

National Policy for Nurse and Midwife  
Medicinal Product Prescribing in  
Acute Hospitals



*Changing practice to support service delivery*

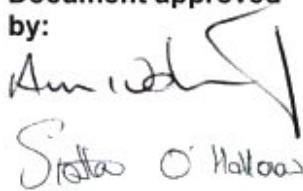


Office of the  
**Nursing Services Director**



**Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive**

**National Policy for Nurse and Midwife  
Medicinal Product Prescribing in  
Acute Office**

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|-----------------------------------|---------------|---|---|
| <b>Document reference number:</b> | NHO/NP/01/01  | <b>Document drafted by:</b>   | National Hospitals Office in collaboration with the Office of the Nursing Services Director                           |
| <b>Revision number:</b>           | First Version | <b>Document approved by:</b><br> | Ms Ann Doherty, National Director, National Hospitals Office<br><br>Dr. Siobhán O'Halloran, Nursing Services Director |
| <b>Approval date:</b>             | 23/09/09      | <b>Responsibility for implementation:</b>   | Directors of nursing,/ midwifery or relevant nurse or midwife manager on behalf of the health service provider        |
| <b>Revision date:</b>             | 23/09/11      | <b>Responsibility for evaluation and audit:</b>   | Directors of nursing,/ midwifery or relevant nurse or midwife manager on behalf of the health service provider        |
|                                   |               | <b>Number of Pages:</b>   | 28  |

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## 1.0 Policy Introduction

Prescriptive authority for nurses and midwives is founded on a dual framework of medicines legislation and professional regulation. This policy has therefore been developed in partnership with key stakeholders to comply with the Health Service Executive statutory obligations and to give practical effect to the governing legislation, regulation, rules and An Bord Altranais guidance documents.

### 1.1 Legislation, Regulation and Rules

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

- *Irish Medicines Board (Miscellaneous Provision) Act 2006* (No. 3 of 2006) (Section 10(1(ii))).
- *Irish Medicines Board (Miscellaneous Provisions) Act 2006* (Commencement) Order 2007
- *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* (An Bord Altranais, 2007).

To give effect to Nurse Prescribing for the Drugs Payment Scheme (DPS) the following was signed into law on the 25 February 2009

- *Irish Medicines Board (Miscellaneous Provisions) Act 2006* (Commencement) Order Statutory Instrument No 67 of 2009.

The Regulations associated with the *Irish Medicines Board (Miscellaneous Provisions) Act, 2006* attach the following conditions, which must be met, where nurse or midwife medicinal product 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 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. The prescribing of MDA-controlled drugs is detailed in the *Misuse of Drugs (Amendment) Regulation 2007*, which stipulates conditions for establishing a new Schedule 8 and restriction for prescribing Schedule 2 and 3 medicinal products.

## 1.2 Professional Regulation

This policy adheres to the regulatory framework and has been developed in conjunction with the guidance issued by An Bord Altranais including:

- *Collaborative Practice Agreement for Nurses and Midwives with Prescriptive Authority* (2007) second edition
- *Decision-Making Framework for Nurses and Midwives with Prescriptive Authority* (2007)
- *Guidance to Nurses and Midwives on Medication Management* (2007)
- *Guidelines for Midwives*, third edition (2001)
- *Practice Standards for Nurses and Midwives with Prescriptive Authority* (2007)
- *Requirements and Standards for Education Programmes for Nurses and Midwives with Prescriptive Authority* (2007)
- *Recording Clinical Practice. Guidance to Nurses and Midwives* (2002)
- *Review of the Scope of Nursing and Midwifery Practice: Final Report* (2000)
- *The Code of Professional Conduct for Each Nurse or midwife* (2000).

## 1.3 Implementation Framework

The Office of the Nursing Services Director, Human Resource Directorate, Health Service Executive, is responsible for leading the national implementation of nurse or midwife medicinal product prescribing in the Health Service Executive. To this end, the office has published the following guidance documents:

- *Guiding Framework for the Implementation of Nurse and Midwife Prescribing in Ireland* (2008)
- *Information on Application Guidelines for the Nurse or Midwife Prescribing Initiative, for: Health Service Providers, Nurses and Midwives, and Mentors* (2009).

## 1.4 National Hospitals Office

The National Hospitals Office is responsible for planning, managing and delivering a range of services within the acute setting.

Health service providers in NHO introducing nurse or midwife medicinal product prescribing should be familiar with the relevant regulatory, strategy, policy and standards documents identified and listed throughout this policy:

- Health Service Executive (2008) *An Integrated Health System for Ireland*. Dublin: Health Service Executive
- Health Service Executive (2008) *National Service Plan 2009*. Dublin: Health Service Executive
- PA Consulting (2007) *Acute Hospital Bed Capacity Review: a preferred health system in Ireland to 2020*. Dublin: Health Service Executive
- Health Service Executive (2006). *Transformation Programme 2007-2010*. Dublin: Health Service Executive.
- Department of Health and Children (2001). *Quality and Fairness: A Health System For You*. Dublin: Stationery Office.
- Department of Health and Children (2001). *Primary Care: A New Direction*. Dublin: Stationery Office

## 2.0 Policy Statement

The prescribing of medicinal products is an expanded role and as such one that nurses or midwives agree to undertake within their scope of practice, having regard to professional regulation, guidelines, legislation and organisational policy.

This national policy has been developed to support a standardised approach to the implementation and development of nurse or midwife medicinal product prescribing in NHO. It is underpinned by a clear set of principles and arrangements within the overall clinical governance framework, legislation, professional regulation and conditions applied by individual NHO health service providers.

**This policy is intended as a guide towards best practice, but must always be used in conjunction with professional judgement.** Each nurse or midwife is individually accountable to keep up-to-date with advances in prescribing and clinical practice and must acknowledge any limitations in competence. Accountability is an integral part of professional practice. Practising in an accountable manner requires a sound knowledge base upon which to make decisions, in conjunction with professional judgement. The practitioner must be able to justify and rationalise the reason for taking a particular course of action.

## 3.0 Purpose

The purpose of this policy is to:

- support the introduction of nurse or midwife medicinal product prescribing in selected areas of NHO in order to develop new ways of working, to provide better access, and meet patient needs in partnership and collaboration with the multidisciplinary team
- ensure the safety of patients and service users
- emphasise best practice supported by relevant documents and policies which will enable nurse or midwife medicinal product prescribers to maintain and improve their prescribing competencies
- agree to the principle that nurse or midwife medicinal product prescribing must be embedded within sound robust corporate and clinical governance frameworks with regular auditing and evaluation
- provide clear guidance underpinned by the legislative and regulatory framework to allow nurse or midwife medicinal product prescribing within the service setting
- provide clear lines of responsibility and accountability to support nurse or midwife medicinal product prescribing
- link the introduction of nurse or midwife medicinal product prescribing to strategic service direction.

## 4.0 Scope

The scope of this policy relates only to NHO health service providers that have the required structures in place to support nurse or midwife medicinal product prescribing. Prescriptive practice extends only to those drugs normally used in the named clinical area, and of these, only for categories of medicinal products or named medicinal products contained on the collaborative practice agreement endorsed by the Drugs and Therapeutics Committee and allowed under legislation.

This policy applies to:

- all key stakeholders supporting the introduction and implementation of nurse or midwife medicinal product prescribing in NHO;
- registered nurse prescribers employed in NHO who have an authorised date from the director of nursing/midwifery or relevant nurse or midwife manager vesting them with prescriptive authority in a named area of practice and whose names appear on the current register for nurse prescribers with An Bord Altranais;
- registered nurses or midwives in NHO who are undertaking or have undertaken the *Certificate in Nursing (Nurse or Midwife Prescribing)* or are in the process of developing a collaborative practice agreement.

## 5.0 Definitions

- **Adverse Reaction** – a response to a drug that is noxious and unintended and occurs at doses normally used in man for prophylaxis, diagnosis or therapy of disease or for the restoration, correction or modification of physiological function (Directive 2001/83/EC)
- **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 (An Bord Altranais, 2007).
- **Collaborating Medical Practitioner/s** – the medical practitioner or group of medical practitioners with whom the registered nurse prescriber has a written collaborative practice agreement as part of the requirements to prescribe medicinal products within their scope of practice in NHO (Office of the Nursing Services Director, 2008).
- **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 or relevant nurse or midwife manager on behalf of the health service provider (An Bord Altranais, 2007).
- **Competence** – the ability of a registered nurse or midwife to practise safely and effectively, fulfilling their professional responsibility within their scope of practice (An Bord Altranais, 2000).
- **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. The role of the Drugs and Therapeutics Committee in relation to nurse or midwife medicinal product prescribing within a health care setting involves advising, approving and reviewing the list of medicinal products or categories proposed in the collaborative practice agreement developed by the candidate/registered nurse prescriber and the

collaborating consultants or medical practitioners. A Drugs and Therapeutics Committee must include (but is not restricted to) representation from senior nursing personnel, senior medical personnel, pharmacist, and other expertise, for example clinical risk and general management (Office of the Nursing Services Director, 2008).

- **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 (Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations, 2007).
- **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:
  - 1) any substance or combination of substances presented as having properties for treating or preventing disease in human beings; or
  - 2) 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, 2007).
- **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 (Office of the Nursing Services Director, 2008).
- **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 (An Bord Altranais, 2007).
- **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 (An Bord Altranais, 2007).
- **Prescription** – 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).

- **Prescribing Site Coordinator** – the person nominated by the director of nursing/midwifery or relevant nurse or midwife manager on behalf of the health service provider to be the prescribing link. The person takes responsibility for the initiative locally, liaising with the education provider and the Office of the Nursing Services Director (Office of the Nursing Services Director, 2008).
- **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).
- **Serious Adverse Reaction** – an adverse reaction which results in death, is life threatening, requires inpatient hospitalisation, or prolongation of existing hospitalisation, results in persistent or significant disability or incapacity, or is a congenital anomaly/birth defect (Directive 2001/83/EC).
- **Schedule 8** – drugs which practitioners who are registered nurse prescribers may prescribe within MDA Schedules 2 and 3 (An Bord Altranais, 2007).
- **Unlicensed / unauthorised medicine** – 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 (An Bord Altranais, 2007).

## 6.0 Roles and Responsibilities

### 6.1 The Network Manager

- 6.1.1 Ensures that the vesting of prescriptive authority for nurses and midwives is included within the overall clinical governance structure of NHO and delegates responsibilities appropriately to relevant healthcare professionals.
- 6.1.2 Ensures that arrangements are in place for the assessment of practice, clinical supervision, monitoring, audit and continuing professional development.

### 6.2 Chief Executive Officer/The General Manager

- 6.2.1 Ensures that the vesting of prescriptive authority for nurses and midwives is included within the overall clinical governance structure of the health service provider and delegates responsibilities appropriately to relevant healthcare professionals.
- 6.2.2 Ensures that arrangements are in place for the assessment of practice, clinical supervision, monitoring, audit and continuing professional development.
- 6.2.3 In partnership with the director of nursing/midwifery or relevant nurse or midwife manager identifies the strategic direction of nurse or midwife medicinal product prescribing in their organisation and introduces the structures required for safe and appropriate prescribing.

### **6.3 The director of nursing/midwifery or relevant nurse or midwife manager**

- 6.3.1 The director of nursing/midwifery or relevant nurse or midwife manager must plan the strategic direction of nurse or midwife medicinal product prescribing in line with national and local policy direction.
- 6.3.2 The director must discuss and agree with medical mentors and collaborating medical practitioners their role in nurse or midwife medicinal product prescribing.
- 6.3.3 The director will sign off the site declaration form on behalf of the NHO health service provider and in so doing commits to ensuring that the following structures are in place to support nurse or midwife medicinal product prescribing:

#### *Safe management*

- An organisational policy for nurse or midwife medicinal product 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.

#### *Education and Practice Development*

- Robust and agreed collaborative practice agreements
- A named medical practitioner who has agreed to develop the collaborative practice arrangements
- Appropriate mentoring arrangements with a named mentor
- Commitment to continuing education for staff supporting the prescribing initiative.

#### *NHO Health Service Provider*

- Access to a Drugs and Therapeutics Committee
- Arrangements in place to oversee the introduction of a new practice in medicinal product prescribing and ensure local evaluation
- A named individual with responsibility for the initiative locally and for liaison with the education provider, An Bord Altranais and the HSE Offices of the Nursing Services Director. This person is known as the prescribing site coordinator
- A firm commitment by local management to support the introduction of nurse or midwife medicinal product prescribing
- Commitment to comply with and ensure data input for the *Nurse and Midwife Prescribing Data Collection System*
- Access to a computer, email and internet for data input to the *Nurse and Midwife Prescribing Data Collection System*.

#### *Audit and Evaluation*

- A mechanism to audit the nurse or midwife medicinal product prescribing practices
- 6.3.4 The director will be proactive in securing necessary resources for medicinal product prescriptive authority to be used safely and effectively in order to address patient/service users need and improve services.
- 6.3.5 The director should appoint supervise and support the prescribing site coordinator.
- 6.3.6 The director:
- ensures that all entrants to the medicinal products prescribing education programme are selected according to criteria indicating their potential to prescribe safely in the area in which they will practise
  - ensures the introduction of nurse or midwife medicinal product prescribing is in accordance with patient/service users needs and service demands within NHO
  - identifies time frame for submission of collaborative practice agreement medications listing to the Drugs and Therapeutics Committee
  - maintains a listing of registered nurse prescribers practising within their service area together with their collaborative practice agreement
  - notifies the registered nurse prescriber of a commencement date for prescriptive authority within the health service area on receipt of confirmation of registration from An Bord Altranais and approval of the nurse or midwife prescribing policy
  - ensures that arrangements are in place to provide continuing professional development for all registered nurse prescribers
  - addresses identified breaches of the collaborative practice agreement, takes appropriate action informs the Drugs and Therapeutics Committee and relevant stakeholders
  - informs the collaborating medical practitioners, prescribing site coordinator, chair of the Drugs and Therapeutics Committee, relevant pharmacists, in cases where it is necessary to suspend the collaborative practice agreement
  - provides reports pertaining to nurse or midwife medicinal product prescribing as required.

## **6.4 Candidate/Registered Nurse Prescriber's Line Manager**

- 6.4.1 In consultation with the multidisciplinary team and the director, identifies the service need for nurse or midwife medicinal product prescribing.
- 6.4.2 In consultation with director and prescribing site coordinator, identifies appropriate candidate/s to undertake the Certificate in Nursing (Nurse/Midwife Prescribing) and supports the application process.
- 6.4.3 Supports the continued professional development of the candidate/registered nurse prescriber.
- 6.4.4 Informs the director regarding any breaches of the collaborative practice agreement and takes appropriate action.
- 6.4.5 Receives, interprets and responds appropriately to audit reports conducted by the registered nurse prescriber.

## **6.5 Prescribing Site Coordinator**

- 6.5.1 The prescribing site coordinator is responsible for the nurse or midwife medicinal product prescribing initiative as directed by the director of nursing/midwifery or relevant nurse or midwife manager. This involves:
  - coordinating the development, implementation, monitoring and evaluation of the structures and processes to support safe nurse or midwife prescribing that meet the requirements of NHO health service provider and support its compliance with the requirements and standards of An Bord Altranais and the Health Service Executive
  - acting as a central point of contact for the candidate, registered nurse prescriber, mentor, medical practitioners and key stakeholders in order to communicate regarding the nurse or midwife medicinal product prescribing initiative
  - liaising with candidate/registered nurse prescribers, the Drugs and Therapeutics Committee, directors, risk management and the pharmacy department/pharmacists and all other relevant stakeholders
  - facilitating registered nurse prescribers within the NHO health service provider to meet their responsibilities to ensure safe and effective prescribing
  - facilitating the submission by the candidate nurse prescriber of the medicinal products listing within the completed collaborative practice agreement to the Drugs and Therapeutics Committee for approval
  - facilitating the review of the collaborative practice agreement (medicinal products listing) on an annual basis and forwarding to the Drugs and Therapeutics Committee
  - supporting the implementation of the monitoring, audit and the evaluation processes for registered nurse prescribers
  - overseeing the monitoring, audit and evaluation of medicinal product prescribing in line with the NHO health service providers audit policy

- providing reports on the development, introduction, monitoring and evaluation of nurse or midwife medicinal product prescribing within the NHO health service provider.

## 6.6 Candidate Nurse Prescriber

- 6.6.1 Successfully completes the Certificate in Nursing (Nurse/Midwife Prescribing).
- 6.6.2 Ensures that the theoretical and clinical experience requirements and assessments are completed within the required timeframe.
- 6.6.3 Updates the prescribing site coordinator on their progress on a regular basis.
- 6.6.4 Completes the collaborative practice agreement and submits the first draft of the medications listing to the Drugs and Therapeutics Committee.
- 6.6.5 Discusses with the director/prescribing site coordinator any situations where these responsibilities cannot or are not being fulfilled.

## 6.7 Registered Nurse Prescriber

- 6.7.1 Is responsible for the assessment of the patient/service user, determining what the problem is and making a diagnosis that may lead to a clinical decision to prescribe a medicinal product. The registered nurse prescriber holds full accountability and responsibility for this process/action.
- 6.7.2 Ensures their name is entered in the registered nurse prescribers division of the Register of Nurses maintained by An Bord Altranais
- 6.7.3 Ensures there is an up-to-date collaborative practice agreement in respect of their practice.
- 6.7.4 Practices in compliance with all of the relevant statutory provisions, An Bord Altranais guidelines and all local guidelines and conditions.
- 6.7.5 Prescribes for patient/service user populations within the practice setting and scope of practice set out in their collaborative practice agreement.
- 6.7.6 Practices in compliance with all relevant guidelines and protocols approved by the NHO health service provider and or agreed with the collaborating medical practitioner(s).
- 6.7.7 Inputs information for the *National Nurse and Midwife Prescribing Minimum Data Set* on all prescriptions written in the *Nurse and Midwife Prescribing Data Collection System* and furnishes statistical reports as required.
- 6.7.8 Forwards the completed annual review of their collaborative practice agreement to the Drugs and Therapeutics committee, in accordance with the agreed format.
- 6.7.9 Commits to and undertakes continuing professional development to maintain their competence for prescriptive authority. Informs the director or line manager of any concerns pertaining to their competence.
- 6.7.10 Conducts audits of medicinal product prescribing practice and furnishes reports as required.

- 6.7.11 Works collaboratively with other members of the healthcare team in order to enhance therapeutic outcomes for patients/service users.
- 6.7.12 Acts as an educated advisor to other students undertaking the certificate in nursing (nurse / midwife prescribing).
- 6.7.13 Maintains ongoing communication and collaboration with members of the health care team including collaborating medical practitioners and pharmacists.
- 6.7.14 Routinely checks for alert notices and bulletins issued by Medicines and Healthcare Products Regulatory Agency and the Irish Medicines Board.
- 6.7.15 Discusses with the director/prescribing site coordinator any situations where these responsibilities cannot or are not being fulfilled.
- 6.7.16 Informs An Bord Altranais in writing within five working days of the termination of a collaborative practice agreement and provides the reason for its termination (e.g. resignation or change of employment).

## **6.8 The Medical Mentor**

- 6.8.1 The mentor refers to the named medical practitioner who has agreed to support, supervise and assess the candidate nurse or midwife prescriber and may initiate the collaborative practice arrangement with the candidate nurse or midwife prescriber. This responsibility involves:
- availing of opportunities provided to gain an understanding of the role of the mentor, e.g. publications, briefings, meetings
  - at the start of the course, exploring with the student their clinical learning needs and agreeing a programme/contract for learning. This is specific for each student, reflecting the differing clinical skills and experience of each student
  - providing 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
  - providing learning opportunities and information updates necessary for evidence-based medicinal product prescribing practices
  - meeting formally with the student at three and six months to review progress
  - assessing achievement of competence in practice (using the An Bord Altranais competency framework)
  - formally assess the candidate 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, completing and 'signing off' the student's competency

## **6.9 The Collaborating Medical Practitioner/Medical Team**

- 6.9.1 Where the patient/service user cohort involves a number of medical practitioners, they must support the introduction of nurse or midwife medicinal product prescribing and be in agreement with the list of medicinal products named on the collaborative practice agreement and any conditions pertaining.
- 6.9.2 The registered nurse prescriber can only prescribe medications for those patients whose medical practitioner is in agreement with prescriptive authority for nurses and midwives and the collaborative practice agreement.
- 6.9.3 In collaboration with the candidate nurse or midwife prescriber agree their medicinal product prescriptive authority based on their knowledge, scope of practice, area of expertise and identified patient/service need.
- 6.9.4 Be aware of the professional regulatory and NHO requirements for the registered nurse prescriber's continuing competence for maintaining medicinal product prescriptive authority.
- 6.9.5 Report any dispute with, or breach of, the collaborative practice agreement to the director of nursing/midwifery or relevant nurse or midwife manager.
- 6.9.6 Participate in monitoring and auditing of registered nurse prescribers medicinal product prescribing practices to ensure that potential risks are identified and minimised.
- 6.9.7 Provide learning opportunities and information updates necessary for evidence-based prescribing practices.

## **6.10 The Drugs and Therapeutics Committee**

- 6.10.1 Approves the medicinal products listing put forward for nurse or midwife medicinal product prescribing by the candidate nurse or midwife prescriber and the collaborating medical practitioner(s).
- 6.10.2 Ensures that the medicinal products listing complies with all relevant statutory provisions, professional guidance and NHO policies.
- 6.10.3 Advises, where appropriate, on any additional conditions to be applied to the nurse or midwife's prescriptive authority in the specific NHO health service provider where relevant.
- 6.10.4 Reviews and approves any changes to the medicinal product listing agreed between the collaborating medical practitioner and the registered nurse prescriber.
- 6.10.5 Receives an update on the medicinal products listing following the annual review and renewal of the collaborative practice agreement.
- 6.10.6 Reviews the report of the monitoring and audit of the registered nurse prescriber's medicinal product prescribing practice where appropriate.
- 6.10.7 Advises in the event of a dispute or breach of the collaborative practice agreement.

## **6.11 The Pharmacist / Pharmacy Department**

- 6.11.1 The pharmacist/pharmacy department will provide support and guidance to nurse or midwife prescribers, and advise on the development of the nurse or midwife prescriber's medicinal product listing.
- 6.11.2 Provide medicines information on request to registered nurse prescribers.
- 6.11.3 Support the risk management processes in relation to nurse or midwife medicinal product prescribing and collaborate in audit where appropriate.
- 6.11.4 Inform registered nurse prescribers of alert notices and bulletins received.

## **7.0 Eligibility to Prescribe**

### **7.1 Conditions**

- 7.1.1 The NHO health service provider may identify certain conditions that the nurse or midwife must adhere to in order to prescribe. This may include a listing of all local policies, protocols and guidelines that staff must adhere to in implementing prescriptive authority for nurses and midwives, for example, medication management/abbreviations.
- 7.1.2 In addition to the above, in order to attain authority to prescribe, the following conditions must be adhered to. The:
  - candidate nurse 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 collaborating medical practitioner(s)
  - registered nurse prescriber must have received formal notification of the commencement date for prescriptive authority from the director of nursing/midwifery or relevant nurse or midwife manager on behalf of the health service provider before commencing prescribing.
  - registered nurse prescriber must have a full understanding of the requirements of the health service provider prescribing policy.
- 7.1.3 In the event that a registered nurse prescriber wishes to discontinue a medicinal product, which was prescribed by another prescriber, this should be discussed with the original prescriber and/or the collaborating medical practitioner/deputy prior to discontinuation. The discussion and indications for discontinuation should be documented.

## **7.2 Registration and Validation of Collaborative Practice Agreement**

- 7.2.1 The candidate nurse prescriber must prepare the collaborative practice agreement in collaboration with the collaborating medical practitioner/s in accordance with An Bord Altranais guidelines during the education programme.
- 7.2.2 The list of medications that will be prescribed by the registered nurse prescriber, is forwarded to the Drugs and Therapeutics Committee who will review and approve the list of medicinal products (Attachment B of An Bord Altranais collaborative practice agreement).
- 7.2.3 When the list of medicinal products has been reviewed and approved by the Drugs and Therapeutics Committee, the prescribing site coordinator forwards a copy of the signed collaborative practice agreement, including attachments A, B, and C to the director of nursing/midwifery or relevant nurse or midwife manager for authorisation.
- 7.2.4 The director of nursing/midwifery or relevant nurse or midwife manager on behalf of the health service provider authorises and signs the collaborative practice agreement on behalf of the health service provider.
- 7.2.5 The candidate nurse or midwife prescriber submits the completed and signed collaborative practice agreement, together with the completed *Nurse or Midwife Prescribing Registration Form*, and registration fee to An Bord Altranais to have their name entered on the Register of Nurse Prescribers.
- 7.2.6 Confirmation letters for registration as a registered nurse prescriber are sent to the individual nurse or midwife and to their employer by An Bord Altranais.
- 7.2.7 The director of nursing/midwifery or relevant nurse or midwife manager or relevant nurse or midwife manager on behalf of the health service provider informs the registered nurse prescriber in writing of the commencement date on which they are authorised to start prescribing.
- 7.2.8 Original copies of the collaborative practice agreement and copies of registration are maintained in the nurse or midwife's personnel file.
- 7.2.9 The collaborative practice agreement is reviewed annually by the registered nurse prescriber and collaborating medical practitioner(s). Changes should be based on patient/service need and should take cognisance of the nurse or midwife's scope of practice, and have approval of all key stakeholders.

## **7.3 Termination of Collaborative Practice Agreement**

- 7.3.1 The collaborative practice agreement is terminated if the registered nurse prescriber or a collaborating medical practitioner resigns from their post within the health service provider.
- 7.3.2 The collaborative practice agreement will be deemed null and void and of no further force or effect on the termination of, or the occurrence of, transfer or movement from the employment for which it was originally intended.

- 7.3.3 The collaborative practice agreement is subject to review and possible termination if the registered nurse prescriber or collaborating medical practitioner is subject to disciplinary or fitness to practice review by their regulatory body.
- 7.3.4 In the event of a termination of a collaborative practice agreement the registered nurse prescriber will notify the director of nursing/ midwifery or relevant nurse or midwife manager and An Bord Altranais in writing within five working days of the termination and provide the reason for its termination (for example, resignation or change of employment).

## **8.0 Clinical Indemnity**

### **8.1 Clinical Indemnity Scheme**

- 8.1.1 Registered nurse prescribers are individually and professionally accountable to An Bord Altranais and their employer for all decisions pertaining to their medicinal product prescribing practice.
- 8.1.2 The State Claims Agency has issued a statement in respect of clinical indemnity. See Appendix 1 for details of cover provided for all clinical practitioners in respect of nurse or midwife medicinal product prescribing in the public health services.
- 8.1.3 Collaborating medical practitioners or mentors who are not covered by the Clinical Indemnity Scheme, for example, General Practitioners, should inform their insuring body that they are supporting nurse or midwife medicinal product prescribing.

## **9.0 Procedure**

### **9.1 Clinical Assessment and Treatment Decisions**

- 9.1.1 As a registered prescriber, the nurse or midwife takes responsibility for their own prescribing decisions. The nurse or midwife is required to:
- be accountable for their prescribing decisions, including acts or omissions, and cannot delegate this decision to any other person
  - prescribe only for patient/service users that they have assessed and with whom they have a valid therapeutic relationship
  - conduct a systematic, holistic assessment of the patient's needs and presenting complaint in a timely manner
  - when appropriate use laboratory, radiological and other diagnostic tests in order to reach clinical diagnostic decisions
  - make appropriate treatment decisions based on consultation with the patient/service user where appropriate and assessment of individual therapeutic needs
  - consider an overall treatment plan taking cognisance of treatment decisions of other professionals
  - be alert to possible adverse effects and drugs interactions
  - recognise limits of scope of practice and consult with medical staff and other professionals where indicated.

## **9.2 Communication and Documentation**

- 9.2.1 The responsibility for prescriptive authority requires the nurse or midwife to effectively and efficiently communicate with the patient/service user and other health care professionals involved in their care.
- 9.2.2 Registered nurse prescribers must ensure that the patient/service user and their family member/significant other are aware that they are being treated by a non-medical practitioner and of the scope and limits of their prescribing practice.
- 9.2.3 The registered nurse prescriber should document assessment, treatment, review and follow-up plan of care in the patient/service user's health record, maintaining acceptable standards for recording clinical practice without the use of photocopies.
- 9.2.4 Patients, service users, family and carers where appropriate should be involved in treatment decisions and informed of the purpose of the medicinal product, dose, route of administration and possible side-effects.
- 9.2.5 Therapeutic interventions should be communicated to other members of the healthcare team ensuring that a continuing care/discharge plan is completed for the patient/service user.
- 9.2.6 The decision-making framework (An Bord Altranais, 2007) should be used as a guide for documenting and communicating prescribing decisions.
- 9.2.7 Specific arrangements for treatment, follow-up, consultation or referral should be documented in the collaborative practice agreement (An Bord Altranais, 2007).

## **9.3 Prescription Writing**

- 9.3.1 Specific standards for prescription writing must be adhered to as required by legislation, professional guidelines and the NHO health service provider.
- 9.3.2 The registered nurse prescriber must have a therapeutic relationship with the patient/service user and undertake an appropriate assessment of the need for treatment.
- 9.3.3 It is not permitted to write prescriptions for self, family or significant others. In the event of a possible blurring of the professional and personal boundaries of care, the individual requiring a prescribed medication should be referred to another appropriate prescriber.
- 9.3.4 The registered nurse prescriber has no authority to issue a prescription either verbally, by telephone, email or fax.
- 9.3.5 A registered nurse prescriber may not issue a prescription for unlicensed medication.
- 9.3.6 Prescription writing should concur with An Bord Altranais practice standards and NHO guidelines, and:
- should be written using a black ballpoint pen, pressing firmly to ensure an adequate duplicate copy
  - should contain the name, address, medical record number or date of birth of the patient/service user

- should include date of initiation (and discontinuation), medicinal product (generic name), preparation, route of administration, dosage, frequency and time of administration
- should not include unapproved abbreviations. Only abbreviations approved by the National Hospitals Office (2007) are permitted.
- doses should follow the normal convention, i.e. g for grams, mg for milligrams. Micrograms and nanograms should be written in full.
- prescriptions must be dated and signed by the registered nurse prescriber with their usual signature and must include their An Bord Altranais Personal Identification Number (PIN).
- corrections must only be made by re-writing the prescription. Use of correction fluid or deleting with a pen is not permitted.

9.3.7 Electronic prescription writing is considered acceptable if the clinical standards for legal and best practices are realised.

## 9.4 Prescription Writing for Controlled Drugs

9.4.1 *The Misuse of Drugs (Amendment) Regulations, 2007*, states the particular requirements that must be met for a registered nurse prescriber to issue a prescription for Schedule 2 or 3 MDA drugs. A new MDA schedule, Schedule 8, has been devised for the specific purpose of providing a detailed listing of the drugs, route of administration and condition for which the Schedule 2 or 3 medications can be prescribed by the registered nurse prescriber.

9.4.2 Prescription writing for MDA-controlled drugs must adhere to Schedule 8 of the *Misuse of Drugs (Amendment) Regulations 2007*.

9.4.3 The registered nurse prescriber has no legal authority to prescribe any other Schedule 2 or 3 MDA which is not listed on Schedule 8.

9.4.4 For medicinal products listed on Schedule 8 the registered nurse prescriber may not prescribe for a different route of administration of the named drug, nor prescribe for any other condition/situation not named in the schedule.

9.4.5 MDA drugs cannot be prescribed by the registered nurse prescriber unless they are authorised to do so in their collaborative practice agreement.

9.4.6 In addition to the prescription writing requirements outlined in section 8.3, the registered nurse prescriber must handwrite:

- the name and address of the patient/service user
- the dose to be prescribed
- the strength and form (in the case of preparations)
- the total quantity in both words and figures
- either the total quantity of the drug or preparation, or the number of dosage units to be supplied
- their signature in their usual handwriting.

9.4.7 A prescription for controlled drugs cannot be repeated but may be dispensed in instalments by the direction of the registered nurse prescriber. An MDA prescription is only valid for 14 days from date of issue.

## 9.5 Separation of Responsibilities in the Medication Management Cycle

- 9.5.1 The registered nurse prescriber should not normally undertake to both prescribe and dispense or prescribe and administer a medication as part of an episode of care. Another registered nurse or midwife should undertake the administration of the medicine.
- 9.5.2 In cases where it is necessary for the registered nurse prescriber to undertake to prescribe and administer a medication, the reason for this decision should be documented. Where possible, a second independent check of the medication should be carried out. The collaborative practice agreement (Attachment C of the An Bord Altranais collaborative practice agreement) must clearly outline such instances and provide for the auditing of these practices as part of the overall audit of prescriptive practices.

## **9.6 Repeat Prescribing**

- 9.6.1 Repeat prescribing may arise in situations (commonly chronic health conditions) where the original prescription was issued by the registered nurse prescriber or another prescriber and the patient/service user requires a continued course of medication.
- 9.6.2 The registered nurse prescriber may repeat prescriptions provided that a valid therapeutic relationship with the patient/service user exists and there is a need for continued treatment based on appropriate assessment by the registered nurse prescriber.
- 9.6.3 The decision making process should be documented including details of discussion with the patient/service user regarding perceived effectiveness, adherence to treatment and plans for review.
- 9.6.4 The registered nurse prescriber should acknowledge their scope of practice for prescribing, recognising any limitation of competence/knowledge and making appropriate referral where indicated.

## **9.7 Security and Safe Handling of Prescription Pads**

- 9.7.1 The registered nurse prescriber should use a NHO approved prescription pad/inpatient medication record/drug treatment sheet to write prescriptions.
- 9.7.2 Prescription pads are the property of the respective NHO health service provider and should be stored securely. The registered nurse prescriber should ensure that prescription pads are stored in a secure place under lock and key when not in use.
- 9.7.3 The registered nurse prescriber should report promptly any loss or theft of prescription pad to their line manager and relevant pharmacists and medical practitioners and complete a risk management occurrence form.
- 9.7.4 The registered nurse prescriber reporting the loss should verify (where possible) the serial number and identify the number of unused prescription sheets remaining in the pad.
- 9.7.5 The director of nursing/midwifery or relevant nurse or midwife manager on behalf of the health service provider should report the incident to the Garda Síochána.

## 9.8 Adverse Drug Reactions

- 9.8.1 Registered nurse prescribers should undertake to keep up to date with all prescribing information of the medicinal products they prescribe including up-to-date safety information.<sup>1</sup>
- 9.8.2 If an adverse medication reaction associated with the use of a medicine occurs during or following the administration of any medicinal preparation:
- administration of the medicinal preparation should cease immediately or as soon as possible
  - the registered nurse prescriber or relevant nursing staff should remain with the patient and closely monitor for all adverse reactions. Vital signs should be recorded as necessary
  - the relevant medical practitioner should be informed immediately and the patient should be reviewed, as necessary, by a medical practitioner
  - the reaction and all actions taken must be recorded promptly
  - the patient and/or significant others should be informed of what has happened by the registered nurse prescriber or relevant nursing/medical staff.
  - where available, all vials, ampoules and infusions should be retained and sent to pharmacy.
- 9.8.3 The registered nurse prescriber must report any suspected adverse reactions with medicines to the relevant medical practitioner, the pharmacy department and the clinical risk manager.
- 9.8.4 The registered nurse prescriber should report suspected adverse reactions in accordance with criteria outlined by the Irish Medicines Board. This includes any suspected adverse reactions brought to the attention of the registered nurse prescriber. Reporting of suspected adverse reaction may be carried out on line at <http://www.imb.ie> or through use of the yellow card system which is available in a downloadable format from the IMB website, or on request from the IMB. Copies of reporting forms are also available in the British National Formulary (BNF), but should be sent to the IMB.

## 9.9 Medication Errors

- 9.9.1 In the case of medication errors that directly involve the patient/service user, i.e. wrong medication/dose/route being prescribed or another prescribing error, the registered nurse prescriber or nursing/midwifery staff must remain with the patient and closely monitor the patient/service user for any adverse reactions. Vital signs should be recorded and the patient should be reviewed by the registered nurse prescriber and medical practitioner.
- 9.9.2 The incident must be reported to the line manager as soon as possible.

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<sup>1</sup> Irish Medical Board Publications including MIMs articles, drug safety newsletters, and the outcomes of EU safety reviews, new product warnings, details of recalls/suspensions are provided via e-mail or text message to prescribers registered with the IMB. To register for electronic alerts logging onto <http://www.imb.ie> and following the links from subscribe to our updates

- 9.9.3 If deemed necessary the National Poisons Information Centre in Beaumont Hospital should be contacted at +353 (0)1 809 2566/+353 (0)1 837 9964.
- 9.9.4 The incident and all actions taken must be promptly recorded.
- 9.9.5 The patient/service user and/or significant others should be informed of the incident.
- 9.9.6 A risk management occurrence form must be completed and sent to the relevant member of staff (clinical risk manager; director of nursing/midwifery or relevant nurse or midwife manager).
- 9.9.7 Any suspected adverse reactions associated with medication errors should be reported to the IMB as outlined above.

## **10.0 Monitoring and Audit**

### **10.1 Verification of Prescribing status**

- 10.1.1 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 by one of the following two methods:
- logging onto <http://www.nursingboard.ie> and going to the 'check the register' tab at the top right of the homepage. After the name and/or personal identification number (PIN) of the registered nurse prescriber is entered, the registration information returned for the individual nurse or midwife can be reviewed.
  - telephoning An Bord Altranais at the 1890200116 to request a check for the nurse or midwife's registration.

### **10.2 Monitoring Nurse or Midwife Medicinal Product Prescribing**

- 10.2.1 The registered nurse prescriber must enter all prescriptions onto the *Nurse and Midwife Prescribing Data Collection System* (available at <https://www.nurseprescribing.ie>).
- 10.2.2 Reports from the system can be generated by registered nurse prescribers, prescribing site coordinators and directors of nursing/midwifery or relevant nurse or midwife managers and used to monitor the prescribing activity within the employing organisation.
- 10.2.3 The NHO health service provider should identify the frequency of reports required and the personnel to whom they should be submitted.

### **10.3 Audit of Nurse or Midwife Medicinal Product Prescribing**

- 1.1.1 NHO health service provider may refer to the Office of Nursing Services Director publication *Guiding Framework for the Implementation of Nurse and Midwife Prescribing in Ireland* (Chapter 5) to assist in defining the auditing requirements for nurse or midwife medicinal product prescribing within their service.
- 1.1.2 The specific NHO health service provider will define the criteria for audit, the mechanism, the personnel involved, the frequency and the reporting requirements.
- 10.3.1 Reports from the *Nurse and Midwife Prescribing Data Collection System* can be used as a data source to inform the audit process.

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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](http://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 practice 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 practice matters, from their medical and nursing defence organisations.

For any queries regarding this please contact [info@stateclaims.ie](mailto:info@stateclaims.ie)



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National Policy for Nurse and Midwife Medicinal Product Prescribing in Acute Hospitals