

Central Lancashire Online Knowledge (CLoK)

Title	Non-medical prescribing in primary care in the United Kingdom: an overview of the current literature		
Туре	Article		
URL	https://clok.uclan.ac.uk/id/eprint/39155/		
DOI	10.12968/jprp.2021.3.9.352		
Date	2021		
Citation	Armstrong, Amanda, Manfrin, Andrea and Gibson, Josephine (2021) Non- medical prescribing in primary care in the United Kingdom: an overview of the current literature. Journal of Prescribing Practice, 3 (9). ISSN 2631-8385		
Creators	Armstrong, Amanda, Manfrin, Andrea and Gibson, Josephine		

It is advisable to refer to the publisher's version if you intend to cite from the work. 10.12968/jprp.2021.3.9.352

For information about Research at UCLan please go to http://www.uclan.ac.uk/research/

All outputs in CLoK are protected by Intellectual Property Rights law, including Copyright law. Copyright, IPR and Moral Rights for the works on this site are retained by the individual authors and/or other copyright owners. Terms and conditions for use of this material are defined in the <u>http://clok.uclan.ac.uk/policies/</u>

Table 7 – The quotations of positive and negative perceptions of NMP

Theme	Sub-theme	Quotations and sources
NMP	Autonomy	"Obviously (I am) completely autonomous, and it benefits me and the nurse" (Nurse 1 – Armstrong 2015).
Positive		
Perception		
	Job satisfaction	 "All 10 current IPs agreed or strongly agreed that their prescribing role ensured better use of their skills and time, meant they were less dependent on doctors and had increased their job satisfaction" (Hindi et al 2019).
	Support	 "Three hundred and forty-seven (91%) indicated that peers/team members were supportive of the prescribing role" (Courtenay et al 2017)
NMP Negative Perceptions		"I suppose if you prescribe wrongly, you are at risk, and your job is at risk, and you are liable." (Nurse 1 Armstrong 2015).
	Risk	"I'm not paid enough to get sued, should anything go wrong" (Participant number 4334 - Physiotherapists Holden et al 2019)
		"The fear of being sued and the implications of vicarious liability through failing to maintain one's professional competences was at the forefront of some non-medical prescribers' minds" (Weglicki et al 2015).

I	Lack of support	"the continence specialist nurse felt her confidence to prescribe was
	sepport	diminishing because of lack of support, as she was the sole NMP
		and did not have a 'mentoring' relationship with the GP" (Maddox
		et al 2016).
	Lack of CPD	"the matrons identified formal structured support, both in the form
		of mentorship and CPD as lacking in accessibility and regularity
		(Herklots et al 2015).
		"there were concerns over increased workload for prescribing
		nurse" (Armstrong 2015).
	Increased workload	"Independent prescribers believed that managing their workload
		enabled them to spend more prescribing time with each patient.
		Nonetheless, they felt that independent prescribing duties should be
		accounted for within their daily workload." (Hindi et al 2019)
		"Independent prescribers and colleagues commonly mentioned time
		constraints due to workload pressures as a barrier to independent
		prescribing" (Hindi et al 2019).
		Patient's perception of NMP
Patient's		"most perceived that it was easier to get an appointment with the IP
Perception		in comparison to doctors and believed they got longer appointments
of NMP		(n=17; 71%)" (Hindi et al 2019)
	Easier to get an	
	appointment	

	"I really think this is a great idea as you can be waiting weeks to get an appointment with a doctor (patient no. 6) (Hindi et al 2019).
	Other staff perception of NMP
	"the senior doctor saw the expansion of the nurse's role as a logical
	progression for senior specialist nurses" (Armstrong 2015).
Better use of staff skills	 "(nurse prescribing) frees up medical time for other people" (Medical consultant – Armstrong 2015). "Non-doctor prescribing is recognised as an effective way of alleviating shortfalls in the global workforce" (Carey 2020).
_	Better use of staff skills