

Evaluation of nurse and pharmacist independent prescribing

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1 Executive summary

1.1 Summary of Key Points

- Between 2% and 3% of both the nursing and pharmacist workforce are qualified to prescribe medicines independently
- 93% of nurse prescribers and 80% of pharmacist prescribers had used their independent prescribing qualification. 86% of the nurses and 71% of the pharmacists were currently prescribing¹
- Nurses and pharmacists are prescribing predominantly in primary care, with substantial numbers also in secondary care settings
- Study results indicate that overall, nurse and pharmacist prescribing is currently safe and clinically appropriate
- The study findings indicate that current educational programmes of preparation for nurse and pharmacist prescribing are operating largely satisfactorily, and provide fit-for-purpose preparation
- Evidence suggests that non-medical prescribing has been largely driven by individual practitioners to date, and has been used to increase the quality of existing services, as opposed to enabling service re-design
- Only about half of Trusts reported a strategy or written plan for the development of non-medical prescribing
- Key clinical governance and risk management strategies for non-medical prescribing are in place within the majority of Trusts
- Acceptability of independent prescribing to patients is high, as evidenced by the majority of patients reporting that they were very satisfied with their visit to their nurse or pharmacist prescriber
- When comparing care provided by their nurse or pharmacist independent prescriber to being treated by their GP, most patients in this study did not report a strong preference for either their non-medical or medical prescriber
- Results indicate that non-medical prescribing was generally viewed positively by other health care professionals
- Nurse and pharmacist independent prescribing in England is becoming a well-integrated and established means of managing a patient's condition and giving him/her access to medicines
- Key issues for further expansion of non-medical prescribing may include preparing nurses and pharmacists to prescribe across conditions for patients with co-morbidities

¹ The survey was conducted in autumn 2008 when there were 358 pharmacist independent prescribers who had been qualified for longer than 6 months, and all were surveyed. NB In July 2010, there were more than 1,100 qualified pharmacist independent prescribers.