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History and future of non-medical prescribing, Advanced and multi-professional consultant level practice: What's new? Implications for NMPs

Renee Ward Nurse Consultant and Corporate Advanced Practice Lead ESNEFT
Stuart Maddock Nurse Consultant and Corporate Advanced Practice Lead NSFT

History

- Medicines in the United Kingdom have been increasingly regulated since the end of the 1800s.
- Dunlop Committee of 1962 brought together several laws which were combined to make the Medicines Act (1968).
- POMs could be prescribed only by authorized practitioners—qualified doctors and dentists—using either private prescriptions or, more commonly after 1948, NHS prescriptions.
- Cumberlege report (Department of Health and Social Security, 1986), which concluded that district nurses and healthcare visitors involved in neighborhood nursing should be allowed limited prescribing rights.
- Crown report (Department of Health [DoH], 1989) that there were inefficient practices in primary care that nurse prescribing could rectify.

History

Table 1. Historical development of nonmedical prescribing in the United Kingdom

1992	Primary legislation for independent nurse prescribing enacted (Medicinal Products: Prescription by Nurses etc Act 1992) for district nurses (DNs) and healthcare visitors (HVs)
1994	First prescribing pilots by nurses and introduction of Nurse Prescribers' Formulary (NPF)
1998	National independent nurse prescribing possible for DNs and HVs (with V100 training) from revised NPF
2001	All nurses (with V100 qualification) able to prescribe from NPF
2002	Prescribing from Nurse Prescribers' Extended Formulary possible for V200 trained nurses, including more prescription-only medicines
April 2003	Legislation enabling suitably trained nurses and pharmacists to practice as supplementary prescribers (Health and Social Care Act, 2001) introduced
April 2005	Regulatory changes allowed nurse and pharmacist supplementary prescribers to prescribe all controlled drugs except Sch.1 (The Misuse of Drugs (Amendment) (No. 2) Regulations 2005) and unlicensed medicines
May 2005	Suitably trained physiotherapists, chiropodists/podiatrists, radiographers, and optometrists able to practice as supplementary prescribers
May 2006	Legislation enabling nurse independent prescribing (formerly extended formulary nurse prescribing) and independent prescribing for pharmacists introduced

History of clinical nurse specialists

- The foundations of today's advanced nurses were set in the introduction of the specialist nurse in the US.
- They are identified in practice in the late 19th century and, in the 1930s and 1940s, nurse specialists grew in number in the US (Storr, 1988).
- By the 1960s, clinical nurse specialists (CNSs) were firmly established in the nursing profession (Hamric and Spross, 1989).

History of nurse practitioners

- Ford and Silver (1967) instigated the nurse practitioner concept/role at a pace, with their introduction of a new primary healthcare paediatric role in the US in 1965.
- That role was founded on the principles of the extended role of specialist nurses, but also openly incorporated traditional medical diagnostic skills.
- Marchione and Garland (1980) said the need for this arose from social issues of the time, such as shortage of paediatricians.

History of advanced practitioners

- The origins of the advanced nurse in the UK are founded in the work of Stilwell (1988), with her introduction of a nurse practitioner role into primary healthcare.
- Stilwell's (1988) nurse practitioner was an experienced nurse, using existing nursing skills with health assessment and diagnostic skills in autonomous patient management.
- Following her landmark work, nurse practitioner roles emerged in clinical practice during the 1990s and early 2000s (Carnwell and Daly, 2003).

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History of nurse consultants

- The NC role in the United Kingdom (UK) was established in 1999 by the Department of Health (NHS Executive, 1999). Nurses working in new senior clinical roles were seen as a means of strengthening health services, particularly by working across professional and organizational boundaries (Department of Health, 2002).
- Prior to this, the terms nurse consultant and advanced practitioner had been largely interchangeable (Manley, 1997). The new NC role was established with four core functions or domains (Department of Health, 1999):
- • Expert clinical practice (direct or indirect involvement with patients, to a recommended minimum of half of working hours),
- • Professional leadership and consultancy,
- • Education, training and development,
- • Practice and service development, research and evaluation.

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Drivers for NMP

- Prescribing responsibilities include:
- improve patient care without compromising patient safety
- make it easier and quicker for patients to get the medicines they need
- increase patient choice in accessing medicines
- make better use of the skills of health professionals
- contribute to the introduction of more flexible team working across the health service
- https://www.health-ni.gov.uk/articles/pharmaceutical-non-medical-prescribing

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How has NMP benefitted?

- Nurses began prescribing first to address unsatisfactory conditions of having to ask doctors to prescribe when nurses were already seeing a patient
- It provided career development options
- Added to voice and political impact for the profession

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How has NMP benefitted?

- Other professions later gained prescribing rights,
- It is now seen in several other Western-European and Anglophone countries although the models of application vary widely between countries.
- In 2015 - 53,572 registered nurse and midwife, 3845 pharmacist and 689 allied healthcare professional (e.g. optometrists, physiotherapists, podiatrists and radiographers) supplementary and independent prescribers in England [i5 Health, 2015]. In total, this is approximately 58,000 NMPs.

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How has NMP benefitted?

Table 14

Total number of special/recordable qualifications issued to professionals on the permanent register, sorted from high to low

	March 2017	March 2018	March 2019	March 2020	March 2021
Nurse independent / Supplementary prescriber	36,983	40,041	43,717	47,899	50,693
Community practitioner nurse prescriber	40,612	40,748	40,879	41,049	41,301

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References

- https://eprints.whiterose.ac.uk/10220/2/Nonmedical_Prescribing_in_the_United_Kingdom__9.pdf
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4959632/
- https://www.nursingtimes.net/home/courses/the-development-of-advanced-nursing-roles/5045780.article

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Advanced practice

Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by **a master's level award or equivalent** that encompasses the four pillars of **clinical practice, leadership and management, education and research**, with demonstration of core capabilities and area specific clinical competence. Advanced clinical practice embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people's experience and improve outcomes

(HEE 2017)

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Multi-professional framework for advanced clinical practice in England

"New solutions are required to deliver healthcare to meet the changing needs of the population. This will need new ways of working, new roles and new behaviours."

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HEE Regional Faculties for Advancing Practice

HEE's Centre for Advancing Practice supervision resources and minimum expected standards for supervision

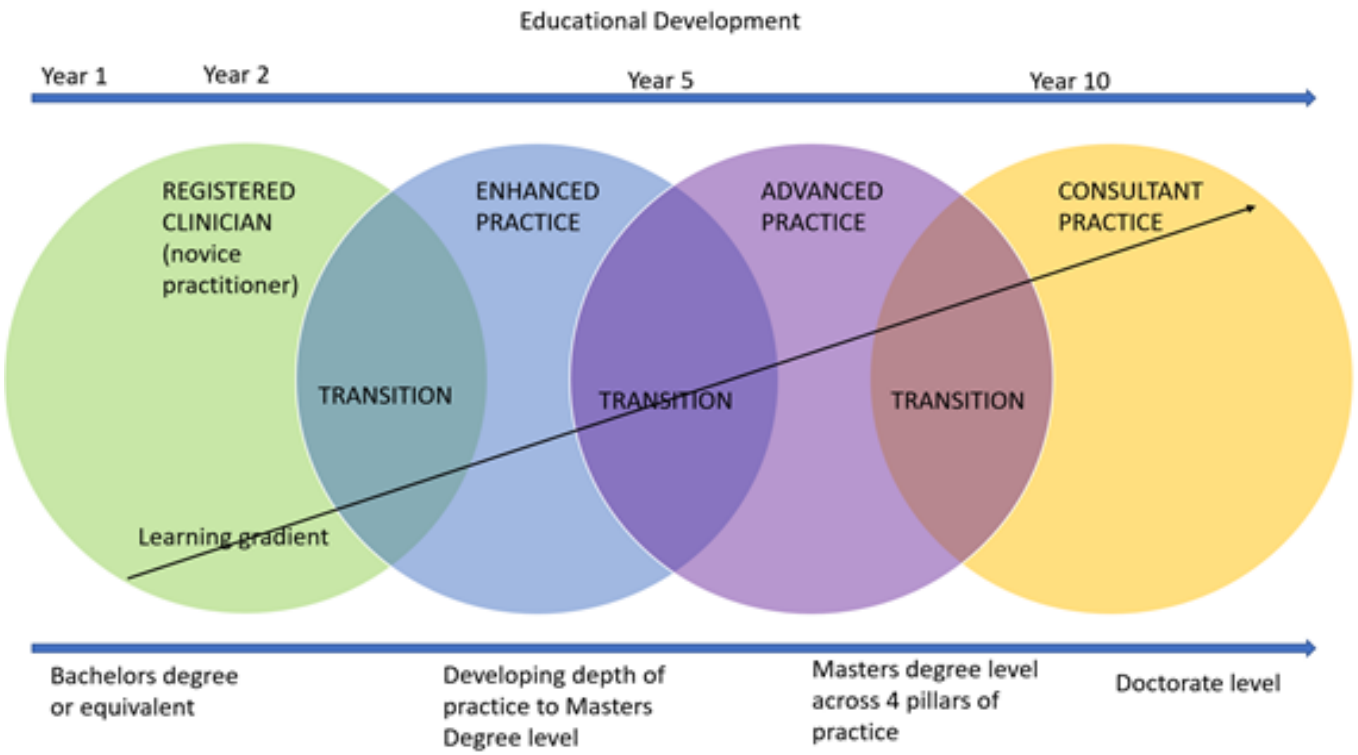
Advanced Practice MSc and apprenticeship routes

HEE Roadmaps to practice

A supported ePortfolio route

Multi-professional advanced practice credentials

HEI centre accredited, programmes


Educational Development
Year 1
Year 2
Year 5
Year 10
REGISTERED CLINICIAN (novice practitioner)
ENHANCED PRACTICE
ADVANCED PRACTICE
CONSULTANT PRACTICE
TRANSITION
TRANSITION
TRANSITION
Learning gradient
Bachelors degree or equivalent
Developing depth of practice to Masters Degree level
Masters degree level across 4 pillars of practice
Doctorate level

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Multi-professional consultant-level practice capability and impact framework

Developing people
for health and
healthcare

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A new CPD funded initiative
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