NMC programme of change for education

Overview of Prescribing and Standards for Medicines Management (SMM) Consultation
Introduction

1. The Nursing and Midwifery Council (NMC) is the independent nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland. We exist to protect the public. We set standards of education, training, conduct and performance so that nurses and midwives can deliver high quality care throughout their careers.

2. The legal basis for our education and quality assurance of education role is set out in the Nursing and Midwifery Order 2001,\(^1\) and the education and registration rules and requirements on the education of nurses and midwives found in relevant EU legislation.\(^2\)

3. Our Strategy 2015-2020 identifies education as a key priority. In 2016 we began a four year programme of change for education to ensure that both our standards of proficiency; what nurses and midwives must know and be able to do safely and our standards of education and training ensure that nursing and midwifery programmes are designed and delivered to give nurses and midwives the skills and knowledge that they will need to be able to meet the challenges of the future.

4. Consultation 2 focuses on the work we have undertaken in the areas of nurse and midwife prescribing and management of medicines.

5. We propose to adopt the Royal Pharmaceutical Society’s Single competency framework for all prescribers as our new standards of proficiency for nurse and midwife prescribing practice. We are also consulting on draft requirements for nurse and midwife prescribing programmes.
6. Our current Standards for medicines management (SMM) were set in 2007 and for a number of reasons we are considering whether to revoke them. Firstly, they are the only standards that we have which are wholly practice focused and secondly, we are the only professional regulator who sets such standards for the professions we continually regulate.

7. Public protection is our first priority when regarding the complex area of managing medicines and through this consultation we are exploring how to achieve the correct balance in this area. We believe that having appropriate standards for proficiency for managing medicines within pre-registration nursing and midwifery education, and in our Code is a proportionate approach, leaving the governance in this area to organisations that deliver care services and their system level regulators.
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Our vision for education

Drivers for change

8. Our Corporate strategy 2016–20 offers the opportunity to reposition ourselves as a proactive and forward thinking regulator, playing a lead role in modernising education standards for future nurses and midwives. This reflects our aspiration to be a dynamic regulator.

9. Our programme for change for education is driven by the rapid pace of change across the health and care and education sectors in the UK. In order to be fit for the future, our standards need to change to ensure public safety and confidence.

10. Our role in education must always be proportionate. As we look to the future, this means upholding public protection, building on the success of Revalidation and moving towards greater collaboration with other regulators by taking an ambitious approach to our standards development.

11. Nurse and midwife education has received attention from a number of high profile reports across the four countries in recent years, and it is important that we respond to the lessons learned in a proactive manner.

12. Key findings from our independent evaluation of pre-registration nursing and midwifery included the need to improve the confidence of newly registered nurses and midwives as they start their careers. The safe management of medicines has always been a fundamental role of nurses and midwives and it is vital that student nurses and student midwives are proficient in this area of their practice and continue to abide by the Code once registered.
13. In order to meet the needs of people and to enable nurses and midwives to actively contribute to new and emerging models of care it may be appropriate to include the ability to prescribe safely at an earlier stage of a nurse or midwife’s career.

14. Our new standards will also ensure that in the future we are able to work more closely with others, including other regulators and professional bodies. We recognise that we operate in an often crowded regulatory environment and this can be burdensome for education providers and their practice partners. Our new standards will be designed to promote inter-professional learning and lead the way in maximising collaborative working across regulators.
Pre-consultation engagement

15. We have been clear that we cannot develop these standards in isolation, and before the launch of this consultation, we engaged extensively with nurses and midwives, educators, students, employers, other regulators and patients and the public, from England, Wales, Scotland and Northern Ireland. We have taken a collaborative and co-production approach to our education programme, using feedback to shape our thinking and inform the design of our new standards of proficiency and of education and training. We would like to thank all those that have shared their thinking with us or attended one of our events.

16. Our programme of change for education is driven by the belief that in order to be fit for the future, our standards need to change. Inevitably some areas of change will be welcomed and other areas of change may be met with uncertainty or additional areas for us to consider may emerge. Where there has been a clear consensus regarding our proposals we have sought to embed that consensus within the draft standards.

17. We intend to use this consultation to seek further feedback on draft standards on broad areas of people and patient safety and public protection as well as those areas where further views are needed. Some areas where a number of differing views have been expressed include our proposal to withdraw our standards for medicines management.
18. We have finished our pre-consultation engagement and have now progressed to the consultation phase which will allow us to formally test our thinking. The projects that we are consulting on at this time are as follows:

18.1 Proposals to adopt the Royal Pharmaceutical Society’s (RPS) Single Competency Framework for All Prescribers as our standards of proficiency for prescribing practice.

18.2 Draft programme requirements to underpin prescribing programmes for nurse and midwife prescribers. These requirements will also link to our draft requirements for learning and assessment for all nursing and midwifery programmes.

18.3 Proposals to withdraw our Standards for medicines management.

**Equality and diversity**

19. We are carrying out a full equality impact assessment process for each project that falls within our education programme. As part of this process, we have highlighted any changes that we believe may have the potential impact negatively from an equality and diversity perspective, and the actions we must take to mitigate against any potential negative impacts.

20. This consultation is part of our equality impact assessment process. During this process we will be looking at action we can take to make sure that equality and diversity is embedded in all areas across our standards.

21. Following your review of the consultation documents and proposed standards we would welcome your thoughts in relation to any aspects of equality and diversity that these standards could impact upon, any actions that we would need to take to mitigate against such risk, and where you think we could do more to meet our duty to eliminate discrimination, advance equality of opportunity and foster good relations between different groups within our regulatory role. We have included a section at the end of this document that specifically seeks your views on the equality and diversity implications of our proposals.

**Proposed timescales**

22. In relation to prescribing, we anticipate formally adopting the Royal Pharmaceutical Society’s Single competency framework for all prescribers as our practice standards from spring 2018. Education providers may adopt these standards of proficiency as ‘early adopters’ from September 2018, and all programmes would be expected to adopt these standards of proficiency by September 2019.

23. Once the consultation responses have been reviewed, we aim to make a decision about the potential revocation of our SMM at our January 2018 Council meeting.
Navigating your way through the consultation documents

24. To assist people who would like to respond to our proposals we have arranged this important consultation over two key areas. For each of these areas, we have compiled a short document setting out the background to our proposed changes, and the key questions that we would like your views on. You will find these documents by following the links below:

24.1 *Our proposed changes in relation to prescribing.*

24.2 *Our proposals to withdraw the SMM.*

25. We recommend that you read the documents above in conjunction with our proposed new standards of proficiency and our new standards of education and training including our proposed new programme requirements. These can be found by following the links below:

25.1 *Royal Pharmaceutical Society Single competency framework for all prescribers.*

25.2 Draft education framework, which includes:

25.2.1 *Our proposed new model of learning and assessment.*

25.2.2 *Requirements for prescribing programmes.*

Consultation questions

26. We are asking a wide range of questions as part of this consultation. The majority of these questions are posed for the specific areas previously described. To view and respond to each of the specific areas project consultation questions, these can be found by following the links above as part of ‘project documents’ section.

27. We also have a series of questions that sit across the programme in respect of our broad programme of work in education. These are set out below and will be asked as part of the consultation survey in addition to those questions contained within our project documents.
There is some crossover 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.

Q1. 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

Q2. 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
Q3. 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

Q4. 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 as prescribing practice should be developed in line with the Code 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

Comments
There is some crossover 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.

Q5. **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

Comments
Q6. 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

Comments

Q7. 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
Q8. Requirement 4.6.1 states that a pharmacology exam must be passed must be passed with a minimum 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

Q9. 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

Q9a. 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?
Standards for medicines management

Q10. 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

Q11. 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
Q12. How often do you use the current Standards for Medicines Management?
- [ ] Very often
- [ ] Often
- [ ] Infrequently
- [ ] Rarely
- [ ] Not at all
- [ ] Don’t know

Q12a. If you do use the Standards for Medicines Management standards, what do you use them for?

Q12b. Are there certain aspects of our current Standards for Medicines Management that you use more than others?
- [ ] Yes
- [ ] No
- [ ] Don’t know

Q12c. If yes, please state which aspects are the most valuable to you.

Q13. 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
Q14. 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?

Q15. What do you perceive to be the risks of withdrawal of our Standards for Medicines Management?
End notes

1. Statutory Instrument 2002/253 (as amended)