



Continuing professional development needs of nursing and allied health professionals with responsibility for prescribing



Robert S. Weglicki ^{a,*}, Julie Reynolds ^{a,1}, Peter H. Rivers ^{b,2}

^a University of Derby, UK

^b De Montfort University, UK

ARTICLE INFO

Article history:
Accepted 19 August 2014

Keywords:
Continuing professional development
Inter-professional
Learning
Non-medical prescribing
Training
Qualitative

SUMMARY

Background: Continuing professional development (CPD) for non-medical prescribers is recognised as being pivotal in maintaining up-to-date knowledge and skills influencing prescribing competence. This study was, therefore, designed to ascertain the aspirations, priorities and preferred mode of CPD for non-medical prescribers.

Method: Qualitative data were derived from semi-structured in-depth interviews and a focus group given by 16 allied health professionals working in primary and secondary care settings. A topic guide was used to cover clinical decision-making (including difficult decisions), legal aspects of prescribing and diagnostic issues. A content analysis of the verbatim transcripts enabled four key emerging themes to be identified, thus offering a basis for developing a greater understanding of the CPD needs of non-medical prescribers.

Results: The four key emerging themes identified are the following: Theme 1: “Personal anxiety undermining confidence to prescribe”, Theme 2: “External barriers and other factors that exacerbate anxiety”, Theme 3: “Need for support identified through coping strategies”, and Theme 4: “Preferred mode or style of learning”.

Discussion: The findings suggest that anxiety and lack of confidence in non-medical prescribing pose a significant challenge for CPD. Strategies that are most likely to improve prescribing confidence are through a blended learning approach. Local higher education and workplace employer collaboration is an appropriate step forward to achieve this.

© 2014 Elsevier Ltd. All rights reserved.

Introduction

Ever since the Crown Report (Department of Health, 1999) which advocated the introduction of non-medical prescribing, subsequent progressive legislative changes (Department of Health, 2002) have given rise to an increasing number of health care professionals with prescribing status. Non-medical prescribers, after training, may now independently prescribe any medicinal product listed in the British National Formulary so long as the patient's condition falls within the professional clinical competency of the health care professional concerned. In October 2009, the number of nurse independent prescribers exceeded 14,000 and the number of pharmacists with independent or supplementary prescribing status stood at 1700 (National Prescribing Centre, 2010). By 2011, the total number of registered non-medical prescribers in the UK had reached 47,725 (Brown, 2012).

The role of non-medical prescribers, working collaboratively with doctors, has been hailed as a key driver of innovation to enable greater

productivity without compromising quality (National Prescribing Centre, 2010). They are now prescribing over one million items each month in primary care settings on FP10 prescription (National Prescribing Centre, 2010). Current political drivers are associated with a strong desire, by both the government (Department of Health, 2009) and the professional bodies for nurses (Nursing and Midwifery Council, 2006) and pharmacists (Royal Pharmaceutical Society, 2006) to deploy non-medical prescribers in order to free up expensive medical time and reduce waiting times for service users. However, despite the strategic importance to the National Health Service (NHS) of the role of non-medical prescribers, little attention has, to date, been paid by professional bodies to the continuing professional development (CPD) needs of non-medical prescribers other than to recognise the importance of CPD as a generic professional requirement (General Pharmaceutical Council, 2010; Health Professions Council, 2010; Nursing and Midwifery Council, 2008). There are concerns that an adequate CPD strategy is not yet in place to support nurse prescribers and uncertainties prevail regarding which skills are required in order to ensure health care professionals are competent to perform a prescribing role (Bradley et al., 2005). The purpose of the present study was, therefore, to ascertain the aspirations of non-medical prescribers with regard to their preferred mode of CPD and to gauge opinion about the support needed in order to meet the clinical demands of a prescribing role.

* Corresponding author at: Department of Healthcare Practice, College of Health & Social Care, University of Derby, Kedleston Road, Derby DE22 1GB. Tel.: +1 332 593037.

E-mail addresses: r.weglicki@derby.ac.uk (R.S. Weglicki), j.reynolds@derby.ac.uk (J. Reynolds), privers@dmu.ac.uk (P.H. Rivers).

¹ Tel.: +1 332 593036.

² Tel.: +1 16 2577039.

Methods

Based upon a phenomenological approach (Parahoo, 1997) the 'lived experiences' were explored in a cohort of students from a variety of professional backgrounds who had studied non-medical prescribing at an East Midlands University. We wanted to understand what it is like to be a non-medical prescriber with respect to their personal experience of practice and especially, in their role, how clinical competency reconciles with any training and support received. Ethical approval for the study was granted by the University's Research Ethics Committee. Qualitative data were derived from 16 ex-university students (11 nurses, three physiotherapists, one pharmacist and one pharmacy technician) who participated in semi-structured in-depth interviews or a focus group. The participants were working in primary or secondary care settings in generalist or specialist advanced roles including a renal nurse. A semi-structured topic guide was developed in order to cover clinical decision-making and diagnostic skills relating to areas such as long-term conditions, mental health issues, addiction and end-of-life care alongside prescribing for certain population groups such as children and the elderly. Participants were also asked to comment upon the support they received for training in their prescribing or medicines management role such as the suitability of their clinical supervision and their preferred mode of study. A content analysis of emerging themes was conducted based on anonymised verbatim transcripts of audio recordings. Some triangulation was achieved (Cohen et al., 2007) which helped to increase validity by comparing similar remarks derived from the focus group and separate interviews as well as from different professional groups working in primary and secondary care settings.

Findings

Four key themes emerged which provide a basis for improving our understanding of the CPD needs of non-medical prescribers: Theme 1: 'Personal anxiety undermining confidence to prescribe', Theme 2: 'External barriers and other factors that exacerbate anxiety', Theme 3: 'Need for support identified through coping strategies', and Theme 4: 'Preferred mode or style of learning'.

Theme 1: Personal Anxiety Undermining Confidence to Prescribe

Non-medical prescribers expressed considerable personal anxiety that they were not keeping up to date within their area of competence or feared that they were not making 'correct' decisions or that they were unable to recall theory learned during the non-medical prescribing course. There was a lack of awareness among some participants of drug interactions and a fear of incompetence – for example, when performing dosage calculations. These concerns raise a broader question concerning where the balance of responsibility lies in terms of keeping abreast of new drug developments. Whilst individual prescribers should keep themselves up to date, some expect CPD to be made available through the workplace training to suit specific competencies. As one secondary care specialist nurse put it: "I would like much more for my CPD to do with pain management and analgesia ... maybe new drugs that are coming on the market, the pharmacology associated with that ... would be useful for me". This sentiment was echoed by others who were concerned that knowledge relating to their specific area of competence may become out of date.

" – What there's a huge lack of, from continuing professional development, is continuing information and skills and knowledge to keep people up to date".

[(Secondary Care Nurse Specialist, interview)]

"It does now feel [that] I've not been able to implement my training – I feel very concerned, really, about the fact that I'm perhaps not

up-to-speed any longer"

[(Secondary Care Nurse Specialist, focus group)]

There were some who, arguably unrealistically, challenged the value of generic non-medical prescribing courses on the basis that the training covers general principles and insufficiently address the requirements of individual prescribers.

"I think that was the challenge – in terms of delivering the non-medical prescribing course to [a] generic group of people – how can you capture the specialisms – how can you capture that cross boundary of primary care, secondary care, tertiary care?"

[(Secondary Care Nurse Specialist, interview)]

For others, confidence was lacking due to a concern about their retention of theory underpinning a scientific approach to prescribing to ensure quality decisions rather than blindly following established trends or depending upon memory.

"I think it's the theory that we learnt that was so important ... at the time it was like switching a light bulb on All that theory – that meaty stuff we learnt – we're not doing it – we're not thinking about that every day! You just [tend to] think – 'Oh, this person's got a skin infection so probably needs flucloxacillin' – so, you know, that's what you do for that thing – you're not thinking why".

[(Primary Care Nurse Specialist, interview)]

The fear of being sued and the implications of vicarious liability through failing to maintain one's professional competence was at the forefront of some non-medical prescribers' minds as being a focal point for CPD:

"From a legal aspect, it would be useful knowing where you stood, should there be a mistake made and, you know, we are in a litigious society."

[(Secondary Care Nurse Specialist, interview)]

Theme 2: 'External Barriers and Other Factors That Exacerbate Anxiety'

Not surprisingly, some non-medical prescribers cited difficulties in communication arising between the primary and secondary care interfaces when discharging patients from hospital. Others tended to focus upon difficulties associated with obtaining information about medicines including frustration in situations where poor information could compromise safety:

"I find issues with patients discharged from secondary care ... sometimes the information's not got through to primary care and patients then are in the middle ... then I'm going in to see them and I'm having to ring the ward because the hand-out that's come out with the patient is illegible"

[(Primary Care General Practice Nurse, interview)]

There is, of course, a limit to which CPD itself can address some of the more endemic problems associated with working across organisational boundaries. The views of the participants indicate that CPD and individual support are appreciated by non-medical prescribers when dealing with some of the more commonplace generic organisational and communication issues that arise between primary and secondary care settings. A physiotherapist was particularly annoyed about the lack of availability of the most recent British National Formulary:-

Download English Version:

<https://daneshyari.com/en/article/10316336>

Download Persian Version:

<https://daneshyari.com/article/10316336>

[Daneshyari.com](https://daneshyari.com)