



NCSBN

Leading Regulatory Excellence

Some Global Perspectives:

Sequence of Next Steps & Overview of Survey Results

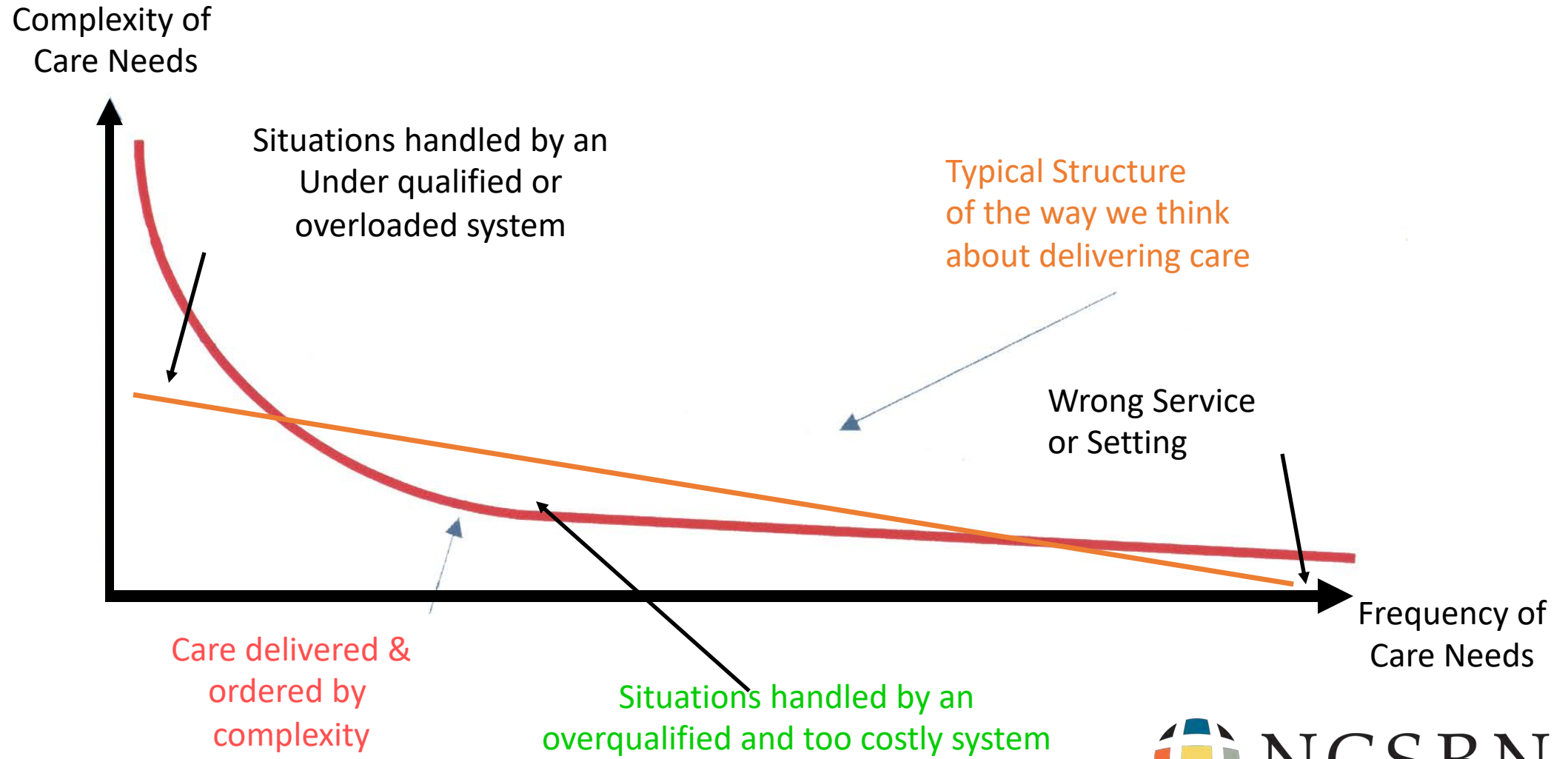
David C. Benton, CEO



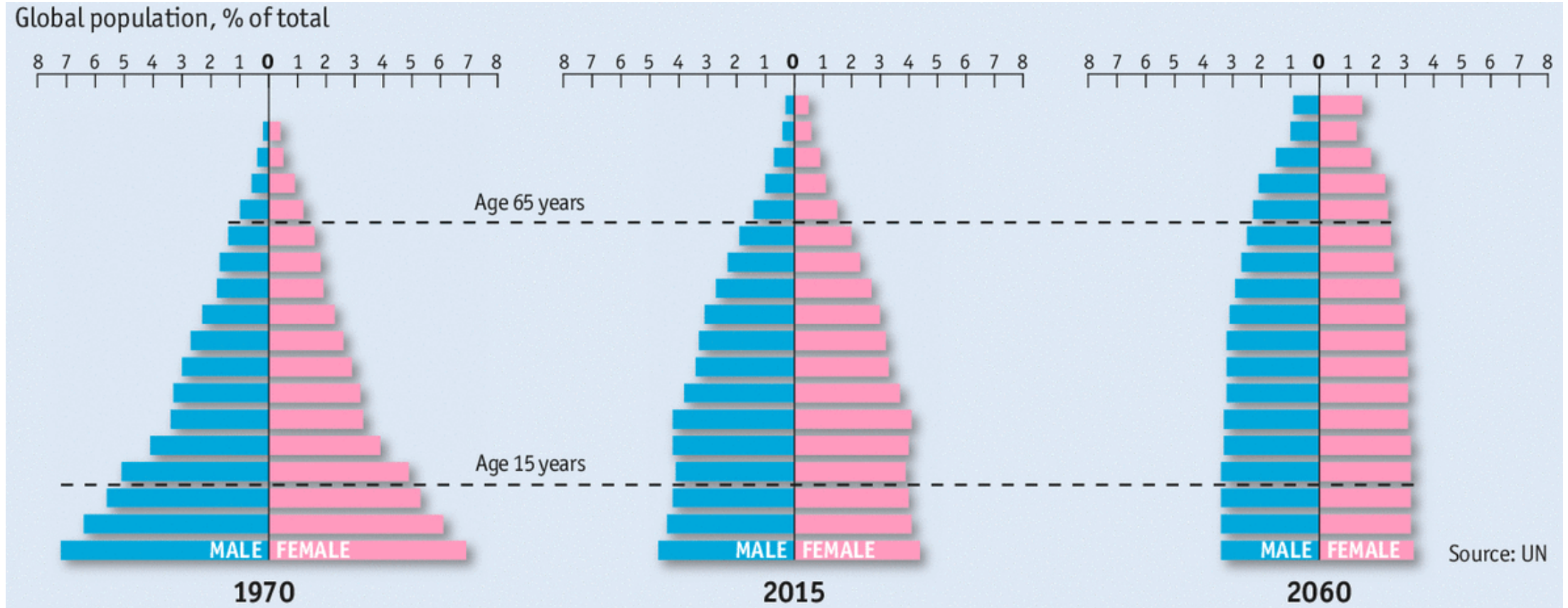
The Changing Face of Services

- | | | |
|----------------------------------|---|--|
| • Geared towards acute condition | → | • Geared towards long-term conditions |
| • Hospital centred | → | • Embedded in communities |
| • Doctor dependent | → | • Team based |
| • Episodic care | → | • Continuous care |
| • Disjointed care | → | • Integrated care |
| • Reactive care | → | • Preventative care |
| • Patient as passive recipient | → | • Patient as partner |
| • Self care infrequent | → | • Self care encouraged and facilitated |
| • Carers undervalued | → | • Carers supported as partners |
| • Low technology | → | • High technology |

A Rigid System?

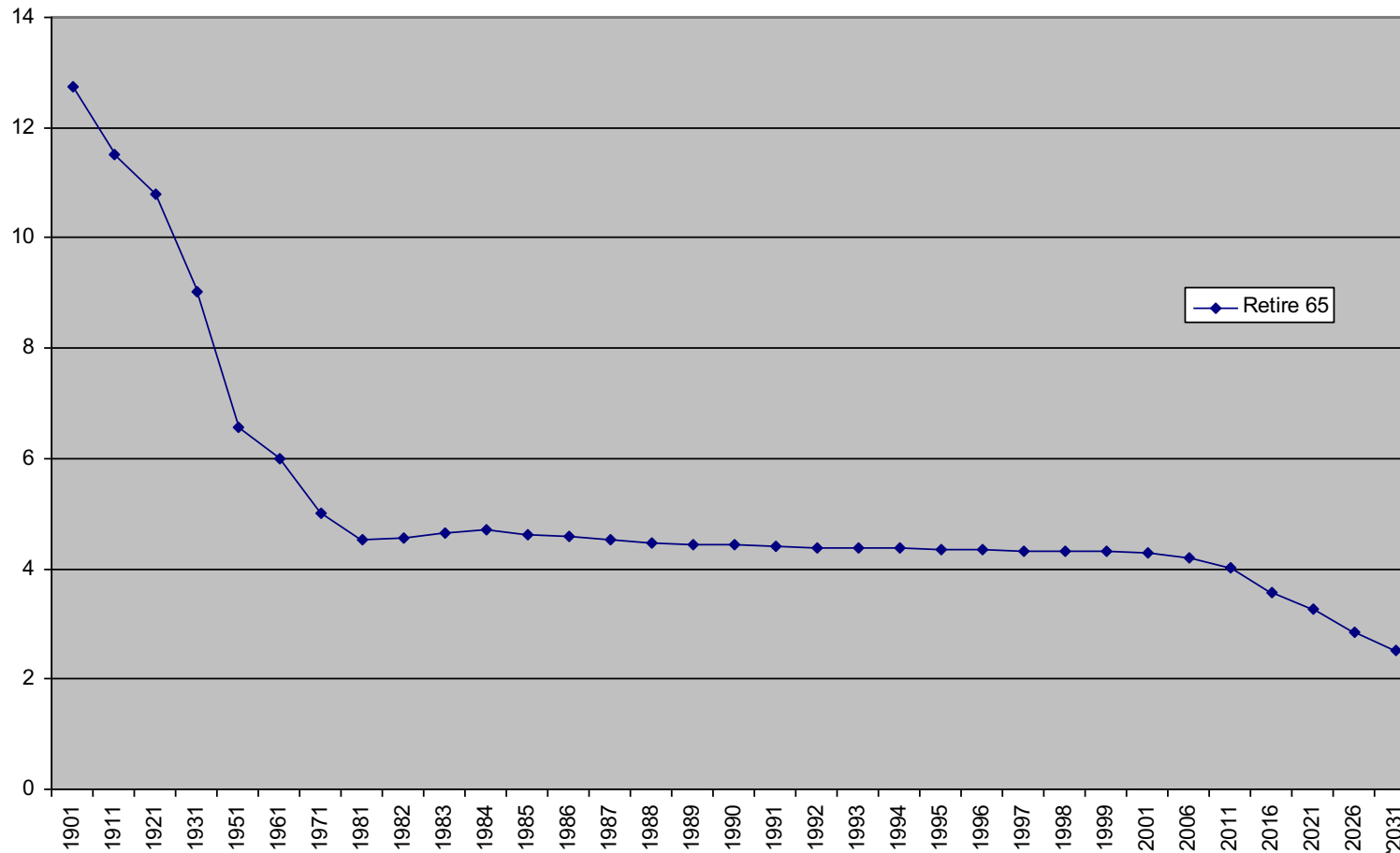


Changing Population Demographics



What Does it Mean?

Number of Working age People per Retiree



APRNs Are Not Replicating the Medical Model

While the traditional margins between health care disciplines begin to disappear, nurses must not lose sight of the fact that skilled specialist and advanced nursing is not about performing technical tasks but about delivering holistic patient care, a challenge that is far more demanding to fulfil....it is the benefit of intelligently planned nursing intervention rather than the performance of certain handed down technical skills that create a more lasting impression for the patient and their families

(Albarron, 1996)

Overcoming Cultural Inertia

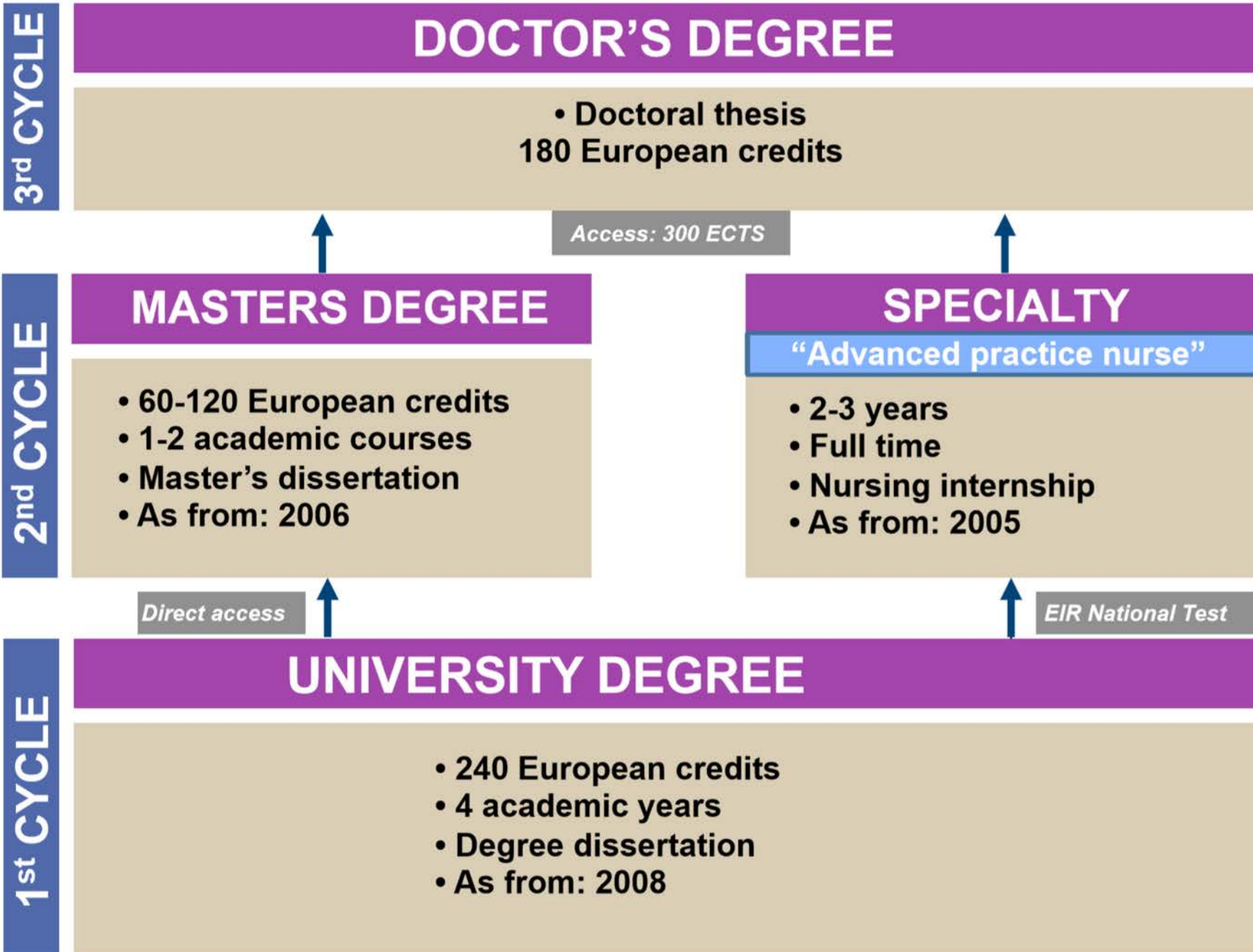


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Two Example to Highlight Some Differences

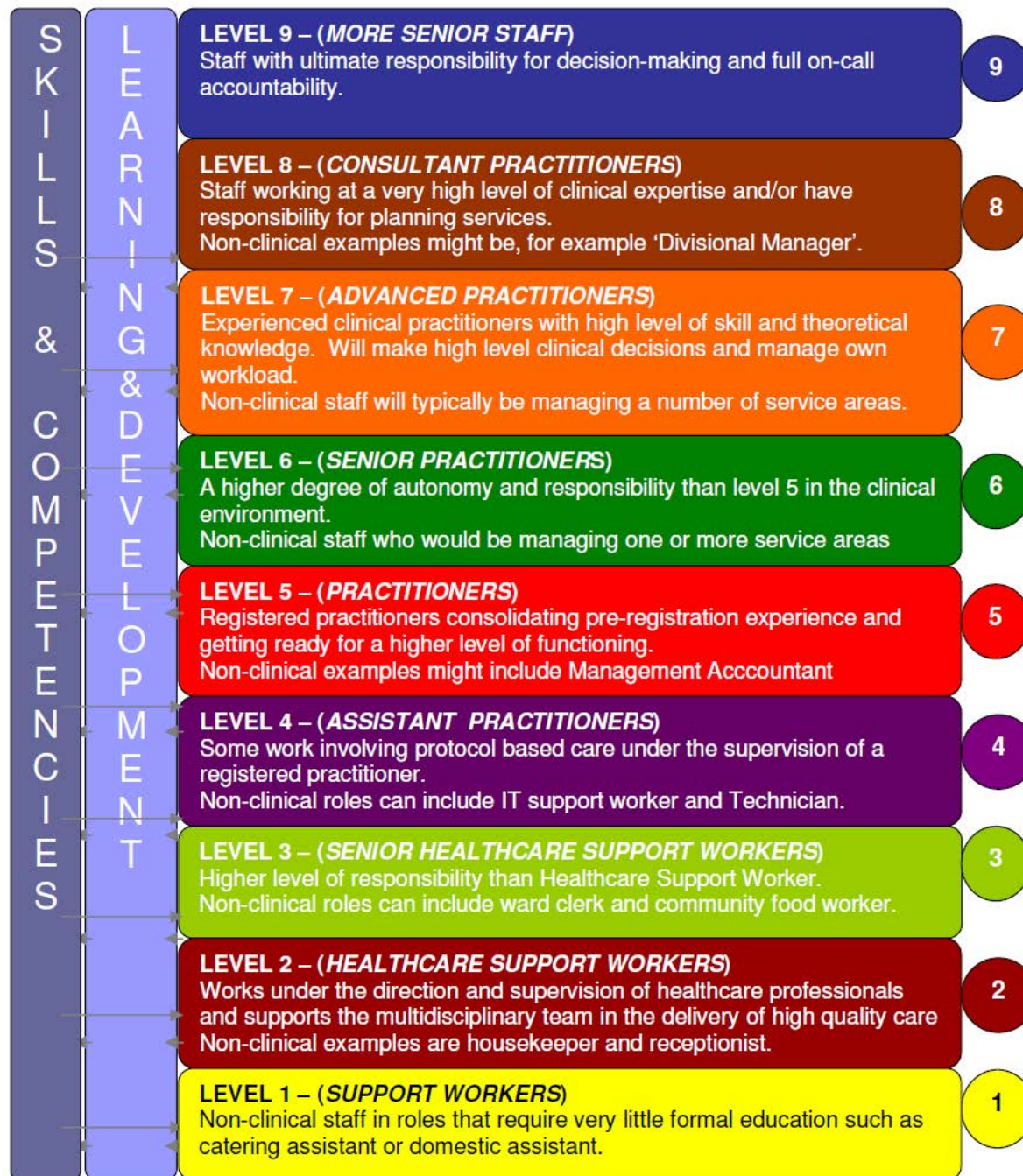


Higher education



Nurse prescribing

Continuing education



Advanced nurse practitioners – definition

Advanced nurse practitioners (ANPs) are experienced and highly educated registered nurses who manage the complete clinical care of their patients, not focusing on any sole condition.

ANPs have advanced-level capability across the four pillars of practice:

- [clinical practice](#)
- [facilitation of learning](#)
- [leadership](#)
- [evidence, research and development](#)

They also have additional clinical-practice skills appropriate to their role.

Advanced practice represents a level of practice, rather than being related to a specific area of clinical practice.¹ Advanced and specialist practitioners may be functioning at an extremely high level of practice, but with a different clinical focus.

Education preparation and role overview

ANPs are educated at Master's level and are competent to work at advanced level as part of multidisciplinary teams across all clinical settings, depending on their area of expertise.



THE CONSULTATION

1. Assess the patient
2. Consider the options
3. Reach a shared decision
4. Prescribe
5. Provide information
6. Monitor and review

PRESCRIBING GOVERNANCE

7. Prescribe safely
8. Prescribe professionally
9. Improve prescribing practice
10. Prescribe as part of a team

Figure 1 The prescribing competency framework

I: ASSESS THE PATIENT

- I.1** Takes an appropriate medical, social and medication history¹ including allergies and intolerances.
- I.2** Undertakes an appropriate clinical assessment.
- I.3** Accesses and interprets all available and relevant patient records to ensure knowledge of the patient's management to date.
- I.4** Requests and interprets relevant investigations necessary to inform treatment options.
- I.5** Makes, confirms or understands, the working or final diagnosis by systematically considering the various possibilities (differential diagnosis).
- I.6** Understands the condition(s) being treated, their natural progression and how to assess their severity, deterioration and anticipated response to treatment.
- I.7** Reviews adherence to and effectiveness of current medicines.
- I.8** Refers to or seeks guidance from another member of the team, a specialist or a prescribing information source when necessary.

7: PRESCRIBE SAFELY

- 7.1 Prescribes within own scope of practice and recognises the limits of own knowledge and skill.
- 7.2 Knows about common types and causes of medication errors and how to prevent, avoid and detect them.
- 7.3 Identifies the potential risks associated with prescribing via remote media (telephone, email or through a third party) and takes steps to minimise them.
- 7.4 Minimises risks to patients by using or developing processes that support safe prescribing particularly in areas of high risk (e.g. transfer of information about medicines, prescribing of repeat medicines).
- 7.5 Keeps up to date with emerging safety concerns related to prescribing.
- 7.6 Reports prescribing errors, near misses and critical incidents, and reviews practice to prevent recurrence.

8: PRESCRIBE PROFESSIONALLY

- 8.1 Ensures confidence and competence to prescribe are maintained.
- 8.2 Accepts personal responsibility for prescribing and understands the legal and ethical implications.
- 8.3 Knows and works within legal and regulatory frameworks affecting prescribing practice (e.g. controlled drugs, prescribing of unlicensed/off label medicines, regulators guidance, supplementary prescribing).
- 8.4 Makes prescribing decisions based on the needs of patients and not the prescriber's personal considerations.
- 8.5 Recognises and deals with factors that might unduly influence prescribing (e.g. pharmaceutical industry, media, patient, colleagues).
- 8.6 Works within the NHS/organisational/regulatory and other codes of conduct when interacting with the pharmaceutical industry.

What Lessons Can We Learn?



