Evolutions in Nurse Midwife Medicinal Product Prescribing in Ireland

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Health Service Provider = 177
Candidates funded = 1314
Registered Nurse Prescriber = 894 (including 47 private)

50 Acute hospitals
45 Older Persons Services
20 Intellectual Disability
31 Mental Health Services
19 Public Health Nursing Services
07 Prison Nursing
08 Specialist Services
43 Private Organisations
114 Clinical Areas
183 Health Service Providers
Nurse and Midwife Medicinal Product Prescribing Review 2015: Rationale

- Number of applicants for education programmes decreased since 2011
- Factors contributing to decrease:
  - Public service moratorium in place since 2008
  - Regulatory requirements relating to Collaborative Practice Agreement arrangements including
    - A) Requirement for annual/biannual review
    - B) Access to Drugs and Therapeutics Committee
  - Requirements for inputting prescriptions to *Nurse Midwife Prescribing Data Collection System* (HSE)
Nurse Midwife Medicinal Product Prescribing Review

- As a consequence of these factors, a collaborative approach was established between NMBI and ONMSD (HSE) to review regulatory and implementation systems and processes.
- Advisory Group (relevant key stakeholders) headed by Independent Chair
- Collaborative Working Group
  - HSE Prescribing Team and NMBI Education and Registration Depts
- Work commenced March 2015 and concluded with Final Report and Recommendations - October 2015
Terms of Reference for Advisory Group

1. To review Collaborative Practice Agreement requirements including: initial registration; renewal and requirement for annual/biannual review

2. To review requirement for authorisation of Attachment B of CPA (medicines listing) by Drugs and Therapeutics Committees.

3. To review current function and propose future function for Drugs and Therapeutics Committee – specific to nurse and midwife prescribing.
Terms of Reference for Advisory Group

4. To explore HSE mandatory requirement for inputting of prescriptions to *Nurse Midwife Prescribing Data Collection System*

5. To explore extending prescriptive authority to Registered Nurse Prescribers to prescribe exempt (unauthorised) medicinal products.

6. To provide final report and recommendations to NMBI Board and ONMS Director HSE for review and action as necessary.
Collaborative Working Group Activities

- Workshop of Directors of Nursing, Midwifery and Public Health Nursing/Services – Group discussion centred on ToR
- On-line Survey of RNP and Candidates regarding Exempt Medicines
- Stakeholder meetings including HSE Medicines Management Programme, DoH, IADNM, SCA, D&T representatives, HIQA – IT Focus, HSE Clinical Governance
- SWOT and content analysis of CPA guidance
- Analysis of ToR with Clinical Governance Guiding Principles (HSE)
- Review of Irish literature on nurse midwife prescribing
Report on Nurse and Midwife Medicinal Product Prescribing Review of Existing Systems and Processes

December 2015

Final Report approved by NMBI Board and Director ONMS
Recommendations: CPA  (ToR 1)

1. The Collaborative Practice Agreement is retained as a governance tool which must be completed at the point of application for registration with NMBI as a Registered Nurse Prescriber (RNP).

2. The governance for the ongoing review of RNP prescribing practices should be managed through local health service provider policy as directed by the NMBI and HSE. NMBI will continue to require the RNP to attest to having a valid CPA in the short term through the Annual Retention Notification, and subsequently through the NMBI continued competency scheme for nurses and midwives. The NMBI requirement and notification for annual and biannual review will cease.
Recommendations: CPA (ToR 1)

3. The CPA form should be maintained. However, the NMBI should provide more clarity and guidance for the development of Attachments A, B and C.
Authorisation of Attachment B by Drugs & Therapeutic (D&T) Committee (ToR 2)

4. The D&T committee is to review and advise on attachment B of the CPA and provide support to the DON/M who authorises the CPA on behalf of the health service provider. This reflects its advisory and supportive role with regard to nurse midwife prescribing.

The framework in place for use of authorised medicines prescribed for unauthorised indications (off label) as currently established should be retained.
Role and Function of D&T committee (ToR 3)

5. The D&T committee or the relevant review group is provided with clear directions regarding its role and function specific to nurse and midwife prescribing. This will provide for a national consistent standard involving a tripartheid approach from the DoH, healthcare regulation and HSE.
In view of Recommendations 1 – 5 (ToR 1,2,3)

6. The NMBI should revise its professional guidance documents on prescriptive authority. The ONMSD should revise its *National Policy for Nurse and Midwife Medicinal Product Prescribing* (2012) and accompanying guidelines.
Nurse Midwife Prescribing Data Collection System (ToR 4)

7. Each health service provider should have an agreed schedule for routine audit of nurse/midwife prescribing as part of its overall organisational audit programme for prescribing and medication management. The NMPDCS should continue to be available for local use as a support for monitoring and clinical audit of RNP prescribing practice. The HSE national mandatory requirement for RNPs to input their prescriptions into this system should be removed.

8. The HSE ONMSD to engage with HSE ICT regarding the potential to further develop the NMPDCS to generate electronic prescriptions. This would be in collaboration with relevant stakeholders involved in ehealth strategy, eg DoH/HSE.
RNP Authority to Prescribe Exempt (Unauthorised) Medicines (ToR 5)

9. The Department of Health to amend the legislative authority for RNPs to prescribe exempt (unauthorised) medicines and draft regulations to enable this.

The health service provider should utilise the existing HSE and NMBI guidance frameworks for the use of medicines for unauthorised indication for managing the implementation of exempt medicine prescribing by RNPs.
10. Based upon findings of consultation activities regarding exempt and off label products, communication from Advisory Group should be circulated to stakeholders regarding:

a. The provision of information updates about exempt (unauthorised) medicines and unauthorised indication medicine usage (off label).

b. RNP use of Irish medicine references such as HPRA and the Irish Medicines Formulary vs reliance on UK sources (British National Formulary BNF).
To Address Status of Long term Candidates and Inactive RNPs

11. a) NMBI to examine a process for competency assurance for addressing the current issue of long term candidate nurse prescribers (i.e. candidates who have successfully completed the education programmes but not yet registered as RNP).

11. b) NMBI to examine a process for competency assurance for addressing the current issue of RNPs who have not utilised their prescriptive authority, i.e. those returning from long term leave /maternity leave/career break etc.
12. The Director of Nursing/Midwifery/Public Health Nursing/Services must have overall responsibility and authority for the governance of nurse and midwife prescribing to ensure due diligence in their health service provider.

This should be in collaboration with Chief Executive Officers (group hospitals), Chief Officer (Community Health Organisations), Superintendent Pharmacist and Clinical Directors as appropriate.
Implementation Work - 2016

- Final Report of the Review circulated to all stakeholders
- Governance Group established, first meeting February 2016
  - DoH Representatives from Chief Nursing Office and Medicines Unit
  - HSE Medicines Management Programme
  - HSE Pharmacy Services
  - RNP
  - Prescribing Site Coordinator
  - Hospital Group Director of Nursing
  - HSE ONMSD and NMBI Executive
- Collaborative Working Team reports to Governance Group

Progress report to the Governance Group 2016
Current Workstreams

- Review of CPA guidance document and forms
- Communication from NMBI regarding CPA annual/biannual review
- Development of guidance for D&T committees
- National Medicinal Product Prescribing Policy revision
- Communication regarding Nurse Midwife Prescribing Data Collection System
- Revision of existing guidance for audit practices
- Ongoing communication with HSE ICT
- Liaising with DoH regarding exempt (unauthorised) medicines
Future work

- Information provision regarding “off label” and exempt medicines - reflecting Review findings
- Competency assurance for RNPs
  - Linking with developments of NMBI CC schemes
  - Explore supports for “inactive” RNPs who are not prescribing
    - “Long term candidates” not yet registered
- Guidance to Directors of N/M/PHN services for ongoing and future governance for nurse midwife prescribing.

RNP Capacity Building
Thank you