



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



Office of the
Nursing Services Director

Information for Pharmacists about Nurse and Midwife Medicinal Product Prescribing in Ireland

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Introduction

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

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

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

The first nurse and midwife prescribers were registered with An Bord Altranais (ABA) at the end of January 2008. As of March 2009, there are currently 74 RNPs registered with ABA (12 practising in PCCC and 62 in the acute hospital sector). Recently a number of policy directions in relation to nurse and midwife prescribing of medicinal products under the various drug schemes have been agreed and these are outlined in this article.

Background

In 2005, a report entitled 'Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products' was published, which recommended that prescriptive authority be extended to nurses and midwives, subject to regulations.

The following year, the Irish Medicines Board (IMB) (Miscellaneous Provisions) Act 2006 provided for amendments to medicines regulations to allow prescribing by nurses and midwives. In addition, the Department of Health and Children established a national steering Resource and

Implementation Group (RIG) on nurse and midwife prescribing, whose membership came from a wide variety of stakeholders, including the PSI, and one of its main terms of reference was to advise on issues relating to the drafting of regulations.

These regulations – the Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2007 and the Misuse of Drugs (Amendment) Regulations – were subsequently signed into law on 1 May 2007, and they specify the legislative conditions and requirements for prescribing by nurses and midwives.

The main conditions that must be satisfied for a nurse to have prescriptive authority are:

- The nurse/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/midwife is employed.
- The prescription is issued in the usual course of the provision of that health service.
- The An Bord Altranais registration number, also known as the personal identification number (PIN), must be stated on the prescription written by the Registered Nurse Prescriber (RNP).

The 2007 regulations also allow a health service provider to determine further conditions for the prescriptive authority of the nurse or midwife. In addition, the Nurses Rules 2007 established the registration and professional regulation aspects of nurse prescribing.

The amendment to Misuse of Drugs legislation creates a new Schedule 8, which confines the prescribing of specified Schedule 2 and 3 drugs by nurses within one of four particular areas of practice (See Table 1).

Table 1

Schedule 8 drugs which practitioners who are registered nurse prescribers may prescribe within MDA Schedules 2 and 3

Part I**DRUGS FOR PAIN RELIEF IN HOSPITAL**

- I For the pain relief of a person in hospital in respect of a possible myocardial infarction;
- II For the relief of the acute or severe pain of a person in a hospital after trauma; or for the post-operative pain relief of a person in a hospital who has had either condition described in I or II.

DRUG	ROUTE OF ADMINISTRATION
Morphine sulphate	oral, intravenous, intramuscular
Codeine phosphate	oral

Part II**DRUGS FOR PALLIATIVE CARE**

DRUG	ROUTE OF ADMINISTRATION
Morphine sulphate	oral, subcutaneous
Hydromorphone	oral, subcutaneous
Oxycodone	oral, subcutaneous
Buprenorphine	transdermal
Fentanyl	transmucosal, transdermal
Methylphenidate	oral
Codeine phosphate	oral

Part III**DRUGS FOR THE PURPOSES OF MIDWIFERY**

DRUG	ROUTE OF ADMINISTRATION
Pethidine	intramuscular

Part IV**DRUGS FOR NEONATAL CARE IN HOSPITAL**

DRUG	ROUTE OF ADMINISTRATION
Morphine sulphate	oral, intravenous
Fentanyl	intravenous

Note: as morphine sulphate is not currently authorised in Ireland for neonatal use, this drug is not being prescribed to neonates by RNPs, notwithstanding the fact that it is listed in Schedule 8, as RNPs cannot prescribe unlicensed medicines.

Regulatory Framework for Prescriptive Authority

The regulatory framework for the prescriptive authority provided for in the legislation covers four main parameters: education, registration, clinical competence and clinical governance.

Education

Currently the certificate of nursing education programme for RNPs is delivered at the Catherine McAuley School of Nursing and Midwifery, UCC and the School of Nursing, RCSI and entails a six-month course, combining theoretical modules taught through the Schools, with a practical element which is provided by a named mentor (medical practitioner) at the nurse's place of employment.

Before admission to the programme of education and training to be a RNP, there are a number of minimum entry requirements that a nurse/midwife must fulfil. The nurse/midwife must already be registered in one of the divisions of the ABA Register (general, psychiatric, children's, intellectual disability, midwife, public health nurse); they must have at least three years' post-registration clinical experience; and the equivalent of one year full-time experience in their specific area of practice. There should also be demonstrable evidence of further education and a competent level of IT literacy.

In addition, there are 'site requirements' for the nurse's place of employment and practice, which must support the nurse's education and practice as a RNP. A site declaration form must be submitted by the nurse's employer, confirming an organisational policy for nurse prescribing, appropriate risk management systems, access to a Drugs and Therapeutics Committee (DTC), a named mentor for each nurse, a prescribing site co-ordinator, and a commitment to continuing education for nurse prescribers.

The CPA

One of the key documents relating to nurse prescribing is the Collaborative Practice Agreement (CPA). This is a written agreement drawn up between the RNP, a medical practitioner (approved by the health service provider/employer) and the health service provider, outlining the parameters of the RNP's prescriptive authority, i.e. their scope of practice.

It contains a general description of the practice setting to include population and conditions for which the RNP has responsibility, as well as a list of specific medications (by generic name) and/or categories of medications that the RNP is competent to prescribe.

The CPA is underpinned by the principles of professional accountability, responsibility, competence and clinical governance. It also provides a template for the development, audit and evaluation of the RNP's prescribing practices within the healthcare setting.

CPAs must be reviewed and renewed annually, and are considered null and void on the termination/movement of employment for which they were originally intended. The CPA also states a commencement date for prescriptive authority.

Registration

The professional regulatory framework for nurse/midwife prescribing is established through the Nurses Rules 2007, which allows for the creation of a division of the Register for Nurse Prescribers. This Register is publicly accessible on the ABA website, www.nursingboard.ie, where it can be easily checked if a nurse is a RNP.

Click on the 'Check the Register' tab, and enter either the name or PIN (which must be written on all prescriptions) of the nurse. Under the individual nurse's details, the Division(s) of the Register that apply to the individual are listed, and this list will include the term 'nurse prescriber'. The register will also indicate if a CPA is on file (A CPA must be in place in order for the RNP to prescribe).

Practice Standards

The professional responsibilities of a RNP are addressed in the Practice Standards, which outline the requirements of An Bord Altranais and augment the clinical governance structures at local and national level. There are nine individual standards described and these are:

- 1 **Prescription writing:** Prescriptions must be written accurately and correctly, as required by relevant legislation and site policy.
- 2 **Prescribing for self, family and significant others:** This is not acceptable professional practice.
- 3 **Repeat prescribing:** This outlines need for regular review and assessment of patient for the repeat/continuation of previously prescribed medication and the requirement for the RNP to have a valid therapeutic relationship with the patient.
- 4 **Prescribing of unlicensed medicines:** RNPs are not authorised under current medicines legislation to prescribe unlicensed or exempt medicinal products.
- 5 **Prescribing by means of verbal/telephone, email or fax:** This is not acceptable practice under any circumstances.
- 6 **Separation of responsibilities in the medication management cycle:** This outlines best practice in the separation of prescribing and supplying/administering, and prescribing and dispensing, and states that, in the interests of patient safety, there should be a clear separation of these activities. It notes that "the pharmacist has a particular role and expertise for dispensing, as does the nurse/midwife involved with supply and/or administration of medications, particularly in acute care settings". However, it is acknowledged that the local site specific CPA may outline situations where the RNP may be involved in a crossover and merging of these activities as part of the provision of patient care, and states that the CPA should provide for the auditing of such practices.
- 7 **Influence of outside interests (relationships with pharmaceutical representation or similar organisations):** This states the RNP should only prescribe based on the best interests of the patient, and should not be influenced by factors such as financial support by pharmaceutical and/or other healthcare interests.
- 8 **Communication and documentation:** This states that RNPs have a responsibility to communicate effectively and efficiently to the patient, as well as to the other healthcare professionals involved in the patient's care.
- 9 **Continuing professional development and continued competency:** This states that the RNP has a professional and personal responsibility to maintain their individual competency for prescribing practice, and obliges them to commit to, and engage in, continuing professional development relating to assurance of competency for prescribing practices. It also states that health service providers/employers have a responsibility to provide support and access to continuing professional development and assessment of competence.

Evaluation

An independent external evaluation of nurse and midwife prescribing is currently underway. This two-year review is being undertaken by a research team in UCD. The review comprises four distinct phases: an audit of nurse/midwife prescribing; an evaluation of the educational programme, patient satisfaction survey; evaluation of health professionals, including stakeholder bodies and members of the nursing profession itself.

Since the introduction of prescribing by RNPs, each individual nurse/midwife records information for every prescription they write in a central web-based database. The information recorded includes the clinical indication (prophylaxis, diagnosis or treatment), the name, dose, frequency and route of the medicinal product prescribed, as well as details of the prescribing site and the RNP. Analysis of this data will be part of the audit of prescribing in the evaluation.

Recent Developments in Nurse/Midwife Prescribing

RNPs prescribing in PCCC

As of April 2009, there are 12 RNPs working within the PCCC sector and more than 30 nurses from PCCC currently in training to become RNPs. A high level group composed of representatives from the Department of Health and Children and the HSE was established last year to discuss the implementation of nurse prescribing under the various drug schemes.

The policy directions for each of the main schemes have now been agreed and will be implemented in the near future. The introduction of nurse/midwife prescribing does not alter in any way the current arrangements for reimbursement under the various schemes. Circulars from the HSE will communicate the alignment to the various schemes to community pharmacists upon implementation, and the policy directions for each scheme are outlined below:

- **GMS:** The community RNP will be issued with a prescription pad with their own allocated GMS number. This number will be allocated once the PCRS has been notified that the RNP is authorised by the HSE to commence prescribing. This number is different to the RNPs PIN which also must be written on all prescriptions. *Note: From 01 July 2009 all prescribers, including medical practitioners, will have to put their professional registration number on each prescription that they write – this is to ensure that the person who actually writes a prescription is identifiable.* The RNP prescriptions will be the standard GMS monthly prescription only. These will most likely be in a different colour to those used by GPs, to facilitate audit. These prescriptions will be in quadruplicate – one copy for the RNP, one for the patient's GP and a copy and the original for the community pharmacist.
- **Hospital emergency for GMS patient:** Emergency discharge prescriptions written by hospital RNPs for GMS patients will be similar to those written by other prescribers within the hospitals, i.e. a pharmacist may give up to seven day's emergency supply (or an OP where appropriate), and process for reimbursement in the normal way. The prescription will show that the prescriber was an RNP and the RNP's PIN will be written on the prescription.
- **DPS:** The commencement order for Section 26 of the IMB Act was signed by the Minister for Health and Children on 25 February 2009, with effect from 27 February 2009, and this allows for prescriptions written by RNPs to be included on the Drugs Payment Scheme (DPS). The HSE will also be monitoring the impact of the introduction of nurse prescribing to the DPS and other schemes on prescribing levels.
- **LTI:** Prescriptions for LTI patients by RNPs are allowable under the scheme, provided that the medicinal product prescribed is listed in the RNP's CPA and is also approved at local level for the particular patient's condition.
- **High Tech:** Maintenance (repeat) prescriptions can be written by the RNP once the High Tech drug has been initiated by the collaborating medical practitioner (typically the consultant leading a particular multidisciplinary team). RNPs cannot initiate High Tech drug therapies.

However, in issuing a maintenance prescription, they are permitted to make dose changes for therapies already initiated. Under the practice standards for RNPs, they can write repeat prescriptions if they have a valid therapeutic relationship with the patient and there has been appropriate review/assessment of the patient's needs.

- **HAA:** The current arrangements for the Health Amendment Act (HAA) scheme are being extended to include a prescription written by a RNP.
- **Public Mental Health Clinics (Dublin):** It has been agreed that prescriptions written by RNPs are not to be included in this scheme at this time.

Guiding Framework and National Policy documents

In November 2008, the Office of the Nursing services Director in the HSE, which oversees the implementation of nurse/midwife prescribing, published its Guiding Framework. This comprehensive document outlines the various elements of the implementation programme.

The CPA (collaborative practice agreement) is a key document for RNPs as it outlines the general description of the practice setting to include population and conditions for which the RNP has responsibility, as well as a list of specific medications (by generic name) and/or categories of medications that the RNP is competent to prescribe. In the hospital setting, the medicinal product listing in the CPA must be approved by the Drugs and Therapeutic Committee (DTC), and copies of the CPA are disseminated to relevant healthcare professionals within the wider team, such as the pharmacy department in a hospital setting.

The Guiding Framework also states that copies of the CPA should be disseminated to "individuals and groups outside the healthcare setting, for example, community pharmacists", and that discussions and decisions should be undertaken locally on making the CPA medicinal product listing available to other key professionals, such as community pharmacists.

It is envisaged that within PCCC this exchange of information would take place in a manner similar to any other new prescriber arriving in a particular area – the community pharmacist and RNP would introduce themselves to each other and set about establishing a professional relationship, which would include the RNP sharing the medicinal product listing in the CPA with any community pharmacists with whom they share or are likely to share the care of patients.

The HSE is also developing a number of national policy documents for nurse medicinal product prescribing – one has been developed for the intellectual disability (ID) sector and one relating to PCCC is currently in development. These policy documents have been developed to support a standardised approach to the implementation of nurse/midwife prescribing and are intended as a guide towards best practice. Section 6.9 of the policy for the ID sector outlines the roles and responsibilities of the pharmacist/pharmacy department in relation to nurse prescribing. These are:

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

Frequently asked questions

- **How will I know if a prescription has been written by a RNP?**
- All prescriptions must include the RNP's PIN. Many hospitals which employ RNPs will also include a tick-box or other feature on the prescription to show the qualification of the prescriber. In addition, GMS prescriptions written by RNPs may be a different colour to those written by GPs. To check if a nurse is appropriately registered with An Bord Altranais, check on www.nursingboard.ie by clicking on the 'Check the Register' tab and use either the nurse's name or PIN to verify their registration status. Alternatively An Bord Altranais can be contacted by phone at 1890 200 116.
- **Do I treat a prescription written by a RNP in any way differently to that written by a medical practitioner?**
- No. The requirements for prescription writing under the relevant regulations equally apply to all prescribers and the requirements in relation to the review of therapy and counselling of patients, as per Article 9 of the Regulation of Retail Pharmacy Businesses regulations ('Section 18' regulations), equally apply to all prescriptions. In addition, as with all other prescribers, RNPs should be contacted by a pharmacist to query or discuss a prescription when necessary. The Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2007 outline the conditions and requirements for nurse prescribing and Schedule 8 outlines the specifics in relation to certain drugs in Schedules 2 and 3 of Misuse of Drugs regulations. All prescriptions written by a RNP must include the RNP's PIN (this will apply to all prescribers after 1 July 2009). The alignments to the main drug schemes, to include prescriptions written by RNPs and as outlined above, will be communicated by the HSE on implementation.
- **Can a pharmacist have access to the medicinal product listing in the CPA of a RNP?**
- Copies of the CPA of RNPs within the hospital sector are typically disseminated to the pharmacy department, which also has an input into the development through the Drugs and Therapeutics Committee (DTC). The Guiding Framework for nurse/midwife medicinal product prescribing states that copies of the CPA should be disseminated to 'individuals and groups outside the healthcare setting, for example, community pharmacists', and that discussions and decisions should be undertaken locally on making the CPA medicinal product listing available to other key professionals such as community pharmacists. Within PCCC, it is envisaged that as part of the building of new professional relationships, the CPA of a RNP would be disseminated to community pharmacists with whom they share patient care. The CPA is not available to view via the register on the ABA website. However, it should be noted that a pharmacist does not have to cross-reference the medicinal product prescribed against the CPA listing. The assumption must be made that if an RNP prescribes a medicinal product, then they are entitled to do so under their CPA. The sharing of the CPA is primarily to ensure good professional relationships and ensure patient care and safety are optimised.
- **Can RNPs prescribe unlicensed or 'off-label' medicines?**
- RNPs are not authorised under current medicines legislation to prescribe unlicensed or unauthorised medicines. This is currently understood to include all 'unlicensed' factors, including 'off-label' use for an unlicensed indication, formulation, population, etc. However, it is likely that there will be further clarification of the legislative situation in this regard in the future.
- **Where can I get further information about nurse/midwife prescribing?**
- Further details of the information outlined here can be accessed on the An Bord Altranais website www.nursingboard.ie, or on the HSE website www.hse.ie, by clicking on the button for 'About the HSE', selecting 'Nursing Services' and then 'Prescribing of medicinal products'. The HSE website also provides contact details for the staff of the Office of the Nursing Services Director, who will welcome any queries about nurse and midwife prescribing.