

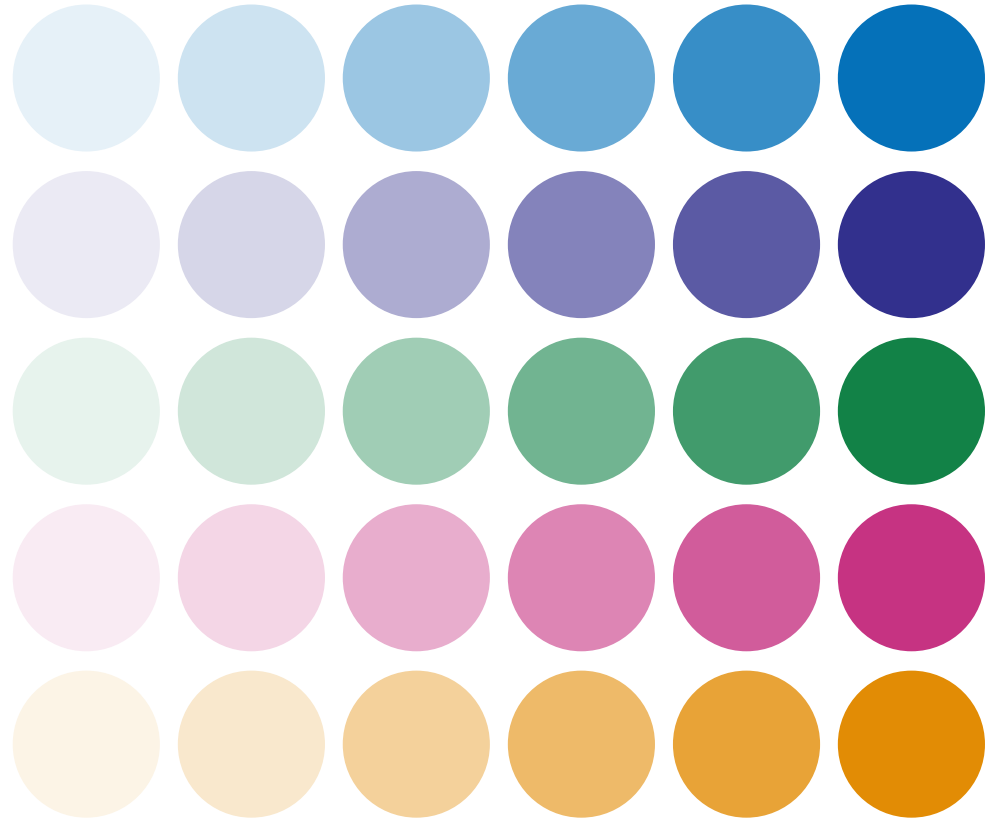


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Workforce: Advancing Clinical Practice

Non Medical Prescribing

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A Bit about Me

CNS RACPC since 2002
Passionate about KCH

Sport &
Promoting benefits of
organ donation



From spring 2020
the law around organ donation
in England is changing



[Find out more](#)



- Pathway to being a Non Medical Prescriber
- Benefits
- Challenges
- The Future



Pathway to Becoming an Non Medical Prescriber

NMC: The Code states at section 18.1 that those suitably qualified must only prescribe, advise on, or provide medicines or treatment, including repeat prescriptions if you have enough knowledge of that person's health and are satisfied that the medicines or treatment serve that person's health needs.

KCL: This module aims to equip nurses and midwives with the principles of prescribing, to enable them to prescribe safely, appropriately and cost effectively as independent or supplementary nurse prescribers



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My Non Medical Prescriber Pathway



NMPG Approval/Obtaining Course Funding/Study Time/Find a DMP

Attending KCL Course

Successful Completion of Exam and
Submission of Portfolio of Evidence/Short Essays/Case Study

Registration with NMC and Trust Approval of Scope of Practice

Ongoing Support/Education and Audit



Benefits of Nurses Prescribing

Patient Focus

- Increases Nurse face to face time with the patients.
- Reduces the number of contact appointments for the patient and can help with GP workload as patient makes less visits to GP
- Autonomous holistic prescribing, Allows engagement with patients Psychosocial priorities to improve patient concordance.

Organisational Focus

- Timely optimisation of evidence based medications, thereby reduces hospitalisation and mortality, improves clinical outcome and quality of life
- Increases communication with other specialist teams/Pharmacist to achieve better outcome for the patients.

Nurse Development Focus

- Increases the profile of the Nurse within the Trust and nationally
- Can enhance career progression
- Additional job satisfaction



Challenges of Nurse Prescribing

- HF team Example: Long complex communications with community pharmacy teams (e.g.: addressing dosette boxes) and other drug agencies (particularly for non- local patients) can increase the CNS workload on a day to day basis
- Training fees are high, however highly cost effective once the Nurse is actively prescribing.
- Is there ever enough time to ensure all audit requirements are met??
- **FEAR** of making a mistake, and pressure to get it right every time



The Future

- Proving better financial/study support to CNS staff to complete Non medical prescribing course
- Student Nurses being taught the theoretical part of the course pre-registration

Thank you for listening



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