Independent and Supplementary Prescribing
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1 Introduction

In the UK, nurses, midwives, pharmacists and optometrists can become either Supplementary (SP) or Independent Prescribers (IP). Physiotherapists, radiographers and podiatrists can become SPs. These extensions to traditional roles are achieved by post-qualification training and registration with the appropriate regulatory authority. They have been developed over the last two decades to support access to health care, particularly for patients with chronic conditions [1]. In 2011 it was reported that the UK had the most extended non-medical prescribing rights in the world [2]. Further legislative extensions remain under consideration by the UK Department of Health including support for IP physiotherapists and podiatrists, and paramedic prescribers. A 2011 review identified more than 20 other countries with non-medical prescribing legislation [3].

The range of conditions and medicines covered by each enhanced role in the UK varies by professional group and the type of qualification achieved. Following legislation in April 2012, nurse and pharmacist IPs can now prescribe any licensed or unlicensed medicine, including schedule 2-5 controlled drugs, for any condition within their clinical competence [4]. Optometrist IPs can prescribe any licensed medicine for ocular conditions affecting the eye and the tissue surrounding the eye, within their recognised area of expertise and competence, except for controlled drugs or medicines for parenteral administration. An SP can prescribe any licensed or unlicensed medicine, for any condition within their competence, as part of a patient-specific clinical management plan agreed with a doctor, and with the patient’s agreement. Community practitioner nurse prescribers can prescribe from the Nurse Prescribers’ Formulary for Community Practitioners which includes dressings, appliances and a limited number of medicines.

In this report, the term non-medical prescribing (NMP) will be used to refer to any prescribing by one of the professional groups named above. Independent (IP) and supplementary prescribing (SP) will be used to distinguish the above subcategories where appropriate.

The public sector and individual practitioners invest money and time in training for NMP qualifications, with the aim of widening access to healthcare but there have been reports of barriers preventing full use of the acquired skills and knowledge in practice.

This report summarises a range of published and unpublished information about the current training and regulatory infrastructure in NHSScotland and other relevant issues for these professional groups including:

- an overview of the evidence base for NMP based on a simple Medline literature search.
- A summary of the current training options for NMP. Courses are typically modular post-registration courses some of which are aimed at uniprofessional groups (pharmacy and optometry) which can be completed
within an academic year through part time study and supervised clinical practice. Other courses are aimed at multiple groups, commonly the three AHPs, or AHPs, nurses and midwives.

- A description of the available NMP training data held in NES on each professional group. NES’ HESA data extract has been examined for NMP courses, but the short modular nature of many of these courses and the annual reporting cycle seems to lead to large numbers of students being missed by the methods used to date. Further investigation may allow useful reporting of data from this source.

- The regulatory requirements in relation to NMP practise. Completion of NMP training allows the practitioner to register their additional qualification with a profession-specific regulatory body. This notification is added formally to the register and must be maintained with appropriate ongoing experience and professional development, and payment of the appropriate fee.

- Further information collected from a representative of each NES directorate as part of a scoping exercise.

2 NMP in Practice

2.1 Published Literature

A simple (non-systematic) literature search\(^1\) on the terms independent, supplementary and non-medical prescribing in Medline returned 127 published articles. The number of studies listed through a combination of this search with a truncated keyword for each professional group is shown in Table 1. Using the dollar sign matches to words with any suffix, for example nurs$ returns citations which use any of the words ‘nurse’, ‘nurses’ and ‘nursing’.

<table>
<thead>
<tr>
<th>key word</th>
<th>no of studies</th>
</tr>
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<tbody>
<tr>
<td>nurs$ or midwi$</td>
<td>99</td>
</tr>
<tr>
<td>pharmac$</td>
<td>63</td>
</tr>
<tr>
<td>optometr$</td>
<td>2</td>
</tr>
<tr>
<td>physiotherap$</td>
<td>0</td>
</tr>
<tr>
<td>podiatr$ or chiropod$</td>
<td>1</td>
</tr>
<tr>
<td>radiogr$</td>
<td>0</td>
</tr>
</tbody>
</table>

\(^1\text{March 2013}\)
The retrieved publications include reviews of educational programmes, evaluation of the implementation and roll out of NMP within specific sectors or regions, surveys of practitioner, stakeholder and patient views on NMP, and descriptions of its safety, effectiveness and acceptability in a number of specific health areas including mental health, acute and community sectors and care of people with learning disabilities. As a recent systematic review has been published, this report will refer mainly to its main findings and a small number of other highly relevant studies. Where particular questions arise however, a detailed literature search and review may be justified.

A systematic review (but limited to English language studies only) in 2011 assessed the contribution of NMP in primary care by all professional groups in terms of health care quality, effectiveness, acceptability, efficiency and access. Of fifteen studies which reported on NMP using an acceptable methodological quality, thirteen related to nurses and two to pharmacists. Eleven of the nurse and both pharmacist studies were based in the UK. Overall the authors of the review rated the strength of the available evidence as limited.

The evidence on effectiveness of NMP was mixed, with some studies (from Botswana and Zimbabwe) reporting low levels of compliance with guidelines. Four studies from the UK, Canada, Botswana and Zimbabwe each indicated increased levels of prescribing of specific medicines, while two others noted similar prescribing rates to GPs. Three UK studies noted that nurse and pharmacist prescribers demonstrated good levels of communication, while another reported improved patient compliance with their medicines. Finally a study from the USA found that the patient-reported treatment outcomes were improved by NMP.

There was some evidence that the efficiency of care was improved by NMP (eg, reduced waiting times, more same day appointments or enhanced professional perception of seamless care). However one Canadian study reported a doubling in the number of prescriptions and 20% increase in cost per prescription by NMPs over a two year study. No study with a formal economic evaluation was found.

Three qualitative studies in the UK on the acceptability of NMP (nurses and pharmacists) indicated a very high level of support from patients (up to 98% satisfaction with the service), with 55% of patients in one study seeking nurse prescriber advice in preference to their GP. Similarly four UK studies reported that patients experienced improved access to the health care they needed through nurse (n=3) and pharmacist (n=1) prescribers.

An evaluation of nurse prescribing in Scotland published by the Scottish Government in 2009 based on surveys, case studies and stakeholder interviews revealed widespread benefit to patients and staff, and no reports of incidents affecting patient safety. It also described evidence of some areas in which the success of nurse prescribing had been lower due to institutional, resource and organisational factors as well as personal and professional attitudes [5].


3 Nursing and Midwifery

3.1 Education

Training has been available for nurses and midwives since 2002. Currently there are NMP courses approved by the Nursing and Midwifery Council (NMC) run by Queen Margaret (QMU), Glasgow Caledonian (GCU), Stirling, Robert Gordon (RGU), Dundee and West of Scotland (UWS) Universities at Scottish Credit and Qualifications Framework (SCQF) levels 9 and 11. GCU also runs an NMP course at SCQF level 10. Napier offer courses for nurses, midwives and AHPs at SCQF levels 9 and 11. Additionally Napier, GCU, RGU, QMU and UWS offer prescribing courses specifically for community practitioner nurses (SCQF level 9, V100 and V150). NMP V300 courses run approximately once or twice per year depending on demand. The entry requirements include first level registration as a nurse or midwife with three years post qualification experience, recent experience in a relevant clinical field, workplace support, clinical supervision by a prescriber and evidence of prior study. Courses typically comprise 26 days study with 78 hours supervised practice.

NES holds data on all nurses and midwives in training in Scotland which records them at the point of commencement, discontinuation or completion of a range of courses including Specialist Practitioner Qualifications (SPQ). Figures published in September 2012 included the number of students on NMP courses in the year from 1st April 2011 to 31st March 2012, shown in Table 2 [6].

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Commencements</th>
<th>Completions</th>
<th>In Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse prescribing independent &amp; supplementary</td>
<td>289</td>
<td>190</td>
<td>147</td>
</tr>
<tr>
<td>Nurse prescribing module</td>
<td>62</td>
<td>63</td>
<td>397</td>
</tr>
<tr>
<td>health visitors &amp; district nurses</td>
<td>16</td>
<td>35</td>
<td>12</td>
</tr>
<tr>
<td>Standalone nurse prescribing</td>
<td>0</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td>SPQ comm. nursing in home nurse prescribing</td>
<td>0</td>
<td>0</td>
<td>27</td>
</tr>
<tr>
<td>SPQ public health nursing health visitor/nurse prescribing</td>
<td>0</td>
<td>0</td>
<td>27</td>
</tr>
</tbody>
</table>

3.2 Regulation

Nurses and midwives must register as a prescriber (V300 annotation for IP) with the Nursing and Midwifery Council (NMC). NMC have published standards of proficiency for nurse and midwife prescribers [7] and they recommend annual
appraisal of the individual’s Continuing Professional Development (CPD) needs as part of the practitioner’s performance review using the National Prescribing Centre NIPEC tool [4]

3.3 Practice

NES has collected information on commencements and completions since 2002. In early 2012 2196 nurses and midwives were reported to have completed an NMP qualification. It is not known what proportion of those go on to register (information held by local Health Boards), but at the same time the NMC register listed 2414 IP or SP registrants in Scotland.

4 Pharmacy

4.1 Education

The two Scottish pharmacy schools (RGU and Strathclyde) offer IP courses for pharmacists at SCQF level 11. The institutions have an intake every other year. The entry requirement is two years relevant experience after registration with the General Pharmaceutical Council, experience in a chosen clinical area and demonstration of adequate supervision. The IP courses can be completed within an academic year and involve several components including distance learning, residential study and practice-based learning. NES currently offers funding for pharmacists working in Scotland to cover fees at either institution (£1600 at Strathclyde). SP courses were available from 2003 but the IP course superseded this in 2006. The conversion course involved one or two days of study and two days in practice.

4.2 Regulation

The GPhC amend the register for individuals with IP and SP qualifications for a fee of £55. There are general CPD requirements for pharmacists, which for I&SP registered practitioners must include elements relevant to prescribing.

4.3 Practice

NES holds a complete database with all prescribers’ details, activity and practice. In 2012 there were approximately 500 SPs and 450 IPs (290 of whom had converted from SP). Approximately 87% of SPs and 82% of IPs were reported to have registered with the GPhC. Half of IPs and 10% of SPs were reported to be currently using their qualification in practice. These figures include some individuals who were registered under both titles.
5 AHPs

5.1 Education

NMP courses approved by the Health and Care Professions Council (HCPC) for AHPs are available at a number of different educational levels including SCQF 9, 10 and 11. Several of these courses are modules within an advanced practitioner course which can be undertaken in isolation and are commonly open to AHPs, nurses and midwives. These comprise 24 weeks blended learning (RGU) or 26 days of theoretical study with 12 days supervised practice (Stirling, GCU and Dundee). At UWS the NMP qualification is available as an undergraduate (6 months duration) or postgraduate (5 months duration) course. All five of these institutions tend to offer NMP courses up to twice a year. Entry requirements vary but include registration with the HCPC, two or three years post registration experience, support from the practitioner’s employer and confirmed supervision by a prescriber, evidence of study at the relevant level for the course being undertaken. A combined I&SP course is available at Napier (open to nurses, midwives and AHPs), and an Extended I&SP course at QMU open to AHPs with current registration, relevant clinical experience and evidence of degree level work.

5.2 Regulation

All qualified AHPs must register with the HCPC as an SP and conform to the general CPD requirements for ongoing registration.

Little information was available on the numbers of qualified AHPs, however all qualified AHPs are likely to have registered with HCPC as it is a requirement before practising.

5.3 Practice

It was reported that opposition within Health Boards prevented use of the qualification in practice.

6 Optometry

6.1 Education

A training programme is available annually from GCU known as Therapeutic Prescribing. It can be completed in one academic year by any registered optometrist who has worked in the UK for two years. The course has existed since 2008. A top up IP course is also available for those already trained as an SP or with sufficient experience in ocular therapeutics. In 2013 NES will provide financial support for 50 optometrists working in Scotland. Following the
course, optometrists are required to undertake 24 half-day clinical sessions supervised by an ophthalmologist (self-funded or using NES-funded Teach and Treat clinics) and to sit the College of Optometrist’s exam at the cost of £395.

6.2 Regulation

On completion of the Therapeutic Prescribing course, optometrists can apply to be listed on the General Optical Council (GOC) Additional Supply register. With the IP qualification they can add IP specialty status. Additions to the register incur a fee of £30.

There is a requirement for all optometrists to undertake CPD worth 36 points over each three year period, and IP registrants must acquire an additional 18 points.

6.3 Practice

In 2012 approximately 200 optometrists were at some stage of the training process and 55 had completed. All optometrists were reported to prescribe but for private patients only. Within the NHS only a small minority of optometrists who work in hospital were reported to be actively prescribing. Among community optometrists this was reported to be prevented by the lack of prescribing pads issued by Health Boards.

7 Summary

This was an initial scoping exercise on the current arrangements around training and use of NMP in Scotland, undertaken for the AIM steering group.

Further investigation and analysis would be recommended in several areas, including some for which NES already holds information. This includes the reporting of more detail on the number of professionals entering and completing NMP courses, for example where NES funds the training or clinical placements for completion of the qualification. NES is also a data holder for some activity data which could be collated and reported. The HESA dataset should be further explored to extract short course information.

Further work on the extent of use of NMP in practice, and barriers to full implementation may merit a detailed literature review and the development of a multi-professional evaluation project to gather information prospectively.

A recent systematic review highlighted the lack of any economic evaluation of NMP.
References


