord Altranais, 2007g).



This chapter gives an overview of all the elements associated with the education programme from application to completion of the programme.

3.2 Education Programme

In order to become a Registered Nurse Prescriber, nurses and midwives must successfully complete the Certificate in Nursing (Nurse/Midwife Prescribing) postgraduate education programme. This education programme, which is recognised at level 8 on the National Qualification Authority of Ireland (NQAI) framework, was developed following wide consultation and engagement with key stakeholders in order to have a national standardised programme.

The programme is approved by An Bord Altranais and currently is delivered twice each year at the School of Nursing, Royal College of Surgeons in Ireland (RCSI) and the Catherine McAuley School of Nursing and Midwifery, University College Cork (UCC). The higher education institutions and nurses or midwives commencing the approved education programme must complete the Application Form for Entry in the Candidate Register – Post Graduate for submission to An Bord Altranais. Successful completion of this programme enables graduates to apply for registration as a Registered Nurse Prescriber with An Bord Altranais.

3.2.1 Certificate in Nursing (Nurse/Midwife Prescribing)

The programme is designed to develop the professional knowledge base, practical skills and understanding of prescribing by providing nurses and midwives undertaking the programme with a structured learning programme that will facilitate the achievement of the competencies outlined by An Bord Altranais and the report on *Building a Culture of Patient Safety* 2008. The programme builds on life-long learning skills, the regulatory documents and relevant legislation and includes the skills of reflective practice, audit and monitoring.

There is a consistent standardised approach to the delivery of this programme nationally. Both programmes adhere to An Bord Altranais standards and requirements and have the same external examiner. The programme is delivered over a six-month period. This includes not less than 28 theoretical instruction days delivered in the college/s. Along with a minimum of 12 days (96 hours) clinical instructions and supervision, provided by the designated mentor, in the clinical area where the nurse or midwife will be prescribing. It is important to note that candidate nurse or midwife prescribers do not have authority to write prescriptions.

3.2.2 Requirements and standards

In April 2007 An Bord Altranais published a document *Requirements and Standards for Education Programmes for Nurses and Midwives with Prescriptive Authority* (2007g). This document provides guidance to third level institutions and health care institutions involved in the education of nurses and midwives in relation to the development, delivery and evaluation of education for nurse and midwife prescriptive authority. The document is broken into four sections:

- Section One looks at the *Nurses Rules* 2007(e) relevant to nurse or midwife prescribing.
- Section Two of the document gives a detailed description of; the entry requirements, learning outcomes, and competencies required for prescriptive authority and the syllabus indicative content.
- Section Three details the approval process for the educational providers for the provision of education for prescriptive authority.
- Section Four describes the standards for the approval of educational providers and health care providers involved in the delivery of such programmes.



3.2.3 Entry requirements for admission to education and training programmes

Nurses and midwives applying for admission to the education and training programme must satisfy the criteria determined by the higher education institutions and the Resource and Implementation Group on Nurse and Midwife Prescribing including:

- registration as a nurse or midwife on the Active Register of An Bord Altranais
- currently employed as a nurse or midwife in the voluntary and statutory services of the Health Service Executive
- minimum of 3 years post-registration clinical experience (within the past 5 years) with at least one year in the area in which prescribing is proposed
- possession of competencies recognised at level 8 of the NQAI framework
- demonstration of continuous professional development and ability to study at level 8
- support from employer to undertake programme
- nomination and confirmation of a designated medical practitioner mentor.

3.2.4 Learning outcomes

The purpose of the education programme for nurse and midwife prescriptive authority is to ensure that the nurse or midwife has the knowledge, skills and competencies to prescribe safely and effectively on completion of the programme. The learning outcomes associated with the programme are:

- Demonstrate a systematic understanding of the regulatory framework associated with prescribing, including the legislation and professional guidelines supporting safe practice.
- Critically utilise evidence-based knowledge and skill of patient or client assessment and consultation to achieve a holistic approach to patient or client care in the prescribing of medicinal products.
- Apply expert skills in clinical decision making in relation to prescribing medicinal products.
- Demonstrate a critical understanding of pharmacotherapeutics, pharmacodynamics and pharmacokinetics.
- Demonstrate knowledge of the role of the multidisciplinary team and effective communication processes involved in safe medication management.

3.2.5 Competencies for prescriptive authority

As with all qualifications registerable with An Bord Altranais there are five domains of competence associated with the nurse and midwife education programme for prescriptive authority (An Bord Altranais 2007g). The domains of competence identify the level the nurse or midwife must reach for prescriptive authority on completion of the education programme. The five domains of competence are:

- Professional and ethical practice
- Holistic approach to care
- Interpersonal relationships
- Organisation and planning of care
- Personal and professional development.

This competency framework ensures that the participants have obtained the skills of critical analysis, problem solving, decision making and reflective skills and abilities to enable them to practice safely in their expanded role.



3.2.6 Syllabus/indicative content

In order to meet the learning outcomes of the programme, An Bord Altranais has identified a number of areas of study required as part of the curriculum. The curriculum developers endeavour to ensure that the education programme is relevant and responsive to the most recent policy and legislative changes (An Bord Altranais, 2007g).

Table 3.1

Topics and Content of Education Programme

The following list of topics provide an indication of the content of the education programme. These topics are incorporated into the various modules of the programme.

- Law and ethics related to decision making in nurse prescribing
- Legislative and professional frameworks
- Risk management in medication management
- Clinical governance
- Audit
- Reflective practice
- The scope of practice and distinctions between accountability and responsibility
- Advocacy and empowerment in the prescribing role
- Interpersonal and communication skills
- Prescription writing and documentation
- Informed consent
- Principles of pharmacology, systematic pharmacology, pharmacodynamics, pharmacotherapeutics, pharmacovigilance and pharmacokinetics
- Principles of prescribing and good prescribing practices
- Pharmacoeconomics
- Prescribing for specific populations, applied biosciences to prescribing practice
- Medication error and organisational policy
- Influences on prescribing
- The role of the Irish Medicines Board
- History taking and physical assessment
- Requesting and interpretation of laboratory and diagnostic tests
- Diagnosis and decision making skills
- Use of non-pharmacological interventions in care planning
- Holistic and systematic assessment of patients/service users
- Patient/client education and preventative health care advice regarding medicinal products and disease management issues.

Source: School of Nursing, Royal College of Surgeons in Ireland (2007)

3.2.7 Programme structure

The programme is run in collaboration with the Schools of Nursing, Pharmacology and Medicine in the third level institutions and includes core modules such as professional accountability in nurse midwife prescribing, pharmacology and prescribing, and the systematic assessment and evaluation in patient or service user care. These core modules incorporate the syllabus/indicative content of the education programme identified by An Bord Altranais (2007g).

3.3 Assessments

A number of assessments are carried out during the six-month programme. These include a written examination, case studies, Objective Structured Long Examination Record (OSLER), reflective portfolio and an assignment on the development of the collaborative practice agreement.

An initial assessment is carried out in the first three weeks of the programme whereby the student agrees a learning contract with their mentor. This learning contract identifies the student's:

- learning needs
- learning objectives
- learning resources
- action plans/strategies
- target dates
- evidence required
- judging of evidence.

3.3.1 Examination

For the pharmacology and prescribing module students undertake a written examination. This involves multiple question/short answer technique. The assessment covers all aspects of the pharmacology and prescribing module and assesses each student's knowledge of medicinal products.

3.3.2 Case studies

Students are required to present a case study. This involves a comprehensive account of all stages of the process of history taking, an examination relating to the individual patient or service user, the decision regarding prescribing and the reporting systems in place. Students are also requested to provide pharmacological information for any medicinal product considered.

3.3.3 OSLER (Objective Structured Long Examination Record)

Students are asked to complete three OSLERS. These are completed in the clinical area and are assessed by the designated medical mentor. The mentor must be satisfied that the student can perform consistently in line with the standards and competencies for prescribing.

The elements assessed using the OSLER framework are:

- collection of clinical data by effective history taking and examination
- identification of the patient or service users problem/s
- formulation of differential diagnosis
- planning of investigations and management.

3.3.4 Reflective portfolio

The purpose of completing the reflective portfolio is to demonstrate and evaluate the use of effective communication, critical thinking, proficient skills and assessment of established professional values. The portfolio also demonstrates the student's ability to link theory with practice.

3.3.5 Collaborative practice agreement

For this assignment the student describes and analyses the process of developing their individual collaborative practice agreement. This assignment introduces a practical element into the programme and streamlines the transition from student to Registered Nurse Prescriber.



3.4 Application Process

Nurses and midwives from all clinical areas who are currently employed in the voluntary or statutory services of the HSE can apply to undertake the programme provided they meet the entry criteria (see Section 3.2.3). Applicants must forward the completed application form together with a signed *Site Declaration Form* to the relevant third level institution by the closing date identified on the application form.

In order for an applicant to be accepted on the education programme there is a requirement on the health service provider, the nurse or midwife and the designated mentor to each fulfil a set of requirements which include:

- Health Service Provider – must provide a *Site Declaration Form* signed by the director of nursing/ midwifery/public health nursing or relevant nurse and midwife manager on behalf of the health service provider.
- Individual nurse or midwife – must meet the entry criteria of the higher education institutes.
- Mentor – must also sign the *Site Declaration Form* as a commitment to act as a mentor and provide instruction and supervision within the specific clinical practice area for the duration of the education programme.

3.4.1 Application form

Application forms are available to download from the higher education institutions websites. It is essential that all sections of the application form are completed as incomplete forms will not be accepted. A completed *Site Declaration Form* (see Appendix 7) must accompany the application form.

3.4.2 Site Declaration Form

In order to be accepted to the education programme a signed *Site Declaration Form* must be submitted together with the application form to the relevant higher education institute.

Table 3.2

Purpose of the <i>Site Declaration Form</i>
<p>The purpose of this <i>Site Declaration Form</i> is to declare that the health service provider has:</p> <ul style="list-style-type: none"> • a firm commitment from the health service provider/health care setting board/Chief Executive Officer or medical director/chairman of medical board/clinical directorate to support the introduction of nurse or midwife prescribing in their health care setting • an organisational policy for nurse or midwife prescribing (or will have a policy in place by the time the nurse or midwife completes the education programme) • an ability to demonstrate that the health service provider can safely manage and quality assure prescribing practices • risk management systems in place and processes for adverse event reporting, incident reporting, reporting of near misses and reporting of medication errors • in place robust and agreed collaborative practice agreements • identified a named medical practitioner who will agree to develop the collaborative practice agreement (CPA) with the nurse or midwife • appropriate monitoring arrangements established including a named collaborating medical practitioner for each nurse or midwife • a commitment to continuing education for staff supporting the prescribing initiative • in place, or have access to, a Drugs and Therapeutics Committee • in place local arrangements to oversee the introduction of nurse or midwife prescribing and ensure local evaluation • a named individual with responsibility for overseeing the initiative locally (prescribing site coordinator) • ability to comply with and ensure data input for the Nurse and Midwife Prescribing Data Collection System • provision for the nurse and midwife prescriber to have access to a computer, email and internet for data input to the Nurse Midwife Prescribing Data Collection System • a system to share details of the registered nurse prescribers scope of practice and prescriptive authority with relevant health professionals • a mechanism in place to audit nurse or midwife prescribing practices.

Source: Office of the Nursing Services Director, HR Directorate, Health Service Executive (2008)

3.5 Mentorship

The clinical element of the education programme is provided in the specific clinical area where the nurse or midwife is practising. Instruction, support and supervision equivalent to 12 days (96 hours) is provided by the dedicated medical practitioner who acts as a mentor for the duration of the programme.

The mentor, a senior medical practitioner within the specialist area of practice, is chosen by the participant, in consultation with the health service provider. The mentor signs the *Site Declaration Form* to confirm their commitment to the process.

A mentor is described as 'an appropriate qualified and experienced health professional who by example and facilitation guides, assists and supports the student in learning new skills, adopting new behaviours and acquiring new attitudes' (Quinn, 2000). Effective mentorship is dependent on establishing positive personal relationships whereby the mentee and the mentor come to know, respect and trust each other.

The approach to mentorship should be developed on an individual basis and will vary from student to student.

3.5.1 Mentor responsibilities

The mentor has a range of responsibilities which includes:

- At the start of the course explore with the student their clinical learning needs and agree a programme/contract for learning. This is specific for each student, reflecting the differing clinical skills and experience of each student.
- Provide the student with supervision, support, teaching and learning opportunities equivalent to 12 days (96 hours) over the duration of the course. Aspects of this learning may be delegated to other experienced members of the team.
- Meet formally with the student at three and six months to review progress.
- Assess achievement of competence in practice (using the An Bord Altranais competency framework).
- Formally assess the student prescriber's progress in the clinical setting using the assessment tool provided by the third level institute; e.g. Objective Structured Long Examination Record (OSLER).
- At the end of the six-month period, complete and 'sign off' the student's Competency Booklet.

3.5.2 Support for mentor

Support for the mentor is provided by the higher education institutes. The programme coordinators:

- Provide an introductory session for the mentors for each programme
- Provide individual mentor information packs
- Undertake site visits to the clinical areas
- Provide ongoing support as required.

The role of the mentor has been identified as one of the most important contributions in the preparation of the nurse or midwife for their extended role in prescribing.



3.6 Registration Process

Nurses and midwives who have successfully completed the six-month education programme on nurse and midwife prescribing will be notified by the relevant third level institute.

In order to register as a nurse or midwife prescriber, nurses and midwives must complete the An Bord Altranais application form and supply a number of documents together with the registration fee to the Nursing Board. A Flowchart for Application and Registration Process for the Registered Nurse Prescribers Division setting out the requirements is available from An Bord Altranais website <http://www.nursingboard.ie>.

3.6.1 Application form for registration

The application form for registration is completed by the candidate nurse or midwife prescriber signed by the director of nursing/midwifery/public health nursing or relevant nurse and midwife manager. The application form is then forwarded to the Head of School of Nursing and Midwifery in the relevant third level institute for signing and returned to the candidate.

The application form together with the authorised collaborative practice agreement and attachments and the registration fee is forwarded to the Registration Office in An Bord Altranais (Registration form and collaborative practice agreement forms are available from An Bord Altranais website <http://www.nursingboard.ie>).

3.6.2 Collaborative Practice Agreement

The collaborative practice agreement and attachments are completed by nurse or midwife and collaborating medical practitioner. The document is then presented to the Drugs and Therapeutics Committee for approval of the medicinal products listing. Once the medicinal products list is approved by the Drugs and Therapeutics Committee, the collaborative practice agreement is signed by the nurse or midwife, the director of nursing/midwifery/public health nursing or relevant nurse and midwife manger and collaborating medical practitioner(s).

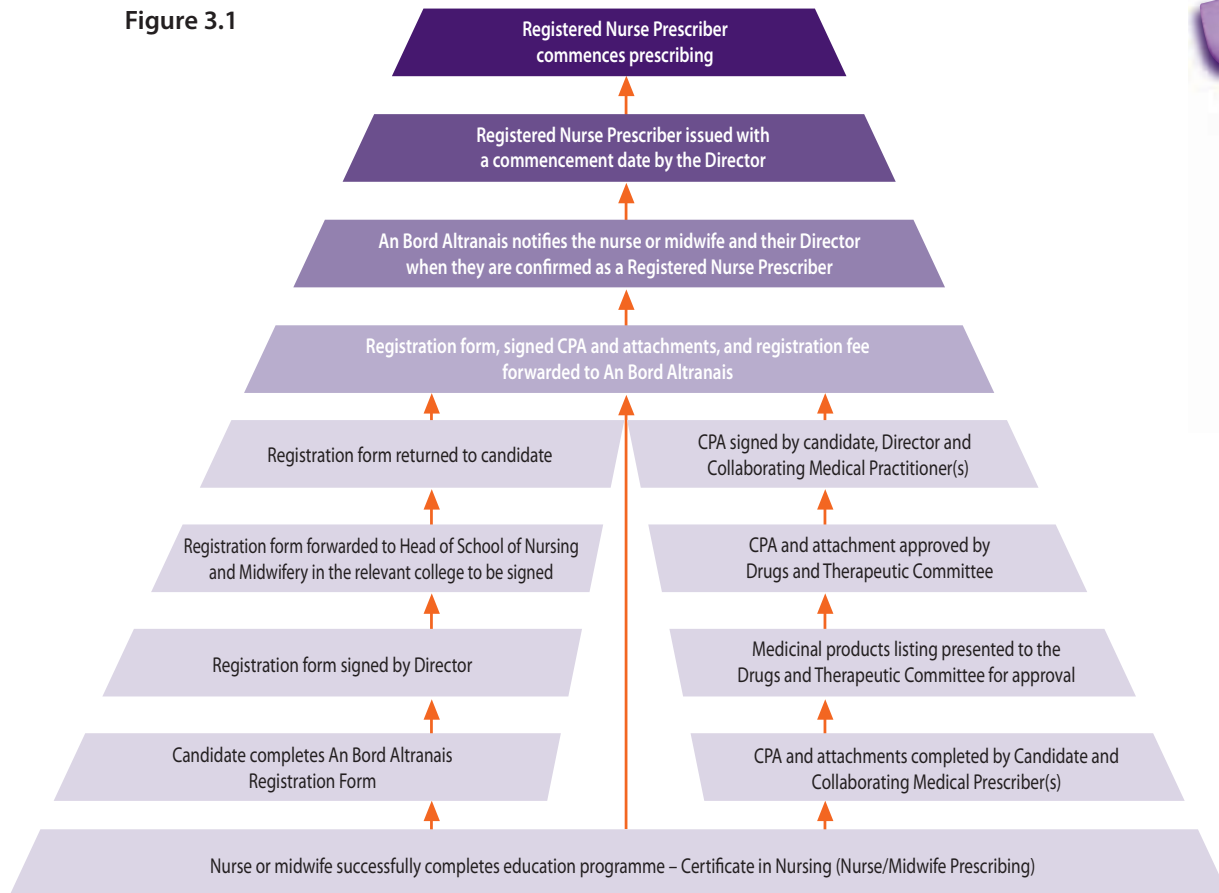
Both documents are forwarded to An Bord Altranais by the candidate nurse or midwife prescriber with the appropriate registration fee. A copy of the collaborative practice agreement is filed on record in the office of director of nursing/midwifery/public health nursing or relevant nurse and midwife manger.

3.6.3 Registration

When the application for the nurse or midwife to have their name entered onto the Nurse Prescriber Division of the Register is successful, An Bord Altranais will notify the nurse and midwife and their director of nursing/midwifery/public health nursing or relevant nurse and midwife manager in writing. On an on-going basis An Bord Altranais will note if the registrant has a valid collaborative practice agreement or not on their website.

When the governance structures are in place the director of nursing/midwifery/public health nursing or relevant nurse and midwife manager will notify the Registered Nurse Prescriber in writing of the commencement date for their prescriptive authority.

Figure 3.1



Source: Office of the Nursing Services Director, HR Directorate, Health Service Executive (2008)

3.7 Funding of the Certificate in Nursing (Nurse/Midwife Prescribing)

The HSE funds nurses and midwives who are currently employed in voluntary and statutory services of the HSE to undertake the education programme. The higher education institutes delivering the programme are paid directly by the HSE. Replacement costs for nurses and midwives undertaking the programme are borne by the health service provider locally.

3.8 Summary

Nurse and midwife prescribing has provided a great opportunity for nurses and midwives to expand their roles to meet the needs of the patients or service users within their area of practice. The development and delivery of a national standardised education programme discussed in this chapter has facilitated nurses and midwives to develop the professional knowledge, skills, attitudes and competencies necessary to fulfil their role as Registered Nurse Prescribers.

CHAPTER FOUR:

Monitoring Nurse and Midwife Prescribing

4.1 Introduction

Monitoring is a key component of any significant change, particularly in a critical area such as prescribing medicinal products. The Resource and Implementation Group on Nurse and Midwife Prescribing identified the need to make explicit the actual practice of the new discipline of prescribers and ensure a robust system was in place to monitor such a significant change in service delivery across the county. This was achieved by developing a *National Nurse and Midwife Prescribing Minimum Dataset* to be used by every Registered Nurse Prescriber from their first day in practice as a prescriber.

4.2 National Nurse and Midwife Prescribing Minimum Dataset

The development of the system was guided by a subgroup of the Resource and Implementation Group. Key to the success was the direct involvement of users of the system, including representatives from information communication technology departments, Health Service Executive, directors of nursing and midwifery and candidate nurse prescribers. The group also benefited greatly from the assistance of An Bord Altranais, the State Claims Agency, the National Council for the Professional Development of Nursing and Midwifery, the Pharmaceutical Society of Ireland and the Department of Health and Children.

4.2.1 Purpose

The purpose of creating a national minimum dataset was to allow each individual nurse and midwife prescriber to report on the number of prescriptions written by them and for what principal clinical indication (prophylaxis, diagnosis or treatment) over the two-year review period of the implementation of nurse and midwife prescribing.

4.2.2 Standard definitions

A reference group was used to identify the items required for the minimum dataset. The focus was on identifying the essential information required for monitoring at local, regional and national levels. Each item of the dataset was screened against the following tests:

- specific and complete
- unambiguous and clear
- understandable and objective
- realistic and feasible to collect
- data quality and comparability
- user protection
- data protection
- collectable at point of care

This process yielded 12 items for the national minimum dataset. These are outlined in Table 4.1.



Table 4.1: Minimum Dataset - Standard Definitions

Data Field	Definition
Site	Name (title) of employer (specific organisation/service) where the nurse/midwife prescriber is employed.
Personal Identification Number (PIN)	Personal Identification Number (PIN) issued by An Bord Altranais for each individual nurse/midwife on the Register of Nurses maintained by the Board. <i>The PIN number is written on every prescription as required by legislation</i>
Clinical Area	Clinical area of authorised prescriber's practice within the place of employment e.g. Emergency Department, Midwifery, Home Care, Occupational Health, Diabetic Services, Addiction Counselling. <i>Only one clinical area can be attributed to each Registered Nurse Prescriber</i>
Date	Date on which the prescription was written, expressed in European format e.g. DD/MMM/YYYY (three-letter month).
Shift	Time period during which the prescription was written <ul style="list-style-type: none"> • Morning (08:00-11:59) • Afternoon (12:00-15:59) • Evening (16:00-19:59) • Night (20:00-07:59).
Medical Record Number (MRN)	Medical Record Number (MRN) of the patient for whom the prescription was written. Each patient is assigned a unit number which is printed on the outside of the healthcare record chart and used as a unique identifier for that patient. If the organisation does not use a MRN use first initials and date of birth as follows: first initial of first (given) name and first initial of surname (family) followed by date of birth DD/MM/YYYY e.g. MF08112007.
Prescription Mode	Medium by which the prescription was written: <i>Medication Record (Kardex)</i> Pre-printed card used for patients/service users who are in the hospital/service overnight or attending for day care treatments <i>Prescription Pad</i> Written prescription given to a patient/service user attending a clinic or being discharged for use at home <i>Electronic Prescription</i> Information communication system used for inputting, transmitting and/or printing a prescription for patients/service users.
Clinical Indication	Principal clinical indication for which the drug is being prescribed: <i>Prophylaxis</i> The administration of drugs to preserve health, reduce the number of carriers of a disease or prevent others contracting disease (adapted from Stedman's Medical Dictionary, Lippincott Williams and Wilkins, 2006) <i>Diagnosis</i> The determination of the nature of a case of disease (Stedman's Medical Dictionary, Lippincott Williams and Wilkins, 2004) <i>Treatment</i> Treatment aimed at reversing the causal factor in a disease (Stedman's Medical Dictionary, Lippincott Williams and Wilkins, 2004).
Medicinal Product	Official name of the medicinal product. Where possible generic name should be used. When not appropriate the brand name is acceptable. Abbreviations for the drug name should not be used. <i>The generic name indicates the active ingredients of the medication unlike the brand name (trademark) of a drug which is coined by the manufacturer in agreement with the regulating agencies.</i>
Dose	The quantity (specified amount) of medication to be administered at any one time expressed in the relevant standard unit of measurement.
Frequency	The number of doses within a given time period.
Route	The path by which the medicinal product, fluid or other substance is administered.

Source: Resource and Implementation Group on Nurse and Midwife Prescribing, 6 December 2007



4.3 Nurse and Midwife Prescribing Data Collection System

At an early stage it was recognised that many health service providers did not have sufficient processes in place to conduct monitoring, so an electronic system needed to be developed to collect the information. The HSE Office of the Nursing Services Director commissioned the development of an information technology system to provide a simple, user-friendly, readily accessible way of collecting and reporting the information in a comparable format. Funding was provided by the HSE and the contract was awarded to the company Client Solutions Limited in early January 2008. The system (Version 1.0) was first used in early February 2008.

The system, the Nurse and Midwife Prescribing Data Collection System, is a web based application used for the retrospective recording of prescription information. This Information Communication Technology system was developed to enable Registered Nurse Prescribers to report on their practice in a simple and effective manner. It is a requirement for each Registered Nurse Prescriber to use the system. It is not a prescribing system, and is not used for recording clinical or patient information.

4.3.1 Purpose of the system

The purpose of this system is to provide each individual nurse and midwife prescriber with a simple electronic user-friendly mechanism with which to record minimum details in relation to each prescription written by them and thereby report in a standardised way on their prescribing activity over given time periods.

4.3.2 Accessing the system

The system can be accessed at <https://www.nurseprescribing.ie>, which is the main landing page for the system. Login to the system is restricted to Registered Nurse Prescribers and authorised users who have been provided with a password to accompany their username, which is their An Bord Altranais (PIN). Other features of the system include:

- The system is password protected - access is role-based and restricted to the Registered Nurse Prescriber(s), the prescribing site coordinator and the director of nursing/midwifery/public health nursing or relevant nurse and midwife manager for the health care setting.
- For ease of use, registration is self-service and online. New users are requested to submit a registration request for verification and approval by the system administrator at the Office of the Nursing Services Director.
- Passwords are system generated, unknown to any other person, and issued when confirmed that the applicant's name is on the Registered Nurse Practitioners Division of the register maintained by An Bord Altranais.



Figure 4.1: Login Screen



Source: Office of the Nursing Services Director, HR Directorate, Health Service Executive (2008)

4.3.3 User roles

As the title indicates the system is a nursing and midwifery system and use is confined to relevant members of the professions. For security and access purposes, users are assigned to security roles. These roles govern the functionality available to each individual user.

Within each health care setting, people who can access the system include:

- individual Registered Nurse Prescribers
- prescribing site coordinator (link person with delegated responsibility for the introduction of nurse and midwife prescribing)
- director of nursing/midwifery/public health nursing or relevant nurse and midwife manager for the health care setting.

Within the Office of the Nursing Services Director, people who can access the system include:

- HSE area assistant director of nursing and midwifery with responsibility for area implementation (Prescribing Area Coordinator)
- HSE director of nursing and midwifery with responsibility for national implementation (Prescribing National Coordinator)
- application administrator.

4.3.4 Description of the system

The system has an intuitive user interface to allow maximum flexibility relating to the recording of prescription information, while simultaneously minimising the amount of data entry required by the Registered Nurse Prescriber. The most important features are that it:

- is user-friendly
- requires minimum time input (30 seconds for each prescription)
- offers a structured, standardised approach
- uses an intuitive logic and is based on existing skills (point and click)

- requires minimal training
- includes an automated password functionality incorporating response for forgotten password
- is easy for Registered Nurse Prescribers to maintain their own user profile
- accessible via web to ensure optimum accessibility and availability of the system
- provides a tool to demonstrate the scope of Registered Nurse Prescriber practice and continuing competence
- allows for immediate availability of standard reports at four levels (Registered Nurse Prescriber, organisation, HSE area and nationally)
- incorporates a robust security model.

The system design comprises a navigation column that appears consistently on every screen. The features of the navigation bar are set out on Table 4.2.

Table 4.2: Navigation Features

Section	Purpose
New Prescription	Allows the Registered Nurse Prescriber (RNP) to record the prescription information (minimum dataset). There are two screens prescription header and prescription list for completion.
Last Prescription	Assists the Registered Nurse Prescriber to identify the last prescription entered to the system.
Search Prescriptions	Enables a user to search for saved prescriptions over a time period. The action is dependent on the role of the logged-in user.
My Profile	Allows users to update their own details, and select from a master list of medicinal products the names of drugs they have prescriptive authority to prescribe within their scope of practice.
Medicinal Products	Allows the Registered Nurse Prescriber to select from an 'available medicinal products' list (over 1,500 products by generic name) of the drugs relevant to their own collaborative practice agreement. Once saved, this list appears in the drop down list for prescription input each time the RNP logs on to use the system.
Reporting	Allows the user to run a suite of standardised reports, for a selected period of time, dependent on the role of the logged-in user.
Glossary	Leads the user to the standard definitions for the minimum data set and information for all terms used in the system.
Resources	Provides access to key support material for Registered Nurse Prescribers.
Notice Board	Provides for notices to be shared among system users and the Office of the Nursing Services Director.
Privacy Statement	Leads the user to the detailed statement.
User Guide	Provides help and contact details for the system support team.
Log out	Provides a quick exit from the system.

Source: Office of the Nursing Services Director, HR Directorate, Health Service Executive (2008)

4.3.5 Recording prescriptions

The structure comprises a navigation bar and three simple screens for prescription input. Input for a prescription item takes less than 30 seconds and involves 13 simple clicks. It is based on point and click and drop down menus. No new skills are required for the use of the system.

The medicinal products entered in the system are selected by the individual Registered Nurse Prescribers and are those named on their collaborative practice agreement. Registered Nurse Prescribers are reminded that when prescribing and reporting on their practice they must select only medicinal products for which they have prescriptive authority.

Figure 4.2: New Prescription Input Screen

Source: Office of the Nursing Services Director, HR Directorate, Health Service Executive (2008)

Where possible each prescription written should be input to the system on the date of issue, thus preventing a back log of information for input.

4.3.6 System resources

The system has inbuilt resources; for example, each screen has access to the standard definitions for the minimum dataset and a glossary for all terms used is incorporated. There is also a noticeboard facility whereby all system users can submit information for posting to the system application administrator. A specific resources page with links to relevant documents and websites is provided. The Office of the Nursing Services Director makes a subscription to the *Journal of Nurse Prescribing* (along with 12 other specialist nursing journals) and this is made available to all users when they log on to the system.

4.3.7 Security

The system ensures security, privacy and confidentiality are maintained, and is in compliance with the requirements of the Data Protection Acts, 1988 and 2003. A privacy statement is incorporated. All information is entered retrospectively and is not linked in any way to individual patients or service users. The patient's medical record number (MRN) is used only as a unique identifier to count the number of patients or service users treated. The number is encrypted and is not reported. Patient or clinical information is not recorded in the system. As with all medical records the information input is owned by the health service provider where the service is delivered.

Another security feature is that the session and authentication timeouts are set to five minutes. This means that after five minutes of inactivity, the user is logged out of the system, and any unsaved information is lost. To protect user passwords the person attempting to login is locked out after five failed attempts.

4.3.8 Organisational support for system use

Each health service provider agrees to monitor and evaluate the introduction of nurse and midwife prescribing when completing the Site Declaration Form supporting the student's application for a place in college for the Certificate in Nursing (Nurse/Midwife Prescribing). The use of the *Nurse and Midwife Prescribing Data Collection System* is a central component of the monitoring process and is specifically listed as a requirement on the Site Declaration Form (see Appendix 7). Each health service provider commits to providing the Registered Nurse Prescriber with access to a computer, email and internet for data input and also to ensure compliance with data input on an ongoing basis.

4.4 Education and training

Personnel from the Office of the Nursing Service Director provide demonstrations and training sessions to all users of the system prior to their application for registration. The sessions are generally one-and-a-half hours in duration and are provided in the following manner:

- on site in an IT training rooms or the clinical setting
- during the lecture programme while the candidate nurse and midwife prescribers are in college
- at meetings with the prescribing site coordinators.

A certificate of attendance is provided to all attendees at training sessions for inclusion in their professional portfolio.

4.4.1 User manuals

Individual user manuals providing a step-by-step guide on how to use the system are provided for:

- Registered Nurse Prescribers
- prescribing site coordinators and director of nursing/midwifery/public health nursing
- national and area HSE coordinators
- the system application administrator.

A hard copy of the relevant user manual is provided during the training session and is also available electronically within the system.

4.5 Output of monitoring

The major output from the system is the ability to immediately answer questions in relation to the prescribing practice of nurses and midwives either by using standard reports or the search and export function.

4.5.1 Standardised reports

The key outputs from the system are the immediate availability of reports in standardised format, ready for export and printing, specifically tailored to the various system users. Report running privileges are role-based, and reports can be run by Registered Nurse Prescribers, each health care setting prescribing site coordinators/ director of nursing/midwifery/ public health nursing or relevant nurse and midwife manager, HSE area and national Coordinators and the application administrator. Table 4.3 provides details of the available reports.



Table 4.3: Standard Reports

Role	Number	Report Title
Registered Nurse Prescriber	1.01	Individual RNP Report: Activity Summary for Days of the Week
	1.02	Individual RNP Report: Medicinal Product Frequency by Route
	1.03	Individual RNP Report: Medicinal Product Frequency by Clinical Indication
	1.04	Individual RNP Report: Route Frequency by Medicinal Product
	1.05	Individual RNP Report: Clinical Indication Frequency by Medicinal Product
	1.06	Individual RNP Report: Prescription Detail Listing
Prescribing site coordinator / director	2.01	Director / Site Coordinator: Detailed Report by Clinical Area
	2.02	Director / Site Coordinator: Summary Report by Clinical Area
	2.03	Director / Prescribing Site Coordinator: Medicinal Product Frequency Summary Report
	2.04	Director / Site Coordinator: Schedule 8 Medicinal Products Report
HSE Office of the Nursing Services Director Assistant Director of Nursing and Midwifery	3.01	Area Coordinator: Detailed Report by Clinical Area
	3.02	Area Coordinator: Summary Report by Clinical Area
	3.03	Area Coordinator: Medicinal Product Frequency Summary Report
HSE Office of the Nursing Services Director of Nursing and Midwifery	4.01	National Coordinator: Detailed Report by Clinical Area
	4.02	National Coordinator: Summary Report by Clinical Area
	4.03	National Coordinator: Medicinal Product Frequency Summary Report
System Application Administrator	9.01	Administrator Report: Highest Education Level
	9.02	Administrator Report: RNP Clinical Grade

Source: Office of the Nursing Services Director, HR Directorate, Health Service Executive (2008)

4.5.2 Search and export information

The search facility is an important characteristic of the system as it allows the user to identify parameters under which to search and retrieve information from the database. The facilities for search are determined by the logged in user. It is not possible for a user outside the health service provider to search back to individual prescriptions. The criteria for each search can be specified by the user. This function allows the user to respond to specific or infrequent queries not covered by the information contained in the standard reports. The information retrieved through the search function can be readily exported to excel in a preformatted manner.

4.6 Benefits of the Nurse and Midwife Prescribing Data Collections System

Health service providers currently using the system have identified many benefits to the nationally-agreed approach to monitoring, and the availability of the information communication technology system, such as:

- accessibility in that the system can be used in any location where there is web access
- the fact that the system is centrally administered and funded, thereby ensuring that there are no additional requirements on local information communication technology departments.
- security and confidentiality of the system
- ability to retrieve any aspect of the information entered in the system using the search function
- ability to run standard reports on prescribing activity over a given time period (this function is automated)
- transparency, comparability in relation to the activity of nurse and midwife prescribers.
- functionality to prepare, print, export, save or email reports immediately when required.
- capacity to export information, pre-formatted, for further analysis and research
- a key resource for Registered Nurse Prescribers to demonstrate their continuing competence within their area of prescriptive authority.
- an important mechanism for clinical supervision among Registered Nurse Prescribers and the interdisciplinary team
- access to resources - journals articles and texts, related to prescribing including links to key websites
- a tool for use as the basis for undertaking audit of prescribing activity
- links to other Registered Nurse Prescribers and the *Office of the Nursing Services Director* through the notice board section of the system.

4.7 Further Information

For further information in relation to the use of the system please contact the Application Administrator at the Office of the Nursing Services Director, Dr. Steevens Hospital, Dublin 8 or telephone 01-6352471 or by email at nursing.services@hse.ie



CHAPTER FIVE:

Audit of Nurse and Midwife Prescribing

5.1 Introduction

Audit of nurse and midwife prescribing is considered essential in order to support best practice. It is also a requirement of the health service provider to ensure there is a mechanism in place to audit the introduction of this initiative. A separate guidance document entitled the *Introduction to Audit of Nurse and Midwife Prescribing: Guidance for Health Service Providers* was published by the Office of the Nursing Services Director in May 2008(a). The content of the publication is summarised within this chapter to assist health service providers within the voluntary and statutory services of the Health Service Executive to monitor the activity and audit prescription writing standards of Registered Nurse Prescribers. It also lays the foundation for subsequent audits into clinical decision making, appropriateness of prescribing and patient outcomes. This information may be used by individuals or audit groups to set and agree the audit objectives for nurse and midwife prescribing, and as a general guide to the process of auditing and the reporting of audit findings.

This chapter is broken into four main sections: legislation, regulatory framework and essential criteria; planning an audit; monitoring prescribing activity; and auditing prescription writing. The sections 'monitoring prescribing activity' and 'auditing prescription writing' each contain workable examples which can be used as a quick-reference guide. 'Useful Resources for Audit' have been identified and are included in the Appendix 15. These include the Health Service Executive's e-learning centre, which provides a 'Clinical Audit' module that teaches the principles of clinical audit.

It is anticipated that this information will serve as comprehensive resource for health service providers engaging in the auditing of nurse and midwife prescribing, helping to fulfil this vital element of the initiative.

5.2 Legislation, Regulatory Framework and Essential Criteria

In undertaking an audit of nurse and midwife prescribing practices, health service providers must be familiar with local audit structures, the legislation and regulations governing nurse and midwife prescribing, and the essential criteria for health service providers. They should also be aware of the relevant An Bord Altranais guidance documents.

5.2.1 Legislation

The legislation underpinning nurse and midwife prescribing includes:

- *Irish Medicines Board (Miscellaneous Provisions) Act 2006* (No. 3 of 2006)
- *Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2007* Statutory Instrument No. 201 of 2007
- *Misuse of Drugs (Amendment) Regulations 2007* Statutory Instruments No. 200 of 2007.



In particular, the regulations associated with the *Irish Medicines Board (Miscellaneous Provisions) Act 2006* attach the following conditions which must be met where nurse or midwife prescribing takes place:

- The nurse or midwife must be employed by a health service provider in a hospital, nursing home, clinic or other health service setting (including any case where the health service is provided in a private home).
- The medicinal product is one that would be given in the usual course of service provided in the health service setting in which the nurse or midwife is employed.
- The prescription is issued in the usual course of the provision of that health service.
- An Bord Altranais registration number, also known as the Personal Identification Number (PIN), must be stated on the prescription.

5.2.2 Regulatory framework

The nurse and midwife prescribing audit should reflect the regulatory framework and be developed in conjunction with the guidance documents issued by An Bord Altranais including:

- *Requirement and Standards for Education Programmes for Nurses and Midwives with Prescriptive Authority* (2007g)
- *Practice Standards for Nurses and Midwives with Prescriptive Authority* (2007f)
- *Collaborative Practice Agreement for Nurses and Midwives with Prescriptive Authority* (2007a) second edition
- *Decision-Making Framework for Nurses and Midwives with Prescriptive Authority* (2007b)
- *Nurses Rules 2007(e)*
- *Guidance to Nurses and Midwives Regarding Ethical Conduct of Nursing and Midwifery Research* (2007d)
- *Guidance to Nurses and Midwives on Medication Management* (2007c)
- *Recording Clinical Practice – Guidance to Nurses and Midwives* (2002)
- *Guidelines for Midwives, 3rd Edition* (2001)
- *Review of the Scope of Nursing and Midwifery Practice Final Report* (2000a)
- *The Code of Professional Conduct for Each Nurse and Midwife* (2000b).

5.2.3 Essential criteria for health service providers

The Resource and Implementation Group on Nurse and Midwife Prescribing (2007) identified essential criteria that must be met by a health service provider in order to participate in the prescribing initiative. Audit was clearly identified as an important component. The criteria include:

- an organisational policy for nurse and midwife prescribing
- an ability to safely manage and quality assure prescribing practices
- risk management systems in place and processes for adverse event reporting, incident reporting, reporting of near misses and reporting of medication errors
- robust and agreed collaborative practice agreements including access to a Drugs and Therapeutics Committee, the ability to comply and ensure data input for the Nurse and Midwife Prescribing Data Collection System
- a mechanism to audit the introduction of nurse and midwife prescribing practices.

5.3 Role of the Nurse and Midwife Prescribing Data Collection System

A detailed description of the Nurse and Midwife Prescribing Data Collection System is set out in chapter four of this document. All nurse and midwife prescribers are required to enter details of prescriptions written by them into this system. The system is accessed via the internet at <https://www.nurseprescribing.ie> and enables analysis of prescribing activity through running reports from the system. Information from this system can be used to provide data which can be analysed and interpreted for the purpose of monitoring prescribing activity.

The dataset comprises the following 12 items with corresponding standard definitions for each item:

- prescribing site
- Registered Nurse Prescriber - Personal Identification Number (PIN)
- clinical area
- date
- shift
- patient - medical record number (MRN)
- prescription mode (medication record, prescription pad or electronic)
- clinical indication (prophylaxis, diagnosis or treatment)
- medicinal product
- dose
- frequency
- route.

The availability of information from the Nurse and Midwife Prescribing Data Collection System is the base for audit of the individual Registered Nurse Prescribers prescribing practice.

5.4 Planning the Audit

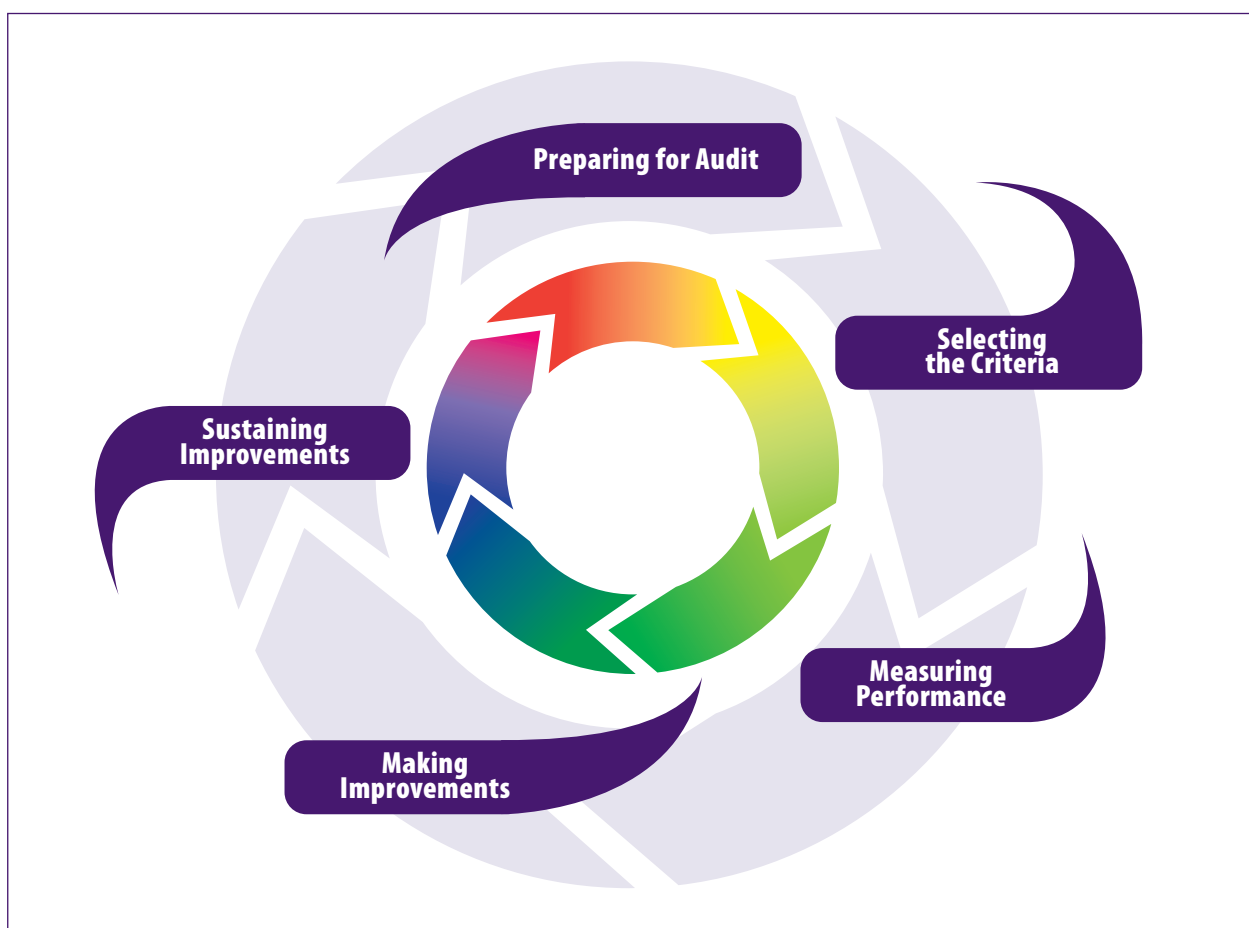
This section provides guidance on preparing, planning and undertaking audit of nurse and midwife prescribing processes, adhering to best practice in clinical audit.

5.4.1 What is audit?

The *Quality and Risk Management Standard* (Health Service Executive, 2007) criterion four defines Clinical and Healthcare Audit as a process which '...involves comparing current practice to evidence-based best practice in the form of standards, identifying areas for quality improvement and implementing changes to practice to meet the standards' (p.7).

Clinical audit is a quality improvement process that seeks to improve patient or service user care and outcomes through systematic review of care against explicit criteria and the implementation of change (National Institute of Clinical Excellence, 2002). The objective of clinical audit is to measure and improve the quality of patient or service user care, investigate measures of outcome and compare these across centres and patient or service users groups (Health Service Executive, 2008a). It is particularly important to audit the outcomes of nurse and midwife prescribing, as it is a new initiative. An example of the clinical audit cycle is outlined in Figure 5.1.

Figure 5.1: The Healthcare Audit Cycle



5.4.2 Where to start?

Audit of nurse and midwife prescribing is required at multiple levels throughout the health care setting. A number of tools are available through the Office of the Nursing Services Director to support the process, including the Nurse and Midwife Prescribing Data Collection System, and the publication *An Introduction to Audit of Nurse and Midwife Prescribing: Guidance for Health Service Providers* (2008a).

Donabedian (1980) provides one example of the components of clinical audit in his classification of structure, process and outcome, which are as follows:

- **Structure:** this relates to the setting and resources that are in the health care setting to support nurse and midwife prescribing. In ensuring these are in place, the audit group may refer to the *Site Declaration Form* and the *Essential Criteria* identified by the Resource and Implementation Group on Nurse and Midwife Prescribing.
- **Process:** this focuses on the organisational processes, for example, individual Registered Nurse Prescriber's activity and practice of prescription writing. The audit group can access information

on this area in the publication *An Introduction to Audit of Nurse and Midwife Prescribing: Guidance for Health Service Providers*.

- **Outcome:** this evaluates the effect of clinical decision making and practice on patient or service users outcomes. This can be achieved by identifying and measuring performance indicators.

5.4.3 Performance indicators

As nurse and midwife prescribing becomes embedded in the system, the audit group should construct performance indicators (PIs). Performance indicators have been defined as 'measurement tools, screens or flags that are used as guides to monitor, evaluate and improve the quality of patient care, clinical support services and organisational systems that affect patient outcomes' (Mainz, 2003). Performance indicators should be based on explicit or implicit standards of care that have been developed from internationally recognised evidence-based standards. The audit team should agree on the outcomes they wish to achieve for their patients or service users, and then decide on which aspects of care will be measured. This will form the basis for formulating the indicators.

Performance indicators will enable health service provider's to monitor and evaluate how well the Registered Nurse Prescriber is functioning in providing for the needs of patients or service users.

5.4.4 Who should undertake the audit and when?

Audit can be carried out by an individual, a group, a department or a health care setting. Audit of nurse and midwife prescribing may be undertaken by:

- self (Registered Nurse Prescriber)
- peer registered nurse or midwife prescribers
- prescribing site coordinators
- nurse or midwife management
- clinical audit support staff/practice development facilitators/risk advisors
- other identified members of the multidisciplinary team.

It is recommended that audit of nurse and midwife prescribing should be undertaken quarterly for the first year of registration, and subsequently every six months. Having identified who will undertake the audit, the individual or group should set the objectives, key responsibilities and audit timeframe.

5.4.5 Data collection

The audit person or group should consider the standards that will be audited relative to the audit objectives. Data should then be collected from an agreed data source, which may include:

- Nurse and Midwife Prescribing Data Collection System
- prescription forms/medication record
- health care records
- incident report forms
- peer review.

A data collection tool is required for audit of nurse and midwife prescription writing. This tool needs to be developed by the identified audit group (see Appendix 16 for suggested layout).



5.4.6 Sampling

The audit group should identify sample size, that is the number of prescriptions or activity episodes that will be audited. Sample size may vary and should take account of who is carrying out the audit and the size of the population being audited. A sample may be selected to review any of the following objectives:

- All entries to the Nurse and Midwife Prescribing Data Collection System can be selected for monitoring of *activity* of nurse and midwife prescribing.
- A sample of completed prescription forms may be selected for audit of nurse and midwife prescription writing *practice*.
- A sample of incident report forms may be selected and reviewed to ensure incidents and near misses are being reported and managed.

5.4.7 Data analysis

The purpose of analysing the data is to establish if the criteria are meeting the standards and to identify areas where practice needs to be improved. Data analysis should be kept as simple as possible. The audit should be completed by writing a clinical audit report, which compares the actual practice with the standard. It should identify shortcomings and needed improvements. The audit report should include the following headings:

- title of audit
- background information
- participants in audit design
- criteria/standards
- objectives of the audit
- methodology
- findings
- conclusion
- recommendations.

The report should be simple and clear; use plain English; use a structured, systematic approach; and include an agreed action plan if required (see Appendix 17 for a sample clinical audit report).

5.4.8 Making improvements

The audit loop may require a quality improvement plan (QIP). This might include:

- Who is responsible?
- What resources are required?
- What is the timescale?
- What are the necessary accountability structures, for example, clinical audit committee.

The audit and quality improvement plans should be subject to ongoing monitoring and evaluation (see Appendix 18 for sample quality improvement plan layout).

5.4.9 Ethical considerations

All legal and ethical guidelines should be adhered to and the confidentiality of patient or service user, staff and the health care provider should be protected at all times.

5.5 Monitoring Prescribing Activity

This section provides guidance on monitoring *activity* of nurse and midwife prescribing. Registered Nurse Prescribers, prescribing site coordinators, nurse managers and other audit groups can measure what is being prescribed, how frequently, and by what route.

The purpose of reviewing activity of nurse and midwife prescribing is to monitor prescribing patterns for the purpose of monitoring types of drugs prescribed, clinical indications and frequency of prescribing particular medicinal product types. This will enable comparison of prescribing activity across sites. It will also alert to any inappropriate prescribing, which then can inform the need for review of scope of practice, review of incident reporting, more specific education and/or efficacy of existing training.

Information for this part of the audit may be extrapolated from the Nurse and Midwife Prescribing Data Collection System. The system can be accessed at different levels in the health care setting and at local, HSE area and national levels. Access to the system is role-based. There are three identified roles within the health service provider that have report-running privileges and the audit group should include at least one of the following:

- Registered Nurse Prescriber
- prescribing site coordinator
- director of nursing/midwifery/public health nursing or relevant nurse and midwife manager.

It should be noted, however, that different roles have access to different reports. A guide to which role can access which reports is set out on Table 5.1.

Table 5.1: Access to reports from the Nurse and Midwife Prescribing Data Collection System

Role	Number	Report Title
Registered Nurse Prescriber	1.01	Individual RNP Report: Activity Summary for Days of the Week
	1.02	Individual RNP Report: Medicinal Product Frequency by Route
	1.03	Individual RNP Report: Medicinal Product Frequency by Clinical Indication
	1.04	Individual RNP Report: Route Frequency by Medicinal Product
	1.05	Individual RNP Report: Clinical Indication Frequency by Medicinal Product
	1.06	Individual RNP Report: Prescription Detail Listing
Prescribing Site Coordinator / Director	2.01	Director / Site Coordinator: Detailed Report by Clinical Area
	2.02	Director / Site Coordinator: Summary Report by Clinical Area
	2.03	Director / Prescribing Site Coordinator: Medicinal Product Frequency Summary Report
	2.04	Director / Site Coordinator: Schedule 8 Medicinal Products Report

Source: Office of the Nursing Services Director, HR Directorate, Health Service Executive (2008)

Further reports will be added as the system is developed. No details pertaining to individual Registered Nurse Prescribers or patients or service users are entered or can be reported outside the health service provider. The audit group should analyse the reports reviewed to see if they demonstrate good prescribing practice and identify and manage emerging issues such as reduced prescribing activity, competence or potential risk issues.

5.5.1 Data sources

All entries into the Nurse and Midwife Prescribing Data Collection System should be selected for a specific period of months; for example, 'from January to March'. Data that is extrapolated represents the information that has been recorded by the Registered Nurse Prescriber. It is not a measure of the accuracy and comprehensiveness of the data entered. Reports can be exported from the search function into Microsoft Excel for further analysis. The reports should be analysed and interpreted by the individual or group undertaking the review, and the group should identify a date on which the data will be returned. This information may be cross-referenced to the appropriate data source. Potential data sources include:

- health care records
- prescriptions
- relevant reports from medication incident reporting forms.

Example: A frequently prescribed drug may indicate either competence in prescribing that medication, or over-prescribing of that medication. The audit group may cross-reference details with health care records of the Registered Nurse Prescriber to ensure scope of practice and competence is maintained.

5.5.2 Example of monitoring of activity of nurse or midwife prescriber

Table 5.2 provides a quick reference guide for essential content for monitoring activity of a nurse or midwife prescriber. A target standard is not applicable in this section.

Table 5.2: Essential Content: Audit of Activity of Nurse or Midwife Prescriber

Report	Essential Criteria	Guidance for Auditor
Prescriber Activity Summary Report	How many times were prescriptions written in this period? How many items were prescribed in this period? How many patients/service users were prescribed for in this period?	Run 'RNP Activity Summary' report: total number of prescribing episodes in period <ul style="list-style-type: none"> • total number of prescription items in period • total number of unique MRNs (patients) in period • number of prescribing episodes analysed by day of week.
Prescriber Medicinal Product Frequency by Route	What drugs were prescribed (order by frequency)? What route were the drugs prescribed by (eg orally/rectally)?	Run 'RNP Medicinal Product Frequency by Route' report: <ul style="list-style-type: none"> • number of prescriptions written for medicinal product • ordered by number of prescriptions, then by route per product.
Prescriber Medicinal Product Frequency by Clinical Indication	What was the clinical indication for the prescription (order by frequency)?	Run 'RNP Medicinal Product Frequency by Clinical Indication' report: <ul style="list-style-type: none"> • numbers of prescriptions written for medicinal product • ordered by number of prescriptions • then by clinical indication per product.
Site Prescribers Summary Report by Clinical area	How many Registered Nurse Prescribers are in the health care setting? What clinical areas are Registered Nurse Prescribers practising in?	Run 'Site Prescribers Summary Report by Clinical Area' report: <ul style="list-style-type: none"> • number of prescribers per site • as percentage of number of nurse and midwife prescribers per site • ordered by site participation; then by clinical area participation.
Site Prescribers Detailed Report by Clinical Area	What is the total number of prescriptions written for the period? What is the total number of patient prescriptions written?	Run 'Site Prescribers Detailed Report by Clinical Area' report: <ul style="list-style-type: none"> • total number of prescriptions written • total number of unique MRN (patients) prescriptions written for.

Source: Office of the Nursing Services Director, HR Directorate, Health Service Executive (2008)

5.6 Auditing Prescription Writing

This section provides guidance to the audit group on how to compare the standard of prescription writing against best practice standards. This will support a high standard of attention to detail in prescription writing. It is recommended that this section of the audit be undertaken quarterly for the first year of registration, and subsequently every six months.

5.6.1 Data sources

A data collection tool should be devised by the audit group. Data sources include some or all of the documents listed below:

- A randomly selected sample of completed prescription forms or duplicate completed prescriptions where relevant by the Registered Nurse Prescriber
- health care records that have been cross-referenced with the prescription forms
- signature bank/evidence of signature of Registered Nurse Prescriber as per An Bord Altranais PIN
- incident report forms
- the collaborative practice agreement, including the list of medicinal products the Registered Nurse Prescriber has authority to prescribe.

All prescriptions written by the Registered Nurse Prescribers in the health care setting within the time period identified by the individual or group undertaking the audit should be included in the sample selection. The audit group should ensure this section is audited by appropriately competent personnel, for example, Registered Nurse Prescriber/member of the multidisciplinary team.

5.6.2 Example of an audit of nurse or midwife prescription writing practices

Table 5.3 provides a quick reference guide for the essential content of an audit of a nurse or midwife prescriber's prescription writing practices. The target standard is 100 per cent. If this is not met, the audit group should undertake a root cause analysis and recommend how this will be addressed, using local practices. Actions could be recommended at local, educational or organisational levels.



Table 5.3: Essential criteria audit of nurse or midwife prescription writing practices

Essential Criteria	Guidance for Auditor
The prescription is legible	The prescription should be legible to the auditor
The name of the Registered Nurse Prescriber is stated on the prescription	The prescription is checked by the auditor
The Personal Identification Number (PIN) of the Registered Nurse Prescriber is stated on the prescription	The auditor checks the prescription for PIN
The prescription is in ink/indelible	The auditor checks the prescription
The prescription is dated and signed by the Registered Nurse Prescriber with her usual signature	The auditor checks the date and signature
The full name of the patient/service user is on the prescription	The auditor checks the name against the health care records
The address of the patient/service user is on the prescription	The auditor checks the address against the health care records
The date of birth is stated where the patient/service user is under the age of 12 years	The auditor checks the date of birth against the health care record
Prescription Writing MDA Schedule 8 Drugs	
The name and address of the patient/service user is handwritten	The auditor checks the MDA controlled drug against the list of medications the Registered Nurse Prescriber has authority to prescribe The auditor checks the prescription form
The dose to be prescribed is handwritten	
The form (in the case of preparations) is handwritten	
The strength is handwritten in both words and figures	

Source: Office of the Nursing Services Director, HR Directorate, Health Service Executive (2008)

5.7 Summary

Audit is a critical aspect of improving and maintaining the quality of services provided to patients and service users, thus ensuring optimal care is provided for ultimate patient or service user satisfaction. Nurse and midwife prescribers and their managers should ensure this new initiative is audited from initiation and subsequently on a regular basis. The Office of Nursing Services Director has developed tools and guidance documents to support health service provider in auditing nurse and midwife prescribing. Alternatively health service provider's may develop or adapt their own audit tools.

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Glossary of Terms

Adverse Event	An incident which results in harm to a patient (World Health Organisation, 2007).
Audit	An independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes (Institute of Internal Auditors, 2007).
Candidate Nurse Prescriber	A nurse or midwife whose name is entered on An Bord Altranais Candidate Register and is undertaking an approved programme of education and training leading to registration in the Registered Nurse Prescribers Division of the Register.
Clinical Governance	A framework through which organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence will flourish (adapted by Scally and Donaldson, 1998).
Collaborative Practice Agreement	A written agreement between the Registered Nurse Prescriber and specific consultant medical practitioner(s), agreeing the prescription of medicinal products by the registered nurse or midwife within their scope of practice at their place of employment. The medicinal products listing is approved by the Drugs and Therapeutics Committee and authorised by the director of nursing/ midwifery/public health or relevant nurse and midwife manager on behalf of the health service provider.
Corporate governance	The system by which organisations direct and control their functions and relate to their stakeholders in order to manage their business, achieve their missions and objectives and meet the necessary standards of accountability, integrity and propriety (Health Service Executive, 2006a).
Governance	Systems, processes and behaviour(s) by which organisations lead, direct and control their functions in order to achieve organisational objectives, safety and quality of service and in which they relate to patients/service users and carers, the wider community and partner organisations (Department of Health, 2006).
Health Service Provider	The Health Service Executive, a hospital, a nursing home, a clinic or other person whose sole or principal activity or business is the provision of health services, or a class of health services, to the public or a class of the public. (<i>Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2007</i>).
Institution	A hospital or a nursing home which is wholly or mainly maintained by a public authority out of public funds or by a charity or by voluntary subscriptions (<i>Article 8 (1) (a) of the Misuse of Drugs Regulations 1988</i>).
Medicinal Product	The definition of a medical product in Article 1 of Directive 2001/83/EC was amended by Directive 2004/27/EC. The new definition states that a medical product is: (i) Any substance or combination of substances presented as having properties for treating or preventing disease in human beings; or (ii) Any substance or combination of substances which may be used in or administered to human beings either with a view to restoring, correcting or modifying physiological functions by exerting a pharmacological, immunological or metabolic action, or to making a medical diagnosis.
Medication Error	"Any preventable event that may cause or lead to inappropriate medication use or patient/client harm while the medication is in the control of the health care professional, patient/client encounter or consumer" (An Bord Altranais, 2007c).
Mentor	A consultant medical practitioner or general practitioner who has committed to act as a mentor and provide instruction and supervision within the specific clinical practice area for the duration of the education programme.



Off-label Use	The use of a licensed medicinal product outside the terms of product characteristics approved for that product by the Irish Medicines Board. Off-label use might involve the use of a product in an age group for which it is not licensed, or for an indication for which it is not licensed, or in a dose outside of the range for which it is licensed.
Prescribe	To authorise in writing the dispensing, supply and administration of a named medicinal product (typically a prescription-only medicine, but may include over-the-counter medications) for a specific patient/service user.
Prescription	A prescription issued by a registered medical practitioner for the medical treatment of an individual, by a registered dentist for the dental treatment of an individual, or by a registered veterinary surgeon for the purposes of animal treatment or a registered nurse for the medical treatment of an individual subject to Article 3A of the Regulations (<i>Misuse of Drugs (Amendment) Regulations 2007</i>).
Registered Nurse Prescriber	A nurse or midwife who is registered in the Division of the Register of Nurse Prescribers of An Bord Altranais (An Bord Altranais, 2007e).
Prescribing Site Coordinator	The person nominated by the Director of Nursing on behalf of the health service provider to be the prescribing link. The person takes responsibility for the initiative locally, liaises with the education provider and the Office of the Nursing Services Director.
Schedule 8	Drugs which practitioners who are Registered Nurse Prescribers may prescribe within MDA Schedules 2 and 3.
Supply	Distribute, sell or offer a medicinal product to a patient/service user, under the directions of a registered medical practitioner as noted in an individual prescription or written (<i>Medicinal Products (Prescription and Control of Supply) Regulations, 2003</i>).
Unlicensed/ Unauthorised Medicine	A medicinal product which does not carry either a Product Authorisation (PA) Number issued by the Irish Medicines Board or a European Union (EU) authorisation number issued by the European Medicines Evaluation Agency (An Bord Altranais, 2007c).

APPENDIX 1-18



APPENDIX 1:

Membership of the Resource and Implementation Group on Nurse and Midwife Prescribing



Membership of the Resource and Implementation Group on Nurse and Midwife Prescribing

Chair:

Siobhán O' Halloran, Nursing Services Director, Health Service Executive, Office of the Nursing Services Director, HR Directorate.

Secretariat:

Sandra Walsh, Assistant Principal Officer, Nursing Policy Division, Department of Health and Children

Members:

Elizabeth Adams, Director of Nursing and Midwifery Health Service Executive, Office of the Nursing Services Director, HR Directorate

Michael Barry, Head of Pharmoeconomics Unit, St James's Hospital

Michael Boland, General Practitioner, Irish College of General Practitioners

Mary Brosnan, Director of Midwifery and Nursing, National Maternity Hospital

Ian Callanan, Clinical Audit Facilitator, St Vincent's University Hospital

Anne Carrigy, Director of Nursing, Mater Misericordiae University Hospital (resigned August 2008)

Denise Carroll, Project Assistant, An Bord Altranais

Patrick Cotter, Registered Nurse Prescriber, Advanced Nurse Practitioner, Emergency Department, Cork University Hospital

Seamus Cowman, Professor of Nursing and Midwifery, Head of School of Nursing, Royal College of Surgeons in Ireland

Rena Creedon, Lecturer and Programme Coordinator, University College Cork

Annette Cuddy, Assistant Director of Nursing and Midwifery, Health Service Executive, Office of the Nursing Services Director, HR Directorate

Philip Crowley, Deputy Chief Medical Officer, Department of Health and Children

Maureen Flynn, Assistant Director of Nursing and Midwifery, Health Service Executive, Office of the Nursing Services Director, HR Directorate

Grace Fraher, Acting General Manager, Health Service Executive, Primary Community and Continuing Care, Local Health Office, Wicklow

Annette Kennedy, Head of Professional Development, Irish Nurses Organisation

Marita Kinsella, Professional Officer, Pharmaceutical Society of Ireland

Rose Lorenz, Assistant Director of Nursing and Midwifery, Health Service Executive, Office of the Nursing Services Director, HR Directorate

Clare MacGabhann, Assistant Director of Nursing and Midwifery, Health Service Executive, Office of the Nursing Services Director, HR Directorate

Kathleen MacLellan, Head of Professional Development, National Council for the Professional Development of Nursing and Midwifery

Geraldine McCarthy, Professor of Nursing and Midwifery, Head of School of Nursing and Midwifery, University College Cork

Mary McCarthy, Clinical Skills Development Director, Health Service Executive

Ambrose McLoughlin, Registrar and Chief Executive Officer, Pharmaceutical Society of Ireland

Louise McMahon, Hospital Network Manager, Health Service Executive, Dublin Mid Leinster

Anthony Morris, Principal Officer, Nursing Policy Division, Department of Health and Children

Martina Murphy, Registered Nurse Prescriber, CMM2 Delivery Ward, National Maternity Hospital, Holles Street

Tadhg O'Brien, Assistant National Director, Primary Community and Continuing Care, Health Service Executive

Sheila O'Malley, Chief Nursing Officer, Department of Health and Children

Mary O'Reilly, Assistant Principal Officer, Social Inclusion, Department of Health and Children

Eddie Quigley, Assistant Principal Officer, Medicines Division, Department of Health and Children

Noreen Quinn, Deputy Chief Pharmacist, Department of Health and Children

Karen Robinson, Clinical Risk Adviser, State Claims Agency

Anne-Marie Ryan, Chief Education Officer, An Bord Altranais

Sheila Sugrue, Nurse and Midwife Adviser, Department of Health and Children

Tommy Wilson, Assistant Principal Officer, Primary Care Division (1), Department of Health and Children

Kathleen Walsh, Project Officer, An Bord Altranais

Chanel Watson, Lecturer and Programme Coordinator, Royal College of Surgeons in Ireland.

APPENDIX 2:

Terms of Reference for the Resource and Implementation Group on Nurse and Midwife Prescribing



Terms of Reference for the Resource and Implementation Group on Nurse and Midwife Prescribing



1. Act as an advisory resource to the Department of Health and Children for clarification of issues arising in relation to both the supply and prescribing of medicines by nurses and midwives.
2. To clarify the situations where supply under protocol is sufficient:
 - a. to clarify situations where supply under protocol is working
 - b. to clarify situations where supply under protocol is feasible but not happening
 - c. to advise on administrative and or regulatory requirements needed to support delivery of the above.
3. To identify situations where the boundary between supply and prescribing is unclear and advise on where there is a need for independent prescribing in these situations.
4. To identify settings where there is a need for:
 - a. independent prescribing of prescription drugs excluding controlled drugs
 - b. independent prescribing of controlled drugs.
5. In advising the Department the group will take account of the following issues:
 - a. clinical governance arrangements needed in settings where prescribing is proposed
 - b. educational and registration requirements needed to support the *Requirements and Standards for Nurse and Midwife Prescribing* being developed by An Bord Altranais.
6. To develop and implement a plan for the roll-out of nurse and midwife prescribing nationally which takes account of the following:
 - a. identification of sites and practitioners to introduce prescribing
 - b. implementation of required educational programmes
 - c. development of clinical governance arrangements for supply of medicines and independent prescribing
 - d. development of a local, regional and national communication strategy for all of the above.

Source: Resource and Implementation Group on Nurse and Midwife Prescribing, November 2006



APPENDIX 3:

Terms of Reference for the External Independent Evaluation of Nurse and Midwife Prescribing



Terms of Reference for the External Independent Evaluation of Nurse and Midwife Prescribing

Introduction

In March 2006 the Minister for Health and Children introduced primary legislation to allow prescriptive authority for nurses and midwives subject to regulations which were signed into law on 1 May 2007. A Resource and Implementation Group on Nurse and Midwife Prescribing was established to advise on and oversee the roll-out of nurse prescribing on a national basis. Through this group the Health Service Executive, the Department of Health and Children and An Bord Altranais are working closely to put in place the mechanisms and the safeguards required to implement, monitor and evaluate this initiative. It is now timely to initiate an independent evaluation of this. The main purpose of the evaluation is to critically appraise this service development with a view to informing the further expansion of this practice across the Health Service Executive in a timely manner.

Terms of Reference

1. To evaluate nurse and midwife prescribing from a service perspective having regard to the following:
 - Relevant legislation and regulations
 - Professional regulation and guidance
 - Educational preparation including selection processes
 - Service implementation including factors facilitating and inhibiting prescribing opportunities
 - Monitoring processes
 - Auditing prescribing process, patterns, practices and compliance
 - Communication
 - Value for money¹.
2. To evaluate the current and potential outcomes of nurse and midwife prescribing in terms of patient/service user benefits, safety and satisfaction.
3. The review is required to take into account the views of key stakeholders, particularly employers; members of the nursing, midwifery, medical and pharmacy professions; and the regulatory bodies.

Project Deliverables

To submit a report of the evaluation which addresses the three Terms of Reference and includes recommendations to underpin further expansion of nurse and midwife prescribing across the Health Service Executive in a safe and timely manner over a five-year period.

Timeframe

All work and a final report to be completed no later than June 2009. An interim report will be required at the mid point during the contract.

¹ This includes auditing compliance, patient satisfaction, effectiveness and timeframe



APPENDIX 4:

Information on Application Guidelines for the Nurse and Midwife Prescribing Initiative



Information on Application Guidelines for the Nurse and Midwife Prescribing Initiative

For: Health Service Providers, Nurses and Midwives, and Mentors

Office of the Nursing Services Director
Health Service Executive

For further information, please consult the Prescribing Website:

www.hse.ie

Or directly contact the Programme Co-ordinators:

Ms Rena Creedon
Programme Co-ordinator,
University College Cork

Tel: +353 021 490 1495
Email: r.creedon@ucc.ie

Ms Chanel Watson RGN MSc
Programme Co-ordinator,
Royal College of Surgeons Ireland

Tel: +353 01 402 2706
Email: chanelwatson@rcsi.ie

Introduction

The Certificate in Nursing (Nurse/Midwife Prescribing) Minor Award, level 8 on the National Framework of Qualifications is funded by the Health Service Executive for all nurses and midwives who are employed by the voluntary and statutory services of the Executive and meet the criteria. The education programme is delivered by:

- Catherine McAuley School of Nursing and Midwifery, University College, Cork
- School of Nursing, Royal College of Surgeons in Ireland.

The six-month education programme is delivered twice a year, with 25 places available in each education programme. The programme, which meets requirements and standards laid down by An Bord Altranais, consists of 28 days of theoretical instruction, together with 12 days of direct supervision of the prescriptive process. The practical element is addressed through mentorship in the clinical area over the six months of the programme. The programme consists of three core modules:

- Professional Accountability in Nurse and Midwife Prescribing
- Drug Action and Therapeutics
- Systemic Assessment and Evaluation in Patient Care.

Applicants are welcome from all clinical areas and must be currently employed as a nurse or midwife in the voluntary and statutory services of the Health Service Executive. Limited places are available on each programme; therefore, it is essential that the organisation is committed to supporting the applicant and developing safe nurse and midwife prescribing in the appropriate setting based on patient/service need.

A successful application will require the health service provider, the nurse or midwife, and the designated "mentor" to each fulfil a set of requirements as outlined below:

- Health service provider – must provide a Site Declaration Form signed by the director of nursing/midwifery/public health nursing or relevant nurse and midwife manager on behalf of the health service provider. See Information Sheet One.
- Individual nurse or midwife – must meet the entry criteria of the higher education institutions. See Information Sheet Two.
- Mentor – must sign the Site Declaration Form as a commitment to act as a mentor and provide instruction and supervision within the specific clinical practice area for the duration of the education programme. See Information Sheet Three.

Note: Each organisation can establish their specific local process for managing the application within their organisation.



Office of the
Nursing Services Director

Information Sheet One: Health Service Providers

An Overview of Site Selection Requirements



The health service provider with the director of nursing/midwifery/public health nursing or relevant nurse and midwife manager must identify a patient and/or service need for the development of nurse and midwife prescribing across the organisation or focused within a specific service or speciality. They must then go through the normal appropriate organisational channels for developing a new initiative. Local processes and structures must be met to ensure corporate commitment and partnership with the multidisciplinary team to support the development of nurse and midwife prescribing within the health service provider.

The director of nursing/midwifery/public health nursing or relevant nurse and midwife manager must also sign a Site Declaration Form on behalf of the health service provider (also to be signed by a medical practitioner/mentor) declaring that the organisation has:

- a firm commitment by hospital/organisation board, or Chief Executive Officer or medical director/chairman of medical board to support the introduction of the initiative
- an organisational policy for nurse and midwife prescribing (or will have a policy in place by the time the nurse or midwife completes the education programme)
- an ability to demonstrate that the organisation can safely manage and quality assure prescribing practices
- risk management systems in place and processes for adverse event reporting, incident reporting, reporting of near misses and reporting of medication errors
- in place robust and agreed collaborative practice agreements (described if not already existing)
- identified a named medical practitioner who has agreed to develop the collaborative practice agreement with the nurse/midwife
- appropriate mentoring arrangements established including a named mentor (medical practitioner) for each nurse or midwife
- a commitment to continuing education for staff supporting the prescribing initiative
- in place or has access to a *Drugs and Therapeutics Committee*
- in place local arrangements to oversee the introduction of nurse and midwife prescribing and ensure local evaluation
- a named individual with responsibility for the initiative locally (Prescribing Site Coordinator)
- ability to comply with, and ensure data input for, the *Nurse and Midwife Prescribing Data Collection System*
- provision for the nurse/midwife prescriber to have access to a computer, email and internet for data input to the *Nurse and Midwife Prescribing Data Collection System*
- a mechanism to audit the introduction of nurse and midwife prescribing practices.

The signed Site Declaration Form must be submitted with the nurse or midwife application form. Again, it is important that the director of nursing/midwifery/public health nursing or relevant nurse and midwife manager identifies on the application form a Nurse/Midwife Prescribing Site Coordinator. This will be a contact person co-ordinating nurse and midwife prescribing who is not an applicant for the education programme or a clinical mentor. The director of nursing/midwifery/public health or relevant nurse/midwife manager must also confirm with a signature on the application form that the individual nurse or midwife has the ability to undertake the education programme and is supported by the organisation to do so.

Note: Application forms can be obtained by the Director of Nursing/Midwifery/Public Health from:

Ms Rena Creedon,
Programme Co-ordinator,
Catherine McAuley School of Nursing and Midwifery,
University College Cork
Email: r.creedon@ucc.ie – Tel: +353 (0)21 490 1495

Ms Chanel Watson
Programme Co-ordinator,
School of Nursing,
Royal College of Surgeons Ireland
Email: chanelwatson@rcsi.ie – Tel: +353 (0)1 402 2706

Information Sheet Two: The Nurse or Midwife An Overview of the Higher Education Institution's Requirement



The nurse or midwife must seek the approval of their director of nursing/midwifery/public health nursing or relevant nurse and midwife manager to apply for the Certificate in Nursing (Nurse/Midwife Prescribing) Minor Award, level 8. Permission will be given based on the identified need for nurse and midwife prescribing in the area/organisation, as well as consideration of a number of other issues including legislative and professional practice requirements and standards, clinical governance structures, scope of practice, clinical competence, mentoring arrangements, and multi-disciplinary partnerships. The individual's ability to undertake the education programme will also be considered, as will their capability to meet the requirements of the new role.

A nurse or midwife must also satisfy the criteria determined by the higher education institutions and the *Resource and Implementation Group on Nurse/Midwife Prescribing* including:

- registration as a nurse or midwife on the live register of An Bord Altranais
- currently employed as a nurse or midwife in the voluntary and statutory services of the Health Service Executive
- minimum of 3 years post-registration clinical experience (within the past 5 years with at least one year in the area in which prescribing is proposed)
- possession of competencies recognised at level 8 of the NQAI framework
- demonstration of continuous professional development and ability to study at level 8
- support from employer to undertake programme
- nomination and confirmation of a designated medical practitioner mentor.

The nurse/midwife can source the application form provided by the higher education institutions from the director of nursing/midwifery/public health nursing or relevant nurse and midwife manager. They should also take the opportunity, as early as possible in the process, to discuss the new initiative within their multi-disciplinary team, in order to identify an appropriate mentor and with a view to developing a collaborative practice agreement in the future for practice. This is the opportunity for the individual nurse or midwife to network and build partnerships within the multi-disciplinary team, and with the key stakeholders within the organisation, in advance of committing to the education programme.

The nurse or midwife is responsible for filling in all aspects of the application form. Incomplete application forms will not be considered. They must ensure that the director of nursing/midwifery/public health nursing or relevant nurse and midwife manager has signed the Site Declaration Form and the application form, and that a Medical Practitioner/Mentor has signed the Site Declaration Form.

Each organisation can establish its own specific process for managing the application. Once the application form has gone through this process, it is the responsibility of the nurse/midwife to submit the completed application to the preferred higher education institution.

Note: Nurses and midwives can contact the Programme Co-ordinator in each of the higher education institutions for further information on the Certificate in Nursing (Nurse/Midwife Prescribing) Minor Award, level 8).

Information Sheet Three: The Mentor

An Overview of a Mentor's Requirements



The clinical element of the programme is provided in the specific clinical practice area of each participant with instruction and supervision from a dedicated medical practitioner who acts as a mentor for the duration of the programme. The clinical mentor is chosen by the participant, in consultation with the health service provider and is a senior medical practitioner within the clinical specialist field. The commitment of a mentor is confirmed through the provision of their signature on the Site Declaration Form, which is part of the nurse or midwife's application for entry to the programme.

Each third level institution provides support to the mentor through:

- the provision of an introductory session
- individual mentor information packs
- site visits to the clinical area
- ongoing support as required.

The key responsibilities for a mentor include:

- At the start of the process, the student and the mentor explore learning needs and agree a programme/contract for learning. This is specific for each student, reflecting the differing clinical skills and experience of each student.
- The mentor provides the student with supervision, support, teaching and learning opportunities equivalent to 12 days (96 hours) over the duration of the programme.
- The named mentor and student prescriber meet formally at three and six months to review progress.
- The named mentor assesses achievement of competence in practice (using the An Bord Altranais competency framework).
- The named mentor formally assess the student prescriber's progress in the clinical setting using the assessment tool provided by the third level institute; e.g. Objective Structured Long Examination Record (OSLER).
- At the end of the six-month period, the named mentor completes and 'signs off' the student's Competency Booklet. The student must pass the learning in practice assessment in order to successfully complete the education programme.

Please note:

It is essential to complete ALL sections of the application form, including obtaining a signature from a relevant director of nursing/midwifery/public health or relevant nurse/midwife service manager, and providing a named Medical Practitioner/Mentor on the Site Declaration Form.

Incomplete application forms will not be considered.



Office of the
Nursing Services Director

Annette Cuddy

Assistant Director of Nursing and Midwifery (HSE West)
Email: annette.cuddy@hse.ie – Tel: +353 87 931 7039

Maureen Flynn

Assistant Director of Nursing and Midwifery (HSE Dublin Mid Leinster)
Email: maureena.flynn@hse.ie – Tel: +353 87 931 7014

Clare MacGabhann

Assistant Director of Nursing and Midwifery (HSE South)
Email: clare.macgabhann@hse.ie – Tel: +353 87 931 7025

Rose Lorenz

Assistant Director of Nursing and Midwifery (HSE Dublin North East)
Email: rose.lorenz@hse.ie – Tel: +353 87 286 4075

APPENDIX 5:

Sample Drugs and Therapeutics Committee Terms of Reference



Sample - Drugs and Therapeutics Committee

Terms of Reference

Waterford Regional Hospital Medicines and Therapeutics Committee

Terms of Reference

The Medicines and Therapeutics Committee is constituted as a sub-committee of the Hospital Medical Board to act on its behalf in respect of the following:

- To make recommendations on and formulate Hospital Policy regarding the safe, effective and cost-effective prescribing and use of medicines in the treatment of hospital patients.
- To review medicines usage in the hospital and make recommendations or publish guidance as appropriate.
- To monitor and review prescribing practices within the hospital and provide appropriate guidance or feedback as necessary.
- To constitute and task sub-committees in respect of specific actions required of the Committee.
- To review clinical incident reports involving prescribing or administration of medicines and report to the Board as it considers necessary.
- To establish and maintain a Hospital Formulary or Preferred Prescribing Guide.
- To approve a Hospital Antibiotics Policy.
- To review and approve hospital documentation in respect of the prescribing and administration of medicines.
- To review and approve hospital-wide Guidelines on Prescribing and Administration of Medicines.
- To review and approve clinical or departmental policies involving the use and/or administration of medicines within the hospital.
- To address all issues relating to medicines which affect continuity of care of patients between secondary and primary care or are otherwise of concern at the hospital/primary care interface.
- To make recommendations or formulate or approve policies relating to other pharmaceutical items available for use in the hospital including nutrition supplements, disinfectants, dressings, diagnostic agents and kits.

The main committee will meet twice per year and task sub-groups to deal with executive matters or nominate representatives to contribute to hospital working groups.

Examples

Sub-groups:	Formulary/Preferred Prescribing List sub-group
	Documentation sub-group
Hospital Working Groups:	Policies and Procedures sub-group
	Infection Control Committee.

The Chair and Executive Secretary will take actions, review submissions and make interim recommendations pending full committee meetings at which definitive recommendations to the Medical Board or approvals will be made.

Committee decisions will be made by consensus. If there is disagreement, a simple majority of voting members present will determine the decision. Where votes are tied, the Chairperson will have a casting vote, but may also delay the decision pending further discussion, information gathering or referral to the Medical Board.

The Committee Administrator (Minutes Secretary) will convene sub-groups, take minutes and deal with other administrative matters (room booking, sending out notices of meetings etc).

Waterford Regional Hospital Medicines and Therapeutics Committee

Executive and membership

Position	Nominee status
Executive	
Chair *	Senior Hospital Consultant and Medical Board Member
Vice Chair *	Hospital Consultant, Senior Registrar, Clinical Department Manager or Clinical Nurse Manager.
Executive Secretary **	Chief 1 Pharmacist
Committee administrator / minutes secretary **	Medical Secretary or Clerical Officer (grade IV or above)
Members	
Management ***	General Manager or management nominee
Microbiology/Infection control	Consultant Microbiologist
Medicine	Consultant Physician
Surgery	Consultant Surgeon
Haematology/Oncology/Palliative care	Consultant Haematologist, Oncologist or Palliative Care Consultant
Anaesthetics	Consultant Anaesthetist
Accident and Emergency	Consultant Emergency Medicine
Obstetrics / Gynaecology	Consultant Gynaecologist
Paediatrics	Consultant Paediatrician
Psychiatry	Consultant Psychiatrist
Nursing	Director of Nursing and Midwifery or Senior Nurse Manager
Nurse Practice	Nurse Practice Development Co-ordinator
Clinical Risk	Clinical Risk Manager
Pharmacy	Chief 2 Pharmacist
Primary Care	General Practitioners X 2
Non-Acute Hospitals	Senior Nurse Managers
Community Pharmacy	Community Pharmacist
Community Care (New Region)	Community Care Pharmacist
Invitees	
NCHD	Chair's nominee
Finance Staff	Chair will invite finance staff to attend if relevant to agenda

* The attendance of the Chair or Vice Chair is required at all meetings

** The attendance of the Executive Secretary and the Committee administrator is required at all meetings

*** The attendance of the Hospital Manager or his or her nominee is required at all meetings.

- The Chair shall be appointed by the Hospital Medical Board. The appointment will be valid for three years after which time the Medical Board will make a new appointment. The existing Chair may be re-appointed.
- The Vice Chair will be appointed from the Membership of the Committee. The appointment will be valid for three years after which time the Medical Board will make a new appointment. The existing Vice Chair may be re-appointed.
- The Chair and Vice Chair may also represent their own clinical disciplines or departments, or a further nominee from the respective areas may sit on the committee.
- The Chief 1 Pharmacist shall serve as Executive Secretary. S/he may nominate a deputy to serve in his/her absence, but will retain responsibility for ensuring the business of the Committee is correctly administered.
- The Committee administrator/minutes secretary will be appointed by the Hospital General Manager. S/he will hold the post indefinitely subject to the satisfaction of the Hospital General Manager, Committee Chairperson and Executive Secretary.
- With the agreement of the committee, one member or executive member may fulfil more than one role.
- The attendance of the Hospital General Manager, Deputy General Manager or approved deputy is required for all meetings of the Medicines and Therapeutics Committee. The General Manager and the Chairperson will approve the deputy nominee prior to his/her attendance at meetings.
- Consultant members from the various clinical specialties will be appointed for a term of three years, after which new appointments or re-appointments will be made.
- Director of Nursing and Midwifery or a nominated deputy from the senior nurse managers shall be a permanent member of the committee.
- The Clinical Risk Manager shall be a member of the committee.
- One or more Chief 2 or Senior Pharmacists shall sit as committee members reflecting the level of participation required by pharmacy in the work of the sub-committees established and tasked by the main Committee.
- General Practice shall be represented by two invited General Practitioners. The invitee shall be selected by the Chair and Executive Secretary with advice from the Community Care Pharmacist. The period of membership shall be 3 years.
- The Non-acute Hospitals will be invited to send a representative from their nurse manager staff to be a member of the committee. The period of membership will be 3 years.
- A community pharmacist shall be invited to serve as a member of the Committee. The period of membership shall be 3 years. The invitee shall be selected by the Chair or Vice Chair and Executive Secretary with advice from the Community Care Pharmacist.
- The Community Care Pharmacist shall be a permanent member of the Committee.
- Invitees, the Chair or Executive Secretary may invite representatives of particular disciplines or administrative functions to attend meetings if appropriate to the agenda. There will be an on-going invitation for a NCHD representative. Invitees may contribute to discussions but will not have voting rights.
- A quorum shall be; the Chair or Vice Chair, the Executive Secretary, Committee administrator, and a minimum of five Committee members.

These terms of reference must be approved by the Hospital Medical Board and reviewed every five years.

Approved _____ Date _____
Medical Board Chair

Review Date _____

Source: Waterford Regional Hospital, Medicines and Therapeutics Committee Terms of Reference, Version 2006.1a

APPENDIX 6:

State Claims Agency Statement on Nurse and Midwife Prescribing



State Claims Agency Statement on Nurse and Midwife Prescribing



Clinical Indemnity Scheme



State Claims Agency

Nurse & Midwife Prescribing

The Clinical Indemnity Scheme (CIS) was established in July 2002 and is managed by the State Claims Agency. Under the scheme, the State assumes full responsibility for the indemnification and management of all clinical negligence claims against enterprises and practitioners covered by the scheme. For more information on which enterprises are covered by the scheme, please go to www.stateclaims.ie.

In relation to Nurse Prescribing, the CIS provides indemnity cover to nurse/midwife prescribers. The CIS also provides indemnity cover to registered medical practitioners who act as mentors to nurse prescribers and/or have signed a Collaborative Practice Agreement (An Bord Altranais) for nurse/midwife prescriptive authority (CPA).

CIS indemnity is provided in respect of a suit for personal injuries brought by a person alleging negligence, statutory or at common law, in respect of the provision of, or failure to provide, professional medical services. Such a suit may be against either the nurse/midwife prescriber or the registered medical practitioner, in his/her role as mentor or signatory to the CPA, whether sued alone or together, arising from the prescribing of a drug or drugs by such a registered nurse/midwife prescriber. The CIS does **not** provide cover in respect of criminal matters i.e. where the Director of Public Prosecutions (DPP) directs criminal charges against a nurse or doctor.

The CIS does **not** provide representation for nurses/doctors in relation to fitness to practise issues. In that regard, the State Claims Agency advises doctors and nurses to purchase additional benefits cover, specifying cover in respect of criminal and fitness to practise matters, from their medical and nursing defence organisations.

For any queries regarding this please contact info@stateclaims.ie



Treasury Building, Grand Canal Street, Dublin 2, Ireland
Telephone +353 1 664 0900 Facsimile +353 1 661 8250 Email info@stateclaims.ie Website www.stateclaims.ie



Office of the
Nursing Services Director

APPENDIX 7:

Nurse and Midwife Prescribing Site Declaration Form



Nurse and Midwife Prescribing Site Declaration Form

Essential Criteria for Site Selection

Essential Criteria for Site Selection

Site Declaration Form to be completed on behalf of the Health Service Provider by the director of nursing/midwifery/public health or relevant nurse and midwife manager and submitted with the college application to the third level institution.

Applicants Name: _____

Name of Employer: (Example, hospital/primary care setting): _____

Clinical Practice Area in which prescribing will take place: (Specific clinical practice area, e.g. diabetes, day centre, ICU, minor injuries clinic): _____

Criteria	Yes	No	Comment/Evidence
Safe Management			
Do you have in place an Organisation Policy for Nurse and Midwife Prescribing (or will a policy be in place by the time the nurse or midwife completes the education programme)?			
Can you demonstrate an ability to safely manage and quality assure prescribing practices?			
Do you have risk management systems in place?			
If yes, is there a process for: <ul style="list-style-type: none">- Adverse event reporting?- Incident Report?- Reporting of near misses?- Reporting of medication errors			
Practice and Education Development			
Do you have in place appropriate mentoring arrangements with a named medical mentor? (Please identify name).			
Have you identified a named medical practitioner/mentor who has agreed to develop and agree the collaborative practice arrangements?			
Do you have in place a robust and agreed collaborative practice arrangement? (If not already existing, will be in place by the time the nurse or midwife completes the education programme?)			
Do you have in place a commitment to continuing education for staff supporting the prescribing initiative?			



Nurse and Midwife Prescribing Site Declaration Form

Essential Criteria for Site Selection

Criteria	Yes	No	Comment/Evidence
Health Service Provider			
Do you have in place or have access to a Drugs and Therapeutics Committee? (If No, please describe how this will be achieved?)			
Do you have in place local arrangements to oversee the introduction of a new practice in prescribing and ensure local evaluation?			
Do you have in place a named individual (Prescribing Site Coordinator) with responsibility for the initiative locally and for liaison with the educational provider and the HSE Office of the Nursing Service Director? (Please supply name).			
Do you have in place a firm commitment by the hospital/organisation board or Chief Executive Officer or Medical Director/Chairman of Medical Board to support the introduction of this prescribing initiative?			
Will your organisation comply with and ensure data input for the Nurse and Midwife Prescribing Data Collection System?			
Can you confirm that the Registered Nurse Prescriber will have access to a computer, email and internet for data input to the Nurse and Midwife Prescribing Data Collection System?			
Will your organisation share details of the Registered Nurse Prescribers scope of practice and prescriptive authority with relevant health professionals?			
Audit and Evaluation			
Do you have in place or are you planning to put in place a mechanism to audit the introduction of nurse or midwife prescribing practices?			

Printed name of the Director of Nursing/Midwifery/Public Health Nursing/or relevant Nurse/Midwife Manager:

Printed name of the Medical Practitioner/Mentor

Name of health service provider:

Name of health service provider:

Telephone number:

Telephone number:

Email:

Email:

Signed by the Director of Nursing/Midwifery/Public Health Nursing/or relevant nurse/midwife manager:

Signed by the Medical Practitioner / Mentor:

Date:

Date:

Note: A copy of this Site Declaration Form will be sent to the Office of the Nursing Services director, HR Directorate, Health Service Executive.



APPENDIX 8:

Proposed Functions of Prescribing Site Coordinators



Proposed Functions of Prescribing Site Coordinators

For the Consideration of Health Service Providers Introducing Nurse Midwife Prescribing

Developed by Health Care Settings supporting the First Cohort of Students in the Royal College of Surgeons in Ireland

Introduction

The Resource and Implementation Group on Nurse and Midwife Prescribing has identified essential criteria which a health service provider must meet in order to participate in the prescribing initiative. The director of nursing/midwifery/public health nursing or relevant nurse and midwife manager on behalf of the health service provider has declared by signing the Site Declaration Form that a number of structures will be in place prior to the introduction of nurse and midwife prescribing. One of these is the naming of a prescribing site coordinator, an identified individual with the responsibility for the initiative locally and for liaison with the education provider and the Resource and Implementation Group on Nurse and Midwife Prescribing.

The director of nursing/midwifery/public health nursing or relevant nurse and midwife manager on behalf of the health service provider is responsible for introducing safe and effective nurse and midwife prescribing within their health care setting to meet patient need and service demands. As outlined in the above criteria the director of nursing/midwifery/public health nursing or relevant nurse and midwife manager may take on the role of prescribing site coordinator or name an individual as the prescribing link who will take responsibility for the initiative locally and liaise with the education provider and the Office of the Nursing Services Director. The director of nursing/midwifery/public health nursing or relevant nurse and midwife manager may delegate some or all of the elements to ensure safe and efficient nurse and midwife prescribing within the health care setting.

The prescribing site coordinator identified by the director of nursing/midwifery/public health nursing or relevant nurse and midwife manager has a key role in developing, implementing, monitoring and evaluating the structures and process to support safe nurse and midwife prescribing that meets the requirements of the health care setting, patient need and service demand and is compliant with the requirements and standards of An Bord Altranais and Health Service Executive. The following are a number of broad functions that the director of nursing/midwifery/public health nursing or relevant nurse and midwife manager may delegate to the prescribing site coordinator including:

- Responsibility for the nurse and midwife prescribing initiative as directed by the director of nursing/midwifery/public health nursing or relevant nurse and midwife manager within the health care setting.
- In collaboration with the director of nursing/midwifery/public health nursing or relevant nurse and midwife manager identify possible services that would benefit from nurse and midwife prescribing within the health care setting.
- Develop structures and process with key stakeholders to support safe and effective nurse and midwife prescribing in line with the legislative and regulatory framework.
- Facilitate and oversee the process within the health care setting to safely manage and quality assure prescribing practices.
- Generate organisational policy for nurse and midwife prescribing in collaboration with key stakeholders (including the candidate and/or Registered Nurse Prescriber) to meet local site requirements and

with regard to the national policy checklist/template and other requirements and standards of the Office of the Nursing Service Director, Health Service Executive and An Bord Altranais.

- Review of the organisational policies, procedures, guidelines and structures and process for nurse and midwife prescribing with key stakeholders on an annual basis.
- Act as a central point of contact for the candidate, Registered Nurse Prescriber, mentor, medical practitioner and key stakeholders to communicate organisational, regional, national, regulatory and legislative developments in the nurse and midwife prescribing initiative.
- Liaise with the Drugs and Therapeutics Committee to support and develop the nurse and midwife prescribing initiative.
- Liaise with the Chief Pharmacists and the pharmacy department.
- Support the collaboration between Registered Nurse Prescribers and key partners, for example, pharmacists, medical practitioners, nurses and midwives and other relevant health professionals.
- Liaise with the appropriate personnel involved in clinical governance, risk management, auditing and monitoring clinical practice within the health care setting.
- Represent at various committees and councils within the health care setting to support the development of nurse and midwife prescribing as required by the director of nursing/midwifery/public health nursing or relevant nurse and midwife manager.
- Facilitate Registered Nurse Prescribers within the health care setting to meet their responsibilities to ensure safe and effective prescribing and meet the criteria outline in the Site Declaration Form.
- Co-ordinate the development of the collaborative practice agreement between the key stakeholders in line with hospital policy and the requirements of the director of nursing/midwifery/public health nursing or relevant nurse and midwife manager, Office of the Nursing Service Director, Health Service Executive and An Bord Altranais.
- Support the nurse or midwife prescribing candidate or Registered Nurse Prescriber and medical practitioner to submit and present their medicinal product listing to the Drugs and Therapeutics Committee for approval.
- Support the implementation of the audit process for the Registered Nurse Prescriber.
- Liaise between the Registered Nurse Prescriber and key stakeholders in the audit process.
- Oversee the Registered Nurse Prescribers responsibility to audit, monitor and evaluate their role in line with the health service provider and Office of the Nursing Services Director, Health Service Executive Requirements.
- Facilitate communication on nurse and midwife prescribing initiatives and scope of practice to the key health care professionals, the wider multidisciplinary team, patients/service users, family and members of the wider community that the health care provider may engage with.
- Health service provider lead and point of contact in collaboration with the director of nursing/midwifery/public health nursing or relevant nurse and midwife manager between the education provider, regulatory body and the Office of the Nursing Services Director, Health Service Executive.
- On a regular basis, as required by the director of nursing/midwifery/public health nursing or relevant nurse and midwife manager, report on the development, introduction, monitoring and evaluation of nurse and midwife prescribing within the health service provider and to the Office of the Nursing Services Director, Health Service Executive.
- Undertake other responsibilities in regard to the nursing and midwifery prescribing initiative as directed by the director of nursing/midwifery/public health nursing or relevant nurse and midwife manager.

Source: Office of the Nursing Services Director, HR Directorate, Health Service Executive (2007) Approved by the Resource and Implementation Group on Nurse and Midwife Prescribing, November 2007



APPENDIX 9:

Example of a Timeline for Site Preparation



Example of a Timeline for Site Preparation

Tasks and timeline to ensure the necessary framework is in place to support nurse and midwife prescriptive authority immediately following the student's graduation and registration with An Bord Altranais.

Summary of Tasks	Responsibility (R) Start(S) Finish(F) [date]	Week of [date]	Week of [date]	Week of [date]	Week of [date]	Week of [date]	Week of [date]	Week of [date]	Week of [date]	Week of [date]	Week of [date]	Week of [date]	Week of [date]	Week of [date]	Week of [date]	Week of [date]	Week of [date]	
Week Number		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Meetings with HSE prescribing site coordinators group	R= S= F=																	
Preparation of Prescribing Policy	R= S= F=																	
Meetings with Drugs and Therapeutics Committee	R= S= F=																	
Meetings with Subgroups and other relevant bodies	R= S= F=																	



Example of a Timeline for Site Preparation (Continued)

Summary of Tasks	Responsibility (R) Start(S) Finish(F) [date]	Week of [date]	Week of [date]	Week of [date]	Week of [date]	Week of [date]	Week of [date]	Week of [date]	Week of [date]	Week of [date]	Week of [date]	Week of [date]	Week of [date]	Week of [date]	Week of [date]	Week of [date]	Week of [date]	
Week Number		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Approval of Prescribing Policy	R= S= F=																	
Meeting / support for Candidate Prescribers	R= S= F=																	
Support the preparation of collaborative practice agreement(s)	R= S= F=																	
Authorisation of collaborative practice agreement	R= S= F=																	
Submission and registration with An Bord Altranais	R= S= F=																	
Issue of Commencement Date	R= S= F=																	
Other Tasks	R= S= F=																	

Source: Office of the Nursing Services Director, HR Directorate, Health Service Executive (2008)

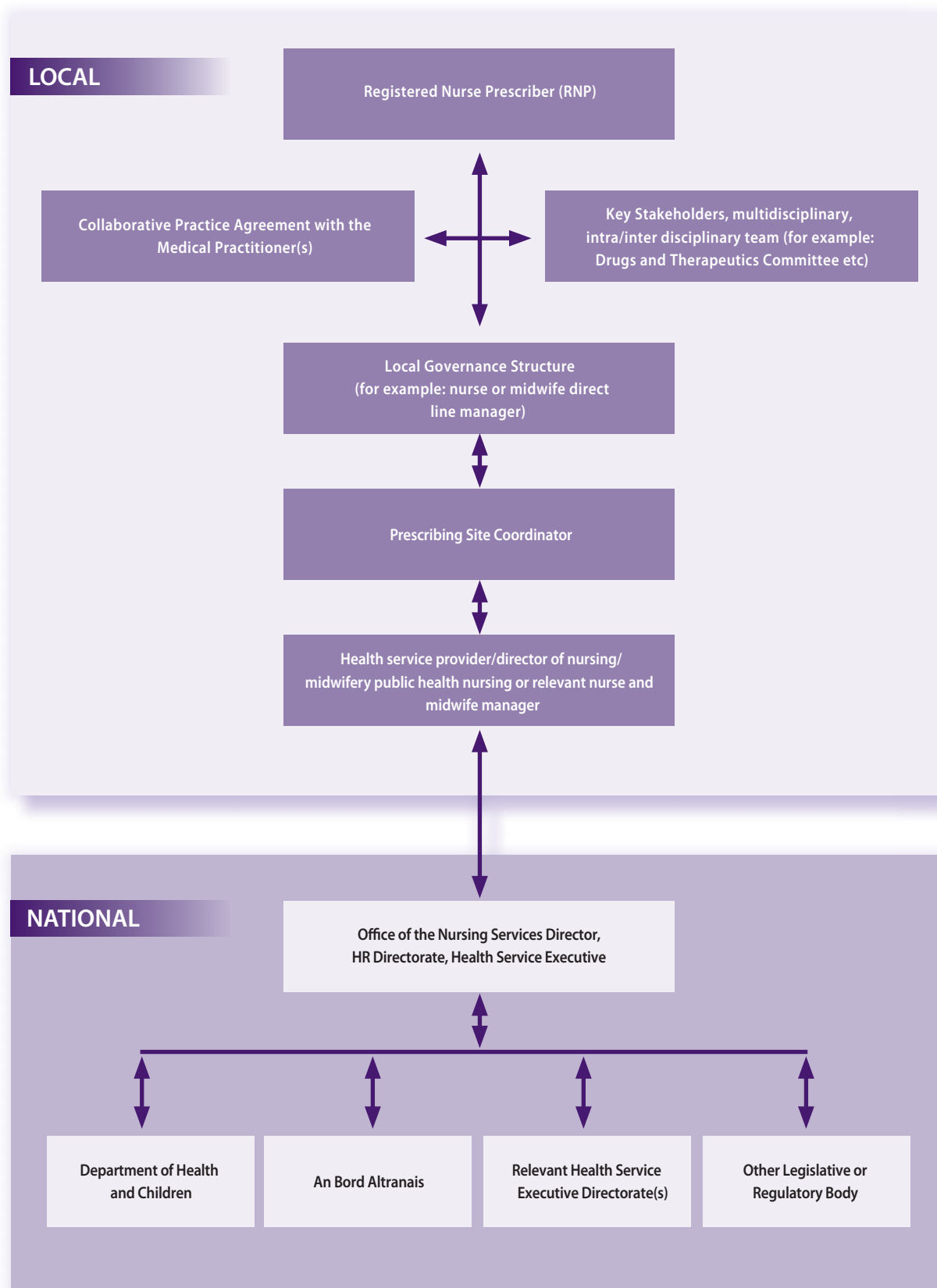


APPENDIX 10:

Communication Flow Diagram



Communication Flow Diagram



Source: Office of the Nursing Services Director, HR Directorate, Health Service Executive (2008)



Office of the
Nursing Services Director

APPENDIX 11:

Nurse and Midwife Prescribing Policy Checklist/ Template



Nurse and Midwife Prescribing Policy Checklist/Template

Introduction

The policy checklist/template for nurse and midwife prescribing aims to assist health service providers within the voluntary and statutory services of the Health Service Executive to develop a policy that promotes and underpins the provision of high quality and safe prescribing. Prescribing practice must be supported by a clear set of principles and arrangements which take place within the legislative and regulatory framework. It is recognised that the approach of each health service provider to policy development varies depending on patient or service user need, service requirements and/or organisational structures. Therefore, the nurse and midwife prescribing policy checklist/template sets out broad headings that should be considered in the development of a policy specific to the health service provider.

It is recommended that the policy be developed in collaboration with key stakeholders, (including consumers, and interdisciplinary and multidisciplinary teams) with representative input from quality and safety, clinical risk, clinical indemnity, drugs and therapeutics committees and other relevant groups, committees and councils. In addition, the policy must be developed within the health service providers clinical governance framework and in conjunction with any policies and procedures that the health service provider has in place (for example, medication policy).

In developing a policy for nurse and midwife prescribing the health service provider may:

- take a generic approach to all professionals with prescriptive authority by incorporating the requirements that already exist for other prescribers (for example, medical practitioners) of the health service provider into the policy.
- take an individual approach to different professional groups with prescriptive authority and specifically develop a health service provider policy for nurse and midwife prescribing.

Regardless if the approach is a generic policy for all professionals with prescriptive authority or a specific policy for nurse and midwife prescribers, the policy must be developed within the legislative and regulatory framework, the health service provider structure and processes, and be in line with other relevant organisational policies, protocols, procedures, guidelines, guidance, clinical governance arrangements, quality and safety requirements, and standards.

The health service provider will identify the service need for nurse and midwife prescribing, and the most appropriate person to lead on the introduction of the initiative, for example, the director of nursing/midwifery/public health nursing or relevant nurse and midwife manager on behalf of the health service provider. The director of nursing/midwifery/public health nursing or relevant nurse and midwife manager, on behalf of the health service provider, may identify a prescribing site coordinator with a key role in developing, implementing, monitoring and evaluating the structures, policy and process to support safe nurse and midwife prescribing that meets the requirements of health service provider and is compliant with the requirements and standards of An Bord Altranais and the Health Service Executive.

Example of a Front Cover of a Nurse and Midwife Prescribing Policy

Health Service Provider
Details and Logo

Policy Nurse and Midwife Prescribing Policy

Document reference number:	Document drafted by:
Revision number:	Document approved by:
Revision date:	Responsibility for implementation:
Review date:	Responsibility for evaluation and audit:
	Pages:

List of committees/councils/health service provider representatives that have approved the policy within the health service provider. Please note this will vary depending on the structures and process of the health service provider.

Policy Awareness

People who need to know this policy in detail	
People who need to have a broad understanding of this policy	
People who need to know that this policy exists	



Policy development

The policy for nurse and midwife prescribing must be developed within the legislative and regulatory framework and any conditions determined by the health service provider. It should be stated that the policy must be read in conjunction with the legislation, regulation, rules and the An Bord Altranais guidance documents listed below.

Legislation, Regulations and Rules

- *Irish Medicines Board (Miscellaneous Provisions) Act 2006*
- *Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2007*, Statutory Instrument No. 201 of 2007
- *Misuse of Drugs (Amendment) Regulations 2007*, Statutory Instrument No. 200 of 2007
- *Nurses Rules 2007*.

The Regulations associated with the *Irish Medicines Board (Miscellaneous Provisions) Act, 2006* attach the following conditions which must be met where nurse or midwife prescribing takes place:

- the nurse or midwife must be employed by a health service provider in a hospital, nursing home clinic or other health service setting (including any case where the health service is provided in a private home)
- the medicinal product is one that would be given in the usual course of service provided in the health service setting in which the nurse or midwife is employed
- the prescription is issued in the usual course of the provision of that health service
- the An Bord Altranais registration number (also known as the Personal Identification Number (PIN)) must be stated on the prescription.

In addition, the 2007 regulations allow a health service provider to determine further conditions for prescriptive authority of the nurse or midwife. Restrictions are in place on the prescribing of certain controlled drugs as detailed in the *Misuse of Drugs (Amendment) Regulations 2007*, Statutory Instrument No. 200 of 2007, which stipulates conditions for establishing a new Schedule 8 and restrictions for prescribing Schedule 2 and 3 MDAs.

Regulatory framework

The nurse and midwife prescribing policy must adhere to the regulatory framework and be developed in conjunction with the guidance issued by An Bord Altranais including:

- *Requirement and Standards for Education Programmes for Nurses and Midwives with Prescriptive Authority* (2007)
- *Practice Standards for Nurses and Midwives with Prescriptive Authority* (2007)
- *Collaborative Practice Agreement for Nurses and Midwives with Prescriptive Authority* (2007) second edition
- *Decision-Making Framework for Nurse and Midwife Prescribing* (2007)
- *Guidance to Nurses and Midwives on Medication Management* (2007)
- *Recording Clinical Practice – Guidance to Nurses and Midwives* (2002)
- *Guidelines for Midwives, 3rd Edition* (2001)
- *The Code of Professional Conduct for Each Nurse and Midwife* (2000)
- *Review of the Scope of Nursing and Midwifery Practice Final Report* (2000)



Resource and Implementation Group on Nurse and Midwife Prescribing

The National Resource and Implementation Group on Nurse and Midwife Prescribing has identified essential criteria which a health service provider must meet in order to participate in the prescribing initiative. The director of nursing/midwifery/public health nursing or relevant nurse and midwife manager on behalf of the health service provider has declared by signing the Site Deceleration Form that a number of structures will be place prior to the introduction of nurse and midwife prescribing including:

- a firm commitment by health service provider board, or Chief Executive Officer or medical director/chairman of medical board to support the introduction of the initiative
- an organisational policy for nurse and midwife prescribing (or will have a policy in place by the time the nurse or midwife completes the education programme)
- an ability to demonstrate that the health service provider can safely manage and quality assure prescribing practices
- risk management systems in place and processes for adverse event reporting, incident reporting, reporting of near misses and reporting of medication errors
- in place robust and agreed collaborative practice agreements (described if not already existing)
- identified a named medical practitioner(s) who has agreed to develop the collaborative practice agreement with the nurse or midwife
- appropriate mentoring arrangements established including a named mentor (medical practitioner) for each nurse or midwife
- a commitment to continuing education for staff supporting the prescribing initiative
- in place or has access to a Drugs and Therapeutics Committee
- in place local arrangements to oversee the introduction of nurse and midwife prescribing and ensure local evaluation
- a named individual with responsibility for the initiative locally (prescribing site coordinator)
- ability to comply with, and ensure data input for, the Nurse and Midwife Prescribing Data Collection System
- provision for the nurse or midwife prescriber for access to a computer, email and internet for data input to the Nurse and Midwife Prescribing Data Collection System
- a system to share details of the Registered Nurse Prescribers scope of practice and prescriptive authority with relevant health professionals.
- a mechanism to audit the introduction of nurse and midwife prescribing practices.

Therefore, the policy for nurse and midwife prescribing must include reference to the structures and process in place to meet the arrangements detailed above.

Policy statement/purpose

Identify the purpose of the policy within the health care setting; for example, to ensure that within the health care setting, the implementation and development of nurse and midwife prescribing is supported by a clear set of principles and arrangements within the overall clinical governance framework, legislation and professional guidelines.

Scope of policy

- Detail who the policy applies to, for example, Registered Nurse Prescribers and key stakeholders.
- Identify who is authorised by the health service provider to prescribe, and for which specific patient/client group or service within the health care setting.
- Detail any conditions determined by the health service provider that apply to nurse and midwife prescribing practice.

Aims

- To express the reason why the health service provider has decided to introduce nurse and midwife prescriptive authority; for example, developing new ways of working, providing better access, meeting patient or service user needs in partnership and collaboration with the inter- and multidisciplinary teams.
- To link the introduction of nurse and midwife prescribing to strategic service developments.
- To provide clear guidance underpinned by the legislative and regulatory framework and conditions applied by the health service provider to allow nurse and midwife prescribing.
- To commit to the principle that nurse and midwife prescribing must be embedded within a sound, robust clinical and community governance framework with regular auditing and evaluation.
- To provide clear lines of responsibility and accountability to support nurse and midwife prescribing.
- To ensure the safety of patients or service users.
- To highlight best practice supported by relevant documents and policies which will support registered nurse prescribers to maintain and improve their prescribing competencies.
- To communicate the health care provider's structures and processes to support nurse and midwife prescribing.

Eligibility to prescribe

Identify conditions to be applied by the health service provider in regard to permitting nurse and midwife prescribing authority within the site. Include in the policy the following:

- Candidate nurse or midwife prescriber must have successfully completed the designated education programme.
- Registered Nurse Prescriber must be entered on the Register of Nurse Prescribers maintained by An Bord Altranais.
- Registered Nurse Prescriber must be employed by the health service provider.
- Registered Nurse Prescriber must have an agreed valid written collaborative practice agreement with a medical practitioner.
- Registered Nurse Prescriber must have received formal notification of the commencement date for prescriptive authority from the director of midwifery/public health or relevant nurse and midwife manager on behalf of the health service provider.
- Registered Nurse Prescriber must have a full understanding of the requirements of health service provider's prescribing policy.
- Detail any other specific requirements that the health service provider requires to authorise a Registered Nurse Prescriber to practise within the site.
- Detail all local policies, protocols and guidelines that staff must adhere to in implementing prescriptive authority for nurses and midwives, for example, medication management and abbreviations.

Collaborative Practice Agreements

Detail arrangements in place for the development, approval and review of collaborative practice agreements in accordance with the guidance provided by An Bord Altranais and the requirements of the health service provider to ensure safe and appropriate nurse and midwife prescribing practice. For example, the policy should include that:

- a Registered Nurse Prescriber must have a written collaborative practice agreement with a medical practitioner employed by the health service provider [name organisation] in order to prescribe medications within their scope of practice.
- a collaborative practice agreement must be developed in order to register with An Bord Altranais as a Registered Nurse Prescriber and practice as a Registered Nurse Prescriber.

- the authority to prescribe will extend only to the Registered Nurse Prescriber and relate only to the list or categories of medications (generic names) described in the collaborative practice agreement and approved by the Drugs and Therapeutics Committee.
- the Registered Nurse Prescriber must forward (through the director of nursing/midwifery/public health nursing or relevant nurse and midwife manager Office) a copy of the signed collaborative practice agreement to An Bord Altranais.
- the director of nursing/midwifery/public health nursing or relevant nurse and midwife manager on behalf of the health service provider [name organisation] must authorise the Registered Nurse Prescriber with an approved collaborative practice agreement to commence prescribing within the health care setting on a specific date.
- the collaborative practice agreement is terminated if the Registered Nurse Prescriber or the medical practitioner who has signed the agreement resigns from post within the health care setting or transfers to another clinical area within the health care provider.
- the Registered Nurse Prescriber will notify the director of nursing/midwifery/public health nursing or relevant nurse and midwife manager and An Bord Altranais in writing within five working days of the termination of collaborative practice agreement and provide the reason for its termination (for example, resignation or change of employment).
- the collaborative practice agreement is terminated automatically if the Registered Nurse Prescriber or medical practitioner no longer has an active unrestricted registration.
- The collaborative practice agreement must be reviewed on an annual basis and any changes notified to An Bord Altranais.

Good prescribing practice

Detail the arrangements for the following practices:

- Responsibility for prescribing decisions.
- Reference must be made to the *Practice Standards for Nurses and Midwives with Prescriptive Authority* (An Bord Altranais, 2007) for the following:
 - prescribing for self, family and significant other
 - repeat prescriptions
 - prescribing unlicensed medications or a licensed medication for an unlicensed indication
 - verbal, telephone, email or fax orders
 - separation of prescribing and supplying/administering of medications
 - separation of prescribing and dispensing
 - influence of outside interests (relationships with the pharmaceutical representation or similar organisations)
 - communication and documentation
 - continuing professional development and continued competency.

Prescription forms

Detail the process for obtaining prescription pads, and the use and return of prescription pads.

Reference must be made to the *Practice Standards for Nurses and Midwives with Prescriptive Authority* (An Bord Altranais, 2007) for the following:

- Writing a prescription.
- Use of Personal Identification Number (PIN).
- Prescription writing for MDA-controlled drugs (Schedule 8).

Detail the process to link prescription pad numbers to Registered Nurse Prescriber, ensuring security and safe handling.

Also, detail the process in place for reporting suspected loss or theft of prescription pads.

Drugs and Therapeutics Committee

Detail the role of the Drugs and Therapeutics Committee in supporting nurse and midwife prescribing with reference to:

- medicinal products/categories listing approval (Attachment B of the collaborative practice agreement)
- link to ensure prescribers are kept informed of relevant clinical, therapeutic and prescribing information (adverse drug reaction reports and alerts).

Management of the Nurse or Midwife Prescriber

- Detail the responsibilities of the director of nursing/midwifery/public health or relevant nurse and midwife manager within the health care setting for nurse and midwife prescribing.
- Detail the responsibilities of the prescribing site coordinator within the health care setting for nurse and midwife prescribing.
- Detail the responsibilities of the nurse and midwife line manager in relation to nurse and midwife prescribers working within their area of responsibility.

Indemnity

Consider including a statement on the cover provided by the State Claims Agency (CIS) – see below extract from the State Claims Agency Statement (December 2007).

In relation to Nurse Prescribing, the CIS provides indemnity cover to nurse/midwife prescribers. The CIS also provides indemnity cover to registered medical practitioners who act as mentors to nurse prescribers and/or have signed a Collaborative Practice Agreement for nurse/midwife prescriptive authority.

CIS indemnity is provided in respect of a suit for personal injuries brought by a person alleging negligence, statutory or at common law, in respect of the provision of, or failure to provide, professional medical services. Such a suit may be against either the nurse/midwife prescriber or the registered medical practitioner, in his/her role as mentor or signatory to the Collaborative Practice Agreement, whether sued alone or together, arising from the prescribing of a drug or drugs by such a registered nurse/midwife prescriber. The CIS does not provide cover in respect of criminal matters i.e. where the Director of Public Prosecutions (DPP) directs criminal charges against a nurse or doctor.



Reporting of near misses and adverse drug reactions

- Detail the process within the health care setting for reporting adverse drug reactions.
- Detail the process within the health care setting for reporting near misses.

Information sharing

- Identify the process in place to ensure patients or service users, their families and other health care professionals are informed about the scope and limits of the nurse and midwife prescribing initiative.

Record keeping

- Detail the requirements for documentation and maintenance of records including the need for accurate, legible, unambiguous and contemporaneous records.

Monitoring of prescribing

- Outline the process to monitor the safety, effectiveness, appropriateness and acceptability of prescribing practice.
- Detail the requirement for and arrangements in place to enable Registered Nurse Prescribers monitor their own prescribing practice.
- Outline the requirement for the Registered Nurse Prescriber to collect and input all information required for the National Nurse and Midwife Prescribing Minimum Dataset.

Audit

- Detail the auditing process to be put in place by the health service provider [name organisation] including arrangements necessary to ensure that practice is based on sound clinical evidence, and is cost effective.
- Make reference to the HSE publication *An Introduction to Audit of Nurse and Midwife Prescribing: Guidelines for Health Service Providers* (2008).

Verification of prescribing status

- Detail processes in place for key stakeholders within and outside the health care setting to verify prescribing status of the Registered Nurse Prescriber.
- Include a statement that the register of Registered Nurse Prescribers is accessible to health service providers and the general public to confirm if a nurse or midwife is registered at <http://www.nursingboard.ie>.

Changes to the Registered Nurse Prescriber

Detail the process to be followed if there is a change in:

- Contact details, such as name, address etc.
- Scope of practice
- Collaborative practice agreement
- Competencies (if a Registered Nurse Prescriber is out of practice for a period of time for example, long-term sick leave, detail the process to be followed to ensure they are still competent to prescribe). In addition, the Registered Nurse Prescriber is responsible for maintaining competence for their prescriptive authority as per *Requirement and Standards for Education Programmes for Nurses and Midwives with Prescriptive Authority* (An Bord Altranais, 2007).

Final approval process and commencement date

Once all the structures, process, policies and procedures are established to support nurse and midwife prescribing in accordance with the legislative and regulatory framework, the director of nursing/ midwifery/public health nursing or relevant nurse and midwife manager on behalf of the health service provider [name organisation] must give the final approval and commencement date for the Registered Nurse Prescriber to commence prescribing in the health service setting.

Definitions

- *Administration* – ‘to give an individual dose of a medical product to a patient/client via direct contact (e.g. orally, by injection) or by indirect contact (e.g. application of a medical dressing) and ensuring the completion of this activity’ (An Bord Altranais, 2007c p.51).
- *Candidate Nurse Prescriber* – A nurse or midwife whose name is entered on the An Bord Altranais Candidate Register and is undertaking an approved programme of education and training leading to registration in the Registered Nurse Prescribers Division of the Register.
- *Collaborative practice agreement* – A written agreement between the Registered Nurse Prescriber and specific medical practitioner(s), agreeing the prescription of medicinal products by the registered nurse or midwife within their scope of practice at their place of employment. The medicinal products listing is approved by the Drugs and Therapeutics Committee and authorised by the director of nursing/ midwifery/public health nursing or relevant nurse and midwife manager on behalf of the health service provider.
- *Competence* – the ability of the registered nurse or midwife to practise safely and effectively, fulfilling her/his professional responsibility within her/his scope of practice (Review of Scope of Practice for Nursing and Midwifery, An Bord Altranais, 2000a).
- *Health Service Provider* - the Health Service Executive, a hospital, a nursing home, a clinic or other person whose sole or principal activity or business is the provision of health services, or a class of health services, to the public or a class of the public (Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2007).
- *Institution* - a hospital or a nursing home which is wholly or mainly maintained by a public authority out of public funds or by a charity or by voluntary subscriptions (Article 8 (1) (a) of the Misuse of Drugs Regulations 1988).
- *Medicinal Product* – The definition of a medical product in Article 1 of Directive 2001/83/EC was amended by Directive 2004/27/EC. The new definition states that a medical product is:
 - (i) Any substance or combination of substances presented as having properties for treating or preventing disease in human beings; or
 - (ii) Any substance or combination of substances which may be used in or administered to human beings either with a view to restoring, correcting or modifying physiological functions by exerting a pharmacological, immunological or metabolic action, or to making a medical diagnosis.
- *Medication Error* – “any preventable event that may cause or lead to inappropriate medication use or patient/client harm while the medication is in the control of the health care professional, patient/client encounter or consumer.” (An Bord Altranais, 2007c p.51).
- *Midwife* – a person whose name is entered in the midwives division of the register (*Nurses Act 1985*).
- *Nurse* - a woman or man whose name is entered in the register and includes a midwife and nursing (*Nurses Act 1985*).
- *Off-label Use* - The use of a licensed medicinal product outside of the terms of product characteristics approved for that product by the Irish Medicines Board (IMB). Off-label use might involve the use of a product in an age group for which it is not licensed, or for an indication for which it is not licensed, or in a dose outside of the range for which it is licensed.



- *Prescribe* - to authorise in writing the dispensing, supply and administration of a named medicinal product (typically a prescription-only medicine, but may include over-the-counter medications) for a specific patient/service user.
- *Prescription* - a prescription issued by a registered medical practitioner for the medical treatment of an individual, by a registered dentist for the dental treatment of an individual, or by a registered veterinary surgeon for the purposes of animal treatment or a registered nurse for the medical treatment of an individual subject to Article 3A of the Regulations (Misuse of Drugs (Amendment) Regulations, 2007).
- *Registered Nurse Prescriber* – a nurse or midwife who is registered in the Division of the Register of Nurse Prescribers of An Bord Altranais (An Bord Altranais, 2007).
- *Prescribing Site Coordinator* – The person nominated by the director of nursing/midwifery/public health nursing or relevant nurse and midwife manager on behalf of the health service provider to be the prescribing link. The person takes responsibility for the initiative locally, liaises with the education provider and the Office of the Nursing Services Director.
- *Schedule 8* - Drugs which practitioners who are Registered Nurse Prescribers may prescribe within MDA Schedules 2 and 3.
- *Supply* - distribute, sell, or offer a medicinal product to a patient/service user under the directions of a registered medical practitioner as noted in an individual prescription or written instructions (Medicinal Products (Prescription and Control of Supply) Regulations 2003).
- *Unlicensed/Unauthorised Medicine* -This is a medicinal product, which does not carry either a Product Authorisation (PA) Number issued by the Irish Medicines Board (IMB) or a European Union (EU) authorisation number issued by the European Medicines Evaluation Agency.

Sample Definitions:

- *Drugs and Therapeutics Committee* - This is a multidisciplinary advisory committee, which is a sub-committee of the Medical Board. Terms of reference include advising hospital staff on all matters pertaining to the use of drugs and medicines and ensuring that prescribing and administration of drugs is carried out in a safe and effective manner.
- *Mentor* - A consultant medical practitioner who has committed to act as a mentor and provide instruction and supervision within the specific clinical practice area for the duration of the education programme.

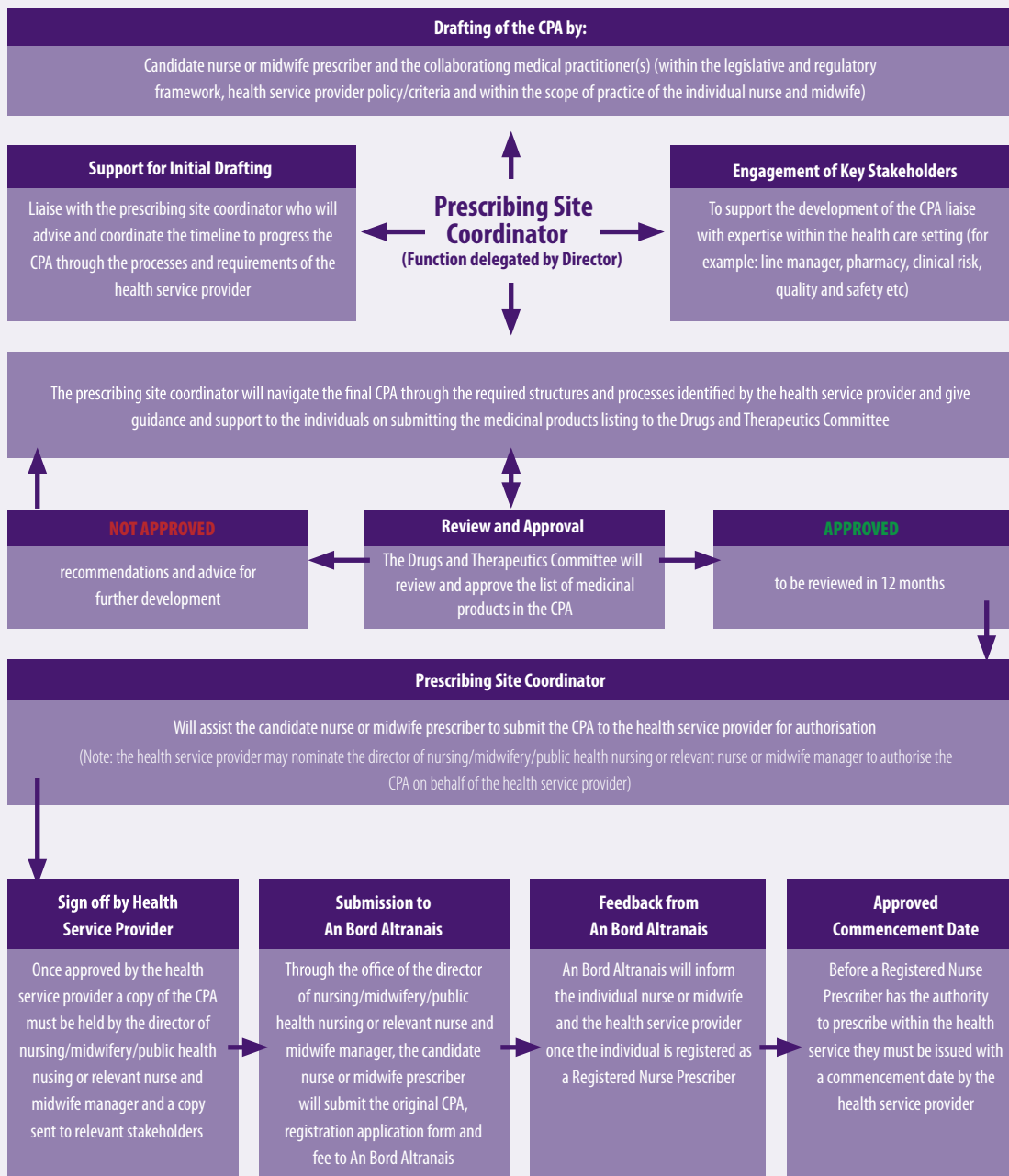
Source: Office of the Nursing Services Director, HR Directorate, Health Service Executive (2007) Approved by the Resource and Implementation Group, November 2007

APPENDIX 12:

Flow Diagram for the Development of the Collaborative Practice Agreement



Flow Diagram for the Development of the Collaborative Practice Agreement



Source: Office of the Nursing Services Director, HR Directorate, Health Service Executive (2007)



APPENDIX 13:

Sample Commencement Letter



APPENDIX 13:

Sample Commencement Letter

Date [insert details]

Registered Nurse Prescriber's Name

Clinical Grade

Ward/Unit/service

Address 1

Address 2

Address 3

Re: Commencement Date for Nurse or Midwife Prescribing at [insert name of health service provider]

Dear XXX

Congratulations on registering with An Bord Altranais as a Registered Nurse Prescriber. This marks a milestone in the development of your professional practice. You are now authorised to commence prescribing at [insert name of health service provider] from [insert date].

Please note that this authorisation gives you prescriptive authority within your scope of practice as documented in the collaborative practice agreement (CPA) signed on [insert date]. Please also ensure that your practice is in compliance with the relevant legislation, professional guidance and regulations in particular, the following:

- [Insert name of health service provider] Policy for Nurse and Midwife Prescribing [insert policy number].
- An Bord Altranais (2007) *Practice Standards for Nurse and Midwives with Prescriptive Authority*.
- An Bord Altranais (2007) *Collaborative Practice Agreement for Nurses and Midwives with Prescriptive Authority* (second edition).
- An Bord Altranais (2007) *Guidance to Nurses and Midwives on Medication Management*.
- An Bord Altranais (2007) *Nurses Rules 2007*.
- *Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2007* Statutory Instrument No. 201 of 2007.
- *Misuse of Drugs (Amendment) Regulations 2007* Statutory Instruments No. 200 of 2007.
- *Irish Medicines Board (Miscellaneous Provisions) Act 2006* (No. 3 of 2006).

As a Registered Nurse Prescriber you are responsible for maintaining continued competence and auditing your practice in accordance with your health service provider's and An Bord Altranais requirements. In this matter it is important that you enter the details of all prescriptions written by you on the Nurse and Midwife Prescribing Data Collection System.

As you are aware all collaborative practice agreements must be:

- reviewed on an annual basis (please submit details of the review to my office)
- considered null and void on termination/movement of employment and
- terminated automatically if the nurse prescriber or medical practitioner no longer has active unrestricted registration.

I would like to take this opportunity to wish you every success in using your new competencies within your clinical area of practice.

With kind regards

Yours sincerely

Director of Nursing/Midwifery/Public Health Nursing or relevant nurse
and midwife manager on behalf of the health service provider

Source: Office of the Nursing Services Director, HR Directorate, Health Service Executive (2008)
Approved by Resource and Implementation Group on Nurse and Midwife Prescribing, September 2008



Office of the
Nursing Services Director

APPENDIX 14:

Sample Patient and Service User Information Leaflet



Sample Patient and Service User Information Leaflet

Nurse and Midwife Prescribers – how they care for you

Since May 2007, nurses and midwives have the option to train to write prescriptions for certain drugs. Up until then, only doctors, dentists or veterinary surgeons (vets) could write a prescription.

This leaflet will help you understand this change.

1. What is nurse and midwife prescribing?

A change in the law now allows certain specially qualified registered nurses and midwives to write prescriptions for an agreed range of drugs. The system was introduced in May 2007 and means that these nurses and midwives can provide you with a more complete service than they could before.

2. What is a nurse or midwife prescriber called?

A nurse or midwife who can prescribe is called a Registered Nurse Prescriber (RNP).

3. Can all nurses and midwives prescribe?

No.

A nurse or midwife can prescribe only if they have:

- passed the college course on nurse and midwife prescribing
- have more than three years nursing or midwifery experience, and
- are registered with An Bord Altranais (the Nursing Board) as a Registered Nurse Prescriber.

4. What drugs can the nurse or midwife prescribe?

The nurse or midwife can only prescribe a range of drugs within their area of work. The list of drugs is agreed by the nurse or midwife, their employer and your doctor.

5. How will this new system help me?

If your nurse or midwife is allowed to prescribe the medication you require, it will mean that you may get your prescription faster and your treatment may commence sooner.

6. How can I help with this?

Always ensure you bring your current medications with you to hospital or clinic visits this will allow the nurse or midwife to assess your needs and explain any changes to your treatment.

7. How do I know that a nurse or midwife can prescribe?

The Nursing Board keeps an official record of all RNPs. You can check if a nurse or midwife is registered, by:

- telephoning the Nursing Board call centre on LoCall 1890 20016, or
- logging onto the internet site <http://www.nursingboard.ie> and click the tab 'Check the Register' near the top of the home page and follow the instructions.

8. Where can I get more information?

You can talk to nursing and midwifery staff, doctors or pharmacists ('chemists') if you would like to know anything more.

You can also get information from the following websites:

- Health Service Executive, <http://www.hse.ie>; and
- An Bord Altranais, the Nursing Board, <http://www.nursingboard.ie>.

Insert publication and or contact details as appropriate below

Date
Contact name
Health service provider name
Address
Telephone
Fax
Email

Note: This information leaflet was produced with assistance, on plain English, from the National Adult Literacy Agency (NALA).

Source: Office of the Nursing Services Director, HR Directorate, Health Service Executive (2008)
Approved by the Resource and Implementation Group on Nurse and Midwife Prescribing, October 2008



APPENDIX 15:

Useful Resources for Audit



Useful Resources for Audit

This resource list is presented by the Office of the Nursing Services Director to demonstrate the availability of information to assist with clinical audit.

HSE Learning and Development Centre (HSELAND)

This website provides e-learning opportunities through online tutorials, resources and links on a number of areas relating to health care. A module titled "Clinical Audit" is provided by the Health Service Executive e-learning centre. This can be accessed as follows:

Log onto <http://www.hseland.ie>

Follow instructions to Register as a New User

Click tab 'Learn'

Click Module 'Clinical Audit'

Follow the instructions on-screen to complete the module.

National Institute for Clinical Excellence (NICE)

This site provides guidance on current best practice. NICE is a Special Health Authority for England and Wales which provides patients, health professionals and the public with guidance on current best practice. This guidance covers clinical management of specific conditions. The site includes summary reports of guidelines commissioned by NICE, health technology appraisals and referral practice guidelines.

Related web resource: <http://www.nice.org.uk>

Scottish Intercollegiate Guideline Network (SIGN)

SIGN is a network of clinicians and healthcare professionals including representatives of all the UK Royal Colleges as well as nursing, pharmacy, dentistry and professions allied to medicine. Its objective is to improve the effectiveness and efficiency of clinical care for patients by developing, publishing and disseminating guidelines that identify and promote good clinical practice.

Related web resource: <http://www.sign.ac.uk>

National Guidelines Clearing House (NGC)

The NGC provides a searchable database of clinical practice guidelines that have been published in English in the past five years. The National Guidelines Clearing House is sponsored by the Agency for Healthcare Research and Quality in partnership with the American Medical Association of Health Plans.

Related web resource: <http://www.guidelines.gov>

National Library for Health

This NHS site provides a database of evidence-based guidelines. These include guidelines from NICE and professional bodies such as the Royal College of Nursing.

Related web resource: <http://www.library.nhs.uk>

An Bord Altranais - Irish Nursing Board

An Bord Altranais issues policies and guidelines for nurses and midwives. Recent policies and guidelines developed by An Bord Altranais can be found on this site.

Related web resource: <http://www.nursingboard.ie/en/policies-guidelines.aspx>

Royal College of Obstetricians and Gynaecologists

This site contains an article on Clinical Governance, 'Understanding Audit', which can be downloaded.

Related web resource: <http://www.rcog.org.uk>

National Council for the Professional Development of Nursing and Midwifery (NCNM)

The NCNM has published and provided assistance to nurses and midwives and conducted services in identifying nursing and midwifery interventions and outcomes of interventions.

Related web resource: <http://www.ncnm.ie>

Source: Office of the Nursing Services Director, HR Directorate, Health Service Executive (2008)

The Office of the Nursing Services Director does not accept liability for any injury, loss or damage incurred by use of or reliance on the information. The Office of the Nursing Services Director cannot guarantee and assumes no legal liability or responsibility for the accuracy, currency or completeness of the information on the websites listed. It is the responsibility of the user to make their own decisions about accuracy, currency, reliability and correctness of information contained on the sites listed. These websites or linkage to other websites should not be taken as an endorsement or a recommendation of any content, products or services.



APPENDIX 16:

Sample Data Collection Tool



Sample Data Collection Tool for Prescription Writing

Part 1: Demographic Details

Name of Registered Nurse Prescriber:	
Work Address:	
Area of Practice:	
Date of Audit::	
Audited by:	
Source of Data Collection:	Health Care Records Nurse and Midwife Prescribing Data Collection System Peer Review Prescription Forms

Part 2: Data Collection Tool

Criterion Number	Name of Registered Nurse Prescriber:	Yes	No	Evidence
	An assessment of the patients/service users needs has been recorded by the Registered Nurse Prescriber			
	Physical examination			
	Patient/service user history (including past/present medications use)			
	Record/rationale for clinical diagnostic decision			
	The prescription is legible			
	The name of the Registered Nurse Prescriber is stated on the prescription			
	The Personal Identification Number (PIN) of the Registered Nurse Prescriber is stated on the prescription			
	The prescription is in ink/indelible			
	The prescription is dated			
	The prescription is signed by the Registered Nurse Prescriber with their An Bord Altranais signature			
	The full name of the patient/service user is on the prescription			
	The address of the patient/service user is on the prescription			
	The date of birth is stated where the patient/service user is under the age of 12 years			

Prescription writing for MDA Schedule 8 medicinal products

	The name and address of the patient/service user is handwritten			
	The dose to be prescribed is handwritten			
	The form (in the case of preparations) is handwritten			
	The strength is handwritten in both words and figures			

Source: Office of the Nursing Services Director, HR Directorate, Health Service Executive (2008)



APPENDIX 17:

Sample Clinical Audit Report



Sample Clinical Audit Report

Clinical Audit Report Template

Submitted to:	Date:
Submitted by:	Date:

Title of Audit:

Background Information:

Were there any Risk Management issues involved? YES/ NO
If yes, please elaborate:

Participants in Audit Design

Name	Job Title	Department

Evidence-based criteria/standards:



Objectives of the Audit:

Methodology:

Findings:

Conclusion:

Recommendations:

Proposed re-evaluation Date:

Source: Office of the Nursing Services Director, HR Directorate, Health Service Executive (2008)



APPENDIX 18:

Sample Quality Improvement Plan



Sample Quality Improvement Plan

Quality Improvement Plan

Section: _____ Date: _____

Problem identified	Root cause of problem	Actions suggested/ agreed by team	Time frame	Identified team member responsible	Evidence of completion	Review dates	Outcome

Source: Office of the Nursing Services Director, HR Directorate, Health Service Executive (2008)





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Office of the Nursing Services Director
Human Resources Directorate
Health Service Executive
Dr Steevens' Hospital
Dublin 8
Ireland

telephone: +353 1 635 2471
email: nursing.services@hse.ie

www.hse.ie



Office of the
Nursing Services Director