

## NMC programme of change for education

### Prescribing and standards for medicines management

This response form relates to our consultation on nurse and midwifery prescribing competency proposals, programme requirements for nurse and midwife prescribers and standards for medicines management.

Note: If you want to respond to our parallel consultation relating to our nurse proficiencies and education framework, you can download the response form from our main consultation web pages at:

<https://www.nmc.org.uk/globalassets/sitedocuments/edcons/cq1-nurse-proficiencies-and-education-framework-consultation-response-form.doc>

Information and supporting links to this consultation is available on our website and everyone is welcome and encouraged to respond to all areas of the consultation. We recognise however that some respondents will want to respond to specific consultation questions in certain areas of our standards. Therefore the questions will be introduced and arranged in a way that introduces each of the specific standard subject areas we are consulting on and will signpost and will provide ease of navigation to specific individual areas that we are consulting on that may be of specific interest to them. To enable respondents to answer, reference to the supporting information will be embedded into certain questions to provide additional information about the standards. We will encourage individuals and organisations to respond electronically to the independent research company, Why Research Ltd. who are collecting all the responses and will be undertaking the independent analysis on our behalf. Opportunities to save responses before submitting electronically will be available. Alternative approaches for responding to Why Research Ltd. will also be available if an alternative approach for your consultation is needed.

Consultation questions have been arranged under the following categories:

- [Draft nurse and midwife prescribing competency](#)
- [Draft nurse and midwife prescribing programme requirements](#)
- [Standards for medicines management](#)
- [Equality and diversity and inclusion questions – ‘About you’](#)
- [Programme of change for education – impact assessment](#)

### After you have filled in this response form

Once you have completed the questions relating to the above topics you are interested in, please either copy and paste your responses into the NMC online consultation survey at: <https://www.snapsurveys.com/wh/s.asp?k=149619705209>

or email your completed form to:  
[whyconsultations@whyresearch.co.uk](mailto:whyconsultations@whyresearch.co.uk)

## Draft nurse and midwife prescribing competency

There is some cross over between the questions we are asking about our proposals in relation to prescribing proficiencies, and the questions we are asking in relation to our proposed prescribing education and training requirements. We therefore recommend that you view these questions together with the prescribing programme requirements questions contained within our education framework consultation document.

**Q.PC.1. Do you agree with our proposal to use the Royal Pharmaceutical Society's *Single competency framework for all prescribers* as the basis for our nurse and midwife prescribing proficiencies and within our post-registration prescribing programme requirements?**

Strongly agree     Agree     Neither agree nor disagree     Disagree     Strongly disagree     Don't know

**Q.PC.2. If you answered strongly agree or agree to the question above, do you think this will promote a shared approach to prescribing competency between professional groups?**

Strongly agree     Agree     Neither agree nor disagree     Disagree     Strongly disagree     Don't know

**Q.PC.3. Increasingly care is taking place closer to home. In order to support the needs of people through new models of care it is important to increase nurse and midwife access to prescribing support, supervision and assessment.**

**Do you agree with our proposal to remove the designated medical practitioner role and title and replace this with a prescribing practice supervisor and assessor roles? This could be any registered healthcare professional with a suitable prescribing qualification and relevant prescribing experience.**

Strongly agree     Agree     Neither agree nor disagree     Disagree     Strongly disagree     Don't know

**Q.PC.4. During pre-consultation engagement potential risk areas of prescribing practice were highlighted, for example remote prescribing, cosmetic prescribing and independent prescribing practice.**

**Do you agree that additional guidance in such areas of prescribing practice should be developed in line with the Code<sup>1</sup> to ensure the public who seek access to these areas of prescribing practice are protected?**

Strongly agree     Agree     Neither agree nor disagree     Disagree     Strongly disagree     Don't know

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<sup>1</sup> The Code: Professional standards of practice and behaviour for nurses and midwives (2015)

Qu 1/2. We strongly agree with the NMC's proposal for the 'RPS single competency framework for all prescribers' to be adopted for nurses and midwives. This framework was developed in consultation with patients, representatives from a wide range of prescribing professionals and numerous reputable organisations. We agree that this will promote a shared approach to prescribing competency and strengthen relationships between professional prescribing groups.

Qu 3. We do not agree with the proposal to remove the Designated Medical Practitioner (DMP) and replace this with a Prescribing Supervisor and Assessor. The DMP is responsible for assessing whether a trainee has met the learning outcomes during training and whether specific competencies have been achieved.

Medical practitioners must fulfil a number of criteria to become a DMP, including having gained at least 3 years of clinical experience. We feel that a DMP can provide an insight into prescribing and shadowing opportunities across a wider range of practice than non-medical prescribing practitioners. This will allow prescribing trainees to gain exposure to prescribing governance, the consultation, diverse patient groups and complex patients. Our concern is that non-medical prescribing practitioners will not have as wide a range of clinical prescribing experience or diagnostics training to develop and assess the trainee fully in all competencies. Exposure to a DMP will also help cement the theoretical aspects learned in lecture theatres and online to practical application, particularly in improving diagnostic skills which need to go hand-in-hand with prescribing skills.

We feel in addition to the DMP it would be beneficial to have an external, consistent, reliable and reproducible prescribing competency assessment system. This could work in conjunction with the DMP and reduce the responsibility of individuals in assessing the capabilities of trainees.

Conflict of interest:

It should be noted that the British Pharmacological Society along with the Medical Schools Council Assessment co-produce the Prescribing Safety Assessment (PSA). This assessment aligns to many of the attributes of the RPS prescribing competency framework and is used by UK medical students and foundation doctors. In this consultation we recommend the NMC consider a prescribing competency assessment in some form. We will gladly discuss the PSA with the NMC, should producing a similar product or working with us be of interest at a later date.

Qu 4. We are of the opinion that all prescribing is high risk. While there are specific areas that can be listed, such as prescribing opioids, sedatives, insulin, anticoagulants and immunosuppressants, some areas are recognisably less regulated than others (e.g. aesthetics). In these cases, separate guidance may be needed. However overall, we are not convinced of the need to highlight special cases at this time.

## Draft nurse and midwife prescribing programme requirements

There is some cross over between the questions we are asking in relation to our proposed prescribing education and training requirements, and the questions we are asking regarding our proposals in relation to prescribing proficiencies. We therefore recommend that you view these questions in conjunction with our prescribing consultation document.

**Q.PPR.5. Currently a nurse or midwife has to be registered for two years before being eligible to undertake a community nurse prescribing programme known as V150.**

**We are proposing that immediately after successful completion of their pre-registration nursing programme and following registration, a registered nurse or midwife can complete the practice requirements of a community practitioner prescribing programme (known as V150).**

**Do you agree with this approach?**

Strongly agree     Agree     Neither agree nor disagree     Disagree     Strongly disagree     Don't know

Qu 5. We do not agree with the proposal that a nurse or midwife can complete the practice requirements to become a prescriber immediately after successful completion of their pre-registration nursing programme. We believe this to be too early as clinical experience is lacking and the current practice of enabling experienced nurse practitioners to become independent prescribers provides the right balance between optimal access for patients and prescribing safety.

Prescribing is a complex process and one that is prone to error. Familiarity with dose ranges of medicines for specific patient groups, frequency of administration and adverse effects/monitoring is important for the initiation and safe continuation of treatment. We feel this can only be gained with clinical, patient-orientated experience (i.e. 2–3 years post qualification). Unlike medical practitioners, nurses do not receive the same level of training of clinical pharmacology and therapeutic. Upon qualification, they have had far less exposure to diagnostics and complex patient groups, both of which are essential for clinical decision-making during the prescribing process, especially given our ageing populations who have multiple co-morbidities and are on polypharmacy.

All medical prescribers must pass the national Prescribing Safety Assessment (PSA) which has now emerged as a reliable and valid UK assessment of basic prescribing and supervision of medicines in the NHS.

References for processes and rationale for the Prescribing Safety Assessment can be reviewed here:

Maxwell, S. R. J., Coleman, J. J., Bollington, L., Taylor, C., and Webb, D. J. (2017) Prescribing Safety Assessment 2016: Delivery of a national prescribing assessment to 7343 UK final-year medical students. *Br J Clin Pharmacol*, doi: 10.1111/bcp.13319, <http://onlinelibrary.wiley.com/doi/10.1111/bcp.13319/full> (accessed 21 August 2017)

Maxwell SRJ. Prescribing safety: ensuring that new graduates are prepared. *The Lancet*, 2015, vol 385, p. 579. [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)62339-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)62339-4/fulltext) (accessed 21 August 2017)

**Q.PPR.6. We are consulting on the introduction of teaching and learning of prescribing theory into pre-registration nursing degree programmes. This means that newly qualified**

nurses in the future will be ready to commence a V150 prescribing programme following initial registration as long as they have the necessary support in place.

This is intended to support proficiency of prescribing practice across a range of settings at an earlier stage of a nurse's career.

Do you agree with this approach?

Strongly agree     Agree     Neither agree nor disagree     Disagree     Strongly disagree     Don't know

Qu 6. We agree that teaching and learning of prescribing theory is important in pre-registration as it allows the nurse to better understand the decision-making process during consultation with patients. Some of the core principles can be applied to their role in the medication process, such as with the administration and monitoring of medicines, identifying and reporting adverse drug reactions, and when raising concerns with prescribers about potential errors in prescriptions.

It is worth noting that clinical pharmacology and prescribing accounts for around 10-15% of a five year undergraduate programme in medicine. Therefore, we believe the nursing programme would have to be extended in order to meet these training requirements.

However even with these adjustments in the training programmes there would still be a lack of clinical experience and so these adjustments should not be incorporated with the sole aim of preparing the nurse for the V150 immediately after pre-registration training. They would simply better equip the nurse for prescribing.

**Q.PPR.7. The needs of people are changing and new models of care are emerging. Nurses in the future will demonstrate evidence of enhanced theoretical knowledge that supports earlier progression towards prescribing practice.**

**We are proposing that registrants complete one year post-registration practice (currently three years) in order to be eligible to commence a supplementary / independent prescriber (known as V300) programme. Do you agree with this approach?**

Strongly agree     Agree     Neither agree nor disagree     Disagree     Strongly disagree     Don't know

**Q.PPR.8. Requirement 4.6.1 states that a pharmacology exam must be passed with a score of a minimum score of 80%. Do you agree:**

that the minimum score is 80%?     that the minimum score should be higher than 80%?     that the minimum score should be lower than 80%     Don't know

Qu 8: We agree with the pharmacology exam, and that this should have a pass mark allocated. However, the level that this is set at will depend entirely on the contents of the test and complexity of questions.

Pharmacology is not the same as therapeutics and neither are synonymous with prescribing which requires a specific set of skills. A regular criticism in medical training has been that theoretical training in pharmacology is only a very small part of being an effective prescriber and clinician. All medical courses have moved towards training future prescribers in clinical pharmacology/therapeutics and their practical application.

The British Pharmacological Society has experience of delivering this kind of assessment nationally.

**Q.PPR.9. Requirement 4.6.2 states that the numeracy assessment needs to be passed with a score of 100%. Do you agree with the pass score being 100%?**

Strongly agree     Agree     Neither agree nor disagree     Disagree     Strongly disagree     Don't know

**Q.PPR9a. If you answered strongly disagree or disagree do you believe that the pass mark should be set within a flexible range instead and what do you think that range should be?**

Q9. We do think a high level of numeracy is important. However, we would refer to the above point about the contents and relevance of the test and the complexity of the questions before assessment can be made of any associated pass mark.

## Standards for medicines management

**Q.SMM.10. Governance and policy decisions about safe management of medicines should be made by organisations who deliver care and services to people and patients? Do you agree?**

Strongly agree     Agree     Neither agree nor disagree     Disagree     Strongly disagree     Don't know

Qu 10: Governances and policy decisions about the safe management of medicines tend to be based on UK legislation (i.e. the Human Medicines Regulations 2012) and professional standards. For example, the Medicines Code (or Policy) in an NHS hospital outlines their requirements for prescribing and administration based on the NMC Standards for Medicines Management and GMC Guidance and legislation.

In view of this, we do not feel that the governance and policy decisions about safe management of medicines should be the responsibility of the organisations who deliver care and services to people and patients. If this was to happen, practice may vary widely between organisations, which could introduce vulnerabilities in the medication process, leading to error prone situations as staff move around, either as part of their training or for new employment.

Organisations who deliver care and services to people and patients should be consulted on the safe management of medicines. However, we believe that standardisation is the best way to minimise errors in the medication process.

**Q.SMM.11. Evidence based practice, policies and standards of management of medicines should apply to all health care professionals rather than having separate standards (set by us) that only apply to nurses and midwives. Do you agree?**

Strongly agree     Agree     Neither agree nor disagree     Disagree     Strongly disagree     Don't know

**Q.SMM.12. How often do you use the current Standards for Medicines Management?**

Very often     Often     Infrequently     Rarely     Not at all     Don't know

**Q.PC12a. If you do use the Standards for Medicines Management standards, what do you use them for?**

Qu 12a: In practice, the standards are used by organisations to inform the development of local protocols (or standard operating procedures, SOPs). They are also used to inform the undergraduate teaching and postgraduate training of nurses, and can be used to guide topics for revalidation.

**Q.SMM.12b. Are there certain aspects of our current Standards for Medicines Management that you use more than others?**

Yes

No

Don't know

**Q.SMM.12c. If yes, please state which aspects are the most valuable to you.**

Qu 12c: All sections are valuable for informing local guidelines and policies.

**Q.SMM.13. Do you agree with our proposals to withdraw our Standards for Medicines Management?**

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

**Q.SMM.14. If you strongly disagree or disagree with our proposals to withdraw our Standards for Medicines Management, what aspect of medicines management guidance for nurses and midwives would enhance public safety and public protection?**

Qu 14: The roles of all healthcare professionals in the NHS are evolving. For example, the administration of medicines is no longer only the remit of nurses, with cases of pharmacists and pharmacy technicians adopting this role nationally. In view of this, we see your point that separate standards set by an organisation that only apply to nurses and midwives may not be useful. However, although the standards for medicines management require updating to avoid misinterpretation, this is the only set of standards that thoroughly outlines the requirements for the administration of medicines (including supervision, delegation and checking), the assessment of patients who are self-administering, and monitoring of treatment post-administration (i.e. adverse drug reactions). These standards are used by local organisations to inform their own policies and procedures to ensure the administration process is executed safely and effectively, and so promote consistent practice across organisations.

Standards relating to the supply, safe custody and record keeping for controlled drugs (CDs) are outlined in the Royal Pharmaceutical Society (RPS) 'Medicines, Ethics and Practice: the professional guide for pharmacists', which is updated on an annual basis. These guidelines are only available to members of the RPS, which is not mandatory upon registration. The guidelines do not outline standards specific to nurses, such as the transport of controlled drugs, record-keeping for CDs returned to pharmacy (e.g. from a hospital ward) and receipt, returns and disposal to pharmacy, stock checks on the ward and key-holding for access to CDs.

In summary, the following sections are not covered by any other professional standard:

- Section 1: Methods for supply/administration (e.g. remote prescribing)
- Section 2: Dispensing (prescription medicines labelled from stock for supply; Patients' own medicines).
- Section 3: Storage and transportation
- Section 4: Administration
- Section 5: Delegation
- Section 10: Controlled drugs (as detailed above)

In view of this, we feel the standards for medicine's management should be maintained and updated on a regular basis by relevant professional prescribing organisations with information most relevant to that profession. Standardisation between the RPS and NMC should be sought where possible.





**Q.SMM.15. What do you perceive to be the risks of withdrawal of our Standards for Medicines Management?**

Qu 15: Withdrawal of the standards could lead to variations in practice between healthcare organisations. This could introduce vulnerabilities into the medication process, leading to error prone situations as staff move around, either as part of their training or for new employment. We believe that standardisation is the best way to minimise errors in the medication process.

## Programme of change for education – equality and diversity and inclusion questions – ‘About you’

**Q1. Are you responding as an individual or on behalf of an organisation?** (please tick only one box)

As an individual.  
If yes go to **Q2**

On behalf of an organisation.  
If yes go to **Q14**

### Responding as an individual

**Q2. Which of the following best describes you?** (please tick only one box)

I am a member of the public. If yes go to **Q6**

I am a nurse or a midwife. If yes go to **Q3**

I am a student nurse or a student midwife. If yes go to **Q5**

### Nurses and midwives only

**Q3. Which of the following categories best describes your current practice?**

(Tick one or more areas that best describe the area you practise in)

Direct patient care

Management

Education Policy

Research

Other (please give details here)

**Q4. Please tick the box(es) which best describes the type of organisation you work for:** (please tick all that apply)

Government department or public body

Regulatory body

Professional organisation or trade union

NHS employer of doctors, nurses or midwives

Independent sector employer of nurses and midwives

- Agency for nurses or midwives
- Education provider
- Consumer or patient organisation
- Other (please give details here)

**Q5. Please tick the box(es) below that most closely reflect(s) your role?**

- Adult nurse
- Mental health nurse
- Learning disabilities nurse
- Children's nurse
- Specialist community public health nurse
- Health visitor
- Occupational health nurse
- School nurse
- Family health nurse
- Specialist practice nurse
- District nurse
- General practice nurse
- Midwife
- Student nurse
- Student midwife
- Other (Clinical Pharmacology across all care settings)

**All individuals**

To help make sure that our consultations reflect the views of the diverse UK population, we aim to monitor the types of responses we receive to each consultation and over a series of consultations. Although we will use this information in the analysis of the consultation response, it will not be linked to your response in the reporting process.

**Q6. What is your country of residence?** (please tick only one box)

- England
- Northern Ireland
- Scotland
- Wales
- Other – European Economic Area
- Other – rest of the world (please say where)

**Q7. What is your age (years)?** (please tick only one box)

- Under 25
- 25–34
- 35–44
- 45–54
- 55–64
- 65 or over
- Prefer not to say

**Q8. Are you:** (please tick only one box)

- Female
- Male
- Prefer not to say

**Q9. Please select one option to indicate whether your gender identity completely matches the sex you were registered at birth:** (please tick only one box)

- Yes
- No
- Prefer not to say

**Q10. Please indicate your sexual orientation** (please tick only one box)

- Bisexual
- Gay man
- Gay woman or lesbian
- Heterosexual or straight
- Prefer not to say

**Q11. What is your ethnic origin?** (please tick only one box)

**White**

- British, English, Northern Irish, Scottish or Welsh
- Irish
- Gypsy or Irish traveller
- Any other white background (please specify here)

**Mixed or multiple ethnic groups**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed or multiple ethnic group (please specify here)

**Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background (please specify here)

**Black, African, Caribbean or black British**

- Caribbean

- African
- Any other black, African, or Caribbean background (please specify here)

**Other ethnic group**

- Arab
- Any other ethnic group (please specify here)
- Prefer not to say

**Q12. Would you describe yourself as having a disability\*? (please tick only one box)**

\*Disability in this context means a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.

- Yes
- No
- Prefer not to say

**Q13. Please indicate your religion (please tick only one box)**

- No religion
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion: (please specify here)
- Prefer not to say

## Responding as an organisation

**Q14. Which one of the following categories best describes your organisation?** (please tick only one box)

- Government department or public body
- Regulatory body
- Professional organisation or trade union
- NHS employer of doctors, nurses or midwives
- Independent sector employer of nurses and midwives
- Agency for nurses or midwives
- Education provider
- Consumer or patient organisation
- Other (Clinical Pharmacology across all care settings)

**Q15. Does your organisation represent the views of nurses or midwives and/or the public that share the following characteristics?** (select all that apply)

- Older
- Younger
- Disabled
- Ethnic groups
- Women / men
- Lesbian, gay and bisexual
- Transgender
- Pregnancy / maternity

**Q16. In which country is your organisation based?** (please tick only one box)

- UK wide
- England
- Scotland
- Northern Ireland
- Wales
- Other – European Economic Area
- Other – rest of the world (please say where)

**Q17. Please give the name of your organisation:** (British Pharmacological Society)

**Q18. Would you be happy for your comments in this consultation to be identified and attributed to your organisation in the reporting, or would you prefer that your response remains anonymous?** (please tick only one box)

- Happy for comments to be attributed to my organisation
- Please keep my responses anonymous

**Q19. Please state your name:** (Lee Page on behalf of the BPS President Prof David Webb.)

**Q20. Please state your job title:** (Clinical Education, Training and Policy Manager)



## Programme of change for education – impact assessment

The proposed prescribing requirements and withdrawal of our standards for medicines management should not create unlawful barriers or create disadvantage for diverse groups on the basis of: race, gender, disability, religion and belief, sexual orientation, age, gender reassignment, pregnancy/maternity, political belief or being in a marriage/civil-partnership.

Will any of our proposals have a particular impact on these groups across the following categories?

### EDI.1a. Race:

Yes – largely positive impact anticipated       Yes – largely negative impact anticipated       No       Don't know

Provide any comments here

### EDI.1b. Gender:

Yes – largely positive impact anticipated       Yes – largely negative impact anticipated       No       Don't know

Provide any comments here

### EDI.1c. Disability:

Yes – largely positive impact anticipated       Yes – largely negative impact anticipated       No       Don't know

Provide any comments here

**EDI.1d. Religion and belief:**

- Yes – largely positive impact anticipated       Yes – largely negative impact anticipated       No       Don't know

Provide any comments here

**EDI.1e. Sexuality orientation:**

- Yes – largely positive impact anticipated       Yes – largely negative impact anticipated       No       Don't know

Provide any comments here

**EDI.1f. Age:**

- Yes – largely positive impact anticipated       Yes – largely negative impact anticipated       No       Don't know

Provide any comments here

**EDI.1g. Gender reassignment:**

- Yes – largely positive impact anticipated       Yes – largely negative impact anticipated       No       Don't know

Provide any comments here

**EDI.1h. Pregnancy / maternity:**

- Yes – largely positive impact anticipated       Yes – largely negative impact anticipated       No       Don't know

Provide any comments here

**EDI.1i. Political belief:**

- Yes – largely positive impact anticipated       Yes – largely negative impact anticipated       No       Don't know

Provide any comments here

**EDI.1j. Being in a marriage or civil partnership:**

- Yes – largely positive impact anticipated       Yes – largely negative impact anticipated       No       Don't know

Provide any comments here

**This completes your responses.**

**Thank you very much for taking the time to participate in the NMC programme of change for education: prescribing and standards for medicines management consultation.**

**After you have filled in this response form**

Once you have completed this form, please either copy and paste your responses into the NMC online consultation survey at:

<https://www.snapsurveys.com/wh/s.asp?k=149619705209>

or email your completed form to:

[whyconsultations@whyresearch.co.uk](mailto:whyconsultations@whyresearch.co.uk)