

Prescribing Position Statement

Catherine Plowright

BACCN National Board on behalf of Working Party



BACCN



@BACCNUK

#BACCNConf2022

- Position Statement on Prescribing in Critical Care published 2009 (Bray et al., 2009)
- In 2009 18,266 RNs on Nursing & Midwifery Council register were registered prescribers and in 2021 52,840 (74% increase)
- NMC do not keep information on how many of these registered nurses work within the critical care field
- June 2021 members asked if they wanted to assist to update statement - Working party established

Working party



- Catherine Plowright
- Simon Ross Deveau
- Brigitta Fazzini
- Jo Ringer
- Heather Cooper
- Deborah Dawson
- Therese Gibbons



• Sarah Gilliland

BACCN Administration

- Literature reviewed – many changes to legislation since previous work
- Royal Pharmaceutical Society (RPS) competency framework 2016 & 2021
- These describe the knowledge, skills, characteristics, qualities and behaviours required for a safe and effective prescribing role
- All prescribers regardless of professional background should follow this RPS framework for prescribing

- Email sent to the 1861 BACCN members and social media open invitation October / November 2021
- 259 responses received
 - 52.51% describing themselves to be BACCN members
 - 40.54% of these described themselves as NMPs
 - 54.81% were independent prescribers and 45.19% were supplementary and independent prescribers

- Nurses (89.58%)
- Pharmacists (5.79%)
- Paramedics (2.7%)
- 1.93% from physiotherapists, podiatrists or not recorded
- The majority (94.21%) stated they worked in critical care with 13.13% working in critical care outreach
 - remaining dispersed in cardiology (2.32%), emergency departments (5.79%), pre-hospital (0.77%) or primary care (0.77%)

- Of the 105 who described themselves as NMP
 - 67.62 % had been in their area of practice for greater than 5 years before they became NMP
 - 2.86% being in practice area for less than one year
- Respondents were prescribing for a range of ages, with 97.55% for adults, and 13.93% for paediatrics and 4.92% for neonates
- 64.42% audited their prescribing practices

Updated position statement

- Based upon new policy documents from a range of sources including, the Nursing and Midwifery Council, The Faculty of Intensive Care Medicine, the Royal College of Emergency Medicine and the Royal Pharmaceutical Society
- It takes account of the critical care patient pathway before, during and after an admission to critical care

1. Non-medical prescribing should only be implemented to improve the safety and quality of care for the critically ill or deteriorating patient

All registered healthcare practitioners must practice within the codes from their professional bodies e.g. Health & Care Professions Council n.d., General Pharmaceutical Council, 2017, NMC 2018

2. The requirement for non-medical prescribing needs to be determined locally by organisations ensuring that the care of the critically ill and deteriorating patient is the main reason

3. Non-medical prescribing must not be used as a substitute for unsafe medical practice or poor medical prescribing practice

There must be a defined need to have NMPs and not simply to correct other issues such as staffing levels or staff needing the qualification as part of an educational programme.

4. Non-medical prescribers must adhere to current Royal Pharmaceutical Society's Prescribing Competency Framework and must be registered with their professional regulatory body

NMPs are not expected to be experts at all aspects. The requirement is that practitioners use the framework to assess their practice, identify gaps and plan to improve these aspects.

At all times, prescribers are encouraged to use their own professional codes of conduct, standards and guidance alongside this framework

5. Non-medical prescribers must audit and evaluate their practice as well as ensuring continuing professional development

For NMPs there is no single method of doing this and practitioners need to be aware of what their employing organisations require

6. Non-medical prescribers in critical care must consider how their own professional codes of conduct, scope of practice, standards and guidelines impact their prescribing decisions

The framework is for all regulators, professional bodies, education providers, and patients/carers to use. NMP critical care practitioners are responsible for prescribing decisions and must at all times work within the scope of practice (RPS 2021).

7. NMPs must work collaboratively to ensure that continuity and transfer of care between care settings considers, deprescribing and medicines reconciliation

Deprescribing is important

Multiple clinical teams may be prescribing for the same patient and have different expectations as to outcomes. Think what are the most important priorities for a patient at a particular time.

Key reference

Royal Pharmaceutical Society. (2021). A Competency Framework for all Prescribers. Royal Pharmaceutical Society. Available at <https://www.rpharms.com/resources/frameworks/prescribers-competency-framework>

•For further information do not hesitate to contact support@baccn.org

