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**LEARNING IN PRACTICE FOR STUDENT NURSE AND MIDWIFE NON MEDICAL PRESCRIBERS:
A DISCUSSION**

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Discussion

Nurse prescribing is seen as an advanced nurse role (International Council of Nurses (ICN) 2020) and is a core requirement for advanced nurse practice (Scottish Government 2017, Royal College of Nursing (RCN) 2018 and ICN 2020). The aim of this discursive narrative is to reflect on the NMC (2018a and 2018b) changes to standards for the supervision and assessment of student nurse and midwife non-medical prescribers.

Numbers of nurse prescribers have grown exponentially since initial legislation enabled this role development (Smith, Latter and Blenkinsopp 2014) and government policy directives continue to support development of nurses in this role (NHS Education for Scotland (NES) 2018, Scottish Government 2015 and 2017 Health Education England (HEE) 2017)). In 2018 the Nursing and Midwifery Council (NMC) published new standards governing supervision and assessment of aspiring nurse and midwife prescribers (NMC 2018a and NMC 2018b). These standards have now been embedded in non-medical prescribing programmes throughout the UK. Designated medical practitioners (DMP) are no longer required to be the mandatory mentor, a designated prescribing practitioner with requisite knowledge and skills can now perform the role of the DMP with practice supervisor's supporting and supervising practice learning (NMC 2018a and Royal Pharmaceutical Society (RPS) 2019).

Evidence exists from Ahuja (2009) who states that it appears from her UK based research which, focused on views of nurse prescribing students regarding their mentorship from a DMP, this was a valued approach. This view is supported by Weglicki, Reynolds and Rivers (2014) and Afseth and Paterson (2017) who all concur that this approach to mentorship is highly regarded.

In their 2009 report on the Scottish evaluation of the extension to nurse prescribing authority, Watterson et al concluded that consideration should be given to nurse prescribing students having 2 mentors, one clinical and at that time this could only be a DMP and one experienced nurse prescriber. Smith Latter and Blenkinsopp (2014) report from their national study of the experiences of education, continuing professional development and clinical governance that community prescribers as a group had less access to support. The authors suggest team

support rather than individual support might be an approach to consider. The NMC (2018a) support this method, indicating that students should have access to a variety of appropriate people to facilitate their learning.

A multitude of drivers challenge the availability of medical mentors and Waterson et al (2009) report DMPs' workload was significantly increased if they were mentors for nurse prescribing students. The introduction of the European Working Times Directive (2003) and issues with local recruitment and retention of medical staff within acute and primary care sectors (British Medical Association (BMA) 2019) provide particular challenges to the availability of medical staff. Additionally, the extension of prescribing authority to a wider range of professional groups (Health and Care Professions Council (2019) and Allied Health Professionals Federation (ahpf) 2017) further increased pressure and aligns with a change of approach by the NMC.

The World Health Organisation (WHO) (2010) indicate interdisciplinary and interprofessional education should be at the forefront of educational approaches to programme delivery for healthcare professionals. They indicate this approach to education strengthens and improves collaborative practices and health outcomes and the specifics of the approach should be contextualised locally. This view is supported by Homeyer et al (2018), who indicate effective interprofessional collaboration ensures high quality patient care. West, Bailey and Williams (2020) agree effective interprofessional collaboration supports the establishment and effectiveness of good teamwork, healthy working environments and empowered staff.

Afseth and Paterson (2017) advise that in relation to non-medical prescribing programmes, interprofessional learning enables a robust appreciation of a different profession and that this approach to supervision and assessment does not limit learning to the student. The authors concluded from their research that considered interprofessional competency assessment, DMP's practice was enhanced because of this mentorship role. This view is supported in McCormick and Downer's earlier research which reviewed students' perceptions of learning in practice and mentorship by a DMP (McCormick and Downer 2012). Mentorship from DMPs' initially was a logical pragmatic approach for prescribing students as it was imperative that mentorship was supplied by a profession with the requisite knowledge and skills. A move

away from the requirement of a DMP to support knowledge and skill development although, may potentially risk this interprofessional collaboration and aligned health outcomes in relation to non- medical prescribing assessment and supervision.

Since its inception, the non- medical prescribing programme has offered a unique opportunity for students undertaking this advanced skill to actively seek interdisciplinary and interprofessional support. Students tend to identify a range of healthcare professionals to verify their competence development which supports an aligned approach to prescribing (RPS 2016). This shared approach to assessment and supervision for student nurse and midwife prescribers should continue to be encouraged as it aligns with both the regulatory bodies (NMC 2018a and 2018b) and policy directives (NES 2019 and HEE 2017) in promoting this approach.

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