

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/cg1-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

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 Code¹ 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

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

QPC2 They offer the potential for adoption by all prescribers. It will be important to use them in all medical and healthcare education to raise awareness of the importance of safe prescribing and all aspects of medicines management in relation to people across the lifespan.

QPC3 Having been responsible for educating non medical prescribing nurses in higher education since independent and supplementary prescribing were introduced the role of the designated medical practitioner (DMP) should not be underestimated. Their learning support and supervision has been absolutely crucial to the success of safe non medical prescribing. They have a breadth and depth to their knowledge and understanding of anatomy and physiology, physical and mental health assessment, differential diagnosis and of conditions that can affect a person and how they can be managed. There is support for involving other NMPs and spending time with them but many NMP nurses say that they learned so much from the time they spent with their DMPs. A safer approach could be to continue to have the lead person the DMP for at least 40 - 50% of a student's practice time and use a team approach where possible for the remaining time with the range of different NMPs working in that clinical area. While there may be some very proficient and experienced NMPs there are also many others that would not be as confident in teaching and supervision to the levels required for a prescribing programme and the scope of their own profession may be limited regarding areas such as differential diagnosis, treatment options and management of the whole person.

QPC4 Using the term independent prescribing is unclear here. This term is in the glossary of the RPS competency framework to mean prescribing independently and includes Community Practitioner Nurse Prescribers where perhaps a better term would be private prescribing practice.

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

If a registrant can commence V150 immediately, it will be dependant on the extent of their prescribing preparation within the pre-registration programme, the level of prescribing support available in the practice field as well as the organisation preparedness and readiness for it to happen. However this could only be possible if there is a much greater emphasis on assessment, diagnosis and management of minor ailments and symptoms, tissue viability, wound and pain management and pharmacotherapeutics in the pre-registration nursing programme.

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

There may be issues with organisation readiness as such it is worth considering organisations preparedness and readiness for the change as well as the readiness of the current workforce.

There is also concern that the pre-registration programme could cope with the addition of prescribing theory within a three year programme as this would potentially need to include physical examination skills for diagnosis and the process of prescribing as well as pharmacotherapeutics. If there was a move to a four year programme then this could be more readily achieved.

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

QPPR7 One year is not sufficient to have developed the specialist knowledge of a particular clinical area or a particular client group for which the nurse or midwife is going to prescribe. Two years could be a viable alternative. Experience has shown that NMP students who struggle during the course are those with the least clinical experience of the area they are going to prescribe in. It would be particularly beneficial to keep from the old standards the criteria of one year's experience proceeding the course in the clinical area within which they intend to prescribe. It may also be worth considering keeping the eligibility to undertake V300 in line with regionally agreed Advance Nursing framework linking it to local requirements and service need.

QPPR8 Clear guidelines should be provided for what has to be covered within such an exam

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?

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

QSMM10 Governance and policy arrangements can vary in quality depending on the area. Some managers from healthcare facilities or organisations may pressurise staff to work outside of their competence or below the required standard. This may pose public safety issues in situations where profit making and reducing costs are the drivers in care delivery and service provision.

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.SMM.12a. If you do use the Standards for Medicines Management standards, what do you use them for?

For teaching purposes to pre-registration nurses and NMP students regarding the administration of medicines, controlled drugs, covert administration and transcribing. Where a student or staff member has made a mistake or drug error to develop an action plan. Standards are used to inform organisations' medicines and Management standards, procedures and policies, investigations, sorting out medicines management queries, support and develop Medicine Management competencies, protect patient safety by providing professional guidance and support, storage and administration of Medicines, drug errors referrals.

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.

All aspects are valuable as they inform and support training and practice- including administration of medicines, safe storage, controlled drugs, covert administration, transcribing, recording and reporting.

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?

Administration, monitoring, raising awareness of risk areas, supporting people to manage their own medicines more effectively. Updated standards or guidelines are needed to support professional accountability, public safety and protection.

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

There would be the loss of a cohesive and consistent set of standards for use by registrants across the UK. There would be no standards to measure against when identifying good or poor practice. This means that with the current changes in the NHS, any new care provider will have no standards to inform it's policy on medicine management policies, standards and procedures, thereby allowing them to do whatever they like. Registrants working for such organisations are likely to compromise their accountability and professionalism. Which in turn pose risks to patient and public safety and protection.

Also it could lead to delay before the relevant signposting occurs. Many of the medicines management policies within Trusts and other areas refer to the NMC medicines management standard (although they are outdated to a certain extent) they do provide good guidance on the process of different aspects of Medicine management.

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**

Other healthcare professional. If yes go to **Q6**

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 ()

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 (please give details here)

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 (please give details here)

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: (Unite The Union)

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: (Ethel Rodrigues (Professional Officer Education & Louise Hales Lecturer Nurse Education on behalf of Health Sector, Unite the Union)

Q20. Please state your job title: (Professional Officer & Lecturer (Nurse Education)

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

It is too early to say what the exact impact will be. However where there are no National set of Standards/ Guidance for Medicine management, it will only breed inconsistencies and no groups will be exempted from any resulting negative impact- for example it will be difficult to determine good and bad practices. Anyone's guess is as good as mine when it comes to drug errors, investigations queries, referrals to NMC for fitness to practise, patient satisfaction, public safety or protection.

There will be differing practices and both registrants and patients/ public are likely to be vulnerable to drug errors and safety risks with no protection. Also vulnerable groups be it registrants or patients are likely to be taken advantage of.

It would be interesting to know how NMC would determine medicine management referral cases without the standards or guidance in supporting professional accountability and professionalism; and for patient/ public safety and protection.

EDI.1b. Gender:

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

It is too early to say what the exact impact will be. However where there are no National set of Standards/ Guidance for Medicine management, it will only breed inconsistencies and no groups will be exempted from any resulting negative impact- for example it will be difficult to determine good and bad practices. Anyone's guess is as good as mine when it comes to drug errors, investigations queries, referrals to NMC for fitness to practise, patient satisfaction, public safety or protection.

There will be differing practices and both registrants and patients/ public are likely to be vulnerable to drug errors and safety risks with no protection. Also vulnerable groups be it registrants or patients are likely to be taken advantage of.

It would be interesting to know how NMC would determine medicine management referral cases without the standards or guidance in supporting professional accountability and professionalism; and for patient/ public safety and protection.

EDI.1c. Disability:

Yes – largely positive impact anticipated

Yes – largely negative impact anticipated

No

Don't know

It is too early to say what the exact impact will be. However where there are no National set of Standards/ Guidance for Medicine management, it will only breed inconsistencies and no groups will be exempted from any resulting negative impact- for example it will be difficult to determine good and bad practices. Anyone's guess is as good as mine when it comes to drug errors, investigations queries, referrals to NMC for fitness to practise, patient satisfaction, public safety or protection. There will be differing practices and both registrants and patients/ public are likely to be vulnerable to drug errors and safety risks with no protection. Also vulnerable groups be it registrants or patients are likely to be taken advantage of.

It would be interesting to know how NMC would determine medicine management referral cases without the standards or guidance in supporting professional accountability and professionalism; and for patient/ public safety and protection.

EDI.1d. Religion and belief:

Yes – largely positive impact anticipated

Yes – largely negative impact anticipated

No

Don't know

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It would be interesting to know how NMC would determine medicine management referral cases without the standards or guidance in supporting professional accountability and professionalism; and for patient/ public safety and protection.

EDI.1e. Sexuality orientation:

Yes – largely positive impact anticipated

Yes – largely negative impact anticipated

No

Don't know

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It would be interesting to know how NMC would determine medicine management referral cases without the standards or guidance in supporting professional accountability and professionalism; and for patient/ public safety and protection.

EDI.1f. Age:

Yes – largely positive impact anticipated

Yes – largely negative impact anticipated

No

Don't know

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It would be interesting to know how NMC would determine medicine management referral cases without the standards or guidance in supporting professional accountability and professionalism; and for patient/ public safety and protection.

EDI.1g. Gender reassignment:

Yes – largely positive impact anticipated

Yes – largely negative impact anticipated

No

Don't know

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It would be interesting to know how NMC would determine medicine management referral cases without the standards or guidance in supporting professional accountability and professionalism; and for patient/ public safety and protection.

EDI.1h. Pregnancy / maternity:

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

It is too early to say what the exact impact will be. However where there are no National set of Standards/ Guidance for Medicine management, it will only breed inconsistencies and no groups will be exempted from any resulting negative impact- for example it will be difficult to determine good and bad practices. Anyone's guess is as good as mine when it comes to drug errors, investigations queries, referrals to NMC for fitness to practise, patient satisfaction, public safety or protection. There will be differing practices and both registrants and patients/ public are likely to be vulnerable to drug errors and safety risks with no protection. Also vulnerable groups be it registrants or patients are likely to be taken advantage of.

It would be interesting to know how NMC would determine medicine management referral cases without the standards or guidance in supporting professional accountability and professionalism; and for patient/ public safety and protection.

EDI.1i. Political belief:

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

It is too early to say what the exact impact will be. However where there are no National set of Standards/ Guidance for Medicine management, it will only breed inconsistencies and no groups will be exempted from any resulting negative impact- for example it will be difficult to determine good and bad practices. Anyone's guess is as good as mine when it comes to drug errors, investigations queries, referrals to NMC for fitness to practise, patient satisfaction, public safety or protection. There will be differing practices and both registrants and patients/ public are likely to be vulnerable to drug errors and safety risks with no protection. Also vulnerable groups be it registrants or patients are likely to be taken advantage of.

It would be interesting to know how NMC would determine medicine management referral cases without the standards or guidance in supporting professional accountability and professionalism; and for patient/ public safety and protection.

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

Yes – largely positive impact anticipated

Yes – largely negative impact anticipated

No

Don't know

It is too early to say what the exact impact will be. However where there are no National set of Standards/ Guidance for Medicine management, it will only breed inconsistencies and no groups will be exempted from any resulting negative impact- for example it will be difficult to determine good and bad practices. Anyone's guess is as good as mine when it comes to drug errors, investigations queries, referrals to NMC for fitness to practise, patient satisfaction, public safety or protection.

There will be differing practices and both registrants and patients/ public are likely to be vulnerable to drug errors and safety risks with no protection. Also vulnerable groups be it registrants or patients are likely to be taken advantage of.

It would be interesting to know how NMC would determine medicine management referral cases without the standards or guidance in supporting professional accountability and professionalism; and for patient/ public safety and protection.

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:

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