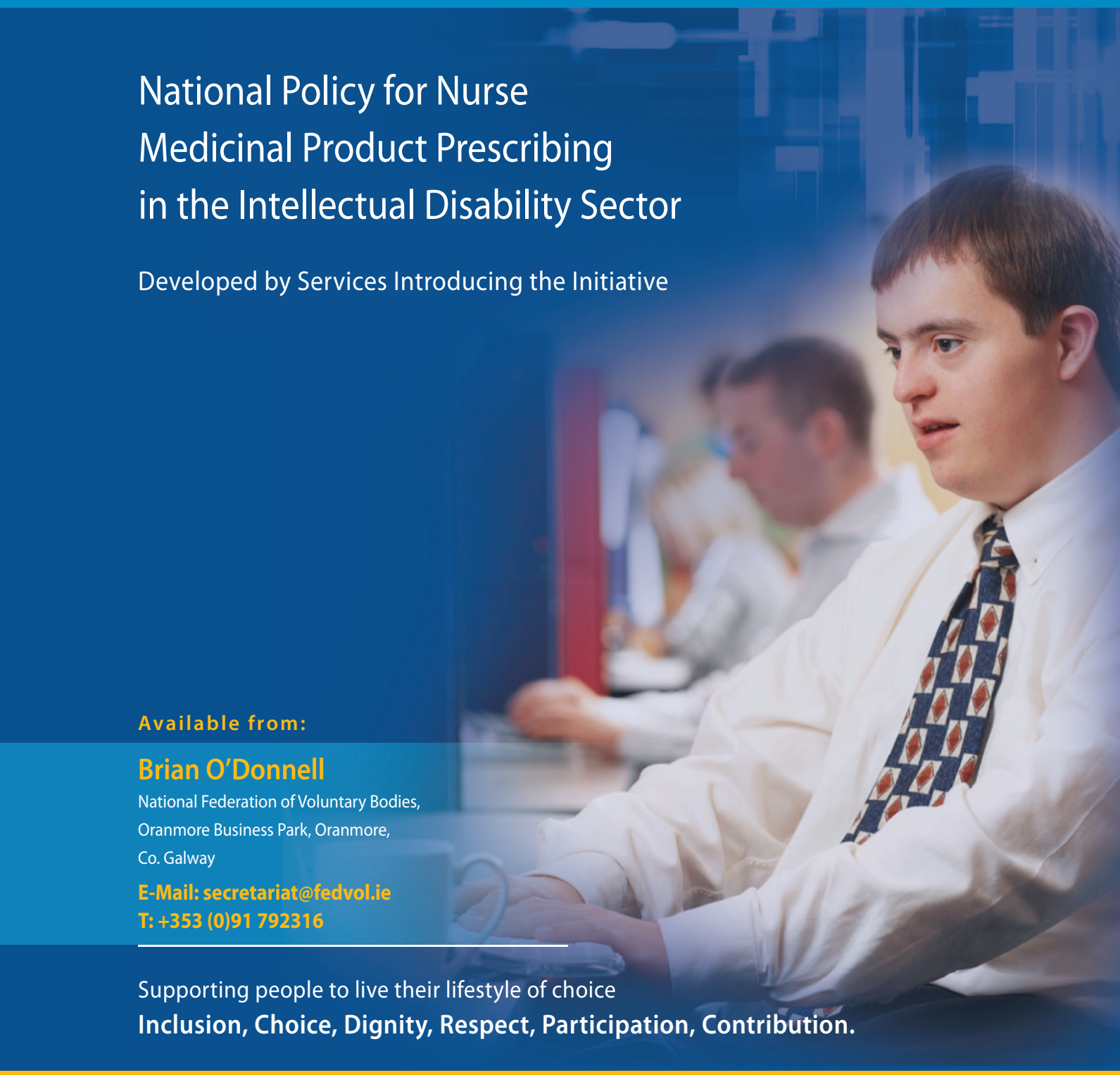
The National Federation of Voluntary Bodies providing services to people with Intellectual Disability

National Policy for Nurse Medicinal Product Prescribing in the Intellectual Disability Sector

Developed by Services Introducing the Initiative



Available from:

Brian O'Donnell
National Federation of Voluntary Bodies,
Oranmore Business Park, Oranmore,
Co. Galway
E-Mail: secretariat@fedvol.ie
T: +353 (0)91 792316

Supporting people to live their lifestyle of choice
Inclusion, Choice, Dignity, Respect, Participation, Contribution.

NATIONAL FEDERATION OF VOLUNTARY BODIES
Providing Services to People with Intellectual Disability

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

NATIONAL FEDERATION OF VOLUNTARY BODIES
Providing Services to People with Intellectual Disability

National Policy for Nurse Medicinal Product Prescribing in the Intellectual Disability Sector

Document reference number:	NVFB/NMPP/01/01	**Document drafted by:**	National Prescribing Site Coordinator Group, Intellectual Disability Sector
Revision number:		**Document approved by:**	The National Federation of Voluntary Bodies providing services to people with Intellectual Disability
Approval date:	28/01/2009	**Responsibility for implementation:**	Directors of Services
Revision date:	28/01/2010	**Responsibility for evaluation and audit:**	Directors of Services
		Number of Pages:	33

NATIONAL FEDERATION OF VOLUNTARY BODIES
Providing Services to People with Intellectual Disability

Table of Contents

Signature Sheet:

I have read, understand and agree to adhere to the attached Policy

Print Name	Signature	Area of Work	Date

Foreword

The National Federation of Voluntary Bodies (NFVB) which provides services to people with Intellectual Disability is pleased to present this policy document to support nurse medicinal product prescribing for people with intellectual disability.

This document has been formulated to respect and reflect the values set out in the Principles of Inclusion, Choice, Dignity, Respect, Participation and Contribution (John O'Brien, 1997).

The policy is rooted in the perspective that people with intellectual disability have the right to live full and active lives, and be active participating members of their own communities. The NFVB welcomes nurse medicinal product prescribing and is satisfied that it presents a significant boost to efforts to enhance the realisation of these rights.

The NFVB has worked closely with the Office of the Nursing Services Director, Health Service Executive, to develop this policy, which meets a number of the key aims and objectives of the NFVB, in that it reflects:

- The development of strategies in areas of common interest
- The provision of information and support to individual members and local groups of members
- A good practice code or guidelines for the provision of intellectual disability services by member organisations.

The NFVB wishes to acknowledge the pioneering initiative of the sites introducing nurse medicinal product prescribing in intellectual disability services. The Site Co-ordinators from each of the participating organisations were instrumental in developing this policy which should prove a valuable resource to other organisations considering this development into the future. The organisations concerned are:

Brothers of Charity Services, Roscommon, COPE Foundation, Cork, Daughters of Charity, St Vincent's Centre, Lisnagry, Limerick, St Vincent's Centre, Navan Road, Dublin, St. Anne's Service, Roscrea.

A number of policies from other organisations also informed the deliberations of the group, namely Cork University Hospital Group, Dublin North East Nurse Practice Development Group, Mid-Western Regional Hospital, Limerick and Midland Regional Hospital, Mullingar.

_____.
John O'Dea, Chairperson, NFVB

1.0 Policy Introduction

Representatives from a number of NFVB member organisations have worked with representatives from the Office of the Nursing Services Director, Health Service Executive to develop this policy for nurse medicinal product prescribing. The organisations involved include:

- Brothers of Charity, Roscommon
- COPE Foundation, Cork
- Daughters of Charity, St. Vincent's Centre, Dublin
- Daughters of Charity, St. Vincent's Centre, Limerick
- St. Anne's Service, Roscrea, Co. Tipperary.

Prescriptive authority for nurses and midwives is founded on a dual framework of medicines legislation and professional regulation. This policy has therefore been developed in partnership with key stakeholders to comply with the Health Service Executive statutory obligations and to give practical effect to the governing legislation, regulation, rules and An Bord Altranais guidance documents.

1.1 Legislation, Regulation and Rules

Following a public consultation undertaken by the Department of Health and Children the following was signed into law on 1 May 2007.

- *Irish Medicines Board (Miscellaneous Provision) Act* 2006 (No. 3 of 2006) (Section 10(1(ii)).
- *Irish Medicines Board (Miscellaneous Provisions) Act 2006* (Commencement) Order 2007
- *Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2007,* Statutory Instrument No. 201 of 2007
- *Misuse of Drugs (Amendment) Regulations 2007,* Statutory Instrument. No. 200 of 2007
- *Nurses Rules* (An Bord Altranais, 2007).

The Regulations associated with the *Irish Medicines Board (Miscellaneous Provisions) Act, 2006* attach the following conditions which must be met where nurse or midwife medicinal product prescribing takes place:

- The nurse or 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 or midwife is employed.
- The prescription is in fact 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.

The regulations do not inhibit the right of an employer to impose further restrictions including prohibiting a nurse or midwife from prescribing. The prescribing of MDA-controlled drugs is detailed in the *Misuse of Drugs (Amendment) Regulation 2007*,

which stipulates conditions for establishing a new Schedule 8 and restriction for prescribing Schedule 2 and 3 medicinal products.

1.2 Professional Regulation

This policy adheres to the regulatory framework and has been developed in conjunction with the guidance issued by An Bord Altranais including:

- *Collaborative Practice Agreement for Nurses and Midwives with Prescriptive Authority* (2007) second edition
- *Decision-Making Framework for Nurses and Midwives with Prescriptive Authority* (2007)
- *Guidance to Nurses and Midwives on Medication Management* (2007)
- *Guidelines for Midwives*, third edition (2001)
- *Practice Standards for Nurses and Midwives with Prescriptive Authority* (2007)
- *Requirements and Standards for Education Programmes for Nurses and Midwives with Prescriptive Authority* (2007)
- *Recording Clinical Practice. Guidance to Nurses and Midwives* (2002)
- *Review of the Scope of Nursing and Midwifery Practice: Final Report* (2000)
- *The Code of Professional Conduct for Each Nurse and Midwife* (2000).

1.3 Implementation Framework

The Office of the Nursing Services Director, Human Resource Directorate, Health Service Executive, is responsible for leading the national implementation of nurse and midwife medicinal product prescribing in Ireland. To this end, the Office has published the following guidance documents:

- *Guiding Framework for the Implementation of Nurse and Midwife Prescribing in Ireland* (2008)
- *Information on Application Guidelines for the Nurse and Midwife Prescribing Initiative, for: Health Service Providers, Nurses and Midwives, and Mentors* (2009)

1.4 Primary, Community and Continuing Care and Intellectual Disability Sector

The Primary, Community and Continuing Care Directorate (PCCC) is responsible for planning, managing and delivering a range of services to local populations (HSE, 2007). The overall priority identified in the Health Service Executive Service Plan (2007) is to place significant emphasis on 'maintaining and enhancing effective relationships and integration throughout PCCC, other HSE services and with other agencies, with a concerted focus on service reconfiguration' (p.18). The introduction of nurse medicinal product prescribing in the Intellectual Disability Sector will make a significant contribution in achieving this vision.

Health Service Providers in services introducing nurse or midwife medicinal product prescribing should be familiar with the relevant regulatory, strategy, policy and standards documents identified and listed throughout this policy, as well as those listed below:

- *National Disability Strategy (*Department of Health and Children 2005)
- *Quality and Fairness: A Health System For You* (Department of Health and Children 2001)
- *Transformation Programme 2007-2010.* (Health Service Executive 2006).

2.0 Policy Statement

Nurse prescribing of medicinal products is an expanded role and as such one that nurses agree to undertake, having regard to professional regulation, guidelines, legislation and organisational policy.

This national policy has been developed to support a standardised approach to the implementation and development of nurse medicinal product prescribing in Intellectual Disability Sector. It is underpinned by a clear set of principles and arrangements within the overall clinical governance framework, legislation, professional regulation and conditions applied by individual intellectual disability services.

The policy is intended as a guide towards best practice, but must always be used in conjunction with professional judgement. Each nurse is individually accountable to keep up-to-date with advances in prescribing and clinical practice and must acknowledge any limitations in competence. Accountability is an integral part of professional practice. Practising in an accountable manner requires a sound knowledge base upon which to make decisions, in conjunction with professional judgement. The practitioner must be able to justify and rationalise the reason for taking a particular course of action.

3.0 Purpose

The purpose of this policy is to ensure best practice with regard to registered nurse prescribing within the intellectual disability sector by:

- providing guidance for the professional practice of registered nurse prescribers
- providing a clinical governance framework and clear lines of responsibility and accountability to support nurse prescribing
- guiding the therapeutic role of the nurse in partnership and collaboration with the multidisciplinary team
- ensuring the safety of people with intellectual disability with regard to prescribing practice of registered nurse prescribers.

4.0 Scope

The scope of this policy relates only to intellectual disability services that have the required structures in place to support nurse medicinal product prescribing. Prescriptive practice extends only to those drugs normally used in the named clinical area, and of these, only for categories of medicinal products or named medicinal products contained on the collaborative practice agreement endorsed by the Drugs and Therapeutics Committee and allowed under legislation.

This policy applies to:

- all key stakeholders supporting the introduction and implementation of nurse medicinal product prescribing in the intellectual disability sector
- registered nurse prescribers employed in the intellectual disability sector who have an authorised date from the director of services vesting them with prescriptive authority in a named area of practice and whose names appear on the current register for nurse prescribers with An Bord Altranais
- registered nurses in the intellectual disability sector who are undertaking or have undertaken the *Certificate in Nursing (Nurse or Midwife Prescribing)* or are in the process of developing a collaborative practice agreement.

5.0 Definitions

- ***Adverse Reaction*** – a response to a drug that is noxious and unintended and occurs at does normally used in man for prophylaxis, diagnosis or therapy of disease or for the restoration, correction or modification of physiological function (Directive 2001/83/EC).
- ***Candidate Nurse Prescriber*** – a nurse or midwife whose name is entered on An Bord Altranais Candidate Register and is undertaking an approved programme of education and training leading to registration in the Registered Nurse Prescribers Division of the Register (An Bord Altranais, 2007).
- ***Collaborating Medical Practitioner(s***) – the medical practitioner or group of medical practitioners with whom the registered nurse prescriber has a written collaborative practice agreement as part of the requirements to prescribe medicinal products within their scope of practice in PCCC (Office of the Nursing Services Director, 2008).
- ***Collaborative Practice Agreement*** – a written agreement between the Registered Nurse Prescriber and specific medical practitioner(s), agreeing the prescription of medicinal products by the registered nurse or midwife within their scope of practice at their place of employment. The medicinal products listing is approved by the Drugs and Therapeutics Committee and authorised by the director of nursing/ midwifery/public health nursing or relevant nurse and midwife manager on behalf of the health service provider (An Bord Altranais, 2007).
- ***Competence*** – the ability of a registered nurse or midwife to practise safely and effectively, fulfilling their professional responsibility within their scope of practice (An Bord Altranais, 2000).
- ***Drugs and Therapeutics Committee*** – this is a multidisciplinary advisory committee. The committee can provide expert advice and guidance to hospital or community-based staff on matters pertaining to the use of medicinal products, thus ensuring that prescribing and administration of medications are carried out in a

safe and cost effective manner. The role of the Drugs and Therapeutics Committee in relation to nurse or midwife medicinal product prescribing within a health care setting involves advising, approving and reviewing the list of medicinal products or categories proposed in the collaborative practice agreement developed by the candidate/registered nurse prescriber and the collaborating consultants or medical practitioners. A Drugs and Therapeutics Committee must include (but is not restricted to) representation from senior nursing personnel, senior medical personnel, pharmacist, and other expertise, for example clinical risk and general management (Office of the Nursing Services Director, 2008).

- ***Governance*** – systems, processes and behaviour(s) by which organisations lead, direct and control their functions in order to achieve organisational objectives, safety and quality of service and in which they relate to patients/service users and carers, the wider community and partner organisations (Department of Health, 2006)
- ***Health Service Provider*** – the Health Service Executive, a hospital, a nursing home, a clinic or other person whose sole or principal activity or business is the provision of health services, or a class of health services, to the public or a class of the public (Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations, 2007).
- ***Medicinal Product*** – The definition of a medical product in Article 1 of Directive 2001/83/EC was amended by Directive 2004/27/EC. The new definition states that a medical product is:
    1) any substance or combination of substances presented as having properties for treating or preventing disease in human beings; or
    2) any substance or combination of substances which may be used in or administered to human beings either with a view to restoring, correcting or modifying physiological functions by exerting a pharmacological, immunological or metabolic action, or to making a medical diagnosis.
- ***Medication Error*** – 'any preventable event that may cause or lead to inappropriate medication use or patient/client harm while the medication is in the control of the health care professional, patient/client encounter or consumer' (An Bord Altranais, 2007).
- ***Mentor*** – a consultant medical practitioner or general practitioner who has committed to act as a mentor and provide instruction and supervision within the specific clinical practice area for the duration of the education programme (Office of the Nursing Services Director, 2008).
- ***Off-label Use*** – the use of a licensed medicinal product outside the terms of product characteristics approved for that product by the Irish Medicines Board. Off-label use might involve the use of a product in an age group for which it is not licensed, or for an indication for which it is not licensed, or in a dose outside of the range for which it is licensed (An Bord Altranais, 2007).

- ***Prescribe*** -– to authorise in writing the dispensing, supply and administration of a named medicinal product (typically a prescription-only medicine, but may include over-the-counter medications) for a specific patient/service user (An Bord Altranais, 2007).
- ***Prescription*** – prescription issued by a registered medical practitioner for the medical treatment of an individual, by a registered dentist for the dental treatment of an individual, or by a registered veterinary surgeon for the purposes of animal treatment or a registered nurse for the medical treatment of an individual subject to Article 3A of the Regulations (Misuse of Drugs (Amendment) Regulations 2007).
- ***Prescribing Site Coordinator*** – the person nominated by the director of nursing/midwifery/public health nursing or relevant nurse and midwife manager on behalf of the health service provider to be the prescribing link. The person takes responsibility for the initiative locally, liaising with the education provider and the Office of the Nursing Services Director (Office of the Nursing Services Director, 2008).
- ***Registered Nurse Prescriber*** – a nurse or midwife who is registered in the Division of the Register of Nurse Prescribers of An Bord Altranais (An Bord Altranais, 2007).
- ***Serious Adverse Reaction*** – an adverse reaction which results in death, is life threatening, requires inpatient hospitalisation, or prolongation of existing hospitalisation, results in persistent or significant disability or incapacity, or is a congenital anomaly/birth defect (Directive 2001/83/EC).
- ***Schedule 8*** – drugs which practitioners who are registered nurse prescribers may prescribe within MDA Schedules 2 and 3 (An Bord Altranais, 2007).
- ***Unlicensed / unauthorised medicine*** – a medicinal product which does not carry either a Product Authorisation (PA) Number issued by the Irish Medicines Board (IMB) or a European Union (EU) authorisation number issued by the European Medicines Evaluation Agency (An Bord Altranais, 2007).

6.0 Roles and Responsibilities

The employing organisation must clearly differentiate between the functions of line management and clinical governance for nurse medicinal product prescribing. While these dual roles may be the responsibility of one person, there will be many instances within the intellectual disability sector when this is not the case. Where the registered nurse prescriber's direct line manager is not their clinical nursing support person, the organisation must clearly identify a senior nurse, either within or outside the organisation, to whom the registered nurse prescriber can refer for professional nursing support and guidance.

The following essential criteria must be provided by the employing organisation in order to participate in nurse medicinal product prescribing. All of these supports may not necessarily be available to, or provided by, a single organisation. The

combined resources of a number of organisations may be utilised to achieve the required criteria.

6.1 The Director of Services

6.1.1 The Director of Services must plan the strategic direction of nurse medicinal product prescribing in line with national and local policy direction.

6.1.2 The director must inform medical mentors and collaborating medical practitioners of their role in nurse medicinal product prescribing.

6.1.3 The director will sign off the site declaration form on behalf of the respective service/organisation and in so doing commits to ensuring that the following structures are in place to support nurse prescribing:

Safe management

- An organisational policy for nurse and midwife medicinal product prescribing
- An ability to safely manage and quality assure prescribing practices
- Risk management systems in place and processes for adverse event reporting, incident reporting, reporting of near misses and reporting of medication errors.

Education and Practice Development

- Robust and agreed collaborative practice agreements
- A named medical practitioner who has agreed to develop the Collaborative Practice arrangements
- Appropriate mentoring arrangements with a named mentor
- Commitment to continuing education for staff supporting the prescribing initiative.

Intellectual Disability Employing Organisation

- Access to the Drugs and Therapeutics Committee
- Arrangements in place to oversee the introduction of a new practice in medicinal product prescribing and ensure local evaluation
- A named individual with responsibility for the initiative locally and for liaison with the education provider, An Bord Altranais and the HSE Offices of the Nursing Services Director. This person is known as the prescribing site coordinator
- A firm commitment by local management to support the introduction of nurse and midwife medicinal product prescribing
- Commitment to comply with and ensure data input for the Nurse and Midwife Prescribing Data Collection System
- Access to a computer, email and internet for data input to the Nurse and Midwife Prescribing Data Collection System.

Audit and Evaluation

- A mechanism to audit the nurse or midwife medicinal product prescribing practices

6.1.4 The director will be proactive in securing necessary resources for medicinal product prescriptive authority to be used safely and effectively in order to address patient need and improve services.

6.1.5 The director is responsible for the professional practice of each registered nurse prescriber within their service area.

6.1.6 The director should appoint supervise and support the prescribing site coordinator.

6.1.7 The director:

- ensures that all entrants to the medicinal products prescribing education programme are selected according to criteria indicating their potential to prescribe safely in the area in which they will practise
- ensures the introduction of nurse or midwife medicinal product prescribing is in accordance with patient needs and service demands within the intellectual disability sector
- maintains a listing of registered nurse prescribers practising within their service area along with their collaborative agreement
- notifies the registered nurse prescriber of a commencement date for prescriptive authority within the health service area on receipt of confirmation of registration from An Bord Altranais and approval of the nurse or midwife prescribing policy
- ensures that arrangements are in place to provide continuing professional development for all Registered Nurse Prescribers
- addresses identified breaches of the collaborative practice agreement and informs the Drugs and Therapeutics Committee and relevant stakeholders
- informs the collaborating medical practitioners, prescribing site coordinator, chair of the Drugs and Therapeutics Committee, relevant pharmacists, in cases where it is necessary to suspend the collaborative practice agreement
- informs An Bord Altranais in writing within five working days of the termination of a collaborative practice agreement and provides the reason for its termination (e.g. resignation or change of employment).
- provides reports pertaining to nurse medicinal product prescribing as required.

6.2 Candidate/Registered Nurse Prescriber's Line Manager

6.2.1 In consultation with the multidisciplinary team and the director, identifies the service need for nurse or midwife medicinal product prescribing.

6.2.2 In consultation with director and prescribing site coordinator, identifies appropriate candidate/s to undertake the Certificate in Nursing (Nurse/Midwife Prescribing) and supports the application process.

6.2.3 Supports the continued professional development of the candidate/registered nurse prescriber.

6.2.4 Informs the Director regarding any breaches of the collaborative practice agreement and takes appropriate action.

6.2.5 Receives, interprets and responds appropriately to audit reports conducted by the Registered Nurse Prescriber.

6.3 Prescribing Site Coordinator

6.3.1 The prescribing site coordinator is responsible for the nurse or midwife medicinal product prescribing initiative as directed by the director of nursing/midwifery/public health nursing or relevant nurse or midwife manager. This involves:

- coordinating the development, implementation, monitoring and evaluation of the structures and processes to support safe nurse or midwife prescribing that meet the requirements of the employing organisation and support its compliance with the requirements and standards of An Bord Altranais and the Health Service Executive
- acting as a central point of contact for the candidate, registered nurse prescriber, mentor, medical practitioners and key stakeholders in order to communicate regarding the nurse or midwife medicinal product prescribing initiative
- liasing with candidate/registered nurse prescribers, the Drugs and Therapeutics Committee, directors, risk management and the pharmacy departments and all other relevant stakeholders
- facilitating registered nurse prescribers within the employing organisation to meet their responsibilities to ensue safe and effective prescribing
- facilitating the submission by the candidate nurse prescriber of the medicinal products listing within the completed collaborative practice agreement to the Drugs and Therapeutics Committee for approval
- facilitating the review of the collaborative practice agreement (medicinal products listing) on an annual basis and forwarding to the Drugs and Therapeutics Committee
- supporting the implementation of the monitoring, audit and the evaluation processes for registered nurse prescribers
- overseeing the monitoring, audit and evaluation of medicinal product prescribing in line with the employing organisation's audit policy
- providing reports on the development, introduction, monitoring and evaluation of nurse or midwife medicinal product prescribing within the employing organisation.

6.4 Candidate Nurse Prescriber

6.4.1 Successfully completes the Certificate in Nursing (Nurse/Midwife Prescribing).

6.4.2 Ensures that the theoretical and clinical experience requirements and assessments are completed within the required timeframe.

6.4.3 Updates the prescribing site coordinator on their progress on a regular basis.

6.4.4 Completes the collaborative practice agreement and submits a medications listing to the Drugs and Therapeutics Committee.

6.4.5 Discusses with the director/prescribing site coordinator any situations where these responsibilities cannot or are not being fulfilled.

6.5 Registered Nurse Prescriber

There is an obligation for the registered nurse prescriber to practise safely and commit to continuing professional development relating to assurance of competency for their prescribing practices (An Bord Altranais, 2007). The Registered Nurse Prescriber:

6.5.1 Ensures their name is entered in the registered nurse prescribers division of the Register of Nurses maintained by An Bord Altranais

6.5.2 Is accountable for all aspects of their prescribing practice and must practise within a framework of professional accountability and legal boundaries as guided by the decision making framework and collaborative practice agreement.

6.5.3 Demonstrates competencies for prescriptive authority encompassing:

- professional and ethical practice
- holistic approaches to care and Integration of knowledge
- interpersonal relationships
- organisation and management of care.

6.5.4 Integrates evidence-based knowledge relating to all aspects of medication management and should actively seek learning opportunities (An Bord Altranais, 2007).

6.5.5 Prescribes for patient/service user populations within the practice setting and scope of practice set out in their collaborative practice agreement.

6.5.6 Inputs information for the *National Nurse and Midwife Prescribing Minimum Data Set* on all prescriptions written in the *Nurse and Midwife Prescribing Data Collection System* and furnishes statistical reports as required.

6.5.7 Forwards the completed annual review of their collaborative practice agreement to the Drugs and Therapeutics committee, in accordance with the agreed format.

6.5.8 Commits to and undertakes continuing professional development to maintain their competence for prescriptive authority. Informs the director or line manager of any concerns pertaining to their competence.

6.5.9 Conducts audits of medicinal product prescribing practice and furnishes reports as required.

6.5.10 Maintains ongoing communication and collaboration with members of the health care team including collaborating medical practitioners and pharmacists.

6.5.11 Works collaboratively with others in order to enhance therapeutic outcomes for people with intellectual disability.

6.5.12 Acts as an educated advisor to other students undertaking the nurse medicinal product prescribing programme.

6.5.13 Maintains accurate records and participates in audit and other quality assurance processes.

6.5.14 Reports adverse drug reactions to the Medical Consultant, Psychiatrist, Director of Nursing/Service Manager and sends an adverse incident report form to Irish Medicines Board.

6.5.15 Reports errors or near-miss incidents relating to drug prescribing or administration to the Director of Nursing/Service Manager, medical practitioner, psychiatrist and relevant pharmacist. The person with

intellectual disability (and family if appropriate) should be informed and the person's condition monitored. An incident report/Drug Error Form (as applicable) should be completed and followed up and managed as per local policy.

6.5.16 Discusses with the director/prescribing site coordinator any situations where these responsibilities cannot or are not being fulfilled.

6.6 The Medical Mentor

6.6.1 The mentor refers to the named medical practitioner who has agreed to support, supervise and assess the candidate nurse or midwife prescriber and may initiate the collaborative practice arrangement with the candidate nurse or midwife prescriber. This responsibility involves:

- availing of opportunities provided to gain an understanding of the role of the mentor, eg publications, briefings, meetings.
- at the start of the course, exploring with the student their clinical learning needs and agreeing a programme/contract for learning. This is specific for each student, reflecting the differing clinical skills and experience of each student
- providing the student with supervision, support, teaching and learning opportunities equivalent to 12 days (96 hours) over the duration of the course. Aspects of this learning may be delegated to other experienced members of the team
- providing learning opportunities and information updates necessary for evidence-based medicinal product prescribing practices
- meeting formally with the student at three and six months to review progress
- assessing achievement of competence in practice (using the An Bord Altranais competency framework)
- formally assess the candidate prescriber's progress in the clinical setting using the assessment tool provided by the third level institute; e.g. Objective Structured Long Examination Record (OSLER)
- at the end of the six-month period, completing and 'signing off' the student's Competency Booklet.
- For medical mentors who are not covered by the Clinical Indemnity Scheme, for example General Practitioners, informing their insuring body that they are supporting nurse medicinal product prescribing.

6.7 The Collaborating Medical Practitioner/Medical Team/Psychiatrist

6.7.1 Where the patient/service user cohort involves a number of medical practitioners, they must support the introduction of nurse or midwife medicinal product prescribing and be in agreement with the list of medicinal products named on the collaborative practice agreement and any conditions pertaining.

6.7.2 The Registered Nurse Prescriber can only prescribe for those patients whose medical practitioner is in agreement with the practice and the collaborative practice agreement.

6.7.3 In collaboration with the candidate nurse or midwife prescriber agree their medicinal product prescriptive authority based on their knowledge, scope of practice, area of expertise and identified patient/service need.

6.7.4 Be aware of the professional regulatory and intellectual disability sector requirements for the registered nurse prescriber's continuing competence for maintaining medicinal product prescriptive authority.

6.7.5 Report any dispute with, or breach of, the collaborative practice agreement to the director of services or relevant nurse or midwife manger.

6.7.6 Participate in monitoring and auditing of registered nurse prescribers medicinal product prescribing practices to ensure that potential risks are identified and minimised.

6.7.7 Provide learning opportunities and information updates necessary for evidence-based prescribing practices.

6.8 The Drugs and Therapeutics Committee

6.8.1 Approves the medicinal products listing put forward for nurse and midwife medicinal product prescribing by the candidate nurse or midwife prescriber and the collaborating medical practitioner/s.

6.8.2 Ensures that the medicinal products listing complies with all relevant statutory provisions, professional guidance and intellectual disability sector policies.

6.8.3 Advises, where appropriate, on any additional conditions to be applied to the nurse or midwife's prescriptive authority in the specific employing organisation where relevant.

6.8.4 Reviews and approves any changes to the medicinal product listing agreed between the collaborating medical practitioner and the registered nurse prescriber.

6.8.5 Receives an update on the medicinal products listing following the annual review and renewal of the collaborative practice agreement.

6.8.6 Reviews the report of the monitoring and audit of the registered nurse prescriber's medicinal product prescribing practice where appropriate.

6.8.7 Advises in the event of a dispute or breach of the collaborative practice agreement.

6.9 The Pharmacist / Pharmacy Department

6.9.1 The pharmacist / pharmacy department will provide support and guidance to 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.

7.0 Eligibility to Prescribe

7.1 Conditions

7.1.1 The employing organisation may identify certain conditions that the nurse must adhere to in order to prescribe. This may include a listing of all local policies, protocols and guidelines that staff must adhere to in implementing prescriptive authority for nurses and midwives, for example, medication management/abbreviations.

7.1.2 In addition to the above, in order to attain authority to prescribe, the following conditions must be adhered to:

- candidate nurse prescriber must have successfully completed the designated education programme
- registered nurse prescriber must be entered on the Register of Nurse Prescribers maintained by An Bord Altranais
- registered nurse prescriber must be employed by the health service provider
- registered nurse prescriber must have an agreed valid written collaborative practice agreement with medical practitioner/s
- registered nurse prescriber must have received formal notification of the commencement date for prescriptive authority from the director of nursing/midwifery/public health nursing or relevant nurse and midwife manager on behalf of the health service provider before commencing prescribing.
- registered nurse prescriber must have a full understanding of the requirements of the health service provider prescribing policy.

7.1.3 In the event that a registered nurse prescriber wishes to discontinue a medicinal product, which was prescribed by another prescriber, this should be discussed with the original prescriber and/or the collaborating medical practitioner/deputy prior to discontinuation. The discussion and indications for discontinuation should be documented.

7.2 Registration and Validation of Collaborative Practice Agreement

7.2.1 The candidate nurse prescriber must prepare the collaborative practice agreement in collaboration with the collaborating medical practitioner in accordance with An Bord Altranais guidelines during the education programme.

7.2.2 The list of medications that will be prescribed by the registered nurse prescriber, is forwarded to the Drugs and Therapeutics Committee who will review and approve the list of medicinal products (Attachment B of An Bord Altranais Collaborative Practice Agreement).

7.2.3 When the list of medicinal products has been reviewed and approved by the Drugs and Therapeutics Committee, the prescribing site coordinator forwards a copy of the signed collaborative practice agreement, including An Bord Altranais Collaborative Practice Agreement attachment A, B, and C to the director of nursing/midwifery/public health nursing or relevant nurse or midwife manager for authorisation.

7.2.4 The director of services nurse and midwife manager on behalf of the health service provider authorises and signs the collaborative practice agreement on behalf of the health service provider.

7.2.5 The candidate nurse or midwife prescriber submits the completed and signed collaborative practice agreement, together with the completed *Nurse or Midwife Prescribing Registration Form*, and registration fee to An Bord Altranais to have their name entered on the Register of Nurse Prescribers.

7.2.6 Confirmation letters for registration as a registered nurse prescriber are sent to the individual nurse or midwife and to their employer by An Bord Altranais.

7.2.7 The director of services or relevant nurse and midwife manager on behalf of the health service provider informs the registered nurse prescriber in writing of the commencement date, on which they are authorised, to start prescribing.

7.2.8 Original copies of the collaborative practice agreement and copies of registration are maintained in the nurse or midwife's personnel file.

7.2.9 The collaborative practice agreement is reviewed annually by the registered nurse prescriber and collaborating medical practitioner/s. Changes should be based on patient/service need and should take cognisance of the nurse or midwife's scope of practice, and have approval of all key stakeholders.

7.3 Termination of Collaborative Practice Agreement

7.3.1 The collaborative practice agreement is terminated if the registered nurse prescriber or collaborating medical practitioner/s resigns from their post within the health service provider.

7.3.2 The collaborative practice agreement will be deemed null and void and of no further force or effect on the termination of, or the occurrence of, transfer or movement from the employment for which it was originally intended.

7.3.3 The collaborative practice agreement is subject to review and possible termination if the registered nurse prescriber or collaborating medical practitioner is subject to disciplinary or fitness to practice review by their regulatory body.

7.3.4 In the event of a termination of a collaborative practice agreement the registered nurse prescriber will notify the director of nursing/ midwifery/public health nursing or relevant nurse or midwife manager and An Bord Altranais in writing within five working days of the termination and provide the reason for its termination (for example, resignation or change of employment).

8.0 Clinical Indemnity

8.1 Clinical Indemnity Scheme

8.1.1 Registered nurse prescribers are individually and professionally accountable to An Bord Altranais and their employer for all decisions pertaining to their medicinal product prescribing practice.

8.1.2 The State Claims Agency has issued a statement in respect of clinical indemnity - please refer to Appendix 1 for details of cover provided for all clinical practitioners in respect of nurse or midwife medicinal product prescribing in the public health services.

8.1.3 Collaborating medical practitioners or mentors who are General Practitioners should inform their insuring body that they are supporting nurse or midwife medicinal product prescribing.

9.0 Procedure

9.1 Clinical Assessment and Treatment Decisions

9.1.1 As a registered prescriber, the nurse or midwife takes responsibility for their own prescribing decisions. The nurse or midwife is required to:

- be accountable for their prescribing decisions, including acts or omissions, and cannot delegate this decision to any other person
- prescribe only for people with intellectual disability that they have assessed and with whom they have a valid therapeutic relationship
- conduct a systematic, holistic assessment of the person with intellectual disability's needs and presenting complaint in a timely manner
- when appropriate use laboratory, radiological and other diagnostic tests in order to reach clinical diagnostic decisions
- make appropriate treatment decisions based on consultation with the person with intellectual disability or their family or carer where appropriate and assessment of individual therapeutic needs
- consider an overall treatment plan taking cognisance of treatment decisions of other professionals
- be alert to possible adverse effects and drugs interactions
- recognise limits of scope of practice and consult with medical staff and other professionals where indicated.

9.2 Communication and Documentation

9.2.1 The responsibility of prescriptive authority requires the nurse or midwife to effectively and efficiently communicate with the person with intellectual disability and other health care professionals involved in their care.

9.2.2 Registered nurse prescribers must ensure that the person with intellectual disability and their family member/significant other are aware that they are being treated by a non-medical practitioner and of the scope and limits of their prescribing practice.

9.2.3 The registered nurse prescriber should document assessment, treatment, review and follow-up plan of care in the person with intellectual disability's health record, maintaining acceptable standards of recording clinical practice.

9.2.4 People with intellectual disability and their family (if appropriate) should be involved in treatment decisions and informed of the purpose of medication, route of administration and possible side-effects.

9.2.5 Therapeutic interventions should be communicated to other members of the healthcare team ensuring that a continuing care/discharge plan is completed for the person with intellectual disability.

9.2.6 The decision-making framework (An Bord Altranais, 2007) should be used as a guide for documenting and communicating prescribing decisions.

9.2.7 Specific arrangements for treatment, follow-up, consultation or referral should be documented in the Collaborative Practice Agreement (An Bord Altranais, 2007).

9.3 Prescription Writing

9.3.1 Specific standards for prescription writing must be adhered to as required by legislation, professional guidelines and service/organisation policy.

9.3.2 The registered nurse prescriber must have a therapeutic relationship with the person with intellectual disability and undertake an appropriate assessment of the need for treatment.

9.3.3 It is not permitted to write prescriptions for self, family or significant others. In the event of a possible blurring of the professional and personal boundaries of care, the individual requiring a prescribed medication should be referred to another appropriate prescriber.

9.3.4 The registered nurse prescriber has no authority to issue a prescription either verbally, by telephone, email or fax.

9.3.5 A registered nurse prescriber may not issue a prescription for unlicensed medication.

9.3.6 Prescription writing should concur with An Bord Altranais practice standards and Intellectual Disability Sector guidelines, and:

- Should be written using a black ballpoint pen, pressing firmly to ensure an adequate duplicate copy
- Should contain the name, address, medical record number or date of birth of the patient/service user
- Should include date of initiation (and discontinuation), medicinal product (generic name), preparation, route of administration, dosage, frequency and time of administration
- Should not include unapproved abbreviations. Only abbreviations approved by the National Hospitals Office (2007) are permitted.
- Doses should follow the normal convention, i.e. g for grams, mg for milligrams. Micrograms and nanograms should be written in full.
- Prescriptions must be dated and signed by the registered nurse prescriber with their usual signature and must include their An Bord Altranais Personal Identification Number (PIN).

- Corrections must only be made by re-writing the prescription. Use of correction fluid or deleting with a pen is not permitted.

9.4 Prescription Writing for Controlled Drugs

9.4.1 *The Misuse of Drugs (Amendment) Regulations, 2007*, states the particular requirements that must be met for a registered nurse prescriber to issue a prescription for Schedule 2 or 3 MDA drugs. A new MDA schedule, Schedule 8, has been devised for the specific purpose of providing a detailed listing of the drugs, route of administration and condition for which the Schedule 2 or 3 medications can be prescribed by the registered nurse prescriber.

9.4.2 Prescription writing for MDA-controlled drugs must adhere to Schedule 8 of the *Misuse of Drugs (Amendment) Regulations 2007*.

9.4.3 The registered nurse prescriber has no legal authority to prescribe any other Schedule 2 or 3 MDA which is not listed on Schedule 8.

9.4.4 For medicinal products listed on Schedule 8 the registered nurse prescriber may not prescribe for a different route of administration of the named drug, nor prescribe for any other condition/situation not named in the schedule.

9.4.5 MDA drugs cannot be prescribed by the registered nurse prescriber unless they are authorised to do so in their collaborative practice agreement.

9.4.6 In addition to the prescription writing requirements outlined in section 8.3, the registered nurse prescriber must handwrite:

- the name and address of the patient/service user
- the dose to be prescribed
- the form (in the case of preparations)
- the strength in both words and figures
- either the total quantity of the drug or preparation, or the number of dosage units to be supplied.

9.4.7 A prescription for controlled drugs cannot be repeated but may be dispensed in instalments by the direction of the registered nurse prescriber.

9.5 Separation of Responsibilities in the Medication Management Cycle

9.5.1 The registered nurse prescriber should not normally undertake to both prescribe and dispense or prescribe and administer a medication as part of an episode of care. Another registered nurse or midwife should undertake the administration of the medicine.

9.5.2 In cases where it is necessary for the registered nurse prescriber to undertake to prescribe and administer a medication, the reason for this decision should be documented. Where possible, a second independent check of the medication should be carried out. The collaborative practice agreement (Attachment C of the An Bord Altranais collaborative practice agreement) must clearly outline such instances and provide for the auditing of these practices as part of the overall audit of prescriptive practices.

9.6 Repeat Prescribing

9.6.1 Repeat prescribing may arise in situations (commonly chronic health conditions) where the original prescription was issued by the registered nurse prescriber or another prescriber and the person with intellectual disability requires a continued course of medication.

9.6.2 The registered nurse prescriber may repeat prescriptions provided that a valid therapeutic relationship with the person with intellectual disability exists and there is a need for continued treatment based on appropriate assessment by the registered nurse prescriber.

9.6.3 The decision making process should be documented including details of discussion with the person with intellectual disability, family or carer (if appropriate) regarding perceived effectiveness, adherence to treatment and plans for review.

9.6.4 The registered nurse prescriber should acknowledge their scope of practice for prescribing, recognising any limitation of competence/knowledge and making appropriate referral where indicated.

9.7 Security and Safe Handling of Prescription Pads

9.7.1 The registered nurse prescriber should use an approved service/organisation prescription pad / Kardex to write prescriptions.

9.7.2 Prescription pads are the property of the respective employing organisation and should be stored securely. The registered nurse prescriber should ensure that prescription pads are stored in a secure place under lock and key when not in use.

9.7.3 The registered nurse prescriber should report promptly any loss or theft of prescription pad to their line manager and relevant pharmacists and medical practitioners such as general practitioners or psychiatrists, and complete a risk management occurrence form.

9.7.4 The registered nurse prescriber reporting the loss should verify (where possible) the serial number and identify the number of unused prescription sheets remaining in the pad.

9.7.5 The director of services or nurse manager on behalf of the health service provider should report the incident to the Garda Siochana.

9.8 Adverse Drug Reactions

9.8.1 Registered nurse prescribers should undertake to keep up to date with all prescribing information of the medicinal products they prescribe including up-to-date safety information.[1] .

9.8.2 If an adverse medication reaction associated with the use of a medicine occurs during or following the administration of any medicinal preparation:

- administration of the medicinal preparation should cease immediately

[1] Irish Medical Board Publications including MIMs articles, drug safety newsletters, and the outcomes of EU safety reviews, new product warnings, details of recalls/suspensions are provided via e-mail or text message to prescribers registered with the IMB. To register for electronic alerts logging onto http://www.imb.ie and following the links from subscribe to our updates

- the registered nurse prescriber or relevant nursing staff should remain with the patient and closely monitor for all adverse reactions. Vital signs should be recorded as necessary
- the relevant medical practitioner should be informed immediately and the patient should be reviewed, as necessary, by a medical practitioner
- the reaction and all actions taken must be recorded promptly
- the patient and/or significant others should be informed of what has happened by the registered nurse prescriber or relevant nursing/medical staff.
- where available, all vials, ampoules and infusions should be retained and sent to pharmacy.

9.8.3 The registered nurse prescriber must report any suspected adverse reactions with medicines to the relevant medical practitioner, the pharmacy department and the clinical risk manager.

9.8.4 The registered nurse prescriber should report suspected adverse reactions in accordance with criteria outlined by the Irish Medicines Board. This includes any suspected adverse reactions brought to the attention of the registered nurse prescriber. Reporting of suspected adverse reaction may be carried out on line at http://www.imb.ie or through use of the yellow card system which is available in a downloadable format from the IMB website, or on request from the IMB. Copies of reporting forms are also available in the British National Formulary (BNF), but should be sent to the IMB.

9.9 Medication Errors

9.9.1 In the case of medication errors that directly involve the person with intellectual disability, i.e. wrong medication/dose/route being prescribed or another prescribing error, the registered nurse prescriber or nursing staff must remain with the patient and closely monitor the person with intellectual disability for any adverse reactions. Vital signs should be recorded and the patient should be reviewed by the registered nurse prescriber and medical practitioner.

9.9.2 The incident must be reported to the line manager as soon as possible.

9.9.3 If deemed necessary the National Poisons Information Centre in Beaumont Hospital should be contacted at +353 (0)1 809 2566/+353 (0)1 837 9964.

9.9.4 The incident and all actions taken must be promptly recorded.

9.9.5 The person with intellectual disability and/or significant others should be informed of the incident.

9.9.6 A risk management occurrence form must be completed and sent to the relevant member of staff (clinical risk manager; director of services).

9.9.7 Any suspected adverse reactions associated with medication errors should be reported to the IMB as outlined above.

10.0 Monitoring and Audit

10.1 Verification of Prescribing status

10.1.1 An aspect of monitoring is to verify that the prescriber is registered appropriately with An Bord Altranais. It is possible for health professionals and the general public to verify the prescribing status of each registered nurse prescriber by checking the Nurses Register by one of the following two methods:

- logging onto http://www.nursingboard.ie and going to the 'check the register' tab at the top right of the homepage. After the name and/or personal identification number (PIN) of the registered nurse prescriber is entered, the registration information returned for the individual nurse or midwife can be reviewed.
- telephoning An Bord Altranais at the 1890200116 (centre) to request a check for the nurse or midwife's registration.

10.2 Monitoring Nurse and Midwife Medicinal Product Prescribing

10.2.1 The registered nurse prescriber must enter all prescriptions onto the Nurse and Midwife Prescribing Data Collection System (available at https://www.nurseprescribing.ie).

10.2.2 Reports from the system can be generated by registered nurse prescribers, prescribing site coordinators and directors of nursing/midwifery/public health nursing or relevant nurse and midwife managers and used to monitor the prescribing activity within the employing organisation.

10.2.3 The employing organisation should identify the frequency of reports required and the personnel to whom they should be submitted.

10.3 Audit of Nurse and Midwife Medicinal Product Prescribing

10.3.1 The intellectual disability service may refer to Chapter five of the Office of Nursing Services Director publication *Guiding Framework for the Implementation of Nurse and Midwife Prescribing in Ireland* (2008) to assist in defining the auditing requirements for nurse and midwife medicinal product prescribing within their service.

10.3.2 The specific employing organisation will define the criteria for audit, the mechanism, the personnel involved, the frequency and the reporting requirements.

10.3.3 Reports from the *Nurse and Midwife Prescribing Data Collection System* can be used as a data source to inform the audit process.

References

An Bord Altranais (2007). *Collaborative Practice Agreement for Nurses and Midwives with Prescriptive Authority, second edition.* Dublin: An Bord Altranais

An Bord Altranais (2007). *Decision Making Framework for Nurses and Midwives with Prescriptive Authority.* Dublin: An Bord Altranais

An Bord Altranais (2007). *Guidance to Nurses and Midwives on Medication Management.* Dublin: An Bord Altranais

An Bord Altranais (2007). *Nurses Rules 2007*. Dublin: An Bord Altranais

An Bord Altranais (2007). *Practice Standards for Nurses and Midwives with Prescriptive Authority*. Dublin: An Bord Altranais

An Bord Altranais (2007). *Requirements and Standards for Education Programmes for Nurses and Midwives with Prescriptive Authority.* Dublin: An Bord Altranais

An Bord Altranais (2002). *Recording Clinical Practice. Guidance to Nurses and Midwives.* Dublin: An Bord Altranais

An Bord Altranais (2001). *Guidelines for Midwives (third edition.,* Dublin: An Bord Altranais

An Bord Altranais (2000). *The Code of Professional Conduct for Each Nurse and Midwife.* Dublin: An Bord Altranais

An Bord Altranais (2000). *Review of Scope of Practice for Nursing and Midwifery: Final Report.* Dublin: An Bord Altranais

Department of Health (2006). *Integrated Governance Handbook: A Handbook for Executives and Non-executives in Healthcare Organisations*. London: Stationery Office

Department of Health and Children (2005) *National Disability Strategy*. Dublin: Stationery Office

Department of Health and Children (2001) *Quality and Fairness: A Health System For You.* Dublin: Stationery Office

Directive 2001/83/EC of the European Parliament and of the Council of 6 November 2001 on the community code relating to medicinal products for human use

Health Service Executive (2007) Health Service Executive National Service Plan 2008, Dublin: Health Service Executive

Health Service Executive (2006) *Transformation Programme 2007-2010.* Dublin: Health Service Executive

Irish Medicines Board (Miscellaneous Provision) Act 2006 (Commencement) Order 2007. Dublin: Stationery Office

Irish Medicines Board (Miscellaneous Provision) Act 2006 (No. 3 of 2006) (Section 10(1(ii)). Dublin: Stationery Office

Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2007, Statutory Instruments No. 201 of 2007. Dublin: Stationery Office

Misuse of Drugs (Amendment) Regulations 2007, Statutory Instruments No.200 of 2007. Dublin: Stationery Office

National Hospitals Office (2007) *National Hospitals Office Code of Practice for Healthcare Records Management. Abbreviations*. Dublin: Stationery Office

O'Brien, J (1989) *What's worth working for? Leadership for Better Quality Human Services. Responsive Systems Associates, 58 Willowick Drive, Lithonia, Georgia.*

Office of the Nursing Services Director (2008). *Guiding Framework for the Implementation of Nurse and Midwife Prescribing in Ireland.* Dublin: Health Service Executive

Office of the Nursing Services Director (2009). Information on *Application Guidelines for the Nurse and Midwife Prescribing Initiative, for: Health Service Providers, Nurses and Midwives, and Mentors.* Dublin: Health Service Executive

Clinical Indemnity Scheme

State Claims Agency

Nurse & Midwife Prescribing

The Clinical Indemnity Scheme (CIS) was established in July 2002 and is managed by the State Claims Agency. Under the scheme, the State assumes full responsibility for the indemnification and management of all clinical negligence claims against enterprises and practitioners covered by the scheme. For more information on which enterprises are covered by the scheme, please go to www.stateclaims.ie.

In relation to Nurse Prescribing, the CIS provides indemnity cover to nurse/midwife prescribers. The CIS also provides indemnity cover to registered medical practitioners who act as mentors to nurse prescribers and/or have signed a Collaborative Practice Agreement (An Bord Altranais) for nurse/midwife prescriptive authority (CPA).

CIS indemnity is provided in respect of a suit for personal injuries brought by a person alleging negligence, statutory or at common law, in respect of the provision of, or failure to provide, professional medical services. Such a suit may be against either the nurse/midwife prescriber or the registered medical practitioner, in his/her role as mentor or signatory to the CPA, whether sued alone or together, arising from the prescribing of a drug or drugs by such a registered nurse/midwife prescriber. The CIS does **not** provide cover in respect of criminal matters i.e. where the Director of Public Prosecutions (DPP) directs criminal charges against a nurse or doctor.

The CIS does **not** provide representation for nurses/doctors in relation to fitness to practice issues. In that regard, the State Claims Agency advices doctors and nurses to purchase additional benefits cover, specifying cover in respect of criminal and fitness to practice matters, from their medical and nursing defence organisations.

For any queries regarding this please contact info@stateclaims.ie

Treasury Building, Grand Canal Street, Dublin 2, Ireland
Telephone +353 1 664 0900 Facsimille +353 1 661 8250 Email info@stateclaims.ie Website www.stateclaims.ie