



Information and Guidance
on the Introduction of Nurse
and Midwife Medicinal Product
Prescribing in General Practice

Incorporating
*Benefits of Nurse and Midwife Medicinal Product
Prescribing within a General Practice Setting*

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Changing practice to support service delivery



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Information and Guidance on the Introduction of Nurse and Midwife Medicinal Product Prescribing in General Practice

1 Introduction and Background

2007 saw the introduction of legislation giving prescriptive authority to nurses and midwives in Ireland¹. In summary, this legislation allows a registered nurse or midwife who has:

- completed an approved education programme
- undertaken the appropriate clinical experience
- registered with An Bord Altranais as a Registered Nurse Prescriber
- authority from the health service provider who employs them

to prescribe a range of medications within their scope of practice.

An Bord Altranais is invested with the power to provide professional regulation for nurse and midwife medicinal product prescribing while the *Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority* (An Bord Altranais, 2010) provide professional guidance for the Registered Nurse Prescriber.

The first nurse and midwife prescribers were registered with An Bord Altranais in January 2008 and the first Practice Nurse registered as nurse prescribers in 2009. Registered Nurse Prescribers practice across a diverse range of specialties and clinical settings with varying degrees of autonomy and independence within their scope of practice and in collaboration with the multidisciplinary team with patient care at the forefront.

The National Independent Evaluation of the Nurse and Midwife Prescribing Initiative in Ireland (University College Dublin, 2009) identified that the model chosen to implement nurse and midwife medicinal product prescribing in Ireland is safe and appropriate. The evaluation reported that “patients and parents of children who received a prescription from a nurse or midwife with prescriptive authority were highly satisfied with the care they received from nurse or midwife prescribers. Waiting time was also perceived to have been impacted upon with over ninety per cent of patients reporting that it had reduced their waiting time for treatment. Overall satisfaction with the consultation process was also high with the majority of patients surveyed of the opinion that the nurse or midwife prescriber was comprehensive in the delivery of their care, listened to their concerns and treated them as a person.” This provides evidence to support the demand for continued educational provision for nurses and midwives in prescriptive authority.

The purpose of this document is to provide guidance for General Practitioner (GP) practices that are considering introducing and implementing nurse and midwife medicinal product prescribing.

¹ Appendix 1 list of documents to be read in conjunction with this publication.

2 Stages for the Introduction of Nurse and Midwife Medicinal Product Prescribing in a General Practice Setting

The following four stages provide guidance for the successful introduction and implementation of nurse and midwife medicinal product prescribing.

2.1 Initiation

- The General Practitioner and the Practice Nurse must hold an initial discussion to determine the readiness of the practice to introduce the initiative through a partnership approach.
- Prepare for the introduction and implementation of the initiative by identifying key documents from the Department of Health and Children, An Bord Altranais, Health Service Executive and Higher Education Institutions (HEI) (See Appendix 1).
- Initiate local discussion within the practice team and with the community pharmacists.
- The Professional Development Coordinators of Practice Nursing in the HSE may also be involved in these discussions (see Appendix 3).

2.2 Planning

- Ensure there is a service need for nurse and midwife medicinal product prescribing within the practice
- Ensure governance mechanisms are in place i.e. nurse and midwife medicinal product prescribing policy, access to a Drugs and Therapeutics committee, process for audit and mechanisms for monitoring risk management and reporting adverse events (see Appendix 2, Site Declaration Form).
- Identify practice nurses to undertake the education programme and make arrangements for funding.
- Identify mentors, for the duration of the education programme (96 hours teaching in the practice setting).
- Identify Prescribing Site Coordinator (person with responsibility for introducing the initiative in the practice).
- Select a HEI who offers the education programme.
- Submit application (including completed Site Declaration Form) to the HEI for consideration.
- Inform the insuring body that the Practice is supporting nurse and midwife medicinal product prescribing.

2.3 Implementation

- Candidate ensures the theoretical and clinical requirements of the education programme are successfully completed.
- Candidate develops the Collaborative Practice Agreement (CPA) which includes the list of medication/categories which have been agreed with the collaborating medical practitioner(s)/ medical mentor. The list of medicinal products must be developed in accordance with legislation and An Bord Altranais regulation.
- The Medicinal Product must be:
 - one 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
 - issued in the usual course of the provision of that health service
 - authorised (formerly known as licensed) by the Irish Medicines Board. Each Registered Nurse Prescriber must have a thorough knowledge of the authorisation status of each medicinal product they are including within their Collaborative Practice Agreement.
- Practice Nurses who are registered nurse prescribers do not have the authority to prescribe controlled drugs.
- Candidate submits Attachment B of their CPA to the Drugs and Therapeutics committee for review and approval.
- In order to register as a nurse/midwife prescriber, the candidate must forward the An Bord Altranais Registration Form, signed CPA and attachments A, B and C, and registration fee to An Bord Altranais. The application form and collaborative practice agreement forms are available from An Bord Altranais website <http://www.nursingboard.ie>.
- An Bord Altranais notifies the nurse or midwife and their employer when they are confirmed as a Registered Nurse Prescriber.
- Communicate the role of Practice Nurses as prescribers to practice team and patients.
- Practice Nurses who are Registered Nurse Prescribers (RNPs) may be enabled to prescribe under the GMS system. Practice Nurses employed by a GP will not be issued with a separate prescription pad but should be facilitated to use the GMS Prescription Pad that their employer holds within the GP practice setting.

2.4 Mainstreaming

- Monitoring of activity and frequency of prescribing by the RNP should be undertaken collaboratively within the practice.
- Undertake audit as agreed in the Collaborative Practice Agreement and the nurse and midwife medicinal product prescribing policy.
- Evaluate the success of the initiative.
- Identify other prospective practice nurses in the practice to undertake the education programme.

3 Benefits of Nurse and Midwife Medicinal Product Prescribing for General Practice

3.1 Introduction

Nurse and Midwife Medicinal Product Prescribing in community services is expanding. Currently there are registered nurse prescribers across community based services in care of the older person's services (public and private), intellectual disability services, mental health, public health nursing, and general practice.

For the purpose of this document, General Practitioners from two GP practices, that have provided mentorship and support for the introduction of nurse and midwife medicinal product prescribing, have shared their experiences as outlined below. Registered Nurse Prescribers from the practice have also given an account of their experiences.

3.2 Description of Practice Settings

- *Practice Setting One:* This is a rural General Practice in the Mid-West of Ireland twenty-five miles from the nearest general hospital. The Practice sees approximately 2000 patients, 60% of whom hold medical cards. The General Medical Scheme list is comprised mainly of an elderly, traveller and non national population.

The Practice Nurse position was introduced in May 2007. This nurse has extensive experience and clinical expertise. She has worked as a practice nurse for 12 years, with the role incorporating the management of chronic disease including diabetes, asthma, cardiovascular health, health promotion, health screening, women/men's health and immunisation. As a Registered Nurse Prescriber, the Practice Nurse can further complement the role of the GP, providing collaborative patient care for the practice population.

- *Practice Setting Two:* This practice serves an urban and rural Irish residential and large non-Irish national population in the Mid-West. The practice population comprises of a busy GMS list of approximately 2000 patients and a larger private practice which is increasing. The practice is also a part of a Primary Care Team.

The Practice Nurse has been employed in the practice for five years. The role incorporates chronic disease management and health promotion, together with health screening, women's health, mother and child health, monitoring of anti-coagulant therapy, ear care, minor surgical procedures, infection control, wound management and travel health services. The role also includes, the assessment and treatment of emergencies, including stabilising prior travelling to hospital for assessment. As a registered nurse prescriber this role has greatly enhanced the services to patients, not as an alternative but rather complementary to the GP working within the agreed scope of practice.

3.3 Feedback and Comments from General Practitioners

A synopsis of the feedback received is presented below:

- **Collaborative working**

“Nurses have an intimate knowledge of the GP’s patients. Patients know the nurse and have confidence in the Practice Nurse. Nurse prescribing can free up the GP’s time to deal with other issues”.

- **Management and continuity of care for patients with chronic diseases**

“Nurses are probably better than doctors at adhering to protocols. Our nurse has done extra training in Diabetes and COPD, so she can monitor these patients and prescribe appropriately”.

- **Specific areas where Practice Nurses deliver direct patient care**

“Our nurse administers all childhood vaccinations and travel vaccinations. The nurse does pill checks and prescribes over the counter and treats gynaecological conditions i.e. vaginal thrush and Urinary Tract Infections”

- **Benefits of nurse prescribing**

“In our practice we have found that having a nurse prescriber has been of great benefit. Our nurse prescriber is able to deal with many patients in our practice and carry out treatments of quality and to a very high standard. She can assess the patients and treat them appropriately herself without recourse from the GP. However if she has any concerns, the GP will see the patient at once without a problem. She can assess patients with the following conditions: Diabetes, Asthma, COPD, Hypertension, Vaccinations, Pill check/Family Planning, Childhood illnesses i.e. RTI/Tonsillitis/Otitis Media, Gynaecological problems and Smoking Cessation treatment. This is a large support to the GP’s work”

3.4 Feedback and Comments from Practice Nurses who are RNPs

Practice Nurses who are RNPs were also asked for examples of how nurse and midwife medicinal product prescribing has influenced patient care and management in their General Practice. The following are a selection of vignettes received:

Vignette 1

A 59 year old lady, a known Type 2 diabetic with a body mass index of 40 on maximum dose of Metformin and maximum dose of Diamicon MR (Sulphonylurea). Her diabetes has been well controlled in the last 3 years but her Haemoglobin A1c (HBA1c) was rising despite her best efforts. I attended a diabetic conference and discussed the case with the presenting consultant who suggested in view of her BMI she would recommend a non insulin injectable e.g. Liraglutide. I discussed this possibility with the patient and the GP who agreed with the recommended medication. The patient was instructed on how to use the injection and advised to monitor her glucose levels closely. Her Sulphonylurea medication was reduced to avoid episodes of hypoglycaemia. The Liraglutide dose was increased to the maximum recommended dose. No episodes of hypoglycaemia, local or systemic drug reaction were experienced. Her HBA1c is now within normal limits and she has lost 5 kgs. This was the first time non insulin injectable was commenced in the practice

Vignette 2

A 27 year old lady presented for a Cervical Smear test. On glancing at her medications list I noticed that she was prescribed a Salbutamol Inhaler two to three times daily and Beclomethasone Inhaler twice daily. She was diagnosed as asthmatic at 12 years and was commenced on medication then but was not experiencing any exacerbations over the years, yet still continued to use the Salbutamol Inhaler. I explained that Salbutamol Inhaler is only used as a rescue inhaler unless otherwise indicated and I advised her that she should have a spirometry test. I asked her to stop her Salbutamol Inhaler for a week prior to spirometry. In the interim she had no symptoms of asthma and her spirometry was normal. No evidence of asthma was detected and no reversibility test was required. Her corticosteroid inhaler was reduced to a minimum dose and an action plan was put in place in the event of an exacerbation

Vignette 3

A 42 year old man presented with a hacking cough productive of sputum for one week with no improvement despite taking oral Paracetamol and an over the counter cough elixir. A full history and examination was undertaken and the patient had no known allergies. The patient has a low grade temperature and inflamed throat. Chest auscultation revealed bilateral bronchospasm and wheeze. Nebulised Salbutamol and Budesonide were given in the surgery with good effect. I also asked the GP to examine the patient's chest and he concurred with my diagnosis of acute respiratory tract infection. The patient was commenced on a broad spectrum antibiotic and oral corticosteroids. A follow up review was arranged.

Vignette 4

A 62 year old lady presented for routine check up and cholesterol test. A detailed medical history was taken and the patient stated she had fractured her left wrist on two occasions in the last ten years. She had an early menopause at 39 years. A bone density DEXA scan was arranged which revealed osteopenia of her vertebrae and hip. The National Osteoporosis Guidelines were followed. Additional blood tests were carried out to outrule any other underlying cause of osteopenia/osteoporosis. The patient was given an information leaflet on osteoporosis and her lifestyle and pharmaceutical options were discussed. Her blood test revealed no underlying abnormality. The patient was commenced on Calchichew D3 Forte one tablet twice daily and Protelos 2gr sachets once daily. She will have repeat calcium check in 6 months and repeat DEXA scan in one year. The patient was asked to report any adverse effects. The General Practitioner was informed and agreed with the management plan.

4.0 Conclusion

Medicinal product 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. This is evidenced from experiences outlined by the General Practitioners and Registered Nurse Prescribers in this document.

The approach to the implementation of nurse and midwife medicinal product prescribing in Ireland has been internationally recognised as a robust, standardised framework. This framework can be adopted to support GP practices introducing the initiative.

Support and information is available from the Professional Development Coordinators for Practice Nurses (Appendix 3) and through the Office of Nursing and Midwifery Services Director (Appendix 4).

Appendix 1: List of documents to be read in conjunction with this publication

An Bord Altranais (2010). *Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority*, second edition. Dublin: An Bord Altranais

An Bord Altranais (2007). *Collaborative Practice Agreement for Nurses and Midwives with Prescriptive Authority*, second edition. Dublin: An Bord Altranais

An Bord Altranais (2007). *Decision Making Framework for Nurses and Midwives with Prescriptive Authority*. Dublin: An Bord Altranais

An Bord Altranais (2007). *Guidance to Nurses and Midwives on Medication Management*. Dublin: An Bord Altranais

An Bord Altranais (2007). *Requirements and Standards for Education Programmes for Nurses and Midwives with Prescriptive Authority*. Dublin: An Bord Altranais

Government of Ireland (2007) *The Medicinal Products (Control of Placing on the Market) Regulations, 2007-2010* Dublin: Stationery Office

Government of Ireland (2007) *(Miscellaneous Provision) Act 2006 (Commencement) Order 2007*. Dublin: Stationery Office

Government of Ireland (2007) *(Miscellaneous Provision) Act 2006 (No. 3 of 2006) (Section 10(1)(ii))*. Dublin: Stationery Office

Government of Ireland (2007) *Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2007*, Statutory Instruments No. 201 of 2007. Dublin: Stationery Office

Government of Ireland (2007) *Misuse of Drugs (Amendment) Regulations 2007*, Statutory Instruments No.200 of 2007. Dublin: Stationery Office

Office of the Nursing Services Director (2010) *Nurse Prescribing and your child – Information for parents, carers and guardians*. Dublin: Health Service Executive

Office of the Nursing Services Director (2008). *Guiding Framework for the Implementation of Nurse and Midwife Prescribing in Ireland*. Dublin: Health Service Executive

Office of the Nursing Services Director (2008). *Nurse and Midwife Prescribers – How they care for you*. Dublin: Health Service Executive

Office of the Nursing and Midwifery Services Director (2011). *Nurse and Midwife Medicinal Product Prescribing. Application Guidelines for the Education Programmes* (second edition). Dublin: Health Service Executive

Office of the Nursing and Midwifery Services Director (2011) *Medicinal Product Authorisation. Information and Frequently asked Questions for Registered Nurse Prescribers* Dublin: Health Service Executive.

Appendix 2 Nurse and Midwife Medicinal Product Prescribing - Site Declaration Form

Essential Criteria for Site Selection

The *Site Declaration Form* is to be completed on behalf of the Health Service Provider by the Director of Nursing/Midwifery/Public Health Nursing or relevant nurse and midwife manager and submitted with the college application to the third level institution.

Criteria	Yes	No	Comment/Evidence
Safe Management			
Do you have in place an Organisational Policy for Nurse and Midwife Medicinal Product Prescribing (or will a policy be in place by the time the nurse or midwife completes the course)?			
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:			
Adverse event reporting?			
Incident reporting?			
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).			
Do you have in place robust and agreed collaborative practice arrangements? (if not already existing, will it be in place by the time the nurse or midwife completes the education programme?)			
Have you identified a named medical practitioner(s)/ mentor who has agreed to develop and agree the collaborative practice arrangements?			
Can you confirm that the name of the nurse or midwife applying for the education programme, is on the Live Register of Nurses maintained by An Bord Altranais i.e. have current active registration?			
Do you have in place a commitment to continuing education for staff supporting the prescribing initiative?			
For HSE statutory and voluntary services will you have in place a sponsorship agreement at local (service) level setting out the arrangements for study leave and financial support for the candidate?			
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) delegated by the Director of Nursing to have responsibility for the initiative locally and for liaison with the educational provider? For students employed in the voluntary and statutory services of the HSE the Prescribing Site Coordinator will also liaise with Office of the Nursing Service Director (please supply name).			
Have you established the clinical indemnity arrangements for nurse/midwife prescribing? (please note the Clinical Indemnity Scheme managed by the State Claims Agency covers employees of the voluntary and statutory service of the HSE)			



Criteria	Yes	No	Comment/Evidence
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?			
For students employed in the HSE voluntary and statutory services (only): will your organisation comply with and ensure data input for Nurse and Midwife Prescribing Data Collection System? For all other health service providers – can you confirm that you will have a process for monitoring prescribing activity?			
For students employed in the voluntary and statutory services (only) 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/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:

Date: _____

Signed by the Medical Practitioner/Mentor: _____

Date: _____

Please check the following:

1. The form is fully completed. Incomplete forms will not be considered
2. Your mentor is aware of the mentorship requirements as set out in Section X of this form. The mentor can contact the programme co-ordinator at XXXXXX for further information prior to signing the form
3. The name you give on the application form is the name by which you are registered with An Bord Altranais and which will appear on your student ID card, college records and parchment.

The completed form should be returned by XXXXXX Date; to XXX place; along with the [insert College name] Student Application Form



Appendix 3: Professional Development Coordinators for Practice Nursing

Marie	Courtney	Cork LHO	Unit 8A, South Ring Business Park Kinsale Road, Cork. Marie.Courtney@hse.ie	021 4927468	FAX 021 4927474	086 7872408	Cork Kerry
Rhonda	Forsythe	PCU	Swords Business Park, Balheary Rd, Swords, Co. Dublin Rhonda.Forsythe@hse.ie	01 8908740	01 8908707	087 2198098	North Dublin
Rita	Lawlor	PCU	Block E, Westland Park, Nangor Road, Clondalkin, D12 Rita.Lawlor@hse.ie	01 4609686	01 4609697	086 3837432	South West Dublin, Kildare
Ann M	McGill	Donegal LHO	Nowdoc, Unit 1, Letterkenny Business Park, Letterkenny, Co. Donegal AnnM.McGill@hse.ie	074 9167566		087 9167566	Donegal
Patricia	McQuillan	LHO	The Office Complex, Kilcreene Hospital Grounds, Kilkenny Patricia.McQuillan@hse.ie	056 7785613	056 7785549	087 2281548	Carlow, Kilkenny, South Tipp, W/ ford, Wexford
Kathy	McSharry	Galway Mayo LHO	CNE, St. Mary's Campus, Castlebar, Co. Mayo Kathy.McSharry@hse.ie	094 9042164	094 9042075	087 1206184	Galway, Mayo, Roscommon
Kathy	Taaffe	Sligo Leitrim LHO	Office 20, HSE West Finn Valley Centre, Stranorlar, Co. Donegal (Mon Tues Wed) Kathy.Taaffe@hse.ie	074 9189079	071 9822106	087 1321424	Sligo, Leitrim, West Cavan

Appendix 4: Further information and List of useful contacts

Organisation	Contact details
Health Service Executive:	Office of the Nursing and Midwifery Services Director 016352471 http://www.hse.ie/go/nurseprescribing
An Bord Altranais	An Bord Altranais 01 6398500 http://www.nursingboard.ie
Legislation	http://www.oireachtas.ie
HEIs	Dublin City University http://www.dcu.ie National University of Ireland Galway http://www.nuigalway.ie Royal College of Surgeons Ireland http://www.rcsi.ie University College Cork http://www.ucc.ie University College Dublin http://www.ucd.ie University of Limerick http://www.nm.ul.ie Waterford Institute of Technology http://www.wit.ie
Irish Medicines Board	http://www.irishmedicinesbord.ie

Office of the Nursing and Midwifery Services Director Contact Details:

<p>Clare MacGabhann Interim Director of Nursing and Midwifery (Prescribing) Office of the Nursing and Midwifery Services Director, South Email: clare.macgabhann@hse.ie Office: +353 21 492 7471 Mobile: +353 87 931 7025</p>	<p>Annette Cuddy Assistant Director of Nursing and Midwifery (Prescribing) Office of the Nursing and Midwifery Services Director, West Email: Annette.cuddy@hse.ie Office: +353 949 01013 Mobile: +353 87 931 7039</p>
<p>Mary MacMahon Assistant Director of Nursing and Midwifery (Prescribing) Office of the Nursing and Midwifery Services Director, Dublin Mid Leinster Email: mary.macmahon@hse.ie Office: +353 1 620 1737 Mobile: +353 87 670 2250</p>	<p>Rose Lorenz Assistant Director of Nursing and Midwifery (Prescribing) Office of the Nursing and Midwifery Services Director, Dublin North East Email: rose.lorenz@hse.ie Office: +353 41 685 0658 Mobile: +353 87 286 4075</p>



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