EFN Policy Statement on Nurse Prescribing in the EU

International evidence supports the introduction of independent nurse prescribing that effectively maximises nurses critical thinking, complex decision-making, autonomous practice to deliver safe and effective care that positively contributes to enhanced patient health outcomes within their scope of practice. The number of countries where nurses are legally permitted to prescribe medicines and medical products has grown significantly over a number of decades. For example, nurse prescribing was introduced in the United States of America in the 1960s. Other countries followed this trend including Canada (1990s), Sweden (1994), United Kingdom (1998), Australia (2000), New Zealand (2001), Ireland (2007) and Finland (2011). In Europe, a total of 13 countries have adopted laws on nurse prescribing, of which 12 apply nationwide: Cyprus, Denmark, Estonia, Finland, France, Iceland, Ireland, Netherlands, Norway, Poland, Spain, Sweden, United Kingdom (UK)) and one regionally, to the Canton Vaud (Switzerland).

International evidence indicates nurse prescribing patterns are similar to other prescribers and have proven to safe and effective. Nurse prescribing makes the best use of the knowledge and skills of nurses for positive health outcomes. Demand for health care is increasing as the population ages and more European Citizens are living with long-term conditions. Nurse prescribing contributes to the response to the changing landscape of healthcare demands and concerns regarding access to care, the evolution of healthcare systems and the professionals who provide care. It is important to note that the roles and responsibilities of all healthcare professionals evolve in response to the demands and needs of individuals and communities. Prescriptive authority has been a positive and effective example of this type of change. Evidence suggests the benefits of extended nurse prescribing include:

- improved access to treatment
- enhanced care
- more effective use of the workforce
- strengthened inter-professional working practices
- increased patient and professional satisfaction.

There is a significant body of research demonstrating that the granting independent prescriptive authority facilitates the improving access to medicines, for example in primary care nurse prescribing provides holistic continuity of care for patients but also enhances early diagnosis, avoids the need to wait for consultation with a physician and reduces unplanned hospital admissions. This is in the spirit of a people-focused healthcare system and in

countries with nurse prescribing there is increased patients' access to timely and more effective medication management. Table 1 provides a few brief examples of research findings in relation to nurse prescribing in a number of countries.

Nurse prescribing has been received positively in countries where it has been introduced and the numerous benefits are now recognised. These include improved services to patients and service users through reduced waiting times and utilising the skills of nurses more effectively. Prescriptive authority has enabled nurses to provide holistic episodes of care more efficiently. Nurses with prescriptive authority can meet patient needs in a timely manner leading to better patient outcomes.

Nurses with prescriptive authority are skilled and valuable members of the healthcare team and collaborate with other healthcare professionals to provide flexible and responsive health services. They work in a variety of health care settings including acute care, public and private hospitals, community health settings, aged care, general medical practices and private practice. Many European regulatory and governmental bodies recognise the benefits of medicinal product prescribing for nurses. Nurse prescribing has been successfully implemented in many European countries with a variety of individual legislative, regulatory and health system frameworks with a wide variation in legal conditions, governance, educational requirements, clinical conditions and scopes of practice for nurse prescribers and the types of medicines that they can prescribe. Despite the evidence demonstrating the significant benefits that nurse prescribing offer, European countries have not yet reached a consensus on the model of medicinal product prescribing that would provide for the mutual recognition of qualifications and the free movement of nurse prescribers across Europe.

Therefore, the EFN calls on the European Institutions and Member States to:

- Continue developing national legislation to support Member States' progression of prescriptive authority for nurses in Europe and recommends exploring the potential of a European framework to standardise medicinal product prescribing for nurses to inform policy processes.
- Harmonise medicines and medical product prescribing for nurses as a priority to address inequalities in the provision of safe, appropriate and effective care throughout Europe.
- Develop a supportive regulatory and policy environment, governance structures, organisational culture, appropriate education and professional development.
- Implement Continuing professional development (CPD) as a means for maintaining up-to-date knowledge and skills that influence prescribing competence to ensure quality healthcare and patient safety.
- The core components of the nurse prescribing education programme builds on the Directive 2013/55/EU competencies listed in Article 31, with the education programme requiring both theoretical and practical elements (ICN, 2021).

The supportive development of the nursing profession to independently prescribe has improved access to quality, safe and affordable healthcare services. Nurse prescribing is progressively becoming an important role within nursing practice and improves job satisfaction and self-empowerment.

Table 1 - Examples of research in relation to nurse medicinal product prescribing

Patient Outcome

- Courtenay (2018) provides an overview of nurse prescribing in the UK found nurse prescribers are safe and their medication prescribing practices are similar to doctors'. Nurse prescribers have comparable clinical and patient-reported outcomes to medical prescribers.
- Latham (2021) in a study of clinical nurse specialists in palliative care found that that nurse prescribing allowed for quick access to medication, especially towards the end of a patient's life, resulting in effective symptom management.
- Latter (2021) in a study on nurse prescribing in end of life care found that nurses prescribers have an important contribution to make through assessing patient and carer needs and providing information in an individualised way to meet them.
- Pearson et al. (2020) found that the inclusion of nurse prescribing offers several benefits to nurses in terms of career growth and job contentment, as well as to patients and the healthcare system. The advantages for healthcare consumers and the healthcare system align with the priorities of enhancing fairness and availability of care.
- Tabesh et al. (2018) in a systematic review of the effect of nurse prescribers on glycemic control in type 2 diabetes found that in studies where nurses prescribe , glycaemic control was comparable.

Patient Safety

- Bethany et al. (2023) in a study of opioid misuse in the US, found that nurses with appropriate educational preparation and prescriptive authority can provide to minimise opioid-related harms.
- Naughton et al. (2012) in an evaluation of the safety of nurse and midwife prescribing, found that nurse and midwife prescribing decisions were deemed safe and clinically appropriate.

Patient Satisfaction

- In a study of patient satisfaction with medication consultations and medicine information provided by nurses working autonomously in sexual health services, Black et al. (2022) found that patients expressed high satisfaction rates with nurse consultations and information about medications.

Primary Care/Access to Care

- Armstrong (2023) found that to ensure that people have enough access to medicines, it is important to utilise Non-Medical Prescribers (NMPs) and provide them with adequate resources to carry out their duties. Organisations should establish strong continuous professional development programs for NMPs and establish clear professional and organisational guidelines for prescribing medications.
- Edwards et al. (2022) identify the importance of prescribing in the primary care and overcoming barriers to ensure the workforce has the most appropriate skills, ensuring a sustainable workforce.
- Carey et al. (2014), in a study of nurse prescribing and respiratory care, found that prescribing has been shown to improve and extend points of access to treatment while supporting the management of complex patients, particularly vulnerable groups.

Cost Savings

- Kumah and McGlashan (2019) found that nurse-led continence prescription services can bring about multiple advantage, including significant cost savings. Continence nurse specialists, through nurse-led prescription services, can facilitate more frequent patient evaluations and appliance review interventions. By transferring the prescription responsibility of continence appliances from GPs to these specialists, patients can receive better care.

Hospital Readmissions

- Koskiniemi et al. (2023) study on readmissions after nurse prescriber appointments found that after clients' initial appointments with physicians, they had more readmissions proportional to the follow-up time than after initial appointments with nurse prescribers.

Further readings:

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- International Council of Nurses (2021) Guidelines on Prescriptive Authority for Nurses. Available at: https://www.icn.ch/resources/publications-and-reports/guidelines-prescriptive-authority-nurses-2021
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- Maier C (2019). Nurse prescribing of medicines in 13 European countries *Human Resources for Health*, Vol, 17:No. 95. https://doi.org/10.1186/s12960-019-0429-6
- Nuttall D et al. (2018). Nurse prescribing in primary care:a metasynthesis of the literature. *Primary Health Care Research and Development*. Vol. 19: 7-22 doi:10.1017/S1463423617000500
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- Tabesh, M., Magliano, D. J., Koye, D. N., & Shaw, J. E. (2018). The effect of nurse prescribers on glycaemic control in type 2 diabetes: A systematic review and meta-analysis. International Journal of Nursing Studies, 78, 37-43. https://doi.org/10.1016/j.ijnurstu.2017.08.018

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