

Nurse and Midwife Medicinal Product Prescribing Toolkit

Governance for the Registered Nurse Prescriber Working in an Integrated Role

Registered Nurse Prescribers (RNPs) may practice across a diverse range of specialties, clinical settings or health service providers with varying degrees of autonomy and independence within their scope of practice and in collaboration with the multidisciplinary team. This range may be between two or more health service provider sites or between secondary and primary care.

The following governance arrangements must be in place for the RNP working in an integrated role. He/she:

- ♦ Is professionally accountable to the Director of Nursing/Midwifery/Public Health Nursing (the Director) in the health service provider in which he/she is employed.
- ♦ Has clinical accountability to the relevant collaborating medical practitioners, i.e. Consultant(s) in secondary care site(s), the Primary Care Clinical Lead responsible for the service and/or the GP(s) responsible for the patients/service users in each integrated site.
- ♦ Should develop a referral pathway with key stakeholders within each site, taking into account local arrangements pertaining to the integrated role. This supports a robust communication process with all relevant stakeholders.
- ♦ Refers to and complies with the HSE National Policy for Nurse and Midwife Medicinal Product Prescribing where he/she is providing the service.

Governance: Health Service Provider

The following must be in place to support nurse and midwife medicinal product prescribing in an integrated role:

- ♦ A firm commitment by health service provider senior management team to support the introduction and implementation of nurse and midwife medicinal product prescribing.
- ♦ Arrangements to oversee the implementation of nurse and midwife medicinal product prescribing: named collaborating medical practitioner(s); named Prescribing Site Coordinator (PSC).
- ♦ Access to a Drugs and Therapeutics (D&T) Committee. In the absence of a D&T Committee, a Review Group must be established with specific terms of reference for nurse and midwife medicinal product prescribing. See [Nurse and Midwife Medicinal Product Prescribing Toolkit: Drugs and Therapeutics Committee](#)
- ♦ Risk management systems and processes for adverse event reporting, incident reporting, reporting of near misses (as detailed in the HSE National Policy for Nurse and Midwife Medicinal Product Prescribing).
- ♦ An agreed schedule for routine audit of nurse and midwife medicinal product prescribing.

The Nurse Midwife Prescribing Data Collection System is available for local use as a support for monitoring and clinical audit.

The Director, or his/her designated officer, will lead on any communication regarding medicinal product prescribing with the other integrated site(s).

State Claims Agency Clinical Indemnity Scheme

The RNP working in an integrated role who is an employee of the Health Service Executive may carry out functions of the role, on behalf of the HSE, in a GP practice/private enterprise. The State Claims Agency provides indemnity for professional medical services which the RNP

provides, whether his/her services are provided on site in a HSE facility (acute or secondary care) or in a private health service provider (e.g. GP Practice). GP practices or their indemnity/insurance providers for the practice are not required to extend cover to HSE employees in this regard. The RNP working in an integrated role remains indemnified at all times by the Clinical Indemnity Scheme for the provision of this integrated role.

Development of Collaborative Practice Agreement for RNPs Working in Integrated Roles

Health service providers responsible for integrated care must employ a cohesive and collaborative proactive approach to determine and agree the clinical governance for Collaborative Practice Agreement (CPA) development, review and approval. A RNP must have “a written, valid CPA with a collaborating medical practitioner(s) that is approved by the Director on behalf of the health service provider in order for the nurse/midwife to prescribe medicines within his/her scope of practice at their place of employment” (Nursing and Midwifery Board of Ireland, 2016).

The CPA serves as a tool to ensure that communication structures and processes have been established between the RNP and the collaborating medical practitioner(s) regarding the care of their patients/service users.

While recognising the responsibility of the collaborating medical practitioner(s) to the patient/service user the individual RNP is professionally accountable for his/her prescribing decisions and practices. This encompasses the consultation and/or referral pathway when a patient’s/service user’s care extends beyond the RNP’s scope of practice.

The candidate/RNP:

- ◆ Develops his/her CPA, including:
 - ◆ A description of the specific clinical areas and the practice settings of the RNP, including the patient population and health conditions for which the RNP has responsibility.
 - ◆ A listing of specific medicines (generic names) and treatment indications the RNP is authorised to prescribe.
 - ◆ Conditions (if any) that the health service provider has placed on the RNP’s prescriptive authority.
 - ◆ RNP’s audit process of their prescribing practice. For further guidance on auditing nurse and midwife medicinal product prescribing, please refer to [Nurse and Midwife Medicinal Product Prescribing Toolkit: Guidance for Clinical Audit](#).
- ◆ Submits the list of medicines included on the CPA to the Drugs and Therapeutics Committee/Review Group for review in each health service provider where he/she is providing a service (as agreed between relevant stakeholders within the integrated sites).
- ◆ Identifies the date for CPA review based on local health service provider requirements.

Conclusion

This document refers to the governance structures that must be in place to support the RNP working in an integrated role. The governance structures required for integrated care apply not only to prescriptive authority but to all aspects of care delivery, including professional responsibility and accountability regardless of whether the individual nurse or midwife is a RNP.

This toolkit was developed in collaboration with the State Claims Agency