

## NMC programme of change for education

### Prescribing and standards for medicines management

This response form relates to our consultation on nurse and midwifery prescribing competency proposals, programme requirements for nurse and midwife prescribers and standards for medicines management.

Note: If you want to respond to our parallel consultation relating to our nurse proficiencies and education framework, you can download the response form from our main consultation web pages at:

<https://www.nmc.org.uk/globalassets/sitedocuments/edcons/cq1-nurse-proficiencies-and-education-framework-consultation-response-form.doc>

Information and supporting links to this consultation is available on our website and everyone is welcome and encouraged to respond to all areas of the consultation. We recognise however that some respondents will want to respond to specific consultation questions in certain areas of our standards. Therefore the questions will be introduced and arranged in a way that introduces each of the specific standard subject areas we are consulting on and will signpost and will provide ease of navigation to specific individual areas that we are consulting on that may be of specific interest to them. To enable respondents to answer, reference to the supporting information will be embedded into certain questions to provide additional information about the standards. We will encourage individuals and organisations to respond electronically to the independent research company, Why Research Ltd. who are collecting all the responses and will be undertaking the independent analysis on our behalf. Opportunities to save responses before submitting electronically will be available. Alternative approaches for responding to Why Research Ltd. will also be available if an alternative approach for your consultation is needed.

Consultation questions have been arranged under the following categories:

- [Draft nurse and midwife prescribing competency](#)
- [Draft nurse and midwife prescribing programme requirements](#)
- [Standards for medicines management](#)
- [Equality and diversity and inclusion questions – ‘About you’](#)
- [Programme of change for education – impact assessment](#)

### After you have filled in this response form

Once you have completed the questions relating to the above topics you are interested in, please either copy and paste your responses into the NMC online consultation survey at: <https://www.snapsurveys.com/wh/s.asp?k=149619705209>

or email your completed form to: [whyconsultations@whyresearch.co.uk](mailto:whyconsultations@whyresearch.co.uk)

## Draft nurse and midwife prescribing competency

There is some cross over between the questions we are asking about our proposals in relation to prescribing proficiencies, and the questions we are asking in relation to our proposed prescribing education and training requirements. We therefore recommend that you view these questions together with the prescribing programme requirements questions contained within our education framework consultation document.

**Q.PC.1. Do you agree with our proposal to use the Royal Pharmaceutical Society's *Single competency framework for all prescribers* as the basis for our nurse and midwife prescribing proficiencies and within our post-registration prescribing programme requirements?**

Strongly agree     Agree     Neither agree nor disagree     Disagree     Strongly disagree     Don't know

**Q.PC.2. If you answered strongly agree or agree to the question above, do you think this will promote a shared approach to prescribing competency between professional groups?**

Strongly agree     Agree     Neither agree nor disagree     Disagree     Strongly disagree     Don't know

**Q.PC.3. Increasingly care is taking place closer to home. In order to support the needs of people through new models of care it is important to increase nurse and midwife access to prescribing support, supervision and assessment.**

**Do you agree with our proposal to remove the designated medical practitioner role and title and replace this with a prescribing practice supervisor and assessor roles? This could be any registered healthcare professional with a suitable prescribing qualification and relevant prescribing experience.**

Strongly agree     Agree     Neither agree nor disagree     Disagree     Strongly disagree     Don't know

**Q.PC.4. During pre-consultation engagement potential risk areas of prescribing practice were highlighted, for example remote prescribing, cosmetic prescribing and independent prescribing practice.**

**Do you agree that additional guidance in such areas of prescribing practice should be developed in line with the Code<sup>1</sup> to ensure the public who seek access to these areas of prescribing practice are protected?**

Strongly agree     Agree     Neither agree nor disagree     Disagree     Strongly disagree     Don't know

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<sup>1</sup> The Code: Professional standards of practice and behaviour for nurses and midwives (2015)

It is important that guidance is available and consistent for all prescribing professionals and so multidisciplinary guidance would be preferable rather than specific guidance for nurses and midwives.

## Draft nurse and midwife prescribing programme requirements

There is some cross over between the questions we are asking in relation to our proposed prescribing education and training requirements, and the questions we are asking regarding our proposals in relation to prescribing proficiencies. We therefore recommend that you view these questions in conjunction with our prescribing consultation document.

**Q.PPR.5. Currently a nurse or midwife has to be registered for two years before being eligible to undertake a community nurse prescribing programme known as V150.**

**We are proposing that immediately after successful completion of their pre-registration nursing programme and following registration, a registered nurse or midwife can complete the practice requirements of a community practitioner prescribing programme (known as V150).**

**Do you agree with this approach?**

Strongly agree     Agree     Neither agree nor disagree     Disagree     Strongly disagree     Don't know

Initial education and training should include signposting the knowledge elements of prescribing which can then be consolidated during post-registration practice. However the RPS believes that commencing community nurse prescribing programmes should be after a suitable period of post registration practice e.g at least 2-3 years. This aligns with the RPS vision for initial education and training for pharmacists as set out in <https://www.rpharms.com/resources/reports/transforming-the-pharmacy-workforce> (see section 5).

The nurse prescribers community practitioners formulary includes medicines, including some prescription only medicines, and many of these practitioners may be working in isolated roles with little support to ensure safe prescribing.

**Q.PPR.6. We are consulting on the introduction of teaching and learning of prescribing theory into pre-registration nursing degree programmes. This means that newly qualified nurses in the future will be ready to commence a V150 prescribing programme following initial registration as long as they have the necessary support in place.**

**This is intended to support proficiency of prescribing practice across a range of settings at an earlier stage of a nurse's career.**

**Do you agree with this approach?**

Strongly agree     Agree     Neither agree nor disagree     Disagree     Strongly disagree     Don't know

Initial education and training should include signposting the knowledge elements of prescribing which can then be consolidated during post-registration training. However the RPS believes that commencing prescribing programmes should be after a suitable period of post registration practice of 2-3 years. This aligns with the RPS vision for initial education and training of pharmacists as set out in <https://www.rpharms.com/resources/reports/transforming-the-pharmacy-workforce> (see section 5).

**Q.PPR.7. The needs of people are changing and new models of care are emerging. Nurses in the future will demonstrate evidence of enhanced theoretical knowledge that supports earlier progression towards prescribing practice.**

**We are proposing that registrants complete one year post-registration practice (currently three years) in order to be eligible to commence a supplementary / independent prescriber (known as V300) programme. Do you agree with this approach?**

Strongly agree     Agree     Neither agree nor disagree     Disagree     Strongly disagree     Don't know

**Q.PPR.8. Requirement 4.6.1 states that a pharmacology exam must be passed with a score of a minimum score of 80%. Do you agree:**

that the minimum score is 80%?     that the minimum score should be higher than 80%?     that the minimum score should be lower than 80%     Don't know

The pass mark should be based on available evidence to ensure safe patient care and should be consistent across course providers.

**Q.PPR.9. Requirement 4.6.2 states that the numeracy assessment needs to be passed with a score of 100%. Do you agree with the pass score being 100%?**

Strongly agree     Agree     Neither agree nor disagree     Disagree     Strongly disagree     Don't know

**Q.PPR9a. If you answered strongly disagree or disagree do you believe that the pass mark should be set within a flexible range instead and what do you think that range should be?**

The pass mark should be based on available evidence to ensure safe patient care and should be consistent across course providers. It will also be useful to consider the pass mark in relation to the complexity of the numeracy assessment questions e.g whether basic numeracy is being assessed or more complex calculations. For example if considering similar assessments for other healthcare professionals, the pass mark on part one (calculations paper) of the General Pharmaceutical Council's registration assessment is usually 60-70% however the GPhC assessment may include more complex calculations.



## Standards for medicines management

**Q.SMM.10. Governance and policy decisions about safe management of medicines should be made by organisations who deliver care and services to people and patients? Do you agree?**

Strongly agree     Agree     Neither agree nor disagree     Disagree     Strongly disagree     Don't know

Decisions on the safe management of medicines should be based on national evidence based multidisciplinary standards, guidance and principles. If the NMC standards are withdrawn the RPS would work with royal colleges, professional groups and organisations to develop multidisciplinary standards and guidance for medicines management that are available to all professions involved with medicines. It is important that a void is not left and a managed transition is in place otherwise there are risks that individual organisations are required to put in place time and resources to develop local standards when they are already under considerable operational pressures. It is important to avoid a multitude of different local versions of what should be a set of over-arching principles created nationally and adopted by all healthcare providers.

Relevance of evidence base to practice also needs to be considered with decisions about medicines management.

The RPS is also developing multidisciplinary guidance for safe and secure handling of medicines <https://www.rpharms.com/making-a-difference/projects-and-campaigns/safe-and-secure-handling-of-medicines?Search=safe%20secure%20handling>

The process used by the RPS to develop professional guidance and standards has been accredited by NICE.

**Q.SMM.11. Evidence based practice, policies and standards of management of medicines should apply to all health care professionals rather than having separate standards (set by us) that only apply to nurses and midwives. Do you agree?**

Strongly agree     Agree     Neither agree nor disagree     Disagree     Strongly disagree     Don't know

**Q.SMM.12. How often do you use the current Standards for Medicines Management?**

Very often     Often     Infrequently     Rarely     Not at all     Don't know

**Q.PC12a. If you do use the Standards for Medicines Management standards, what do you use them for?**

Provide any comments here

**Q.SMM.12b. Are there certain aspects of our current Standards for Medicines Management that you use more than others?**

Yes       No       Don't know

**Q.SMM.12c. If yes, please state which aspects are the most valuable to you.**

Provide any comments here

**Q.SMM.13. Do you agree with our proposals to withdraw our Standards for Medicines Management?**

Strongly agree       Agree       Neither agree nor disagree       Disagree       Strongly disagree       Don't know

**Q.SMM.14. If you strongly disagree or disagree with our proposals to withdraw our Standards for Medicines Management, what aspect of medicines management guidance for nurses and midwives would enhance public safety and public protection?**

The RPS agrees that the NMC Standards for Medicines Management should be withdrawn. Other organisations are able to provide professional guidance around medicines management. If the NMC standards are withdrawn the RPS would work with royal colleges, professional groups and organisations to develop multidisciplinary standards and guidance for medicines management. The interim period would need to be managed so that multidisciplinary standards are in place before the NMC standards are withdrawn.

The RPS is also developing multidisciplinary guidance for safe and secure handling of medicines  
<https://www.rpharms.com/making-a-difference/projects-and-campaigns/safe-and-secure-handling-of-medicines?Search=safe%20secure%20handling>

The process used by the RPS to develop professional guidance and standards has been accredited by NICE.

**Q.SMM.15. What do you perceive to be the risks of withdrawal of our Standards for Medicines Management?**

As above, risks could be mitigated by other organisations developing guidance to cover risk areas following withdrawal of the NMC standards for medicines management. The RPS will work with other organisations to develop national multidisciplinary professional standards and guidance for medicines management using our NICE accredited process for developing standards and guidance. It is important to avoid a multitude of different local versions of what should be a set of over-arching principles created nationally and adopted by all healthcare providers.



## Programme of change for education – equality and diversity and inclusion questions – ‘About you’

**Q1. Are you responding as an individual or on behalf of an organisation?** (please tick only one box)

As an individual.  
If yes go to **Q2**

On behalf of an organisation.  
If yes go to **Q14**

### Responding as an individual

**Q2. Which of the following best describes you?** (please tick only one box)

I am a member of the public. If yes go to **Q6**

I am a nurse or a midwife. If yes go to **Q3**

I am a student nurse or a student midwife. If yes go to **Q5**

### Nurses and midwives only

**Q3. Which of the following categories best describes your current practice?**

(Tick one or more areas that best describe the area you practise in)

Direct patient care

Management

Education Policy

Research

Other (please give details here)

**Q4. Please tick the box(es) which best describes the type of organisation you work for:** (please tick all that apply)

Government department or public body

Regulatory body

Professional organisation or trade union

NHS employer of doctors, nurses or midwives

Independent sector employer of nurses and midwives

- Agency for nurses or midwives
- Education provider
- Consumer or patient organisation
- Other (please give details here)

**Q5. Please tick the box(es) below that most closely reflect(s) your role?**

- Adult nurse
- Mental health nurse
- Learning disabilities nurse
- Children's nurse
- Specialist community public health nurse
- Health visitor
- Occupational health nurse
- School nurse
- Family health nurse
- Specialist practice nurse
- District nurse
- General practice nurse
- Midwife
- Student nurse
- Student midwife
- Other (please give details here)

**All individuals**

To help make sure that our consultations reflect the views of the diverse UK population, we aim to monitor the types of responses we receive to each consultation and over a series of consultations. Although we will use this information in the analysis of the consultation response, it will not be linked to your response in the reporting process.

**Q6. What is your country of residence?** (please tick only one box)

- England
- Northern Ireland
- Scotland
- Wales
- Other – European Economic Area
- Other – rest of the world (please say where)

**Q7. What is your age (years)?** (please tick only one box)

- Under 25
- 25–34
- 35–44
- 45–54
- 55–64
- 65 or over
- Prefer not to say

**Q8. Are you:** (please tick only one box)

- Female
- Male
- Prefer not to say

**Q9. Please select one option to indicate whether your gender identity completely matches the sex you were registered at birth:** (please tick only one box)

- Yes
- No
- Prefer not to say

**Q10. Please indicate your sexual orientation** (please tick only one box)

- Bisexual
- Gay man
- Gay woman or lesbian
- Heterosexual or straight
- Prefer not to say

**Q11. What is your ethnic origin?** (please tick only one box)

**White**

- British, English, Northern Irish, Scottish or Welsh
- Irish
- Gypsy or Irish traveller
- Any other white background (please specify here)

**Mixed or multiple ethnic groups**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed or multiple ethnic group (please specify here)

**Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background (please specify here)

**Black, African, Caribbean or black British**

- Caribbean

- African
- Any other black, African, or Caribbean background (please specify here)

**Other ethnic group**

- Arab
- Any other ethnic group (please specify here)
- Prefer not to say

**Q12. Would you describe yourself as having a disability\*? (please tick only one box)**

\*Disability in this context means a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.

- Yes
- No
- Prefer not to say

**Q13. Please indicate your religion (please tick only one box)**

- No religion
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion: (please specify here)
- Prefer not to say

## Responding as an organisation

**Q14. Which one of the following categories best describes your organisation?** (please tick only one box)

- Government department or public body
- Regulatory body
- Professional organisation or trade union
- NHS employer of doctors, nurses or midwives
- Independent sector employer of nurses and midwives
- Agency for nurses or midwives
- Education provider
- Consumer or patient organisation
- Other (please give details here)

**Q15. Does your organisation represent the views of nurses or midwives and/or the public that share the following characteristics?** (select all that apply)

- Older
- Younger
- Disabled
- Ethnic groups
- Women / men
- Lesbian, gay and bisexual
- Transgender
- Pregnancy / maternity

**Q16. In which country is your organisation based?** (please tick only one box)

- UK wide
- England
- Scotland
- Northern Ireland
- Wales
- Other – European Economic Area
- Other – rest of the world (please say where)

**Q17. Please give the name of your organisation:** (Royal Pharmaceutical Society)

**Q18. Would you be happy for your comments in this consultation to be identified and attributed to your organisation in the reporting, or would you prefer that your response remains anonymous?** (please tick only one box)

- Happy for comments to be attributed to my organisation
- Please keep my responses anonymous

**Q19. Please state your name:** (Ruth Wakeman)

**Q20. Please state your job title:** (Associate Director of Professional Standards and Support)

## Programme of change for education – impact assessment

The proposed prescribing requirements and withdrawal of our standards for medicines management should not create unlawful barriers or create disadvantage for diverse groups on the basis of: race, gender, disability, religion and belief, sexual orientation, age, gender reassignment, pregnancy/maternity, political belief or being in a marriage/civil-partnership.

Will any of our proposals have a particular impact on these groups across the following categories?

### EDI.1a. Race:

Yes – largely positive impact anticipated       Yes – largely negative impact anticipated       No       Don't know

Provide any comments here

### EDI.1b. Gender:

Yes – largely positive impact anticipated       Yes – largely negative impact anticipated       No       Don't know

Provide any comments here

### EDI.1c. Disability:

Yes – largely positive impact anticipated       Yes – largely negative impact anticipated       No       Don't know

Provide any comments here

**EDI.1d. Religion and belief:**

- Yes – largely positive impact anticipated       Yes – largely negative impact anticipated       No       Don't know

Provide any comments here

**EDI.1e. Sexuality orientation:**

- Yes – largely positive impact anticipated       Yes – largely negative impact anticipated       No       Don't know

Provide any comments here

**EDI.1f. Age:**

- Yes – largely positive impact anticipated       Yes – largely negative impact anticipated       No       Don't know

Provide any comments here

**EDI.1g. Gender reassignment:**

- Yes – largely positive impact anticipated       Yes – largely negative impact anticipated       No       Don't know

Provide any comments here

**EDI.1h. Pregnancy / maternity:**

Yes – largely positive impact anticipated       Yes – largely negative impact anticipated       No       Don't know

Provide any comments here

**EDI.1i. Political belief:**

Yes – largely positive impact anticipated       Yes – largely negative impact anticipated       No       Don't know

Provide any comments here

**EDI.1j. Being in a marriage or civil partnership:**

Yes – largely positive impact anticipated       Yes – largely negative impact anticipated       No       Don't know

Provide any comments here

**This completes your responses.**

**Thank you very much for taking the time to participate in the NMC programme of change for education: prescribing and standards for medicines management consultation.**

**After you have filled in this response form**

Once you have completed this form, please either copy and paste your responses into the NMC online consultation survey at:

<https://www.snapsurveys.com/wh/s.asp?k=149619705209>

or email your completed form to:

[whyconsultations@whyresearch.co.uk](mailto:whyconsultations@whyresearch.co.uk)