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Original Research

Factors influencing nurse and pharmacist willingness to take or not take responsibility for non-medical prescribing

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Abstract

Background: In the UK, the majority of non-medical prescribers (NMPs) are nurses or pharmacists working in community or primary care. However, little is known about what influences their decisions to prescribe, unlike with medical prescribing. It is also unclear whether the medical findings can be extrapolated, given their very different prescribing training.
Objectives: To explore the factors influencing whether nurse and pharmacist NMPs in community and primary care settings take responsibility for prescribing.
Methods: Initially, 20 NMPs (15 nurses and 5 pharmacists) were purposively selected and interviewed using the critical incident technique about situations where they felt it was inappropriate for them to take responsibility for prescribing or where they were uneasy about doing so. In addition, more general factors influencing their decision to take or not take prescribing responsibility were discussed. Subsequently, the themes from the interview analysis were validated in three focus groups with a total of 10 nurse NMPs. All data were analyzed using a constant comparison approach.
Results: Fifty-two critical incidents were recorded—12 from pharmacist NMPs and 40 from nurse NMPs. Participants experienced situations where they were reluctant to accept responsibility for prescribing. Perceptions of competency, role and risk influenced their decision to prescribe. Workarounds such as delaying the prescribing decision or refer the patient to a doctor were used.
Conclusions: For NMPs to feel more confident about taking responsibility for prescribing, these issues of competency, role and perceived risk need to be addressed. Roles of NMPs must be clear to colleagues, doctors and patients. Training and support must be provided to enable professional development and increasing competence of NMPs.

Keywords: Non-medical prescribing; Pharmacists; Nurses; Responsibility; Competence

Introduction

Patients are seen and cared for by a range of health care professionals. Yet, until recently in the UK, if a prescription was required, only doctors or dentists were authorized to prescribe. Patients could be assessed, for example, by a nurse but

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then would wait for their prescription to be written by the doctor. Patient access to medicines in a timely manner was therefore reduced. Moreover, given the lack of clarity in the division of assessment and prescribing processes, patient safety was possibly at risk. To gain a better understanding of this practice, a report commissioned by the British government recommended extending prescribing authority to other health care professionals, termed non-medical prescribers (NMPs).[1] The report anticipated that, by better utilizing health professionals' skills, the new prescribing framework would offer a more flexible health service for patients by improving their care and access to medicines without compromising their safety.[1]

An independent prescriber in the UK is described as a professional who is responsible for the initial assessment of the patient and for devising the broad treatment plan, with the authority to prescribe as part of that plan.[1] They are nurses, pharmacists or optometrists who have passed a part-time postgraduate certificate course and who can prescribe any medicine within their sphere of competency, either as a new treatment or as a repeat prescription. Independent prescribers can also be community practitioner nurse prescribers, such as district nurses or health visitors, who can prescribe from a limited formulary called the Nurse Prescribers Formulary for Community Practitioners, which is found in the British National Formulary (BNF).

In the UK, pharmacist and nurse NMPs work in a variety of settings. The General Pharmaceutical Council register records that pharmacist NMPs work in secondary care, primary care and the community pharmacy settings.[2] Recent research has reported that primary care is the predominant setting for pharmacist prescribing.[3] The Nursing and Midwifery Council does not produce a breakdown of the care settings where nurse prescribers work. However, surveys report that 67% work in primary care and 33% in acute trusts, mental health trusts or other settings.[4] As with pharmacists, nurse prescribing operates predominantly within the primary care setting.[3] Thus, a wide variety of patients have access to care from nurses and pharmacists who are NMPs. However, nurse and pharmacist prescribing is low in comparison with overall prescribing. At the time this study was conducted (2010), only 1.6% of all prescriptions written in general practice (family physicians' offices) in England were written by NMPs.

Previous research focusing on the prescribing decisions of doctors has found a wide range of influencing factors, including regulatory factors (for example, guidelines, formularies, health care managers and organizations), cost, patient factors, colleagues, professional and personal experience, others' prescribing behavior and prescribing culture, research findings, logistical factors, diagnostic uncertainty and the pharmaceutical industry.[5–12] However, it is unknown how applicable these findings are to NMPs. Their training is different, both in terms of prescribing training and professional training. In the UK system, NMPs are required to have several years of professional practice (a minimum of two for pharmacists and three for nurses) before they may train as a prescriber and they are often specialists in their area of practice. Therefore, it is important to address this current gap in research to understand the influences on NMP behavior when prescribing.

As most NMPs work in community and primary care, this study aimed to explore the factors influencing how nurse and pharmacist NMPs working in the community and in primary care settings choose whether or not to take responsibility for making a prescribing decision.

Methods

Twenty-five nurse and five pharmacist NMPs working in primary and community care across England were purposively sampled (Table 1). The participants were working in a variety of settings. Nine nurse NMPs were working in the community, eight in general practitioner (GP) practices, three in nursing homes and five in a variety of other settings. Three pharmacist NMPs were working in GP practices and two in community pharmacies. Fewer

Table 1
Demographic information about participant NMPs

	Nurses	Pharmacists
Duration of experience as health care professional		
Less than 4 years	5	1
4–9 years	11	4
10 or more years	9	0
Duration of prescribing experience		
Less than 6 years	14	3
6–8 years	10	2
More Than 8 years	1	0
Number of prescriptions issued per week		
Less than 5	4	0
5–19	9	4
20 or more	12	1