Nursing and Midwifery Council Circular

For Action by: Those who:

- commission and deliver nurse independent prescribing programmes
- sponsor registrants to undertake these programmes, and
- Strategic Health Authority Non Medical Prescribing Leads
- NHS and Foundation Trust Clinical Governance / Prescribing Leads

For Information to: HLSP

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Prescribing for children and young people

Summary

1 The circular applies to all courses from this point forward

2 The circular strengthens the NMC ‘Standards of proficiency for nurse and midwife prescribers’ (The Standards) in relation to prescribing for children

3 This circular should be read in conjunction with The NMC ‘Standards of proficiency for nurse and midwife prescribers’ (The Standards) published in May 2006

Background

4 Given that many registrants will be working in services where treatment would be provided across the age spectrum, the NMC has consulted with a number of bodies representing children and the other regulatory bodies in order to further strengthen the Standards in relation to prescribing for children.

5 The NMC ‘Standards of proficiency for nurse and midwife prescribers’ (The Standards) were published in May 2006. They state that:

‘Only nurses with relevant knowledge, competence, skills and experience in nursing children should prescribe for children. This is particularly important in primary care (eg out of hours, walk-in-clinics and general practice settings). Anyone prescribing for a child in these situations must be able to demonstrate competence to prescribe for children and refer to another prescriber when working outside their area of expertise or level of competence.’ (NMC Standards, page 7)

‘It is the responsibility of the employer to ensure that the registrant is able to apply the prescribing principles to their own area of practice’ (NMC Standards, page 6).

Action Required

6 It has been agreed that all nurse / midwife independent / supplementary prescribing programmes must incorporate an additional learning outcome to ensure that on successful completion of the programme, they can take an appropriate history, undertake a clinical assessment and make an appropriate diagnosis, having considered the legal, cognitive, emotional and physical differences between children and adults.

7 In addition the assessment must demonstrate the registrant’s ‘recognition of the unique implications and developmental context of the anatomical and physiological differences between neonates, children and young people.’ (NMC Standards, page 6).

8 In keeping with the existing standards of proficiency for nurse / midwife prescribers any assessment should take place within the context of their work setting, wherever that might be. If there is any doubt about the ability of the registrant to demonstrate knowledge, skill and competence in the areas described above, further training in relevant aspects of the legal, cognitive, emotional and physical differences between children and adults and in taking
an appropriate history, undertaking a clinical assessment and making an appropriate diagnosis for a child, should be undertaken prior to completing a prescribing course.

9 A medical practitioner who is experienced and competent in prescribing for children should confirm the demonstration of competence.

10 If a registrant who is already a prescriber moves into a new role which requires them to prescribe for children for the first time, or after a break in practice, it would be considered good practice for them to have a period of preceptorship and they may require additional education and supervision in relation to assessment, diagnosis and prescribing for children.

This circular may be reproduced by all to whom it is addressed

This circular has been issued by:

**Sarah Thewlis**

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