



Association for Prescribers

Nurse/Non Medical Prescribing for End of Life Care: National Update

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Presentation outline

- To inform and update on:
- National developments in nurse/non-medical prescribing
- Developing confidence and competence in your ability to prescribe
- Demonstrating compliance with the NMC code for re-validation
- The benefits of nurse prescribing/non-medical prescribing for End of Life Care.

Current related issues.

- Multi-professional working
- Safety
- Competence/confidence
- Standards and competence Frameworks
- Care pathways
- Patient led prescribing and symptom management
- Continuing Professional Development
- Workforce planning
- Professional body re-validation

Non Medical Prescribers who and how many?

- Over 70,000 in UK across four countries.
- Community Practitioner Nurse and Midwife Prescribers over 30,000
- Independent and Supplementary Prescribers- growing numbers- across all sectors
- Supplementary Prescribers-still there

Professions

- Nurses and Midwives- Independent and Supplementary Prescribers
- Nurses and Midwives- Community Practitioner Nurse and Midwife Prescribers
- Pharmacists- Independent and Supplementary Prescribers
- Optometrists- Independent Prescribers
- Physiotherapists- Independent and Supplementary Prescribers
- Podiatrists- Independent and Supplementary Prescribers
- Radiographers- Independent and Supplementary Prescribers
- Dieticians- Supplementary Prescribers

Recent consultations-

- Independent Prescribing by (advanced practice Therapeutic) Radiographers-
- not yet controlled drugs- subject to ongoing work
- Supplementary Prescribing by Dieticians-involved in nutrition and hydration at end of life.

Standards of
conduct,
performance
and ethics

The Code

Professional standards
of practice and behaviour
for nurses and midwives

Standards for education providers and registrants

Standards for prescribing

**Standards of
proficiency for
nurse and midwife
prescribers**

Re-validation is here



Continuing Professional Development- The Code, Prescribing and Re-validation.

- Revalidation benchmarked by Revised Code-2015

18. Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations.

<http://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/revised-new-nmc-code.pdf>

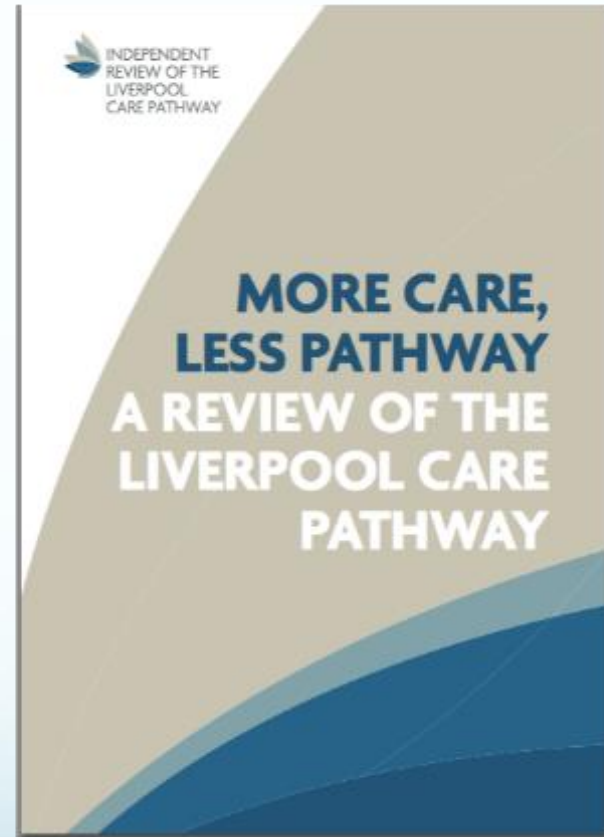
Key Points

- 450 hours over 3 years
- CPD – 35 hours over three years
- Reflective writing- five pieces over three years
- Reflective discussion- with an NMC registrant
- Must provide practice related feedback- five pieces over three years
- Must prove good health and good character
- Must prove indemnity insurance
- Must prove fitness to practice
- The above must be confirmed

**A single competency
framework for all prescribers**

Independent Review of Liverpool Care Pathway

- Followed in from concerns raised by Francis Inquiry
- Call for transparency and clear communication with patients and relatives.
- Call for care with compassion
- **Proficiency in Care of the dying to be linked to validation for nurses- need for improved skills and competencies.**



End of life care for adults

NICE quality standard [QS13] Published date:
November 2011

- <https://www.nice.org.uk/guidance/qs13/chapter/introduction-and-overview>
- Linked in to Mid Staffs (Francis Inquiry)
- Updated 2013 following review of Liverpool Care Pathway (LCP)
- Call for transparency and clear communication with patients and relatives.
- Call for care with compassion
- Proper nutrition and hydration

Integrated Prescribing for End of Life Care

- Direct management of pain and adjuvant management
- Patient led assessment/care pathways/patient led prescribing/Patient Participation Groups
- Choice of where to die
- Changing professional profile/ interdisciplinary/ multi-specialty/

Non-medical Prescribing and Integrated end of life care

- Holistic overview and provision of care
- Round the clock access to pain and symptom control
- Patient centred care pathway- personal care plans
- In partnership with patients and carers- independent advocates.

In Summary

- Non-medical Prescribing growing and developing across disciplines
- Need to demonstrate and maintain competence and confidence
- Prescribing for care at end of life is complex
- Needs to be based on best evidence
- Needs to be clearly communicated and with transparency
- Need for integrated working- work force planning
- All working to best evidence and National Standards
- Care pathways and patient/carer involvement

Nurse Prescribing at end of life

- *Key challenges nurses raised were:*
- *Identifying when patients entered the dying phase;*
- *Working and forming relationships with GPs to enable appropriate initiation;*
- *Writing a correct, valid anticipatory prescription.*

Wilson E et al (2014) Anticipatory prescribing in end-of-life care. *Nursing Times*; 110: 44, 16-17.

Caution and adherence

- Adherence to local Prescribing policies.

Thank you



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