Nurse Midwife Medicinal Product Prescribing

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Prescribing Team

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Website: http://www.hse.ie/go/nurseprescribing
Legislative Amendments

- 2006 – *Irish Medicines Board (Miscellaneous Provision) Act 2006*
- July 2006 – DoHC consultation process
- 2006 – Drafting of Regulations
- May 2007 –
  - *Misuse of Drugs (Amendment) Regulations 2007*
  - *Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2007*
  - *Irish Medicines Board (Miscellaneous Provision) Act 2006 (Commencement Order 2007)*
  - *New Nurses Rules 2007 (An Bord Altranais)*

Accessible at [http://www.oireachtas.ie](http://www.oireachtas.ie) and [http://www.nursingboard.ie](http://www.nursingboard.ie)
Primary Legislation contd.

- Dual Framework
- Legislation
  - Misuse of Drugs (Amendment) Regulations 2007
  - Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2007
- Professional Regulation
  - Nurses Rules 2007
- Misuse of Drugs Regulations 2017

- All nurses and midwives employed by a Health Service Provider
- All prescription drugs
- Schedule 4 & 5 unrestricted
- Schedule 2 & 3 (Controlled Drugs) restricted (Schedule 8)
- Drugs must normally be used in the setting
- Employer can set criteria
- RNP must write PIN on every prescription
## Schedule 8

RNP may prescribe with Schedules 2 & 3

### Drugs for Pain Relief in Hospital
- Morphine Sulphate - Oral, Intramuscular, Intravenous Subcutaneous
- Morphine Tartrate - Intramuscular, Intravenous, Subcutaneous
- Buprenorphine - Transdermal
- Codeine Phosphate - Oral
- Dihydrocodeine - Oral
- Fentanyl - Intranasal, Intravenous, Transdermal, Transmucosal, Subcutaneous, Sublingual/Buccal
- Oxycodone - Oral, Subcutaneous, Intravenous
- Pethidine - Intramuscular, Intravenous, Subcutaneous

### Drugs for Palliative Care
- Morphine Sulphate - Intramuscular, Oral, Subcutaneous
- Morphine Tartrate - Intramuscular, Subcutaneous
- Fentanyl - Intranasal, Intravenous, Transdermal, Transmucosal, Subcutaneous, Sublingual/Buccal
- Hydromorphone - Oral, Subcutaneous
- Methylphenidiate - Oral
- Buprenorphine - Transdermal
- Codeine Phosphate - Oral
- Oxycodone - Oral, Subcutaneous

### Drugs for Purposes of Midwifery
- Pethidine - Intramuscular

### Drugs for Neonatal Care
- Fentanyl - Intravenous, Transdermal, Transmucosal
- Morphine Sulphate - Intramuscular, Intranasal, Intravenous, Oral, Subcutaneous
- Morphine Tartrate - Intramuscular, Intravenous, Subcutaneous

### Drugs for use in Mental Health or Intellectual Disability
- Methylphenidate - Oral

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Currently under review by Department of Health
Regulatory Framework for Prescriptive Authority

Nursing and Midwifery Board of Ireland:
- Education
- Clinical Competence
- Clinical Governance
- Registration

Documents:
- Requirements and Standards for Education Programmes for Nurses and Midwives with Prescriptive Authority (2007)
- Decision Making Framework for Nurse and Midwife Prescribing
- Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority (2018)
- Collaborative Practice Agreement (CPA) for Nurses and Midwives with Prescriptive Authority 4th Edn (2016)

Website: https://www.nursingboard.ie
Requirements to register as RNP

Nurses Rules 2007

Registration & Professional Regulation

• Division of the Register for Nurse Prescribers
  First opened January 2008

• Candidate Registration is required

• Registration linked to other factors

Completion of education programme
Collaborative Practice Agreement completed
Application Form for Registration with NMBI
Notification of Collaborative Practice Agreement
Registration fee (once off)

Accessible at: http://www.nursingboard.ie
Practice Standards and Guidelines 2018

1. Clinical Decision-making
2. Communication and History Taking
3. Documentation
4. Prescription Writing
5. Prescribing for Self, Family and Significant Others
6. Repeat Prescribing
7. Prescribing of Off-label and Exempt Medicinal Products
8. Prescribing by Means of Other than an Original Prescription
9. Separation of Responsibilities in the Medication Management Cycle
10. Influence of Outside Interests
11. Continuing Professional Development and Continued Competency

Accessible at: www.nursingboard.ie
Collaborative Practice Agreement

- Revised in 2016
- Principles of: professional accountability, responsibility, competence and clinical governance underpin the CPA
- The Collaborative Practice Agreement (CPA):
  - details the lines of communication established between RNP and the Medical Practitioner regarding the care of their patients and agreed by the employer
  - defines the parameters of the RNPs scope of practice
  - outlines the parameters of the RNPs prescribing authority

Accessible at: www.nursingboard.ie
Entry Requirements for the Education Programme

Employment
- Voluntary and statutory services of the HSE

Name on Division of the Register
- General, Psychiatric, Children’s, Intellectual Disability, Midwife or Public Health Nurse

Site Requirements
- Support from employer to undertake the programme
- Nomination and confirmation of a designated medical practitioner mentor

Experience
- 3 years recent post-registration clinical experience (within the past 5)
- With equivalent of 1 year full-time experience in specific area of practice

Technical Requirements
- Competencies recognised at Level 8 (NQAI framework)
- Evidence of further education
- Possess a competent level of information technology literacy.

Website: www.hse
Delivered over a Six month period

Theoretical instruction no less than 28 days  -includes self directed learning)

Clinical instruction no less than 12 days (96 hours)

Three core modules

1. Professional Accountability in Nurse/Midwife Prescribing
2. Pharmacology and Prescribing
3. Systematic Assessment and Evaluation in Patient care
   - 250 hours in each module
   - Contact time ≥30 hrs lectures
   - Each module 10 ECTS

Level 8 National Qualifications Authority of Ireland
Firm commitment (employer/organisation)
National Policy
Access to a Drugs & Therapeutics Committee/Review Group
Prescribing Site Coordinator to oversee the introduction (named individual)
A named medical mentor for each candidate
Collaborative Practice Arrangement
Commitment to continuing education and National Nurse and Midwife Prescribing Minimum Data Set
Commitment to submit Attachment B of CPA to D&T committee within 3 months of successful completion of education programme
Once CPA approved, commitment to submit documents for registration to NMBI within two weeks
Prescribing Site Coordinators

Contact between education provider, NMBI and HSE

Central point of contact for candidate, RNP, medical mentor, collaborating medical practitioners

Approval and implementation of national policy

Oversee safe management & quality assurance
Liaise with D&T

Coordinate CPA process

Ensure compliance with audit and monitoring (per policy)
Clinical Mentor Responsibilities

- Explore with student learning needs and agree a programme/contract for learning
- Provide support, teaching and learning opportunities equivalent of 12 days – history taking and assessment
- Supplement pharmacology teaching specific to clinical area
- Meet formally at 3 and 6 months for review
- Clinical assessment ensure achievement of competence in practice (ABA competency framework)
- Review and ‘signs off’ the Competency Booklet
Role of the Drugs and Therapeutics Committee/Review Group

- Requirement for services introducing nurse/midwife prescribing Multidisciplinary Group
- Review and advise on the proposed list of drugs of CPA
  - Authorised product (or ‘off-label use)
  - Normally used in setting
  - Appropriate to clinical setting and scope of practice of RNP
  - In keeping with the organisations formulary/guidelines and legislative requirements
  - Generic form of medicinal product
HSE Support for Organisational Preparation

- Toolkit for the Implementation of Nurse and Midwife Prescribing
- Other publications – Audit, Monitoring, Application Guidelines etc
- Prescribing Site Coordinators Groups
- Course Fees funded directly by HSE
- National Policy
- Toolkit for Drugs and Therapeutics Committees
- Clinical Indemnity – State Claims Agency
- Access to GMS and other schemes
- On going communication
  - Irish RNP eNetwork
  - Irish PSC eNetwork
  - Newsletters (Health Matters Features), Professional Journals
- Patient Information Leaflet
- Website: www.hse.ie/go/nurseprescribing
- Nurse and Midwife Prescribing Data Collection System
Prescribing Policy

Policy purpose/scope/aims
Roles and responsibilities
Eligibility to prescribe
CPA – ensure health service provider is part of the process, final approval issuing commencement date
Good prescribing practice
Prescription forms/writing/security/loss/theft
Role Drugs & Therapeutics
Reporting near misses
Record keeping
Monitoring and audit
Verification of status
Monitoring

National Nurse and Midwife
Prescribing Minimum Data Set
Purpose:

To develop a system for each individual nurse/midwife prescriber to monitor and report on the number of prescriptions written by them, for what conditions
Finding: model chosen for Ireland appropriate and safely implemented

Conclusion: national roll out be continued and further strengthened

Recommendations: legislation, education, RNP registration, CPA, practice standards, CPD, further developments

Recommendations outstanding: Schedule 8; Prescribing of unauthorised (unlicensed) medicines
Currently there are 1104 Nurses and Midwives registered to Prescribe
Health Service Provider = 198
Candidates funded = 1462
Registered Nurse Prescriber = 1104 (including 63 private)

Variety of Clinical Areas
Acute hospitals
Older Persons Services
Intellectual Disability
Mental Health Services
Public Health Nursing Services
Prison Nursing
Specialist Services
Private Organisations
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)
A collaborative approach was established between NMBI and ONMSD (HSE) to review regulatory and implementation systems and processes.

Work commenced March 2015 and concluded with Final Report and Recommendations - October 2015.
Final Report Approved by NMBI Board and ONMSD Director
December 2015
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.
4. The D&T committee is to review and advise on the list of Medications on 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.
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 tripartite 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.
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.
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.
Completed Workstreams

- Review of CPA guidance document and forms
- Communication from NMBI regarding CPA annual/biannual review
- Information provision regarding “off label” and exempt medicines - reflecting Review findings
- Development of guidance for D&T committees
- Communication regarding Nurse Midwife Prescribing Data Collection System
- Revision of existing guidance for audit practices
Current Work

• National Medicinal Product Prescribing Policy revision

• Ongoing communication with HSE ICT

• Liaising with DoH regarding exempt (unauthorised) medicines

• 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
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